

Congress of the United States

Washington, DC 20515

April 30, 2024

The Honorable Robert Aderholt
Chairman
House Appropriations Subcommittee on
Health and Human Services, Education

The Honorable Rosa DeLauro
Ranking Member
House Appropriations Subcommittee on Labor,
Labor, Health and Human Services, Education

Dear Chairman Aderholt and Ranking Member DeLauro,

As the House Appropriations Committee begins its work on the Fiscal Year (FY) 2025 Labor, Health and Human Services, Education, and Related Agencies (LHHS) appropriations bill, we request that report language be included directing the Administration for Strategic Preparedness and Response (ASPR) and the National Highway Traffic Safety Administration (NHTSA) to address our country's emergency medical services (EMS) readiness and workforce shortage.

When our constituents call 911 to report a crisis - whether it is a car crash, shooting, stroke, mental health episode, heart attack, or drug overdose, EMS practitioners are often the first on the scene to treat and transport the patient to the hospital. In conjunction with physician oversight, these professionals are specially trained to assess patient needs and navigate patients to the proper care in the right place at the right time. In addition, EMS is a critical element within our nation's disaster and mass casualty response infrastructure - responding to bombings, active shooters, and natural disasters.

After years of chronic underfunding, the COVID-19 pandemic placed enormous burdens on Emergency Medical Technicians (EMTs), paramedics, and dual-role firefighters/EMTs as they struggled to respond to an unprecedented surge in calls. According to the Bureau of Labor Statistics¹, fatality rates among paramedics and EMTs were highest across all healthcare workers at approximately 14 deaths per 100,000 workers during the height of the COVID pandemic. Low pay, increased incidents of violence against first responders, burnout, and the lack of access to mental health counseling have resulted in EMS personnel leaving at record levels. According to a report from the American Ambulance Association², the turnover rate for full time paramedics and full time EMTs working at either a non-profit or for-profit EMS agency was 27% and 36%, respectively. Among the reasons cited were low pay, increased violence against first responders, burnout, and the lack of access to mental health counseling.

Across the country, EMS leaders and professionals in rural, suburban, and urban areas are now sounding the alarm about how dire the situation has become. In cooperation with the American Ambulance Association, the Academy of International Mobile Healthcare Integration has created a running compilation of local and national news stories related to EMS delivery. Between January 2021 and March 15, 2023, more than 1,800 news reports were chronicled, with more

¹ 2020 United States Bureau of Labor Statistics, Occupational Handbook

² Moore, Scott. "4th Annual Study Shows Worsening EMS Turnover." American Ambulance Association, 17 Oct. 2022, [ambulance.org/2022/10/17/4th-annual-study-shows-worsening-ems-turnover/](https://www.ambulance.org/2022/10/17/4th-annual-study-shows-worsening-ems-turnover/).

than 75% of those stories describing the staffing and funding crises that EMS agencies are experiencing³.

In a recent study⁴, the Health Resources and Services Administration (HRSA) reported that an additional 40,000 more full-time emergency medical personnel would be needed by 2030. These staffing shortages combined with a lack of supplies and an inconsistent funding and reimbursement system are forcing EMS agencies to make difficult decisions including whether to reduce or cease operations. As more agencies shut down, remaining agencies are required to cover larger areas, leaving families without immediate assistance in their greatest moment of need when timing can mean life or death. Despite this urgency, only 13 states classify EMS alone as an essential service, meaning that local governments are not required to provide these services on their own, as opposed to firefighters and police. This leaves unaffiliated EMS agencies unable to access significant amounts of available federal and state grant programs.

While state legislatures and Congress debate various proposals to address the financial and workforce challenges facing our EMS agencies, recommendations from the federal government would provide stakeholders with direction. We therefore request the following report language be included in the FY25 Labor-HHS-Education appropriations bill:

“The Committee is keenly aware of the significant challenges the emergency medical services (EMS) community faces due to years of underfunding, a chronic workforce shortage, increased demand for services, and the need for new facilities and equipment. Many communities are facing crisis-level shortages of EMS personnel and have been negatively impacted by agency closures, thus threatening their ability to provide crucial emergency healthcare services. Across the federal government, there are a host of resources available to assist public, private and non-profit EMS agencies. Within 90 days of enactment, the Committee requests ASPR, in consultation with NHTSA, provide an overview of its resources available to address EMS readiness and its workforce shortage; any actions taken to address EMS readiness and the workforce shortage; and recommendations to Congress on what additional resources and authorities are necessary to support EMS and community access to emergency healthcare services.”

We appreciate your attention to this matter.

Sincerely,

³ Zavadsky, Matt. "National EMS Media Tracker." Academy of International Mobile Healthcare Integration, 15 Mar. 2024, aimhi.mobi/news.

⁴ "Allied Health Workforce Projections, 2016-2030: Emergency Medical Technicians and Paramedics." Health Resources and Services Administration Bureau of Health Workforce, bhw.hrsa.gov/sites/default/files/bureau-healthworkforce/data-research/emergency-medical-technicians-paramedics-2016-2030.pdf.

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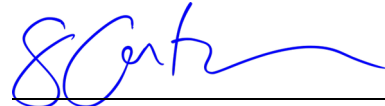
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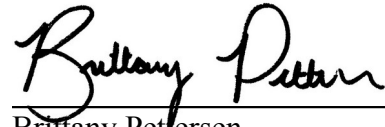
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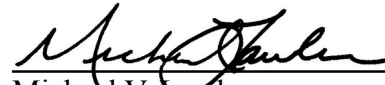
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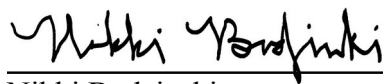
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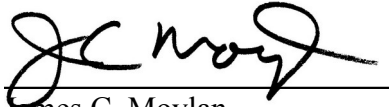
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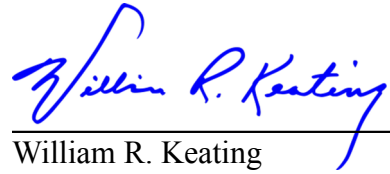
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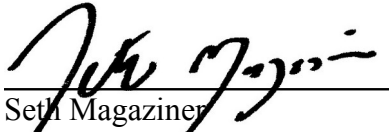
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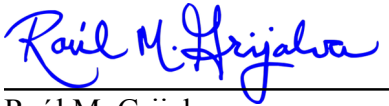
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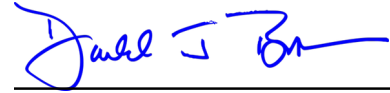
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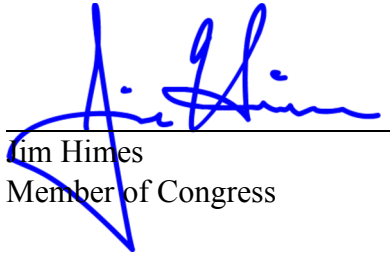
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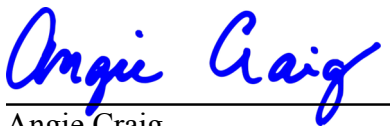
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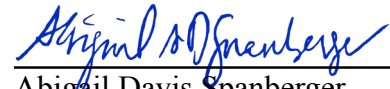
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