



**Outside Witness Statement  
By Paul Patrick, President  
National Association of State Emergency Medical Services Officials  
Committee on Appropriations, U.S. Senate  
Full Committee Hearing  
“U.S. Government Response: Fighting Ebola and Protecting America”**

November 12, 2014

Madam Chairwoman Mikulski, Ranking Member Shelby and distinguished members of the Committee, I am Paul Patrick, the President of the **National Association of State Emergency Medical Services Officials (NASEMSO)**. A nonprofit association created by and representing all U. S. state and territorial emergency medical services state offices, **NASEMSO** exists to support its members in developing EMS policy and oversight at the state level. Our members are responsible for assuring the safety and quality of emergency medical services (EMS) in their respective states, through oversight, licensing of providers and by providing educational and financial resources when available. EMS providers include public, nonprofit and private sector organizations that provide first response or ambulance service, whether they are fire-based, hospital-based, independent nonprofit or other model. EMS providers also include the personnel, such as the EMTs and paramedics, who are licensed by the state EMS offices. Our goal is to promote the orderly development and operation of coordinated EMS systems across the country. As such, we wish to address our increasing concerns about the readiness of EMS providers to respond safely and effectively in this critical time when Ebola has become a threat facing our nation.

Since the advent of federal preparedness grant funding in the post 9-11 era, EMS providers, along with other first responder entities, have benefited from the increased training, equipment and supplies made available to address the challenges of responding to natural or man-made disasters. Unfortunately for all, preparedness funding has markedly decreased in recent years. To make matters worse, EMS providers historically have not received a significant portion of the preparedness funding from the Department of Homeland Security or the Department of Health and Human Services. Surveys conducted by NASEMSO have found that a significant number of our state and territorial EMS offices do not materially participate in the federal preparedness grants, and of those participating, there is great disparity in the amount of funding received.

We know that a well-coordinated public health response is essential to halt and reverse the spread of Ebola. An essential component of the coordinated response is ensuring that those who may be the first to treat the infected patient are well-trained and equipped, not only for their own protection but to ensure the virus does not spread to others. Some of

the needs that EMS agencies face for appropriate response to the Ebola threat include:

- 1) Personal Protective Equipment (PPE), which include impermeable attire and respiratory protection, such as Personal Air Purifying Respirators (PAPRs);
- 2) Training specific to infectious disease, such as Ebola;
- 3) Decontamination resources (for PPE and ambulance equipment and vehicles);
- 4) Disposal resources for the highly infectious medical waste; and
- 5) Quarantine resources for EMS personnel exposed to Ebola infected patients.

One large ambulance service operating in a southern urban area estimated its Ebola preparedness needs as follows:

- a) Personal Protective Equipment (PPE) - At least 8 PPE suits per response (including PAPRs) - 4 for personnel on scene (EMS and/or 1<sup>st</sup> responders) PLUS the replacement of the suits while they are undergoing decontamination and drying. Approximate cost of suit - \$60; PAPR - \$2,000. Estimate for one ambulance response - \$16,000 for suits and PAPRs. (The number of those responding to suspected Ebola patients would be limited to reduce costs.)
- b) Training - 4 hours per person, typically at overtime rate of \$45 for field donning/doffing of PPE and general awareness. Estimated cost - \$50,000 in wages.
- c) Quarantine - If suspected exposure results in a need to isolate a crew for 48 hours to 21 days, PLUS the cost of O/T to replace crew to maintain community safety net coverage, estimated costs are 21 days x 12 hours x \$30 is \$7,600 per employee, plus the replacement cost of 21 x 12 x \$45 = \$11,300. This does not include the cost of providing housing for quarantined employees.
- d) Disposal and decontamination - costs were not included in this estimate.

Multiply these costs many times over and it is evident that the nation's EMS agencies will face an astronomical burden in taking the necessary steps in this county's fight against the spread of Ebola. While we know that all EMS agencies and personnel may not have to undergo the same extent of preparedness training and equipping, all will be impacted to some degree with a heightened level of awareness and preparedness. **On behalf of the nation's EMS providers, NASEMSO requests that any supplemental or emergency appropriation include funding specifically targeted for EMS providers.**

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