



NAEMT Position Statement Lead Federal Agency for EMS

Statement:

NAEMT believes that a lead agency or administration within a cabinet-level department should be established to lead EMS efforts at the federal level, including development and implementation of a national EMS framework and coordination of all EMS programs and activities undertaken throughout the federal government. NAEMT believes that, as the core function of EMS is the provision of medical care to patients outside of the hospital, this lead agency should be located within the Department of Health and Human Services.

Background:

The delivery of EMS is a local function that should and must be managed locally, at the municipal, county, and regional levels. Those who are responsible for the delivery of these services look to our federal government to provide broad leadership and support to the efforts of all EMS systems and practitioners, identify and document best practices in the clinical and operational realms, and remove impediments to quality and progress.

To that end, NAEMT believes that the federal government should:

1. Develop, promote, and support a national framework for EMS that clearly defines the scope of EMS activities and focuses on the delivery of EMS at the individual patient and incident level. The national framework for EMS must encompass all of the activities provided by EMS systems, including community health, illness surveillance, and injury prevention.
2. Develop and support a national policy that recognizes EMS as an essential public service that should be provided by states and their political subdivisions in the same manner that law enforcement, fire suppression, and public school services are provided.
3. Develop and support a national preparedness strategy that fully incorporates EMS, recognizing that communities have an obligation to develop EMS systems through an all hazards approach that have the capacity to provide services beyond daily needs, including the ability to effectively manage natural or man-made catastrophic events including large-scale public health emergencies. Ensure that EMS systems receive equitable access to federal funds provided for the enhancement of homeland security capabilities.
4. Identify, develop, and promote national EMS standards by gathering appropriate experts and publishing evidence-based consensus standards and training programs.

5. Consolidate the activities of federal agencies that have responsibility for EMS, including prioritization for funding, elimination of redundancy and overlap, and directing focused attention to specific areas of actual need.
6. Require the Centers for Medicare and Medicaid Services to reimburse for prehospital medical services that do not require transportation in order to better manage and contain rising health care costs by providing care and directing patients to more appropriate care not currently allowed under reimbursement rules.
7. Develop, support, and provide access to high levels of education, training, and professional development for EMS similar to what is currently available to the law enforcement, fire suppression, and medical communities.
8. Coordinate the standardized collection of data concerning EMS services. Require the sharing of data between EMS agencies and upstream health care providers, including patient outcome data.
9. Adopt a single licensing standard for agreed-upon levels of EMS practitioners, and a single standard for education of EMS practitioners.
10. Provide grant funding to support best practices in EMS system design and operation and programs that contribute to improved community health, including community paramedicine, injury prevention, medication compliance, and mental health care.
11. Develop and support programs to improve the health, safety, and fitness of EMS practitioners.

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