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December 2, 2020

President-Elect Joseph R. Biden  
Vice President-Elect Kamala D. Harris  
Biden-Harris Transition Team  
1401 Constitution Ave, NW  
Washington, DC 20230

Dear President-Elect Biden and Vice President-Elect Harris,

On behalf of the [National Association of Emergency Medical Technicians](https://www.naemt.org) (NAEMT) and our 72,000 members, we write to ask for your Administration's support for Emergency Medical Services (EMS). EMS across the country needs consistent, adequate funding to continue serving its critical purpose, both in the COVID-19 response and as an integral component of our nation's healthcare system, and we look forward to working closely with you to ensure these needs are met.

Paramedics and Emergency Medical Technicians (EMTs) – like law enforcement and fire services – are critical first responders; our paramedics and EMTs are working around the clock and putting their lives at risk every day to serve their communities. However, EMS occupies a unique position in our nation's healthcare system and first responder landscape, and because of this, does not benefit from the same funding as other healthcare providers and other first responders. Whether they are public, private, or a combination of both, EMS systems of all types around the country are struggling under the additional burdens placed on them by the ongoing COVID-19 crisis.

EMS continues to incur extensive additional expenses for personal protection equipment (PPE), overtime pay, and other medical equipment and supplies directly related to COVID-19 that are not covered by reimbursements from CMS or commercial insurers for patient transports. The continuation of EMS care for patients in our communities depends on getting dedicated, adequate resources to EMS. We look forward to working with your Administration on the following policy priorities:

**Reimbursement for Treatment In Place (TIP):** EMS must be reimbursed for Treatment in Place (TIP) provided in response to 9-1-1 medical calls, regardless of whether the patient is transported to the hospital.

EMS must respond to every 9-1-1 medical call prepared for a COVID-19 patient, but EMS agencies are only reimbursed if the patient is transported to a hospital or another appropriate facility. Oftentimes, EMS professionals who respond to a 9-1-1 call follow medically appropriate protocol to treat the patient in place, and do not transport the patient at all. These

cases are even more common during the pandemic, when many hospitals have COVID-19 protocols in place discouraging or prohibiting EMS from bringing patients to the hospital. That means EMS is required to treat the patient, but is not entitled to reimbursement for that treatment or any supplies used during that treatment.

**Accurate Department of Labor data collection on EMS practitioners:** To ensure an accurate accounting of EMS practitioners, the Secretary of Labor must revise the Standard Occupational Classification System by including Firefighter-Paramedics and Firefighter-EMTs as EMS practitioners.

EMS consists of a diverse group of healthcare practitioners, including Paramedics, Emergency Medical Technicians (EMTs), and dual-role Firefighter-Paramedics and Firefighter-EMTs. Currently, the occupational classification system used by the U.S. Department of Labor Bureau of Statistics (BLS) to collect data on EMS does not accurately classify firefighters whose primary job is being a paramedic or EMT. That means EMS personnel in the U.S. are chronically undercounted in this data, which has a significant impact on planning and preparing for both regular daily needs and major disasters. A comparison of BLS data and state EMS licensing agency data indicates there may be as many as three times more EMS personnel than BLS has accounted for.

**Robust funding for SIREN grants for rural EMS agencies:** To help rural EMS agencies sustain their operations, both during the COVID-19 pandemic and beyond, robust funding is needed for the Rural EMS Equipment and Training Assistance grants program – also known as SIREN grants – within the Substance Abuse and Mental Health Services Administration (SAMHSA).

Across America, rural EMS agencies – including those operated by fire departments – are a lifeline to the healthcare system for residents, who on average are older, have higher rates of chronic illness, and lower incomes. These first responders often are the only healthcare providers in their area. Despite their vital mission, to sustain their operations, many rural EMS agencies heavily rely upon community fundraising efforts, such as bingo and community barbecues. Stay-at-home orders have prevented these fundraisers, decimating these agencies' budgets. In addition, the economic fallout from the pandemic has affected local tax revenues, so the limited tax-based support that some rural agencies receive also has been greatly reduced. SIREN grants provide direct assistance to these agencies to purchase the PPE needed to protect EMS practitioners and firefighters as well as medical supplies to care for COVID-19 patients. They also support volunteer recruitment, retention, and training efforts as increasing numbers of volunteers are unable to continue serving due to their preexisting conditions or older ages which places them at greater risk of poor outcomes if they were to contract COVID-19. For Fiscal Year 2020, \$5 million was allocated for SIREN grants; to seriously address existing needs, the program will require at least ten times that amount.

**FEMA Disaster Relief Fund Public Assistance Grants:** Allow all 9-1-1 medical responders to apply directly to FEMA for Public Assistance Grants for the duration of the COVID-19 public health crisis, and set aside specific funding for EMS.

In a typical disaster, EMS plays an intensive and critical role in the immediate response, but then the focus shifts to recovery. In this disaster, EMS's role will continue to be intensive for the foreseeable future, and resources must be dedicated accordingly. EMS is not currently prioritized in any way for grants under FEMA Disaster Relief Fund Public Assistance (FEMA PA) program, and in fact, must apply through their state to receive this relief, causing delays and denials for EMS agencies of all types. In the midst of this pandemic, recognizing the huge role EMS is playing, allowing all EMS agencies to apply for financial assistance themselves will ensure that state and local governments can focus their limited resources on directly combating the pandemic, and EMS will get the assistance they need. In addition, while EMS agencies are not historically recipients of significant funding from FEMA PA, the nature of this ongoing nationwide pandemic has substantially increased need among EMS on the front lines, and funding should be specifically allocated for EMS.

**Hazard pay for EMS personnel:** Include all EMS personnel in hazard pay and other compensation and benefits for essential workers.

Today's EMS practitioners are rigorously trained and credentialed medical professionals who serve as the frontline healthcare safety net in their communities, providing emergent, urgent and preventive care to all patients in need, and serve a critical role in responding to emergencies. However, most states do not fund EMS as an essential service in the same way that police and fire services are funded. Currently, only 11 states deem EMS as an essential service. These differences mean that EMS personnel do not automatically receive hazard pay or other benefits provided to "essential" workers. This contributes to chronic shortages in EMS personnel across the country, in communities ranging from urban to rural. EMS personnel must receive the same hazard pay and benefits as other essential workers.

We thank you for your service, and look forward to working with you to address the challenges of EMS across the country.

Sincerely,



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