



POSITION STATEMENT

Response to Federal Disasters and Local Impact

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Following the catastrophic 2005 hurricane season, FEMA sought to implement a plan to establish a comprehensive EMS response to federally declared disasters. The government solicited proposals and on August 1, 2007, FEMA named American Medical Response (AMR) as the sole prime provider recipient of this contract, which provides a full array of ground ambulance, air ambulance and para-transit services to supplement the federal and military response to a disaster, act of terrorism or other public health emergency. This national contract is the first of its kind and as of October 1, 2009 covers the 48 contiguous United States which are divided into 4 FEMA zones.

There has been some concern expressed about depleting local or state resources to respond to a federal disaster. The government, and AMR, is aware of this concern and we both have taken steps to ensure that doesn't occur. FEMA has stated: "The contractor(s) will not use ambulance service providers within the affected state(s) of the Incident of National Significance. The contractor(s) should refrain from subcontracting with ambulance service providers that are committed under the Emergency Management Assistance Compact (EMAC) agreements since it is anticipated that these ambulances will be contracted for and deployed by the state(s) in which the disaster is occurring through EMAC." Some states already have EMAC agreements with ambulance providers in nearby states as well. FEMA has also stated "the contractor SHALL NOT use ambulance service providers' assets within the affected state(s) of the Incident of National Significance."

Another concern expressed by some EMS regulatory agencies is that ambulance providers will deploy local resources to an out-of-area disaster without authority from the regulatory agency.

At AMR, we acknowledge and appreciate all of these concerns and we will not jeopardize the standard of care in the local communities we serve by diverting our resources to a federal disaster. Our company, along with our subcontracted network providers, is robust enough to respond to federal disasters without compromising local EMS. In fact, in our solicitation letters and contracts with network providers, we state very clearly "**We recognize that many EMS providers are regulated by local or state agencies and may have restrictions when it comes to responding to out-of-area disasters. The EMS needs of your local communities are primary and participating in our provider network is not intended to undermine those obligations**". Participation in the AMR disaster response network is subject to availability and must be consistent with other local obligations.

We would also like to address the issue of private vs. public EMS response to a federally declared disaster. The government's 2006 draft solicitation for ambulance support was originally restricted to private-sector providers only. Having witnessed first-hand the collaborative efforts of the public and private sector mutual aid EMS providers in Hurricane Katrina in 2005, AMR felt that the federal response should be open to all types of EMS providers. The government changed the solicitation to allow private and public providers to respond.

AMR desires to work closely and collaboratively with state EMS offices, while fulfilling its obligations under the national contract. We look forward to continued discussions and cooperation with EMS regulatory agencies and state and national organizations and associations.