



NAEMT Comments on Senate HELP: Preparing for the Next Pandemic White Paper

On behalf of the National Association of Emergency Medical Technicians (NAEMT), thank you for the opportunity to respond to Chairman Alexander's White Paper, *Preparing for the Next Pandemic*.

Formed in 1975 and more than 72,000 members strong, NAEMT is the only national association representing the professional interests of all emergency and mobile healthcare practitioners, including paramedics, emergency medical technicians, advanced emergency medical technicians, emergency medical responders, advanced practice paramedics, critical care paramedics, flight paramedics, community paramedics, and mobile integrated healthcare practitioners.

NAEMT members work in all sectors of emergency medical services (EMS), including government agencies, fire departments, hospital-based ambulance services, private companies, industrial and special operations settings, and in the military. NAEMT members are paramedics (53%), EMTs (38%), and physicians, nurses and other prehospital medical professionals (9%).

INTRODUCTION

EMS is a vital component of healthcare, public health, and public safety. On any given day, in almost every community in our nation, EMS responds 24/7 to calls for help. According to the National Association of State EMS Officials (NASEMSO) 2020 National EMS Assessment:

- More than 18,200 EMS agencies across the country respond to 9-1-1 calls for medical emergencies and injuries.
- EMS agencies are dispatched to respond to nearly 28.5 million 9-1-1 medical calls for help each year.
- More than 1.03 million personnel are licensed as EMTs, paramedics and other levels of EMS patient care within all 50 states, the District of Columbia, Puerto Rico and American Samoa.
- More than 9,300 physicians serve as local EMS medical directors, assuring that quality care is provided to patients.

The public counts on EMS to help them in their worst, most harrowing moments. Yet few understand exactly what medical services EMS provides, how EMS fits into the wider healthcare system, or how EMS is staffed, funded and delivered.

- EMS is available in every community.
- EMS is fully mobile.
- EMS can address patient needs 24/7.
- EMS is an expected, respected, and welcomed source of medical assessment and care in people's homes and throughout the community.
- EMS provides highly reliable patient assessment and treatment in response to emergency, urgent or unscheduled episodes of illness or injury.
- EMS is the provision of medical care by highly trained providers under the medical direction and oversight of specialized physicians with unique knowledge of the delivery of healthcare in the out-of-hospital environment.
- EMS can effectively navigate patients needing urgent or unscheduled care through the healthcare system to ensure they receive the right care, in the right place, at the right time.

- EMS fill gaps in patient care, preventing new or recurrent medical episodes to reduce ambulance transports, emergency department visits, hospital admissions and readmissions.
- EMS agencies coordinate and collaborate with a variety of community healthcare providers/agencies to deliver a broad spectrum of patient-centered preventive, primary, specialty, and/or rehabilitative care outside of medical facilities.

CHALLENGE

The COVID-19 pandemic has exposed gaps in our nation's emergency and pandemic response systems while highlighting the essential value of our frontline medical responders. EMS practitioners have responded to our nation's call for help, saving lives even as they sacrificed their own safety and protection. However, it has become all too clear that there are no mechanisms in place to ensure appropriate support of our EMS systems, agencies and practitioners.

EMS is a vital service in every community across America. It is a critical component of our nation's healthcare continuum, a supporting pillar of our preparedness and medical response system and a disaster community lifeline.

We believe Congress has intended to support the needs of EMS agencies and personnel. However, no targeted funding mechanism exists for EMS. Federal funding is unfortunately disseminated through a trickle-down process that does not reach EMS. Now is the time for Congress to implement changes to ensure EMS has sufficient, targeted resources to continue its critical role.

NAEMT respectfully requests the Senate HELP Committee to convene a hearing on EMS and the critical role it plays in responding to federally declared disasters and public health emergencies.

OVERVIEW

Local communities in America determine the structure and funding mechanisms for the day-to-day delivery of EMS to best meet their needs and resources. As a result, there is tremendous variety in EMS systems across the nation. In developing policy and appropriating funding, Congress intended to support the ability of all communities to provide 9-1-1 medical response. However, the actual funding mechanisms established are not available to all communities. In fact, the majority of communities do not receive any federal funds to support EMS. Most communities are either not eligible to directly apply or have been consistently denied the funding opportunities Congress intended. The last Government Accountability Office (GAO) funding report stated the EMS receives less than 3% of all federal funding intended for first response.

In April, NAEMT conducted a national survey of EMS agency leaders to understand the impact of COVID-19 on EMS agencies. Agency leaders from 49 states, Puerto Rico, and D.C. responded to the survey. The results clearly indicate that EMS agencies are in deep distress and in jeopardy of suspending their services.

- 85% of the agencies provide 9-1-1 medical response.
- 65% of responding agencies reported being able to sustain their services for six months, which around 9% reported days to weeks to remain operational without relief.
- 61% of responding agencies reported decreases in call volumes, averaging 34% in reduction.
- Over half of all responding agencies reported monthly unbudgeted overtime costs ranging from hundreds to millions of dollars per month.
- 80% reported incurring monthly excess overtime costs; 40% reported \$10,000+/month, 7% reported \$100,000+/month, 2% reported \$1,000,000+/month.
- Over 50% of agencies had applied for federal, state or local grant funding but were denied.

COVID-19

Historically, as both first response and medical care, EMS has struggled to achieve recognition and categorization as a public health priority by federal departments and agencies during federally declared disasters and public health

crises. Since the emergence of the COVID-19 pandemic in the United States, EMS has been on the front lines of the response without the necessary equipment, supplies, training, and support needed to appropriately care for their communities, and to protect themselves, their colleagues and their families. EMS systems are being stressed by a combination of unbudgeted expenses and depleting call volumes. It is imperative for Congress to enact change to address how EMS is prioritized.

Feedback on Recommendation 1: Tests, Treatments, and Vaccines

Testing and Vaccine Priority

EMS practitioners should be categorized as first-level priority for testing. In March, the U.S. Public Health Service set its priorities for COVID-19 testing identifying symptomatic first responders as second-level priority for testing and non-symptomatic first responders as third-level priority. The lack of access to PPE greatly hindered the ability of EMS personnel to perform their jobs as medical professionals on the front lines of the pandemic.

Due to the shortage of COVID-19 tests, it was almost impossible for EMS personnel to get tested. When EMS personnel were tested, it took five to eight days to obtain results. In the interim, EMS agencies had to quarantine practitioners awaiting test results causing crews to be short staffed, forcing unbudgeted overtime, or suspending services to their community. EMS agencies shouldered the unbudgeted financial burden of the testing kits.

EMS is anticipating similar challenges with vaccine priority and distribution. The uncertainty of a national vaccine strategy or distribution plan is concerning to EMS.

RESPONSE:

- Congress directs FEMA to raise EMS practitioners to first level testing priority for pandemics.
- Congress, the Administration and States work collaboratively to ensure an accurate and rapid supply of diagnostic tests are available for EMS agencies.
- Congress develops policy to appropriate funding for covering cost of testing for essential frontline medical first responders during a nationally declared public health emergency.

Recommendation 2

Disease Surveillance – Expand Ability to Detect, Identify, Model, and Track Emerging Infectious Diseases

Surveillance Data

EMS data is underutilized as a disease surveillance tool. EMS is the only prehospital medical service that captures the location of patient engagement and stores this data within its patient and CAD data systems. EMS captures a multitude of data on a patient that can be sourced and mined by public health officials to predict disease and clustering quicker.

The public health system initially relied on testing as their source to tract COVID-19 infection rates and clustering. The lack of available tests potentially prolonged exposure to the virus, increasing the infection rate. In addition, securing test results averaged 7-10 days in the U.S. The lag in testing time cost American lives, as well as billions of dollars to our healthcare system. The rich data captured by EMS had the ability to mitigate some of the challenges public health faced.

RESPONSE:

- Congress direct HHS to incentivize state and local public health officials to forge relationships with EMS to better understand EMS capabilities, especially data for use in disease surveillance to create a more robust disease surveillance system.
- Congress develop policy to appropriate funding for integration of EMS data into standard hospital data and public health disease surveillance data.

- Congress develop policy to appropriate funding for EMS systems to purchase syndromic surveillance systems as a valuable tool to support disease surveillance and integration into public health data.

Track and Trace Workforce

EMS offers a healthcare ready workforce. EMTs and paramedics have the necessary skills to conduct contract tracing through contracted services with their state or local public health office or reimbursed through CMS under a federally declared disaster or public health crisis.

RESPONSE:

- Congress direct HHS to incentivize federal, state, and local public health to contract with EMS agencies to execute contract tracing.
- Congress direct CMS to create a reimbursement code for EMS agencies executing contact tracing during federally declared disasters and public health crises.

Recommendation 3

Stockpiles, Distribution, and Surges – Rebuild and Maintain Federal and State Stockpiles to Improve Medical Supply Surge Capacity and Distribution

PPE

Congress needs to ensure EMS is at the highest priority for receiving PPE and sanitizing products. As the COVID-19 pandemic spreads throughout the nation, the desperate need for PPE and sanitizing products remains. Because of continuing supply chain issues, EMS agencies are being forced to buy PPE and sanitizing agents on the open market. The flood of counterfeit supplies from China remains a problem as the counterfeiters improve the appearance of their products, but not their effectiveness.

In treating COVID-19 patients, EMS personnel must wear extensive personal protective equipment (PPE) including gowns, N95 masks, gloves, and other specialized equipment. They also must use hand sanitizers on scene, and sanitize their ambulances, equipment, and stations to prevent infection. A lack of PPE and sanitation products increases a practitioner's risk of becoming infected, and/or infecting their colleagues, patients or family members.

RESPONSE:

- Congress and the Administration must work collaboratively to ensure a secure and trustworthy supply chain of products, equipment and medications for EMS use and protection.
- Congress, the Administration and FEMA must work collaboratively to unburden the purchasing pipeline for PPE and sanitizing products that are price-restricted for direct delivery to EMS agencies during a federally declared disaster or public health crisis.
- Congress, the Administration and States must work collaboratively by forming a Medical First Response Task Force to identify the necessary resources to be stockpiled nationally, in states, and regionally, and create a plan for more effective and efficient distribution.

Vital Medication Shortages

EMS has continuously encountered shortages of basic emergency medications such as saline, epinephrine, and glucose. Drug shortages impose great challenges upon EMS because medications approved for their use are often limited by state regulations and medical oversight. Without advance notification of at-risk drug shortages, EMS agencies will continue to face challenges in delivering patient care.

RESPONSE:

- Congress direct the FDA to provide advanced warning of all drugs at risk for shortage.
- Congress incentivize state and local governments to develop guidance on the use of alternate medications when a primary medication is in short supply.

COVID-19 Testing and Vaccination

EMS offers a healthcare ready workforce. EMTs and paramedics have the necessary skills to administer tests and vaccinate the public, especially in the comfort of the patient's home. Those patients who are symptomatic or immune compromised should not have to leave their homes to be tested or vaccinated. As Congress is exploring a variety of policy options and States and localities are in need of a COVID-19 testing and vaccination workforce, they should be contacting EMS agencies.

RESPONSE:

- Congress advocate for federal, state, and local government to contract with EMS agencies to administer COVID-19 testing and future vaccination.
- Congress direct CMS to create a reimbursement code for EMS practitioners administering tests and vaccinations during federally declared disasters and public health crises.

Recommendation 4

Public Health Capabilities – Improve State and Local Capacity to Respond.

Healthcare Capacity and Surges

In anticipating future pandemic patient surges, EMS can reduce the strain on the overall healthcare system and offer the most appropriate patient care for low acuity Medicare and Medicaid beneficiaries through treatment in place (TIP) and facilitating emergency telehealth consultations with physicians.

EMS must respond to every 9-1-1 medical call prepared for a COVID-19 patient. A sharp decline in 9-1-1 medical response and transports was a result of the public's reluctance to call 9-1-1 for non-COVID-19 medical emergencies, and hospitals had suspended medically necessary transports. EMS costs are increasing exponentially to address COVID-19, while total revenues are decreasing since agencies can only be reimbursed for transporting to a hospital or alternate facility due to CMS reimbursement regulations.

Historically, CMS has only reimbursed EMS when a patient is transported to a hospital. In April, NAEMT and other national organizations requested that CMS waive regulations that reimburse EMS for only transportation to hospitals, and instead allow reimbursement for EMS to transport patients to alternative healthcare facilities or for providing treatment in place. In mid-April, CMS started allowing EMS to transport patients to alternative destinations during the declared public health emergency. EMS has displayed its effectiveness during the pandemic and advocates for the waiver to continue.

Treatment in Place (TIP) can be the most appropriate patient care for low acuity Medicare and Medicaid beneficiaries and can reduce strain on the overall healthcare system. CMS should also directly reimburse EMS for facilitating emergency telehealth consultations. The current CMS interim final rule leaves it up to the individual physician to reimburse EMS for facilitation services.

Reimbursement for TIP and facilitating telehealth consultations reduces overall healthcare costs and can help mitigate some of the financial burden EMS agencies are experiencing now and into the future due to the COVID-19 pandemic, saving jobs and agency services to their communities.

While our nation continues to fight the current pandemic, it is essential to prepare for the next wave of COVID-19 and future pandemics by incorporating the lessons learned from this current public health crisis and the past 20 years of federally funded pandemic planning.

RESPONSE:

- Congress direct CMS to reimburse EMS for TIP for Medicare and Medicaid beneficiaries experiencing low acuity medical conditions

- Congress direct CMS to directly reimburse EMS for facilitating emergency telehealth consultations, eliminating interim final rule language allowing an individual physician to determine reimbursement of EMS for facilitation services.

Reimbursement for TIP and facilitating telehealth consultations can ensure appropriate care is rendered, improve the efficiency of the healthcare system and mitigate the financial burden EMS agencies experience during federally declared disasters and public health emergencies.

Direct Resources for EMS

EMS is expected to respond to every 9-1-1 call within a specified timeframe, with licensed or credentialed personnel who are paid wages well below comparable healthcare and other first responder professions and frequently at or below the poverty line, often lacking appropriate personal protective gear, and frequently utilizing refurbished equipment and diminishing supplies. EMS is the first to engage a patient, sometimes in an unsafe, unsanitary environment and expected to arrive at the hospital with the patient stabilized.

In order to improve state and local capacity, our nation must directly fund EMS during federally declared disasters and public health crises. No EMS agencies should be expected to bare the burdens imposed by a national disaster or crises, like the COVID-19 pandemic. Transitioning from COVID-19 response to recovery is not currently viable for EMS. Response mode will remain the focus for the foreseeable future, driving EMS expenses to unsustainable limits, sacrificing EMS practitioners, and eliminating essential medical services to increasing numbers of communities.

Federal COVID-19 legislation provided critical funding for hospitals and public health. However, because EMS systems occupy a unique position in our nation's healthcare system, they have not benefited from these funds. It is assumed EMS agencies receive funding from programs such as the FEMA Disaster Relief Fund, and firefighter and public health grants. But that is not the true. EMS agencies are not being granted funds or receiving supplies for their EMS personnel. In the midst of the pandemic, EMS feels the most immediate and effective way to support EMS is to distribute emergency funds directly to EMS agencies that are most in need.

RESPONSE:

- Congress include relief for EMS in the form of increased access to Federal Emergency Management Agency (FEMA) Public Assistance Grants, appropriating at least \$5 billion specifically and waiving the required 25% match.
- Congress amend the Stafford Act to enable all 9-1-1 medical responders to apply directly to FEMA for Public Assistance Grants beginning immediately, and for the duration of the public health crisis. *This will allow all EMS agencies to apply for financial assistance directly and for state and local governments to focus their limited resources on directly combating the pandemic.*
- Congress to appropriate \$50 million for the FY2021 Rural Training Grant Program (popularly known as the "SIREN" grant program). The SIREN grant program is the only direct grant program for EMS and is administered by the Substance Abuse and Mental Health Services Administration (SAMSHA), to assist rural-fire based and non-profit EMS organizations recruit and train EMS personnel in rural America.

Emergency Support Function

Decoupling medical services from public health within Emergency Support Function (ESF) #8, ultimately creates a unique medical services emergency support function, providing the opportunity for public health and medical services to focus on their core mission and increase capacity during a federally declared disaster or public health crisis and appropriately fund the mission.

Emergency Support Functions (ESFs) is the grouping of governmental and certain private sector capabilities into an organizational structure to provide support, resources, program implementation, and services that are most likely needed to save lives, protect property and the environment, restore essential services and critical infrastructure, and help victims and communities return to normal following domestic incidents.

RESPONSE:

- Congress direct FEMA to separate medical services from ESF #8 and create a specific medical services emergency support function that is supported and resourced.

Recommendation 5

Who Is on the Flagpole? – A Single Source of Federal Authority for EMS Needed During a Declared Federal Public Health Emergency

EMS operates in the healthcare, public health and public safety sectors. Unfortunately, this has left EMS with no assigned federal department or agency. Multiple agency involvement has not served EMS well and has contributed to the absence of federal funding. During COVID-19 (similar to previous federal disasters), EMS agencies have struggled to interpret how various agency guidance applies to them.

RESPONSE:

- Congress create and empower a federal agency for all-hazards preparedness and response with authority to plan, fund and deliver guidance to all medical first responders.

NAEMT respectfully requests the Senate HELP Committee to convene a hearing on EMS and the critical role it plays in responding to federally declared disasters and public health emergencies.