

Our Nation's Emergency Medical Services Need Your Help!

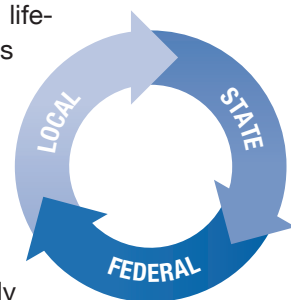


Support the **Field EMS Bill** to Ensure Quality and Effective Emergency Medical Preparedness and Response

What is Field EMS?

EMS Saves Lives. Emergency Medical Services (EMS) encompasses emergency medical and trauma care provided to patients at any point in the continuum of health care services. EMS provides services for a wide range of emergency medical conditions (including trauma, stroke and cardiac) to 9-1-1 call emergencies, first response, field medical response, medical transport, hospital treatment and patient rehabilitation. EMS saves lives and is a unique and critical part of the healthcare delivery system. **“Field EMS” refers to emergency medical and trauma care provided outside of the hospital, and most often, prior to or during transport to a hospital. Field EMS providers conduct nearly 25 million transports (predominantly by ground, but also by air) per year, which represents more than 8% of the US population.** “Hospital EMS” refers to emergency medical care provided inside the hospital, such as in the hospital emergency department. “Trauma care” encompasses the initial field care, and subsequent care provided by a trauma center.

Field EMS is an Essential Public Function. All levels of government share a responsibility to ensure quality and effective emergency medical preparedness and response for everyday and catastrophic events. Local governments are responsible for ensuring the availability and provision of everyday life-saving Field EMS – either directly, or on a contractual or volunteer basis. States are responsible for licensure of medical practitioners, oversight of emergency medical care and the State EMS system, as well as for ensuring the overall State preparedness and coordinated response. The federal government oversees the nation’s medical preparedness and response. Regardless of the model of EMS care delivery – whether governmental, nonprofit, private or volunteer – all EMS providers fulfill an essential public function for all patients in need. This function is carried out to the best of their ability and in spite of limited resources. In order for EMS to successfully fulfill this essential public function, it must be supported by all levels of government.



What is the federal interest in EMS?

Ensuring Quality and Cost-Effective, Day-to-Day Medical Response. In every community in our nation, EMS is expected to deliver quality emergency medical care on a 24/7 basis to their residents, as part of a continuum of health care services provided to all patients with emergency medical conditions. EMS is very often a patient’s entry into the health care system, resulting from an acute care episode. High-quality emergency medical care in the field is essential to improve patient outcomes, increase efficiency and reduce costs for patients with expensive medical conditions. As health care delivery rapidly evolves, increased access to primary care and chronic disease management must be coupled with enhanced integration of Field EMS to successfully lower health care expenditures and improve patient outcomes. The federal government funds a large portion of the EMS provided to Medicare, Medicaid and CHIP beneficiaries, and thus, has a strong interest in ensuring high-quality and cost-effective emergency medical care.

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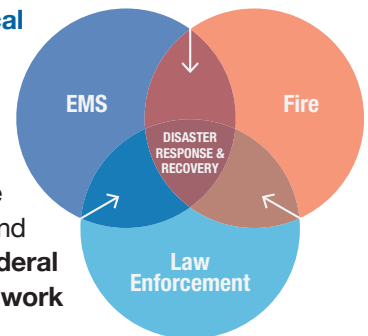


Saving Lives in Disaster and Mass Casualty Response. EMS systems and providers are an integral component of each state's emergency response system and are also a critical element of our nation's disaster and mass casualty response infrastructure. The vital role played by EMS in the Boston Marathon bombings, Texas fertilizer plant explosion, Hurricane Sandy, and the Aurora and Tucson shootings, illustrates the significance of EMS in saving lives in the worst of circumstances.

Enhancing Public Health Surveillance and Response. EMS is also a component of our nation's public health system that protects our communities through disease prevention, surveillance, and response. Cooperation and integration of EMS and public health not only provides an essential infrastructure for daily response, but also improves a community's preparedness and response to natural and man-made disasters, including acts of terrorism. An effective national EMS system is essential in any plan to mitigate and respond to the medical consequences of disasters or other public health events.

What are the problems facing Field EMS?

EMS Providers Struggle to Meet Public Expectations for Emergency Medical Response. Unfortunately, many communities in our nation struggle to provide even basic emergency medical services to their residents. Further, most local governments do not possess the financial resources needed to prepare their EMS systems for disaster response. EMS, Fire, and Law Enforcement work together to form a triad of critical services in disaster response and recovery. The EMS function is to perform medical triage, and provide life-saving treatment and transport. **Both the Fire Service and Law Enforcement are supported by federal governmental sources; EMS relies on a fragmented and inadequate patchwork of financing, in spite of the essential public function that EMS provides.**



Systemic Problems Plaguing Field EMS. The landmark 2006 IOM Report, *Emergency Medical Services: At the Crossroads*, identified the systemic problems that undermine public's trust and reliance on the ability of EMS to protect them in their greatest hour of need. Strong federal support in the 1970s fueled the initial development of EMS systems at the state and local levels. Yet, in the 1980s the withdrawal of comprehensive federal support led to haphazard growth and implementation of EMS systems across the country. Other systemic problems identified by IOM include: insufficient coordination among Field EMS providers; disparity in response times; lack of readiness for disasters; divided professional identity of EMS personnel; and significantly, uncertain quality of care and a limited evidence base of emergency medical interventions.



Systemic Problems Affecting All EMS & Trauma Care. In many areas, EMS services are highly fragmented, poorly equipped and insufficiently prepared for day-to-day operations – let alone major disasters, either natural or man made. Hospital EMS is challenged by overburdened hospital emergency departments (EDs) – from 1993-2003, 425 EDs closed while ED visits rose by more than 25% in the same period. As noted by the IOM, crowded EDs resulted in a half million diverted Field EMS transports in 2003



Field EMS Provides the Essential Life-Saving Function the Public Expects... and deserves.

creating accessibility issues for emergency ambulance services. Between 1990-2005, thirty percent of trauma centers closed and 45 million Americans lack access to a Level I trauma center, even though for severely injured patients, care at a Level I trauma center can lower the risk of death for severely injured patients by 25%. EMS is multi-jurisdictional with federal agency responsibility tasked across DHS, HHS, DOT, IHS, FCC, and DoD. **There is no specific federal strategy or funding for field EMS.** Federal funding for other components of EMS (such as hospital preparedness) falls within a variety of programs with multiple responsibilities and competing priorities. Accordingly, federal funding for EMS is fragmented, limited, and all too often overlooked in favor of other needs.

How will the Field EMS Bill improve emergency medical care for patients?

Multiple authorities including the Institute of Medicine (IOM), National Highway Traffic Safety Administration (NHTSA), Federal Interagency Committee on Emergency Medical Services (FICEMS), and National Emergency Medical Services Advisory Council (NEMSAC) have described the difference that EMS makes for patients. Growing evidence shows that Field EMS care improves patient outcomes (particularly, heart, stroke, respiratory, pediatric and trauma) and is cost-effective, however, EMS remains significantly underfunded and challenged in providing quality patient care. The *Field EMS Quality, Innovation, Cost-Effectiveness Improvement Act* would provide a path out of the crossroads and toward the vision outlined by the IOM **without adding to the federal deficit** in the following ways:

- ✓ **Recognize HHS as Primary Federal Agency for EMS and Trauma Care:** The bill would recognize HHS as the primary federal agency for EMS and Trauma Care, consolidate certain programs within HHS into an Office of EMS and Trauma, and require a long overdue federal strategy.
- ✓ **Enhance and Focus Federal Support Toward Quality, Innovation and Cost-Effectiveness:** Establish essential programs to foster improvements in quality, innovation and preparedness, and strengthen accountability among states, EMS agencies and educational entities.
- ✓ **Improve Quality and Accountability:** Enhance quality by promoting physician-led guidelines for medical oversight and direction, evaluate medical liability and reimbursement issues affecting medical direction, enhance data collection and integration of patient medical information.
- ✓ **Test Innovative Delivery Models:** Evaluate and test innovative models for access and delivery of field EMS, including alternative dispositions of patients not requiring transport to a hospital.
- ✓ **Enhance Research:** Enhance research in Field EMS to further improve quality, outcomes and promote the adoption of cost-effective treatments in the field.
- ✓ **EMS Trust Fund:** Establish an Emergency Medical Services Trust Fund to be funded by voluntary contributions made by taxpayers when filing their federal income tax forms for the purpose of funding the initiatives provided in this legislation.

Why is the Field EMS Bill important to communities for emergency medical response?

Effective Everyday Response is Prerequisite to Disaster Response. Many EMS agencies around the country lack the funds to purchase even basic equipment, critical to assessing the needs of emergency patients, which lengthens the time before a diagnosis can be made, and often results in unnecessary transport to hospital emergency rooms. Most agencies cannot currently afford to provide their EMS practitioners preparedness training for medical disasters and mass casualty events. Passage of the bill will provide local EMS agencies with access to funds, so they can hire, train and equip their EMTs and

Paramedics. A better-equipped and well-trained EMS workforce will result in more cost-effective service, better patient outcomes, and communities that are prepared to respond to disasters.

Improved Patient Outcomes. The bill also includes provisions for research to improve evidence-based emergency care, determine and verify the types of response that result in better patient outcomes and reduced costs, and funding for state EMS systems to build and support their medical emergency and disaster response networks so that communities can receive assistance when disasters strike.

How much does this legislation cost?

The Field EMS Bill Costs Nothing. The legislation does **not** add to the federal deficit. It establishes an EMS Trust Fund to be funded by voluntary contributions made by taxpayers when filing their federal income tax forms for the purpose of funding the programs provided in the bill. The bill directs the Secretary of HHS to utilize discretionary funds for start-up costs for the programs under the Office of EMS and Trauma.

Who supports this legislation?

Advocates for Emergency Medical Services;
American Academy of Orthopaedic Surgeons;
American Association of Neurological Surgeons;
American College of Emergency Physicians;
American College of Surgeons;
American Heart Association;
American Trauma Society;
Association of Air Medical Services;
Association of Critical Care Transport;
Delaware State Emergency Medical Services Association;
EMS Association of Colorado;
The Florida Ambulance Association;
Gold Cross/Mayo Clinic Medical Transport;
Iowa EMS Association;
Kansas Emergency Medical Services Association;
Maryland Emergency Medical Services Program;
Missouri Ambulance Associations;
Missouri Emergency Medical Services Association;
National Association of EMS Educators;
National Association of EMS Physicians;
National Association of Emergency Medical Technicians;

National Association of State EMS Officials;
National EMS Management Association;
Nebraska EMS Association;
New Hampshire Association of EMT's;
North Dakota EMS Association;
PHI Air Medical;
Professional Ambulance Association of Wisconsin;
South Carolina EMS Association;
South Dakota Emergency Technician Association;
Tennessee Ambulance Service Association;
Trauma Center Association of America;
Wisconsin EMS Association.

Who should be contacted for more information?

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