



## **NAEMT Position Statement**

### **Federal Priority Funding for EMS Response to Large Scale Incidents**

#### **Position Statement:**

The NAEMT believes the federal government has an established responsibility to directly fund Emergency Medical Services (EMS) to be prepared for any potential disasters, large scale incidents, and public health crises. Preparedness funding ensures that EMS systems can adequately respond to mass casualty incidents, reducing overall mortality and morbidity.

#### **Background:**

EMS systems are a crucial component of our national infrastructure, providing lifesaving services and also enhancing the nation's health, safety, and security. An estimated 19,520 agencies exist nationwide employ over 800 thousand career and volunteer EMTs and Paramedics, responding 42.6 million times annually, executing 30.9 million total transports, utilizing the over 87 thousand EMS ground vehicles and aircraft. [3] The volume of 9-1-1 medical calls is increasing year over year in addition to an expanding number of large-scale disasters of which EMS is required and expected to respond with little to no federal preparedness funding to sustain. [5]

EMS functions at the intersection of healthcare, public health, emergency management, and public safety. EMS operates on the front lines, providing timely responses to all types of disaster and crises. Although EMS personnel are among the first to respond in the event of a disaster, they are an underfunded component of community response teams. Most EMS personnel have received little or no disaster response training for terrorist attacks, natural disasters or other public health emergencies. Little funding has been dedicated to procuring and maintaining vehicles and equipment needed to be ready for a disaster response. Despite significant federal funding devoted to homeland security, only a tiny proportion of those funds has been directed to medical response. Furthermore, EMS representation in disaster planning at the federal level has been highly limited. [1]

EMS is an essential, and expected service in communities across the nation, yet a lack of preparedness funding undermines its ability to sustain the necessary readiness of staff and resources in order to respond effectively. As an emergency service that engages with the patient first, providing care outside of the hospital, EMS is an entry way and navigation point of patients directly into the healthcare system and between facilities. Funding insufficiencies lead to disparities not only in service capability but also impacts the overall effectiveness of the healthcare system and community health outcomes during a community's most emergent and urgent circumstances. EMS also serves as the sole source of interfacility transportation, critical to the functionality of a health care system when coping with a disaster-related surge in patient volume.

EMS agencies must be prepared to respond to a large-scale incident while simultaneously maintaining their day-to-day life-saving capacity. Total EMS expenses include the direct costs of each emergency response, as well as the preparedness costs associated with maintaining the capabilities to respond, 24 hours a day, 7 days a week to any incident. CMS released the first report on the Medicare Ground Ambulance Data Collection System (GADCS) published by Rand. It revealed on average, Medicare reimburses EMS agencies \$2,344 less than their cost of providing ambulance service to a Medicare beneficiary. [2] Medicare and Medicaid reimbursement, the only federal direct funding source for EMS, is tied to patients being transported to a hospital. A 2023 survey of state Medicaid reimbursement rates conducted by the American Ambulance Association reveals that the average Medicaid base-rate reimbursement for an emergency advanced life support (ALSE) response is \$232.72, 9.9% of the average cost of service and 43.7% below the Medicare Fee Schedule. There is no accepted definition by Medicare for readiness cost or a current methodology for calculating this cost. [4]. In 2007, the Institute of Medicine (IOM), now the National Academy of Medicine (NAM), recognized EMS as a critical pillar of preparedness and response in disaster situations, playing a vital role in providing immediate medical care during large-scale emergencies, making it a crucial component of any comprehensive disaster response plan. They also recommended for the Centers for Medicare and Medicaid Services (CMS) to convene an ad hoc working group with expertise in emergency care, trauma, and emergency medical service systems to evaluate the reimbursement of emergency medical services and make recommendations on including readiness costs. [1] To date, the IOM's recommendations have not been acted upon.

The Department of Health and Human Services (DHHS) Administration of Strategic Preparedness and Response (ASPR) Office of Health Care Readiness (OHCR) Hospital Preparedness Program (HPP) is a primary source of federal funding for healthcare preparedness and response but does not directly fund EMS preparedness. The Federal Emergency Management Administration (FEMA) disseminates almost \$2 billion in preparedness grants annually of which there is no evidence or data on the percentage of EMS as a recipient. The U.S. Government Accountability Office (GAO) reported EMS is a recipient of at least 3.5% of the total FEMA firefighter grant funding. However, nonaffiliated EMS organizations can only receive up to 2% of the appropriation. In 2023, FEMA's Assistance to Firefighter Grant (AFG) totaled \$324 million. [6]

## References

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