



1.800.346.2368 OR 601.924.7744
601.924.7325 FAX
NAEMT.ORG

November 1, 2021

The Honorable Ron Wyden
Chairman, Senate Finance Committee
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member, Senate Finance Committee
239 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Wyden and Ranking Member Crapo:

On behalf of the National Association of Emergency Medical Technicians (NAEMT), thank you for all you are doing to address behavioral and mental health in the United States. We appreciate this opportunity to share our experiences and provide input on how to address unmet mental health needs.

Formed in 1975, NAEMT is the nation's only organization that represents and serves the professional interests of all Emergency Medical Services (EMS) practitioners, including paramedics, advanced emergency medical technicians (AEMTs), emergency medical technicians (EMTs), emergency medical responders (EMRs), and other professionals providing pre-hospital and out-of-hospital emergent, urgent, or preventive medical care. NAEMT's over 70,000 members, including over 52,000 members in the U.S., work in all sectors of EMS, including government service agencies, fire departments, hospital-based ambulance services, private companies, industrial and special operations settings, and in the military. Specifically, 61% of NAEMT's members are trained as paramedics, 38% are EMTs, and the remaining 1% are physicians, nurses and other prehospital medical professionals. NAEMT serves its members by advocating on issues that impact their ability to provide quality patient care, providing high quality education that improves the knowledge and skills of practitioners, and supporting EMS research and innovation.

Our members have long faced high risk of burnout, physical harm, and other hazards that accompany their role as first responders. Throughout the COVID-19 pandemic, EMS practitioners have struggled with a number of challenges that have exacerbated these mental health and wellness issues, including sick and quarantined personnel, compounding the existing "workforce shortages that have plagued the EMS profession for nearly a decade,"¹ and the need to provide pre-hospital care that is unlike any previously encountered.² Extended work hours combined with reduced staff numbers has resulted in physical and mental exhaustion of many EMS practitioners.³ Several additional factors including high volumes of COVID-associated

¹ 2021 AAA EMS Turnover Study, July 2021, https://ambulance.org/sp_product/2021-ems-employee-turnover-study/?fbclid=IwAR2V269jAdMdq5BlzBh2_wvE_8mQIKRqDjp0xmJ8CleCnnFm5ioao2T7egw

² "How COVID-19 Has Impacted Our Nation's EMS Agencies," April 2021 <https://www.naemt.org/docs/default-source/covid-19/covid-impact-survey-06-03-2021.pdf>

³ "How COVID-19 Has Impacted Our Nation's EMS Agencies," April 2021 <https://www.naemt.org/docs/default-source/covid-19/covid-impact-survey-06-03-2021.pdf>

calls, requiring extended wear of personal protective equipment;⁴ a high frequency of calls that require triage of multiple patients, which often includes medical decision-making that necessitates rationing of care and resources;⁵ and the practitioner's ever-present concern for their own safety and the safety of their families⁶ have added to EMS practitioners' mental and physical burden.

According to a survey conducted by NAEMT in April 2021 on the impact of COVID-19 on EMS agencies, much of the EMS workforce is operating under high levels of stress, fatigue, and burnout with respondents noting increased stress levels and suicidal ideations over concerns about exposure to the virus, self-quarantines, the health and safety of their families, and how providers will decompress from the heightened level of stress.⁷

Changing these trends will require significant effort. Our comments focus on the unique role EMS plays in healthcare, and the specific challenges the workforce faces not only in providing care, but also in seeking out and receiving mental and behavioral healthcare for themselves.

We are pleased to provide the following comments specifically on Strengthening the Workforce.

Strengthening the Workforce

EMS operates under a variety of delivery models, including municipal and hospital-based EMS, fire departments, private agencies and volunteer fire and rescue squads. One challenge nearly all EMS has in common is a shortage of resources and personnel. When EMS gets a 911 call, EMS must respond, whether the emergency is a heart attack or a behavioral health crisis. Ambulance services are reimbursed based on the ambulance fee schedule, which has not changed in many years, and has certainly not kept pace with the cost of care. For Medicare, suppliers and providers are given a single payment for a predetermined amount to cover both the transport of the patient and all the items and services associated with the transport. That means one payment has to cover the care and the personnel, as well as the oxygen, drugs, medical consumables, and anything else that goes into the care of that patient during the transport, no matter how much is used.

Exacerbating the issue even further is the fact that ambulance services are only reimbursed if the patient is delivered to a hospital – even though that may not be in the patient's best interest, and regardless of whether the care the patient received from the EMS personnel stabilized their condition.

⁴ The Centers for Disease Control and Prevention. Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States. March 10, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

⁵ CNN. New York EMS responders are working in 'battlefield conditions,' union rep says. April 4, 2020. <https://www.cnn.com/2020/04/04/us/fdny-ems-battlefield-union/index.html>

⁶ EMS1.com. Addressing your concerns: COVID-19 resources for EMS personnel. April 21, 2020. <https://www.ems1.com/coronavirus-covid-19/articles/addressing-your-concerns-covid-19-resources-for-ems-personnel-rr17nNegsbqUQ6dM/>

⁷ "How COVID-19 Has Impacted Our Nation's EMS Agencies," April 2021 <https://www.naemt.org/docs/default-source/covid-19/covid-impact-survey-06-03-2021.pdf>

While the federal government has granted some flexibility to “treat in place” or “treat in lieu of transport” during the COVID-19 pandemic, EMS is still often left providing uncompensated care. EMS must be reimbursed for the clinically appropriate care it provides, regardless of whether a patient is taken to the hospital. This would allow more certainty in planning for EMS and more care available for those who need it.

There is no dedicated funding stream for EMS. Currently, non-fire EMS agencies are eligible for very little direct federal funding and there are various challenges with each. SIREN Act grants – also known as the Rural EMS Equipment and Training Assistance (REMSTEA) program – are available for rural agencies, but the need far outpaces the availability of funds. Assistance to Firefighter Grants (AFG), another potential source of funding, focuses on fire agencies – just 3% of AFG goes to non-fire EMS. Finally, the FEMA’s Disaster Relief Fund (DRF) Public Assistance grants are ostensibly available during declared disasters, but there are significant logistical challenges in applying, and EMS is not prioritized as part of these grants.

Fine tuning the FEMA DRF program would be a big help to meet immediate needs during the current crisis and in future crises. Specifically, Congress should 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 – and for any future public health emergency. This change would ensure speedy delivery of much needed funds during times of crisis. We recognize that FEMA DRF is outside of the Finance Committee’s jurisdiction, but as the committee is looking broadly for ways to address these issues, FEMA DRF is one potential tool that is not being fully utilized.

With that being said, the larger issue for EMS personnel is the barriers they face in accessing needed behavioral health services for themselves. It is clear from NAEMT’s COVID-19 impact surveys, conducted in April 2020 and April 2021;^{8,9} media reports on the impact of the pandemic on all healthcare providers’ mental health; and personal reports from NAEMT members that there is a growing need for mental health and wellness support and training for the EMS workforce. At the same time, there continues to be a stigma around mental health issues within the public safety community, including EMS.¹⁰ While there are many online mental health resources available, such as webinars and articles relating to first responder psychological first aid, the field lacks a comprehensive virtual program for EMS professional mental health resilience. To address some of these gaps and needs, which have been compounded by the pandemic, and help EMS agencies and practitioners improve mental health and wellness, NAEMT is developing a comprehensive EMS Mental Health Resilience Officers (MHRO) course.

The new MHRO course will be a virtual interactive program that will train EMS practitioners to serve as EMS MHROs in their home agencies. These MHROs will implement resilience

⁸ “EMS Agencies, Paramedics and EMTs Need Immediate Help,” April 2020 <https://naemt.org/docs/default-source/advocacy-documents/2020-ems-needs-help-5-14-20.pdf>

⁹ “How COVID-19 Has Impacted Our Nation’s EMS Agencies,” April 2021 <https://www.naemt.org/docs/default-source/covid-19/covid-impact-survey-06-03-2021.pdf>

¹⁰ “Mental health stigma and barriers to mental health care for first responders: A systematic review and meta-analysis,” Peter T. Haugen, et al, *Journal of Psychiatric Research*, Volume 94, November 2017 <https://www.sciencedirect.com/science/article/abs/pii/S0022395617305101?via%3Dihub>

strategies, offering mental health and wellness tools and resources learned in the course to support the mental health resilience of their EMS practitioner colleagues and build an agency culture of mental health resilience and wellness. The program will prepare these EMS MHROs to provide peer-to-peer support tailored to the needs of their agency's personnel, and guide their colleagues to appropriate mental health services, as needed. Specifically, the course will prepare select EMS practitioners to recognize mental health challenges among their colleagues, assess those challenges, offer tools and resources to support their colleagues' resilience, and when needed navigate EMS personnel to appropriate professional services. This course will help EMS agencies develop in-house resources to prevent and address potential mental health issues amongst their EMS field personnel, support staff, and their families. EMS MHROs will work with EMS management to develop and implement an employee education program that discusses the mental health issues faced by the EMS workforce, the impact of stress and trauma on EMS personnel, and strategies and practices to strengthen their personal resilience. While NAEMT is pleased to offer this course, this is just one effort, and more must be done. Burnout among EMS professionals is extremely high. Agencies must be given the tools to make mental health resilience for the EMS workforce part of the training and culture of EMS.

In terms of diversity in the workforce and incentivizing providers to train and practice in rural and other underserved areas, providing additional resources to EMS agencies in rural and underserved communities would be helpful. Because these agencies have less money, they may not have the ability to attract diverse talent. EMS agencies are often supplemented through community fundraisers or other events; if the agency is in an underserved, rural, or otherwise disadvantaged community, it will have a harder time drawing upon community support.

Another way to attract diverse talent and incentivize EMS personnel to practice in rural areas is to offer assistance with student loans and other fees associated with training. Removing the burden of debt gives those who wish to pursue a career in EMS more freedom to train and work in rural or other underserved areas because there will be less pressure to work in a large, well-funded agency, or worse, leave the field altogether.

Again, thank you for the opportunity to provide these comments. I look forward to working with you to ensure our EMS workforce gets the mental healthcare they need.

Sincerely,

A handwritten signature in black ink, appearing to read "Bruce Evans", with a stylized flourish at the end.

Bruce Evans, CFO, SPO, NRP, MPA
President, NAEMT