Strategies, tips and techniques to help you influence the decisions that impact EMS and our patients
Every day, in every community in the nation, EMS is on the front lines of our nation’s medical response.

EMS professionals provide lifesaving care for trauma, STEMI and stroke patients. We serve as part of the public health safety net for people who are struggling. At the same time, we need to be prepared to respond to mass casualty and natural disaster situations that threaten the health and safety of our communities.

As EMS professionals, we know the immeasurable importance of a well-trained, well-prepared and well-resourced EMS.

But do elected officials and other decision-makers truly understand that?

That’s where advocacy comes in. Through advocacy, EMS professionals take action to make sure members of government and those who influence them understand and value the contributions of EMS too.

In doing so, EMS professionals help ensure that EMS has the resources needed to take optimal care of patients, can continue to innovate to keep up with changes in healthcare, and is prepared to respond to whatever crises may hit.

To help EMS professionals in planning and conducting advocacy work at the local, state and national levels, NAEMT is pleased to present this Grassroots Advocacy Guide. Inside, you’ll find:

- Tips for effective grassroots advocacy.
- Resources to make getting started easier.
- Strategies for engaging your EMS colleagues, stakeholders and lawmakers in your advocacy.
- Success stories of those who have used advocacy to make a difference for EMS and our patients.

It’s up to all of us to take action on behalf of the EMS workforce and our patients. Thank you for getting involved!

“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.”

Margaret Mead

THROUGH GRASSROOTS ADVOCACY, EMS PROFESSIONALS TAKE ACTION TO:

- Educate lawmakers at the local, state and national level and key stakeholders on important issues to EMS and our patients.
- Influence elected officials and stakeholders to support legislation or policies that benefit the EMS workforce, our patients and our communities.
- Seek change by informing decision-makers.
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At the national level, professional lobbyists maintain a regular presence in Congress; meeting legislators, monitoring Congressional committees, and seeking to impact the legislative process on a daily basis. However, professional lobbyists are most effective when they partner with constituents who contact their legislators directly.

As an EMS professional, you are both a constituent, and an expert in emergency medical services.

By advocating for your profession, you make sure your voice is heard!

NOW MORE THAN EVER

With the changes underway in healthcare and healthcare financing, advocating for EMS has never been more urgent.

At the national level, legislators are under pressure to reduce healthcare spending, and are looking for ways to accomplish that. One of the goals of advocating for EMS at the national level is to make sure EMS continues to receive the resources needed to fulfill its mission – from funding day-to-day operations to preparing for mass casualty events.

At the same time, it’s crucial that legislators know EMS is also actively working to be a part of the solution to lowering runaway health expenditures and providing more efficient, effective treatment for vulnerable populations. Getting the word out and educating our legislators and other stakeholders about how EMS is transforming, through new services such as mobile integrated healthcare and community paramedicine, is a critical advocacy endeavor.

AFFECTING CHANGE CLOSE TO HOME WITH STATE AND LOCAL ADVOCACY

While impacting decisions made about EMS at the national level is extremely important, many of the laws and decisions that directly impact how EMS professionals do their jobs, the treatments and procedures they are permitted to offer, staffing levels, working conditions, pay and benefits are made at the local and state level.

That’s why it’s crucial that EMS has strong advocates at the state and local levels. If you and your colleagues are facing challenges that can be addressed by state or local government, or if you are in need of resources to improve patient care or implement programs that enable you to use healthcare resources more efficiently, a good place to start building support is in your own backyard!

WHAT IS GRASSROOTS ADVOCACY?

Advocacy is an effort to influence the actions of elected officials. Your elected officials are in office to represent you, their constituents, to listen to your concerns and take them into account when making decisions. Terms such as lobbying, campaigning and awareness raising are also used to describe advocacy.

WHY ME?

Compared to some other health professions, EMS is relatively small. For example, there are about 3 million registered nurses in the United States, compared with an estimated 826,000 EMTs and paramedics. That means the advocacy role of individual EMS professionals like yourself is that much more important!
IDENTIFYING ADVOCACY TARGETS
ELECTED OFFICIALS

FINDING MEMBERS OF CONGRESS

NAEMT’s Online Legislative Service makes it easy to get contact information for members of Congress. Just type in your address and zip code and find your U.S. Representatives and Senators.

You can also email your member of Congress using the Online Legislative Service.

FINDING STATE LEGISLATORS

It’s also easy to find your state legislators by typing your address into the form on openstates.org. You may also browse by district.
Elected officials at all levels of government – from your city or county council to members of Congress – are prime targets for your advocacy work. But other decision-makers – and the stakeholder groups who influence them – are also key to an effective advocacy strategy.

Stakeholders can be powerful allies in winning support for your initiative. Conversely, not having stakeholder support can derail what you are trying to accomplish. Reaching out to as many stakeholders as you can think of, informing them of your plans and getting them on board early in your advocacy process is a key to success!

**IDENTIFYING ADVOCACY TARGETS**
**STAKEHOLDER GROUPS, ORGANIZATIONS AND INDIVIDUALS**

**GROUPS AND ORGANIZATIONS**
- State EMS associations
- State or regional hospital associations
- Insurance companies
- Medical and professional associations (for example, nurses, physicians, mental health professionals)
- Key government departments (public health department, health and human services at the local or state levels)
- Firefighter organizations
- Law enforcement organizations
- Local, state, regional or national advisory boards or committees
- Patient advocate groups
- Senior citizen groups
- Business coalitions
- Civic organizations

**INDIVIDUALS**
- Hospital administrators
- Physicians, nurses and other medical professionals
- Fire chiefs
- Police chiefs
- Civic leaders
- Community organizers
- City and county officials
- Local or state public health, mental health and EMS officials
- Former patients
There are many reasons for EMS to advocate in your local community, including:

- Passing a local law (ordinance) that helps EMS professionals in taking care of members of the community, staying safe on the job, and having adequate staffing and resources.
- Building community support for new services, such as mobile integrated healthcare and community paramedicine.
- Educating the community about the vital role of EMS to ensure adequate financial support now and in the future.
- Winning local support for statewide or national EMS issues.

**STRATEGIES**

Local grassroots advocacy is among the most accessible form of advocacy. Strategies may include:

- Formal presentations before city or county council about an issue.
- Cultivating media coverage. ([See page 10 for tips.](#))
- Face-to-face meetings with local stakeholders.
- Raising the profile of your EMS agency in the community through activities such as open houses, health fairs, safety education, blood pressure checks, car seat safety checks, falls prevention programs, and survivor summits that reunite patients with the EMS professionals who saved their life.
- Inviting local elected officials or stakeholders for ride alongs.
THE POWERFUL VOICE OF SURVIVORS AND THEIR FAMILIES HOSTING A SURVIVOR SUMMIT

No one can tell a more compelling story about the lifesaving role of EMS than survivors and their families.

If your EMS agency has a sudden cardiac arrest save or a dramatic trauma rescue, you may consider reuniting survivors with the EMTs and paramedics who were there. Survivor summits are a powerful form of local advocacy that are almost sure to generate media coverage.

TIPS FOR HOSTING A SURVIVOR SUMMIT

Determine your goals. A survivor summit can raise awareness about a particular issue, such as disaster preparedness, pool safety, traffic safety, bike helmets, seatbelts, cardiac arrest or sports injuries, and the important role EMS plays in protecting the community from such hazards. Or, a survivor summit can be a more general reminder to the community of the EMS heroes in their midst, building your agency’s reputation, which can help when you need to advocate for a specific issue.

Identify survivors. Because of privacy laws, hospitals are limited in what they share, although some may be willing to pass your contact information to the patient. Another strategy is to track patients down after the fact through media reports or police reports. Sometimes, survivors reach out to EMS. While some people may want to maintain their privacy, many are thankful and if asked, are more than willing to publically thank their rescuers.

Consider including loved ones of those who did not survive. Some families feel that sharing their experiences, even when the outcome was tragic, can help other families avoid the same pain. These stories may also be worthwhile to share.

Plan your event. Keep it simple by inviting survivors to a low-key ceremony or breakfast at the station. With their permission, invite local media. If the save involved an AED, you may also want to invite the manufacturer’s representatives. The company may be willing to cover travel expenses or other costs involved with the event.

Start small and build. You may consider making this an annual event. Start with one survivor, their family, and members of your local community. Throughout the year, identify other survivors and ask them to join you at the following years’ event. In time, word of your event will spread and survivors may start to contact you.

Buy tissues. Seeing EMS meet survivors and their families is a moving experience. Be prepared to dry a few tears (probably your own)!

REUNION HELPED MOM OF THREE HEAL FROM HORRIFIC WRECK

Several years ago, Kelli Groves, an elementary school teacher and mother of three children, was struck by an 18-wheeler on a bridge highway near Santa Barbara, Calif. The truck exploded 100 feet below, while Groves and two of her children were left dangling perilously on the mangled guardrail.

Santa Barbara County firefighters, assisted by members of the Navy Construction Forces (Seabees) who happened to be caught in the traffic jam and had an extendable-boom forklift with them, stabilized the vehicle and extricated the family. All three were injured, but survived.

The family was reunited with their rescuers on Good Morning America, and also at an event in Santa Barbara. “The reunion meant everything to me and brought more healing than anything else,” Groves said. “If I had won that Powerball jackpot, I’d quit my job and organize reunions for people. That’s how much mine meant to me!”
Cardiac arrest survivors celebrate at a survivor reunion in Minnesota.
Allina Health/Minnesota SCA Survivors Network
CULTIVATING MEDIA COVERAGE

By conveying information to important audiences such as the public, government officials and other decision makers, the media plays a large role in shaping public debate. Establishing good relationships with journalists is very important to your advocacy work – they can be among your most important allies.

Media coverage can:
• Generate political pressure to address a situation or right a wrong.
• Offer you a platform for public education.
• Counter popular misconceptions.
• Provide a forum to offer comment on an issue (through letters to the editor or op-eds/opinion pieces).
• Lend direct support for legislation or other issues, through editorials written by publication staff.

PITCHING YOUR STORY
If you have an idea for something you’d like covered, try to come up with a “news hook” that demonstrates what makes this story relevant now. Survivor stories, with their combination of drama, human interest and happy endings, are always appealing. Some other ideas:

• Find an important trend in your EMS data? Share it.
• Piloting more effective ways to deal with frequent users? Make sure your community knows.
• Have a creative way to serve your community for Christmas or Halloween? Journalists are eager for seasonal features that have a new spin.
• Conducting joint training with law enforcement and other departments? Make sure EMS gets included in the coverage by contacting media yourself.
• Doing something new, like teaching NAEMT’s Bleeding Control for the Injured to your community or “pit crew” style CPR? Get the word out about it.
• Relate your story to a current event. If there is a scary pandemic unfolding somewhere in the world and your agency lacks proper PPE or is unprepared to deal with it, local media can help you generate awareness and political pressure to ensure you get the necessary resources.

Held every year in May, EMS Week is a good opportunity to get media coverage for EMS and your agency. Decide what you want to promote or call attention to at least a month or so before, and start contacting local media. Then remind them weekly leading up to your event. In your emails, remind journalists that EMS Week was established by Congress in 1974 to honor the contributions of EMS to the nation’s health and safety.

HOW TO ESTABLISH MEDIA CONTACTS
Make a list of the newspapers, radio and television stations, and online media or bloggers you would like to establish a relationship with. These are your target media contacts. Try to identify through online searches which reporters cover health, public safety, government or other topics relevant to your story.

You can often find contact information for specific reporters online, or call the main number of the media outlet and ask for it. Use NAEMT’s Online Legislative Service to find contact info for media outlets in your area.

A great way to build media relationships or get coverage for the work your agency is doing is to invite the editor or reporter for a ride along. See page 20 for tips on conducting ride alongs.
Many of the laws that directly impact how EMS professionals do their jobs – from the treatments and medications they are permitted to administer, to whether their agency is able to offer MIH-CP services, to the conditions of employment and on-the-job safety – are made at the state level.

These are just a few of the reasons why state level advocacy is so important for EMS.

STRATEGIES

- Get involved with your state EMS association, which may be actively supporting state level legislation important to your colleagues, patients or EMS agency.
- Get to know your state legislators. Build relationships with them to ensure they understand what EMS does and its importance to the community. Invite them for ride alongs.
- If you have legislation to champion, seek the support of relevant stakeholder groups. For example, if you are advocating for more funds for disaster response, you might want to reach out to other groups that would benefit from a better equipped EMS, such as nursing homes, assisted living facilities, schools and hospitals.
HOW THEY DID IT
COLORADO GETS VIOLENCE AGAINST EMS LEGISLATION ENACTED

The risks of violence against EMS professionals is getting increasing attention. Recently, the Emergency Medical Services Association of Colorado (EMSAC) led the way in advocating for a state law increasing the penalties for assaults against EMS professionals. Under the old law, assaults against EMS professionals were misdemeanors, while assaults against firefighters or police officers were felonies with tougher penalties.

“We could be on the same call with the same patient, and if one was a firefighter-paramedic and another was a paramedic from a non-fire based system, the law treated assaults against them differently,” said Scott Sholes, EMS Chief of Durango Fire & Rescue.

Though it seemed like a no-brainer, EMSAC found there was opposition among certain key members of the state legislature, who were opposed to the mandatory sentencing provisions of felony convictions. The media took notice when EMSAC mobilized its network of Colorado EMTs, paramedics and firefighters, who showed up en masse in uniform to the committee meeting at the state capitol, forcing the meeting to be moved to a larger room.

“The media ran with it and non-support became damaging politically,” said Sholes, EMSAC president.

The violence law wasn’t the only legislative change EMSAC made happen in the last few years. Other legislation includes:

**Pre-veterinary emergency care** – Lots of EMS agencies were starting to carry pet kits and getting trained by vets to provide pre-veterinary care to pets injured in vehicle accidents or fires. But after looking at state law, EMSAC realized EMS technically wasn’t permitted to render aid to pets. The new law permits EMS to treat pets, as long as all humans are treated first.

**EMS license plates** – The special plate for EMS, which includes a Star of Life, can be issued to certified EMS personnel. The plate raises a small amount of money for EMSAC and raises awareness about the profession.

**Adding EMS to quality improvement legal protections** – To encourage the reporting of medical errors and allow hospitals to conduct honest quality improvement (QI), hospitals in many states have laws to protect them from having to reveal their internal investigations and peer reviews as part of medical malpractice suits. In Colorado, EMSAC discovered that EMS was specifically excluded from those protections – meaning that if hospitals shared any information with EMS, that information could be used in lawsuits against the hospital. EMSAC successfully lobbied to have EMS included in the quality improvement legal protections, paving the way for prehospital interventions to be considered in QI programs.

**EMSAC’S TIPS**

**Get informed about state laws** – “Once you start reading bills and looking at what is going on with state level EMS, you can see there are so many bills introduced every year that can affect state level EMS,” Sholes said. One way to keep informed is getting on email lists or listservs of your state EMS association.

**Build your network** – Having a large group of committed EMS professionals willing to attend key meetings created buzz that helped generate political pressure, Sholes says. It can take time to build your network though, so get started well before you’re lobbying for a particular piece of legislation.

**Build relationships with state lawmakers** – EMSAC found a champion in a state lawmaker who was also a paramedic. Arrange meetings, offer ride alongs or offer to be a resource to them so that when you have a particular bill to advocate for, they already know you.
A big focus of state level EMS advocacy in recent years is legislative change that enables EMS agencies to provide MIH-CP services.

In some states, efforts focus on changing state law to enable EMS to operate outside of strictly emergency situations, allowing EMS to provide house calls for patients with chronic diseases or take patients to alternative destinations. In some states, EMS professionals are also working to enact legislation that paves the way for community paramedics to be reimbursed for services provided.

NAEMT has several resources to help you tell the story of MIH-CP to your state representatives or other stakeholders:

- Our 7 minute video, *Transforming EMS: MIH-CP*, includes interviews with EMS, home health, hospitals and patients, who talk about the difference MIH-CP has made in their lives.
- The NAEMT MIH-CP National Survey Report, the only national assessment of the development and characteristics of more than 100 MIH-CP programs in 33 states.
- MIH-CP In the News has links to the latest news stories.
- Our MIH-CP Knowledge Center features reference materials, case studies, white papers and surveys.
- The MIH-CP Program Toolkit has forms, documents and other program materials currently in use by EMS agencies offering MIH-CP.
Several years ago, the Tennessee Ambulance Service Association (TASA) looked into whether state law permitted EMS professionals to offer mobile integrated healthcare-community paramedicine (MIH-CP).

What they found surprised them. Simply put, the EMS law, written in the 1980s, permitted EMS to respond only in an ambulance, and only to emergencies. Not only did that prevent MIH-CP, but interfacility and other non-emergency transports were technically against the law as well.

With the help of a lobbyist, TASA took the issue to the state legislature. Legislators understood why the law was problematic for interfacility transports, said Keith Douglass, TASA’s legislative committee chairman and NAEMT Advocacy Coordinator for Tennessee. It took more explaining to get legislators to understand and support MIH-CP, but they quickly found a House and Senate sponsor, who was also a physician.

“The new law is short and sweet. It simply says that nothing within the law should be construed to prohibit EMS professionals from providing non-emergency patient care. It opened up the opportunity for a paramedic to take a patient to an alternate destination, or provide some other non-emergency treatment, with physician oversight.”

**TASA’S TIPS**

**Consider the objections** – “When you’re trying to tackle a legislative issue, you need to play devil’s advocate. You are familiar with what the problem is and how the legislation is going to help you, but you have to think about it from other stakeholders’ perspectives and be prepared to answer any objections,” Douglas says.

**Keep stakeholders informed** – That includes hospitals, home health and other EMS agencies in your state. “Knowing who the players are that may be affected by the legislation or that perceive they will be affected, and addressing their issues before you introduce the bill, is really important. Be honest with them, and put everything on the table. If you can get the buy-in from those organizations on the front-end, getting the bill enacted will be easier. Once you introduce the bill, if you haven’t worked out all of the issues, then you end up having amendments added, which slows the process and convolutes the legislation. It’s easier if you can get the legislation through in its original form.”

**Be sure to include EMS regulators** – Although state EMS offices, state health departments and other regulators don’t lobby for or against a bill, legislators will likely ask their opinion about any proposed changes. So keep them informed and seek their support.

**Be willing to compromise** – Their state home health association opposed the bill, until they added language that assuaged their concerns.
National advocacy – because of the sheer scope of the federal government and the massive number groups whose interests it must consider – is more difficult to tackle without a large, organized effort than local or even state level advocacy. NAEMT is one of the EMS organizations that focuses its advocacy work at the national level. NAEMT:

• Monitors and responds to proposed legislation that impacts EMS.
• Takes positions on critical EMS issues.
• Collaborates with other EMS and medical organizations on EMS issues.
• Lobbies Congress with the help of a professional lobbyist.
• Attends meetings in which stakeholders make decisions that impact EMS and their patients.

KEY NAEMT ADVOCACY GROUPS

Two groups within NAEMT are especially important to the association’s advocacy work – the Advocacy Committee and the network of Advocacy Coordinators appointed in each state.

Advocacy Committee – Each year, NAEMT’s Advocacy Committee reviews approximately 40 bills that would affect EMS, then recommends to the NAEMT Board of Directors whether to support or oppose each bill. The Board then votes on what level of support (or opposition) to offer, which can range from active support for a bill to actively opposing it. Active support could include sending a letter of endorsement to bill sponsors, initiating or participating in an advocacy campaign, sending NAEMT representatives to Washington, D.C. to advocate for the bill or asking our Advocacy Coordinators to request support from their Congressional representatives.

Advocacy Coordinators – Representing each state, Advocacy Coordinators take on a leadership role in their state to extend the reach of NAEMT’s national advocacy efforts to the state and grassroots level. That includes building a grassroots network of EMS professionals and other supported, visiting members of Congress and their staff in the district (home) offices, attending their state EMS association meetings, and if possible, participating in EMS On The Hill Day.
EMS ON THE HILL DAY

Every spring, NAEMT hosts EMS’s largest and most inclusive advocacy event – EMS On The Hill Day. During a day of meetings with members of Congress and their staff on Capitol Hill, EMS professionals educate members of Congress about EMS and the issues that matter to our workforce and our patients.

EMS On The Hill Day is the only event open to all EMS professionals – EMTs, paramedics, physicians, educators, managers and others who work in EMS – from all delivery models.

With over 200 EMS professionals coming from all over the nation, our significant presence on Capitol Hill gives EMS a platform to remind Congress of the integral role of EMS in our nation’s healthcare system, and specifically what Congress can do to help us provide quality care to our patients.

EMS is at the crossroads of transforming from a transport-based delivery system to a patient-centered, value- and outcomes-based system. Congressional leaders must understand how important EMS is to achieving our nation’s healthcare goals of improving patient outcomes while also reducing overall healthcare costs, and the broad range of medical services that EMS can provide.

By participating in EMS On The Hill Day, EMS professionals gain:
• An insider’s view of the legislative process, Congressional offices and Capitol Hill.
• The experience of joining forces with EMS colleagues who care deeply about EMS and its future.
• The opportunity to speak directly to members of Congress who represent your district and your state.

NAEMT works with a Congressional scheduling company to set up meetings with elected officials. The evening before your Capitol Hill visits, participants attend a briefing during which you will hear about the legislative requests to Congress and receive a schedule of who you will be meeting with. Then the next morning, participants head to Capitol Hill and start advocating!

To register for EMS On The Hill Day or the download a copy of the welcome guide, visit naemt.org.

“I would highly recommend any and all EMS providers who are interested in learning about EMS advocacy to attend. It is an inspiring and energizing experience. You really feel as though you have helped drive change for the EMS profession.”

Aidan O’Connor Jr., President and CEO, Greene County Emergency Medical Systems, Cairo, N.Y.
If that U.S. government class you took in high school is a distant memory, explore NAEMT’s Online Legislative Service. It’s a comprehensive site that you can use to assist with your national advocacy. On the site, you’ll find:

**Issues:** Information about the top legislative issues NAEMT is working on.

**Directory:** Easily look up contact info for your members of Congress.

**Bills:** A compendium of pending legislation that will impact EMS, and NAEMT’s position on it.

**Share:** A selection of “web stickers” – images you can embed in emails to your network of advocates or EMS professionals.

**Media:** Contact info for local media, searchable by zip code.
WHAT TO EXPECT WHEN MEETING WITH A MEMBER OF CONGRESS

1. You may meet with either the elected official and/or a staff member, such as a legislative assistant who specializes in healthcare issues. Legislative assistants are valuable contacts to have because their job is to inform and advise the Representative or Senator about the issues and pending legislation. These meetings can be as important as those with the elected officials.

2. To request a meeting, send the officeholder an email or call the district office. (Members of Congress also have an office in Washington, D.C.) Identify yourself and explain briefly what the meeting will be about, and give the estimated number of attendees. Ideally, the person who asks for the meeting should be a constituent, know the elected official, or have some connection to him or her. If you don’t get a response back in a few days, try again.

3. Meetings may last a few minutes or up to 20. Be concise and make sure to hit your key points.

4. Remember “the ask.” Unless the meeting is solely educational, be specific about what you’d like from them. Practice clearly articulating your main message. It can help to prepare talking points and answers to likely questions to refer to during the meeting.

5. If you have additional documentation, such as newspaper clippings, background facts, or text of a pending bill, bring copies to leave behind. Keep background information concise – too many pages and it may not get read. Also bring cards with your contact information.

6. If you are meeting them in an official setting such as their office on Capitol Hill, wear either your dress uniform or business attire. If the meeting is to be held somewhere less formal such as a coffee shop, more casual attire is acceptable.

7. They may ask questions that you don’t have answers for. If you are advocating for an issue that NAEMT is involved with, jot down their questions and send them to advocacy@naemt.org. NAEMT will follow up with the member of Congress to get them answers.

8. Take a picture. Ask if the elected official would pose for a photo with you. You can use this in publicizing your advocacy on social media.

9. Speak from the heart. Every EMS practitioner has stories to tell. This is a chance to share yours.

10. Follow up. Email a quick thank you note to each person you meet with and ask if they need any additional information.

TIP

Invite a member of Congress for a ride along. This is a great way to build a relationship and position you and your agency as the “go-to” resource when they have questions about EMS. Be sure to take pictures, and share them with the elected official. For more on how to conduct a ride along, see page 20.

TIP

Check out NAEMT’s video on having a successful meeting with an elected official.
CONGRESSIONAL MEETINGS
DO’S AND DON’TS

DO

• Indicate in your introduction if you are from the same state/district or have a personal association, but keep the introduction brief.
• Be clear about what you’re asking for. If it’s co-sponsorship of a bill, include the bill number and why it’s important.
• Listen to questions and respond clearly and concisely; use compelling statistics whenever possible.
• Be yourself and share stories about your experience on the job and with patients.
• Ask the member of Congress about their thoughts to encourage conversation.
• Provide some brief relevant materials.
• Be enthusiastic and offer your assistance.
• Thank the member of Congress and staff for taking the time to meet and discuss your issues.

DON’T

• Assume the member of Congress knows much about EMS.
• Assume the member of Congress will remember you from past visits.
• Get upset or argue about an issue.
• Use technical language or terminology that members of the public would not necessarily know.
• Dwell on the negative or blame.
• Overstay your appointment.
RIDE ALONGS: GIVING THEM A FRONT ROW SEAT TO EMS IN ACTION

You know the old saying, seeing is believing? The same concept applies to “ride alongs,” one of the most effective strategies for educating members of the public, media and stakeholders about the vital role of EMS.

Allina Health EMS, for example, offers ride alongs with legislators who are involved with decisions impacting EMS. “It helps build relationships, so they know who to reach out to if they have questions,” said Susan Long, Allina’s director of clinical services.

Long and the Allina team also take administrators and other medical professionals from within their large health system on ambulance runs. “It makes sure those people in our chain of command understand what we do and what we need,” she said.

While conducting ride alongs can reap long-term benefits, EMS agencies need to have strategies in place to protect patient privacy and ensure the safety of all involved.

To help EMS get the most out of ride alongs, experts from Allina Health EMS, Christian Hospital EMS and MedStar Mobile Healthcare offered the following tips.

**Determine your itinerary.** When Allina Health EMS invites elected officials on ride alongs, they offer to pick up the legislator at their office, and will often stop by Allina’s headquarters to meet with senior management and talk with crews. “We tailor it to the individual, including how much time they have and what they want to get out of it,” Long said. That can include touring operations or communications centers, or meeting with other members of your staff, in addition to riding out with crews.

**Brief observers on patient privacy and confidentiality laws.** Provide written information on HIPAA and have observers sign a confidentiality agreement. “We call it ‘Vegas rules.’ What you see on the ride along stays on the ride along,” said Brian Hokamp, chief of Christian Hospital EMS in St. Louis. As an added step, MedStar also has observers watch and take a test on a HIPAA training video.

See an example of a confidentiality agreement/liability waiver used by MedStar for ride along participants and a media authorization for patients.

The American Ambulance Association’s Ride Along Toolkit also has a sample ride along invitation to a member of Congress and a confidentiality acknowledgement.
Choose the right crew. Some highly competent clinicians would rather get splashed with an unknown bodily fluid than chat with reporters or politicians. Choose a crew that is experienced and will be comfortable, articulate and tactful when sharing their thoughts about their profession, their work environment and their challenges.

Get releases signed. In addition to the confidentiality agreement, observers should also sign a liability waiver. Patients also need to give written permission allowing the observer to witness patient care. You may also opt to have observers ride in the front of the ambulance during transports to enhance patient privacy. For specific questions about how to word these waivers, consult your legal counsel.

Decide how long the ride along will last. “When someone comes to ride along with us, we don’t want to hold them hostage,” Long said. Ask how long your observer is interested in riding with the crew, and be flexible if it seems your observer has had enough! “We want to make sure we don’t put anyone in situations that make them uncomfortable,” Long said. “Some come in with medical knowledge. Some will pass out at the sight of blood.”

Have a Plan B. Conditions in the field are unpredictable. Have an idea of what you’ll do if a call becomes too serious or dangerous for outsiders to witness. For example, you may tell your observer in advance that you may ask them to sit in front, or even be dropped off on a corner, if crews need the space in the back for patient care. “Patients are in a very fragile state, and they may get to the point they don’t need anyone else back there,” Hokamp said. “Crews need to be sensitive to that and make adjustments.”

Hokamp also recommends establishing a code word or phrase, such as “Go get my green bag out of the truck,” if it seems a patient interaction may become violent.

Take pictures. Be sure to take pictures of your crew with their ride along participant. Elected officials may want to share these on their social media or websites.

Follow-up later. Long recommends checking in with ride along participants afterward to thank them for coming and ask if they have any questions. “It’s about creating that relationship,” she said.

Know the time you spend conducting ride alongs is worth it. “There are a lot of unknowns when it comes to EMS. I heard someone in my own hospital today say, ‘ambulance driver.’ Ride alongs help dispel those misconceptions,” Hokamp said. “It shows people what we do in the field and the impact we can have on patients.”

DOES THE MEDIA NEED SPECIAL HANDLING?

EMS agencies differ on whether they permit media to ride along in the back of an ambulance. At MedStar, media may not ride in ambulances on 911 calls. Instead, if a reporter wants to observe a crew during a 911 shift, an EMS supervisor will take reporters in a separate vehicle to the scene. This protects patient privacy but also enables the supervisor to ensure that the reporter gets to see crews in action. The supervisor then requests the patient’s permission and gets the HIPAA release signed.

Members of the media are allowed to ride in the back of ambulances during non-911 transports or in vehicles with mobile integrated healthcare providers conducting patient visits.

Allina Health EMS occasionally permits media on 911 calls, and works with their hospital public relations department to make arrangements. Ride alongs involving media are usually related to a specific story vs. providing a purely educational experience – for example, one TV station rode along with an Allina ambulance crew as part of a story on how to survive while taking care of patients when it’s 40-below during a Minnesota winter!