



COVID-19 Legislative Agenda

The nation's fire and emergency service are on the frontlines of the response to the novel coronavirus and its resulting illness, COVID-19. Fire and EMS departments are struggling to provide service to their communities and are experiencing shortages of personal protective equipment (PPE), such as N95 masks, gloves, and other supplies. These departments are also seeing reduced numbers of staff due to the transmission of COVID-19 and associated quarantines. As the COVID-19 vaccination effort rolls out, fire departments are being asked to support these efforts. The IAFC recommends that Congress take the following actions:

- **Special funding of \$500 million each for the Assistance to Firefighters (AFG) and SAFER grant programs to support fire and EMS response to COVID-19:** Firefighters and EMS personnel place themselves at risk of exposure when caring for and transporting COVID-19 patients. Fire departments are facing challenges in obtaining PPE and sanitizing solutions for ambulances and personal use. The spread of the virus has presented an overwhelming need for new PPE in fire departments nationwide. Equipment and ambulances must be fully disinfected after each use. In addition, fire and EMS personnel are being exposed to the coronavirus, which has already led to department-wide quarantines and high backfill expenses. Fire departments also are facing budget shortfalls and the threat of layoffs as local governments face unprecedented reductions in revenues and increases in expenses. As the COVID-19 vaccination efforts begin, fire departments are being asked to help manage the programs, provide support staff, and administer the vaccines to their communities. *The IAFC recommends that Congress provide \$500 million for the AFG program and \$500 million for the SAFER program to fund equipment and staffing shortages associated with the COVID-19 response and vaccination efforts. We also ask for the cost-share requirements for both programs to be waived due to the economic crisis, along with other SAFER requirements to allow for the retention and rehiring of firefighters.*
- **Prioritize the provision of supplies to local fire and EMS departments:** As the nation faces a shortage of sanitizers and PPE, fire departments are forced to adapt protocols to conserve these resources. Fire and EMS personnel are some of the first healthcare providers to encounter COVID-19 patients and often are unaware of whether a patient has COVID-19. *Fire and EMS departments should receive the same priority as hospitals and other healthcare providers when it comes to receiving supplies from the Strategic National Stockpile and other federal supply-chain initiatives.*

- **Prioritize testing and vaccinations of fire/EMS personnel for COVID-19:** Due to delays in testing, firefighters and EMS personnel often undergo a 14-day quarantine, which results in understaffed emergency response departments and potentially unnecessary stress for the individual and their family. Without enough staff, some departments may be unable to provide timely and effective emergency medical services. This situation is continuing to worsen as the virus spreads. *Fire and EMS personnel should receive priority testing for COVID-19, so that they can be diagnosed and treated in an efficient manner. For similar reasons, fire and EMS personnel should be placed in the highest priority tier for receiving an eventual COVID-19 vaccination, as recommended by the National Academy of Medicine.*
- **Reimbursement of Fire and EMS Departments for Treatment of Patients in Place:** Due to concerns about COVID-19, the American public is showing hesitance to go to doctors' offices and local emergency rooms. As such, fire and EMS departments provide treatment-in-place (TIP) to millions of patients who have experienced a distressing, albeit low acuity, medical emergency and sought care through the 9-1-1 system. Once on scene, fire and EMS personnel treat the patient and encourage follow-up with a primary care provider. Common examples of TIP include slips-and-falls, minor scrapes, and bruises, and altered blood sugar levels in diabetics. When in doubt, EMS personnel transport the patient to a hospital for evaluation. Unfortunately, Medicare only provides reimbursements when a patient is transported to a hospital. As a result, fire and EMS departments often receive no reimbursements when they provide TIP. *Congress should pass legislation directing the Centers for Medicare and Medicaid Services to reimburse fire and EMS departments for providing TIP to low-acuity patients who seek care through the 9-1-1 system.*
- **Notification of drug shortages:** Fire departments often encounter shortages of basic emergency medications such as saline, epinephrine, and glucose. The Food and Drug Administration (FDA) announced that shortages are possible for many medications, including sedatives and others commonly used when caring for COVID-19 patients. However, the FDA did not identify specific at-risk medications. Fire departments are especially hard hit by shortages since the medications permitted for EMS use often are limited by state regulations and local policies. Without advance identification of at-risk drugs, fire departments face difficulties caring for patients with COVID-19 or other critical illnesses and injuries. *Congress should direct the FDA to provide advance warning of all drugs at-risk for shortage and to assist state and local governments in developing guidance on the use of alternate medications when a primary medication is in shortage.*
- **Support mutual aid to reinforce departments facing equipment and personnel shortages, include temporarily waiving state EMS licensure laws:** As fire department personnel are quarantined or become ill due to exposure to COVID-19, additional personnel and resources are needed to supplement their shortages. Fire departments have local, regional, interstate, and intrastate agreements in place that enable them to help each other during major disasters and national emergencies. These agreements can be utilized to assist fire departments as they protect their communities from COVID-19. However,

one obstacle to interstate mutual aid for EMS response is that EMS licenses are granted at the state level and EMS personnel may be unable to practice EMS outside of their home state. *Congress should fund efforts like the National Mutual Aid System that will allow fire departments to effectively share resources both within a state and between states. Additionally, Congress should support measures to provide temporary, emergency portability to EMS licensure.*

- **Accountability for Ryan White Notifications for Exposed Fire & EMS Personnel:** According to the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87), fire and EMS departments are supposed to be notified when firefighters or EMS personnel are exposed to infectious diseases while treating and transporting patients to medical facilities. In March 2020, the Centers for Disease Control and Prevention (CDC) announced that exposures to SARS-CoV-2 would be included under this law. Unfortunately, fire and EMS departments have had trouble receiving notifications of exposures to infectious diseases covered by the Ryan White Act. The current law does not place a federal agency in charge of holding medical facilities accountable for these requirements. *Congress should appoint an agency at the U.S. Department of Health and Human Services to enforce the Ryan White Act and ensure that fire and EMS personnel are notified of exposure to life-threatening diseases.*

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