Advocates Comprehensive Legislative Agenda White Paper-February, 2009

The goal of Advocates is the ongoing improvement of emergency patient care through the following legislative objectives:

Overall Purpose: Recognition of EMS as a key component of health care

- Recognition of EMS as an equal partner with other emergency services
  - All provider types are supported based on established needs assessments
  - **Disaster Preparedness** – Since FY 2003, the Department of Homeland Security has released four reports assessing the amount of first responder grant funding that emergency medical service providers have been receiving. The total dollar amount has remained flat at four percent with the remainder going to other first responders.
    - The FY 2008 and FY 2009 DHS Appropriations Reports, as part of the Department of Homeland Security Appropriations bill, require FEMA in conjunction with the Office of Health Affairs, to report to the Appropriations Committee regarding the current state of disaster preparedness capabilities of emergency medical services and the capabilities required to meet future preparedness goals. The reports, due in May 2008 and May of 2009, respectively, shall include an analysis of the gap between current and target capabilities. FEMA is also directed to include in its grants guidance, language requiring State and local governments to include EMS providers in their Statewide Homeland Security Plans as well as their UASI plans. If no State or local funding is provided to EMS, the State should justify lack of funding through demonstrating related targeted capabilities have been met or identify other pressing priorities. The report due in May 2008 has yet to be issued by the Department.
      - Future requests should be dependent upon gap analysis outcomes.

From the IOM Report:

System Finance

- Support CMS convening an ad hoc work group with expertise in emergency care, trauma and EMS systems to evaluate the reimbursement of EMS and make recommendations regarding inclusion of readiness costs and permitting payment without transport.

- Medicare supports availability of ambulances by reimbursing at least at cost

  i. In 2007, the Government Accountability Office submitted a report to Congress showing negative Medicare margins for many ambulance service providers. The report stated Medicare payments in 2004 were

six percent below average cost per transport. Payments were below costs in all three service areas: six percent for transports in urban areas, one percent for transports in rural areas and 17 percent for transports in "super rural" areas.[1]

Advocates supports a six percent across-the-board increase in Medicare reimbursement rates to more accurately reflect the cost of providing care.

- **Adequate Support for First Responder & EMS Specific-Grant Programs**

  - (National Emergency Medical Services Information System (NHTSA)
  - Emergency Medical Services for Children
  - Trauma Systems Planning and Development Act (HRSA)
  - Emergency Medical Services for Children (HRSA)
  - Rural & Community AED Program (HRSA)
  - Rural Firefighter & EMS Grant Program (USDA – Rural Community Development?)

Regionalization

- Regionalization and Interoperability-Improving Emergency Medical Care and Response Act

The sight of ambulances and medical helicopters rushing to and from emergencies is a familiar one; however, EMS is much more than just response and transport. Communications networks, multiple agencies and organizations, hospitals, specialty care centers, and rehabilitation facilities are just some of the components of EMS, all of which must be well coordinated in order for fast, effective service to be delivered. Unfortunately, EMS providers have not escaped the considerable challenges facing our nation's health care system. In many areas, EMS are highly fragmented, poorly equipped, and insufficiently prepared for day-to-day operations, let alone major disasters. Further, emergency departments (EDs) are increasingly over burdened. Between 1993 and 2003, EDs declined by 425 in number although ED visits rose by more than 25 percent—from 90,300,000 to almost 114,000,000 visits.

Regionalized, accountable emergency care systems show substantial promise in addressing the complexity of an efficient EMS response, which must properly manage the coordination of a number of groups, agencies, and individuals involved—from incident recognition to providing specialized care to public education.

Following the Institute of Medicine's recommendation, the Improving Emergency Medical Care and Response Act was introduced in the House

[1] GAO, page 24.

and Senate in the 110th Congress and would support 4 multi-year grants to support demonstration programs aimed at designing, implementing, and evaluating a regionalized, accountable emergency care system. Within a defined region, these systems would be designed to coordinate public health, safety, and emergency services, facilitate access to the emergency medical system (e.g., 9-1-1 Public Safety Answering Points), establish a mechanism for ensuring a patient is directed to the proper medical facility, track hospital resources in real time (e.g., bed capacity/ambulance diversion) and coordinate standardized data management, for pre-hospital, hospital, and inter-facility transport.

- Appropriate regulation of air and ground ambulance safety initiatives
  States assume regulatory oversight of the medical aspects of air medical services, including communications, dispatch, and transport protocols.

Accountability

- EMS supports quality improvement initiatives

    - Evidence based system performance indicators
    - Pay for Performance
    - HIT -- Hospitals, trauma centers, EMS agencies, public safety departments, emergency management offices and public health agencies develop integrated and interoperable communications and data systems. In addition, HHS should fully involve pre-hospital EMS leadership in discussions about the design, deployment and financing of the National Health Information Infrastructure.

- **Support for Health and Safety Initiatives**

    - Patient safety and error reduction – Advocates supports ensuring that EMS is included as an eligible entity for HIT funding.

    - Ryan White -- Emergency responders are protected by a number of laws and standards of care regarding occupational exposure to communicable diseases. One of those provisions was included in the emergency response provisions of the original Ryan White CARE Act that passed by Congress in 1990 (P.L. 101-381). Part E, Subpart II, Notification of Possible Exposure to Infectious Diseases (Section 2681-2690) required emergency response employers (i.e. fire departments, police departments, emergency medical services providers) to have a "Designated Officer" (Infection or Exposure Control) to field calls from employees regarding exposures to communicable diseases and obtain the disease status of the source patients in those exposures from the medical facility providing treatment to that patient.

This provision was included in subsequent reauthorizations of the Ryan White CARE Act until the last reauthorization that passed in 2006 (P.L. 109-415). H.R. 6143 was passed by Congress and Subpart II was removed from the legislation that was signed into law on December 20, 2006.

Concerns are developing throughout the country that emergency responders will no longer be able to find out whether or not they have been exposed to an infectious disease in a timely manner and be tested and treated outside of the emergency department at a lower cost. In addition, there are concerns developing among hospitals and health systems that releasing the results of a source-patient test would be a violation of the Health Insurance Portability and Accountability Act (HIPAA). In addition, there are concerns that first responders will unnecessarily be given prophylactic medications. The side effects to these medications can be significant and should be avoided if they are not necessary.

Advocates and other members of the EMS provider community support the reinstatement of Part E, Subpart II, Notification of Possible Exposure to Infectious Diseases (Section 2681-2690) in the next Ryan White reauthorization.

- ***Public Safety Officer Benefit***

In 1984, Congress established the Public Safety Officer Benefit program which provides assistance to the survivors of police, fire and ambulance staff employed by federal, state, and local entities in the event of their death in the line of duty. This program is currently administrated by the Bureau of Justice Assistance, Department of Justice. An exception was made by the Justice Department after Sept. 11, when 8 non-governmental ambulance personnel were killed at the World Trade Center.

According to the National EMS Memorial Service, there have been 308 deaths among EMS responders and providers since 1993. While the totals differ significantly from year to year, the average is 24 ambulance line-of-duty deaths per year.

In the 110th Congress, legislation was introduced that broadens the Public Safety Officer Benefit Program death benefits to nongovernmental and volunteer firefighters, ground and air ambulance crew members, and first responders in recognition they are often contractors with state and local units of government.

Research

- ❖ Federally supported systems research including evidence based medicine and improving EMS education

  Emergency medicine is uniquely defined by the urgency and location of treatment rather than specific organ systems or conditions. This has proven a challenge for funding in emergency medical research because of the broad scope of clinical disciplines it covers. In 2003, only 0.05 percent of NIH training grants awarded to medical schools went to EDs, compared to 29 percent for internal medicine. This Act establishes support for emergency medical research through various Federal agencies in order to expand and accelerate our understanding of the basic science of emergency medicine and enhancing patient outcomes through improved medical service delivery.

  Advocates supports the provision in the Improving Emergency Care and Response Act establishes support for emergency medical research through various Federal agencies in order to expand and accelerate our understanding of the basic science of emergency medicine and enhancing patient outcomes through improved medical service delivery.