

The Vision

The rural/frontier emergency medical service (EMS) system of the future will assure a rapid response with basic and advanced levels of care as appropriate to each emergency, and will serve as a formal community resource for prevention, evaluation, care, triage, referral and advice. Its foundation will be a dynamic mix of volunteer and paid professionals at all levels, for and determined by its community.

EXHIBIT L Health Care

Document consists of 3 pages

- ☒ Entire document provided.
☐ Due to size limitations, pages _____ provided.

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EXECUTIVE SUMMARY

“Rural and Frontier areas in America represent 80 percent of our landmass and 20 percent of our population. Representative legislators, at all governmental levels, must work on the public’s behalf to address the changes needed to ensure EMS equity, parity and accessibility.”

– Dennis Berens, Coordinator, Nebraska Office of Rural Health

The face of rural/frontier EMS has changed dramatically since the 1966 National Academy of Sciences, National Research Council (NAS-NRC) white paper “Accidental Death and Disability: the Neglected Disease of Modern Society” marked the conception of modern EMS.¹ Ambulance service of that era was more about a fast ride than medical care. It was provided as a low-investment by-product service of funeral homes and others whose primary business already had the requisite type of vehicle. The NAS-NRC white paper revealed the ill-equipped, ill-trained nature of these services, as well as the potential to do more harm than good.

Subsequent reforms led to the birth of modern EMS with the Emergency Medical Services Systems Act of 1973. As standards for training, equipment and care changed, so, too, did the providers of rural/frontier EMS. Dedicated ambulance vehicles staffed by trained EMTs operated by independent volunteer organizations, volunteer fire departments, local hospitals, and others replaced hearses. Many of the previous operators balked at the required investment to meet emerging standards.

In the past three decades, the EMS field, with its capabilities and role as a unique discipline at the crossroads of medicine, public health and public safety, has matured dramatically. At a rural car crash, the gold standard medical response has gone from hearse to helicopter. The pressure to provide advanced life support (ALS), created at first by enthusiastic EMTs within EMS agencies themselves, has become compounded by media-generated public expectation. The drive to provide ALS has had an effect similar to that experienced by funeral home ambulance operators pressed to provide safe, basic care in the early 1970s.

EMS agencies dependent on volunteers for staffing and fund-raising for revenue, have found advancement difficult. Indeed, it is often a challenge to continue to assure the timely response of a basic life support ambulance in these settings. In the current era of preparing public safety for effective response to manage terrorist and other events, the reality of rural/frontier EMS is that the infrastructure upon which to build such a response is itself in jeopardy.

The 1996 NHTSA “*EMS Agenda for the Future*,”⁴¹ the visionary guide upon which this document is based, states that “EMS of the future will be community-based health management which is fully integrated with the overall health care system.” A theme running through the *Rural/Frontier EMS Agenda for the Future* is that such EMS integration is not only a reasonable approach to making community health care more seamless and to meeting community health care needs that might not otherwise be met, but that providing a variety of EMS-based community health services may be crucial to the survival and advancement of many rural/frontier EMS agencies.

Another related theme is that EMS should not only weave itself into the local health care system but into the fabric of the community itself. Communities can objectively assess and publicly discuss the level and type of EMS care available, consider other options and accompanying costs, and then select a model to subsidize. Where this happens through a well-orchestrated and timely process of informed self-determination, community EMS can be preserved and advanced levels of care can be attained.

This document suggests other means of maintaining an effective EMS presence as well such as alternative methods of delivering advanced life support back-up, and the formation of regional cooperatives for medical oversight, quality improvement, data collection and processing.

The *Rural/Frontier EMS Agenda for the Future* is built on the foundation of the 1996 *EMS Agenda for the Future*. With one minor change, the *Rural/Frontier EMS Agenda for the Future* also proposes continued development of the following 14 EMS attributes:

- Integration of Health Services
- EMS Research
- Legislation and Regulation
- System Finance
- Human Resources
- Medical Oversight
- Education Systems
- Public Education
- Prevention
- Public Access
- Communication Systems
- Clinical Care and Transportation Decisions/Resources
- Information Systems
- Evaluation

The rural/frontier EMS system of the future will assure a rapid response with basic and advanced levels of care as appropriate to each emergency; and will serve as a formal community resource for prevention, evaluation, care, triage, referral, and advice. Its foundation will be a dynamic mix of volunteer and paid professionals at all levels, as appropriate for and determined by its community. Fulfilling this vision requires the application of significant federal, state, and local resources as well as committed leadership at all levels to address such issues as:

- Staff recruitment and retention
- The role of the volunteer
- Adequate reimbursement and subsidization
- Effective quality improvement
- Appropriate methods of care and transportation in remote, low-volume settings
- Assurance of on-line and off-line medical oversight
- Adequacy of data collection to support evaluation and research
- Adequacy of communications and other infrastructure
- Ability to provide timely public access and deployment of resources to overcome distance and time barriers

Rural/frontier EMS providers are acutely aware of the challenges that they face. This document is intended to arm them with information about future directions in which their services and systems might best head to assure their survival, advancement and growth. It is also, more importantly, targeted to local, state and national makers of policy and funding decisions to underscore the fragility of rural/frontier EMS, identify the barriers to success, and propose solutions and highlight successful practices that they must consider in their spheres of influence.