Resolution: 2
(A-24)

Introduced by: Gary M. Gaddis, MD PhD

Subject: Call for Study: Should Petroleum-Powered Emergency Medical Services (EMS) Vehicles in Urban Service Areas be Replaced by Renewably-Powered Electric Vehicles?

Whereas, a 2022 report from the Commonwealth Fund noted that the health care industry worldwide produces as much as 4.6% of all of global “greenhouse gas” (GHG) emissions (chiefly carbon dioxide, methane and ozone), while in the United States, the health care industry contributes about 8.5% of the nation’s GHG emissions;1 and

Whereas, GHG emissions since the onset of the “Industrial Revolution” are widely understood to have contributed to a progressively increased carbon dioxide (CO2) fraction of the air, and to a progressively increased average temperature of the surface of the Earth (long-term, non-human-induced cyclical fluctuations of Earth temperatures not due to human-induced GHG emissions, such as volcanic activity and other influences notwithstanding); and

Whereas, these elevated temperatures have contributed measurably to increased morbidity and mortality of human inhabitants of the Earth, not limited to residents of warmer climates and occupational groups such as outdoor laborers; and

Whereas, these elevated temperatures are also adversely impacting the natural environment upon which all life depends in ways too numerous to list in this proposed Resolution; and

Whereas, these elevated temperatures are also clearly associated with increased numbers of extreme weather events; and

Whereas, AMA policy D-135.966, most recently modified in 2022, has declared climate change to be a public health crisis2, such that the goal of 50% reduction in greenhouse gas emissions by 2030 and “carbon neutrality” by 2050 are goals endorsed by this policy; and

Whereas, ambulances contribute significantly to health care’s GHG burden, because they are large, petroleum-powered vehicles; and

Whereas, delivery vehicles powered by renewable energy (electricity) are currently being deployed in urban areas by the delivery services UPS2 and FedEx,3 suggesting an opportunity exists for the health care sector to replace petroleum-powered ambulances with renewable energy-powered electric ambulances of a similar size to these delivery vehicles, at least in urban areas of the United States, as older petroleum-powered ambulances are retired from service; and

Whereas, UPS is committed to “carbon neutrality” by 2050,2 with FedEx pursuing “carbon neutrality” by 2040,3 inclusive of their large ambulance-sized delivery vehicles, which they are already deploying for home package delivery; and
Whereas, the wide availability of petroleum-powered electrical generators at hospitals and government buildings should make concerns moot that electric-powered urban ambulances would become non-operational during widespread electrical outages such as can transiently occur with hurricanes, tornadoes, derechos and other large weather events; and

Whereas, the 15-20 minutes that an ambulance is out of service when parked at a hospital’s ambulance garage during the delivery of a patient to a hospital represents an opportunity for electric-powered ambulances to recharge their batteries, once ambulance bays became equipped with rapid recharging stations; and

Whereas, the National Health Service of Great Britain has moved beyond study of the matter, and has begun to purchase or lease only “Low Emission” and “Ultra Low Emission” vehicles as of 2021, with the goal that 90% of the NHS fleet will be low-emission or ultra-low emissions vehicles by 2028, with this specifically including electric-powered ambulances; therefore be it

RESOLVED, That our AMA study the potential feasibility that our nation’s urban ambulance fleet be replaced with renewably-powered electric vehicles when current petroleum-powered EMS ambulances become retired from service, with a report back at the next meeting of the AMA House of Delegates (Directive to Take Action); and be it further

RESOLVED, That our AMA will forward the results of this study to health care journalists, hospital regulators, hospital executives, EMS system leaders, and other relevant parties, toward the eventual implementation of the findings and recommendations that are anticipated to be reached. (Directive to Take Action)

Fiscal Note: Moderate - between $5,000 and $10,000

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REFERENCES


RELEVANT AMA POLICY

D-135.966 Declaring Climate Change a Public Health Crisis
1. Our AMA declares climate change a public health crisis that threatens the health and well-being of all individuals.
2. Our AMA will protect patients by advocating for policies that: (a) limit global warming to no more than 1.5 degrees Celsius, (b) reduce US greenhouse gas emissions aimed at a 50 percent reduction in emissions by 2030 and carbon neutrality by 2050, and (c) support rapid implementation and incentivization of clean energy solutions and significant investments in climate resilience through a climate justice lens.
3. Our AMA will consider signing on to the Department of Health and Human Services Health Care Pledge or making a similar commitment to lower its own greenhouse gas emissions.
4. Our AMA encourages the health sector to lead by example in committing to carbon neutrality by 2050.
5. Our AMA will develop a strategic plan for how we will enact our climate change policies including advocacy priorities and strategies to decarbonize physician practices and the health sector with report back to the House of Delegates at the 2023 Annual Meeting.