



National Association of Emergency Medical Technicians
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Robert Kadlec, M.D.
Assistant Secretary
Office of Assistant Secretary of Preparedness and Response
Department of Health and Human Services
Washington, DC

Dear Assistant Secretary Kadlec:

The National Association of Emergency Medical Technicians (NAEMT) respectfully provides comment to the published 2019-2022 National Health Security Strategy (NHSS), in which we noticed with great concern the absence of emergency medical services (EMS) as a stakeholder and the use of EMS expertise in the development of the strategy.

The strategy is reported by the Office of the Assistant Secretary of Preparedness and Response (ASPR) to “provide a vision to strengthen our nation’s ability to prevent, detect, assess, prepare for, mitigate, respond to, and recover from disasters and emergencies. It describes strategies to improve readiness and adapt operational capabilities to address new and evolving threats.”

While EMS has been designed by Hospital Preparedness Program (HPP) as a required stakeholder within healthcare coalitions, but appears in the NHSS as only a sidebar.

We believe that the nation’s health security can be strengthened by incorporating these and other EMS capabilities:

- ***CBRNE***
 - Use EMS to educate emergency patients on causes of antibiotic resistant organisms.
 - Use EMS to educate providers and the public on realistic risks of exposures to post CBRNE incidents.
 - Have EMS participate in HSEEP programs at all levels of government and private industry.
- **Pandemic and Infectious Diseases**
 - Have EMS participate in the planning and execution of drills and exercises to identify individual agency capabilities and how they can fill gaps in existing and updated plans.

- **Disease Impact Mitigation**
 - Use EMS social media and PSA platforms to help spread messages before, and during and after disease impacts.
- **Situational Awareness**
 - Include EMS personnel in Fusion Centers to improve the information flow to first responders and local resources.
- **Planning**
 - Access EMS to provide critical knowledge of local communities and the threats and vulnerabilities they face.
 - Access EMS to understand the resources that are available locally and regionally for an incident response, the challenges of mutual aid responses, and existing agreements in place to address these challenges.

When EMS was referenced in the strategy, plans were misaligned with the operations of today's EMS agencies and medical response protocols of Paramedics and EMTs.

- Many of the national disaster response plans and exercises focus on large-scale incidents relying on medical professionals deployed from out-of-state. The lack of a consistent and nation-wide credentialing process for EMS personnel hampers the implementation and effectiveness of these plans. There is no rapid credentialing process in place in many states for EMS, like there is for physicians.
- The lack of a national EMS medical protocol for disaster response hampers any EMS response to a large-scale incident. Different state and agency-specific protocols lead to a different standard of care among similarly licensed providers and creates legal disputes about what authorized medical skills providers are able to perform for patient care.

NAEMT is the nation's only organization that represents and serves the professional interests of more than 72,000 EMS practitioners, including paramedics, emergency medical technicians, emergency medical responders, and other professionals providing prehospital and out-of-hospital emergent, urgent or preventive medical care.

NAEMT's membership includes many subject matter experts with extensive operational disaster preparedness and response experience. We welcome the opportunity to serve as a resource to ASPR on any issues pertaining to EMS and the EMS workforce.

Very Respectfully,



Matt Zavadsky, MS-HSA, NREMT
President, NAEMT