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A REPORT TO
THE COMMITTEE ON APPROPRIATIONS
U.S. HOUSE OF REPRESENTATIVES

on

EMERGENCY MEDICAL SERVICES SYSTEMS
in the
UNITED STATES

Surveys and Investigations Staff
February 1978

SUMMARY AND RECOMMENDATIONS**A. Summary**

The Investigative Staff has reviewed the Emergency Medical Services (EMS) Systems programs of both the Department of Health, Education, and Welfare (HEW) and the Department of Transportation (DOT) and evaluated the relationship of these agencies with respect to EMS systems development in the United States. The EMS program was also reviewed at the State level, particularly with regard to the roles of the State EMS coordinator and the Governor's Representative.

The investment by HEW and DOT in the Federal program to develop 300 EMS regions in the United States by 1985 could exceed \$800 million. HEW's emergency medical services system development program has received nationwide support from State, local, and private organizations. It has resulted in improved emergency medical care in many sections of the country. Despite these successes, there are problems with the EMS systems development as there is a need for improved control over and evaluation of this program by HEW, and better coordination and cooperation at both the Federal and State levels.

The Division of Emergency Medical Services (DEMS), within the Health Services Administration (HSA), was created to administer the EMS systems development program of HEW.

1. Long-Range Plans Call for Full Development of the 300 EMS Regional Systems at a Total HEW Grant Cost of \$475 Million

As envisioned by DEMS officials, the program for full development of the 300 EMS regional systems (HEW grant cost of about \$475 million) will require another 3-year extension of the EMS Systems Act with Section 1203 and 1204 funding provided through FY 1985. To date the HEW EMS systems program has not been evaluated and the Investigative Staff believes that there are questions which need to be studied before the program is extended. Some areas which require study include:

- The nationwide effect on systems development that an anticipated reduction in DOT Section 402 funding will have.
- Whether EMS regional systems capable of providing advanced life support can be developed wall-to-wall throughout the United States. Evidence indicates that many regions will be unable to develop or support such a system.

-- Whether the EMS systems which have already received the maximum 5 years of HEW systems grants will continue to operate as systems. If the regions reviewed by the Investigative Staff are typical, many will not.

2. Administrative Problems Impair Effectiveness of HEW's EMS Program

DEMS administers the EMS systems development program of HEW.

a. Inadequate Guidance Provided for Systems Development

HEW lacks a formal structured system (current written procedures and instructions, manuals, etc.) for providing program guidelines to States, regions, and local bodies. In the absence of a formal HEW system, the development of an EMS systems program has, to a large extent relied on the Director of DEMS to personally provide information on program direction at all levels. Typically, because of noted internal shortcomings and limited staffing, planning is on a short-term ad hoc basis (less than 6 months), not in writing, and usually not coordinated with the central office staff and HEW regional personnel. The Director of DEMS is also called on to provide technical assistance, conduct national symposia, regional workshops, and travel extensively to personally provide information on EMS priorities and program changes.

State EMS officials do not always have ready access to the Director of DEMS. Much of the program information is received thirdhand via the grapevine--by word of mouth from other participants in the programs. Complaints were made that the HEW regional offices were often not aware of program changes made by the Director of DEMS, and so the regional offices were unable to provide proper and timely guidance to program participants. In particular, the officials criticized HEW's failure to publish revised regulations and guidelines reflecting the changes made by amendments to the EMS Systems Act in 1976.

As a result of these deficiencies, there has been a fragmented, uncoordinated departmental approach to implementing a viable, standardized EMS program. A further fallout of the department's informal approach to the program has been the creation of dissatisfaction and confusion among the program participants at the operational levels.

b. DEMS Central Office Was Not Provided Sufficient Staffing to Properly Administer the EMS Program

If the EMS grant program is to continue beyond FY 1979, there is a need for a permanent and adequately staffed

DEMS central office. Although DEMS was delegated responsibility for administering the EMS program for HEW, no permanent positions have been budgeted for this purpose. Since FY 1975, requests for permanent staffing and additional personnel have been rejected by either the Secretary of HEW or OMB. Legislative changes in 1976 provided additional administrative central office responsibilities with no increase in personnel. This shortage of personnel has impaired the management of the EMS program. As previously mentioned, the Director of DEMS traveled a total of 106 days during FY 1977 providing onsite technical assistance. His extended absence from the central office, together with the personnel shortage, added to the backlog of unfinished business. Thus, the central office was operating shorthanded with an increased workload, and mounting unfinished administrative responsibilities. The following areas suffered from lack of attention:

- Reports required by Congress were not prepared, or were submitted late.
- A suitable data bank for purposes of making evaluations of EMS was never started.
- Support of the Interagency Committee on Emergency Medical Services was inadequate.
- The EMS program monitoring effort was limited primarily to review of written quarterly and annual reports.
- The clearinghouse functions were reduced to an information response activity.

3. HEW Research Unresponsive to
Needs of Developing Systems

The National Center for Health Service Research (NCHSR), Health Resources Administration (HRA), is responsible for developing and administering EMS research projects under Section 1205 of the EMS Systems Act of 1973.

a. Most EMS research projects awarded were long-term, multiyear studies, the results of which are not timely in meeting the current needs of the developing systems. Timeliness of information is critical because the capital investment for EMS systems development is being made now. NCHSR officials have exhibited the "purest" point of view and have not generally funded short-term projects addressing immediate high priority problems because technically they consider these projects to be analyses as opposed to research.

b. NCHSR has denied grant proposals because of design weaknesses without considering the merit of the research proposed

for study or the possibility of offering design assistance. As a result, proposals submitted by persons involved with EMS systems development are denied and grants are awarded to academically oriented medical centers, which write well-designed research proposals concerned with problems peripheral to those of the developing systems.

c. The Interagency Committee on EMS was not monitoring the Federal EMS research effort nor making suggestions to HEW concerning the type of EMS research that was needed.

4. HEW Training Programs Have Created Confusion

Within HEW, both DEMS and HRA conduct programs which provide funds for training emergency medical technicians (EMT's). These programs were not well coordinated and have created confusion and dissatisfaction at the State and local levels. State EMS officials criticized the HRA program for not complementing EMS systems development, for its lack of coordination with State EMS personnel, and for the manner in which the program was administered. The Investigative Staff believes that both DEMS and the State EMS coordinators should have more control over short-term EMT training programs.

5. DOT Reluctant to Accept HEW Leadership Role in EMS

DOT and HEW conduct EMS programs under separate laws, DOT under the Highway Safety Act of 1966, and HEW under the Emergency Medical Services Systems Act of 1973, as amended.

The DOT program emphasizes the prehospital functions of EMS, particularly as they relate to highway accident victims. The HEW program includes the prehospital EMS functions and focuses on the development of comprehensive regional systems capable of providing the wide range of emergency medical care. The two programs have overlapping features and there is a need for better coordination.

Since 1974, HEW and DOT have been trying to develop a Memorandum of Understanding clarifying their respective roles in EMS development. HEW, as the lead agency for EMS, wants DOT's programs to be coordinated with and approved by HEW. DOT is reluctant to relinquish the leadership role derived from its earlier association with emergency medical care, established in the late 1960's and early 1970's, and actively resents having to coordinate any of its programs with HEW. Constant bickering between the two agencies has had an adverse affect on the national EMS program.

6. DOT Has Little Control Over State's Use of DOT Highway Safety Funds

The Highway Safety Act provided, under Section 402, Federal formula grants to help States develop and operate a highway safety program. DOT established 18 uniform highway safety standard programs around which State highway safety programs were to be developed. Standard 11, titled "Emergency Medical Services," outlines DOT requirements for a State EMS program.

The decision on how Section 402 funds should be allocated and spent within the 18 uniform standard program areas is left to the State. Neither the DOT central office nor DOT regional offices have much influence over the State's decision. For this reason, there is little if any coordination between HEW and DOT concerning Section 402 funding.

7. State EMS Officials Oppose the Proposed Deletion of EMS as a Required Part of the Highway Safety Program

In July 1977, the Secretary of Transportation issued a report to Congress entitled "An Evaluation of the Highway Safety Program." The report recommended that the present 18 uniform highway safety standard programs be replaced with a reduced number of uniform requirements. Standard 11, Emergency Medical Services, along with 11 other standards would no longer be a mandatory requirement of a State's highway safety program. State EMS officials were adamant in their opposition to this change. They believed, as did many DOT officials, that it would result in a significant decrease in Section 402 funds allocated for EMS. Section 402 funding for EMS in 1977 totaled approximately \$17 million, as compared to HEW EMS systems grants which totaled about \$33 million. Section 402 funding plays an important role in many State's EMS programs.

8. The Department of Labor (DOL) Failed to Coordinate its EMS Training Activities

DOL, at the time of this report, could provide only fragmented and inconclusive information concerning the extent of its support for EMS training. DOL support is provided primarily under the Comprehensive Employment and Training Act (CETA). Preliminary responses from only four regional offices showed that over \$10 million was spent on this program during the period FY 1974 through FY 1977. The overall magnitude of this program appears substantial. Our review of one DOL program, the EMT apprenticeship program, disclosed that it had not been properly coordinated with other Federal and State EMS programs. The need for a DOL EMT apprenticeship program was questioned by State EMS officials who believed that it duplicated existing State and Federal programs. It is possible that other DOL training programs suffer from the same deficiencies.

9. Interagency Committee on Emergency Medical Services (IAC-EMS) Failed to Coordinate Federal EMS Programs

The IAC-EMS was established under Section 1209 of the EMS Systems Act. Its purpose is to coordinate and provide for communications and exchange of information among all Federal programs and activities relating to EMS. This Committee has not been effective in coordinating the Federal EMS program in a number of areas:

a. The IAC-EMS has not satisfied Congressional reporting requirements. These include an evaluation and report on adequacy, technical soundness, and redundancy of all Federal programs and activities relating to EMS; development of a comprehensive Federal EMS funding and resource-sharing plan; and a report describing the sources of Federal support available for the purchase of vehicles and communication support equipment.

b. State EMS coordinators criticized the IAC-EMS for not addressing or seeking answers to critical problems faced by EMS providers at the State level. The officials said there is a need for State representation on the IAC-EMS.

c. The IAC-EMS review of Federal EMS activities has, at best, been superficial. There is a reluctance on the part of Federal agencies to coordinate their EMS programs with the IAC-EMS. Agencies (especially DOT and HEW) jealously guard what they consider to be their own "turf."

d. The IAC-EMS has operated without adequate staffing and, therefore, meetings have not been properly planned and coordinated. Although required to meet four times a year, the IAC-EMS met only twice during CY 1977.

10. EMS is a State and Local Responsibility

The success of the Federal EMS program is dependent upon how well the programs are executed at the State and local levels. DOT and HEW programs were not always well managed or coordinated at this level and Federal program requirements were not always met.

a. Continuation of Regional EMS Systems is Dependent Upon State Support

Should Federal funding end, State support will be necessary to keep EMS systems intact. EMS regions are not political entities with direct taxing authority and must rely on the local governments participating in the system for financial and other support.

The degree of support that the EMS regions might receive is unknown. In view of the competing demands for limited tax dollars, it appears doubtful, however, that adequate financial help will be forthcoming in many areas. As a consequence, the future of many in-place EMS systems will be in jeopardy, unless the States decide to actively support the program.

b. State Health Department is the Lead Agency for EMS

Within the State health department, the State EMS coordinator is responsible for developing a statewide EMS program. The State EMS coordinator assesses EMS needs statewide; works extensively with regions developing EMS systems; and, in most States, determines how DOT funds made available for EMS by the Governor's Representative will be spent.

c. Governor's Representative Controls the Use of DOT Highway Safety Funds

The day-to-day operation of the highway safety program in each State is handled by a Governor's Representative. He determines how funds provided by DOT under Section 402 of the Highway Safety Act of 1966 will be spent. Standard 11, Emergency Medical Services is just one of 18 uniform highway safety standards competing for his attention.

d. Uncoordinated EMS Programs Exist in Some States

In 9 of the 28 States in which EMS programs were reviewed by the Investigative Staff, two separate EMS programs were run at the State level, both funded through Federal grant programs. In these States, the Governor's Representative does not rely on the State EMS coordinator's assessment of EMS needs but instead makes an independent evaluation. This allows local governments which do not wish to be part of the regional EMS system to circumvent State and HEW program requirements and still obtain Federal funding. In addition, the independent assessment of EMS needs is duplicative and creates confusion at the State level.

e. Requirement for State EMS Plans by DOT and HEW Cause Confusion

Both DOT and HEW require a State EMS plan. The DOT plan is primarily an inventory of prehospital resources. The HEW plan details the establishment, operation, and expansion of regional EMS systems. DOT and HEW officials have not enforced or clarified their requirements for a State EMS plan. Development of a State plan requires extensive coordination and a considerable resource commitment. For these reasons, most State plans were

either not completed or are outdated. Many States consider their current DEMS grant application to be the updated State EMS plan, satisfying both DOT and HEW requirements.

f. Complexity of HEW Systems Grants
Limits Use in Some Regions--DOT
Funding More Flexible

Rural and "have not" regions are at a distinct disadvantage when applying for funding under Sections 1202, 1203, and 1204 of the EMS Systems Act of 1973. These regions lack the necessary resources to develop an EMS grant application, and the hospitals, facilities, and medical personnel required for systems development. In addition, they lack a sufficient financial base to guarantee continuance of the program when Federal funding ends. As an alternative, DOT Section 402 funds have been used to purchase ambulances and EMS equipment in these regions. Section 402 funding requires only identification of the problem and the Governor's Representative's approval.

g. Standard Recordkeeping Requirements Not
Supported by State and Local EMS Officials

DEMS grant guidelines required that EMS systems establish standardized medical recordkeeping systems which cover patient treatment from initial entry into the system through discharge. Standard recordkeeping is necessary to provide data for program evaluation and management purposes. However, there is considerable resistance at the local level to standardized recordkeeping. Hospital administrators are reluctant to handle the extra paperwork or to provide information because of patient confidentiality and the possibility of malpractice suits. In addition, the costs of gathering and compiling information are considered prohibitively high by State and local officials. As a result, adequate data bases do not exist for evaluation purposes.

B. Recommendations

1. The Investigative Staff recommends that HEW be required to:

a. Develop an agencywide staffing plan for all EMS functions (central office and regional offices) and prepare justifications for the permanent personnel positions needed to ensure effective management, implementation, and evaluation of the EMS program in the United States.

b. Develop a formal structured system for providing program direction, technical assistance, and guidance to regional, State, and local EMS offices. The system should include provisions requiring the DEMS central office to provide, as necessary,