



Advocates for EMS June Report

June proved to be a busy month on Capitol Hill as the appropriations process started moving and the Senate Health, Education, Labor and Pensions Committee began working its way through marking up their version of health reform legislation, the Affordable Health Choices Act. At the Advocates Board planning meeting in January, the Board identified the Improving Emergency Care and Response Act (S. 1873 and H.R. 3173 from the 110th Congress) as a priority.

Advocates, in conjunction with the American College of Surgeons, American Association of Neurological Surgeons, American Association of Orthopedic Surgeons, American College of Emergency Physicians, and National Association of Trauma Centers to have emergency care regionalization pilot projects included in the health care reform bill that was developed by the Senate Health, Education, Labor and Pensions Committee Democrats. These groups have been working tirelessly over the last two months with Senator Patty Murray (WA) and Senator Jack Reed's (RI) offices to incorporate language that is in the Improving Emergency Care and Response Act and would renew the Trauma Systems Planning and Development Act. A similar proposal for emergency care regionalization has been included in the President's FY 2010 Budget.

The emergency care regionalization pilot projects would support 4 multi-year grants to support pilot projects aimed at designing, implementing, and evaluating a regionalized, accountable emergency care system. Within a defined region, these systems would be designed to coordinate public health, safety, and emergency services, facilitate access to the emergency medical system (e.g., 9-1-1 Public Safety Answering Points), establish a mechanism for ensuring a patient is directed to the proper medical facility, track hospital resources in real time (e.g., bed capacity/ambulance diversion) and coordinate standardized data management, for pre-hospital, hospital, and inter-facility transport. Grant applicants must assure certain criteria are met for the proposed system such as compatibility with applicable State EMS systems, establishment of a designation system for special medical facilities, and inclusion of a patient tracking system. A report will follow the completion of each demonstration program to identify: the impact of the regional, accountable emergency care system; factors contributing to the effectiveness of the system; strategies to ensure long-term financial sustainability; policy and legislative requirement for system maintenance; and identified barriers and proposed solutions to those barriers. In addition, the language improves emergency care research and research coordination at the federal level.

In addition, the measure gives the Secretary of Health and Human Services the authority to provide support and a separate funding stream for federal programs administered by the National Institutes of Health, the Agency for Healthcare Research and Quality, the Health Resources and

Services Administration, the Centers for Disease Control and Prevention, and other agencies involved in improving the emergency care system to expand and accelerate research in emergency medical care systems and emergency medicine, including:

- the basic science of emergency medicine;
- the model of service delivery and the components of such models that contribute to enhanced patient health outcomes;
- the translation of basic scientific research into improved practice; and
- the development of timely and efficient delivery of health services.

The measure renews the Trauma Care Center Grant Program help to stabilize existing trauma centers, particularly those with the highest levels of indigent care. The program provides new and flexible funding to tackle the unique challenges impeding access to trauma care such as addressing trauma center overcrowding and trauma center on-call pay for trauma physicians in shortage areas.

The Senate HELP Committee has been marking up its version of the bill over the last two weeks and then broke for the 4th of July week long recess. They will complete mark up the week of July 6th. The Senate Finance Committee, which has jurisdiction over all domestic mandatory spending programs, such as Medicare and Medicaid, is anticipating taking up their health reform bill the week of July 13th. The Senate HELP Committee and Finance Committee bills will then be combined and considered before the Senate floor the last two weeks of July.

The House Energy and Commerce, Ways and Means and Education and Labor Committee will introduce the same version of health reform legislation shortly after the 4th of July recess and it is anticipated that they will mark up their bill during the week of July 13th as well. Advocates and the groups listed above have been working to have similar language that was included in the Senate HELP Committee version of the bill into the House Energy and Commerce version of health care reform. The bills, as amended in their respective Committees, will then be combined in the House Rules Committee and considered before the House floor the last week of July.

In addition, the House and Senate Homeland Security Appropriations Subcommittees marked up their versions of the FY 2010 Homeland Security Appropriations bills. The House passed its version of the bill on June 24th by a vote of 389-37. The following report language was included in the House report that accompanied its bill:

Emergency Medical Services

The Committee supports the Department's efforts to complete capability assessments for emergency medical services (EMS) providers. However, the Committee remains concerned that current funding levels for the EMS community for training and equipment for disaster preparedness may be insufficient to meet capability requirements. Of particular concern is that EMS providers do not have essential personal protection equipment, such as powered air purifying respirators. FEMA is directed, in conjunction with the Office of Health Affairs, to

report to the Committee regarding the current state of disaster preparedness capabilities of EMS providers. This report is due no later than six months after the enactment this Act and shall include an analysis of the gap between current grants guidance requiring States to include EMS providers in their Statewide Homeland Security Plans as well as their UASI grant programs. If a State provides no funding to EMS providers, the State should justify its lack of funding by demonstrating that related capabilities have been met or by identifying other pressing priorities.

Finally, on June 25th, Senator Patrick Leahy (D-VT), introduced the Dale Long Emergency Medical Services Provider Protection Act (S. 1353). This legislation would extend federal death benefits under the Public Safety Officer Benefit Program (PSOB) to those ground and air EMS personnel who are employed by a non-profit ambulance agency and die in the line of duty. The legislation is named after the paramedic with Bennington, VT Rescue Squad in Vermont and the 2009 AAA Star of Life who recently died in the line of duty.

As always, we will keep you posted on any developments as the health care reform debate, the appropriations process and other bills affecting EMS providers moves through the legislative process. .