



National Association of Emergency Medical Technicians (NAEMT) Testimony

Full Committee Hearing: U.S. Government Response to the Ebola Outbreak

November 7, 2014

(Submitted for the Record)

The National Association of Emergency Medical Technicians (NAEMT) appreciates the opportunity to submit the following testimony in response to the Senate Appropriations hearing entitled: US Government Response to the Ebola outbreak held on November 12, 2014.

The mission of the National Association of Emergency Medical Technicians is to represent and serve over 50,000 emergency medical services practitioners representing all delivery models (public, private, volunteer, third service, hospital-based, and non-profit), including paramedics, emergency medical technicians and emergency medical responders, through advocacy, educational programs and research.

Emergency Medical Services (EMS) encompasses emergency medical and trauma care provided to patients at any point in the continuum of health care services. Field EMS refers to emergency medical and trauma care provided prior to or during transport to a hospital. EMS caregivers respond to an estimated 37 million calls and conduct nearly 25 million transports per year which is more than 8% of the US population, making EMS an essential public function that must be supported by all levels of government. Field EMS care practitioners, our nation's EMTs and paramedics, are dedicated to treating and transporting our nation's sickest and most vulnerable patients. We stand prepared to serve in this critical role for all Americans, including those stricken with Ebola, or any other emerging infectious disease or health condition.

Our EMS agencies have already been called upon to respond to patients that are known or suspected to have Ebola. Paramedics and EMTs transported the first case of Ebola in Dallas and EMS practitioners have played a role in the care and safe transport of every Ebola patient in the country. The Emergency Medical Services System and its dedicated practitioners are essential to our nation's ability to effectively respond, identify and contain Ebola in the United States. Every day, across the nation EMS systems receive numerous 911 calls from anxious citizens concerned that they may have Ebola. These EMS agencies and their practitioners play a critical role in screening for Ebola and giving comfort and reassurance to those that are fearful but without any risk of the disease.

Our EMS agencies continue to work to enhance our response capabilities. We are dedicating scarce resources toward creating dedicated ambulances retrofitted to make them capable of treating and transporting patients with Ebola. As recommendations for personal protective equipment change we are purchasing additional, higher levels of personal protective equipment (PPE) and training our EMTs and paramedics to ensure their ability to safely treat and transport patients with Ebola.

When EMS agencies around the country lack the resources to meet the daily response demands investing additional resources to respond to a public health emergency is enormously challenging. There is no dedicated federal funding stream for EMS to turn to in order to ensure that EMS agencies and our practitioners are fully prepared to respond safely to public health emergencies like Ebola.

The landmark 2006 Institute of Medicine (IOM) Report, "*Emergency Medical Services: At the Crossroads*"¹ identified systemic problems plaguing our nation's EMS system. Responsibility for EMS is tasked across numerous federal agencies resulting in support that is fragmented, financially limited, and that often leaves critical needs overlooked. Other systemic problems identified by IOM include: insufficient coordination among EMS practitioners, disparities in response times, uncertain quality of care, and a lack of funding for response readiness and disaster preparedness. The report recommended dedicated funding streams to help agencies to purchase supplies such as personal protective equipment that could increase preparedness and response capabilities to health threats. Numerous recommendations of the IOM to improve our emergency care system have yet to be enacted.

Without an ongoing commitment to preparing for these events, and the funding to support training activities, we cannot adequately ensure that our emergency care system is ready for Ebola or any other public health emergency. Provided in this testimony are both short- and long-term solutions to address the challenges faced by our EMS system and to improve our ability to meet the needs of all of our patients.

Fund Field EMS Preparedness and Response -- Protecting EMS Practitioners:

The short-term needs of the current crisis can be met if Congress and the Administration prioritize and dedicate funding for EMS agencies to improve preparedness, ability to respond, and ensure protection of our EMS practitioners as they face the dangers of treating and transporting patients with Ebola.

The Pandemic and All-Hazards Preparedness Act, supported on a bipartisan basis for a decade, set forth a National Health Security Strategy with certain preparedness goals for EMS. It included "increasing the preparedness, response capabilities and surge capacity of hospitals and other health care facilities...and trauma care, critical care, and emergency medical service systems, with respect to public health emergencies (including related availability, accessibility, and coordination)..."² Upon reauthorization in 2013, Congress added language to strengthen emergency medical treatment capabilities and coordination of medical triage and response. The reauthorization further refined effective utilization of mobile medical assets, protected health care first responders from exposures, and optimized a coordinated and flexible approach to surge capacity including emergency medical systems.

With the stated preparedness goals resources must follow in order to fulfill the National Health Security Strategy. NAEMT supports the Administration's request for additional resources for Ebola preparedness and response but have determined it does not go far enough. The \$166 million for the Public Health and Social Services Emergency Fund appears focused on the purchase and training on PPE at hospitals and treatment centers. There does not, however, appear to be any additional funding dedicated to EMS agencies for the same purpose. Funding is desperately needed to ensure that EMTs and paramedics are

¹ Future of Emergency Care: Emergency Medical Services at the Crossroads, Institute of Medicine of the National Academies, the National Academies Press Washington, D.C. www.nap.edu, 2006.

² Section 2802 Public Health Service Act (b) Preparedness Goals (3).

protected when responding to calls for patients with suspected or known Ebola. To provide training and a set of basic personal protective equipment, such as masks, gloves, gowns and goggles, for each of the nations more than 850,000 practitioners will conservatively cost in excess of \$34 million. This equipment can only be used once per provider per incident. The higher levels of protective equipment needed to manage Ebola patients in later stages of the disease will cost more than \$255 million to equip and train as little as twenty percent of the EMS workforce.

We would also note that the Hospital Preparedness Program funds partnerships that support the Emergency Medical Services preparedness goals listed above. Restoring the Hospital Preparedness Program to its fully authorized level of \$375 million would support hospitals and other practitioners caring for Ebola patients as part of comprehensive emergency medical systems.

Enact the Bipartisan Field EMS Bill H.R. 809/S. 2400:

Managing infectious diseases like Ebola represents only a fraction of the spectrum of health risks faced by Americans and managed by the EMS system. While not within the jurisdiction of the Appropriations Committee, we would be remiss in not calling attention to the need for the Congress to address the totality of issues facing EMS as articulated in the landmark IOM Report EMS at the Crossroads. By enacting the *Field EMS Quality, Innovation, Cost-Effectiveness Improvement Act* (S. 2400/HR 809) led by Senators Bennet (D-CO), Crapo (R-ID), Johnson (R-SD) and Reps. Bucshon, M.D. (R-IN) and Heck, M.D. (D-NV). The legislation would provide a path toward a more robust EMS system and the vision outlined by the IOM. This legislation addresses many of the issues hindering EMS in its efforts to provide the highest quality of care to those with Ebola or any other medical emergency. Passage of the Field EMS legislation will provide local EMS agencies with access to funds so that they can hire, train and protect their EMTs without adding to the federal deficit.

All Americans treated by EMS practitioners whether for Ebola, cardiac arrest or traumatic injury expect that we will be able to safely and effectively care for them. Our emergency care system is only effective if all its components are working as part of a coordinated system of care. That means our emergency care practitioners, including physicians, nurses, paramedics, and EMTs, must be supported and safe in the care they provide. We call upon the Congress and the Administration to address critical deficiencies of our entire emergency care system as we have recommended in this testimony.

We ask for the opportunity to work together with the Congress and the Administration to ensure our nation's EMS practitioners can meet that expectation.

Thank you again for the opportunity to submit testimony. Please contact Pamela Lane, Executive Director, NAEMT at pamela.lane@naemt.org if you have any questions or need further information.