

FORGOTTEN SOLDIERS

EMS providers can't go to battle without ammunition



EMS agencies, including fire-based, third service, hospital-based, commercial and volunteer, are expected by our elected officials to be like the U.S. military: ready, equipped and staffed 24/7 to take care of all patients whether they're sick or injured as a result of motor vehicle collisions, falls, gunshot wounds, terrorist attacks, chemical agents or active shooter incidents.

The problem is that EMS is a forgotten and neglected army that's being expected to train and have proper equipment and vehicles for these incidents *with minimal or no financial assistance from our federal government.*

To date, the federal government has spent \$4.4 trillion fighting the wars in Iraq and Afghanistan. There are 318,000,000 million people in the United States.¹ So, the cost to fund just these wars on foreign soils has been \$13.83 per capita over the past 13 years, or \$1.06 per capita per year. On the home front, the Department of Homeland Security (DHS) budget for 2014 is \$60 million. That equates to an \$0.18 per capita annual expenditure.

In 2014, 1,814 fire departments received \$8.6 million in grants from the DHS-funded Assistance to Firefighters Grants (AFG) program.² This equated to roughly \$4,750 per department for training and to buy protective gear, firefighting equipment and vehicles. Since 9/11, the AFG program has awarded \$72 million dollars to 38,314 fire departments for a per capita cost of \$0.23 cents per American.²

The workload of the fire services is 80% EMS and just 20% for fire response, yet most of the AFG funding has gone to bolster firefighting efforts, not EMS equipment and training.

And, although the fire service reports handling 60% of EMS calls in the U.S.,³ the fact is that it represents only 40% of response/transport agencies,⁴ with many fire departments offering just first response EMS care and relying on contracted 9-1-1 commercial ambulance services that aren't receiving any significant amount of funds from the AFG program.² (See Table 1.)

On top of that, the American Ambulance Association and National Association of EMTs

Table 1: Agencies that provide EMS in the United States⁴

1.	Fire department-based EMS	6,388	40%
2.	Private services (non-governmental or hospital-based)	3,910	25%
3.	Government, non-fire based (AKA "third service")	3,255	21%
4.	Hospital-based	901	6%
5.	Other	1,317	8%
Total # of agencies		15,865	100%

have shown the ambulance reimbursement system in the U.S. is broken, particularly because reimbursement offered by Medicare is often less than what it costs to respond to each call.⁵

EMS and fire agencies aren't currently reimbursed for non-transport or first response assessment services, critically needed supplies like chest compression bands (AutoPulse), EZ-IO needles, impedance threshold devices or medications used on treat-and-release calls.

And, a fact often forgotten by elected officials, we serve all callers (approximately 36 million annually)⁴ without reimbursement of any type from those who aren't insured, and often transport system abusers who tax resources on a daily basis and don't pay us a dime.

EMS agencies are all struggling to not just survive, but also to be ready, trained and equipped for mass casualty incidents, active shooter scenarios and terrorist attacks, which, with recent threats from ISIS to "Raise the Black Flag [of ISIS] over the White House,"⁶ seem more predictable than ever. But we're not receiving any financial support to do this.

EMS agencies are holding off on buying replacement ambulances and monitors because of budget reductions. They can't afford to buy gasoline or provide their staff with cost-of-living increases. So, where are they going to get the funds to buy ballistic vests that costs \$500 per crew member and personal full-face respirators that cost \$200 apiece to ensure their responding crews aren't killed during a weapons of mass destruction incident? Bake sales and donations won't cover these essential costs!

There are 78,258 licensed EMS vehicles in

the U.S.⁴ If you just added the above-referenced items per vehicle (at a cumulative cost of \$2,400 per two-person crew), it would cost \$187 million just to have each vehicle ready for those types of responses. And, I don't know about you, but I never want my crew to share sweaty turnout gear, ballistic vests and respirators.

I could go on and on and raise your blood pressure, but I won't. You get the message. Your agency and its leadership need to develop a battle plan to approach your senators and congressional representatives *today* to alert them to this injustice and imbalance in funding.

House bill H.R.809, the Field EMS Quality, Innovation and Cost-Effectiveness Improvement Act—known as the "Field EMS Bill"—has 32 cosponsors and is supported by a majority of the major EMS-focused national organizations with the exception of the International Association of Firefighters (IAFF) and the International Association of Fire Chiefs (IAFC).^{3,7}

The companion Senate bill (S2400) has three cosponsors. Odds are, the bill won't be passed by the end of December and will have to be reintroduced. However, we need to push for this or similar legislation.

The Field EMS Bill would provide essential federal leadership and funding to support EMS and EMS agencies. It would, according to the summary on traumacenters.org:

>> Recognize the Department of Health and Human Services (HHS) as the primary federal agency for EMS and trauma care and consolidate certain programs within HHS into an Office of EMS and Trauma, and require a long-overdue federal strategy;

- >> Enhance and focus federal support quality, innovation and cost-effectiveness by establishing essential programs to foster improvements in quality, innovation and preparedness, and strengthen accountability among states, EMS agencies and educational entities;
- >> Improve quality and accountability by promoting physician-led guidelines for medical oversight and direction, evaluate medical liability and reimbursement issues affecting medical direction, and enhance data collection and integration of patient medical information;
- >> Test innovative delivery models for access and delivery of field EMS, including alternative dispositions of patients not requiring transport to a hospital;
- >> Enhance research to further improve quality, outcomes and promote the adoption of cost-effective treatments in the field; and
- >> Establish 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 initiatives provided in this legislation.

We need to ask Congress to at least mirror the AFG program by annually dedicating an equal amount of funds to EMS purposes.

Go to the ENGAGE! section of the NAEMT website (www.cqrcengage.com/naemt/fieldEMS) today and submit a letter to your Congress members. Present some of my facts and ask them to support EMS by becoming a cosponsor of the Field EMS Bill. Let them know how the bill will benefit your agency and your patients.

If your representative or senator is already a cosponsor, send them a personal thank you. The Web page also allows you to find your elected officials and make more personal contact.

It's time to speak up and let Congress know that EMS can't survive, expand and meet the demands of training, preparedness and response to our normal call volume with the predicted decrease in reimbursements. An army can't fight without ammunition, and we can't respond without vehicles, training, equipment and specialized supplies. **JEMS**

REFERENCES

1. Summary costs of war in Iraq, Afghanistan and Pakistan. (June 2014.) *Costs of war*. Retrieved Sept. 20, 2014, from www.costsofwar.org/article/economic-cost-summary.
2. Assistance to Firefighters Grants Awards. (Aug. 15, 2014.) FEMA. Retrieved Sept. 20, 2014, from www.fema.gov/

[assistance-firefighters-grant-awards](#).

3. Engage! (n.d.) Field EMS Bill. Retrieved Sept. 20, 2014, from www.cqrcengage.com/naemt/fieldEMS.
4. Mears G, Armstrong B, Fernandez AR, et al. Federal interagency committee on emergency medical services 2011 national EMS assessment. [white paper]. U.S. Department of Transportation and National Highway Traffic Safety Administration: Washington, DC, 2012.
5. American Ambulance Association annual meeting. Nov. 15, 2013. [Conference lecture.]
6. Fox News Insider. (Aug. 8, 2014.) New ISIS video: 'We will

raise black flag over White House.' *Fox news*. Retrieved Sept. 20, 2014, from www.foxnewsinsider.com/2014/08/08/new-isis-video-%E2%80%98we-will-raise-black-flag-over-white-house%E2%80%99.

7. IAFC. (June 18, 2014.) IAFC president explains concerns about Field EMS Bill. *World news network*. Retrieved Sept. 20, 2014, from www.article.wn.com/view/2014/06/19/IAFC_President_Explains_Concerns_about_Field_EMS_Bill_IAFC_IV/.



Learn more from A.J. Heightman at the EMS Today Conference & Expo, Feb. 25–28 in Baltimore, Md. EMSToday.com

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