

Rural EMS



Rural EMS providers are faced with greater physical distances when responding to calls, difficulty recruiting and retaining its workforce, and higher fixed costs over a lower volume of services.

Four out of five counties (82%) have at least one ambulance desert, being 25 minutes or more from services. This comprises 4.5 million people in impacted areas.

Challenges faced in providing EMS in rural areas are directly linked to issues involving reimbursement, financial capitol, workforce supply, and training standards.



Over 50% of rural EMS agencies are staffed by volunteers. The EMS volunteer pool is shrinking nationally.

The national average from the time of a 911 call to arrival on scene doubles with nearly 1 of 10 encounters waiting almost 30 minutes for the arrival of EMS personnel.

NRHA Supported Legislation

Protecting Access to Ground Ambulance Medical Services Act (S. 1673/H.R. 1666)

Sens. Cortez Masto (D-NV), Collins (R-ME), Reps. Wenstrup (R-OH), Sewell (D-AL)

Extend 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)

Senators Welch (D-VT), Sanders (I-VT), Smith (D-MN)

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

SIREN Reauthorization Act (S.265/H.R. 4646)

Sens. Collins (R-ME) and Durbin (D-IL)

Extend funding for Supporting and Improving Rural EMS Needs (SIREN) grants to rural fire and EMS agencies nationwide to support EMS agencies in training and recruiting staff, conducting certification courses, and purchasing equipment, including naloxone to address the opioid epidemic.

PARA-EMT Act (H.R. 6433)

Reps. Gluesenkamp Perez (D-WA) and Finstad (R-MN)

Address EMS staffing shortages and make 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)

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

Improve access to emergency air medical services that are critical for saving lives, particularly for Americans living in rural communities, using data collected under the No Surprises Act to update Medicare reimbursement rates for emergency air services.

The Community Paramedicine Act

Reps. Cleaver (D-MO) and Armstrong (R-ND)s Cleaver (D-MO) and Armstrong (R-ND)

Formally authorize a federal grant program dedicated to providing rural and urban communities the funding necessary to offer centralized, mobile, and preventative care through local paramedics, an increasingly popular initiative in healthcare known as Community Paramedicine.

The Preserving Emergency Access in Key Sites (PEAKS) Act (H.R. 7931)

Reps. Carol Miller and Yadira Caraveo

Allows for CAHs that meet all the requirements of the ambulance allowance that fall within the 15-mile mountainous terrain classification to receive reimbursement for their ambulance services.