



NAEMT Position Statement Federal Emergency Support Function

Position:

NAEMT believes that the federal government should establish an *Emergency Support Function (ESF)* specifically for Emergency Medical Services (EMS) within the National Response Framework, decoupling EMS from ESF #8, Public Health and Medical Services. The recent pandemic reinforced the essential services that EMS offers as a community lifeline to our nation. By establishing a stand-alone ESF for EMS and decoupling it from ESF #8, the federal government will be able to acknowledge EMS as a separate critical task within disaster response at the state, tribal and local levels during natural or man-made disasters, health crises, mass casualty incidents, acts of terrorism, and planned and unplanned public events.

Background:

The National Academies of Medicine has noted that EMS is one of five pillars of medical surge response that are critical elements of a disaster system. EMS must be well integrated with the other four pillars, which include hospital care, public health, out of hospital care, and emergency management and public safety organizations, to create a unified disaster care response system. An independent or poorly integrated pillar may delay, deter, or disrupt medical care delivery during a disaster. The American College of Emergency Physicians noted “EMS is on par with law enforcement and fire suppression services in importance of critical services within a community.” Despite the acknowledgement that EMS is critical in preparedness planning on all levels, the shortcomings to transform the current framework into the system envisioned by the Institute of Medicine remain glaring.

The EMS system is comprehensive and includes well trained personnel (i.e., Specialty Care Transport Nurses, Flight Paramedics and Nurses, Paramedics, Emergency Medical Technicians (EMTs), Advanced EMTs, and Emergency Medical Responders) with various levels of care (i.e., Specialty Care Transport, Advanced Life Support and Basic Life Support 911 response, Flight, Community Paramedicine) to serve as the prehospital frontline provider of emergency medical care. EMS systems conduct nearly 25 million transports to more than 8% of the US population per year, predominantly by ground but also by air. COVID-19 significantly increased public awareness of the vast capabilities of EMS beyond just transport.

EMS is now recognized as an essential response service for public health crises, emergencies and disasters. As demonstrated throughout the pandemic, EMS has been providing assessment and treatment of COVID-19 patients and as appropriate, navigation or transport to other health care facilities. EMS is actively engaged in COVID-19 testing, vaccination and monoclonal antibodies administration. EMS practitioners are now actively engaged in triage and treatment of patients in

response to mass casualty incidents and disasters. FEMA actively recruits EMS practitioners to provide medical care and services in disaster response and public health crises.

Without an ESF, EMS is not recognized and has no function-specific federal designation. The absence of this designation results in a lack of direct guidance and support for EMS during public health crises, emergencies and disasters. Once EMS is assigned a specific ESF, it will allow for direct federal coordination and efficient utilization of EMS assets in supporting community lifelines.

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