

Federal Policy Leading the Way in Emergency Medical Services

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The most influential piece of federal legislation during my 30-year tenure with the North Carolina Office of Emergency Medical Services (NC OEMS), the last 15 as the state Emergency Medical Services (EMS) director, was creation of the EMS program at the National Highway Traffic Safety Administration (NHTSA). Since then, federal EMS legislation, programs, and agencies have profoundly impacted the evolution of EMS throughout our nation and my personal career in North Carolina.

Federal EMS legislation permitted NHTSA to 1) assist states and local communities with the purchase of ambulances; 2) fund for automobile extrication courses; 3) provide national-level guidance and support to evolving EMS systems; and 4) standardize emergency medical technician (EMT) training across the nation. The NHTSA also made the term EMT a household word and created a universally recognized symbol for EMS, the blue “Star of Life.”

The 1973 National EMS Systems Act helped shaped state legislation including that of North Carolina. The NHTSA state EMS assessments and reassessments program, a program supporting expert team evaluations of state EMS systems, continues to help guide the development of state EMS systems. NHTSA publications, such as the *EMS Agenda for the Future* and its various spin-off documents including the *EMS Education Agenda for the Future: A Systems Approach*, the *EMS Research Agenda for the Future*, and others, encouraged the nation to adopt a collaborative, consensus-based, and forward-thinking approach to EMS issues.

The passage of the Emergency Medical Services Systems (EMSS) Act of 1973 brought positive changes to EMS. Health care provided in the hospital could now be extended into the community¹ and mechanisms were now available for funding the development of regional EMS systems.² The EMSS Act brought much needed recognition to emergency medicine as a field of medicine.³ It also placed substantial obligations on hospitals which compelled them to provide new funding for emergency

and trauma facilities including adding laboratory, imaging, and other services as resources for emergency departments.⁴

Under the EMSS Act of 1973, requirements for medical direction were nonnegotiable, which in turn stimulated the involvement of prominent physicians in EMS. Hospitals, specialty care centers, and rehabilitation facilities became recognized as essential components of an effective EMS system. The EMSS program and the North Carolina 1973 EMS legislation fundamentally changed the North Carolina EMS system for the better. Unfortunately, the federal program was discontinued in the early 1980s when the funding was incorporated into the Preventive Health and Health Services Block Grant program.

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Since 1984, the Emergency Medical Services for Children (EMS-C) program at the Health Resources and Services Administration (HRSA) within the Department of Health and Human Services (HHS) has provided national leadership in the improvement of emergency medical care for children in both prehospital and hospital environments. The program helps ensure that each state EMS office has someone dedicated to the emergency medical care needs of children, has utilized special projects or “targeted issues grants” to develop pediatric products and tools, and has promoted research in pediatric care. Although the EMS-C program is primarily intended to improve EMS care for children, HRSA recognizes that emergency medical

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care for children cannot be built on the foundation of a crumbling EMS system. As a result, the program also plays a prominent role in promoting comprehensive EMS system development overall. Through this and other programs, HHS coordinates extensively with all federal agencies involved with EMS.

In 1990, the Trauma Care Systems Planning and Development Act, which focused on improving emergency care of the seriously injured patient, became law. The resulting federal trauma program was located at HRSA. Some of the program successes include creating a Model Trauma Systems Plan for states to use as a template to develop inclusive trauma systems, providing limited grant funding for states to develop trauma systems, and stimulating national interest in and attention to trauma systems. As a state EMS director, we used federal highway safety funds through the NC Highway Safety Office and later the federal Trauma Program grants to convene trauma system stakeholders, develop a trauma system for North Carolina, and initiate a state trauma registry. Ultimately, this resulted in comprehensive state trauma system legislation. Although program authorization and funding for the federal program has lapsed several times, this program has demonstrated strong leadership and the wise allocation of limited federal resources to further the development of trauma systems. The program has again been reauthorized, but not yet funded.

Several years ago Drew Dawson, the Montana State EMS director for 20 years became the head of NHTSA's EMS program. Under Drew's leadership I've seen an unprecedented level of federal activity in relation to EMS. With its long-standing history of providing support to EMS, the NHTSA EMS Division was elevated to the Office of Emergency Medical Services (OEMS) with a mission to "reduce death and disability by providing national leadership and coordination of comprehensive, evidence-based emergency medical services and 9-1-1 systems."

Although working with other federal agencies has long been daily business for NHTSA, the importance of federal agency collaboration on EMS was further emphasized by Congress in the creation of the Federal Interagency Committee on Emergency Medical Services (FICEMS). Created by the secretaries of the departments of Transportation, Health and Human Services, and Homeland Security, FICEMS comprises high-level representatives from a variety of federal departments and is charged with identifying the nation's EMS needs, coordinating EMS support among federal agencies, and reporting to Congress. The National Highway Traffic Safety Administration

is responsible for providing staff and administrative support to FICEMS. With the advent of FICEMS comes the opportunity to further enhance and institutionalize the already excellent cooperation among those federal agencies with an EMS mission.

To provide a formal mechanism for nonfederal input to NHTSA's EMS activities, the Department of Transportation created a National EMS Advisory Council (NEMSAC). This 26-member advisory council membership reflects the national diversity of EMS including volunteers, fire-based EMS providers, trauma surgeons, emergency physicians, nurses, and private EMS services. The combination of FICEMS and NEMSAC will help to formalize and improve the long-term federal support of EMS.

Other promising developments in federal EMS support are also occurring. For example, the creation of the Office of Health Affairs at the Department of Homeland Security (DHS) provides a DHS-specific focal point for all things medical—including EMS. The Pandemic and All-Hazards Preparedness Act (2006) assigns additional responsibilities for EMS preparedness to the Assistant Secretary for Preparedness and Response at HHS. In addition, Congress recently established a National 9-1-1 Office. Jointly operated by NHTSA and the National Telecommunications and Information Administration at the Department of Commerce, the office is physically located at the NHTSA Office of Emergency Medical Services. Its mission is to provide leadership and coordination of comprehensive and technologically enhanced 9-1-1 services. Another important example of federal collaboration efforts to assist states includes the collaboration among NHTSA, EMS-C, the Department of Homeland Security, and the Division of Injury Response in the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC) to develop information related to world-wide bombings, surge capacity issues for hospitals, and revision of the American College of Surgeons Committee on Trauma Field Triage Decision Scheme.

The synergism of several federal agencies working collaboratively to enhance EMS clearly exceeds that generated by any single agency. Collaboration and cooperation, not silo building, continue to be the mantra of federal agencies involved in EMS. Federal EMS programs have had an enormous impact on the development of state EMS systems throughout the country including North Carolina. **NCMJ**

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