History of EMS

Where We've Been and Where We're Going

From the start, Emergency Medical Services (EMS) has defied simple explanation. Its mission – to save l: or injured people in emergency situations – seems simple enough. But EMS, and its unique history in botl and public safety, is much more complex. It was born in the United States of several influential parents – cardiology, resuscitation science and military medicine – and it continues to cross the boundaries of nume disciplines, including healthcare, medical transportation, public health and homeland security.

Trauma and Tragedy
To understand where EMS is today, it is necessary to look back on its recent history, which, it might be aı 40 years ago, with the publication of the National Academy of Sciences (NAS) paper titled "Accidental D Disability: the Neglected Diseases of Modern Society."

That paper reported that in 1965, 52 million accidental injuries killed 107,000 Americans, temporarily dis than 10 million and permanently impaired 400,000 more at a cost of approximately $18 billion. Accident "the neglected epidemic of modern society" and "the nation's most important environmental health probl paper concluded.

The NAS recommended several solutions, including the establishment of standards for ambulance design construction, emergency medical equipment and supplies, and training and supervision of ambulance pers report also called for local "ways and means of providing ambulance services… [in coordination with] he departments, hospitals, traffic authorities and communication services."

Congress responded to the NAS paper by enacting the National Highway Safety Act of 1966, which man newly formed Department of Transportation (DOT) to establish minimum standards for provision of care victims. It also empowered DOT to penalize states up to 10% of their federal highway funds if they did n with the standards.

DOT and the National Highway Traffic Safety Administration (NHTSA), a DOT agency, took the federal role in the creation and funding of EMS systems in the ensuing years, providing more than $48 million fo between 1966 and 1973, creating national standard curricula for EMT-Basics, Intermediates and Paramed defining the necessary components of an EMS system.

Science of the Heart
Although accidental injuries were the impetus for federal support of EMS and trauma systems in the 196C modern emergency medical services also developed out of simultaneous advances in both cardiology and science, led by Johns Hopkins University in Maryland, the University of Pittsburgh in Pennsylvania and t of Belfast in Ireland. Among the early interventions advanced by researchers at these institutions were mc mouth breathing, chest compressions and defibrillation.

Emergency physicians, then practicing a new medical specialty, recognized that these cardiac interventior more lives if they were brought out of the hospital into the ambulance. At the same time, medics returnin Vietnam recognized that lives could be saved by using trauma treatments once reserved for the hospital o the field, thus reinforcing the notion that EMS is, in essence, an extension of in-hospital emergency medic

As a part of the larger healthcare system, EMS programs began to take shape in the federal government's for Health and Human Services (HHS). Notable among these is the Health Resources Services Administra in 1982, which is home to the federal Office of Trauma-EMS, the Emergency Medical Services for Childr and the Office of Rural Health Policy. Medicare and Medicaid, established in 1965 to help pay for ambula transport, also are part of HHS.

Funding Priorities
The funding mechanism for EMS system development changed drastically in 1981 when the Omnibus Bu Reconciliation Act of 1981 ceased funding under the federal EMS Systems Act of 1973, and consolidated funding into state preventive health and health services block grants. This change put the onus on the state and fund EMS systems based on state and local priorities and led to a great variety in the way EMS is deli funded from state to state.

Allowing states to control and direct EMS system development continues to this day, and many sources o EMS grant money are disseminated through state EMS offices. On a federal level, ambulance reimbursem continues to be supported by the National Ambulance Fee Schedule, published in 2002, while NHTSA's] retains its oversight role in provider curricula and EMS system development.

EMS' Changing Role
While EMS originally was conceived to respond to accidental death and injury and cardiac conditions out hospital, its role has expanded to become the primary safety net for Americans who are un- or under-insu suffer from under-treated chronic illness, and who are living on the streets. Public health authorities also a EMS to assist in prevention activities and the promotion and implementation of community-based health a programs.

Manmade and natural disasters in recent years also have changed the role of EMS, which today is expecte immediate emergency medical response and patient transport to large numbers of affected patients follow disaster. In fact, the role of EMS on the nation's public safety front line has led to spirited debate about th role of EMS in the new federal Department of Homeland Security.

In the end, EMS defies simple explanation, both historically and today. EMS is out-of-hospital patient car ambulance transport. EMS is an extension of emergency medicine, and an arm of public health. EMS is a EMS is prevention. EMS is first response and public safety. In fact, EMS plays all of these roles, making worthy of the moniker: America's front line of health care.

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