



# FEMA

## RECOVERY POLICY

RP9525.4

- 
- I. **TITLE:** **Emergency Medical Care and Medical Evacuations**
  - II. **DATE OF ISSUANCE:** February 3, 2014
  - 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 FEMA's Public Assistance Program following an emergency or major disaster declaration.
  - IV. **SCOPE AND EXTERNAL AUDIENCE:** This policy applies to all emergencies and major disasters declared on or after the date of publication of this policy. If rescinded or superseded, this policy will continue to apply to all emergencies and major disasters declared between the date in Paragraph II and the date it is rescinded or superseded. The policy is intended for all personnel involved in the administration of the Public Assistance Program.
  - V. **AUTHORITY:** Section 403, **Essential Assistance** and Section 502, **Federal emergency assistance** 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, *Emergency work* and § 206.223 *General work eligibility*.
  - VI. **OBJECTIVES:**
    - A. The objective of this policy is to provide Federal assistance to eligible applicants for the extraordinary emergency medical care and medical evacuation expenses they incur to address immediate threats to life and property resulting from a major disaster or emergency.
    - B. 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 survivors 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.
-



# FEMA

## RECOVERY POLICY

RP9525.4

- C. When the State and local governments lack the capability to perform or contract for eligible emergency medical care or medical evacuation work, the State may request DFA from FEMA. Usually, FEMA will task the appropriate Federal agencies via mission assignments to perform the requested emergency work. FEMA may task the Department of Health and Human Services to provide emergency medical assistance when requested by the State.

### VII. DEFINITIONS:

- A. **Cost-to-charge ratio.** A ratio established by Medicare to estimate a medical service provider's actual costs in relation to its charges.
- B. **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.
- C. **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.
- D. **Emergency medical care.** Medical treatment or services provided for injuries, illnesses and conditions caused as a direct result of the declared emergency or major 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.

### VIII. POLICY:

- A. **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 public or private nonprofit hospital or nursing home (44 CFR §206.221, **Definitions**, and §206.222, **Applicant eligibility**). Private for-profit medical service providers are not eligible applicants for Public Assistance. However, some costs that private for-profit providers incur under contract with an eligible



# FEMA

## RECOVERY POLICY

RP9525.4

applicant may be eligible for Public Assistance funding, which FEMA will reimburse to the eligible applicant.

**B. Eligible Emergency Medical Care Costs.** Eligible applicants may be eligible to receive Public Assistance funding for the extraordinary costs associated with operating the emergency rooms and with providing temporary facilities for emergency medical care of disaster survivors 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 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 major 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 permanent employees who perform eligible work.
  - b. Regular time and overtime for extra hires who provide additional support as a result of the declared emergency or major disaster (See Recovery Policy RP9525.7, *Labor Costs – Emergency Work*).
  - c. Labor costs for personnel activated and deployed to support the performance of eligible emergency work (See Recovery Policy RP9525.7, *Labor Costs – Emergency Work*).
  - d. Transport of disaster survivors who require emergency medical care to medical facilities, including EMS and ambulance services.
  - e. Treatment and monitoring of disaster survivors who require 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.
  - f. Vaccinations for disaster survivors and emergency workers, including medical staff, that prevent outbreaks of infectious and communicable diseases following a disaster.
  - g. Provision of health information to the general public.
  - h. Temporary tents or portable buildings for treatment of disaster survivors.
  - i. Leased or purchased equipment for use in temporary facilities. (See Recovery Policy RP9523.3, *Provision of Temporary Relocation Facilities*).
  - j. Security for temporary facilities.



# FEMA

## RECOVERY POLICY

RP9525.4

2. Ineligible costs include the following:
  - a. Medical care costs incurred once a disaster survivor is admitted to a medical care facility on an inpatient basis.
  - b. Costs associated with follow-on treatment of disaster survivors beyond 30 days of the emergency or major disaster declaration.
  - c. Administrative costs associated with the treatment of disaster survivors.
  - d. Loss of revenue.
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 Disaster Assistance Policy DAP9523.15, *Eligible Costs Related to Evacuations and Sheltering*.

**C. 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 permanent employees to evacuate and assist in the transport of patients from the original facility.
  - b. Regular time and overtime for extra hires who evacuate and transport patients from the original facility (See Recovery Policy RP9525.7, *Labor Costs – Emergency Work*).
  - c. Labor costs for permanent employees that the applicant activates and deploys to support patient evacuation (See Recovery Policy RP9525.7, *Labor Costs – Emergency Work*).
  - d. Equipment costs incurred in the transport of patients from the original facility.
  - e. Labor and equipment costs incurred during transport while returning the patient to the original medical or custodial care facility.
  - f. 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.

