

April 15, 2020

Funding for Firefighters for COVID-19 Response

COVID-19 is a contagious disease caused by a novel coronavirus that originated in China in late 2019. It spread rapidly around the globe, and on March 11, 2020, the World Health Organization declared the situation a pandemic. In the United States, by the end of March 2020, the disease had spread to all 50 states, the District of Columbia, and all U.S. territories except American Samoa.

Firefighter personnel providing emergency medical services (EMS) serve as first responders to calls for help from those who are infected. Challenges for firefighters, many of whom are volunteers, include a lack of personal protective equipment (PPE) and a high likelihood of exposure to the virus. This can lead to health impacts and staffing shortages due to long quarantine or recovery periods. Congress has provided emergency funding to assist firefighters responding to COVID-19 calls, and additional congressional action may be considered.

Impact of COVID-19 on Firefighter Personnel

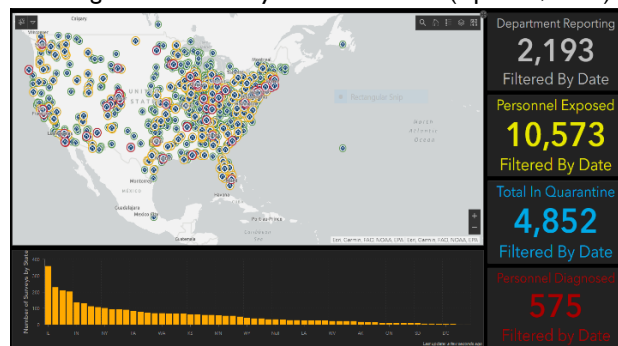
As the coronavirus spreads across the United States, people are turning to doctors, hospitals, and other health facilities for diagnosis and treatment. People displaying early or mild symptoms are often sent home to isolate, rest, and recover. Some people develop serious or life-threatening symptoms and call 9-1-1, where call takers may dispatch local fire departments to assist. Firefighter personnel, who include emergency medical technicians (EMTs) and paramedics, provide emergency medical services to people in their homes and may transport them to hospitals. Firefighter personnel can be exposed to and infected by the virus through these close interactions.

As the number of U.S. COVID-19 cases has increased, the number of firefighters affected has as well. The International Association of Fire Chiefs (IAFC) developed a dashboard to show the number of firefighter personnel exposed, quarantined, and diagnosed with COVID-19 in the United States. On March 13, 2020, when IAFC launched the dashboard, there were 44 fire departments reporting, 55 personnel exposed, 46 in quarantine, and 1 diagnosed with the coronavirus. On April 10, 2020, there were almost 2,200 fire departments reporting, over 10,500 personnel exposed, 4,852 in quarantine, and 575 firefighter personnel tested and diagnosed with the coronavirus (**Figure 1**).

In March 2020, the U.S. Centers for Disease Control and Prevention (CDC) released *Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States*, which provides recommendations for EMS workers responding to suspected COVID-19 calls.

Figure 1. IAFC COVID-19 Dashboard

U.S. firefighters affected by the coronavirus (April 10, 2020)



Source: International Association of Fire Chiefs (IAFC), "COVID-19 Fire and Emergency Medical Services Personnel Impact Dashboard," accessed April 10, 2020, <https://iafc.maps.arcgis.com/apps/opsdashboard/index.html#/3813d2f872224d8a93c52f05cd392b8c>.

Notes: This graphic shows data from 2,193 U.S. fire departments reporting COVID-19 data to the IAFC, as of April 10, 2020. Per the U.S. Fire Administration, there are about 27,000 fire departments in the United States. Most (71%) are all-volunteer and may have limited capacity to report data. Hence, data may not reflect all U.S. firefighter personnel affected. EMS= Emergency Medical Services, including Emergency Medical Technicians (EMT) and paramedics.

The guidance recommended the use of PPE, procedures for treating and transporting patients, and decontamination procedures. However, as the virus spread globally and supply chains became strained, fire departments have had difficulty finding the recommended PPE and supplies. In a survey of 288 fire departments conducted by the IAFC, fire departments indicated their highest priority needs were N95 respirator masks, gowns, surgical masks, decontamination supplies, eye protection, and gloves, in that order (as of April 10), and 90% indicated that they had altered procedures as a result of shortages.

Since firefighters can be exposed on the job, at home, and in the community, departments are monitoring personnel for signs of the virus to avoid transmission to others in the community and in firehouses. Some fire departments isolate staff who may have been exposed to the virus, which can lead to staffing shortages. While the CDC has issued guidance advising that essential workers may be permitted to continue work following potential exposure to COVID-19 provided they are asymptomatic and are monitored, the IAFC is pressing for prioritization of testing for firefighters to determine if a firefighter has the coronavirus and needs to be isolated and treated or can return to work.

COVID-19 Funding for Firefighter Personnel

On March 27, 2020, President Trump signed the Coronavirus Aid, Relief, and Economic Security (CARES)

Act (P.L. 116-136), which appropriates more than \$2 trillion to sustain the nation during the COVID-19 pandemic. The act provides specific funding for firefighters, including:

- \$100 million for the Assistance to Firefighter Grants (AFG) Program to provide funding to fire departments for COVID-19 expenses, including PPE, supplies, and reimbursements related to the response.
- \$7 million for the U.S. Forest Service (USFS) to provide PPE and baseline testing for USFS/wildland firefighters.

COVID-19 Funding for State and Local Entities

CARES also provides state and local entities responding to the COVID-19 crisis with funding that could potentially assist local fire departments, including:

- \$100 million for the Emergency Management Performance Grant (EMPG) Program, which provides funding for state emergency management agencies (EMA) for COVID-19 planning and preparedness costs, including the purchase of PPE and emergency supplies.
- \$45 billion for the Disaster Relief Fund to reimburse states and local entities for COVID-19 costs, including overtime and backfill costs, PPE, supplies such as disinfectants and medical supplies, and apparatus usage. The federal government covers 75% of these costs.
- \$100 billion for the Department of Health and Human Services to reimburse eligible healthcare providers for eligible healthcare expenses. This may include unreimbursed costs incurred by fire departments and EMS agencies in transporting a patient to a hospital.
- At least \$16 billion to augment the Strategic National Stockpile (SNS) supplies of PPE and other medical items, which are distributed to states for use by local health agencies, hospitals and other healthcare providers during emergencies.

Challenges with Funding

Following the appropriation of funds for these programs, implementation challenges may remain.

First, the distribution of funding will take time. For example, to award AFG funds, the Federal Emergency Management Agency (FEMA) must issue a grant notice; fire departments must apply; applications must undergo peer review; and grant agreements must be signed before funds are made available. For fire departments facing shortfalls in PPE, supplies, and funding, AFG grants may not be awarded in time to address immediate needs.

Second, AFG is a competitive grant program, which means that not all applicants may receive funding. In the annual grant cycle, Congress appropriates three times the amount of funding for AFG—\$350 million each year for the past several years—than provided by CARES, and FEMA consistently receives more in requests than it has funding to support. Thus, it is likely that, given the level of funding for

the COVID-19 supplemental (\$100 million), not all fire departments that apply may receive funding through AFG.

Third, current AFG program requirements may inhibit the use of this supplemental grant funding for COVID-19 response. For example, under the current AFG program, no grant funds may be used for salaries or overtime wages, or costs incurred before the grant was awarded. AFG funds may not be used for expendable supplies (e.g., medical gowns, gloves, disinfectants). AFG requires applicants to provide matching funds, which may be challenging for fire departments, particularly small, rural, and volunteer fire departments. FEMA may alter program requirements to extend the use of AFG funds for COVID-19 related costs, but until guidance is issued, it is difficult to predict which requirements may be waived and how other aspects, such as reimbursements, may be handled.

Fourth, while significant funding was provided under the CARES Act, much of it is funneled through state and local entities. Thus, there is no certainty that fire departments will receive supplies from these entities. For example, state EMAs are to receive funding through the EMPG, and may purchase PPE and supplies; fire departments can request supplies from the state EMA but, given competing demands, there is no certainty that fire departments will receive supplies. In an IAFC survey, 55% of 288 fire departments surveyed reported that states had advised them that they could not supply requested items (April 10, 2020).

Congressional Considerations

As Congress considers additional actions to support the COVID-19 response, it may consider the needs of local fire departments providing emergency medical services to people in communities. Options for assistance could include the following:

- Providing additional funding specifically for fire departments, similar to the \$850 million for the Edward Byrne Memorial Justice Assistance Grant program included in the CARES Act to provide funding to state and local governments to assist with the criminal justice system's COVID-19 response.
- Adding provisions to new or existing laws to require or encourage state and local recipients of COVID-19 funding to consider, prioritize, or designate a portion of their funding or supplies for firefighter needs.
- Dedicating supplies from the SNS.
- Permitting flexibilities in grants, such as allowing state and local grantees to repurpose federal grant funding to meet firefighter needs; approving waivers of cost-share; allowing purchase of expendable supplies; and expanding the economic hardship waiver during the emergency.
- Prioritizing firefighters for virus testing so they can either be treated or cleared so that they may return to work.

Jill C. Gallagher, Analyst in Telecommunications Policy
Brian E. Humphreys, Analyst in Science and Technology Policy

Disclaimer

This document was prepared by the Congressional Research Service (CRS). CRS serves as nonpartisan shared staff to congressional committees and Members of Congress. It operates solely at the behest of and under the direction of Congress. Information in a CRS Report should not be relied upon for purposes other than public understanding of information that has been provided by CRS to Members of Congress in connection with CRS's institutional role. CRS Reports, as a work of the United States Government, are not subject to copyright protection in the United States. Any CRS Report may be reproduced and distributed in its entirety without permission from CRS. However, as a CRS Report may include copyrighted images or material from a third party, you may need to obtain the permission of the copyright holder if you wish to copy or otherwise use copyrighted material.