Congressional Fire Services Institute / International Association of Fire Chiefs International Association of Fire Fighters / National Association of Emergency Medical Technicians / National Fire Protection Association / National Volunteer Fire Council

March 22, 2021

The Honorable Xavier Becerra Secretary U.S. Department of Health & Human Services 200 Independence Avenue, S.W. Washington, D.C. 20201

Dear Secretary Becerra:

On behalf of the nation's more than one million fire and emergency medical services (EMS) personnel, we ask the Department of Health and Human Services (HHS) to take steps to better protect the first responders serving on the front lines combatting the COVID-19 pandemic. Specifically, we would ask that HHS institute an enforcement mechanism to ensure hospitals are complying with the infectious disease notification requirements under the Ryan White Act¹, including notification of exposure to COVID-19. Currently, no agency is permitted to take enforcement action when there is failure to notify.

As the COVID-19 pandemic has continued to spread through American communities, fire and emergency services personnel are on the front lines, responding to calls and assisting affected individuals. To date, more than 165 firefighters and EMS personnel have died from COVID-19,² while thousands more have been exposed, had to quarantine, fallen ill, and even been hospitalized.

As you know, Part G of the Ryan White Act requires hospitals to: (1) notify an emergency response employee (ERE) if they find that a patient has an airborne or aerosolized infectious disease about which the ERE who came into contact with the patient should be notified, or (2) conduct rapid source patient testing when an exposure is reported by an emergency response agency's designated infection control officer. In April 2020, the Centers for Disease Control and Prevention added COVID-19 to the list of notifiable diseases under the Ryan White Act.

Since the patient's personal identifying information is removed prior to sharing, source patient testing information may be shared with an emergency response agency's designated infection control officer and is not subject to protections under the Health Insurance Portability and Accountability Act³. Furthermore, Part G also does not require an ERE to be admitted to the hospital or enroll in the hospital's occupational health clinic prior to sharing this source patient testing.

Unfortunately, we are aware of cases where hospitals have either failed to notify or refused to notify the designated infection control officer of a patient's positive diagnosis of SARS-CoV-2 and other infectious diseases. This is unacceptable.

¹ P.L. 111-87

² Data from the National Fallen Firefighters Foundation as of March 4, 2021.

³ P.L. 104-191

Our nation's fire and EMS personnel put their lives on the line every day responding to calls to protect their communities. When these EREs are potentially exposed to an infectious disease covered under the Ryan White Act and request further information, it is critical to their health and the health of their communities that hospitals respond to ensure that the appropriate steps can be taken. In addition, in some cases, first responders may not have the pertinent information to know whether they have been exposed to a covered disease. This is why the hospital-initiated notification requirements under the Ryan White Act are also vital to the work and personal safety of our nation's first responders.

Without notification, these EREs could unintentionally spread infectious diseases, such as COVID-19, in the community. They may come into contact with fellow fire and EMS personnel and accidentally infect their colleagues, putting a strain on fire station and EMS agency staffing levels. Many first responders are volunteers and work at other jobs, which they may return to, unknowingly exposing coworkers far beyond the fire and emergency services. In addition, infected first responders could also expose their families. As such, notification under the Ryan White Act is a critical aspect of ensuring safety among first responders and their communities.

Therefore, we request that HHS develop a mechanism to hold hospitals accountable in order to ensure that fire and EMS personnel are notified when they may have been exposed to infectious diseases, as the law requires. We look forward to working with whatever agency is deemed appropriate on the creation and implementation of such a mechanism.

We appreciate your attention to this request.

Sincerely,

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