

The Supporting Our First Responders Act

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Our country's emergency medical services (EMS) system is facing a crisis that jeopardizes the health and safety of every man, woman, and child. The additional burdens placed on EMS systems and personnel during the pandemic exposed years of underfunding that is now creating a breaking point – at a time when 9-1-1 calls have increased in most jurisdictions.

Across the country, EMS response can vary depending on where you live. It consists of a diverse group of 400,000 healthcare practitioners, including hospital-based paramedics, Emergency Medical Technicians (EMTs), and dual role firefighter/EMTs across 21,000 locations. According to the Bureau of Labor Statistics, fatality rates among paramedics and EMTs were highest across all healthcare workers at approximately 14 deaths per 100,000 workers during the height of the COVID pandemic¹. Together, the pressures of the pandemic and ongoing opioid and mental health epidemics, combined with low pay and/or poor benefits, have contributed to an overall 30% turnover rate of full and part-time EMTs and paramedics across the country.

These staffing shortages, combined with skyrocketing costs to purchase equipment and fuel, are forcing EMS agencies to make difficult decisions including whether to reduce or even cease operations. As more agencies shut down, remaining agencies are required to cover larger areas, leaving families without immediate assistance in their greatest moment of need when timing can mean life or death.

Today, only 13 states classify EMS as an essential service. Because of this designation, local governments are not required to provide emergency medical services. Unlike firefighting and police, EMS agencies do not have wide access to federal and state funding.

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To address this crisis, the bipartisan *Supporting Our First Responders Act* would authorize **\$50 million per year for five years** to establish a grant program under the Department of Health and Human Services allowing public, private, and non-profit EMS agencies, along with State and local governments to apply for grants to:

- Hire, recruit, and retain trained medical personnel
- Support the well-being of EMS personnel
- Provide reimbursement for required trainings
- Constructing and modifying facilities to improve coverage and response time
- Upgrade and purchase new equipment, medication, and vehicles

This legislation would also provide **\$5 million per year** in technical assistance to assist EMS agencies with the grant application process. In addition, this legislation requires the Secretary of Health and Human Services to provide Congress with detailed reports on existing challenges and recommendations to problems facing the EMS community including:

- Detailing the disparities and inadequacies in providing federal and private reimbursement for EMS
- Detailing the challenges specific to rural EMS departments and nonaffiliated EMS departments
- Detailing the feasibility of establishing a lead Federal office to implement recommendations to improve advocacy and collect data for EMS personnel

Finally, this legislation would permanently extend the Emergency Triage, Treatment, and Travel (ET3) Model, first developed by the Center for Medicare and Medicaid Services (CMS) as a way to reimburse EMS agencies for their services that don't involve hospital transport. Permanently extending this practice, which was first waived at the beginning of the COVID-19 pandemic, would allow EMS agencies to be reimbursed for Treatment-In-Place (TIP) or alternative transport. CMS has reported that these extensions would save taxpayers more than \$560 million per year².

The *Supporting Our First Responders Act* will invest the necessary resources in these heroes so they're able to continue serving our communities.

¹ 2020 U.S. Bureau of Labor Statistics, Occupational Handbook.

² DOT and HHS release draft white paper on EMS innovation opportunities.