

Achieving a 21st Century Emergency Medical Services System
FIELD EMS MODERNIZATION AND INNOVATION ACT
Request to Congress

Request:

The Field EMS Modernization and Innovation Act would modernize our Emergency Medical Services System from a 20th century antiquated model based on transport to an innovative, patient-centered, efficient 21st century system. To truly improve Field EMS delivery in the United States, “**value**” must be the cornerstone of a re-engineered system to improve quality, outcomes, and coordination and lower costs.

We urge you to **cosponsor the *Field EMS Modernization and Innovation Act*** by having a member of your staff contact Teresa Buckley with Representative Larry Bucshon (IN-8) in the House. In the Senate, please contact Kellie McConnell in Senator Crapo’s (R-ID) office or Rohini Kosoglu in Senator Bennet’s (D-CO) office.

Background:

The *Field EMS Modernization and Innovation Act* aims to modernize our Emergency Medical Services System from an antiquated system to one that is innovative, patient-centered and highly integrated. As the nation faces increasing healthcare costs, there is significant opportunity for Field EMS systems to be part of the solution and help reduce the incidence of costly care for unscheduled patients. Field EMS services can reduce downstream emergency department and hospitalization costs while increasing patient care quality and safety by effectively navigating patients down a medically appropriate and cost-effective pathway that is evidence-based.

The Institute of Medicine (IOM) in its 2006 report “Emergency Medical Services at the Crossroads” outlined systemic problems plaguing Field EMS that impede achievement of a 21st Century emergency care system including: insufficient coordination among Emergency Medical Services providers, disparities in response times, uncertain quality of care, lack of readiness for disasters and inadequate federal funding for disaster preparedness, divided professional identify of Emergency Medical Services personnel, and significantly, a limited evidence base of emergency medical interventions.

The bill implements a number of remaining IOM recommendations to address the systemic problems plaguing Field EMS:

- ✓ **Aligning Federal Leadership for Emergency Medical Services:** clarifies HHS as the lead for emergency medical care as recommended by IOM (HHS is already the lead for public health emergencies). A properly functioning emergency care system is a prerequisite for preparedness and response to major public health emergencies.
- ✓ **Promotes Innovation and Quality Through Field EMS Reimbursement:** establishes the evaluation of Field EMS alternative delivery models and a voluntary quality incentive program –with the goal of improving outcomes and lowering costs.
- ✓ **Modernizes Field EMS Capability:** establishes grant opportunities for providers that demonstrate need to improve preparedness response; enhances medical oversight through physician led guidelines and identifies impediments to quality improvement; and recognizes Field EMS as a health profession and establishing a grant program to ensure the availability, quality and capability of Field EMS practitioners, managers, medical directors and educators.
- ✓ **Improves the Evidence-Base of Care in the Field:** requires the Secretary to evaluate the extent to which research related to Field EMS is conducted across HHS and requires the Agency for Healthcare Research and Quality (AHRQ) to establish a Field EMS Evidence-Based Center of Excellence.

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Cost:

The legislation does not add to the federal deficit. It establishes 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 programs provided in the bill.