



## **Position Paper on the Role of a Lead Federal Agency for Emergency Medical Services**

**Adopted April 15, 2011**

**WHEREAS**, emergency medical services (EMS) is a critical national resource because EMS responders protect the health and welfare of citizens during incidents of national significance; in addition, EMS responders provide daily access to medical care for thousands of citizens; and

**WHEREAS**, several federal agencies currently have an EMS mission, including the National Highway Traffic Safety Administration within the Department of Transportation, the Department of Homeland Security, the Department of Health and Human Services, the Department of Defense, the Federal Communications Commission, and the General Services Administration; and

**WHEREAS**, federal agencies have implemented and continue to be responsible for a considerable body of work that benefits EMS systems throughout the nation; and

**WHEREAS**, The Federal Interagency Committee on Emergency Medical Services (FICEMS) was formed to coordinate federal programs related to EMS, but without dedicated staff or the authority to allocate funds, establish policy, or implement overarching federal policy; and

**WHEREAS**, the composite of focus areas and expertise in those FICEMS member agencies is of great value and greater potential value to EMS in the United States; and

**WHEREAS**, in other domains, a lead federal agency with strong coordination authority has shown success in collecting and disseminating industry data, establishing federal policy and national standards; and

**WHEREAS**, despite individual agency efforts, the overall arrangement of federal management of EMS related matters remains fragmented, compounding the fragmentation at state and local levels in the EMS industry; and

**WHEREAS**, local and regional EMS systems are the primary EMS providers in local jurisdictions and are regulated by the states; and

**WHEREAS**, while a national standard for scope of practice establishes minimum baseline care, local medical oversight may allow providers to exceed the minimum to provide more advanced innovative care to their communities, in accordance with state law; and

**WHEREAS**, the states have broad discretion in creating standards and enforcing EMS licensure and credentialing, but these variations create challenges for effective interstate coordination of EMS response on a day-to-day basis as well as during incidents of national significance; and

**WHEREAS**, optimal and safe patient care can only be ensured when a systems approach considering the full spectrum of EMS and its interface with public health - from prevention, public safety and emergency preparedness, 9-1-1 access, prehospital, emergency department, inter-facility, and specialty systems of care - is carefully managed and executed; and

**WHEREAS**, there is a need for a national comprehensive base of knowledge about the design and function of local and regional EMS systems in the United States, based on valid reliable data on the medical, financial, and operating capabilities of local EMS systems; and

**WHEREAS**, evidence to support many of the practices in EMS is limited and is without robust national research and implementation data; and

**WHEREAS**, EMS in the United States is under-funded, data from the Government Accountability Office suggest that the Centers for Medicare and Medicaid Services (CMS) inadequately reimburses ambulance agencies, and EMS agencies receive only a small percent of Homeland Security grant dollars for which they are eligible; and

**WHEREAS**, FICEMS has been tasked to develop a policy options paper that outlines possible remedies and alternatives for the fragmentation in EMS throughout the United States, and NEMSAC exists in part to provide recommendations to FICEMS.

**NOW THEREFORE BE IT RESOLVED THAT THE NATIONAL EMS ADVISORY COUNCIL  
HEREBY ADOPTS THE FOLLOWING POSITION  
SUPPORTING A LEAD FEDERAL AGENCY FOR EMERGENCY MEDICAL SERVICES:**

1. The federal government should specify a lead federal agency to coordinate activities and align priorities among all federal agencies with an EMS role, provide overall guidance to emergency medical services at the federal level, and communicate a national unified vision and strategy.
2. The lead federal agency should have a standing in the federal hierarchy at a level consistent with its scope of duties and authority.
3. The lead federal agency should coordinate, and where appropriate have oversight, of all federal activities related to the continuum of emergency and trauma care.
4. The lead federal agency should develop model standards for coordinated and effective response of EMS systems.
5. The lead federal agency should create and maintain a comprehensive database that encompasses quality of care and operating data; financial data; leadership development criteria; workforce safety and training data; and equipment safety and performance reliability, and injuries.
6. The lead federal agency should continue to develop and maintain the National EMS Information System for effectiveness research and ensure integration of emergency care data in the national health information technology infrastructure.
7. The lead federal agency should gather, evaluate, report on and establish benchmarks and develop evidence-based guidelines for various components of EMS performance in the United States.
8. The lead federal agency should collaborate with CMS in its development of EMS reimbursement policies.
9. The lead federal agency should align priorities for federal grant funding to enhance EMS and to monitor and maintain information of available programs and funding at the state, regional and local levels.
10. The lead federal agency should develop EMS guidelines based on the best available evidence and coordinate with other agencies to continue to create initiatives and research goals to improve quality of care and patient safety.
11. During any potential transition to a lead federal agency, great care must be taken to not compromise EMS related programs currently administered or in development by federal agencies without sufficient stakeholder input.
12. FICEMS must maintain its key role in coordinating EMS activities of all branches of the federal government, including those of the lead federal agency.
13. The National Emergency Medical Services Advisory Council should serve as the principal advisor to the lead federal agency, which will serve as the primary staff to FICEMS.
14. The lead federal agency should be sufficiently funded and staffed to accomplish the above goals and objectives to include continuing current federal initiatives.