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EMS, FIRE RESCUE HAZMAT DISASTER MANAGEMENT

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# The Controversy Over EMS, Homeland Security and the Feds

*A Special Report by Lauren Simon Ostrow*

9/11 changed everything. Almost overnight, the federal government became interested in helping America's first responders prepare for another terrorist attack. In 2003, the feds established the Department of Homeland Security (DHS), which assumed control of the Federal Emergency Management Agency (FEMA), and with it, the US Fire Administration, the National Fire Academy, the Emergency Management Institute, the Metropolitan Medical Response System, the National Disaster Medical System, Community Emergency Response Teams and other similar programs.

Lawmakers put their money where their mouths were, too, and billions of dollars of new funding were directed to FEMA to help communities face the threat of terrorism. Congress also authorized direct grant funding of fire departments, which received $715 million in grants in FY 2005 alone.

Since fire departments became the lucky recipients of the federal government's largesse, EMS leaders have been scratching their heads and wondering, "Where's our share?" Despite recognition that EMS is an important player in the public safety triad, EMS has largely been left out of the homeland security boon, securing less than four percent of homeland security grants in 2002 and 2003.

Why did EMS fail to secure more homeland security funding? Some experts suggest that EMS has been and will continue to be overlooked because it does not have a lead federal office of equal stature to USFA to advocate on behalf of EMS. Some of those experts also assert that this federal EMS office should be located in DHS, where EMS can be recognized as an integral part of the nation's frontline in responding to terrorism.

Other EMS leaders disagree that EMS belongs exclusively in DHS. They claim that EMS would better served by a stronger Federal Interagency Committee on EMS (FICEMS), which coordinates the various federal programs that have an impact on EMS. Still others say that EMS will never be taken seriously in Washington until it can lobby Congress with a single national identity. Indeed, throughout its history, EMS has been factionalized based on the disparate interests of private providers, physicians, state directors and others. Even today, cooperation among EMS associations is new and untested, and the most concerted efforts at consensus are tenuous at best.

Despite the lack of consensus about the best strategy, everyone agrees that EMS must do a better job of being heard in the nation's capitol, especially when state and local funding grows increasingly inadequate to support both the public health and public safety missions of today's EMS agencies. This special report is intended to explore the federal government's role in EMS and the options for improving the stature of EMS in Washington.

## Who Funds EMS?

EMS does not have a lead federal office. Instead, it is currently represented by the EMS Division of the National Highway Traffic Safety Administration (NHTSA), an office in the Department of Transportation that reflects its roots in responding to highway trauma, as well as several program offices in the Department of Health and Human Services (HHS).

NHTSA's EMS Division operates with a $3.2 million budget and provides technical assistance to states and national organizations to enhance EMS system development and implement the *EMS Agenda for the Future*. NHTSA's research office also provides funding for activities such as the EMS research agenda and the EMS outcomes project. NHTSA provides some grants to states for highway traffic safety ($167 million in FY 2005), and sometimes, those grants are used for EMS improvements. NHTSA does not have a grant program to fund EMS agencies directly, although the President's FY 2006 budget includes a $10 million initiative to provide grants to state EMS offices.

The Health Resources Services Administration (HRSA) is an arm of

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HHS. HRSA programs that assist EMS include the Office of Rural Health Policy EMS Training and Equipment Assistance program, funded at $500,000 for FY 2005, and the Office of Rural Health Rural Access to Emergency Devices Grant Program, funded at $9 million for FY 2005. Both of these programs provide money directly to rural EMS agencies. HRSA's Office of Emergency Medical Services and Trauma System, funded at $3.5 million for FY 2005, also supports EMS through the development of state trauma systems. It does not offer direct grant support to EMS agencies.

The Maternal and Child Health Bureau EMS for Children (EMSC) Program, funded at $20 million for FY 2005, does fund some EMS programs directly, but these programs support pediatric care exclusively. EMSC also provides some funding each year to the NHTSA EMS Division to support broad EMS system development.

HRSA's other EMS offices -- including those for traumatic brain injury ($9.4 million), hospital bioterrorism preparedness ($495 million), rural outreach grants ($39.6 million), rural hospital flexibility grants ($39.5 million) and poison control ($23.7 million) -- and the Centers for Disease Control and Prevention block grants ($132 million) and injury prevention ($139 million) programs all contribute to the effectiveness of EMS systems, but individual EMS agencies do not see much of this money in a direct way.

Rather than offer significant grant funds for the operational needs of EMS systems and services, the federal government supports ambulance transport through reimbursement by Medicare and Medicaid, which make up a large percentage of calls in most EMS systems. Medicare spends a total of between $3 billion and $4 billion annually on ambulance transports, much more in total than DHS spends on fire service grants. The balance of EMS funding comes from private sources such as subscription programs and donations, insurance companies, taxes and state and local subsidies - the same funding sources upon which the fire service relied until 9/11.

### Homeland Security Money

The fire service seized upon the opportunity created by the Bush Administration to lobby for federal funds to support homeland security preparedness. Firefighters are America's first responders, the fire service asserted, and in order to adequately protect and serve our communities, fire departments need federal support. Homeland security created a huge bandwagon that the fire service jumped on and, since 9/11, has been riding with relative success.

EMS has not had the same success in Washington. In fact, in some communities, federal funding has actually declined under the Medicare Ambulance Fee Schedule implemented in 2002.

With its feet firmly planted in both public safety and healthcare, EMS has not become a major player in homeland security because, in fact, the overwhelming majority of what EMS providers do every day is not related to terrorism preparedness.

EMS has been and always will be about patient care and ambulance transport. Emergency physicians and nurses play a significant role in EMS. The fact that EMS is funded primarily by Medicare, regulated predominantly through state offices of health and that its federal oversight comes mainly from agencies in HHS suggests that EMS is associated as much, if not more, with healthcare than with public safety. The fact that most fire departments provide some sort of emergency medical care has not changed that.

What has changed is that the fire departments may now supplement their operating budgets with DHS grants to the tune of nearly a billion dollars a year. Until this year, EMS has not been afforded the same opportunity. In 2005, a small percentage of FIRE grant monies ($9.75 million) were, in fact, set aside for non-fire-department-based, non-profit, non-hospital-based EMS agencies.

### A Call for Change

What has changed since 9/11, in addition to the fact that homeland security has been a boon to fire departments, is that several think tanks and other groups have begun to scrutinize the EMS funding situation and have recommended changes in the way EMS is represented in the federal government.

The President's Advisory Panel to Assess Domestic Response Preparedness Capabilities for Terrorism Involving

## A Primer on How Government Works

No discussion of the federal government's role in EMS is complete without a quick review of how power is allocated between the executive and legislative branches of our federal government.

All of the federal offices that impact EMS -- whether they are in the Department of Transportation, Homeland Security or Health and Human Services - are part of the executive branch, under the authority of the President. The heads of the executive departments and many other top-level officials are appointed by the President, whereas most of the other people employed in these agencies are bureaucrats, whose careers often outlive their political counterparts.

Executive agencies make policy decisions, administer programs and allocate funds, but their budgets are controlled by the legislative branch, or Congress. Congressional legislation also establishes programs, such as the FIRE grant program and FICEMS, which are administered by the executive branch offices.

In order for any program to come to fruition, Congress must pass one bill authorizing it, and another one appropriating funds for the authorized program. Then the legislation must be signed by the President. Sometimes, a program can be authorized, but no funds are appropriated for it, thus making it essentially impotent. At other times, Congress may pass the necessary legislation to enact a program, but the President fails to sign the bill, and the program dies.

In addition to holding the purse strings in Washington, Congress also oversees executive branch programs. For example, legislation currently being considered on Capitol Hill would require the newly reconstituted FICEMS to submit an annual report of its activities and recommendations to Congress. Congressional oversight is designed to make executive branch programs more accountable.

Weapons of Mass Destruction, also known as the Gilmore Commission, in December 2003 recommended establishing a federal office of EMS. Project USEMSA continues to call for a single, federal Office of EMS.

In contrast, a report published this year by the New York University Center for Catastrophe Preparedness and Response called for Congress to enact legislation to strengthen FICEMS in order to more effectively coordinate federal EMS programs. Advocates for EMS, an EMS lobbying group representing many national EMS associations, also supports a stronger FICEMS, as well as a non-federal FICEMS advisory board.

In May, the George Washington University Homeland Security Policy Institute released a paper that advocated that the existing federal office of EMS in NHTSA be moved to DHS and become the lead federal EMS office. It argued that "EMS needs a seat at the table as first responder policy, funding and operations are debated a federal level."

Some members of the fire service, including those representing the International Association of Fire Chiefs and the International Association of Fire Fighters, are of the opinion that EMS should not have its own federal agency, but instead, should become part of USFA. More policy papers by conservative think tanks such as Rand and the Heritage Foundation, as well as the much-heralded Institute of Medicine report, are anticipated in the near future. It is unclear how the recommendations from these groups will further muddy or clarify what needs to be done.

## How the Options Stack Up

Currently, there is no national consensus on where EMS should be located in the federal government partly because the arguments on all sides are valid and legitimate. It is true that EMS plays an important role in homeland security, but that is not its only role, or its most important one. It is also true that EMS has not been very effective in gaining lawmakers' attention, and that Medicare reimbursement often is inadequate to cover basic operational costs. FICEMS has not been a strong advocate for EMS interests in Washington, and Congress's decision more than 30 years ago to put an EMS division in NHTSA no longer reflects the entirety of the EMS mission.

If EMS became a part of DHS, it might have greater access to homeland security funding if it could effectively compete with the fire service and other existing programs. The downside is that a move to DHS would likely weaken the links that EMS has with its partners in HHS and further alienate EMS from the healthcare community it has worked so hard to court. Such a move also might alienate the very people who work in EMS who see themselves first as caregivers. Being a part of DHS also would not do justice to the non-emergency aspects of EMS care and transport. Also, in moving to DHS, EMS could easily be overshadowed by the fire service, especially if its office is located in FEMA.

EMS could stay in DOT/NHTSA, which in some ways has provided a neutral place from which EMS has operated that is neither public safety nor medicine. That position may also be a weakness for NHTSA's EMS Division, which is perceived to be buried in the DOT, and somewhat of an outsider at both DHS and HHS. To its credit, NHTSA has built many cooperative programs with agencies in other federal departments, but it might gain better recognition on Capitol Hill if it were a part of a broader homeland security or healthcare mission.

EMS could move to a new office in HHS, which would secure its position as an important component of the healthcare system and perhaps strengthen ties with physicians and nurses. As part of HRSA, EMS would be co-located with the other programs, such as the well-funded hospital bioterrorism program, that have money that could be spent in the prehospital arena. EMS might even be more effective with Medicare if its administrators were more convinced of the medical necessity of ambulance transport. Of course, the more EMS identifies with patient care, the less likely it will be to effectively advocate for funding to prepare for homeland security emergencies. Without sufficient funding, how can EMS afford to adequately prepare to handle terrorist threats?

Other options exist, too, such as establishing an Office of EMS within the Surgeon General's Public Health Service Commissioned Corps, the mission of which is "to provide highly-trained and mobile health professionals who carry out programs to promote the health of the nation, understand and prevent disease and injury, assure safe and effective drugs and medical devices, deliver health services to federal beneficiaries, and furnish health expertise in time of war or other national or international emergencies." While not the same mission as EMS, there is certainly overlap, and commissioning medics to perform similar services to their communities would certainly raise the status of EMTs and paramedics to a more professional level.

How Congress votes on various pending bills will have an impact on what comes next for EMS on a federal level. For example, a highway transportation reauthorization bill currently before Congress includes language to reconstitute FICEMS under the auspices of NHTSA, to add a non-federal FICEMS advisory group and to make FICEMS more accountable to Congress. The proposed FY 2006 DHS appropriations bill in the House calls for no less than 10 percent of basic formula grants and urban area grants to go to EMS agencies. These funds would be in addition to those allocated under the FIRE grant program. If both of these bills become law, then EMS may find its situation improves without putting all its eggs in either the homeland security or the FICEMS baskets.

Whatever vision EMS has for itself is more likely to become a reality if the various factions within EMS can clarify what they want and then work together to achieve it. Those factions must include the medical community, which traditionally has not been very respectful of the role of prehospital providers, as well as the fire service, which wields a lot of power in Washington, and which to date, has been much more successful than EMS in securing homeland security funding. EMS will never be well funded, recognized or valued until it gets out of the shadows cast by the fire service and the medical community and convinces lawmakers of the value of its own unique identity.