



National Association of Emergency Medical Technicians
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March 10, 2017

Robert Nadeau, CEM
Acting Director, Intergovernmental Affairs Division
FEMA Office of External Affairs
500 C St. SW
Washington D.C. 20472

Dear Mr. Nadeau,

On behalf of the National Association of Emergency Medical Technicians (NAEMT), we look forward to working with you and your office to strategize and formulate the new Intergovernmental Affairs (IGA) structure. We respectfully request that Emergency Medical Services (EMS) be included in your ongoing discussions hereafter and EMS professionals, from all delivery models, be included on FEMA stakeholder committees that you are developing.

Formed in 1975, NAEMT is the nation's only organization dedicated to representing the professional interests of all EMS practitioners, including first responders, emergency medical technicians, paramedics, and other professionals working in emergency and mobile healthcare, including government service agencies, fire departments, hospital-based ambulance services, private services, industrial and special operations, and military.

EMS is a critical and vital entity dedicated to providing out-of-hospital emergent, urgent and preventive medical care, including transport to hospitals and other medical facilities. EMS serves as the healthcare "safety net" for our communities, serving millions of Americans who utilize 9-1-1 systems for emergencies and to obtain needed care.

Key factors

***EMS services are delivered in unique ways throughout every community in the U.S.;**

***EMS is a critical element of our nation's disaster and mass casualty response; and**

***EMS is severely underfunded in disaster preparedness and training.**

EMS, Fire, and Law Enforcement work together to form a triad of critical services in responding to disasters and mass casualties. EMS must be fully integrated into our national emergency preparedness strategy and equipped to respond as the public expects and deserves. The current gap will continue to grow unless EMS is provided with the opportunity for full participation in the development of national preparedness and response strategies and plans.

For over a decade the Federal government and non-governmental organizations have outlined the importance of EMS as a stakeholder in disaster preparedness, and the need for resourcing. NAEMT and our membership, which are vital to every community across the country, stand ready and willing to be a resource and partner to your Administration.

Thank you for your consideration. Please do not hesitate to contact me for questions or additional information.

Sincerely,

Dennis Rowe, NREMT-P
President, NAEMT

Encl.: Supporting Resources

Supporting Resources

EMS services are delivered in unique ways throughout every community in the U.S.

In the twenty-five (25) largest cities in the United States, EMS is provided by a variety of different provider types, including:

- Fire Departments;
- City EMS agencies;
- Hospital-based EMS;
- Non-fire county EMS services; and
- Private EMS companies

Of the daily average of 988 medical transports provided in New York City, more than a third are conducted by the hospital-based 911 EMS.[1] During 2013 in San Francisco, private EMS services responded to 27% of the 911 calls.[2] Private 911 EMS services transported 37% of the life-threatening cases and 61% of the non-life threatening in Seattle/King County in 2014.[3]

In our nation's rural areas, EMS is frequently delivered by volunteer services. EMS volunteers answer close to half of the nation's 911 calls – possibly up to 90 percent in the most rural states.[4]

[1] Fire Department City of New York Annual Report 2012/2013. Retrieved from http://www.nyc.gov/html/fdny/pdf/publications/annual_reports/2012_annual_report.pdf

[2] Lagos, Marisa (2014, June) S.F. lacks medics, ambulances to meet 911 needs. Retrieved from <http://www.sfgate.com/bayarea/article/Report-SF-lacks-staff-and-ambulances-to-meet-911-5548817.php>

[3] Public Health – Seattle & King County Division of Emergency Medical Services: 2015 Annual Report to the King County Council. Retrieved from <http://www.kingcounty.gov/depts/health/emergency-medical-services/~media/depts/health/emergency-medical-services/documents/reports/2015-Annual-Report.ashx>.

[4] Victoria A. Freeman, RN, DrPH, Stephen Rutledge, Michael Hamon, Rebecca T. Slifkin. (2010, August) Rural Volunteer EMS: Reports from the Field. Retrieved from <http://www.shepscenter.unc.edu/rural/pubs/report/FR99.pdf>

EMS is a critical element of our nation's disaster and mass casualty response.

The National Academies of Science, Engineering, and Medicine (formerly the Institutes of Medicine) released a report in 2012, Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response. This report stated, 'each key actor—emergency management, public safety, public health, EMS, healthcare organizations, and community-based health practitioners—greatly influences the success or failure of the system as a whole to provide care during catastrophes.' The report illustrates EMS as one of the five pillars that fortifies disaster response. It further outlines EMS' core functions for implementing and developing crisis standards of care plans. [1]

[1] Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response. (2012, March 21). Retrieved from <http://www.nationalacademies.org/hmd/Reports/2012/Crisis-Standards-of-Care-A-Systems-Framework-for-Catastrophic-Disaster-Response.aspx>

Supporting Resources Cont'd

EMS is severely underfunded in disaster preparedness and training.

In 2009, the U.S. Government Accountability Office (GAO) released a report stating that EMS received less than 4% of federal preparedness grant dollars. [1]

In 2013, FEMA Administrator Craig Fugate released a report, Emergency Medical Services: Fiscal Year 2010 Report to Congress, stating that the results of the 2010 and 2011 State Preparedness Reports (SPR) indicate that EMS providers can satisfy many to most of the SPRs' preparedness measures; however, the 2011 National EMS Assessment identified significant shortfalls in EMS disaster preparedness. The shortfalls exist in EMS provider participation in the Homeland Security Grant Program (HSGP), state and local EMS provider participation in exercises, and the establishment of triage protocols in the EMS community. Administrator Fugate recognized that if the shortfalls were not addressed, the resource needs of large or simultaneous disasters could prove very difficult to meet. For HSGP projects, continued integration of EMS providers into planning and preparedness initiatives must remain an area of national focus in preparedness assistance programs. [2]

In 2016, the National Association of State EMS Officials released the EMS Domestic Preparedness Improvement Strategy. This strategy outlined ten (10) goals for improving EMS preparedness and training. The most important and immediate goal is to establish an EMS Preparedness Agenda. There is no nationally-applicable stakeholder consensus document that describes the desired future state of EMS preparedness, nor is there no one federal guidance document outlining the training protocols for achieving preparedness in EMS. [3]

[1] United State Government Accountability Office. (2009, October). Report to Congressional Committees - Fire Grants. Retrieved from <http://www.gao.gov/new.items/d1064.pdf>

[2] Fugate, Craig. Emergency Medical Services: Fiscal Year 2010 Report to Congress. Retrieved from https://www.nasemso.org/Projects/DomesticPreparedness/documents/FEMA_FY10_Emergency_Medical_Services_Report.pdf

[3] National Association of State EMS Officials. (2016, January). EMS Domestic Preparedness Improvement Strategy. Retrieved from <https://www.nasemso.org/documents/NASEMSO-EMS-Domestic-Preparedness-Improvement-Strategy-29Jan2015.pdf>

Other Resources

<http://www.nasemso.org/Projects/DomesticPreparedness/documents/NASEMSO-Briefing-EMS-Homeland-Security-Considerations-Jan2017.pdf>

<http://www.naemt.org/docs/default-source/advocacy-documents/positions/10-9-15-ems-and-preparedness-planning.pdf?sfvrsn=2>