



NAEMT Position Statement EMS in Healthcare Policy

Statement: The National Association of Emergency Medical Technicians believes that the following principles are crucial to our nation's healthcare system and should be included in healthcare policy:

1. EMS is an essential safety net component of America's healthcare system.
2. EMS should actively participate in the development of healthcare policy.
3. Medical services provided by EMS agencies should be reimbursed as a provider of medical care as opposed to a provider of transportation.
4. EMS reimbursement and economic models should be based on the cost of providing healthcare, as determined by EMS agency cost reporting, the most recent GAO study on ambulance costs, as well as value-based, quality measures.
5. Both emergency and non-emergency EMS should be covered services.
6. EMS can contribute to more optimal healthcare and achieve healthcare savings when integrated with the healthcare system and engaged for clinically appropriate patient navigation services such as proactively addressing the needs of patients frequently using Emergency Departments, and referral or transport of patients to a variety of medically appropriate facilities.
7. Analysis should always be conducted to determine the impact of healthcare policy changes on Emergency Department (ED) overcrowding, the surge capacity of the healthcare system in general and EMS systems specifically, in the event of major disasters or public health emergencies, and on rural hospital closures.
8. Healthcare cost savings should not be achieved by reducing the capacity of EMS to respond with clinically meaningful response times or the capacity to surge.
9. EMS should be fully and seamlessly integrated into our nation's trauma system.
10. EMS data should be collected and available for improvements in EMS care, and integrated with data on the overall health care system.

Background: Emergency Medical Services is an integral component of our nation's health care system. In 2007, The Institute of Medicine described EMS in the report: Emergency Medical Services At the Crossroads: "Emergency Medical Services (EMS) is a critical component of the nation's emergency and trauma care system. Hundreds of thousands of EMS personnel provide more than 16 million medical transports each year. These personnel deal with an extraordinary range of conditions and severity on a daily basis—from mild fevers to massive head traumas. The work they do is challenging, stressful, at times dangerous, and often highly rewarding. EMS encompasses the initial phases of the emergency care continuum. It includes emergency calls to 9-1-1; dispatch of emergency personnel to the scene of an illness or trauma; and triage, treatment, and transport of patients by ambulance and air medical service. The speed and quality of

emergency medical services are critical factors in a patient's ultimate outcome. For patients who cannot breathe, are in hemorrhagic shock, or are in cardiac arrest, the decisions made and actions taken by EMS personnel may determine the outcome as much as the subsequent hospital-based care-and may mean the difference between life and death”. (page 1)

Further, in 2016, the National Academies of Sciences, Engineering and Medicine recommended in the report A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Death After Injury that “Congress, in consultation with the U.S. Department of Health and Human Services, should identify, evaluate, and implement mechanisms that ensure the inclusion of pre-hospital care (e.g., emergency medical services) as a seamless component of health care delivery rather than merely a transport mechanism.” And that “Possible mechanisms that might be considered in this process include, but are not limited to Amendment of the Social Security Act such that emergency medical services is identified as a provider type, enabling the establishment of conditions of participation and health and safety standards, modification of CMS’s ambulance fee schedule to better link the quality of pre-hospital care to reimbursement and health care delivery reform efforts and establishing responsibility, authority, and resources within HHS to ensure that pre-hospital care is an integral component of health care delivery, not merely a provider of patient transport.

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