April 23, 2013

The Honorable Barbara Mikulski
Chair
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Harold Rogers
Chair
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Richard Shelby
Ranking Member
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Nita Lowey
Ranking Member
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

RE: FY 2014 Priority Funding Requests for Emergency Medical Services

Dear Chair Mikulski, Ranking Member Shelby, Chairman Rogers, and Ranking Member Lowey:

As a coalition of emergency medical services (EMS) organizations, we are writing to respectfully request that Congress include funding for the EMS programs and activities outlined below in your FY 2014 Labor/HHS/Education, Transportation/HUD, and Homeland Security bills. Together, our organizations are dedicated to promoting, educating and increasing awareness of issues affecting all EMS providers, whether they are fire, hospital, volunteer, third service or non-governmental based.

Efforts to improve health care delivery must ensure that our nation's emergency care capabilities are dramatically improved, and we believe that improved funding for a variety of programs that address the full continuum of emergency care will ensure that the entirety of this critical public service is supported.

The Role and Challenges of Emergency Medical Services

Emergency care saves lives and is a unique and critical part of the healthcare delivery system. EMS providers cross the continuum of services for a range of emergency medical conditions and severity, from answering 9-1-1 calls, first response, pre-hospital medical response, medical transport, hospital treatment and rehabilitation. EMS is a public benefit provided by both governmental and non-governmental providers that citizens assume will always be there when they need it most. Strong federal transportation funding in the 1970's fueled the initial development of EMS systems at the state and local levels. Yet, in the 1980's the withdrawal of comprehensive federal funding led to haphazard growth and implementation of EMS systems across the country.

These challenges extend to both Pre-hospital EMS (medical care provided outside of the hospital) and Hospital EMS (medical care provided inside the hospital). Today, while first responders have several targeted federal support programs, Pre-hospital EMS providers remain enormously challenged in meeting the needs of their patients as part of an integrated and

coordinated emergency care system. In many areas, Pre-hospital EMS providers are highly fragmented, poorly equipped and insufficiently prepared for day-to-day operations, let alone natural or man-made major disasters. A 2007 GAO report noted that Medicare payments for pre-hospital EMS are 6% below the average cost per transport in urban areas and 17% below the average in super rural areas. GAO reports in 2010 and 2012 also determined that ambulance service providers were receiving Medicare reimbursement at rates lower than their overall costs. Medicare Hospital EMS is also challenged by overburdened hospital emergency departments (EDs) – from 1993-2003, 425 ED's closed while ED visits rose by more than 25% in the same period.

As noted by the IOM in its 2006 report *Emergency Medical Services: At the Crossroads,* crowded EDs resulted in a half million diverted Pre-hospital EMS transports in 2003 creating accessibility issues for emergency ambulance services. EMS is multi-jurisdictional with federal agency responsibility tasked across DHS, HHS, DOT, IHS, FCC, and DOD. According to the IOM report, the cost of providing Pre-hospital EMS is under-reimbursed, including for the care and transport provided as well as the readiness costs associated with 24/7 availability. Federal funding for EMS falls within a variety of programs with multiple responsibilities and competing priorities. Accordingly, federal funding for Pre-hospital EMS is fragmented, limited, and all too often is overlooked in favor of other needs.

Priority Funding Requests

We support improved funding for a variety of programs that address the full continuum of emergency care to ensure that the entirety of this critical public service is supported. Due to the current disparate funding levels, our organizations are particularly concerned with ensuring sufficiency of funding for EMS in key priority programs and grants as provided below.

<u>Labor, HHS & Education Bill</u>

- **Health Resources and Services Administration (HRSA)**
  - Rural & Community Access to Emergency Devices
  - Trauma/EMS
  - EMS for Children
  - Traumatic Brain Injury
  - Rural Outreach Grants
  - Rural Hospital Flexibility Program (FLEX)
  - Poison Control
  - Critical Access Hospital Program
- **Centers for Disease Control and Prevention (CDC)**
  - Preventive Block Grant
  - Injury Prevention & Control
  - Traumatic Brain Injury (note: TBI is a program within IP&C)
  - Unintentional Injury Prevention (note: new under ACA/PPHF)
  - Public Health Preparedness & Response
- **Public Health and Social Services Emergency Fund (PHSSEF)/Assistant Secretary for Preparedness and Response (ASPR)**
  - Preparedness & Emergency Operations
  - National Disaster Medical System

    - Hospital Preparedness Cooperative Grants
    - Trauma and Emergency Care Systems, Regional Pilots
    - Biomedical Advanced Research & Development Authority (BARDA)
- **Office of the Secretary**
    - Pandemic Influenza Preparedness

Transportation, HUD Bill

- **National Highway Traffic Safety Administration (NHTSA)**
    - Office of EMS
    - Enhanced and Next Generation 9-1-1 Activities
    - NEMSIS Implementation
    - NEMSIS 3.0

Homeland Security Bill

- **Federal Emergency Management Agency (FEMA)**
    - State and Local Programs
        - State Homeland Security Grant Program
    - Regional Catastrophic Preparedness Grants
    - Firefighter Assistance Grants
        - Staffing for Adequate Fire and Emergency Response (SAFER)
        - Assistance to Firefighters Grants (AFG)
    - Emergency Management Performance Grants
    - Urban Area Security Initiative
- **Office of Health Affairs**
    - BioWatch
    - National Biosurveillance Integration System
    - Rapidly Deployable Chemical Detection System
    - Planning & Coordination

We look forward to working with you to ensure that EMS programs are fully funded and remain available when they are needed most.

Sincerely,

Advocates for Emergency Medical Services (AEMS)
American Ambulance Association (AAA)
Association of Critical Care Transport (ACCT)
Grandfield EMS
Jackson County EMS
LifeFlight of Maine
National Association of EMS Educators (NAEMSE)
National Association of Emergency Medical Technicians (NAEMT)
National Association of Emergency Medical Physicians (NAEMSP)
National Association of State EMS Officials (NASEMSO)
Tillman County EMS
Trauma Center Association of American (TCAA)