



National Association of Emergency Medical Technicians
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May 21, 2018

The Honorable Lamar Alexander
Chairman
Senate Committee on Health, Education, Labor, and Pensions
U.S. Senate
428 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Patty Murray
Ranking Member
Senate Committee on Health, Education, Labor, and Pensions
U.S. Senate
428 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Richard Burr
Senate Committee on Health, Education, Labor, and Pensions
U.S. Senate
428 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Robert Casey
Senate Committee on Health, Education, Labor, and Pensions
U.S. Senate
428 Dirksen Senate Office Building
Washington, D.C. 20510

Dear Chairman Alexander and Ranking Member Murray, Senator Burr, and Senator Casey:

On behalf of the National Association of Emergency Medical Technicians (NAEMT), thank you for the opportunity to review S. 2852, the Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2018. We appreciate your committee's efforts and support your goal to ensure the safety and preparedness of our communities throughout the United States.

Formed in 1975 and more than 65,000 members strong, NAEMT is the nation's only organization solely dedicated to representing the professional interests of all EMS practitioners, including paramedics, emergency medical technicians, first responders and other professionals working in emergency and

mobile healthcare, including government service agencies, fire departments, hospital-based ambulance services, private companies, industrial and special operations, and in the military.

As the Committee continues work on S. 2852, NAEMT strongly requests that the Committee consider strengthening provisions for EMS as a pillar of our nation's disaster preparedness and response strategy. For over a decade, the federal government and non-governmental organizations have outlined in a variety of reports the importance of EMS as a pillar of disaster preparedness and response, and the need for resourcing. With the growth in occurrences of natural disasters and pandemics, and the increased threat of CBRNE events, it is essential that EMS be a designated component in the planning, preparation, response and funding of disasters.

To build on the lessons learned from the incidents of Ebola in the United States, NAEMT supports the inclusion of Section (b)(2)(D) that would ensure the integration of EMS into healthcare coalitions. NAEMT asks the Committee to also consider:

- including EMS in the proposal to ASPR to create guidelines to inform regional systems of hospitals and health care facilities to treat patients affected by chemical, biological, radiological, or nuclear (CBRN) threats, including emerging infectious diseases, and improve medical surge capabilities and capacity;
- requesting that EMS be included in the proposed GAO reports and proposed funding opportunities in S. 2852.

In 2017, NAEMT released [The National Survey on EMS Preparedness in Disaster and Mass Casualty Incidents Response](#). The survey revealed significant gaps in EMS preparedness for response to natural and man-made disasters and mass casualty incidents. It noted that education and training – key components of preparedness – are often sporadic, making it difficult to keep skills and knowledge fresh. While some survey respondents indicated that they received training for some type of incidents, such as responding to active shooters, there were other areas in which few EMS practitioners had received any training including chemical, biological or radiological events, and pandemics.

As EMS is a federally recognized pillar of national disaster preparedness and response, we kindly ask the Committee to include the following components in S. 2852 to ensure that all pillars are fortified and impenetrable:

- Recognition and integration of EMS into the unified command structure.
- Development of a consensus-based EMS Preparedness Agenda by national EMS stakeholders that achieves all 10 goals outlined in the [NASEMSO EMS Domestic Preparedness Improvement Strategy](#).
- Creation of a grant program for EMS agencies to increase recruitment, retention, and training of EMS personnel to have the capacity to surge during disasters and participate in the nation's healthcare coalitions.
- Creation of regional grants to establish and maintain ambulance strike teams in the regions of our most vulnerable communities.
- Establishment of an emergency fund for EMS agencies to utilize during a declared disaster to cover the cost of additional personnel, equipment, and medications.
- Waiver of expiration dates of vital EMS medications during declared disasters.

In addition, NAEMT thanks the Committee for their attention and work on addressing the Essential Emergency Medications (EEM) shortage. The current EEM shortage is threatening lives on a daily basis and leaves the United States unprepared to respond to disasters. As you are aware, this problem began several years ago, with a peak of shortages in 2011. A series of helpful legislative and regulatory interventions helped to mitigate the problem and we subsequently experienced several years of improved, although never ideal, availability of EEM. Unfortunately, after disruption of supply from Puerto Rico as well as other production issues, we are again in a period of critical EEM shortages.

Again, thank you for this opportunity to review and comment on S. 2852. We look forward to working with you to strengthen the EMS provisions in a final PAHPA package.

Sincerely,

A handwritten signature in black ink that reads "Dennis W. Rowe". The signature is written in a cursive style with a large, looping initial "D".

Dennis Rowe, EMT-P
President, NAEMT