

# Rural EMS

4.5 million people live in an ambulance desert (AD), which is defined as being 25 minutes or more from medical services.

Four out of five counties (82%) have at least one ambulance desert.



2.3 million (52%) of ADs are located in rural counties.

Rural counties (84%) are more likely to have ADs than urban counties (77%).

Challenges to providing EMS in rural areas are directly linked to issues involving:

- Greater physical distances when responding to calls,
- reimbursement rates that stem from higher fixed costs over lower volume of services,
- financial capitol availability,
- recruitment and retention of workforce supply, and
- training standards.

The national average from the time of a 911 call to arrival on scene **doubles** from **7 to 14 minutes in rural areas**.

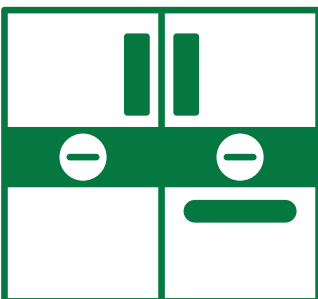
Of these calls, **1 in 10** of these rural patients are **waiting 30+ minutes** for the arrival of EMS personnel.

911



The average Fee For Service (FFS) revenue per transport from all sources for rural ambulance agencies is **58% less than the cost of providing the service**  
**Medicare under-reimburses by 89%**

## EMERGENCY



In 2022, more than one-fifth (278 hospitals) of Critical Access Hospitals (CAHs) owned or operated ambulance services

- Less than 17% of these services (45) received Medicare cost-based reimbursement.
- CAHs with an ambulance service were more likely in areas with a high degree of rurality (59%).

# NRHA Supported Legislation

## **S. 1643/H.R. 2232: Protecting Access to Ground Ambulance Medical Services Act**

*Sen. Cortez Masto (D-NV) & Rep. Tenney (R-NY)*

**Extends temporary additional reimbursement for ground ambulance services in rural areas to ensure access to vital emergency services.**

## **Emergency Medical Services Reimbursement for On-Scene Care and Support Act**

*(S.3236 in 118th Congress)*

*Sens. Welch (D-VT) & Sanders (I-VT)*

**Ensures Medicare reimbursement for care provided by EMS on-scene, regardless of whether or not transportation is provided.**

## **S. 3145/H.R. 2538: Comprehensive Alternative Response for Emergencies (CARE) Act**

*Sens. Collins (R-ME) & Welch (D-VT) & Reps. Carey (R-OH) & Doggett (D-TX)*

**Allow seniors on Medicare to receive at-home emergency medical services to treat minor medical incidents by creating a model that reimburses EMS providers delivering treatment in place rather than only reimbursing when Medicare patients are transported to the hospital.**

## **H.R. 2220: PARA-EMT Act**

*Reps. Gluesenkamp Perez (D-WA), Finstad (R-MN), Feenstra (R-IA), Bonamici (D-OR), Lawler (R-NY), and Harder (D-CA)*

**Addresses EMS staffing shortages and makes it easier for experienced veterans to transition from medics to becoming certified paramedics and EMTs.**

## **Protecting Air Ambulance Services for Americans Act**

*(S. 1803/H.R. 3691 in 118th Congress)*

*Sens. Bennet (D-CO) & Blackburn (R-TN.) & Reps. Estes (R-KS) & DelBene (D-WA)*

**Improves access to emergency air medical services, particularly for Americans living in rural communities, to update Medicare reimbursement rates for emergency air services.**

## **H.R. 4011: Community Paramedicine Act (CPA)**

*Reps. Cleaver (D-MO) and Harshbarger (R-TN)*

**Authorizes a grant program dedicated to providing rural and urban communities the funding necessary to offer centralized, mobile, and preventative care through local paramedics.**

## **Preserving Emergency Access in Key Sites (PEAKS) Act**

*(H.R. 7931 in 118th Congress)*

*Reps. Miller (R-WV) and Caraveo (D-CO)*

**Allows CAHs that fall within the 15-mile mountainous terrain classification to receive reimbursement for their ambulance services.**