



Improving Patient Access to Blood Transfusions on Ambulances

The Critical Need for Prehospital Blood Transfusions

Timely blood transfusions can mean the difference between life and death. Research shows that every minute of delay in accessing blood increases mortality odds by 2%. With more than half of trauma victims dying before ever reaching the hospital, every moment counts. Military battlefield data and firsthand experience of many former military doctors have led to a growing body of civilian evidence to demonstrate significant improvements in outcomes for bleeding patients that receive blood as soon as possible. This military data is bolstered by the largest and highest quality civilian study that documents improved survival in the civilian setting with early transfusion of prehospital blood.

The Current Landscape

Prehospital blood transfusions are broadly deployed in the battlefield as the current military standard of care; however, despite prolific evidence of the lifesaving power of blood in the field and civilian settings, Department of Defense (DoD) support has not extended the benefit to provide reimbursement sufficient to support prehospital blood for TRICARE beneficiaries.

Prehospital blood transfusions have been safely deployed in the civilian setting to benefit patients with severe bleeding, including trauma, postpartum hemorrhage, or GI bleeds. However, due to outdated payment policies and scope of practice laws, the ability to carry and administer prehospital blood is limited. As a result, currently between 1-2% of emergency medical services (EMS) agencies carry blood for transfusions. Because of the lack of reimbursement, these EMS agencies must rely on local tax support, philanthropy, or an organization capable of absorbing unreimbursed costs.

The Root of the Problem: Outdated Reimbursement Policies

The core issue lies with our insurance programs' payment policies. While CMS recently recognized the importance of pre-hospital transfusion of blood products by updating the procedures that qualify for Advanced Life Support, Level 2 (ALS2) to include blood transfusions, bundled payments for ambulance services are generally insufficient to cover the cost of lifesaving blood transfusions. This oversight creates a financial barrier that is insurmountable for many EMS agencies where blood transfusions could have the greatest impact.

The Call to Congress

To address this critical gap in emergency care, America's Blood Centers and its members are calling for Congress to include report language in the National Defense Authorization Act (NDAA) require the Department of Defense (DoD) to undertake an assessment of options for coverage of prehospital blood transfusions.

TRICARE is uniquely positioned to benefit from coverage for the transfusion of prehospital blood. TRICARE covers beneficiaries for a longer term than private insurance and can consider the whole cost of care for a patient encounter, including savings in hospital and follow-up care, to balance the increased ambulance costs. In addition, decreased mortality and disability saves the Department of Defense on survivor benefits and disability payments. Furthermore, when a member of the military avoids disability or death, the DoD preserves the investment made in recruiting and training those personnel and avoids needing to recruit and train replacement personnel.

While other payers have begun to recognize the importance of supporting prehospital blood, DoD making this small change that will save lives, reduce healthcare disparities, and significantly improve our nation's emergency medical response capabilities. DoD can lead the way in supporting this lifesaving intervention.

We also urge members of the U.S. House to support H.R. 3443, the bipartisan *Modernizing EMS Delivery and Sustainability (MEDS) Act* and members of the U.S. Senate to introduce companion legislation.