



NAEMT Position Statement EMS in Health Care Reform

Statement: The National Association of Emergency Medical Technicians believes that the following principles should be observed in the development of national health care reform legislation:

1. Both emergency and non-emergency ambulance services are covered services.
2. Fee schedules for medical insurance are based on the cost of providing the service as determined by the GAO study on ambulance costs.
3. EMS and emergency physicians are active participants in the process of health care reform.
4. Analysis is conducted to determine the impact of health care reform on Emergency Department overcrowding and the surge capacity of EMS systems specifically, and health care in general, in the event of major disasters or public health emergencies.
5. EMS can contribute to more optimal health care and achieve health care savings when integrated with primary care and allowed to refer or transport patients to a variety of medically appropriate facilities.
6. Cost savings should not be achieved by reducing the capacity of EMS to respond with clinically meaningful response times or a certain capacity to surge.
7. EMS data is collected and available for improvements in EMS care, and is integrated with data on the overall health care system.

Background: Emergency Medical Services is an integral component of our nation's health care system. In 2007, The Institute of Medicine described EMS in the report: Emergency Medical Services At the Crossroads: "Emergency Medical Services (EMS) is a critical component of the nation's emergency and trauma care system. Hundreds of thousands of EMS personnel provide more than 16 million medical transports each year. These personnel deal with an extraordinary range of conditions and severity on a daily basis—from mild fevers to massive head traumas. The work they do is challenging, stressful, at times dangerous, and often highly rewarding. EMS encompasses the initial phases of the emergency care continuum. It includes emergency calls to 9-1-1; dispatch of emergency personnel to the scene of an illness or trauma; and triage, treatment, and transport of patients by ambulance and air medical service. The speed and quality of emergency medical services are critical factors in a patient's ultimate outcome. For patients who cannot breathe, are in hemorrhagic shock, or are in cardiac arrest, the decisions made and actions taken by EMS personnel may determine the outcome as much as the subsequent hospital-based care—and may mean the difference between life and death". (page 1)

Adopted: August 14, 2009