NEMSAC Minutes June 2-3, 2009

NATIONAL EMS ADVISORY COUNCIL

POSITION STATEMENT

Adopted 3 June 2009

The National EMS Advisory Council (NEMSAC) believes that an accountable and sustained community level emergency medical care system is essential and must be assured in the debate and implementation of health care reform. Emergency Medical Services (EMS) is the practice of medicine at the community level and a window to a community's health status, including social care and stability. The emergency care system is a twenty four hours per day, seven days per week front door to the health care system and faces unique challenges in the urban, rural and frontier areas of our country. The NEMSAC believes that these key guiding principles must be included in the health care reform discussion:

- Any reform to the health care system must first ensure the stability and performance of a viable, funded EMS system.
- Financial sustainability of the EMS system must include a ready workforce as a key healthcare infrastructure investment essential to protect the public.
- It is difficult to improve outcome or efficiency without meaningful and consistent data and evaluation. Permanent funding of the National EMS Information System (NEMSIS) is essential to ensure EMS integration into Health Information Technology (HIT).
- EMS research should be funded in order to evaluate the effectiveness of emergency health care.
- The Institute of Medicine's (IOM) recommendations for regional, accountable and coordinated evidence-based emergency care systems should be implemented.
- EMS is and remains the healthcare system's safety net to ensure equity and access to emergency medical care. Ensuring core and sufficient new grant funding to maintain the readiness of emergency response is an essential public interest.
- Providing core funding specifically for EMS, regardless of delivery model, to
 ensure surge capacity and response to public health emergencies and natural or
 man-made disasters is an essential public interest.
- Any healthcare insurance reengineering must include EMS in the Minimum Benefits Set.
- The framing of models that address the health-home or medical-home concepts must include EMS as a partner in the public health, disease management and healthcare support priorities.
- 9-1-1 based pre-arrival instruction and medical prioritization systems must be considered an integrated and essential element of the health care system.

Attachment K Page 1