



December 5, 2014

The Honorable Harry Reid
Majority Leader
U.S. Senate
Washington, D.C. 20510

The Honorable Mitch McConnell
Minority Leader
U.S. Senate
Washington, D.C. 20510

The Honorable John Boehner
Speaker of the House
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Nancy Pelosi
Minority Leader
U.S. House of Representatives
Washington, D.C. 20515

Dear Majority Leader Reid, Senator McConnell, Speaker Boehner and Representative Pelosi:

Promoting an emergency medical and trauma care system that works well on a day-to-day basis is fundamental to establishing a system that will work well in the event of a natural or man-made disaster, as well as other public health emergencies. Unfortunately, key components of the emergency, EMS and trauma systems have been marginalized and underfunded in terms of disaster preparedness planning, training and implementation. We urge Congress to rectify that oversight so that our nation's emergency care system can adequately respond to current and future crises.

The recent Ebola threat in our country reinforces the need to improve preparedness and response for public health emergencies. Our ability to effectively respond to infectious diseases, bomb blasts, mass shootings and hurricanes, to name a few recent examples, is only as effective as the available personnel and resources.

In order to perform well in a disaster response, our nation's emergency care system must be fully capable to perform well every day. Since 9/11 our emergency care system has come a long way. The Congress, the Administration, and our nation's emergency care community have undertaken many significant and bipartisan efforts to improve our capability to respond. Yet, we still have a long way to go to ensure that every American will receive the right care, in the right time, and in the right place as part of a coordinated system of emergency care. We must learn once again

from this recent public health emergency that plans cannot just be developed and put on a shelf. While Congress ramped up funding for our public health system to some degree, the corollary investment in our emergency care system has yet to be fulfilled. One cannot work without the other in the event of a public health emergency such as Ebola.

The Institute of Medicine in 2007 called upon the Congress to create dedicated funding streams for emergency medical systems (EMS) preparedness and response, such as by helping ambulance agencies to purchase personal protective equipment for paramedics and EMTs treating patients with infectious diseases like Ebola. IOM called for systemic regionalization of emergency care so that patients are transported by EMS providers to pre-designated hospitals with doctors and nurses who are uniquely trained to care for their particular medical condition such as transporting a trauma patient to a trauma center, a stroke patient to a comprehensive stroke center, or an infectious disease patient to a hospital with a bio-containment unit.

In 2014, we still lack effective regionalized care systems for infectious disease and even for cardiac or stroke patients. There are no dedicated funding streams for EMS preparedness and response. Existing programs for regionalizing emergency care and trauma care remain unfunded. And, hospital preparedness funding has been curtailed. The American College of Emergency Physicians' (ACEP) recently released a Report Card on America's Emergency Care Environment painting an alarming picture of the current state of support for emergency care. Overall, the nation received a D+ for its support of emergency care and emergency patients, with Disaster Preparedness rating a C- and Access to Emergency Care a D-. Each year there are 130 million emergency department visits of which nearly 38 million are for traumatic injuries and 25 million EMS transports. Beyond assuring the public we are prepared, we must ensure that we truly are able to effectively respond.

Our emergency care system is only effective if all of the component parts of it are each working. That means our emergency care practitioners -- physicians, nurses, paramedics, EMTs -- who put their lives on the lines to care for their fellow Americans must be supported and safe in the care they provide. It means that health care providers -- trauma centers, ambulance agencies, poison centers, and emergency departments -- have sufficient resources to care for every day patients with emergency conditions and surge to address public health emergencies.

Our respective organizations call upon the Congress to address critical deficiencies of our entire emergency care system. The Congress has enacted many needed programs on a bipartisan basis to build the key components of our emergency care system, but not all of them are fully funded, and some of them aren't funded at all. Numerous recommendations of the IOM to improve our emergency care system have yet to be enacted.

- ✓ The Congress should enact reauthorization the regionalization of emergency care and trauma systems programs in H.R. 4080/S. 2405 and fully fund all the trauma, poison and emergency care programs that exist in current law. H.R. 4080 passed the House of Representatives by a wide margin and was approved by the Senate HELP Committee unanimously.
- ✓ The Congress should enact the Field EMS bill -- H.R. 809/S. 2400 -- which would implement the IOM recommendations to ensure that our EMS agencies are prepared, our

practitioners are protected, and all Americans with emergency medical conditions receive the life-saving care where and when they need it.

All Americans treated by our emergency care practitioners and providers -- whether Ebola, cardiac arrest, traumatic injury or poisoning -- expect that we will be able to safely and effectively care for them. We ask for the opportunity to work together with Congress Administration to ensure our nation's emergency care practitioners and providers can meet that expectation.

Thank you for your consideration of our request and for your support of our nation's emergency care system and the patients we serve.

National Association of Emergency Medical Technicians
National Association of EMS Educators
National Association of EMS Physicians
Association of Air Medical Services
Trauma Center Association of America
Association of Critical Care Transport
National EMS Management Association