DEPARTMENTS OF LABOR, HEALTH, EDUCATION, AND WELFARE, AND RELATED AGENCIES APPROPRIATIONS FOR 1981

HEARINGS

BEFORE A

SUBCOMMITTEE OF THE

COMMITTEE ON APPROPRIATIONS

HOUSE OF REPRESENTATIVES

NINETY-SIXTH CONGRESS

SECOND SESSION

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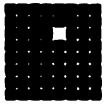
PART 12

TESTIMONY OF MEMBERS OF CONGRESS AND INTERESTED INDIVIDUALS AND ORGANIZATIONS

Printed for the use of the Committee on Appropriations

U.S. GOVERNMENT PRINTING OFFICE

62-577O WASHINGTON : 1980



AMERICAN COLLEGE OF
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U.S. HOUSE OF REPRESENTATIVES

COMMITTEE ON APPROPRIATIONS

SUBCOMMITTEE ON LABOR - HEALTH, EDUCATION AND WELFARE

Written Testimony

submitted by the

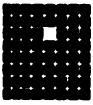
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

concerning

Appropriations for Fiscal Year 1981

Emergency Medical Services Systems

April 22, 1980



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SUMMARY

FY 1981 APPROPRIATIONS

AMENDMENTS OF 1979

PUBLIC HEALTH SERVICE ACT

TITLE XII - SECTION 1202, 1203, 1204 -	Grants for Planning, Implementing and Expanding EMS Systems	$21,000,000
TITLE XII - SECTION 1221 -	Grants for Poison, Trauma and Burns Projects	-0-
TITLE XII - SECTION 789 -	Grants for Emergency Medical Services Training	-0-

The American College of Emergency Physicians applauds and supports the efforts being made by the Congress to reduce federal spending. We recognize the importance of this to every American. But we urge this committee to carefully consider the evidence of cost-benefit and vital life-saving contributions of programs which are selected for support, reduction or elimination.

The federal Emergency Medical Services Systems program which was created with the passage of the EMSS Act of 1973 is a program which the College believes must be preserved for a while longer if the investment of $200 million and 6 years of concerted effort by thousands of individuals across this country is to pay dividends and not suffer a major setback. We make this appeal on behalf of those who will suffer serious injury in those parts of the country where fledgling EMS apparatus will have to be collapsed if the federal EMS program is precipitously ended this year.

The cost-benefit of the EMS program lies in its investment in the future. The federal EMS systems grants have provided the impetus that has resulted in communities accepting the challenge to do something about the "disease" of serious illness and injury among their citizens.

Congress intended it to be this way. The federal role in EMS was to create the inertia in local communities for establishing systems that are designed by local citizens to meet local needs, and that are gradually accepted and financially supported by the local communities. Once a level of self-dependency was achieved, the federal support was to be withdrawn and the system maintained by local and state initiatives.

Today we see a handful of communities that have made this vision a reality. They have used federal dollars to purchase equipment, educate leaders and the public, train professionals, organize facilities, and establish a system that can respond to medical crises with life-saving technical support and medical intervention. These communities' EMS activities have acquired the inertia that make them essentially self-sufficient in terms of financing, organizational support, and medical control and leadership. But there are many communities that are nearing self-sufficiency but have not achieved the critical point at which momentum and acceptance take over.

These are the regional EMS programs that will suffer the most. If all funding were eliminated this year we estimate many of these programs could drop back to where they were five years ago.

With all that has been accomplished over the past five years in EMS, a setback of this dimension is unthinkable.

We urge you to consider the potential long-term dividends of continued federal funding for EMS for FY 1981.

SECTION 1202, 1203, 1204 - PLANNING, IMPLEMENTATION AND EXPANSION OF EMS SYSTEMS

The planning, implementation and expansion of broad-based EMS regional systems which are supported under the provisions of Section 1202, 1203, and 1204 should have the highest priority in the appropriation of funds for the coming year. We recommend that all money being made available for EMS be targeted for these sections.

While an appropriation to the authorized level of $40 million could be justified, we recognize the pressure the committee is under. The administration's recommended figure of $21 million is the minimum amount needed this year to give those regions closest to self-sufficiency a reasonable chance of reaching that goal.

With the obvious limited life-expectancy for continued federal involvement in EMS we also recommend that the committee specify that the highest priority be given to the EMS regions that have the greatest potential for achieving organizational self-sufficiency.

SECTION 1221

POISON, TRAUMA & BURNS PROJECT

ACEP does not believe that cost-effective or logical systems of emergency medical care can be achieved if EMS is fragmented into multiple systems designed to deal with separate categories of emergencies. We feel this would be the result if the provisions of Section 1221 were implemented. The College therefore opposes appropriation of funds under this special projects section.

A central ingredient of effective EMS systems will always be a community's ability to respond to the broad-spectrum of emergency medical needs with appropriate and expeditious intervention. The logical focus for this activity is the properly staffed and equipped emergency facilities of this country. They are supported in the pre-hospital phase of EMS by emergency medical technicians and paramedics who provide life-support and transport. They are supported in the definitive care phase of EMS by specialized care centers that are staffed by teams of specialists. It would be a distortion of Congress' original intent for EMS if these logical strata of care, which have been developed over the years of federal involvement and have an even longer history in the evolution of emergency medicine, should be fractioned and separate systems established for trauma, poisons, and, by extension, for other categories of emergencies.

We do not believe this is economically good, nor do we believe this was the intent of Congress when Section 1221 was written. Yet, with the heavy emphasis that has been given these special projects, and the predilection of the Division of EMS we believe this fragmentation of emergency medical care is the logical end point of programs that would be initiated under these provisions.

This is not to say that trauma centers and poison information centers do not have a place in an EMS system. They do. They provide a vital level of care, but we must not allow trauma care to become a separate system that loses its link to community emergency departments. Trauma centers must continue to be the source of highly specialized definitive care. Poison information centers are an excellent, cost-effective adjunct to the services of an emergency facility. But these and other specialized care centers must operate as extensions of the care provided in emergency facilities.

This is not the focus of the leadership and direction being given the EMS program by the Division of Emergency Medical Services. On the contrary, the course being followed by the Division has indeed encouraged the fragmentation. In the waning years of the federal involvement we have seen efforts made to accelerate the development of categorical treatment centers.

Not only do we believe this effort is misplaced, but we strongly object to the pressure being exerted on communities by the Division to conform to federally mandated configurations for categorical treatment centers.

In recommending to the committee that funds not be appropriated for Section 1221 programs the College also urges that the committee reiterate the Congress' direction when the EMSS Act was first enacted, that Ems systems, within broad guidelines, are to be locally planned and controlled. We believe in the exercise of its authority to award grants and withhold funding for grants the Division has assumed the rights preserved for local communities in the planning and control of the local EMS systems.

SECTION 789, EMS TRAINING

Congress originally authorized money for the training of EMS personnel, recognizing the lack of specially trained physicians, nurses, and technicians to provide the life support and stabilization during the crucial minutes of medical emergencies. The $18 million that have been appropriated have had the intended effect. There has been a great deal of interest in EMS training at all levels. Congress can look with particular pride ar the results this funding has had in the area of physician training. The availability of money for emergency medicine residency training has been of direct benefit to several emergency medicine residency programs, but, more importantly, it has been an indirect motivating factor for many more programs.

Emergency medicine residencies are now a fixture in EMS and they are gaining the respect of academic medicine. Specialized training courses for nurses and technicians are well established.

For this reason, although we still recognize that there is an important role to be served by federal participation in specialty training in EMS, we believe higher priorities for limited funds exist within the EMS program. The available money should be channeled into these programs.