Federal Policies Toward State Emergency Medical Services

States use many different sources to fund their emergency medical services (EMS) activities and EMS resources vary dramatically by State. In 1988, over 80 percent of States EMS funds come from State or local sources (57), Only 14 percent of State EMS resources derive from Federal sources (figure 6-l). This, however, varies markedly by State. Nebraska, for example, relies entirely on Federal support while Florida relies entirely on State funds. In 1988, per capita spending for EMS varied from a low of $0.02 per capita in Ohio to nearly $14 per capita in Hawaii (table 6-1) (57).

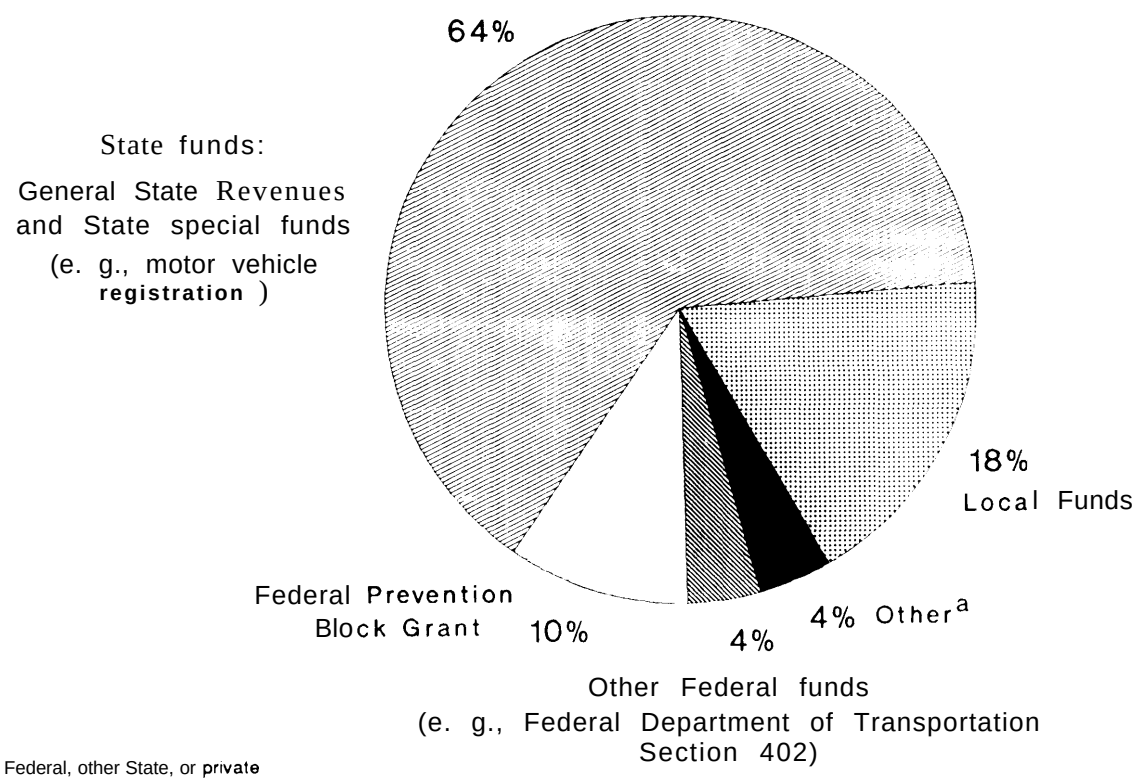
Federal support of State EMS programs derives from two sources, the Department of Health and Human Services (DHHS) and the Department of Transportation (DOT).

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DHHS support of State EMS comes through the Preventive Health and Health Services Block Grant. EMS was among other categorical health programs that were folded into the block grant in 1981 following passage of the Omnibus Budget Reconciliation Act of 1981 (Public Law 97-35). The block grant program consolidated a wide range of activities (42 U.S.C. 300w-3(a)(l)):

1, rodent control and fluoridation programs;
2. hypertension control;
3. health services for defined populations, comprehensive programs to deter smoking and alcohol use among children and adolescents,

Figure 6-l-State EMS Program Funding, 1988



[a]Other Federal, other State, or private

SOURCE: The National EMS Clearinghouse, "The EMS Office, Its Structure and Functions," The Council of State Governments, Iron Works Pike, Lexington, KY, 1988.

Table 6-1—State Expenditures for Emergency Medical Services, by Source of Funds, FY 1988

State	Total	Prevention block grant	Other Federal funds	State funds	Local funds	Other funds	State population 1988[a] (in 1,000s)	Per capita EMS spending
Total	$133,228,378	$13,774,717	$4,851,348	$85,061,981	$24,070,475	$6,069,857	245,529	$0.54
Alabama	342,888	0	83,857	259,031	0	0	4,119	0.08
Alaska	2,100,000	15,000	0	2,085,000	0	0	554	3.79
Arizona	3,134,064	0	U	389,174	U	2,744,890	3,542	0.88
Arkansas	349,760	0	0	349,760	0	0	2,400	0.15
California	6,714,207	1,741,207	152,000	3,871,000	950,000	U	28,074	0.24
Colorado	320,759	97,814	0	193,205	0	29,740	3,350	0.10
Connecticut	1,470,454	192,803	21,008	1,256,643	U	U	3,235	0.45
Delaware	95,400	0	0	95,400	0	0	649	0.15
District of Columbia	180,270	41,283	0	135,412	0	3,575	617	0.29
Florida	11,371,645	0	0	11,371,645	0	0	12,249	0.93
Georgia	2,481,533	,118,254	0	1,355,883	0	7,396	6,384	0.39
Hawaii	15,304,684	167,792	0	15,136,892	0	0	1,101	13.90
Idaho	1,178,904	0	353,152	825,752	0	0	1,009	1.17
Illinois	1,113,024	0	50,661	1,061,327	U	1,036	11,584	0.10
Indiana	228,216	228,216	U	0	U	U	5,531	0.04
Iowa	422,232	313,826	0	108,406	0	0	2,803	0.15
Kansas	533,856	0	23,566	478,379	U	31,911	2,477	0.22
Kentucky	2,063,700	0	1,000	1,997,000	0	65,700	3,738	0.55
Louisiana	5,044,650	544,650	0	0	4,500,000	0	4,507	1.12
Maine	1,218,936	392,774	448,389	377,773	U	U	1,193	1.02
Maryland	6,720,000	20,000	,200,000	5,500,000	0	0	4,599	1.46
Massachusetts	1,677,395	1,050,000	0	627,395	0	0	5,849	0.29
Michigan	1,494,746	524,964	13,384	924,398	0	32,000	9,231	0.16
Minnesota	21,343,889	388,471	0	2,334,943	18,620,475	0	4,271	5.00
Mississippi	1,358,101	0	64,065	185,641	0	08,395	2,661	0.51

[a]Projected population estimate.

ABBREVIATION: U = data reported as unobtainable by the respondent.

Table 6-1—State Expenditures for Emergency Medical Services, by Source of Funds, FY 1988—Continued

State	Total	Prevention block grant	Other Federal funds	State funds	Local funds	Other funds	State population 1988[a] (in 1,000s)	Per capita EMS spending
Missouri	943,659	422,638	60,865	460,156	0	0	5,132	0.18
Montana	436,562	162,134	U	274,428	U	U	811	0.54
Nebraska	511,000	511,000	0	0	0	0	1,593	0.32
Nevada	493,275	38,000	44,457	400,417	0	10,401	1,021	0.48
New Hampshire	732,573	593,696	U	138,877	U	U	1,088	0.67
New Jersey	2,865,046	544,720	215,782	2,104,544	U	U	7,756	0.37
New Mexico	1,650,000	714,404	0	935,596	0	0	1,557	1.06
New York	6,929,928	,270,000	220,000	5,439,928	U	U	17,755	0.39
North Carolina	3,473,688	224,963	281,337	2,869,302	0	98,086	6,512	0.53
North Dakota	208,393	0	78,297	39,460	U	90,636	669	0.31
Ohio	198,000	3,000	175,000	20,000	0	0	10,779	0.02
Oklahoma	438,215	172,442	0	265,773	0	0	3,288	0.13
Oregon	715,842	50,751	203,668	226,443	U	234,980	2,733	0.26
Pennsylvania	7,500,000	0	0	7,500,000	0	0	11,860	0.63
Rhode Island	567,000	0	10,000	557,000	0	0	989	0.57
South Carolina	,521,864	188,682	213,586	1,116,659	0	2,937	3,464	0.44
South Dakota	231,113	0	51,102	70,406	0	109,605	707	0.33
Tennessee	797,867	58,627	0	622,809	0	116,431	4,891	0.16
Texas	2,768,715	549,848	329,330	1,715,186	0	174,351	17,192	0.16
Utah	1,602,979	125,288	59,384	399,845	U	1.018,462	1,722	0.93
Vermont	216,507	0	47,500	169,007	0	0	552	0.39
Virginia	4,573,000	47,000	176,000	4,350,000	0	0	5,977	0.77
Washington	1,998,621	0	0	1,998,621	0	0	4,564	0.44
West Virginia	2,994,024	465,701	38,108	2,300,890	0	89,325	1,886	1.59
Wisconsin	335,800	99,950	235,850	0	0	0	4,797	0.07
Wyoming	261,394	94,819	0	166,575	0	0	505	0.52

ABBREVIATION: U = data reported as unobtainable by the respondent.

SOURCES: Public Health Foundation, Washington, DC, unpublished table, Nov. 3, 1989, U.S. Bureau of the Census, Current Population Reports, Series p-25, No. 10 7.

and other risk-reduction and health education programs;
4. comprehensive public health services;
5. demonstrating the establishment of home health agencies in areas where the services of such agencies were not available;
6. feasibility studies and planning for EMS systems and the establishment, expansion, and improvement of such systems; and
7. services to rape victims and for rape prevention.[2]

Under the block grant program, States can allocate funds to the seven service areas to suit their needs. In 1988, $13 million of block grant funds were spent on EMS, representing about 15 percent of all Preventive Health Block Grant funds available that year (table 6-2). Some States spend none of their block grant funds on EMS (e.g., Alabama, Kentucky), while others spend most of their block grant funds on EMS (e.g., West Virginia, New Mexico) (57) (table 6-2). More than twice as much money, about $30 million per year, had been available for EMS through the Federal EMS categorical grant program established following passage of the Emergency Medical Services Systems Act of 1973 (Public Law 93-154).

The 1973 EMS Systems Act program emphasized the development of regional systems to coordinate emergency medical services. Under the program, each of 303 defined EMS regions was eligible to receive grants for up to 5 years, after which they were to become self-sustaining (127). Rural areas were targeted for assistance. At least 20 percent of appropriations were made available to EMS systems serving rural areas. Furthermore, special consideration was given to applicants from rural areas seeking grants or contracts to support research in emergency medical techniques, methods, devices, or delivery.

A State's share of DHHS Preventive Health and Health Services Block Grant funding was frozen at its share of categorical grants that the State received for fiscal year 1981, the year legislation was enacted that combined categorical programs-including EMS services—into block grants. The block grant allocations to States do not reflect population distribution[3] because the categorical grant program had been a competitive one. Table 6-3 summarizes Preventive Health and Health Services Block Grant funding and the amount of these funds that States choose to spend on EMS since conversion from categorical to block grants in 1982, through fiscal year 1988. Since 1983,[4] States have allocated between $12 million and $17 million of block grant funds to EMS activities (table 6-3).

The impact of the imposition of the block grant program on State's EMS activities was evaluated in a 1986 General Accounting Office (GAO) report. GAO compared overall State EMS expenditures in six States[5] for 1981 (the last year of the categorical EMS Federal program), 1983 (the first year under the block grant), and 1985 (127). By 1985, total EMS funding had not returned to 1981 levels but EMS funding was increasing, primarily because of increased State funding of EMS activities. By 1985, States were assuming one-half of EMS costs as compared to 27 percent in 1981 (127).

DEPARTMENT OF TRANSPORTATION

The DOT EMS program began with the Highway Safety Act of 1966 (Public Law 89-564), which was enacted following two national studies showing major deficiencies in EMS services (70,81). Under the Act, DOT funds States to develop highway safety programs that include provisions for emergency services. DOT funding must be linked to its highway responsibilities. DOT's emphasis is therefore on the prehospital stage and the initial stages of hospital care for highway-injured patients, as well as on prevention and intervention activities that are highway-related (53 FR 11255). The State and Community Highway Safety Grant Program is referred to as the section 402 program. State funding under section 402 is apportioned among the States based on a State's population and public road mileage.[6] In 1987, nearly $5 million were available

[1] 1984 legislation subsequently added grants for demonstration projects for the treatment of children for trauma or critical care (Public Law 98-555).

[2] Replaced in 1986 by "victims of sex offenses and for prevention of sex offenses" (Public Law 99-646 and Public Law 99-654).

[3] An exception to this are block grants funds earmarked for the "sex offenses" category, which are allocated according to population (53 FR 27766).

[4] 1982 was a transition year from the categorical program to the block grant program.

[5] The six States that GAO studied were California, Florida, Iowa, Massachusetts, Pennsylvania, and Texas.

[6] Seventy-five percent of funds are allocated based on population and 25 percent are based on the public road mileage. A portion of funds is also reserved for Indian tribes (23 U.S.C. 402(c)).

Table 6-2—Distribution of Preventive Health and Health Services Block Grant Expenditures of State Health Agencies to Former Categorical Grant Areas, Fiscal Year 1988

States and territories	Total PHHS block grant expenditures		Emergency medical services	Health education risk reduction	Home health services	Hyper-tension	Rape crisis	Rodent control	Other
Total	**$87,965,634**	**$3,816,498**	**$13,174,717**	**$16,479,926**	**$ 39,012**	**$15,991,318**	**$4,006,524**	**$3,254,801**	**$31,100,838**
Alabama	1,213,425	0	0	0	0	208,787	49,739	54,740	900,159
Alaska	271,400	0	15,000	256,400	0	0	0	0	0
Arizona	1,025,885	19,227	0	884,519	0	0	56,441	0	65,698
Arkansas	839,908	0	0	64,182	0	0	34,769	26,006	714,951
California	6,250,700	62,254	,741,207	,643,989	0	,795,878	360,083	0	647,289
Colorado	1,086,086	52,097	97,814	0	0	49,296	45,076	0	841,803
Connecticut	1,473,649	0	192,803	691,284	0	162,661	73,659	0	353,242
Delaware	149,071	0	0	30,935	0	74,380	7,928	0	35,828
District of Columbia	797,658	0	41,283	130,975	0	120,610	9,702	264,000	231,088
Florida	3,349,759	581,501	0	576,183	0	,316,670	125,941	0	749,464
Georgia	3,349,517	210,037	,118,254	112,281	0	530,000	83,132	150,000	,145,813
Hawaii	664,722	0	167,792	329,373	0	118,766	21,257	0	27,534
Idaho	256,830	0	0	241,230	0	0	13,800	0	1,800
Illinois	2,118,990	52,329	0	429,430	0	524,227	173,715	0	939,289
Indiana	1,766,991	249,613	228,216	160,854	28,174	462,263	135,956	80,631	421,284
Iowa	1,091,582	181,686	313,826	189,222	0	129,150	38,674	0	239,024
Kansas	805,455	0	0	206,115	0	133,539	35,952	0	429,849
Kentucky	1,343,323	0	0	669,023	0	375,000	88,000	0	211,300
Louisiana	2,887,213	458,117	544,650	0	0	498,913	68,108	69,240	1,248,185
Maine	892,342	133,869	392,774	139,121	0	165,566	17,111	0	43,901
Maryland	1,718,959	0	20,000	170,690	0	762,502	74,339	269,791	421,637
Massachusetts	2,852,170	287,883	,050,000	476,969	0	199,783	194,086	0	643,449
Michigan	3,926,114	100,000	524,964	410,225	0	,051,267	160,845	524,438	1,154,375
Minnesota	2,281,265	0	388,471	90,952	0	0	46,520	0	1,755,322
Mississippi	1,637,612	13,650	0	33,459	0	214,669	44,303	0	1,331,531

Table 6-2—Distribution of Preventive Health and Health Services Block Grant Expenditures of State Health Agencies to Former Categorical Grant Areas, Fiscal Year 1988—Continued

States and territories	Total PHHS block grant expenditures	Fluoridation	Emergency medical services	Health education risk reduction	Home health services	Hyper-tension	Rape crisis	Rodent control	Other
Missouri	1,967,827	0	422,638	164,694	0	337,487	71,067	28,726	943,215
Montana	659,780	19,126	162,134	48,412	0	0	19,700	0	410,408
Nebraska	1,522,035	11,756	511,000	71,412	39,028	240,483	60,622	75,000	512,734
Nevada	329,300	0	38,000	0	0	0	12,158	0	279,142
New Hampshire	1,254,191	0	593,696	376,095	0	0	15,030	0	269,370
New Jersey	2,669,004	3,942	544,720	532,230	0	945,689	85,564	348,806	208,053
New Mexico	1,323,067	31,309	714,404	27,484	0	197,892	19,800	0	332,178
New York	6,965,000	269,500	,270,000	178,500	0	490,800	376,300	107,372	4,272,528[a]
North Carolina	2,950,920	170,595	224,963	969,167	0	595,475	66,830	0	923,890
North Dakota	262,947	0	0	162,182	0	98,064	2,701	0	0
Ohio	4,512,824	48,490	3,000	2,917,907	0	550,000	214,427	0	779,000
Oklahoma	647,247	0	172,442	94,000	0	175,719	46,024	0	159,062
Oregon	555,499	0	50,751	0	0	0	63,463	0	441,285
Pennsylvania	4,405,395	56,764	0	470,001	0	905,195	180,000	1,265,051	1,537,384
Rhode Island	432,468	0	0	404,078	0	12,000	16,390	0	0
South Carolina	1,211,631	0	188,682	130,216	16,594	451,933	47,453	0	376,753
South Dakota	234,700	0	0	12,882	0	27,942	14,261	0	179,615
Tennessee	1,274,569	79,901	58,627	271,058	55,216	393,340	85,576	0	330,851
Texas	3,620,486	347,281	549,848	240,710	0	54,836	216,052	0	2,211,759
Utah	709,746	0	125,288	409,145	0	83,103	23,710	0	68,500
Vermont	248,265	21,705	0	48,142	0	112,470	15,000	0	50,948
Virginia	2,511,304	296,186	47,000	727,379	0	694,549	215,201	0	530,989
Washington	883,648	0	0	0	0	336,014	62,836	0	484,798
West Virginia	822,779	59,680	465,701	92,468	0	53,400	29,670	0	121,860
Wisconsin	1,733,102	0	99,950	123,335	0	341,000	80,390	0	1,088,427
Wyoming	207,274	0	94,819	71,018	0	0	7,163	0	34,274

[a]$1.4 million of this amount was for New York's Healthy Neighbors Program.

SOURCE: Public Health Foundation, Washington, DC, unpublished table, Nov. 3, 1989.

Table 6-3-Preventive Health and Health Services Block Grant Expenditures: Emergency Medical Services, Fiscal Years 1982-88

Fiscal year	Block grant total	EMS expenditures	Percentage spent on EMS
1982	$32,1 74,000[a]	$ 4,776,000	14.8
1983	85,746,000	17,612,000	20.5
1984	81,822,000	15,132,000	18.5
1985	86,564,000	16,216,000	18.7
1986	88,701,000	16,407,000	18.5
1987	84,129,000	12,929,000	15.4
1988	87.966.000	13.175.000	15.0

a Block grant totals are low in 1982 because this was a transitional year.

SOURCE: Public Health Foundation, 1220 L St , N W, Washington, DC 20005, Nov. 3, 1989

to States through the 402 program (table 6-4). This represents about one-fifth of Federal EMS resources and about 3 percent of all EMS expenditures (i.e., State and Federal) (figure 6-1).

DOT also has research, development, and demonstration funds to support State or local agencies in the areas of highway-safety personnel training and research, accident investigation procedures, and emergency service plans (referred to as the Section 403 program). In 1988, DOT allocated just over 700,000 through the section 403 research and demonstration program.

Section 402 *Funds for State Highway Safety Plans*

DOT has determined that the following seven programs have been the most effective in reducing accidents, injuries, and fatalities, and DOT supports inclusion of countermeasures in these areas into State's Highway Safety Programs (53 FR 11255):[7]

1. Alcohol and Other Drug Countermeasures.
2. Police Traffic Services.
3. Occupant Protection.
4. Traffic Records.
5. *Emergency Medical Services.*
6. Motorcycle Safety.
7. Roadway Safety.

DOT has guidelines for State Highway Safety Programs and to receive funds, a State must have its highway safety program approved by DOT. The guidelines related to EMS are as follows (23 CFR 204.4):

> Each State, in cooperation with its local political subdivisions, should have a program to ensure that persons involved in highway accidents receive prompt emergency medical care under the range of emergency conditions encountered. The program should provide, as a minimum. that:
>
> 1. There are training, licensing, and related requirements (as appropriate) for ambulance and rescue vehicle operators, attendants, drivers, and dispatchers.
> 2. There are requirements for types and number of emergency vehicles including supplies and equipment to be carried.
> 3. There are requirements for the operation and coordination of ambulances and other emergency care systems.
> 4. There are first aid training programs and refresher courses for emergency service personnel, and the general public is encouraged to take first aid courses.
> 5. There are criteria for the use of two-way communications.
> 6. There are procedures for summoning and dispatching aid.
> 7. There is an up-to-date, comprehensive plan for emergency medical services, including:
>   a. Facilities and equipment.
>   b. Definition of areas of responsibilities.
>   c. Communications systems.
> 8. This program should be periodically evaluated by the State and the National Highway Traffic Safety Administration should be provided with an evaluation summary.

Table 6-4-National Highway Traffic Safety Administration's State and Community Highway Safety Program (Section 402) Funding: Emergency Medical Services, Fiscal Years 1967-87

Fiscal year	NHTSA sec. 402 total	EMS sec. 402 total	Percentage spent on EMS
1967-76 ...	.$639,157,700	$89,074,300	13.9
1977	125,700,100	16,996,500	13.5
1978	168,699,600	22,686,900	13.4
1979	167,096,000	13,535,500	8.1
1980	190,243,000	18,771,900	9.9
1981	169,991,900	12,721,900	7.5
1982	92,582,300	5,438,800	5.9
1983	91,845,200	4,964,800	5.4
1984	95,077,800	4,466,800	4.7
1985	120,619,000	5,332,600	4,4
1986	116,827,500	5,315,200	4.6
1987, ...	111,539.200	4,708.900	4,2

SOURCE: Traffic Safety Program, National Highway Traffic Safety Administration, U.S. Department of Transportation, "FY 1987 Summary of State and Community Highway Safety Obligations (Section 402)," Nov. 13, 1987.

[7]Other areas may be funded, but only if the State can provide a specific rationale and convincing information that this is a special needs area

Table 6-4 summarizes section 402 funding through NHTSA and the percent of total funds that have been expended on EMS. In 1987, over $4.5 million was expended on EMS, representing 4 percent of all section 402 funds (figure 6-2). The availability of section 402 money dropped precipitously in 1982 at the same time the DHHS categorical EMS program was replaced by a block grant program (for which funding was also decreased significantly). The portion of section 402 funds used for EMS has declined by a factor of 3 in the last 10 years (i.e., from 13 to 4 percent), in part because of increased funding of other program areas, such as for alcohol countermeasures and occupant protection. Some 402 funds have been earmarked for occupant safety and other programs.

Section 403 *Highway Safety Research and Demonstration Funds*

DOT funds training, research, planning, and demonstration activities in the area of integrated prehospital/hospital trauma care delivery systems through section 403 of the Highway Safety Act (23 U.S.C. 403)(124). With the 1981 merger of DHHS's EMS program with other categorical programs into the Preventive Health and Health Services Block Grant, DHHS support for EMS research and development, and demonstration grants ceased, leaving DOT as the only Federal source for these types of EMS activities. In 1988, 7 percent of section 403 funds (i.e., $705,000) were spent on EMS. EMS research and development funding has more than doubled from 1981-88 (table 6-5).

DHHS AND DOT ALLOWABLE EMS EXPENDITURES

Both DOT's and DHHS's programs in which EMS is included contain quite a wide range of allowable activities; e.g., in DOT's program, traffic records, and in DHHS's program, rodent control, are other allowable activities. Congress has earmarked a significant portion of funds for some of these activities but has never done so for EMS. The source of Federal funds places limits on the kinds of EMS activities and equipment that a State is allowed to finance with these funds. DOT's funds must be used for highway-related EMS services—i.e., principally victims of motor vehicle accidents—so understandably, DOT's funding priorities emphasize prehospital EMS activities and trauma care. EMS equipment purchases were not permitted under the EMS Systems Act, and until 1988 were not permitted under the block grant program. In 1988, however, Congress changed the law so that block grant funds could be used "for the payment of not more than 50 percent of the costs of purchasing *communications* equipment [emphasis added]. . .' (Public Law 100-607). EMS grant support through DOT may be used by States for training and major equipment, including up to 25 percent of the cost of an ambulance (47 FR 40791).[8]

CONCLUSIONS

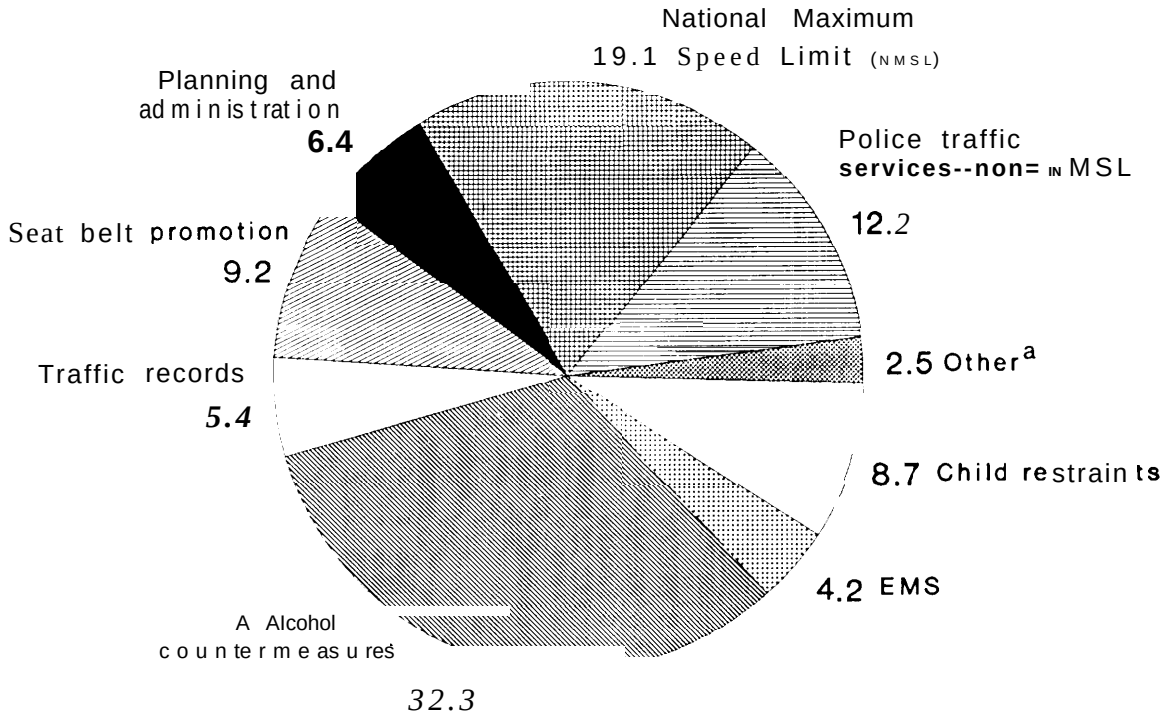
Providing EMS services has become more of a State function in the last decade. Federal support for EMS through both DHHS and DOT decreased sharply in the early 1980s, falling to approximately half of previous levels. Federal support now accounts for only 14 percent of State EMS expenditures. The primary goal of the 1973 EMS Systems Act, to blanket the country with quality EMS services, has not been realized. State-to-State variability in EMS systems is marked, and within States, rural areas are more likely to lack resources and comprehensive systems than urban areas. Several States have established dependable, constant sources of funds to support their EMS systems. Other States, however, have not become self-sufficient, remain dependent on Federal sources, and have fragmented EMS programs.

Most State EMS directors view providing EMS as the primary responsibility of the State and local governments and the shift of EMS responsibility to the States as appropriate (1 12). Federal resources have never been sufficient or consistently available enough to rely on for EMS operations. Federal resources have been successfully used, however, to provide incentives for States to implement planning efforts, to promote training of EMS providers, to provide technical assistance, and to conduct EMS-related research. It is in these areas that States continue to need Federal leadership (112).

Recent congressional interest in rural-oriented health care legislation and EMS/trauma-related legislation may make additional Federal resources available for *rural* EMS. During the 101st congressional session, several bills were introduced that relate to EMS and trauma care systems, (See bill

[8]DOT will provide more support if the State documents higher than 25 percent highway safety ambulance utilization.

Figure 6-2-State and Community Highway Safety Program Obligations (DOT Section 402)
Fiscal Year 1987—$1 11,539,200



*"Other" program areas include school bus driver training, motorcycle safety, and pedestrian safety, plus the other standard areas.

SOURCE: Associate Administrator, Traffic Safety Program, National Highway Traffic Safety Administration, U.S. Department of Transportation "FY 1987 Summary of State and Community Highway Safety Obligations (Section 402)," Nov. 13, 1987.

Table 6-5-National Highway Traffic Safety Administration's Research and Demonstration Program (Section 403) Funding: Emergency Medical Services, Fiscal Years 1981-88

Fiscal year	NHTSA sec. 403 total	EMS expenditures	Percentage spent on EMS
1981	$5,759,000	$305,000	5.3
1982 ., ...	4,555,000	440,000	9.7
1983	4,300,000	242,000	5.6
1984	6,240,000	305,000	4.9
1985	8,383,000	334,000	4.0
1986	8,558,000	515,000	6.0
1987	10,872,000	656,000	6.0
1988	9,909,000	705,000	7.1

SOURCE Personal communication, Traffic Safety Program, National Highway Traffic Safety Administration, U S. Department of Transportation, Feb. 15, 1989.

digests in app. E.) The Emergency Medical Services and Trauma Care Improvement Act of 1989 (S. 15), for example, introduced in January 1989, would establish a National Clearinghouse on EMS and Trauma care, and establish grant programs to support the development of State trauma care systems. A July amendment to S. 15 would establish a separate grant program to improve *rural* EMS (Cong Record, S8521, July 10, 1989). The Comprehensive and Uniform Remedy for the Health Care System Act of 1989 (S. 1274) includes provisions for an EMS grant program and directs resources to States with rural areas. The legislative proposals *vary* in their approach to the problems facing EMS. Some propose a more active Federal role in system development and include national standards for certain EMS facilities. Others provide for additional funds for EMS systems but give States discretionary spending authority. Many legislators have recognized the special problems of rural EMS programs and have attempted to direct resources to these areas.