

Act Boosts Emergency Medical Funds

50 million Americans are injured every year, 115,000 people die in accidents of whom 18,000 could be saved with prompt and adequate emergency medical care and the 400,000 who are permanently disabled could also be substantially aided . . . at least 350,000 people could be saved every year from prehospital coronary deaths. This is the situation, as described in a senate health subcommittee hearing Feb. 1, 1973, which gave rise to the recently enacted Emergency Medical Services Systems Act of 1973.

The act authorizes a total of \$185 million over the next three years for the development and improvement of emergency medical services (EMS) systems. This story and the following analysis deal with the Emergency Medical Services Systems Act and its implications for emergency medical care.

Beginning with the current fiscal year and continuing through fiscal years 1975 and 1976, most of the funds, \$160 million, are allocated for grants or contracts to states, local governments, public or private non-profit bodies, as follows:

- 15 per cent for feasibility studies and for planning the establishment and operation of EMS systems;
- 60 per cent for the establishment and initial operation of EMS systems;
- 25 per cent for the expansion and improvement of EMS systems.



Symbol Designating EMS Vehicle

Inside

- **EMS Act And Its Effects:
An Analysis** . . . Page 3
- **Christmas, New Year Deaths
Analyzed** . . . Page 5
- **2,000,000th Death Mark
Passed** . . . Page 5
- **Auto Damage Study: Down The
'Prudent' Path** . . . Page 7

In fiscal year 1976, all grants must be for the second and third categories. Federal funding may not exceed 50 per cent of establishment and operation costs except in areas of exceptional financial need where 75 per cent funding is authorized. Twenty per cent of these funds is set aside for "rural areas," which are also to be given "special consideration" in awarding research grants.

The act authorizes \$5 million for each of the next three fiscal years for research into techniques and delivery of EMS. \$10 million is authorized for this fiscal year for grants to medical education centers for EMS training programs.

In order to receive funds under the act, an EMS system must, within a specified period, meet requirements including:

- an adequate number of health professions and personnel;
- training and continuing education programs for personnel (including recruitment and training of ex-military medical corpsmen);
- a central communications system, including use of the 911 emergency telephone number;
- adequate ground, air and water transportation facilities;
- adequate numbers of easily accessible EMS facilities;
- access to critical medical care units;
- necessary EMS care without inquiry as to ability to pay;
- public education on availability of EMS.

HEW may approve "appropriate alternatives."

The primary responsibility for administration of the act will rest with the Department of Health, Education and Welfare. Formerly DOT statutorily had primary federal responsibility for implementing EMS programs. The secretary of HEW is required to establish "an identifiable administrative unit" within the department to conduct all data collection, analysis and dissemination. He must also chair an interagency committee, with members from all other federal agencies, including DOT, involved in EMS and with five presidentially-appointed experts from the general public. The committee is charged with evaluating the "adequacy and technical soundness" of all federal EMS programs and activities.

HEW has to submit an annual report to the Congress on the administration of the act. It must also report to the Congress by November, 1974, on the legal barriers to effective delivery and make recommendations for any necessary legislation.

The act, PL 93-154, was signed Nov. 16, 1973, by President Nixon, who vetoed an earlier version which also included a provision to continue the operation of eight Public Health Service hospitals. In his veto message, the President criticized the proposed EMS program as "narrow and categorical . . . thrusting the federal government into an area which is traditionally a concern of state and local governments and should remain under their control." A vote to override the veto passed in the Senate but failed narrowly in the House. The bill was reintroduced without the hospital provision and received overwhelming congressional support.

The Act And Its Effects: An Analysis

The Department of Health, Education and Welfare is given primary responsibility for EMS administration under the Emergency Medical Services Systems Act. The Department of Transportation will continue to administer EMS programs under the 1966 Highway Safety Act.

Since the act's signing, HEW and DOT officials have been working through an interdepartmental committee to coordinate its implementation. The committee was established July, 1972, but the first meeting was not held until September, 1973. In the Senate hearings, Jan. 31, 1973, Sen. Edward M. Kennedy (D-Mass.), asking why an EMS clearinghouse was not already in operation, criticized the lack of coordination between federal agencies involved in EMS.

Members of the interdepartmental committee will probably continue to serve as members of the interagency committee required under the act. HEW officials do not know when the presidential appointment of five experts from the public, as required by the act, will be made.

To carry out the new law, HEW and DOT have combined their requirements for state plans, evaluation and reporting. Grant application materials are being developed which can be used to apply to either department.

Funding provided under the act is only for *initial* operation. It may be difficult to ensure the continued operation of programs started with these funds. Small communities often need assistance with operational costs since maintaining and running one ambulance at minimum wage rates of pay costs \$60,000 a year, DOT estimates. HEW officials stress that the purpose of the act, however, was to provide not an "operational subsidy" but "seed money" for systems which could then be supported by communities.

At present, 50-60 per cent of EMS is supplied by private for-profit bodies which would not be eligible for grants under most provisions of the act. This may lead more communities to take over from private contractors and run their own services.

FUNDING

For the present 1974 fiscal year, \$27 million of the \$45 million authorized by the act was appropriated by the Congress in an act signed Jan. 3, 1974 (PL 93-245). Of this amount, \$17 million was money newly appropriated and \$10 million was transferred from existing HEW appropriations. The funds are divided into \$17 million for systems, \$7 million for training and \$3 million for research. HEW officials are not certain that the White House's Office of Management and Budget will release all the funds. DOT funds for EMS under the Highway Safety Act were not affected by the act.

FEDERAL PROGRAMS TO DATE

Since 1972, HEW emergency care activity had centered on developing model EMS systems to demonstrate various approaches to providing EMS care. The department spent \$8 million in fiscal year 1972 and \$15 million in fiscal year 1973 on five demonstrations of total EMS systems and several smaller projects. A National EMS Information Center was also established. These programs will be continued.

The DOT has been involved in EMS since 1966, when the Highway Safety Act required the Secretary to issue a program standard designed to improve "emergency services." Standard 11, Emergency Medical Services, issued June 27, 1967, required each state to have a program "to ensure that persons

involved in highway accidents receive prompt emergency medical care under the range of emergency conditions encountered." Through this provision, DOT was able to affect EMS in most stages except hospital care.

FUNDS RELEASED

Each state was required under the 1967 standard to develop a comprehensive plan for EMS. Forty-six states have submitted plans and of these 29 have been approved. The National Highway Traffic Safety Administration threatened states with the loss of annual EMS funds unless plans were completed by June 30, 1973, and then it extended the deadline to Jan. 1, 1974. Some of the funds have, however, been released for EMS training and it is not certain that any funds will actually be withheld. In the Senate hearings, Sen. Kennedy questioned NHTSA's failure to withhold funds from states that had not complied. According to NHTSA testimony then, "the progress that the states have made in EMS under the act is gratifying."

Since 1966 NHTSA has concentrated on improving training, communications and equipment criteria and supporting demonstration projects, using as a guide the EMS volume of the Highway Safety Program Manual.

In cooperation with the National Academy of Sciences and the National Research Council, NHTSA devised a basic 81-hour course as the minimum training for ambulance personnel, which is being used by 44 states. According to NHTSA, only 32 states, however, require training of any kind and only 3 or 4 states stipulate the 81-hour course for certification as an ambulance operator. A 480-hour course of advanced training is being pilot-tested in 15 locations. Authorities in the field have frequently expressed concern that present and planned programs do not sufficiently require regular refresher courses and recertification.

AMBULANCES, EQUIPMENT

More than half the EMS funds available under the Highway Safety Act have been spent on improving ambulances and equipment. The majority of ambulances now meet the minimum criteria issued by NHTSA in May, 1971.

Rural areas have been particularly dependent on ambulance services operated by morticians, who have for years been leaving the business in substantial numbers. Some left when states implemented NHTSA requirements that any company offering ambulance service have two trained attendants on duty during a 24-hour period although others upgraded their service to meet the requirement. HEW officials say that they would prefer communities to use DOT funds for ambulance purchase and equipment and HEW funds for all other EMS purposes, such as training.

The act was supported by most major organizations in the health field, including the American Medical Association and the American Hospital Association. It was opposed by HEW and NHTSA who, in line with administration opposition to the legislation, testified against the bill in the Senate hearings. NHTSA officials said that "ample statutory authority already exists to enable the Department of Transportation to carry out a broad range of EMS related activities" and HEW officials said there was no support for the "assumption that needed improvements" in EMS would not occur "without additional legislation."

A revised and updated edition of the Highway Safety Program Manual, Vol. 11, Emergency Medical Services, will be available in about one month from the U.S. Department of Transportation, National Highway Traffic Safety Administration, Information Section, 400 Seventh St., S.W., Washington, D.C. 20590.

The manual is available free to communities with EMS responsibilities and to the general public for \$6.50.

Christmas, New Year Deaths Analyzed

Four-day Christmas and New Year holidays — including the ones at the end of 1973 — show a consistent pattern of lower auto crash fatality results than other Christmas and New Year periods.

According to an analysis by the Insurance Institute for Highway Safety, the Christmas holidays with the *lowest* average number of auto crash fatalities per day during the 1958-1973 period all were four-day holidays:

- Christmas, 1958, an average of *148* deaths per day.
- Christmas, 1962, an average of *161* deaths per day.
- Christmas, 1969, an average of *151* deaths per day.
- Christmas 1973, an average of *130* deaths per day.

The four Christmas holidays producing the *highest* per-day averages during the 1958-1973 period fell in 1963 and 1968 (one-day holidays) and 1965 and 1967 (three-day holidays).

In each, the average number of fatalities per day *exceeded 220*.

Of the six New Year holidays producing the lowest average number of auto crash fatalities per day during the period, four were four-day holidays:

- New Year, 1958, an average of *94* deaths per day.
- New Year, 1962, an average of *97* deaths per day.
- New Year, 1969, an average of *120* deaths per day.
- New Year, 1973, an average of *112* deaths per day.

The four New Year holidays producing the *highest* per-day averages during the period were in 1963 and 1968 (one-day holidays) and 1964 and 1965 (three-day holidays).

In each of these, the average number of fatalities per day *exceeded 150*.

(There were no two-day Christmas or New Year holidays during the 1958-1973 period.)

(Cont'd on page 6)

2,000,000 Deaths Laid To Motor Vehicles

Sometime during the last week of 1973, this country's 2 millionth motor vehicle death occurred. During 1973 alone, human injuries attributed to motor vehicles occurred at a rate of more than 10,000 a day.

These calculations were made by the Insurance Institute for Highway Safety based on figures from the National Safety Council and the National Center for Health Statistics.

The graph below shows year-by-year fatalities for Christmas and New Year holidays in the 1958-1973 period.

IIHS released its analysis in view of questions concerning the possible interaction between the fuel shortage and recent holiday crash death rates.

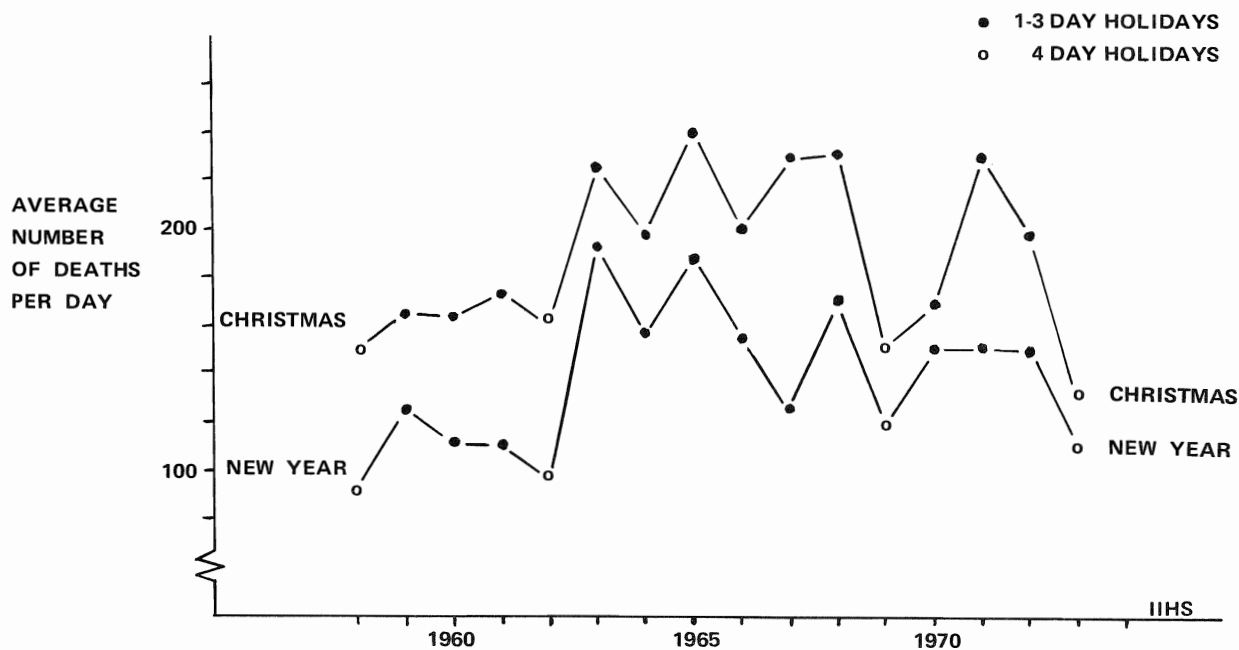
Earlier, in a paper pulling together available hard data bearing on the energy shortage's possible effects on highway losses, IIHS noted that, "Reductions in deaths occurring during the 1973 Thanksgiving holiday compared with the same holiday in 1972 have already been widely quoted in the press as an indication that the energy shortage has already begun to reduce motor vehicle deaths."

Warning that such conclusions are premature, the Institute reported a comparison of Thanksgiving holiday deaths for the 1968-73 period showing "... that, with the exception of 1972, there has been a consistent downward trend in these deaths and it appears that 1972, rather than 1973, was the unusual year since the deaths were higher in 1972 than would have been predicted on the basis of the figures of previous years. Furthermore, the reported 1973 total appears to be on a declining trend line established by the data for the prior years, *except for 1972.*" (See *Status Report*, Vol. 8, No. 23, Dec. 20, 1973.)

The Institute data paper warned that holiday fatality figures are "complicated because holidays are, by definition, not typical of other periods. It is probable, therefore, that their amounts and types of driving are also not typical. . . ."

In releasing the results of its analysis of Christmas and New Year fatality figures, the Institute repeated the warning expressed in the data paper against the dangers of "interpreting any early changes in highway losses, if such occur, as being indicative of real trends due to the energy shortage."

CHRISTMAS AND NEW YEAR HOLIDAY MOTOR VEHICLE DEATHS, 1968-1973*



*IMMEDIATE DEATHS, THOSE OCCURRING BY MIDNIGHT ON THE LAST DAY OF THE HOLIDAY PERIOD.

SOURCE: 1950-1972 DATA, *ACCIDENT FACTS*, 1966-1973 EDITIONS, NATIONAL SAFETY COUNCIL. 1973 DATA, PUBLIC INFORMATION DEPARTMENT, NATIONAL SAFETY COUNCIL.

Caution Urged On Highway Predictions

Dr. B. J. Campbell, director of the University of North Carolina's Highway Safety Research Center, has cautioned that researchers should approach the energy shortage with "eyes open in our expectations for improved safety."

Campbell said that, "Even when and if the change to smaller cars is completed, we cannot be sure that we will experience highway safety gains – only an improvement in the usage of gasoline." A recent issue of his research center's "Accident Reporter," said that "One study already completed by HSRC indicates that persons in a small car suffer more severe injuries in a collision – even with another vehicle of comparable size."

HSRC will study crashes involving "newer model small cars in an effort to better understand the full impact of a mass changeover to smaller cars by American drivers," Campbell said.

He noted that "a modest reduction in deaths and the frequency of severe injuries can reasonably be anticipated" due to lower speed limits.

Auto Damage Study To Take 'Prudent' Path

The National Highway Traffic Safety Administration intends "to move forward in a systematic and prudent way" with its consumer information study on automobile crashworthiness and damage susceptibility, NHTSA Administrator Dr. James B. Gregory has told Sen. Warren C. Magnuson (D-Wash.), chairman of the Senate Committee on Commerce.

The committee oversees the implementation of the 1972 Motor Vehicle Information and Cost Savings Act, which mandates the study.

Magnuson had written Gregory asking how much NHTSA plans to spend on the study during the next fiscal year. In his letter he expressed "deep concern" that the study "be properly implemented by the Department of Transportation.

Magnuson's concern stemmed from reports that funding for the study "is being drastically reduced," a committee staff member told *Status Report*. "It is the single most important section of the act. We are concerned it is being scuttled," the staff member said.

In responding to Magnuson's letter, Gregory declined to be specific about future funding levels. President Nixon's budget for next fiscal year "is currently under preparation," he said.

Magnuson had sought to determine whether reported cuts in funding for the consumer information study, if real, had originated in NHTSA, at DOT headquarters or in the President's Office of Management and Budget.

Siegfried Re-Elected Chairman Of IIHS Board

W. V. Siegfried, vice president of Nationwide Mutual Insurance Co. has been re-elected chairman of the board of governors of the Insurance Institute for Highway Safety.

Other members are:

Martin Albaum, director of research, Prudential Property and Casualty Insurance Co.; Paul Benbrook, executive vice president, Maryland Casualty Co.; Roger J. Fisher, second vice president, The Travelers Insurance Co.; Hal F. Holtz, vice president, Sentry Insurance; T. Lawrence Jones, president, American Insurance Association; Ralph J. Ladd, president, Michigan Mutual Liability Co.; Vestal Lemmon, president, National Association of Independent Insurers; Thomas C. Morrill, vice president, State Farm Mutual Automobile Insurance Co.; F. S. Mostero, senior vice president, The Home Insurance Co.; J. Roy Nicholas, executive vice president, Royal-Globe Insurance Companies; Donald L. Schaffer, vice president, secretary and general counsel, Allstate Insurance Co.; Charles A. Weeber, vice president and claims counsel, United Services Automobile Association; Roger H. Wingate, senior vice president, Liberty Mutual Insurance Co. and Paul S. Wise, president, National Association of Automotive Mutual Insurance Companies.

(Contents may be republished, whole or in part, with attribution.)

the highway
loss reduction

STATUS REPORT

Ralph W. Hoar, Jr., Editor

INSURANCE INSTITUTE for HIGHWAY SAFETY
WATERGATE SIX HUNDRED • WASHINGTON, D.C. 20037
(AREA CODE 202-333-0770)

IIHS MASTER FILE COPY