

Activation and Reimbursement Concerns for EMS Disaster Response

by National Association of State EMS Officials
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During the 2008 hurricane season, NASEMSO identified two critical issues that, if addressed by FEMA in an expedited manner, would greatly improve and enhance our Nation's emergency response to catastrophic events while preserving a State's ability to manage its own assets in the face of competing interests for limited resources.

Managing Risks to State/Territory EMS Systems when the FEMA Ambulance Contract is activated

When the deployment of "national" EMS resources is not coordinated with the state/territory EMS office in anticipation of or following a catastrophic event, the risk is very real that a state/territory will unknowingly provide more resources in response to an EMAC request than it can spare. This scenario actually occurred during the 2008 hurricane season, when both federal and state/territory EMS assets were deployed simultaneously to southern states in anticipation of Hurricane Gustav. Several Mid-Atlantic and northeastern states then had to urgently scramble to find EMS manpower and equipment support when Hurricane Hanna subsequently moved up the eastern seaboard with local assets already too far away to be recalled. This deployment scenario demonstrates the risk to states when EMS resources leave areas in which they are critical to daily EMS needs without proper coordination and planning for additional events that may tax the State and/or local EMS system.

Solutions/Suggested Actions

- 1. Language should be inserted into any new or renewal of the National EMS Contract that requires the contractor to coordinate and communicate with the state/territory EMS regulatory authority in the state where resources are located,**
- 2. Notice should be given to every State/Territory EMS office when the National EMS Contract option is going to be used.**
- 3. FEMA should consider implementing a procedure that would authorize one process at a time. When both the National EMS Contract and EMAC requests come out simultaneously, it creates confusion for the receiving and sending state.**
- 4. A national EMS conference call should be held to brief State/Territory EMS offices on what planning activities are going on or being considered in the event of a major disaster, storm or all hazard events. This would ensure states would have the same information and can start their own planning if a request comes forward and to what degree this event will effect their normal daily EMS operations.**

Level Reimbursement

The current EMAC process requires the sending State/Territory to submit an estimated budget to complete an EMAC mission assignment. The receiving State/Territory then contractually agrees with the estimated cost, and the mutual aid services can be deployed. As with the Katrina response and the subsequent responses to storms in the fall of 2008, one of the major difficulties occurred when EMS services *delayed their response to an EMAC request* as they weighed financial options between the EMAC request and the National EMS contract—in order to obtain the highest rate of reimbursement. This created a delay in the ability for the sending state to gather resources and develop plans to prepare for response, and ultimately a delay in the ability to provide emergency care to victims in the affected areas. It also creates competition between states on who can provide services cheaper but not necessarily better. The ongoing delays by ambulance services in considering if they should reply to the National EMS contract or EMAC are problematic with the determination made by who is paying more for comparable services.

A June 2007 Consensus Report on "EMS Resources for National Disaster Response" encourages enhanced communications between each group and to equalize or level reimbursement regardless of whether the provider responds to an EMAC or National EMS contract request. The report states:

“By working together and sharing information a coordinated response maximizes resources while eliminating duplicate resource requests and response. Planning and response is seamless across jurisdictions and disciplines, involving government and non-government providers horizontally and vertically. The coordinated process is transparent and there is no competition for the same resources. The NRP, ICS, and NIMS form the foundation and the operational guidelines for the coordinated response as disasters are handled first locally with the support of interstate mutual aid and federal resources as they are needed and/or requested.”

See www.nasemso.org/DomesticPreparedness for a complete copy of the document which was signed by the American Ambulance Association, American College of Emergency Physicians, International Association of Emergency Managers, National Association of State EMS Physicians, and others.

Solutions/Suggested Actions

FEMA must provide a process that ensures that reimbursement provided through the Federal Ambulance Contract matches the negotiated State/Territory EMAC rate for comparable EMS services.

Background

The National Association of State EMS Officials (NASEMSO) is a national organization representing the State offices of emergency medical services (EMS) in the fifty (50) states, the District of Columbia, Puerto Rico, the territories of Guam, Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands. Following the EMS response to Hurricane Katrina in 2005, EMS leaders from federal, state, and local government and various national representatives from the emergency services sector gathered in Washington, DC to review the EMS lessons learned from this event in order to suggest improvements for an EMS mutual aid response in the future.

Following the 2005 hurricane season, FEMA sought to implement a plan to establish a comprehensive EMS response to federally declared disasters. The government solicited proposals and on August 1, 2007, FEMA named American Medical Response (AMR) as the exclusive recipient of this contract which provides a full array of ground ambulance, air ambulance and para-transit services to supplement the federal and military response to a disaster, act of terrorism or other public health emergency.

This national contract covers the 21 states along the Gulf coast (zone 1) and Atlantic coast (zone 2). The contract also covers optional provision of services to West coast states (zone 3) and Central U.S. states (zone 4) with terms to be negotiated when exercised. Maximum deployment for each zone includes 300 ground ambulances, 25 air ambulances and enough para-transit vehicles to transport 3,500 people. Simultaneous response to multiple zones for catastrophic disasters may be required under this national contract. AMR has established a robust network of subcontractors to assist in meeting these needs.

Deployment is frequently accomplished without notification of the State/Territory from which the assets are being relocated. Federal activation of the AMR contract potentially can have a deleterious effect on the provision of EMS in the states/territories by depleting local resources without the knowledge of the State/Territory agency that has regulatory authority over ambulance services and its licensed practitioners. NASEMSO acknowledges and appreciates FEMA's attempt to address this concern when the contract was recently revised. The Federal Ambulance Contract now prohibits AMR from subcontracting with ambulance services committed under Emergency Management Assistance Compact (EMAC) agreements "since it is anticipated that these ambulances will be contracted for and deployed by the state(s) in which the disaster is occurring through EMAC."

In reality, when an Incident of National Significance has not been declared, the mission of implied "national" assets is at the local level to protect the health and welfare of residents and visitors. Since all states/territories are now part of the Compact and many have state-to-state mutual aid agreements in addition to EMAC, this new stipulation does not reach far enough if the federal contractor (in this case, AMR) does not coordinate deployment efforts with the state/territory EMS regulatory authority.

Contact

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