COVID-19 Legislative Agenda

The nation’s fire and emergency service are on the front lines 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 and gloves, and other supplies. These departments are also seeing reduced numbers of staff due to the transmission of COVID-19 and associated quarantines. The IAFC recommends that Congress take the following actions:

- **Special funding of $5 billion 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 the effect of “stay-at-home” orders cuts revenues for local governments. *The IAFC recommends $5 billion for the AFG program and $5 billion for the SAFER program to fund equipment and staffing shortages associated with the COVID-19 response. We also ask Congress to waive the peer review and criteria development process for these grant programs to ensure that fire departments receive funding in a timely manner. 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 re-hiring of firefighters.*

- **Prioritize the provision of supplies to local fire and EMS departments:** As the nation faces a shortage of sanitizers and N95 masks, fire departments are forced to adapt protocols to conserve these resources. Fire and EMS personnel are some of the first health care providers to encounter COVID-19 patients and may not even be aware that a patient has COVID-19 until after being exposed. *Fire and EMS departments should receive the same priority as hospitals and other health care 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 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 will only 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 a priority for receiving vaccinations, when they are developed.*

• **Protect jobs of volunteer fire and EMS personnel responding to, or quarantined by, COVID-19:** During the COVID-19 outbreak, many communities, especially in rural America, are served by volunteer firefighters and EMS personnel, who are providing aid to COVID-19 patients with little or no remuneration. These volunteer responders may be exposed to COVID-19 during their duties and would be forced into quarantine. It is important that they not lose their paid jobs, while either deployed responding to COVID-19 or in quarantine. *Congress should pass legislation granting job protection to volunteer fire and EMS personnel similar to the employment protection granted to National Guard personnel.*

• **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 those used to treat COVID-19. However, the FDA did not identify 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 will 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, they will need additional personnel and resources 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 not be able 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.*
• **Protect the public safety spectrum in the T-Band (470-512 MHz):**
  Congress has mandated that Federal Communications Commission (FCC) auction the public safety spectrum in the T-Band (470-512 MHz) by February 2021. All public safety operations must vacate the band within two years of the auction’s close. The T-Band is a key spectrum resource allocated for radio communications in 11 major U.S. urban areas and the surrounding 50 to 80-mile radii of these cities. These cities and their suburbs currently are using the T-Band radio spectrum to coordinate their response to the COVID-19 virus. The U.S. Government Accountability Office (GAO) estimates that it will cost local governments approximately $6 billion to migrate these public safety users off the T-Band; many of whom do not have access to alternate spectrum. Both the GAO and the FCC Chairman Ajit Pai have recommended that Congress pass legislation, such as the Don’t Break Up the T-Band Act (S. 2748/H.R. 451), to repeal the T-Band auction mandate. *Congress should repeal the T-Band mandate and preserve public safety access to this critical piece of the emergency communications infrastructure.*

• **Prevent the taxation of state and local incentives for volunteer firefighters and EMS personnel:** The strain of responding to COVID-19 can be especially difficult for volunteer firefighters and EMS personnel, who must balance emergency response duties with career and family responsibilities. State and local governments use property tax rebates and other incentives to recruit and retain volunteer firefighters. The Internal Revenue Service views these incentives as income. However, taxing such incentives makes them ineffective and may hinder recruitment and retention of volunteer emergency responders. Recently, Congress passed the Volunteer Responder Incentive Act (VRIPA) as part of broader legislation (P.L. 116-94), which protects all property tax-based incentives and up to $600 in other incentives from being considered taxable income. This tax relief expires at the end of 2020. *Congress should make the VRIPA permanent by including S. 1210/H.R. 1241 in any COVID-19-related stimulus bill.*