

Talking Points

August Recess

H.R. 304/S. 916, Protecting Patient Access to Emergency Medications Act of 2017

This legislation introduced by Senator Bill Cassidy (R-LA) and Senator Michael Bennet (D-CO) would help ensure access to vital emergency medications for patients when they need it most and ensure EMS personnel's work is not compromised. H.R. 304/S. 916 codifies the use of standing orders in statute to ensure this vital care continues to be available to patients in need of emergency medical care.

- The Drug Enforcement Administration (DEA) has indicated it will prohibit standing orders when it moves to circulate a rule regarding the delivery, storage and administration of controlled substances by EMS personnel. Absent Congressional action, patients may lose access to those life-saving medications in emergency situations, and established practice will be disrupted because laws have not kept up with the evolution of medicine;
- This bill ensures EMS personnel may continue to administer controlled substances, such as pain and anti-seizure medications, under the supervision of the EMS physician medical director. The established practice of medicine allows appropriately trained EMTs and paramedics to administer controlled substances to patients using "standing orders," which are pre-existing treatment protocols established by physicians.

Request: Please ask your Senator to support S. 916 and urge passage of this measure on the Senate floor. A similar bill, H.R. 304, introduced by Congressman Richard Hudson (R-NC) and Congressman G.K. Butterfield (D-NC) passed the House in January by a vote of 404 to 0. For those who have already supported H.R. 304/S. 916, please thank them for supporting these bills.

H.R. 3236, the Ambulance Medicare Budget and Operations Act of 2017

This legislation introduced by Congressman Nunes (R-CA) and Congressman Upton (R-MI) would include a 5-year extension for the 2% urban, 3% rural, and super rural bonus payments. The bill directs CMS to collect cost data from ambulance service suppliers. The Medicare ambulance add-on payments will expire on December 31, 2017.

Ambulance service providers are an essential part of our local and national healthcare and emergency response systems, and often the only provider of emergency medical services for their communities.

Ambulance service providers are a fixture in the community, providing jobs and investment. Chronic below-cost Medicare reimbursement has hampered the efforts of ambulance service providers to hire new staff, update equipment, and continue to provide services throughout all of their communities

Request: Please urge your House lawmaker to support legislation that includes:

- 5 year extension for a 2% increase for services provided in urban areas and 3% increase in rural areas and for the Medicare Modernization Act bonus payment for transports originating in super rural areas;
- 3 year cost reporting requirement (cost reporting will begin in 2022).
- Current, Medicare ambulance add-on payments expire on December 31, 2017.

Congressional EMS Caucus

The EMS Caucus, chaired by Congressman Tim Walz (D-MN), promotes the important function of EMS through policies that improve the ability of EMS practitioners to provide life-saving medical care in emergencies, cost-saving care management in non-emergent situations, and disaster and tactical response at any time. The EMS Caucus will bring a more disciplined focus on these issues and form a more collective and cohesive bipartisan message to support EMS practitioners nationwide.

- EMS strives for zero preventable deaths; EMS fills the gaps within our nation’s healthcare system; EMS is a critical element within our nation’s disaster and mass casualty response infrastructure; Yet, EMS remains significantly underfunded.

Request: Please urge your lawmakers to join the EMS Caucus that will help promote, educate, and increase awareness around the federal policy issues impacting EMS and serve as a resource for policy questions. Please thank your Representative if he/she is a member of the Caucus already.

Why EMS is Critical to Every Community

- All persons throughout the United States should have access to and receive high-quality prehospital emergency medical care as part of a coordinated emergency medical system. EMS is a critical component of our nation’s emergency response and healthcare system.
- EMS is a critical element of our nation’s disaster and mass casualty response infrastructure. EMS, Fire, and Law Enforcement work together to form a triad of critical services in responding to disasters and mass casualties, including bombings, mass shootings, biological and natural disasters, earthquakes, tornadoes, hurricanes, and floods. EMS must be fully integrated into our national emergency preparedness strategy and equipped to ensure that our nation can respond as the public expects and deserves;
- Numerous recommendations from several significant national reports and documents have demonstrated the need in multiple areas for substantial improvement of emergency medical services, including recommendations in the EMS Agenda for the Future, the Institute of Medicine reports “The Future of Emergency Care in the United Health System” and “Emergency Medical Services At the Crossroads”, and the National EMS Education Agenda for the Future: A Systems Approach and recommendations by the National EMS Workforce Injury and Illness Surveillance Program, the Department of Transportation’s National EMS Advisory Council (NEMSAC), the Federal Interagency Committee on Emergency Medical Services (FICEMS), and the National Academies of Sciences, Engineering, and Medicine report: *A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury*.
- EMS is an integral component of our nation’s ability to respond to public health crises, including outbreaks of infectious diseases. EMS must be fully integrated into our nation’s medical preparedness and response strategy and have the training and equipment to achieve zero preventable deaths;
- In addition to emergency response, EMS serves as a healthcare safety net by providing emergent, urgent and preventive medical care as the first step of the healthcare continuum. Ensuring high quality and cost-effective EMS requires readiness, preparedness, medical oversight, and

innovation through federal, state, and local multijurisdictional collaboration and sufficient resources for ambulance providers or suppliers, and practitioners;

- EMS has evolved from a patient transport model to a healthcare service delivery model that provides a variety of targeted medical services to meet the specific needs of their communities. This includes community paramedicine provided by ambulance providers or suppliers and mobile integrated healthcare provided collaboratively by a group of healthcare providers in a community, including local ambulance providers or suppliers. These new delivery models are filling gaps in patient care including preventing recurrent medical episodes through reliable post discharge follow up and chronic disease management. EMS can fill healthcare gaps in communities with cost effective 24/7 medical care that assesses and navigates patients to the right care, in the right place, and at the right time.