



TOP 10 REASONS WHY

H.R. 809 – The Field EMS Bill Benefits All EMS Agencies

10. The Field EMS Bill supports **all** EMS agency delivery models – including fire-based, county or city government-based, private, non-profit and volunteer agencies. Assertions to the contrary are false and misleading.
9. EMS = Emergency **Medical** Services. H.R. 809 implements several recommendations of the Institute of Medicine (IOM) to address multiple problems plaguing all field EMS, including “uncertain quality” and “lack of evidence-based care.” The IOM recommended that the Department of Health and Human Services lead the medical aspects of EMS because it (i) leads all other federal aspects of medical service delivery; (ii) is the largest payer of medical services via Medicare and Medicaid; and (iii) is already tasked as the lead federal agency for medical preparedness and response. EMS agencies cannot be prepared to respond to the medical needs of mass casualty events, if they are not prepared for the everyday emergency medical needs of patients.
8. As recommended by the IOM, H.R. 809 **integrates** the delivery of field EMS into the continuum of emergency medical care for patients, beginning with the 911 call to hospitalization and rehabilitation.
7. H.R. 809 improves and ensures the **quality** and **evidence-based** care provided by field EMS, because patients in their greatest hour of need cannot choose which agency cares for them.
6. The Field EMS Bill tests and evaluates novel reimbursement models that decouple payment from transport to **drive innovation, improve outcomes and lower systemic costs**. These models should establish a needed and appropriate payment for fire-based first response, as well as reimbursement for on-scene treatment or transport, including alternate destinations to overcrowded emergency rooms.
5. As called for by the IOM, H.R. 809 provides long-overdue recognition of Paramedics and EMTs as essential life-saving professionals, just as other healthcare practitioners have been recognized for years. All EMS practitioners – **as healthcare professionals** – **deserve our respect** for the life-saving care they provide, regardless of whether they also serve as firefighters.
4. Fire-based EMS agencies are eligible for the new EMS EQUIP grants in H.R. 809 to help with medical and preparedness missions, **in addition** to fire grant funding for their public safety mission. Non-fire-based EMS agencies currently have no meaningful opportunity for grant funding, in spite of the critical role they play in their communities. H.R. 809’s EQUIP grants are awarded to agencies that **demonstrate need**, regardless of their agency delivery model.
3. H.R. 809 augments the development of **mobile integrated health care and community paramedicine**, which is emerging within private and public EMS agencies and has shown to reduce costs by keeping patients out of emergency rooms and preventing hospital readmissions.
2. Congress expects all entities and practitioners delivering medical services to federally insured patients to provide high-quality and **value-based care**. H.R. 809 enhances the ability of all EMS agencies – regardless of agency type – to fulfill that expectation for their patients.
1. The Field EMS Bill is good for patients because it does not pick and choose between agency delivery models. **H.R. 809 puts patients first** by promoting high-quality and evidence-based care for all patients in need of emergency medical care, regardless of the agency called to care for them.

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