



April 14, 2011

Alexander Garza, M.D., EMT-P, Chair
Federal Interagency Committee on EMS
Office of Emergency Medical Services
1200 New Jersey Avenue SE, NTI-140
Washington, DC 20590

Dear Dr. Garza;

This letter is in response to the solicitation of stakeholder input, distributed by your staff at the EMS TODAY conference in Baltimore earlier this month.

The **National Association of Emergency Medical Technicians (NAEMT)** is the nation's only organization solely dedicated to representing the professional interests of all EMS practitioners, including paramedics, emergency medical technicians, first responders and other professionals working in pre-hospital emergency medicine. NAEMT membership comprises over 32,000 individuals who work in all service models of EMS including government service agencies, fire departments, hospital-based ambulance services, private companies, industrial and special operations settings, and in the military.

After careful review, we believe that it is not so important which agency is named the lead, but rather that (a) there BE a lead federal agency, (b) it be created at a sufficient level in the federal hierarchy to exercise the leadership that EMS needs - an Agency or Administration within a cabinet-level department, and (c) that it be given the necessary authority to cross organizational lines in an effort to bring focus and priority to federal EMS efforts.

THE ROLE OF THE FEDERAL GOVERNMENT IN EMS

The delivery of emergency medical services is a local function that should and must be managed locally, at the municipal, county, and regional levels. We who are responsible for the delivery of these services look to the federal government to provide broad leadership and support to the efforts of all EMS practitioners, to identify and document best practices in the clinical and operational realms, and to remove impediments to quality and progress that result from federal involvement in EMS delivery.

To that end, the federal government should:

1. Develop, promote, and support a national framework for EMS that clearly defines the scope of EMS activities and focuses on the delivery of EMS at the individual patient and incident level. The national framework for EMS must clearly identify that "EMS" is more than "ambulance transportation," recognizing the roles that EMS agencies play in all aspects of EMS operations, including community health, illness surveillance, and injury

prevention.

2. Develop and support a national policy that EMS is, and should be recognized as, an essential public service that should be a “mandatory service” provided by states and their political subdivisions, in the same manner that law enforcement services, fire suppression services, public schools, etc. are available to all citizens.
3. Clearly articulate that EMS is an essential element of national preparedness; that communities have an obligation to develop EMS systems that have the capacity to provide services beyond daily needs, incorporating preparedness for and the ability to effectively manage natural or man-made catastrophic events including large public health emergencies.
4. Identify, develop, and promote national EMS standards by gathering appropriate experts and publishing evidence-based (where possible) consensus standards and training programs. Current examples of the need for standards include appropriate methods for EMS agencies to respond to large public health emergencies, acts of domestic and international terrorism, and others.
5. Consolidate the activities of federal agencies that have responsibility for EMS, including prioritization for funding, elimination of overlap, and directing focused attention to specific areas of actual need. Eliminate redundancy between the federal agencies and streamline operations so that our federal agencies are efficient and cost effective.
6. Require the Centers for Medicare and Medicaid Services to reimburse for prehospital medical services that do not require transportation. EMS has the potential to help manage and contain rising health care costs by providing care and directing patients to more appropriate care not currently allowed under reimbursement rules.
7. Develop, support, and provide access to high levels of education, training, and professional development for EMS similar to what is currently available to the law enforcement, fire suppression, and medical communities. Examples of current programs include the FBI National Academy, the DEA Leadership Fellows program, the National Fire Academy, and numerous NIH and CDC graduate education programs.
8. Promote the standardized collection of data concerning EMS services. Require the sharing of data between EMS agencies and upstream health care providers, including patient outcome data.
9. Adopt a single licensing standard for agreed-upon levels of EMS practitioners, and a single standard for education of EMS practitioners.
10. Provide grant funding to support best practices in EMS system design and operation. Fund “incubator” programs that have potential to contribute to improved community health, including community paramedicine, injury prevention, medication compliance, mental health care, etc.
11. Develop and advocate for programs to improve the health, safety, and fitness of EMS practitioners. Utilize the expertise of existing federal departments to assure that ambulance crashes are investigated and documented, and that ambulance vehicles meet

modern standards for crash-worthiness and occupant protection.

12. Assure that EMS agencies receive equitable access to federal funds provided for the enhancement of homeland security capabilities. The General Accountability Office (GAO) has identified that only 4% of such funds are provided to EMS organizations.
13. Establish appropriate regulation for the non-medical operation of air ambulance services at the state and inter-state level. Discourage the over-utilization of air services over more cost effective delivery models.

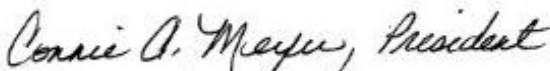
ACTIVITIES AND FUNCTIONS THAT SHOULD NOT BE THE ROLE OF THE FEDERAL GOVERNMENT

The federal government should not:

1. Directly license, certify, or accredit EMS personnel, EMS agencies, or EMS educational institutions.
2. Mandate a specific or single "national" delivery model for EMS.
3. Directly regulate the practice of medicine, the medical equipment or the medical practitioners in ground or air ambulances.
4. Impose unfunded mandates on states, local government agencies or EMS services.
5. Impose national regulation that will increase the burden to EMS services without improving the delivery of services and patient care.
6. Develop or promote EMS standards that are not based on research or through expert "best practices" documentation.

Thank you for the opportunity to provide input on this important topic. The National Association of Emergency Medical Technicians stands ready to participate in and assist this effort in any way that we can.

Sincerely yours,



Connie Meyer
President, NAEMT