



Dear Member of Congress,

On behalf of the nation's 324,000 professional fire fighters and emergency medical responders, and the approximately 12,000 members of the International Association of Fire Chiefs, we wish to share the concerns of the nation's fire services in the face of the COVID-19 pandemic. Our members are the nation's primary providers of pre-hospital 911 emergency medical care, and the vast majority of calls that our nation's fire fighters receive are for medical emergencies. Fire fighters respond on a daily basis to such emergencies and are commonly the first individuals in the healthcare provider chain encountered by COVID-positive patients.

Unfortunately, the pandemic and the subsequent economic downturn have stretched fire departments thin, resulting in deep budget cuts which threaten their ability to respond to the pandemic as well as everyday emergencies. Many departments are facing potential fire fighter layoffs and reductions in force, negatively impacting their ability to serve their communities.

To help fire departments overcome these shortfalls and continue serving their communities, Congress must provide significant resources to fire departments and local governments, and pass provisions to protect the health and safety of these critical frontline workers.

The following pages outline our priorities as Congress considers further legislation to address the COVID-19 pandemic. We hope you and your staffs will review these materials and work to address these critical needs to ensure fire departments can continue serving their communities and fighting the pandemic.

Sincerely,

**Chief Richard Carrizzo**  
President and Chairman of the Board  
International Association of Fire Chiefs

**Harold A. Schaitberger**  
General President  
International Association of Fire Fighters

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## Resourcing and Staffing for an Effective and Safe Response

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**Congress should include robust supplemental funding for the AFG and SAFER grant programs in any COVID legislation, at \$500 million apiece, to ensure fire departments have sufficient personnel, training and equipment to protect the American public in the midst of the pandemic.**

**Further, Congress should waive the cost-share requirements for both programs due to the economic crisis, and waive certain other budgetary requirements under SAFER which are nearly impossible to meet due to the economic crisis, and allow for the retention and rehiring of fire fighters.**

Fire departments of all sizes are facing increased costs due to the response to the pandemic as cities and counties nationwide are facing decreased tax revenue and other significant fiscal pressures due to shuttered businesses and the nascent recession. As a result, many fire departments are likely to face deep budget cuts, including potential fire fighter layoffs and reductions in force.

Furthermore, even today, nearly a year into the pandemic, fire departments across the country are reporting a shortage of all types of personal protective equipment, exacerbating exposures and potentially compounding short staffing problems as fire fighters are forced to quarantine or isolate.

A recent survey of its members by the International Association of Fire Chiefs found that fire departments nationwide face a potential 30,000 layoffs or reductions in force in the coming year, and communities of all sizes expect to face furloughs and layoffs.

To address these challenges, fire departments must be afforded direct, supplemental funding through the SAFER and AFG grant programs. Additional funding for state and local governments such as was provided through the Coronavirus Relief Fund may not help fire departments overcome their shortfalls in many communities, as local governments struggle to meet numerous significant needs with insufficient funds.

Additionally, to ensure those departments with severe fiscal challenges can utilize these critically needed funds, Congress should waive statutory budgetary requirements under SAFER and AFG to permit fire departments' flexibility in using SAFER to retain and rehire fire fighters at risk of layoffs, and to allow departments with budgetary challenges the ability to forgo the normal requirements of the programs such as cost share, period of performance, maintenance of expenditures and funding caps.

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## Reimbursing Fire and EMS Departments for Treatment of Patients

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**Congress should direct the Centers for Medicare and Medicaid Services to reimburse fire and EMS departments for providing TIP to low-acuity patients who seek care through the 911 system.**

Among the many unanticipated side effects of the pandemic, the American public is hesitant to go to doctors' offices and local emergency rooms, instead seeking care through the 911 system. As such, fire and EMS departments have experienced an increase in calls responding to patients with distressing, albeit low-acuity, medical emergencies. On scene, fire and EMS personnel treat such patients and encourage them to follow up with a primary care provider. However, under current Medicare reimbursement rules, fire departments are not reimbursed for such a response; reimbursement is only made when a patient is transported to a hospital.

Common examples of Treatment in Place (TIP) calls include slip and falls, relatively minor scrapes and bruises, and altered blood sugar levels in diabetics. When in doubt, EMS personnel transport patients to the hospital for evaluation, but as many such patients do not require transport, fire and EMS departments receive no reimbursement for the care provided on scene.

This large reduction in ambulance transports is placing an enormous financial burden on fire departments and EMS agencies who have to maintain required levels of service and minimum response times while receiving significantly decreased reimbursements. Traditional local government budgets have taken a serious hit from the pandemic, and the failure to provide accurate reimbursements to fire departments and EMS agencies is exacerbating the already significant forces leading many to consider actions such as layoffs.

COVID-19 has changed the healthcare landscape and reimbursement policies must change with it.

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## Keeping Fire Fighters Safe Through Notification

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**Congress should establish an enforcement mechanism to compel hospitals comply with the infectious disease notification provisions of the Ryan White Act, including notification of exposure to COVID-19.**

In April 2020, the Centers for Disease Control added COVID-19 to the list of notifiable diseases under the Ryan White Act. Fire fighters, through their designated infection control officer, are afforded through federal regulation the right to be notified if they had been exposed to a patient with a positive diagnosis of COVID-19. Unfortunately, we are aware of cases where hospitals have refused to notify a fire department's designated infection control officer of a patient's positive diagnosis of SARS-CoV-2 and other infectious conditions.

Part G of the Ryan White Act requires hospitals to conduct rapid source patient testing when an exposure is reported by an emergency response agency's designated infection control officer. Since the patient's personal identifying information is removed prior to sharing, this source patient testing information may be shared with an emergency response agency's designated infection control officer and is not subject to protections under the Health Insurance Portability and Accountability Act (P.L. 104-191). Furthermore, Part G also does not require an emergency response employee to be admitted to the hospital or enroll in the hospital's occupational health clinic prior to sharing this source patient testing.

The lack of an enforcement mechanism to compel hospitals to comply with Part G prevents emergency response employees from obtaining the necessary information to decide whether to take appropriate precautions, including entering into quarantine or taking medications meant to limit the spread of the disease. Any delays or refusals by hospitals to share this source patient information with the respective emergency response agency's designated infection control officer may exacerbate the spread of COVID-19 and other infection diseases as the emergency response employee continues to respond to emergencies in their community.

## Providing Workers' Compensation for Certain Federal Employees Diagnosed With Coronavirus

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**Congress should establish a presumption that COVID-19 was contracted in the workplace for claims under the Federal Employees Compensation Act (FECA) to ensure federal fire fighters who become ill from COVID-19 receive necessary benefits.**

Federal fire fighters regularly experience in-person and close-proximity interactions with the public on the job while protecting our national interests on military installations, homeland security facilities and veterans hospitals. Throughout the pandemic, they have not had the option to telework, and as their duties include first response to medical emergencies at their job site, they are at constant risk for contracting COVID-19.

Establishing a presumption under FECA for COVID-19 would significantly decrease the potential for delays in the processing of workers' compensation claims for those federal fire fighters disabled by the health effects of exposure to the coronavirus or COVID-19.

Twenty states have already established presumptive workers' compensation benefits for municipal fire fighters who contract COVID, placing federal fire fighters in contrast with their counterparts in local communities nationwide, with whom they often work side by side on mutual aid responses.

Federal fire fighters put their health and lives on the line to serve their communities and help stop the spread of the virus. They deserve to know they will receive compensation if they become ill in the line of duty.

## Retirement Equity for Federal Employees Disabled as a Result of COVID-19

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**Congress should allow federal fire fighters to stay in their current retirement plans if they are unable to meet the physical requirements of their position due to a COVID-19 related disability and are reassigned to other jobs in the civil service as a result, consistent with language in the *First Responder Fair RETIRE Act*.**

Under current law, federal fire fighters and other public safety officers may retire after 20 years of service at age 50 or after 25 years of service at any age, and face mandatory retirement at age 57. This coverage, known as "special" or "6(c)" retirement, is necessary due to the strenuous and physically demanding nature of the jobs federal public safety officers perform. As a result, they contribute a higher percentage of their pay toward an annuity under the Federal Employees Retirement System.

A public safety officer who is disabled in the line of duty and is prevented from completing their service requirements is not eligible for 6(c) retirement. He or she must elect to either take a disability retirement or return to work in a noncovered position and retire under the standard FERS benefit. Federal fire fighters who suffer a disabling injury in the line of duty should not be penalized by the very retirement system that ought to be honoring their sacrifice and service.

Under the First Responder Fair RETIRE Act, a public safety officer who returns to federal employment after recovering from a line of duty injury or illness would retain his or her 6(c) retirement status in the same manner as if they had never been disabled. The individual's retirement status would be preserved, even in cases where the nature of the injury prevents an individual from returning to service in a covered position.

This protection is especially important now, as federal fire fighters who contract COVID-19 have been presenting with lung and other injuries which persist, making it impossible to return to their job as a public safety officer. Federal fire fighters who have spent their career in service to the nation should not be penalized in their retirement due to a disabling injury suffered in the line of duty. ■