

# EMS AGENCIES, PARAMEDICS AND EMTs NEED IMMEDIATE HELP



In April, the National Association of Emergency Medical Technicians (NAEMT) conducted a national survey of EMS agency leaders to understand the impact of COVID-19 on EMS agencies and personnel. 891 agency leaders from 49 states, Puerto Rico, and D.C. responded to the survey. **The results clearly indicate that EMS agencies are in deep distress, with many in jeopardy of closing.**

Paramedics and EMTs working in EMS agencies across our country are serving on the frontlines of our nation's war against the COVID-19 pandemic. EMS agencies are incurring 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. EMS must respond to every 9-1-1 medical call prepared for a COVID-19 patient. However, EMS is still only reimbursed if the patient is transported to a hospital or another appropriate facility.

At the same time, many EMS agencies across the country are experiencing a sharp decline in 9-1-1 medical response and transports as Americans are reluctant to call 9-1-1 for non-COVID-19 medical emergencies, and as hospitals have cancelled elective surgeries and related medically necessary transports. EMS costs are increasing exponentially to address COVID-19, while our total revenues are decreasing.

- **61% of responding agencies reported decreases in call volumes, averaging 34% reduction.**
  - > **85% of these agencies provide 9-1-1 medical response.**
- **Over half of all responding agencies reported monthly un-budgeted overtime costs ranging from hundreds to millions of dollars per month.**
  - > **80% reported monthly excess overtime costs.**
    - **40% reported \$10,000+ per month.**
    - **7% reported \$100,000+ per month.**
    - **2% reported \$1,000,000+ per month.**



**64%**

of responding agencies are using treatment in place protocols.

**12%**

Only of those agencies providing treatment in place services are being reimbursed.

**65%**

of responding agencies expect to be financially insolvent within 6 months.

Agencies providing

**9-1-1**

medical response to small and mid-sized cities are at highest risk for collapse.



All EMS systems, whether they are public, private or a combination of both, are struggling. The additional burdens placed upon our EMS systems and personnel are challenging even for the strongest systems. **In some communities, EMS is on the brink of collapse.**

- **9% of responding agencies report only having days to weeks to remain operational without relief.**
  - > **All of these agencies provide 9-1-1 medical response**
  - > **Over 50% of these agencies applied for federal, state or local grant funding but were denied.**

Without direct relief, a collapse of the nation's EMS system will happen, it's not a matter of if, only when. Immediate action is needed to help save our nation's EMS agencies so they may continue to serve their patients and communities.

- Amend the Stafford Act to enable all 9-1-1 medical responders a **one-time opportunity to apply directly to FEMA for Public Assistance program grants**. This will allow all EMS agencies to apply for financial assistance and for state and local governments to focus their limited resources on directly combating the pandemic.
- Require CMS to **reimburse all ground ambulance providers for performing protocol-driven treatments in place** without transport during the COVID-19 pandemic response. This coverage will help limit the spread of COVID-19 by keeping patients with low acuity medical conditions at home and out of hospitals or other facilities to help preserve hospital capacity and avoid exposing additional people to COVID-19.
- Protect paramedics and EMTs by directing FEMA to provide them with higher **priority access to PPE and COVID-19 testing**. Include all EMS personnel in **hazard pay** and other compensation for essential workers.

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