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**The InterAgency Board (IAB)
Health, Medical, and Responder Safety (HMRS) SubGroup**

Position Statement in Support of a Single National EMS Administrative Body

The United States currently lacks a national single point of leadership and advocacy for the coordination and funding of Emergency Medical Services (EMS). Despite significant attention paid to emergency preparedness and response over the past decade, the role of EMS in supporting these efforts as an independent discipline have largely been ignored in guidance development and grant funding. The HMRS SubGroup of the IAB¹ supports the establishment of a lead federal entity that represents all EMS interests in one Executive Branch office. Historically, the responsibility for research, training, and operational standards for EMS has been divided among various federal agencies, most concentrated within NHTSA at DOT. Unfortunately, this “home” for EMS has lacked the authority needed to advance an agenda supportive of the wide array of needs of EMS responders across the nation. Creation of a single Federal home for EMS would help to address and coordinate EMS equipment standardization and emergency response interoperability in parallel with the IAB’s mission as it relates to protecting those involved in response to chemical, biological, radiological, nuclear and explosive (CBRNE) events as well as other human or environmental incidents.

EMS is an integral part of any effective and functional healthcare system according to the World Health Organization (Sasser, 2005). U.S. EMS providers respond to approximately 20 million calls for assistance annually (IOM, 2007). U.S. EMS is delivered by 670,000 certified or licensed local, state, federal, tribal and military personnel, working within volunteer, paid, or private services (NHTSA, 2008). Currently, each EMS service has their own characteristics, influenced by varying and sometimes conflicting local and state regulations, availability of trained personnel, funding, and delivery models, which has lead to variability and non-standardization in the delivery of pre-hospital care across this country.

The absence of a single, unified “home” for EMS at the Federal level contributes to inconsistent operational doctrine for EMS response to daily emergencies and large scale disaster events. Unlike representation that fire and police have through organizations such as the United States Fire Administration and the Office of Justice Programs, or associations, such as International Association of Fire Chiefs, the International Association of Fire Fighters, the International Association of Chiefs of Police and the National Sheriff’s Association, EMS agencies are provided limited visibility at the national level. As a result, there are difficulties in coordinating data collection across states, further limiting the availability of an evidence base used to guide funding decisions. Furthermore, the EMS community has limited ability to respond in a cohesive manner during times of a national disaster. Are they primarily an extension of ESF-8 services (health and medical response), or a component of emergency management and emergency services?

We believe the creation of a single national EMS administrative body enhances the provision of pre-hospital medical care by both public and private sector EMS services. The HMRS SubGroup has identified the following critical areas for improvement that a lead federal EMS entity would provide:

- a. **National Response Framework:** Clearly identify EMS's area of responsibility in planning for an interagency response during disasters and catastrophes. This must account for the dual function that EMS may be asked to support (health/medical and emergency management response).
- b. **Personnel Safety:** Provide coordination and advocate for the health and safety of EMS responders, increasing interoperability and standardization of equipment and other resources.
- c. **Funding & Legislation:** Legislation creating a lead EMS entity and appropriation of funding to support programs, grants, research, and operational doctrine.
- d. **Data Collection:** Serve as the national repository for EMS data.
- e. **Research:** Support and coordinate research; serve as a clearinghouse for best practice models and lessons learned.
- f. **National Standards:** EMS providers, responders and citizens would benefit from the creation of national operational guidelines and evidence-based pre-hospital medical standards of care and the training required to support such delivery of medical care.

Over the past several years, there has been consistent and increasing support for the development of a lead federal EMS entity. The ultimate goal is to improve the efficiency and effectiveness of our EMS system's ability to respond not only daily, but during disasters and to an extraordinary catastrophic event. Our nation's ability to respond to large scale events depends, in large part, upon our capability and capacity to provide the highest level of pre-hospital care to our communities and responders on a daily basis. An easily identifiable solution would be to create an entity at the federal level that provides national leadership to EMS. The HMRS SubGroup of the IAB strongly supports the creation of a lead federal EMS entity.

Works Cited

Institute of Medicine of the National Academies. (2007). *Future of Emergency Care: Emergency Medical Services at the Crossroads*. Washington, D.C.: The National Academies Press.

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Sasser S, V. M. (2005). *Prehospital trauma care systems*. Retrieved June 6, 2011, from World Health Organization Web site: <http://whqlibdoc.who.int/publications/2005/924159294x.pdf>

ⁱ The IAB is a voluntary collaborative panel of emergency preparedness and response practitioners from a wide array of professional disciplines that represent all levels of government and the voluntary sector. The IAB provides a structured forum for the exchange of ideas among organizations to improve national preparedness and promote interoperability and compatibility among response communities. Based on direct field experience, IAB members advocate for and assist the development and implementation of performance criteria, standards, test protocols, and technical, operating, and training requirements for all-hazards incident response equipment with a special emphasis on Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) issues. The IAB also reviews and comments on broader emergency preparedness and response policy, doctrine, and practices.