

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



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April 18, 2011

Drew Dawson

Director

Office of Emergency Medical Services,
National Highway Traffic Safety Administration
1200 New Jersey Avenue, SE NTI-140
Washington, DC 20590

Dear Mr. Dawson:

The American Academy of Pediatrics (AAP), a non-profit professional organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults, appreciates the opportunity to comment on the role of the Federal government in emergency medical services (EMS) and trauma care and the concept of a Federal lead office for EMS.

The Academy supports the concept of a lead agency for EMS and hopes such an agency would improve optimal emergency care for children throughout every aspect of the emergency medical services for children (EMSC) continuum, from injury prevention to tertiary-level pediatric emergency and critical care to rehabilitation, and ultimately coordinate emergency care through the medical home. The Academy requests you pay particular attention to the special needs of children when it comes to emergency medical services. Children are not simply little adults; they need special equipment, medication, medical devices, and care by trained pediatric experts. Children are especially vulnerable during an emergency or disaster. The AAP recommends that every child in need have access to quality pediatric emergency medical care.

The AAP feels strongly that any reorganization of the federal EMS program must maintain the EMSC's status as a freestanding program. Consolidating EMSC with other EMS programs is likely to lead to reduced or no funding for EMSC, a program crucial to the care of the nation's children. EMSC has funded pediatric emergency care improvement initiatives in every state, territory, and the District of Columbia, as well as national improvement programs. These include the development of equipment lists for ambulances, guidelines for hospital emergency preparedness, pediatric treatment protocols, and handbooks for school nurses and other providers that would be critical in the event of an emergency. In the 27 years since the EMSC program was established, child injury death rates have dropped by 40 percent.

The Academy can only support a federal EMS leadership structure that retains the EMSC program as a separate program with its own dedicated funding; that recognizes the EMSC continuum-of-care model specifically acknowledging the need for pediatric readiness in all U.S. emergency departments in accordance with the joint AAP and American College of Emergency Physicians, and Emergency Nurses Association policy that was endorsed by twenty-two national organizations; and that explicitly incorporates the disaster preparedness needs of children in accordance with the recommendations of the National Commission on Children and Disasters October 2010 report.

Other specific recommendations are:

- The Department of Health and Human Services should address the findings of the EMSC National Resource Centers' Gap Analysis of EMS Related Research;
- Federal emergency preparedness grant programs should establish stronger pediatric EMS performance measures; and
- The Department of Homeland Security (DHS) should establish specific pediatric EMS accountability measures within the DHS Homeland Security Grant Program (HSGP) in alignment with the EMSC's performance measures.

The American Academy of Pediatrics deeply appreciates your ongoing commitment to meeting the emergency medical and trauma care needs of children and families. If we may be of further assistance, please contact Tamar Magarik Haro in our Washington, DC office at 202/347-8600.

Sincerely,

/s/

O. Marion Burton, MD, FAAP
President

OMB/bd