National Emergency Medical Services Advisory Council

DRAFT

Advisory and Recommandations

Title: **The EMS Star of Rights**

As prepared by the Subcommittee on **Sustainability & Efficiency**

A. Executive Summary

Since the federal recognition and funding of EMS as its own industry through block grants and then through CMS based funding of EMS as a transportation benefit (Cordi & Goldstein, 2021), many EMS systems have consistently struggled with managing resource scarcity at a time while their peer entities such as police, fire and health care have functioned mostly from a point of abundance (Public Sector IBM Global Business Services, 2008); (Hoff, 2021) in comparison to EMS (JEMS Staff, 2020); (Editorial Board, 2019). While most public safety and health care entities claim they are underfunded, they consistently provide their staff with living wages and benefits that bring a solid desirable middle-class lifestyle for those that protect and serve (Hoff, 2021); (Trading Economis, 2018). Many EMS systems in the United States cannot provide this same opportunity to their career staff, and volunteer / combined EMS as well as rural and other State, Local, Tribal and Territorial (SLTT) agencies are unable to retain a volunteer workforce. This is due to a lack of sustainable funding mechanisms, a lack of industry standardization, service reliability standards and outcome expectations, and the lack of a lead federal entity whose primary purpose would be to standardize modern EMS system design requirements, plan for future state needs and ensure adequate sustainable funding mechanisms that adequately pay for these requirements as EMS transitions from its 1960's design framework (Phelps, 2007); (Washko, 2015); (American Ambulance Association, 2016).

Many of the issues that plague EMS scarcity have been identified and overtly expressed for decades, but have been mostly ignored in many communities, leaving countless EMS systems on the verge of financial collapse and understaffed, thus creating a threat to the public's safety and welfare (NAEMT, 2020); (Institute of Medicine of the National Academies - Committee on the Future of Emergency Care in the United States Health System, 2007). The 2020 COVID-19 pandemic did two things for EMS: (1) It proved the immense value of the need for EMS systems and their practitioners as an essential service that provides enormous public good and are, by definition, safety net providers (Altman & Lewis, 2000), even though they are not classified as

such by the federal government. (2) COVID-19 exposed the national emaciated fragility of an ailing EMS system that is desperate for assistance (National Association of EMTs, 2021). It is from the struggling and tired but unwavering and resilient voices and pleas from EMS that are behind this desperate need for assistance, that has given birth to the concept of the EMS Star of Rights. While EMS still has the national spotlight and attention drawn due to the stressors of COVID-19, it is time to fix what is broken in EMS and provide EMS patients, practitioners, and agencies with a bill of rights, we are calling the EMS Star of Rights. The EMS Star of Life symbol has 6 points, each representing one of six EMS functions (NHTSA Office of EMS, 2022). These include Detection, Reporting, Response, On-Scene Care, Care in Transit and Transfer to Definitive Care. Just as the EMS Star of Life has six points, so does the EMS Star of Rights, with each point governing its own set of specific rights and responsibilities.

It is the desire of the of the 2022 NEMSAC that the EMS Star of Rights be used as a foundation by federal and other SLTT entities from which future policy, funding, regulation, standardization, and EMS system expectations can be set and normalized from.

THE EMS STAR OF RIGHTS

- **ESSENTIAL:** EMS should be considered an essential service at all levels of state, local, tribal, territorial, and federal government. Essential services are defined as the services and functions that are absolutely necessary, even during a pandemic (Pan American Health Organization, n.d.). They maintain the health and welfare of the community. EMS also functions as a defined, but not recognized "Safety Net Provider" as articulated by the Institute of Medicine (Altman & Lewis, 2000). Without these services, sickness, poverty, violence, and chaos would likely result (Pan American Health Organization, n.d.). EMS is a "public good" (Samuelson, 1954) that serves all peoples foreign and domestic, and the provision of services reach beyond the transportation of patients, to include public safety, health care, public health, emergency management, emergency communications / 9-1-1 centers, EMS data, IT & security, EMS measures, EMS education and EMS research. Everyday EMS responds to unsafe and high-risk environments alongside other essential services including Law Enforcement, the Fire service and health care.

- **FUNDED:** As an essential and safety net service, EMS must be funded by a variety of revenue streams that match its quad-pronged missions of public safety, health care, public health and disaster response and mitigation to make EMS a sustainable essential service and Safety Net Provider. Commercial and government EMS insurance payment sources alone do not cover living wage expenses, benefits, pace of inflation, access to the latest in evidence-based care tools and medications, does not cover the cost of readiness and does not cover uncompensated care (NEMSAC, 2019). Funding for EMS should not be solely linked to transport, but for the value of the services provided, and all services provided by

EMS personnel must be compensated appropriately. Costs in EMS are often suppressed and underreported due to the thresholds imposed by unsubsidized agencies that rely solely on health care reimbursement systems which limits EMS agency spending ability in all categories, therefore EMS cost reporting systems need to acknowledge this spending cap and be adjusted accordingly to allow for the addition of appropriate unspent expenses (such as in living wages and benefits for career EMS practitioners and equipment, medications and incentives for volunteer agencies).

- **EQUITABLE:** EMS practitioners of all backgrounds and provider types should be able to work a single full-time job, at a livable wage with benefits equal to their health care and public safety peers (Trading Economis, 2018). EMS practitioners hold certifications and licenses and should be viewed and compensated as a public safety and health care professional, not a transportation commodity. Volunteer-based entities should be funded appropriately to sustain their mission and organizations.

- **EXCELLENT:** EMS patients should receive the appropriate level of safe, equitable, and evidence-based care, regardless of geographic SLTT location, population density, socioeconomic status, or diversity (Brent Myers, 2021). Such care should be performed by EMS practitioners with formalized education for their level of certification and professional licensure (NEMASC, 2021). Additionally, EMS standardized data, EMS quality measures, EMS evidence based clinical, operational, and financial standards and EMS research should be included as mandatory components of modern EMS system design as part of its foundation for excellence, enhanced value generation and future sustainability.

- **DESIRABLE:** EMS practitioners need a safe and violence free work environment, absent of discrimination, that has engaged, qualified, and degree-educated leadership that creates a desirable culture, with access to training and career development opportunities, and have open access to support resources for the development of resilience and for managing the mental health impacts of the profession. EMS must strive to become a ‘best place to work’ (Indeed Editorial Team, 2021) to attract and retain quality personnel.

- **ORGANIZED:** EMS system governance heterogeneity, operational design inconsistency, irregular market-rights management approach, clinical delivery model diversity, education / certification / licensure requirement variability and general lack of overall industry standardization generates patient care, work environment, outcome, and policy variability (U.S. Department of Transportation National Highway Traffic Safety Administration, 2013), thus diminishing the value and appeal of the profession to a sustainable workforce promoting ineffective and inefficient care delivery systems to the communities these agencies serve. Therefore, Emergency and Non-emergency EMS agencies need a homogeneous approach to achieving its varied missions and requirements with standards that set funded, acceptable service reliability criteria and expected outcomes that also include cost reporting and accountability.

B. Recommendations

National Emergency Medical Services Advisory Council

Council recommendations to itself.

No recommendations.

National Highway Traffic Safety Administration

Recommendation 1:
NHTSA Office of EMS should fund the development of a stakeholder created National EMS System Design Framework Model that complements the National EMS Scope of Practice Model, defining modern minimal EMS system design elements.

Recommendation 2:
NHTSA Office of EMS should sustainably fund the development of stakeholder developed National EMS Standards using an evidence-based approach and a federally acknowledged standards setting framework.

Recommendation 3:
The NHTSA Office of EMS should promote the EMS Star of Rights construct in its EMS related publications and website.

Recommendation 4:
NHTSA Office of EMS should update the original EMS Star of Life bar definitions to be more representative of the EMS systems of today and should include the EMS Star of Rights as it's foundation / exoskeleton.

Federal Interagency Committee on Emergency Medical Services

NEMSAC recommendations for consideration to FICEMS via NHTSA

Recommendation 1:
FICEMS should support the inclusion of EMS as an essential community lifeline sub-component in FEMA's Community Lifeline Program. (FEMA, 2020)

Recommendation 2:
NEMSAC recommends to FICEMS that it establish a National EMS Systems Plan that enables EMS agencies to adopt the principles of the EMS Star of Rights and a National EMS System Design Framework Model including minimum EMS essential service system components and minimum acceptable service standards based on EMS demand density for SLTT and communities to use in EMS governance and financing activities.

Recommendation 3:

NEMSAC recommends to FICEMS that it work to expand funding, such as long-term grants, direct federal funding, health care reimbursement systems, or safety net funding opportunities that can be used to financially support the implementation and sustainment of the EMS Star of Rights and the National EMS System Design Framework Model and standards across the United States.

Recommendation 4:
NEMSAC recommends to FICEMS that it work with its CMS committee partner to establish EMS as a Safety Net health care provider to open additional EMS systems financing options for EMS agencies to rely upon for future sustainability funding.

Recommendation 5:
NEMSAC recommends to FICEMS that it work with its CMS committee partner to acknowledge and adjust for the potential of depressed expenses / underspending in its Medicare Ground Ambulance Data Collection System analysis to adjust for middle class, living wages and benefits in alignment with its peer public safety and health care industries.

Recommendation 6:
NEMSAC recommends to FICEMS that it work with its CMS committee partner to amend ambulance reimbursement policies to permanently enable reimbursement for Ambulance based Treatment In Lieu of Transport and to extend benefits for Ambulance transportation to an alternative care facility.

Secretary of the Department of Transportation
NEMSAC recommendations for consideration to the Secretary of Transportation via NHTSA

Recommendation 1:
The Secretary of Transportation should send a letter to state Governors and State EMS Directors urging their support for all 6 points in the EMS Star of Rights initiative.

Recommendation 2:
NEMSAC recommends the Secretary of Transportation work collaboratively with the Secretary of Health and Human Services and the Secretary of Homeland Security to ask Congress to empower and fund FICEMS to act as the single lead federal entity for all matters of EMS going forward. Designating FICEMS as a unified lead federal entity, in a Team of Teams (McCrystal, 2022) approach with the mission of implementing and permanently sustaining the framework established by the tenants of the EMS Star of Rights as a "standard of care" for EMS and its patients, will provide the necessary national foundation for future EMS sustainability.

Agencies/Administrations within the Department of Transportation

NEMSAC recommendations to other agencies or administrations within the USDOT via NHTSA.

No Recommendations

C. Scope and Definition

The genesis of the EMS Star of Rights is based on a culmination of inputs from various NEMSAC advisories, general feedback solicited from EMS practitioners and agencies at conferences, learning performed by participating in FICEMS listening sessions on the COVID-19 pandemic response, learning performed by participating in the USFA/NASEMSO Pandemic Project, information taken from headlines in the national and local media related to failing EMS systems (McCausland, 2020); (Staff, 2019); (Moen, 2020); (Woodard, 2019); (Houghton, 2002); (Propper, 2022) that are on the verge of collapse due to funding and staffing shortages, and from monitoring the efforts and messaging of national and state EMS associations on similar concerns. While many of the topics covered by the Star of Rights were published independently of each other, all these issues are intrinsically tied to each other, with the intersection of EMS challenges always arriving at funding as the primary root cause (NEMSAC, 2019).

The issues that have plagued EMS for decades exist across all provider types and across the nation and SLTT locations regardless of geographic population density and seem to disproportionally hit the hardest in rural areas (Institute of Medicine of the National Academies - Committee on the Future of Emergency Care in the United States Health System, 2007). That said, many urban centers also struggle, especially if they have government reimbursement (Medicare and Medicaid) at significant levels within their local payor mixes, as it is well known and documented within the EMS industry that government payors mostly reimburse EMS below its costs (NEMSAC, 2019); (United States Government Accountability Office Report to Congressional Committees, 2012).

To compound this problem, EMS has historically been compensated only when a patient is transported to the emergency department or for a small number of non-emergency transportation benefits (CMS, 2021). This payment system is outdated and antiquated as it does not account for EMS's full costs which also include the cost of readiness, nor does it recognize the care provided for patients that are seen but not transported (NEMSAC, 2019).

Pandemic countermeasures employed by the federal government included payroll loans and grants (NAEMT, 2022) as well as short-term temporary COVID-19 waiver recognition that payment is necessary when patients are not transported or are transported to an alternative destination (Center for Medicare & Medicaid Services (CMS), 2021), but fell short on recognizing the need to cover the cost of readiness as well as pay living wages, benefits and to compensate EMS so that it can keep pace with providing the latest in evidence-based care with medications, equipment and vehicles that are safe and up to date.

D. Analysis

COVID-19 drained the water around the iceberg which houses our nation's long-term EMS challenges and brought these struggles to the forefront of current headlines and revealed the truly fragile state EMS is in. The issues plaguing EMS have been around for decades and the calls for change at all levels have mostly gone ignored. While emergency short-term waivers and supplemental payments for EMS helped EMS limp along during COVID, it unfortunately fails to permanently fix the problem. COVID-19 has left EMS decimated in its ability to hire and retain staff to meet its demands. Inflationary and wage pressures, without continued and sustainable financial assistance, will assuredly result in many SLTT communities finding themselves without EMS able to respond, bringing the United States full circle back to the 1960's when EMS services were non-existent in many communities.

Other countries have advanced their EMS systems to include more complex care platforms that provide primary and urgent health care services in the home as well as emergency health care and transportation, with Paramedics paid more than their counterparts. The value proposition EMS can bring to a health care delivery platform is enormous when properly designed, incentivized, and funded. EMS programs that provide alternative care models are quickly growing in popularity around the U.S. with local governments, health care systems and payors having an epiphany on how much value EMS can bring on a 24x7x365 basis outside solely providing transportation benefits.

E. Strategic Vision

As noted above and referenced in numerous articles, studies, and through publications by industry experts and organizations, the EMS System is in a continued state of decline. Low wages, increasingly difficult work, inadequate reimbursements, and inadequate internal

career growth detail chronic career issues that were present before the COVID 19 Pandemic. Now, over two years into the pandemic, EMS agencies struggle to secure staffing to meet the needs of its community. That community is not just defined through 911 response, but the essential EMS/health care institution relationship that addresses the overall movement of patients into and out of a hospital and other health care facilities. Current turnover in the industry approaches 30%, detailing that EMS providers do not feel that the industry can serve as a sustainable long-term career. This rate of turnover results in a complete agency turnover within four years. Without definitive federal intervention, the EMS System in the United States stands the real possibility of collapse.

By implementing the "EMS Star of Rights" along with its accompanying recommendations, the federal government will be taking definitive action to address the 6 key highlighted areas outlined that are negatively impacting the EMS Industry and causing its decline. It is essential that these elements be addressed to stabilize the existing EMS system and allow for its recovery and ultimate growth, including new opportunities for EMS to add additional value to the health care system. Failure to do so will almost certainly result in the continued decline of what is an already failing system of care in our nation.

F. Strategic Goals

1. NHTSA Office of EMS, within 120-days of the publication of this advisory, will oversee the creation of a National EMS System Design Framework Model that will complement the National EMS Scope of Practice Model (NHTSA, 2007) utilizing EMS stakeholder and consensus building inputs like other recent NHTSA Office of EMS collaborative initiatives.

2. The NHTSA office of EMS, within 180 days of the publications of the National EMS System Design Framework, will oversee the creation of a National EMS Standards Body that will complement the National EMS Scope of Practice Model (NHTSA, 2007) and the newly developed National EMS System Design Framework Model, utilizing EMS stakeholder and consensus building inputs similar to other recent NHTSA Office of EMS collaborative initiatives.

3. NHTSA, within 180 days of the publication of the National EMS System Design Framework Model, will present to FICEMS a charge to establish a National EMS Systems Plan predicated on the EMS Star of Rights, the National EMS System Design Framework Model, and the National EMS Standards Body. This plan would be used to identify the requirements and funding necessary to transition the Nation's EMS systems and services to

the National EMS System Design Framework Model and standards.

4. The NHTSA Office of EMS, within 180 days of the publication of this advisory, will promote the EMS Star of Rights construct in its EMS related publications, website, and email notifications.

5. NHTSA will present to FICEMS, within 180 days of the publication of this advisory, a petition to the Administrator of FEMA, that requests FEMA to include EMS as an essential community lifeline sub-component in FEMA's Community Lifeline Program (FEMA, 2020).

6. NHTSA, within 180 days of the publication of this advisory, will submit a request to FICEMS that it uses the expertise and resources of the FICEMS committee agencies to identify and leverage funding to financially support the implementation and sustainment of the EMS Star of Rights and the National EMS System Design Framework across the United States. Such sources may include direct federal funding, long-term grants, health care system reimbursement reform and funding through other sources.

7. NHTSA, within 180 days of the publication of this advisory, will request FICEMS to work with its CMS committee partner to review the establishment of EMS as a Safety Net provider with the goal to open additional EMS systems financing options for EMS agencies to rely upon for future sustainability funding.

8. NHTSA, within 180 days of the publication of this advisory, will request FICEMS to work with its CMS committee partner to amend existing payment policy to permanently enable Ambulance based Treatment in Lieu of Transport and for Ambulance transportation to Alternative Destinations.

9. The NHTSA Office of EMS, within 180 days of the publication of this advisory, will submit a recommendation and proposal to the Secretary of Transportation, that he work collaboratively with the Secretary of Health and Human Services and the Secretary of Homeland Security to ask Congress to empower and fund FICEMS to act as a single lead federal entity for all matters of EMS going forward. This proposal will include the duties, responsibilities, funding, leadership design and authority necessary for the expansion of FICEMS to act in this new role.

10. The NHTSA office of EMS, within 180 days of the publications of the National EMS System Design Framework, will develop a stakeholder-based mechanism to update the definition of the Star of Life to modern day EMS principles and will include the EMS Star of Rights and National EMS System Design Framework as part of the update effort.

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H. Appendicies

None