



NEWS RELEASE

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FOR IMMEDIATE RELEASE

NAEMT BOARD VOTES TO ACTIVELY SUPPORT NEW FEDERAL BILLS THAT SUPPORT EMS

Board votes to support H.R. 3144, Field EMS Quality, Innovation and Cost-Effectiveness Improvement Act, and S. 1680, Craig Thomas Rural Hospital and Provider Equity Act of 2011

Clinton, Miss. — Recently, the Board of Directors of the National Association of Emergency Medical Technicians (NAEMT) voted to actively support two congressional bills: H.R. 3144, the Field EMS Quality, Innovation and Cost-Effectiveness Improvement Act, also known as the “Field EMS Bill,” and S. 1680, the Craig Thomas Rural Hospital and Provider Equity Act of 2011. NAEMT wrote to the bill sponsors in Congress to offer its support.

Field EMS Quality, Innovation and Cost-Effectiveness Improvement Act

House bill 3144 was introduced by Minnesota Rep. Timothy Walz, and sponsored by North Carolina Rep. Sue Myrick, to provide a path toward the vision outlined by the Institute of Medicine (IOM) for the provision of EMS in our nation.

In a letter of support to Rep. Walz, NAEMT emphasized how EMS saves lives and is a unique and critical part of the healthcare delivery system. “EMS is a public benefit provided by both governmental and nongovernmental providers that citizens assume will always be there to serve them,” the letter noted. The landmark 2006 IOM Report *Emergency Medical Services: At the Crossroads* identified systemic problems that undermine the public trust and reliance upon EMS to protect them in their greatest hour of need.

Today, while fire and police first responders have several targeted federal support programs, there is no dedicated federal funding stream for field EMS responders to ensure their capability to respond to medical emergencies as part of a coordinated emergency care system. In many areas, EMS services are highly fragmented, poorly equipped and insufficiently prepared for day-to-day operations, let alone natural or man-made major disasters.

H.R. 3144 addresses many of the challenges EMS systems face while trying to fulfill public expectations that all who need EMS can depend upon the highest quality of care and transport to the most appropriate clinical setting. NAEMT lauded Walz's efforts to include specific grants for field EMS agencies and EMS education and training.

"H.R. 3144 is the result of collaboration between multiple EMS stakeholders and strives to correct some fundamental problems within field EMS (outside the hospital) by finally creating a lead agency to oversee EMS," says NAEMT President Connie Meyer. "It also provides a mechanism for grant programs to support field EMS agencies, and state and regional coordination of EMS through state EMS offices, and supports education through grants to EMS educational programs. It is important to remember that the bill addresses multiple problems in EMS, but the first priority will be to educate Congress about what field EMS is, and how it needs to be a viable part of the EMS and healthcare system in the future. EMS is a system in great danger of collapse if we don't make some serious changes to fix it. This is the first bill to seriously look at EMS problems since the 1960s," she says.

Craig Thomas Rural Hospital and Provider Equity Act of 2011

Senate bill 1680 was introduced by North Dakota Sen. Kent Conrad to provide desperately needed rural ambulance relief. According to the May 2007 GAO report on the costs of providing ambulance services, rural ambulance service providers are reimbursed on average six percent below the cost of providing services to Medicare patients.

Providers in "super rural" areas are reimbursed a staggering 17 percent below their costs. This legislation would temporarily correct these problems by extending and raising temporary increases for rural providers and extending the bonus payment for "super rural" providers.

NAEMT wrote to Sen. Conrad letting him know that it strongly supports his efforts and those of his fellow Senators Pat Roberts, Tom Harkin and John Barrasso to ensure that rural ambulance service providers receive additional relief immediately so that these providers can continue to furnish high quality health care to their communities.

"Named for the late Sen. Craig Thomas, S. 1680, known as R-HoPE, expresses the idea that residents of rural and frontier communities should have access to affordable, quality health

care. Rural EMS practitioners are the public safety net for their communities, and it is essential that they are able to provide high quality care to their patients. This legislation would improve Medicare reimbursement for the nation's thousands of rural health care providers," says NAEMT Board member and Advocacy Committee Chair Jim Judge.

NAEMT fully supports passage of these bills, and encourages all EMS professionals to let their congressional representatives know that they support these bills. It is critical that they hear from EMS professionals to understand how much these issues matter to EMS.

EMS professionals may contact their congressional representative and view NAEMT's positions on current EMS bills and issues by visiting the Contact Congress page in the Advocacy section of www.naemt.org.

More than 32,000 members strong, NAEMT is the nation's only professional association representing all EMS practitioners, including paramedics, emergency medical technicians, first responders and other professionals working in prehospital emergency medicine. NAEMT members work in all sectors of EMS, including government service agencies, fire departments, hospital-based ambulance services, private companies, industrial and special operations settings, and in the military.

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