FICEMS

Federal Interagency Committee on EMS

June 26, 2009

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services (HHS)
Washington, D.C. 20201

Dear Secretary Sebelius:

The Federal Interagency Committee on Emergency Medical Services (FICEMS) was created (42 U.S.C. 300d-4) by the Secretaries of Transportation, Health and Human Services and Homeland Security to, in part, *...ensure coordination among the Federal agencies involved with State, local, tribal or regional emergency medical services and 9-1-1 systems.* I was elected as the 2009 chair of FICEMS. FICEMS focuses primarily on the prehospital EMS system component while the HHS Council on Emergency Medical Care (CEMC) concentrates on the in-hospital components. Together, FICEMS and CEMC constitute the Emergency Care Enterprise.

The Pandemic and All-Hazards Preparedness Act (PAHPA) requires that the Secretary of HHS submit to Congress a comprehensive National Health Security Strategy (NHSS) every four years beginning in 2009. Similar to the Quadrennial Defense Review conducted by the Department of Defense, the NHSS shall evaluate future challenges to national public health security and outline a strategy and plan for public health and medical preparedness and response.

At their last meeting, FICEMS unanimously adopted the following position:

It is the intent of FICEMS that Emergency Medical Services (EMS) systems be fully integrated and coordinated with public health systems to address challenges to national public health security. Federal funds may be used to support EMS activities and target capabilities, such as the Emergency Care Enterprise, which implement the priorities of the NHSS.

On behalf of FICEMS, I request your endorsement of this position and, as appropriate, your dissemination of the position to pertinent programs within your agency for inclusion in the NHSS.

The NHSS is predicated on a solid infrastructure, a sufficient and sustainable healthcare workforce and excellent data-driven clinical care. Nowhere is health care as visible and as critical as the EMS system. Emergency Medical Services (EMS) is frequently the patient's primary point of access to the health care

Department of Defense
Office of the Assistant Secretary of Defense for Health Affairs

Department of Homeland Security
Office of the Assistant Secretary for Health Affairs/Chief Medical Officer
U.S. Fire Administration

Department of Health & Human Services
Office of the Assistant Secretary for Preparedness and Response
Indian Health Service
Centers for Disease Control and Prevention
Health Resources and Services Administration
Centers for Medicare & Medicaid Services

Department of Transportation
National Highway Traffic Safety Administration

Federal Communications Commission
Public Safety and Homeland Security Bureau

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system. When individuals cannot afford preventive or primary health care, they frequently wait until their situation is urgent before seeking health care through EMS or an emergency department. Throughout the Nation, EMS is available 24 hours per day, 7 days per week – a mobile, licensed and credentialed healthcare workforce.

EMS plays a critically important role in health care, public health, and public safety by frequently providing immediate life sustaining care and making decisions with limited time and information. Because EMS is a critical point of access to the health care delivery system for all Americans, EMS must be integrated in urgently needed health reform. With its focus on data-driven, evidence-based health care delivery and regional systems of care, EMS could play a crucial role in cutting costs, assuring quality and affordable emergency health care for all Americans, and guaranteeing timely access to care. National and Federal EMS leadership including the Federal Interagency Committee on EMS, the National EMS Advisory Council and the Council on Emergency Care should be closely involved with the development of national strategies for health reform.

Unfortunately, many EMS systems are highly fragmented, overburdened, poorly equipped, and insufficiently prepared for day-to-day operations and response to major disasters. For instance, in January 2009, HHS Secretary Leavitt and U.S. Department of Homeland Security (DHS) Secretary Chertoff submitted a summary report on *States' Operating Plans for Combating Pandemic Influenza* to the White House Homeland Security Council (HSC). This assessment found that integration of EMS systems into pandemic influenza preparedness is generally inadequate. Of the 28 operational objectives assessed in this Report, only five (5) received a national average score indicating inadequate preparedness. EMS was among the inadequately prepared. The activity that states most frequently did not address was defining the role of EMS providers in "treating and releasing" patients without transporting them to a healthcare facility.

According to the Institute of Medicine, EMS systems have to a large extent been overlooked in disaster preparedness planning at the state and Federal level. EMS received only four percent of the $3.38 billion distributed for emergency preparedness by DHS in 2002 and 2003. Similarly, EMS received only five percent of the Bioterrorism Hospital Preparedness Grant, a program administered by HHS.

Regionalized, accountable systems of care (e.g.. trauma, cardiac, stroke) improve patient morbidity and mortality. For instance, the trauma system model which includes prehospital care, triage and transport of seriously injured patients to a regional trauma center, has proven to significantly improve patient outcomes. Regionalized, accountable systems of emergency care also show promise in management of the special problems of disaster preparation and response,

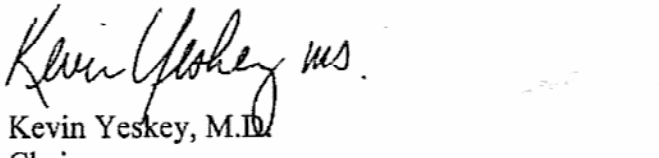
including management of patient surge, tracking of patients, and coordination and allocation of medical resources. EMS systems are integral components of regionalized systems of emergency care and disaster preparation.

The National EMS Information System (NEMSIS) is currently harmonizing its standard with other healthcare databases and is preparing to contribute standardized prehospital EMS care records to the patient's electronic medical records. Local EMS data collection systems are frequently an integral component of public health surveillance systems.

NEMSIS is essential to the ongoing development of data-driven, evidence-based emergency medical services systems.

I would be pleased to respond to your questions, or you may have your staff call Drew Dawson at the National Highway Traffic Safety Administration's Office of EMS which provides administrative support for FICEMS. Mr. Dawson can be reached at 202 366-9966 or drew.dawson@dot.gov .

Sincerely,



Kevin Yeskey, M.D.
Chair
Federal Interagency Committee
on Emergency Medical Services