

2023 EMS on the Hill Day Talking Points

Please Save the EMS Workforce

Insufficient reimbursement for EMS care and lack of federal investment in EMS are long-term problems that have been building for decades. The additional burdens placed on EMS systems and personnel during the pandemic made a serious problem even worse, pushing many EMS systems in our country to the breaking point. Most communities are facing crisis-level shortages of EMS personnel, and many have seen EMS agencies close altogether, removing a critical lifeline from these communities. The shortage of EMS personnel threatens to undermine our emergency 9-1-1 response infrastructure.

Action must be taken and we ask Congress to:

- Expand the Hospital Preparedness Program, authorized by the Pandemic and All Hazards Preparedness Act (PAHPA), to include \$50 million to fund an EMS Preparedness and Response Workforce Shortage Program. Funds from this grant program would support recruitment, retention, and training of EMS personnel including tuition and associated expenses for paramedic and EMT training courses; expenses for required continuing education courses; and costs related to licensure and certification.
- Make EMS eligible for federal grants offered through the Department of Labor and other agencies for apprenticeship programs. Apprenticeship programs have historically been used to spur workforce development or expansion in sectors of the economy that need workers. EMS agencies and fire departments struggling to recruit and retain EMS personnel would benefit from access to federal grants to support apprenticeship programs for Paramedics and EMTs. Currently there are no federal grant programs to support EMS apprenticeships.
- Support passage of the EMS Counts Act of 2023 which will be introduced with bipartisan support by Senator Robert Casey (D-PA) and Representative Susan Wild (D-PA). This legislation would require the Secretary of Labor to revise the Standard Occupational Classification System to accurately count the number of EMTs and paramedics who are also firefighters. Currently, Firefighter-EMTs and Firefighter-Paramedics are NOT counted as part of the EMS workforce.
- Hold congressional hearings on the EMS workforce crisis and the causes for the exodus of the EMS workforce from the profession.

Please contact NAEMT's Government Relations Director, Kim Champi Krenik at 202.365.8342 or Kim.Krenik@naemt.org on specific ways you can help address the EMS workforce shortage. To co-sponsor the EMS Counts Act, please contact Rory Daly in Senator Casey's office at rory_daly@casey.senate.gov or Yann Schinazi in Representative Wild's office at yann.schinazi@mail.house.gov.

Fund and Reauthorize the Supporting and Improving Rural EMS Needs (SIREN) Law

The SIREN Act created a grant program for public and non-profit EMS agencies and fire departments in rural areas to support the recruitment, retention, education, and equipping of EMS personnel. Rural EMS agencies and fire departments often lack the resources to pay for even basic operational needs, and this program is aimed at helping meet some of those needs.

The grants are administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) within HHS. In FY 2020 and 2021, the agency awarded grants ranging from \$92,000 to \$200,000 to 27 EMS agencies in multiple states for recruitment and training purposes. In FY 2022, a total of 41 grants were funded. In March 2023, SAMHSA announced plans to make 52 awards to rural EMS applicants.

In addition, the current 5-year authorization for the SIREN program ends September 30, 2023. Senator Dick Durbin (D-IL) and Senator Susan Collins (R-ME) have introduced S. 265, the SIREN Reauthorization Act, to extend the program for another five years (2024-2028).

Please ask your lawmakers in the Senate and House to share their support with the Senate and House Appropriations Committees to fund SIREN Act grants at \$20 million for FY2024 to provide much needed resources to already strained rural EMS agencies working to provide life-saving medical care. Please ask your Senators to support S. 265, to re-authorize the SIREN program for another five years. To learn more about S.265 or to co-sponsor, please contact Max

Kanner in Senator Durbin's office at Max_Kanner@durbin.senate.gov or Maria Olson in Senator Collins' office at Maria_Olson@collins.senate.gov.

Support H.R. 1666, Protecting Access to Ground Ambulance Medical Services Act of 2023

Sponsored by Representatives Brad Wenstrup (R-OH), and Terri Sewell (D-AL), this legislation would extend the current temporary increases under the Medicare ambulance fee schedule of 2% urban, 3% rural and 22.6% super rural for another three years, through December 31, 2027. Without the extension of these ground ambulance add-ons, many ambulance service organizations will not be able to continue serving their communities.

Congress originally extended the current Medicare add-on payments through December 31, 2022, when the review of the Medicare cost data collection survey and subsequent MedPAC analysis was expected to be complete. However, the Centers for Medicare & Medicaid Services (CMS) delayed the first two rounds of data collection because of the pandemic. As part of the FY2023 Omnibus Appropriations Bill, Congress extended the add-on payments until December 31, 2024. We ask for an additional three years to allow the cost collection data to be collected and analyzed so that a long-term solution to the chronic underfunding of the ambulance fee schedule can be adopted.

Years of below-cost Medicare reimbursement have hampered efforts by ambulance services to hire new staff, update equipment, and continue to provide life-saving services in their communities. Ambulance services have closed or been forced to lengthen response times because of the stresses on their systems. Congress must extend and even increase the percentages of this additional payments in order to help preserve access to critical 9-1-1 emergency and urgent interfacility ground ambulance services.

To learn more about H.R. 1666 or to cosponsor the bill, please contact Kelsi Wilson with Representative Wenstrup's office at kelsi.wilson@mail.house.gov or Cameryn Blackmore with Representative Sewell's office at cameryn.blackmore@mail.house.gov. To learn more about the draft legislation in the Senate, please contact Christina McCauley with Senator Cortez Masto's office at christina_mccauley@cortezmasto.senate.gov or Maria Olson with Senator Collins' office at maria_olson@collins.senate.gov.

Reimburse EMS for Treatment in Place (TIP) and Transport to Alternate Destination (TAD)

Under the COVID-19 Public Health Emergency (PHE), CMS authorized waivers that allowed EMS agencies to be reimbursed for caring for patients in their homes in lieu of transport and transporting patients to alternate destinations for care. These waivers will expire when the PHE ends on May 11, 2023.

These reimbursement policies gave EMS the flexibility to navigate patients to the right care, at the right time, and in the right setting. These waivers were granted in 2021, well into the pandemic. At that time, healthcare provider partners had limited resources and capacity to collaborate with EMS. Additionally, the waivers contained other conditions that limited extensive implementation. However, those EMS agencies that were able to use the waivers demonstrated effectiveness in helping hospitals to increase their surge capacity by having low acuity patients treated at home or transported to alternate healthcare facilities.

Reimbursing EMS agencies for TIP and TAD will:

- Shorten task times for EMS agencies struggling with workforce shortages and help decompress busy hospitals, which often have challenges with transitioning care from the EMS agency to the hospital emergency department. Currently, many hospitals hold EMS personnel for hours waiting for an available bed in the emergency department, which limits EMS resources available to the community.
- Support patient-centric care by facilitating referral of care to the patient's own caregivers, who know the patient and their medical history, as opposed to an emergency department staff who typically do not know much about the patient.
- Save both hospital and EMS resources, both of which are in short supply.

Please ask your Senators and House Representative to support introduction and passage of legislation to reimburse ambulance services for patient "Treatment in Place" (TIP) and "Transport to Alternate Destinations" (TAD). Please contact NAEMT's Director of Government Relations, Kim Champi Krenik at 202.365.8342 or Kim.Krenik@naemt.org on specific ways you can assist with this legislative initiative.