



**STATEMENT OF
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**HEARING ON
LEGISLATIVE PROPOSALS TO SUPPORT PATIENTS AND CAREGIVERS**

**BEFORE THE
U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON ENERGY AND COMMERCE
SUBCOMMITTEE ON HEALTH**

FEBRUARY 14, 2024

Chair Guthrie, Ranking Member Eshoo, Members of the House Energy and Commerce Subcommittee on Health, and Full Committee Chair McMorris Rogers and Ranking Member Pallone, I greatly appreciate the opportunity to provide testimony on several legislative proposals on the agenda today and speak to the importance of emergency medical services (EMS) as part of our health care system. My name is Randy Strozyk, and I am the President of the American Ambulance Association (AAA) which is the trade association representing those organizations whose primary mission is to provide lifesaving 9-1-1 emergency as well as vital interfacility ground ambulance services to communities across America.

In addition to being President of the AAA, I am Senior Vice President of Executive Operations for Global Medical Response (GMR) which is the largest provider of ground ambulance services in the United States. I have over 40 years in emergency medical services with decades in leadership positions with EMS organizations but started out on the frontlines of providing medical care to patients as a paramedic. I work and live in the Seattle-area of the great state of Washington and while I have lived in other parts of the U.S., I started my career in southwestern Washington. In 1982, I established the first paramedic program in Lewis County, Washington which involved an EMS system covering a small town and surrounding rural areas. I understand that many of the challenges that the EMS system faced over 40 years ago still exist today; challenges that continue to plague EMS systems across the country.

About the American Ambulance Association

Our membership includes private for-profit, public and private non-profit, governmental, volunteer and hospital-based ground ambulance services. The AAA has members that serve urban, rural, and extremely rural communities in all 50 states. The members of the AAA provide mobile health care services to more than 75 percent of Americans. These essential mobile health care services include the local operation of the 9-1-1 emergency/equivalent system, as well as both emergent and non-emergency interfacility care and transport services.

Our members also serve as the health care safety net for many small communities, especially those located in rural areas where other providers and suppliers have reduced their hours of operation or left the community altogether. As such, these organizations play a critical

and unique role in the country's health care infrastructure. Our members also respond to national emergency situations and crisis. We send personnel, ambulances, medicine, and supplies across the nation and U.S. Territories to support communities during hurricanes, floods, fires, and other disaster situations. Put simply, we are there for all Americans when the call for emergency medical services goes out.

Critical Role of Emergency Medical Services Providers

Ground ambulance services are a vital component of our local and national health care and emergency response systems and serve as lifelines of care for every community. Our members provide medical care 24 hours a day, 7 days a week for 365 days a year and are obligated to respond to every medical emergency in which a patient is in need. However, ground ambulance services across the nation, especially in rural areas, are facing unprecedented challenges. Inadequate reimbursement and funding have contributed significantly to our strained workforce and place continuing demands on EMS systems. Regardless of the geographical area served or the type of entity providing the emergency medical services to the community, all ground ambulance service organizations are struggling.

Each local government determines how best to set up their respective EMS system with approximately one-third of communities served by private for-profit ambulance service organizations. The local government contracts with these organizations which provide the same public good as their counterparts in other communities. However, private for-profit ground ambulance services and the communities they serve often don't have access the federal EMS funding programs or face challenges working through state and local governments strained by

other obligations for their attention to receive the necessary funding. As demonstrated during the COVID-19 Public Health Emergency, private for-profit health care organizations and professionals were critical to the response to the pandemic and treatment of patients. This was especially true of ground ambulance service organizations and paramedics and EMTs who were on the frontlines of providing medical care to communities hit hardest by the pandemic.

We greatly appreciate the bills being discussed today related to EMS, yet more needs to be done to address the struggles facing ground ambulance services through a multi-faceted approach to federal health care and first responder programs needed to help sustain all types of EMS providers in America.

EMS and Related Bills on the Committee Hearing Agenda

SIREN Reauthorization Act (H.R. 4646)

The SIREN Act Reauthorization would reauthorize the grant program under the Substance Abuse and Mental Health Services Administration (SAMHSA) which provides funding to governmental and non-profit EMS organizations in rural areas for training and the purchase of equipment. There have been increased challenges dealing with mental health issues and challenges in responding to medical emergencies. Paramedics and EMTs have been placed in difficult situations that add to the complexity of their work and safety. The reauthorization would modify the current program to emphasize the ability to use funds on the training of EMS personnel to address mental health and substance use disorders as well as equip them with the necessary medications and devices to counter suspected overdoses.

We greatly appreciate the leadership of Representatives David Joyce and Debbie Dingell in introducing H.R. 4646 and advocating for funding for rural EMS. The reauthorization of the SIREN Act is supported by the National Association of Emergency Medical Technicians (EMTs), International Association of Fire Fighters (IAFF), International Association of Fire Chiefs (IAFC), National Rural Health Association (NRHA), National Volunteer Fire Council (NVFC), National Fire Protection Association (NFPA) as well as the American Ambulance Association (AAA).

Emergency Medical Services for Children Reauthorization Act (H.R. 6960)

As elsewhere in health care, the treatment on scene of a child by a paramedic and EMT requires a different skillset. The level of care and education ensures that all levels of providers have the needed level of training to understand that children are not little adults and thus need to be treated appropriately. The level of care and training that exists today is a result of programs such as the Emergency Medical Services for Children (EMSC) Program. The program has ensured that paramedics and EMTs have the right training, equipment, medication, and protocols in place to provide the appropriate medical care to children.

We thank Representatives Carter, Castor, John Joyce, and Kim Schrier in introducing the EMS for Children Reauthorization Act. The Emergency Medical Services for Children Reauthorization Act is supported by the Academic Pediatric Association, American Academy of Pediatrics (AAP), American Ambulance Association, American College of Emergency Physicians, American Pediatric Society, Association of Maternal & Child Health Programs, Association of Medical School Pediatric Department Chairs, Children's Hospital Association, Children's Hospital of Philadelphia, Emergency Nurses Association, First Focus Campaign for Children, March of

Dimes, National Association of Emergency Medical Technicians (NAEMT), National Association of Pediatric Nurse Practitioners, National Association of State EMS Officials, National League for Nursing, Nemours Children's Health, Pediatric Policy Council, Society for Pediatric Research, The National Alliance to Advance Adolescent Health, and The Paramedic Foundation.

To reauthorize the Traumatic Brain Injury Program (H.R. 7208)

Paramedics and emergency medical technicians respond on a daily basis to automobile accidents, falls and other emergencies where patients face potential head injuries. The paramedic or EMT will check the pulse and blood pressure of the patient as well as identify sources of possible head bleeding or swolleness which could cause hypotension. It is important to look at addressing brain trauma injuries (TBI) from prevention, initial identification and treatment and long-term care.

In my position with GMR, I am responsible for our medical support of special events including our Motorsports Safety Programs. As Motorsports has been a leader in developing preventive measures to protect drivers in the event of crashes, these include ever changing designs of safety equipment and the cars themselves. We have worked with motorsports to increase the level of care at tracks with establishment of neurological services at races and the collection of data rapidly post-accident. This work transfers to other area such as the development of protective practices for other sports such as football and soccer and very focused to youth to prevent and identify head trauma.

We thank Representatives Pascrell and Bacon for their leadership on legislation to reauthorize the Traumatic Brain Injury State Partnership Grant Program. While I am involved

with the prevention and immediate response to a head injury, the TBI State Partnership Grant Program provides important grants to states to help provide services and support for individuals with traumatic brain injuries.

To amend the Public Health Service Act to reauthorize certain poison control programs (H.R. 7251)

H.R. 7251 would reauthorize poison control programs including the national network of Poison Control Centers. This network provides free around the clock information on the prevention of poisoning injuries and deaths including opioid overdoses.

According to the Centers for Disease Control (CDC), there are over 100,000 drug overdose deaths in the U.S. every year. Our paramedics and emergency medical technicians (EMTs) respond every day to opioid overdoses. We greatly appreciate the introduction of H.R. 7251 by Representatives Chavez-DeRemer, John Joyce, Donald and Cherfilus-McCormick as another tool to help provide assistance in addressing the opioid epidemic by hopefully preventing or helping mitigate the need for our paramedics and EMTs to respond to an opioid overdose.

Key Challenges and Legislative Solutions Facing Ground Ambulance Services

Below Cost Medicare Reimbursement

Medicare currently provides temporary urban, rural and “super rural” add-on payments for ambulance services. These are essential to ensuring access for all patients for vital emergency and non-emergency care, but they still do not bring payment rates up to a level that

covers the full cost of providing many services, as the Government Accountability Office (GAO) has repeatedly recognized.

Years of below-cost Medicare reimbursement have hampered efforts by ambulance services to hire new staff, update equipment, and continue to provide life-saving services in their communities. Ambulance services have closed or been forced to lengthen response times because of the stresses on their system. In the FY2023 Omnibus Appropriations Bill, Congress extended the add-on payments for two years, but another three years is necessary to analyze ongoing data collection and reform the ambulance fee schedule. It is vital that the Congress not only extend the add-on payments for another three years but also increase the percentages of the increases. We greatly appreciate the leadership of Representatives Carter, and Tonko, on this Committee as well as Wenstrup and Sewell on the Protecting Access to Ground Ambulance Medical Services Act of 2023 (H.R. 1666) to extend the add-on payments for three years and ask for the support of the Committee. This will help assure that we are able to continue to provide the critical services that our communities need.

EMS Workforce Shortage

Our country's emergency medical services (EMS) system is facing staffing challenges that threatens the provision of crucial emergency healthcare services. The crippling shortage of paramedics and emergency medical technicians (EMTs) is a long-term problem that has been building for over a decade but exacerbated by the COVID-19 pandemic. Our pipeline for EMTs entering the health care profession has been stretched thin as our highly trained paramedics are being hired by hospitals to offset the nursing shortage.

The 2022 Ambulance Employee Workforce Turnover Study by the (AAA) and Newton 360 - the most sweeping survey of its kind involving nearly 20,000 employees working at 258 EMS organizations — found that overall turnover among paramedics and EMTs ranges from 20 to 30 percent annually. The shortage is resulting in longer 9-1-1 response times for ambulances to reach patients in need of emergency ambulance services as well as an urgent interfacility ambulance transport to receive a higher level of care.

The Preserve Access to Rapid Ambulance Emergency Medical Treatment Act (H.R. 67433) by Representatives Gluesenkamp Perez and Finstad would provide funding (\$50 million) for the Office of the Assistance Secretary for Preparedness and Response (ASPR) for grants open to all ambulance service providers to fund paramedic and EMT recruitment and training, including employee education and peer-support programming to reduce and prevent suicide, burnout, mental health conditions, and substance use disorders. The bill also reduces barriers that prevent veterans from becoming certified as paramedics/EMTs and requests the Secretary of Labor (in coordination with the HHS Secretary) to conduct a study on the current and projected EMS workforce shortage and report their findings. We strongly endorse these provisions and ask that the Committee act on the provision to fund paramedic and EMT recruitment and training under ASPR.

Cut in VA Reimbursement

A recent rulemaking by the Department of Veterans Affairs (VA) has places our veterans at risk of losing access ground ambulance services as well. In January 2023, the VA issued a final rule entitled “Change in Rates VA Pays for Special Modes of Transportation.” The final rule is

currently scheduled to take effect on February 16, 2025. Under the final rule, the VA would reimburse for ambulance services provided through its beneficiary travel program at the lesser of the actual charge or Medicare ambulance rates. The Medicare program reimburses for ground ambulance services below the cost of providing critical 9-1-1 emergency and urgent interfacility ambulance medical and transportation services. Further reimbursement cuts could result in longer response times to 9-1-1 calls and urgent requests for interfacility transports of critical patients as well as access to medical care for not only veterans but also entire communities especially in rural areas. The VA Emergency Transportation Access Act (S. 2757, H.R. 5530) by Chairman Bost and Zinke would direct the VA to further analyze the impact of the final rule and create an advisory committee to evaluate future reimbursement rates which could not be below the cost of providing vital ambulance services.

Conclusion

We ask that the Committee and the full U.S. House of Representatives move forward with swift consideration of the legislation to reauthorize the SIREN Act, EMS for Children Program, the Traumatic Brain Injury program and Poison Control Programs. We also look forward to continuing to work with the Committee on the extension of the Medicare ambulance add-on payments, the EMS workforce shortage and additional grant funding for all ground ambulance service organizations. It is vital that all EMS providers receive the necessary support to provide emergency and interfacility ground ambulance services throughout the U.S.

I thank Subcommittee Chair Guthrie and Ranking Member Eshoo and full Committee Chair McMorris Rogers and Ranking Member Pallone for their leadership on EMS issues and for

inviting me to testify before you today. I would also like to again recognize Committee members Buddy Carter and Paul Tonko for helping champion the Preserving Access to Ground Ambulance Medical Services Act and Representatives Burgess and Kelly for cosponsoring the bill. Finally, the EMS community greatly appreciates the leadership of Representative Dingell as Co-Chair of the EMS Caucus and Representative Pence for his work on EMS workforce issues.

Summary of Statement of AAA President Randy Strozyk
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Ground ambulance services are a vital component of our local and national health care and emergency response systems and serve as lifelines of care for every community. EMS systems across the nation, especially in rural areas, are facing unprecedented challenges.

Legislation under review by the Committee are part of the effort to help sustain EMS in America and specifically address funding for specific areas of need including grants for rural EMS providers and funding for EMS to address pediatric care, traumatic brain injuries and poison control programs. We ask that the Committee move forward with swift consideration of the legislation to reauthorize the SIREN Act (H.R. 4646, EMS for Children Program (H.R. 6960), the Traumatic Brain Injury program (H.R. 7208) and Poison Control Programs (H.R. 7251).

We also look forward to continuing to work with the Committee on the extension of the Medicare ambulance add-on payments, the EMS workforce shortage and additional grant funding for all ground ambulance service organizations. It is vital that all EMS providers receive the necessary support to provide emergency and interfacility ground ambulance services throughout the U.S.

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