Senate Committee on Health, Education, Labor & Pensions
Subcommittee on Employment and Workplace Safety

Hearing on Recruiting, Revitalizing & Diversifying:
Examining the Health Care Workforce Shortage

Statement of
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Chairman Hickenlooper, Ranking Member Braun, and members of the Subcommittee, on behalf of the National Association of Emergency Medical Technicians (NAEMT), thank you for holding this timely hearing on healthcare workforce shortage issues.

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.

Emergency medical services (EMS) is an integral component of our nation's response capacity to pandemics and medical crises, including outbreaks of diseases, bombings, mass shootings, and natural disasters. EMS consists of a diverse group of health care practitioners, including Paramedics, Emergency Medical Technicians (EMTs), and dual role Firefighter-Paramedics and Firefighter-EMTs. These professionals respond to nearly 28.5 million 9-1-1 calls each year.

Paramedics and EMTs, as well as the organizations that they serve, take on substantial risk every day to treat and transport patients.

Currently, our nation's EMS system is facing a crippling workforce shortage, a long-term problem that has been building for more than a decade, but made significantly worse by the pandemic. Most communities are facing crisis-level shortages of EMS personnel and many communities have been impacted by agency closures. This workforce shortage is undermining our emergency 9-1-1 infrastructure and deserves Congress's urgent attention.

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 to 30 percent annually. With percentages that high, many EMS agencies face 100% turnover over a four-year period. In addition, with COVID-19 halting clinical and in-person training for a long period of time, our pipeline for staff is stretched even more.

Problems with recruitment and retention in EMS have been building for years. Chief among those problems is low wages relative to other health professions, challenging hours and working conditions, and too few opportunities for career advancement. In fact, in order to make ends meet, EMS practitioners often work for multiple agencies or at more than one job. The wage issue has been further compounded by rapidly increasing wages for non-skilled, entry-level positions outside of EMS. EMS agencies are constrained in being able to offer higher wages because the reimbursement rates set by insurance providers, Medicare and Medicaid are too low and, in many cases, below costs. As well, there are still millions of Americans without any health insurance. We must have a reimbursement system that matches payments with the costs of providing services and allows us to increase wages as competition for personnel intensifies.

EMS's unique and critical position in our nation's healthcare and emergency response systems is not reflected in federal funding. 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. We urge the Congress to ensure that EMS is recognized in our nation's emergency healthcare infrastructure and receives adequate funding to serve effectively. In addition, many communities utilize the services of private EMS organizations. These organizations are most often ineligible for any existing federal training programs and other forms of assistance that may be

available. We believe that all EMS providers, regardless of organizational form, should have access to the full range of federal and state training and retention resources that are available.

The following potential Congressional actions would help mitigate the current workforce shortage by expanding and strengthening the EMS workforce:

- **HRSA funding for EMS training.** Although Provider Relief Funds are essential and helpful in addressing the challenges of the pandemic, we desperately need direct funding for Paramedic and EMT training, recruitment, and advancement. Congress should provide specific direction and funds to the Health Resources and Services Administration (HRSA) to help solve this workforce crisis. Funds can be used to pay for critical training and professional development programs including
    - public-private partnerships between community colleges and other EMS training centers, and EMS organizations to offer "school to work" opportunities; and
    - apprenticeship programs to provide recruits with on-the-job training, as well as classroom learning, and have them earn a paycheck while they learn new skills and gain the credentials that will equip them to work as an EMT or Paramedic.
- **Support reauthorization the Rural EMS Equipment and Training Assistance (REMSTEA) grant program**. Rural EMS agencies and fire departments often lack the resources to pay for even basic operational needs. To help address this challenge, in 2018, the Supporting and Improving Rural EMS Needs (SIREN) Act authorized – for five years – the Rural EMS Equipment and Training Assistance (REMSTEA) grant program. REMSTEA grants are available to public and non-profit EMS agencies and fire departments in rural areas to support the recruitment, retention, education, and equipment for EMS personnel. Prior to the COVID-19 pandemic, rural EMS faced challenges in delivering quality emergency medical care and service coordination due to a number of factors, including hospital closures, resulting in greater distances between healthcare facilities, and low reimbursement rates. The public health emergency has overwhelmed many rural agencies. These agencies are further tasked with increasing responsibilities – preparing for disasters and bioterror threats, supporting the needs of an aging population, and serving on the frontlines of the opioid crisis. The five-year authorization expires at the end of 2023, but REMSTEA grants are needed more than ever.

- **Pass S. 2971, the EMS Counts Act of 2021**. 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 personnel are a diverse group of healthcare practitioners, including not only Paramedics and EMTs, but also dual role Firefighter-Paramedics and Firefighter-EMTs. These professionals respond to nearly 28.5 million 9-1-1 calls each year. The Bureau of Labor Statistics (BLS) collects labor data according to the Department of Labor's Standard Occupational Classification (SOC) system and releases a monthly jobs report, which includes job creation and loss information. Unfortunately, the current SOC system does not accurately classify firefighters who are cross-trained as a Paramedic or EMT. Given the fact that at least 62% of all fire departments provide EMS, this failure to recognize cross-trained fire and EMS personnel leads to a significant and chronic undercount of EMS personnel. The EMS Counts Act would require that the SOC system be revised, dividing the general occupational category of "Firefighter" into four sub-categories: (1) Firefighters. (2) Firefighter/EMTs. (3) Firefighter/Paramedics. (4) Firefighters, All Other. This revision will help address the chronic undercounting of EMS personnel by allowing firefighters to identify themselves as cross-trained EMS practitioners. An accurate count will enable the U.S. to track gaps in emergency medical services and effectively plan to meet the emergency healthcare needs of communities, including planning for daily needs and major disasters and public health emergencies. This legislation is supported by all national EMS and fire organizations.

- **Make reimbursement for EMS treatment-in-place, telehealth facilitation, transport to alternate destinations and utilization of mobile healthcare paramedics permanent.** 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. Some EMS agencies have seen 30-40% of their emergency call volume shift to these treatment-in-place responses. Without reimbursement, the provision of this care is not sustainable.

Communities risk losing the EMS care they have relied upon to help reduce hospital surge and decrease the infection rate.

In practice, EMS agencies have provided many of these services to their patients for decades without reimbursement. Examples include ambulance crews stabilizing a diabetic patient by administering glucose; or stabilizing a patient having an asthma attack by administering a breathing treatment; or community paramedics reducing hospital readmissions and supporting the healthcare of chronically ill patients with limited access to other healthcare providers. In these types of scenarios, it is often clinically appropriate for the patient to seek follow-up care through their regular physician without the need to be transported by ambulance to an emergency department. Care provided to Medicare beneficiaries by EMS agencies should be reimbursed, regardless of whether the patient is transported to a hospital.

Conclusion

Thank you for your time and attention to the critical healthcare workforce shortages facing our nation today. The crisis is real. I recognize that this Committee does not have jurisdiction over every program and recommendation we have shared, but we felt it is important to give a more complete picture of what will be required to address this crisis. We stand ready to work with Subcommittee Members and staff to develop workable solutions to strengthen the EMS workforce.