

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 capital availability,
- recruitment and retention of workforce supply, and
- training standards.

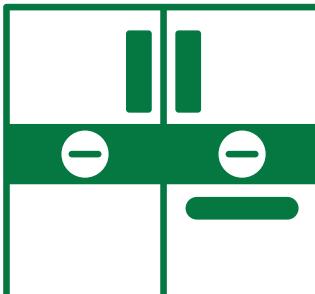
The national average from the time of a 911 call to arrival on scene **doubles** from **7 to 14 minutes in rural areas.**

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



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.