NAEMT
Advancing the EMS profession

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March 11, 2022

Office of the Assistant Secretary for Preparedness and Response
U.S. Department of Health and Human Services
200 C St SW, Washington, DC 20002

**RE: Comment on the ASPR National Health Security Strategy (NHSS) for 2023-2026**

To Whom This May Concern:

The National Association of Emergency Medical Technicians (NAEMT) greatly appreciates the opportunity to comment on the ASPR National Health Security Strategy (NHSS) for 2023-2026. Formed in 1975 and more than 72,000 members strong, NAEMT represents the professional interests of all emergency and mobile healthcare practitioners, including emergency medical technicians, advanced emergency medical technicians, emergency medical responders, paramedics, advanced practice paramedics, critical care paramedics, flight paramedics, community paramedics, and mobile integrated healthcare practitioners.

EMS is an integral component of our nation's capacity to respond to pandemics and medical crises, including outbreaks of diseases, bombings, mass shootings, and natural disasters. EMS responds to nearly 28.5 million 9-1-1 calls each year. The National Academies of Science, Engineering and Medicine (NASEM) has noted that EMS is one of five pillars of medical surge response that are critical elements of a disaster system and recommends that EMS 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.

Please accept the following responses to the questions posed in the ASPR Request for Comment published in the Federal Register regarding threats and challenges to national health security, and promising practices to address the same.

**What are the most critical national health security threats and public health and medical preparedness, response, and recovery challenges that warrant increased attention over the next five years?**

- EMS is still missing from nearly every national strategic plan to address emergency medical disasters and public health crises. Despite repeated calls for EMS inclusion from national EMS organizations and federally funded research institutions, no action has been taken to include EMS in national health security planning.

- EMS is at the intersection of public health, healthcare and public safety. EMS has been reaching out to public health and healthcare stakeholders for over a decade to try to build relations. While some progress has been made at the state and local levels, national level inclusion and integration remains weak. EMS is still viewed as a transport only capability, not a primary provider of out-of-hospital medical care.

- The additional burdens placed on EMS systems and personnel during the current public health emergency (PHE) have highlighted the lack of federal investment and resources devoted to support our nation's EMS system. EMS agencies do not benefit from the same funds as other healthcare providers. The result has been decades of inadequate investment of resources for EMS, and a system that has been stretched to the absolute limit. Across the country, in large urban areas as well as small rural communities, Paramedics and Emergency Medical Technicians (EMTs) have been serving on the frontlines of our nation's war against the COVID-19 pandemic. While the lack of federal investment in our nation's EMS system has always been a challenge, the pandemic has exacerbated the challenge so much so that many EMS systems in our country are at the breaking point. Most communities are facing crisis-level shortages of EMS personnel and many communities have been impacted by agency closures. In addition to the ongoing public health emergency, EMS agencies face ever-greater responsibilities – preparing for disasters and bioterror threats, supporting the needs of an aging population, and serving on the frontlines of the opioid crisis—that have only made the problem worse.

  The challenges of rural EMS agencies are even greater. Prior to the current pandemic, rural EMS faced challenges in delivering quality emergency medical care and service coordination due to a number of factors, including recent declines in primary care and hospital service availability, greater distances between healthcare facilities, and low reimbursement rates.

- Currently, our nation's EMS system is facing a crippling crisis-level workforce shortage. Insufficient reimbursement for EMS care and lack of federal investment in EMS has been a long-term problem building for more than a decade but made significantly worse by the pandemic. It threatens to undermine our emergency 9-1-1 infrastructure. In 2021, the most sweeping survey of its kind—involving nearly 20,000 employees working at 258 EMS organizations—found that overall turnover among Paramedics and EMTs ranges from 20-30% percent annually. With percentages that high, EMS agencies face a 100% turnover over a four-year period. EMS personnel are now leaving the profession faster than they can be replaced, compromising our ability to respond to healthcare emergencies, especially in rural and underserved parts of the country.

- EMS lacked personal protective equipment (PPE) at the beginning of the PHE, and difficulties accessing PPE due to supply chain issues and cost continue. EMS practitioners face the same hazards as other healthcare providers, but EMS faces those hazards in unique environments. As out-of-hospital medical practitioners, EMS personnel require PPE that effectively mitigates the risks of the different hazards. We also require PPE that can withstand inherently dangerous environments. The ability for PPE to be quickly deployed is a critical requirement for EMS. Manufacturers must have the capability to customize and produce PPE rapidly during surges and periods of extended demand. Rapid deployment solutions are critical to this distribution process. Moreover, innovation, improvement, and overall availability of PPE is obviated when the material remains on ships or in warehouses due to a disruption in the supply chain. Additionally, there should be a simple and efficient process to report PPE needs and users should have a state and local feedback mechanism to ensure that critical needs are communicated and triaged appropriately.

**What medium-term and long-term (i.e., over next five years) actions should be taken to mitigate these challenges at the federal government and/or state, local, tribal, and territorial level?**

- Federal investment to sustain and strengthen the EMS workforce. A sustained funding stream for workforce development is critical to ensuring that EMS is able to provide life-saving care to all in need.

- Specific language in federal grant guidance to state and local government to ensure that EMS receives appropriate funding to support readiness, response and recovery to disasters and public health emergencies.

- ASPR develop and support a national preparedness strategy that fully incorporates EMS as a primary provider and pillar of medical preparedness and response.

- ASPR serve as the federal lead on championing relations between EMS, public health and healthcare. ASPR should ensure EMS representation in all task forces, advisory councils and federal committees addressing medical disaster and public health crises, preparedness, and response and mitigation.

- ASPR work in conjunction with FEMA and EMS stakeholders to develop an EMS Preparedness Agenda that addresses all medical disaster preparedness and response training requirements.

- ASPR ensure that required EMS PPE is purchased and stored in the national stockpile for future medical disasters and public health emergencies, and that EMS systems can readily access it when needed.

- EMS patient data should be integrated into the national healthcare database to support evidence-based national strategies and plans for medical disasters and public health emergencies. Data collected from EMS patients is rich in bio-surveillance data points and can be a valuable source for national disease detection.

**What public health and medical preparedness, response, and recovery opportunities or promising practices should be capitalized on over the next five years?**

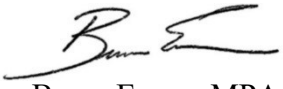
- EMS is a vital component of healthcare, public health and public safety. EMS responds to 42.6M calls for medical assistance. Yet few understand exactly what medical services EMS provides, how EMS fits into the wider healthcare system, or how EMS is staffed, funded and delivered. More than just transport, providing patient care and navigation, EMS is the Swiss Army Knife of the healthcare system. It is a force-multiplier that builds capacity during medical disasters and public health emergencies. EMS also serve as an invaluable source of support to the public and an effective resource for building strong community resilience.

- EMS has been utilized as an asset in responding to and treating COVID-19 patients and the administration of monoclonal antibodies and vaccinations but has not been utilized strategically and to its full potential during COVID-19. Decision makers at the state and national level during these events do not perceive EMS as a primary preparedness and response resource. There is a lack of knowledge around the full capacity and capability of EMS.

- During the public health emergency, CMS has created a series of waivers that allow EMS agencies to be reimbursed for services they have traditionally provided with no reimbursement. Some of these waivers were made at the directive of Congress, such as treatment-in-place, in which Congress (through the American Rescue Plan Act of 2021), provided HHS with the authority to issue an emergency waiver of the requirements for ground ambulance providers and suppliers to allow reimbursement for the healthcare services provided when a community-wide EMS protocol prohibiting transport is in place. Outside of these waivers, the Medicare program does not reimburse EMS agencies for these healthcare services when the patient is not transported to a hospital. Reimbursement for EMS treatment-in-place, telehealth facilitation, transport to alternate destinations and utilization of mobile healthcare paramedics permanent should be made permanent to ensure that EMS can seamlessly provide these services during future medical disasters and public health emergencies.

If you have any questions or would like to further discuss our comments, please do not hesitate to contact me at naemt_president@naemt.org.

Respectfully,



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