



## **The NEMMSMA Position on Federal EMS Structure & Support**

### *Universities Expose Important EMS Issues – Conclusions Can Be Improved Upon*

Earlier this year New York University (NYU) and George Washington University (GWU) both released papers exposing national EMS issues and proposing solutions. While both identify limited federal funding as a central issue, the solutions proposed by both do not address this fundamental problem.

The attention Congress gives to EMS is proportional to the participation of EMS providers (both organizations and individuals) in the federal legislative process.

The fact is that the police and fire industries are congruent in their organization, consistent with their messages delivered, and highly engaged in the federal political process. The fundamental problem for EMS is that often it is not engaged with Congress, and when it is engaged, it sends mixed messages. In addition, the police and fire industries have more than a century of maturing development, while EMS has a just a few decades. While police and fire services are almost universally delivered directly by local governments, EMS organizations are highly diverse. The EMS industry's response to the NYU and GWU reports is indicative of this central issue. Rather than engaging the approaches and ideals important to the various EMS-related organizations, fragmented ideas that cannot reach consensus are embraced.

The services provided to the public by police and fire agencies are public service in nature. EMS is different because it provides public health, health care and transportation services within the public safety arena. Support and structure within the federal government must recognize and come from each of these arenas. A better approach than either of those proposed by NYU and GWU would include a blending of their solutions and adding this additional recognition. Our proposal includes this blending, but also recognizes a need to improve the structured approach to engage with Congress.

***Outcome One: The EMS industry is better organized and organizations and individuals are engaged in the political process.***

The EMS industry should work collectively to take these steps, in addition to others, to achieve this outcome.

1. Several national organizations, including, but not limited to, the National EMS Management Association, the National Association of State EMS Directors, the National Association of EMS Physicians, the National Association of EMTs, and the National Association of EMS Educators, recognize the success of the police and fire industries and collectively incorporate an EMS Political Action Committee (EMS PAC). While there are a handful of small EMS PACs in existence today, they are not coordinated and a broad array of individual EMS services and EMS providers are excluded from participation. Public and private EMS employers should embrace the PAC by encouraging employee contributions. EMS providers recognize their individual responsibility and adequately fund the PAC.
2. Associations that claim to provide national EMS leadership should recognize the success of the police and fire industries and band together to jointly organize EMS Caucuses in the US House and the US Senate. A caucus is a group of legislators with a common interest in an industry that collectively works together to introduce and pass legislation enhancing the industry. A caucus typically has a legislative leader in each body of Congress that becomes the industry advocate. It is formed by identifying an appropriate Congressional champion and like-minded legislators. In addition to introducing legislation, Caucuses may also conduct Hill Briefings to educate other members of Congress and their staff about industry needs. Support for both caucuses should be provided by the various national EMS associations.<sup>1</sup>

***Outcome Two: The full mission of EMS is recognized and supported by three federal departments.***

The EMS industry should work with the EMS Caucuses to take these steps, in addition to others, to achieve this outcome.

1. In recognition of the multi-faceted EMS mission, the Departments of Health and Human Services, (DHHS) Homeland Security (DHS) and Transportation (DOT) each maintain internal EMS offices.
2. These offices are tasked with assuring communication exists within each of the Departments regarding the appropriate Departmental support for EMS.
  - The EMS office at DHHS coordinates existing programs within the Centers for Disease and Control, National Institutes of Health, US Public Health Service and Health Resources and Services Administration (HRSA) to assure programming

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<sup>1</sup> Many successful diverse industries use a combination of individual organization lobbying efforts, a caucus and a political action committee (PAC). These three methods can be powerful when working with Congress to advance a common agenda. Individual agencies work together to form a caucus and PAC to advance a joint agenda, while maintaining independence within their niche of the industry. As an EMS example, Advocates for EMS may be interested in assuring strong state infrastructure, while the fire service may want to advance programs that help fire departments, NAEMT may be interested in advancing programs that help individuals and the American Ambulance Association may want to assure that independent providers are eligible for appropriate federal grant programs. All of these groups may meet and agree that cost-based public program payments are necessary for states to assure quality to the public, for government and non-government providers to afford to be able to provide clinically-relevant response times, and for the long-term stability and to provide advancement opportunities for EMTs and paramedics. Each group would individually lobby for those things that are specific to their niche (state infrastructure, fire programs, access to grants and individual support) while all groups would work with the caucus to promote the common agenda of appropriate federal program reimbursement. The PAC would support a continuity of legislators committed to advancing the common EMS agenda by supporting the campaigns of those legislators most committed to the industry.

consistency internally and among other federal agencies, and that, where appropriate, EMS agencies are eligible to participate in grants for programs, equipment and research. This office also directly interfaces with the Centers for Medicare and Medicaid Services (CMS), the main government payer of EMS services. It assures that CMS is adequately educated regarding the response and transportation missions of EMS and that the payment practices established by the agency, where the agency has been given flexibility by Congress, are EMS-friendly. This objective can be achieved by expanding the EMS & Trauma Office at HRSA.

- The EMS Office at DHS assures that the needs of the public safety roles of EMS are fully understood by divisions currently supporting public safety activities, and are supported through access to grants meeting this mission. DHS should enter into a cooperative agreement with NHTSA's EMS office for advice and counsel on establishing the office and its mission, and to coordinate EMS systems with other first responders.
  - The EMS Office at DOT is maintained at the National Highway Traffic Safety Administration and it continues its current mission of supporting the EMS infrastructure related to transportation. These tasks include, but are not limited to, creating vision for the future of EMS, supporting state EMS offices, organizing EMS scope of practice and national standard curricula, safety of ambulances, and housing and maintaining a national EMS data set.
3. Each of these three EMS offices maintains advisory committees with geographic and organizational diversity among the appropriate EMS disciplines to guide their work.
  4. Each of these three EMS offices maintains independent technical assistance centers that work directly with providers to assist them in participating with the appropriate programs. These technical assistance centers are modeled after the EMS-related technical assistance centers already in place within the HRSA, such as the Rural EMS & Trauma Technical Assistance Center and EMSC Technical Assistance Center.

***Outcome Three: The three federal departments are coordinated by an EMS Central Coordinating Committee (EMSC3) led by the Surgeon General.***

The EMS industry should work with the EMS Caucuses to take these steps, in addition to others, to achieve this outcome.

1. As the leader in public health, the Surgeon General is uniquely qualified to, and provides, leadership and coordination between the federal agencies that support EMS. The Surgeon General's medical mission assures that the guidance provided by the EMS Offices to their respective agencies is rooted from the perspective of clinically appropriate medical care.
2. The EMSC3 conducts quarterly meetings. Under the leadership of the Surgeon General the three departments meet to share the needs identified by their advisory committees and to set a coordinated federal EMS vision.
3. The departmental programs match EMS needs. The quarterly meetings assure that individual departmental EMS goals and action plans are coordinated, consistent with an appropriate EMS vision and are not duplicative.

***Outcome Four<sup>2</sup>: A new Federal Commission on EMS Coordination (FCEMSC) with a statutory mission and Congressional Reporting Responsibilities replaces the Federal Interagency Committee on EMS (FICEMS).***

The EMS industry should work with the EMS Caucuses to take these steps, in addition to others, to achieve this outcome.

1. The responsibilities of the FCEMSC are in line with proposed duties of FICEMS and include an advisory committee as proposed by S.611. In addition, the Departments of Education and Labor are actively engaged to assure coordination of EMS workforce issues.
2. The membership of the FCEMSC advisory committee includes geographically and organizationally diverse membership reflective of the EMS industry. This advisory committee is well balanced in representing the interests of urban and rural, as well as police, fire, non-profit, hospital and independently based providers. It also includes a representative from each departmental advisory committee to assure a well-rounded perspective.
3. The FCEMSC embraces the EMS vision of EMSC3 and coordinates other federal agencies tactics to help achieve the vision.

***Outcome Five: A new National EMS Academy should be established by DHS at their Center for Domestic Preparedness in Anniston, Alabama.***

The EMS industry should work with the EMS Caucuses to take these steps, in addition to others, to achieve this outcome.

1. Congress should fund a National EMS Academy (NEMSA) at the Center for Domestic Preparedness in Anniston, Alabama, at a level similar to the funding for the National Fire Academy (NFA) in Emmitsburg, Maryland.
2. Budget responsibility for the NEMSA should be positioned within DHS, but operational oversight and direction should be provided by EMSC3.

### **IMMEDIATE ACTION STEPS**

1. The National EMS Management Association; the National Association of State EMS Directors, the National Association of EMS Physicians, the National Association of EMTs, and the National Association of EMS Educators, along with the many other national level professional organizations in the Advocates for EMS, should meet to form an EMS PAC.

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<sup>2</sup> *The approach and structure of outcomes 3 & 4 assures that the primary agencies that are reflective of the mission of EMS directly interface directly with industry, coordinate activities within and among the agencies and also coordinate activities with other federal agencies that have a tangential relationship to EMS. It also assures a process is in place for EMS organizations and providers to engage directly with the federal departments. It is also compatible with the recommendations made by both NYU and GWU in their respective approaches while also addressing the issues raised within the EMS community to date regarding the conclusions of either proposal. The infrastructure proposed requires minimal federal funding; approximately \$5 million for each of DHHS, DHS and DOT for staff, to operate Technical Assistance Centers and to support advisory committees.*

2. An EMS Summit should be convened. The Summit should be representative of the national associations that formed EMS PAC and the Advocates for EMS and be expanded to include the leadership of other EMS-related organizations, including, but not limited to, the International Association of Fire Chiefs, International Association of Fire Fighters, the National Rural Health Association and the National Volunteer Fire Council. The Summit should be facilitated by the chief US uniformed health service officer, the Surgeon General. The outcomes of the EMS Summit include:
  - Achieve industry consensus on this model or a modified version of this model
  - Identify caucus champions.
  - Establish the first national EMS Congressional agenda.

An EMS Summit should be conducted annually to set the national EMS agenda.