



## Emergency Medical Services in Rural America

### Policy Recommendations

The ideal emergency medical services (EMS) system involves dispatching the right EMS provider from the right location to provide timely and, if necessary, life-saving interventions followed by transport to an appropriate hospital. The reality for many rural patients is vastly different. Needed policy efforts to address rural EMS include:

- Increase ambulance payment to adequately cover reasonable standby and fixed costs.
  - Eliminate the 35-mile standard currently required for cost-based reimbursement for CAH ambulance services.
  - Support the development of a supplemental fee schedule that ensures appropriate reimbursement for rural ambulance services.
  - Encourage federal and state legislators to support alternate funding models for EMS and emergency care delivery in rural areas around expanded scope of service and practice.
  - Provide guidance to private insurers on paying for treat-and-discharge EMS care and community paramedicine.
  - Advise CMS to incentivize Accountable Care Organizations (ACOs) to partner with rural EMS agencies to deliver EMS system based expanded care delivery models.
  - Extend the 340B drug pricing program to ambulance services whose service areas include rural areas.
- Consider EMS an essential service, the same as firefighting and law enforcement.
  - Implement EMS data reporting and monitoring system to formulate more efficient and effective service provision in rural areas.
  - Expand the scope and authority of the Federal Interagency Committee on EMS to address rural ambulance agency payment and workforce challenges.
- Collect rural ambulance agency workforce data to better understand workforce needs.
  - Continue to provide funding through the SIREN Act and other mechanisms to support education, particularly asynchronous and distance learning, for rural EMS licensure and continuing education programs.
  - Research the causes of professional burnout in EMS and implement solutions to the crisis.
  - Research the financial and regulatory viability of integrating rural EMS agencies and providers into healthcare systems including models of EMS facilitated non-emergency tele-health and shared staffing of EMS providers between EMS agencies and rural hospitals and healthcare clinics.

### Recommended Actions

- Support [S.2037 Protecting Access to Ground Ambulance Medical Services Act of 2021](#) to modify Medicare payment of ground ambulance services in rural areas.
- Support annual appropriation for the grant programs supporting rural EMS including:
  - SAMHSA's Rural Emergency Medical Services Training Grant
  - USDA Rural Development's Community Facilities Direct Loan and Grants
  - HRSA's Medicare Rural Hospital Flexibility Program

# National Rural Health Association Position Paper

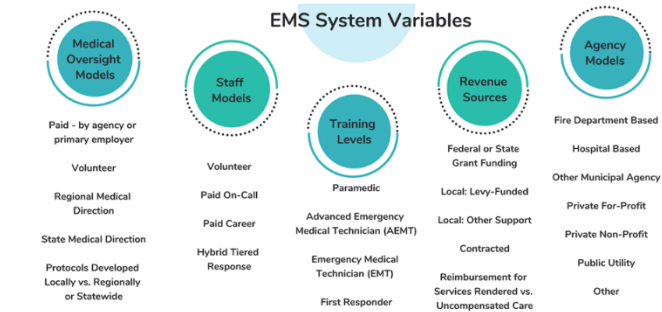


## Overview

Emergency Medical Services (EMS) play a critical role in rural areas. Every year, nearly 10 million rural Americans receive EMS care.<sup>i</sup> There are 23,272 ambulance agencies in the U.S.<sup>ii</sup> and 73 percent of those agencies report serving rural areas, yet universal access to emergency care is in jeopardy in rural areas where people live, work, or recreate.<sup>iii</sup> In rural areas, where travel times to the nearest medical provider are already higher, a fully optimized EMS force is crucial to ensuring good patient outcomes.<sup>iv</sup> Studies have shown a direct correlation between shorter ambulance response times and increased survival in cardiac arrests that happen at home. Due to workforce shortages and growing financial crisis, it is becoming increasingly difficult for EMS to respond to emergencies in a timely manner. About one third of rural EMS agencies in the U.S. are in immediate operational jeopardy because they are unable to cover their costs, largely due to insufficient Medicare and Medicaid reimbursements.<sup>v</sup> Those reimbursements only cover, on average, about one third of the operational costs to maintain equipment, stock medications, and pay for insurance and fixed expenses. Although private insurance does pay more than Medicaid, EMS agencies are still unable to make up the difference due to low call volumes.

There are a myriad of challenges facing EMS in rural America. Rural Americans are older and sicker than their urban counterparts, creating unique challenges for EMS providers. The cost of general and property insurance for EMS services is rising and the availability is decreasing. Rural areas are less likely to have broadband coverage, eliminating the opportunity for telehealth. This issue is compounded by the increasing distance between hospitals and trauma centers because of hospital closures in rural areas in the past ten years. The long distances and challenging terrain

prolong emergency response and transport times in rural areas.<sup>1</sup> The increased transport distances due to rural hospitals closing is taxing volunteer staff. On a larger level, there is a lack of regional EMS plans to coordinate services, as well as insufficient State and Federal policy coordination regarding EMS programs and oversight.<sup>1</sup>



Further, the rural EMS workforce is facing an increasing number of barriers including access to reimbursement, insurance, recruitment, training, and retention of providers. Due to a lack of funding and underpayment, rural EMS providers are more likely to face burnout as well as receive lesser training than their urban counterparts. Both career and volunteer EMS professionals often pay high out-of-pocket costs for their training. As a result of these challenges, the rural EMS workforce that has historically relied on volunteers must increasingly include paid personnel.<sup>1</sup>

<sup>i</sup> Rural Policy Research Institute Health Panel. Characteristics and Challenges of Rural Ambulance Agencies. January 2021. Accessed 1.20.22 from <https://rupri.org/wp-content/uploads/Characteristics-and-Challenges-of-Rural-Ambulance-Agencies-January-2021.pdf>

<sup>ii</sup> National Association of State EMS Officials. 2020 National Emergency Medical Services Assessment. May 2020..

<sup>iii</sup> Federal Interagency Committee on Emergency Medical Services. 2011 National EMS Assessment. U.S. Department of Transportation, National Highway Traffic Safety Administration, DOT HS 811 723, Washington, DC, 2012.

<sup>iv</sup> Shortening Ambulance Response Time Increases Survival in Out-of-Hospital Cardiac Arrest <https://www.ahajournals.org/doi/10.1161/JAHA.120.017048>; <https://doi.org/10.1161/JAHA.120.017048>

<sup>v</sup> DepartmentofHumanServices.2020, June 23. *Community Alternative Care Waiver*. State of Minnesota.