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.
  - Only 12% 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.

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.