



FEMA

DISASTER ASSISTANCE POLICY

DAP9525.4

I. TITLE: **Emergency Medical Care and Medical Evacuations**

II. DATE: **JUL 16 2008**

III. PURPOSE:

This policy identifies the extraordinary emergency medical care and medical evacuation expenses that are eligible for reimbursement under the *Category B, Emergency Protective Measures* provision of the Federal Emergency Management Agency's (FEMA) Public Assistance Program following an emergency or major disaster declaration.

IV. SCOPE AND AUDIENCE:

The policy is applicable to all emergencies and major disasters declared on or after the date of publication of this policy. It is intended for FEMA and State personnel involved in the administration of the Public Assistance Program.

V. AUTHORITY:

Sections 403 and 502 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act), 42 U.S.C. §§ 5170b and 5192, respectively, and Title 44 of the Code of Federal Regulations (CFR) § 206.225.

VI. BACKGROUND:

A. Sections 403 and 502 of the Stafford Act authorize Federal agencies to provide assistance, including emergency medical care, essential to meeting immediate threats to life and property resulting from a major disaster or emergency, respectively. When the emergency medical delivery system within the designated disaster area is destroyed or severely compromised by a disaster event, assistance for emergency medical care and medical evacuations of disaster victims from eligible public and private nonprofit hospitals and custodial care facilities is available to eligible Public Assistance applicants through Public Assistance grants, Direct Federal Assistance (DFA), or a combination of both.

B. When the State and local governments lack the capability to perform or contract for eligible emergency medical care or medical evacuation work, they may request Direct Federal Assistance from FEMA. Usually, FEMA will task the appropriate Federal agencies via mission assignments to perform the requested emergency work.



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FEMA may task the Department of Health and Human Services to provide emergency medical assistance when requested by the State.

VII. POLICY:

A. Definitions

1. **Cost-to-charge ratio:** A ratio established by Medicare to estimate a medical service provider's actual costs in relation to its charges.
2. **Durable medical equipment:** Equipment prescribed by a physician that is medically necessary for the treatment of an illness or injury, or to prevent a patient's further deterioration. This equipment is designed for repeated use and includes items such as oxygen equipment, wheelchairs, walkers, hospital beds, crutches, and other medical equipment.
3. **Emergency Management Assistance Compact:** A mutual aid agreement and partnership between states in which disaster-impacted states can request and receive reimbursable assistance from other member states.
4. **Emergency medical care:** Medical treatment or services provided for injuries, illnesses and conditions caused as a direct result of the emergency or declared disaster, and which require immediate medical treatment or services to evaluate and stabilize an emergency medical condition. Emergency medical care may include care provided during transport under a medical evacuation and stabilization of persons injured during evacuation.
5. **Operating costs:** Costs of personnel, equipment, and supplies required to operate a facility, and costs of the facility itself.

B. Eligible Applicants. Eligible applicants may include State and local governments and private nonprofit organizations or institutions which own or operate a medical or custodial care facility, such as a publicly-owned or private nonprofit hospital or nursing home (44 CFR 206.221, and 206.222). Private for-profit medical service providers are not eligible applicants for Public Assistance. However, some costs associated with for-profit providers may be eligible for Public Assistance when contracted for by an eligible applicant.

C. Eligible Emergency Medical Care Costs. Eligible applicants may be eligible to receive Public Assistance funding for the extraordinary costs associated with providing temporary facilities for emergency medical care of disaster victims when existing facilities are overwhelmed. Costs associated with emergency medical care should be reasonable and customary for the emergency medical services provided. Where applicable, FEMA may rely on



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Medicare's cost-to-charge ratio to determine the reasonableness of costs. Eligible costs will be limited to a period of up to 30 days from the date of the emergency or disaster declaration, or as determined by the Federal Coordinating Officer.

1. Eligible costs include, but are not limited to, the following:
 - a. Overtime for regular full-time employees performing eligible work.
 - b. Regular time and overtime for extra hires specifically hired to provide additional support as a result of the emergency or declared disaster (See FEMA Recovery Policy RP9525.7, *Labor Costs – Emergency Work*, for information related to eligible labor costs while performing emergency work).
 - c. Transport of disaster victims requiring emergency medical care to medical facilities, including EMS and ambulance services.
 - d. Treatment and monitoring of disaster victims requiring emergency medical care, including costs for:
 - i. Triage, medically necessary testing, and diagnosis.
 - ii. First aid assessment and provision of first aid, including materials (bandages, etc.).
 - iii. Prescription assistance limited up to a one-time 30-day supply for acute conditions and to replace maintenance prescriptions.
 - iv. Durable medical equipment.
 - e. Vaccinations for disaster victims and emergency workers, including medical staff.
 - f. Provision of health information.
 - g. Temporary tents or portable buildings for treatment of disaster victims.
 - h. Leased or purchased equipment for use in temporary facilities. (See FEMA Recovery Policy RP9523.3, *Provision of Temporary Relocation Facilities*, for information related to the eligibility of costs associated with leasing and purchasing temporary facilities).
 - i. Security for temporary facilities.
2. Ineligible costs include the following:
 - a. Medical care costs incurred once a disaster victim is admitted to a medical care facility on an inpatient basis.
 - b. Costs associated with follow-on treatment of disaster victims beyond 30 days of the emergency or disaster declaration.
 - c. Increased administrative and operating costs to the hospital due to increased or anticipated increased patient load.
 - d. Loss of revenue.



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3. Ineligible costs remain ineligible even if incurred under mutual aid or other assistance agreements.

4. Eligible costs of emergency medical care provided in congregate or transitional shelters are addressed in FEMA Disaster Assistance Policy DAP9523.15, *Eligible Costs Related to Evacuations and Sheltering*.

D. Eligible Medical Evacuation Costs. Disasters can so seriously threaten or cause such severe damage to eligible medical and custodial facilities that patients have to be evacuated and transported to either a temporary facility or an existing facility that has spare capacity. When an evacuation is required, there may be eligible costs incurred by an eligible applicant in the evacuation and transportation of patients, such as the use of emergency medical service personnel or ambulance services.

1. Eligible costs include, but are not limited to, the following:

a. Overtime for regular full-time employees to evacuate and assist in the transport of patients from the original facility.

b. Regular time and overtime of extra hires employed to evacuate and assist in the transport of patients from the original facility (See FEMA Recovery Policy RP9525.7, *Labor Costs – Emergency Work*, for information related to eligible labor costs while performing emergency work).

c. Equipment costs incurred in the transport of patients from the original facility.

d. Labor and equipment costs incurred during transport while returning the patient to the original medical or custodial care facility.

e. The costs of treatment of patients requiring emergency medical care, including costs for medically necessary tests, medication, and durable medical equipment required to stabilize patients for transportation.

f. Costs incurred from the activation of contracts, mutual aid agreements, or force account resources in advance of an emergency or disaster event necessary to prepare for medical evacuations in threatened areas. Eligible equipment costs include mobilization of ambulances and other transport equipment; eligible force account labor costs are limited to overtime for regular full-time employees and regular time and overtime of extra hires.

2. Ineligible costs include equipment and labor costs incurred during standby times.

E. Duplication of Benefits. FEMA is prohibited by Section 312 of the Stafford Act from approving funds for reimbursement that are covered by any other source of funding. Therefore, eligible applicants must take reasonable steps to prevent such an occurrence, and provide documentation on a patient-by-patient basis verifying that insurance coverage or any other source of funding—including private insurance, Medicaid, or Medicare—has been



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pursued and does not exist for the costs associated with emergency medical care and emergency medical evacuations.

F. Preparation Costs. Costs incurred in preparation for an increased patient load from an emergency or disaster, including costs of personnel, emergency medical equipment, and standby for ambulance services and emergency medical service personnel are not eligible for Public Assistance grant funding.

G. Mutual Aid. The Emergency Management Assistance Compact (EMAC) between states and other individual mutual aid agreements can be used to provide emergency medical care in an emergency or major disaster. Costs incurred through these mutual aid agreements may be eligible for Public Assistance grant funding. Reimbursement claims made by mutual aid providers must comply with the requirements of FEMA Disaster Assistance Policy DAP9523.6, *Mutual Aid Agreements for Public Assistance and Fire Management Assistance*. Public or private nonprofit medical service providers working within their jurisdiction do not qualify as mutual aid providers under DAP9523.6.

VIII. RESPONSIBLE OFFICE: Disaster Assistance Directorate (Public Assistance Division).

IX. SUPERSESSION: This policy supersedes Recovery Policy RP9525.4, dated August 17, 1999, and all previous guidance on this subject.

X. REVIEW DATE: This policy does not automatically expire, but will be reviewed 3 years from the date of publication.

Carlos J. Castillo
Assistant Administrator
Disaster Assistance Directorate