Strengthen EMS Act – to develop, integrate and improve the quality of EMS in our nation.
**Outline below has been used to draft bill language.*

Rationale: The purpose of the bill is to strengthen EMS as a critical component of our nation's emergency response and healthcare systems through the development of the EMS workforce, integration of EMS in all federal emergency, disaster and healthcare plans and programs, and quality improvements in all aspects of EMS patient care.

- All persons throughout the United States should have access to and receive high-quality prehospital emergency medical care as part of a coordinated emergency medical system.
- EMS is a critical element of our nation's disaster and mass casualty response infrastructure. EMS, Fire, and Law Enforcement work together to form a triad of critical services in responding to disasters and mass casualties, including bombings, mass shootings, biological and natural disasters, earthquakes, tornadoes, hurricanes, and floods. EMS must be fully integrated into our national emergency preparedness strategy and equipped to ensure that our nation can respond as the public expects and deserves.
- Likewise, EMS is an integral component of our nation's ability to respond to public health crises, including outbreaks of infectious diseases. EMS must be fully integrated into our nation's medical preparedness and response strategy and have the training and equipment to achieve zero preventable deaths.
- In addition to emergency response, EMS serves as a healthcare safety net by providing emergent, urgent and preventive medical care as the first step of the healthcare continuum. Ensuring high-quality and cost-effective EMS requires readiness, preparedness, medical oversight, and innovation through federal, state, and local multijurisdictional collaboration and sufficient resources for ambulance providers or suppliers, and practitioners.
- EMS has evolved from a patient transport model to a healthcare service delivery model that provides a variety of targeted medical services to meet the specific needs of their communities. This includes community paramedicine provided by ambulance providers or suppliers and mobile integrated healthcare provided collaboratively by a group of healthcare providers in a community, including local ambulance providers or suppliers. These new delivery models are filling gaps in patient care including preventing recurrent medical episodes through reliable post discharge follow up and chronic disease management. EMS can fill healthcare gaps in communities with cost-effective 24/7 medical care that assesses and navigates patients to the right care, in the right place, and at the right time.

The bill will cover:

I. Development of the EMS Workforce - for promoting EMS as an emergency response and healthcare profession and ensuring the availability, quality, and capability of practitioners, managers, medical directors and educators. This section will include:

   A. Definition of who is included in the EMS workforce. Will define the workforce as those who provide prehospital and out-of-hospital emergent, urgent or preventive medical care, and who provide management, medical oversight and training to those who provide this care.

B. Instruction to Sec. of Labor (Bureau of Labor Statistics and Commerce/Census Bureau for point 1) to:

1. ensure that the EMS workforce is accurately and appropriately classified and counted to support informed decision making on building workforce capacity.

2. assist with building EMS workforce capacity by ensuring that EMS training centers and ambulance providers and suppliers have access to programs that offer funds for training and skill development, such as Workforce Development grants and the Workforce Innovation Fund.

3. report back to Congress on their actions on amending EMS classification and building EMS workforce capacity.

II. EMS Integration– for the purpose of optimizing our nation's EMS resources to achieve our nation's emergency response and preparedness, and healthcare goals. This section will include:

A. Instruction to Sec. of DHS to:

1. ensure that EMS is fully integrated into our nation's emergency preparedness and disaster response strategy, and that national EMS stakeholders are full participants in the development and implementation of such strategy.

2. ensure that the EMS workforce receives the necessary training and equipment to fully participate alongside law enforcement and firefighters as a critical component of our nation's disaster and mass casualty response and homeland security infrastructure.

3. report back to Congress on the Sec.'s actions on items 1-2 of this section.

B. Instruction to Sec. of HHS to direct ASPR to:

1. ensure that EMS is fully integrated into our nation's medical preparedness strategy, and that national EMS stakeholders are full participants in the development and implementation of such strategy.

2. ensure that the EMS workforce receives the necessary training and equipment to respond to our nation's public health and medical emergencies whether deliberate, accidental, or natural.

3. ensure that prehospital trauma care provided by ambulance providers or suppliers is fully integrated into our nation's regionalized trauma infrastructure and poison centers to ensure rapid recognition, treatment and transport of critical patients to tertiary care centers.

4. report back to Congress on ASPR's actions on items 1-3 of this section.

C. Instruction to Sec. of HHS to ensure that EMS is fully integrated in the national health information technology strategy, and that national EMS stakeholders are full participants in the development and implementation of such strategy, and to submit to Congress a report that identifies gaps in the collection of information related to the provision of EMS, such report to:

1. include recommendations for improving the collection, reporting and analysis of such information, and integration of such information with other healthcare information.

2. recommend methods for improving information collection, reporting and analysis without unduly burdening reporting entities and without duplicating existing information sources.

3. address the quality and availability of information, and linkages with existing patient registries, related to the provision of EMS both every day and in catastrophic or disaster response.

D. Instruction to Sec. of HHS to promote the collection and reporting of information on EMS in a standardized manner and ensure that information in the National EMS Database is available to federal and state policymakers, EMS stakeholders and researchers.

E. Instruction to Sec. of HHS to promulgate a regulation that specifically includes "emergency medical service provider" under the definition of "healthcare provider" for purposes of title XXX of the Public Health Service Act, to enable and facilitate the integration and assimilation of EMS information systems as part of the electronic exchange and use of healthcare information and the enterprise integration of such information.

F. Instruction to Sec. of HHS to:

1. ensure that nothing in HIPAA privacy and security law shall be construed as prohibiting the exchange of information between EMS practitioners treating an individual and personnel of a hospital to which the individual has been treated, or the exchange of information between hospitals discharging an individual and EMS personnel to which the individual has been referred for post-hospital follow-up care for the purposes of relating information on the medical history, treatment, care and outcome of such individual (including any healthcare personnel safety issues, such as infectious disease), or prohibiting the exchange of non-individually identifiable data between the ambulance provider, a state, and the federal government.

2. reinforce that HIPAA does not impact quality improvement efforts.

G. Instruction to Sec. of HHS to ensure that EMS is fully integrated in our nation's healthcare improvement strategy to improve patient outcomes and reduce costs, and that national EMS stakeholders are full participants in the development and implementation of such strategy.

H. Instruction to Sec. of HHS to direct the HRSA Office of Rural EMS Policy to study the use of ambulance providers or suppliers to help fill the gap created by hospital closures in rural areas, and report to Congress on this study.

I. Instruction to Sec of HHS to include ambulance providers as eligible entities in the testing of Alternative Payment Models to reimburse for transport to alternative healthcare or social service destinations, and "treat and refer." The efficacy of these tests should be measured using objective, clinical metrics.

J. Request to Congress to instruct the National Academies of Science, Engineering and Medicine to study impediments to EMS integration and advancing EMS delivery of care.

III. Promoting Quality EMS – for the purpose of ensuring that patients receive quality EMS care. Section will include:

A. Instruction to Sec of HHS to:

1. encourage states to require EMS medical directors to successfully complete a national medical director certification program.

2. improve medical oversight of EMS through support of on-going efforts of national physician organizations to develop and disseminate evidence-based guidelines for use by EMS medical directors and EMS practitioners on a national basis.

3. Encourage Patient Safety Organizations to:

   i. work with ambulance providers or suppliers to support quality improvement processes within agencies.

   ii. engage EMS as part of their patient safety services.

   iii. promote to EMS the importance of participation in PSOs for the measurement and evaluation of medical errors and near miss events.

B. Establish within the HHS Office of Planning, Research & Evaluation an EMS Evidence-Based Center of Excellence, the purpose for which shall be to conduct or support research to promote the highest quality prehospital and out-of-hospital emergent, urgent and preventive medical care in EMS; such research will include but not be limited to:

   1. comparative safety and effectiveness research, especially with regard to the highest cost and most prevalent emergency medical conditions with the greatest opportunity to improve patient outcomes and lower costs by care provided in the field.

   2. other appropriate clinical or systems research on the effectiveness of existing and potential treatments provided in the field that translate into improved quality and outcomes.

   3. the clinical value and benefit of EMS filling gaps in rural and other underserved geographic regions, especially where hospitals have closed.

   4. coordinated research with other research accredited institutions.

   5. research on “treat and refer,” alternate destinations and the opportunity for innovation grants.

C. Seek stakeholder involvement and input and then report back to Congress on the Sec.’s action on items 1-4 of this section.

D. Instruct the Sec. of Dept. Transportation to instruct the NHTSA Office of EMS to encourage and promote EMS practitioner safety in all settings and environments.