



Alfred L. Frechette, M.D.
COMMISSIONER

The Commonwealth of Massachusetts
Department of Public Health
Office of Emergency Medical Services
80 Bay State Street, Room 715
Boston, Mass. 02116 617-727-0564

TO: H.E.W. Labor Subcommittee on Appropriations
RE: Testimony Relative to Emergency Medical Services Funding
DATE: April 17, 1980

This testimony is submitted on behalf of the six Emergency Medical Services Regional Councils and all the citizens of Massachusetts. The Massachusetts Office of Emergency Medical Services (OEMS) is the agency within the Commonwealth of Massachusetts charged with responsibility for planning and coordinating the development of emergency medical service systems in accordance with state and federal EMS legislation.

During the past several months, we have been concerned about the impact that our nation's austerity program will have upon future EMS development. It has recently come to our attention that while some budget cutting will be absolutely necessary, other changes, contrary to the legislation, are also being proposed.

Public Law 94-573, section 8, (a), 5B, (11) states that "not less than 20 per centum of such sums for each fiscal year shall be used for grants and contracts under section 1204". Grants and contracts under section 1204 are used to improve emergency medical care through the implementation of advanced life support systems.

We understand that the legislature may be asked to grant a waiver of that section of the law which guarantees such systems development. We feel very strongly that no exception should be made. The logic of the law is clear. Those states which have progressed to the point of advanced life support should not be penalized by the abrupt rescission of the funds with which to implement the very system which was developed within the legislative framework.

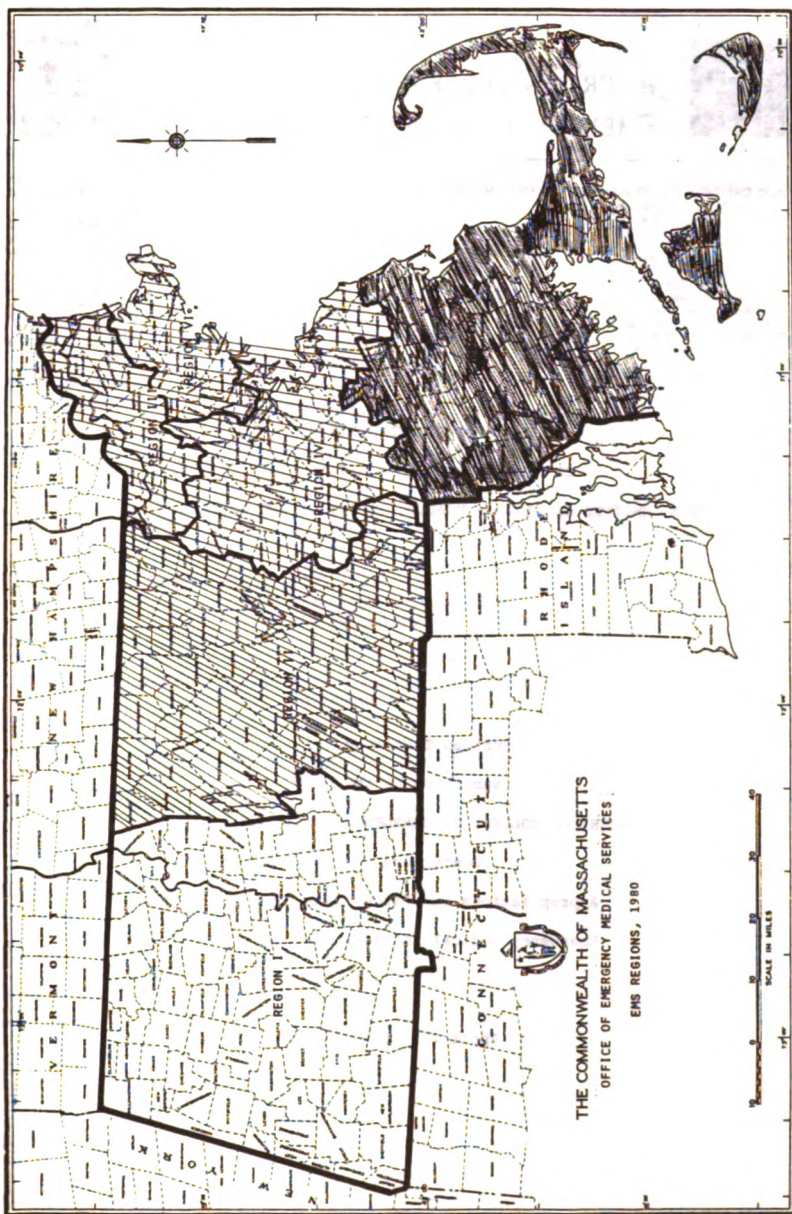
Years of planning have been necessary in order to draw physicians, hospital personnel, emergency medical technicians, fire and police personnel and consumers together. All momentum will be lost if funds are not available with which to implement the planned systems. Federal support for this program was time-limited from its inception, and this we understood; however, to withdraw support from those regions which are at the very threshold of comprehensive implementation would be not only unjust but also counterproductive.

Massachusetts would be most severely affected by such a decision. Two of the six EMS regions are at 1204 (1) level, and one very progressive region is at the 1204 (2) level. All three have submitted proposals for funding. A fourth EMS region is on a 1204 (1) grant and has been making excellent progress toward its objectives, and a fifth EMS region, with great diversity within its boundaries, has come together for the first time to investigate the feasibility of advanced life support. The federal statute was written in such a way as to achieve the most effective long-range benefits possible.

We urge you to adhere to the intent of the law by not voting to restrict EMSS funding for 1204 grants.


Sylvia A. Queen
Director

MASSACHUSETTS EMS REGIONS



EMS Level of Activity

Region II
1204(2)

Region III
1204(1)

Region IV
1204 (1) Ext.

Region V
1202(b)
Planning for
ALS

Region VI
1204(1)

1204(1)

1204(2)

1202(b)

% Population Affected
86.9%

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF EMERGENCY MEDICAL SERVICES
EMS REGIONS, 1980

SCALE IN MILES
0 10 20 30 40