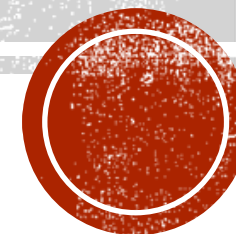




# STATE AND NATIONAL EMS POLICY RECOMMENDATIONS

Presented in the 2023 National Rural EMS & Care Conference



Keith J. Mueller, Ph.D.  
Gerhard Hartman Professor of Health Management and Policy  
Chair, RUPRI Health Panel

April 18, 2023 - Virtual Conference

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Health Management  
and Policy

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RURAL POLICY RESEARCH INSTITUTE

# PRESENTATION OF TWO RUPRI HEALTH PANEL DOCUMENTS

**Characteristics and Challenges of Rural Ambulance Agencies – A Brief Review and Policy Considerations**

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Prepared by the  
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January 2021



<https://rupri.org/wp-content/uploads/Characteristics-and-Challenges-of-Rural-Ambulance-Agencies-January-2021.pdf>

<https://rupri.org/wp-content/uploads/State-Based-Ambulance-2023.pdf>



RUPRI Health Panel  
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[www.rupri.org/ruralhealth](http://www.rupri.org/ruralhealth)

Policy Brief - February 2023

**State-Based Recommendations to Support Rural Ambulance Agencies**  
*Principal Author: A. Clinton MacKinney, MD, MS  
Prepared by the RUPRI Health Panel: Keith J. Mueller, PhD, Chair; Alva O. Ferdinand, DPH, JD; Alana D. Knudson, PhD; Jennifer P. Lundblad, PhD, MBA; Timothy D. McBride, PhD; Nancy E. Schoenberg, PhD*

**State-Based Recommendations**

- To ensure access to emergency medical services (EMS) for all rural residents, state legislatures should designate EMS as an essential service and provide a portion of the funding necessary to support the costs of maintaining essential service designations.
- State EMS advocacy organizations should promote, and support with educational grants, professional EMS management certification for rural and low-volume ambulance agency directors.
- State-based EMS regulatory boards, supported by applicable federal agencies and programs, should create (or modify existing) EMS zones to comprehensively include rural areas and accelerate reliable EMS coordination within geographically defined EMS zones.
- State legislatures should preferentially direct ambulance agency funding to cover ambulance agency standby costs and support EMS coordination within geographically defined EMS zones that include all rural parts of the state.

**Introduction**  
More than 23,000 licensed emergency medical services (EMS) agencies operate in the U.S.,<sup>1</sup> and 73 percent of those report serving rural areas.<sup>2</sup> The majority of ambulance services are small agencies responding to fewer than 650 calls per year.<sup>3</sup> Thus, EMS and ambulance agencies provide life-saving care to rural residents every day. Yet in the 2021 policy paper “Characteristics and Challenges of Rural Ambulance Agencies,” the RUPRI Health Panel found that rural ambulance agencies are often challenged by geography that prolongs emergency response and transport time, insufficient payment to cover standby costs, a mixed and changing volunteer and employed workforce, lack of regional planning to coordinate services, and insufficient state and federal policy coordination.<sup>4</sup> The RUPRI Health Panel recommended federal public policy changes to address these challenges. However, ambulance agencies are funded by multiple sources (e.g., county, state, and federal governments; commercial insurers; grants; charitable contributions; and taxes) and regulated by multiple oversight agencies (e.g., transportation-oriented and health-oriented governmental agencies at both the state and federal levels), suggesting that state EMS and ambulance agency policies should be considered.



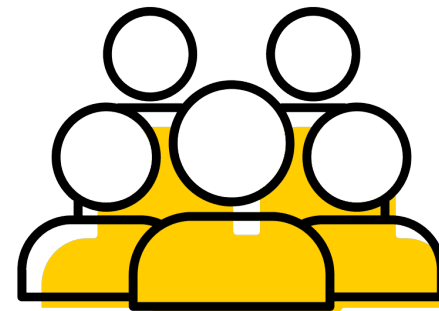
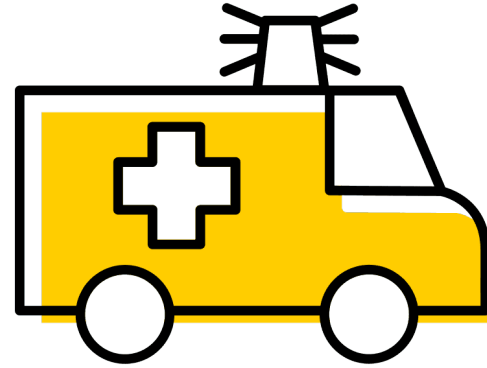
This policy brief was supported by the Leona M. and Harry B. Helmsley Charitable Trust, contract number 2006-03963.



Additional reference: National Committee on Rural Health and Human Services, 2022: Access to Emergency Medical Services in Rural Areas: Policy Brief and Recommendations to the Secretary.

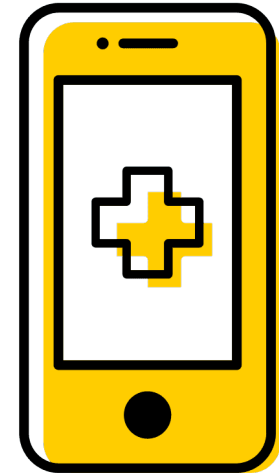
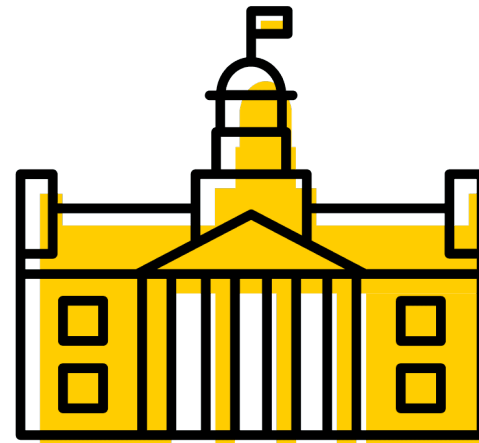
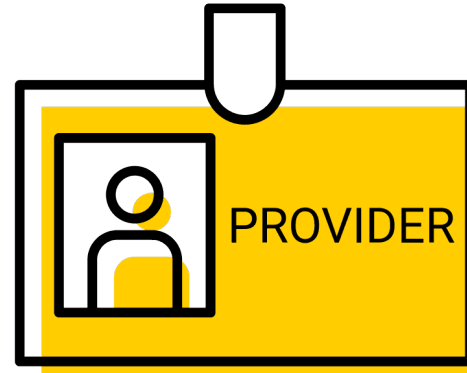
# CHARACTERISTICS AND CHALLENGES TO ADDRESS

- Distances affect response times, which in turn affect outcomes
- Payment on a per-run basis insufficient to cover standby and fixed costs
- Staffing challenges



# CONTINUED - CHARACTERISTICS AND CHALLENGES TO ADDRESS

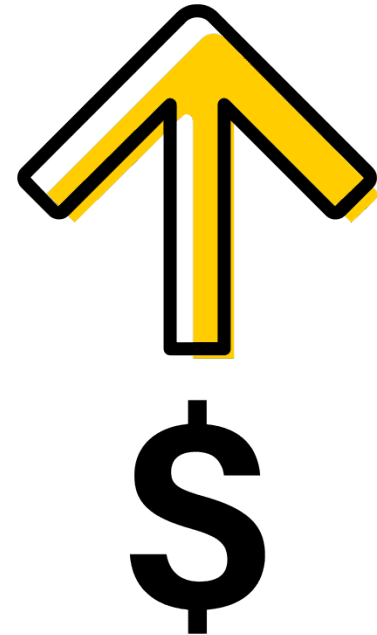
- Legacy of independent providers with no regional coordination of services
- Role of ambulance services as a component of emergency *medical services*
- Using telehealth equipment in ambulances to improve emergency treatment of conditions while on-site and in-transit



# NATIONAL POLICY RECOMMENDATIONS

## RUPRI HEALTH PANEL: AMBULANCE PAYMENT

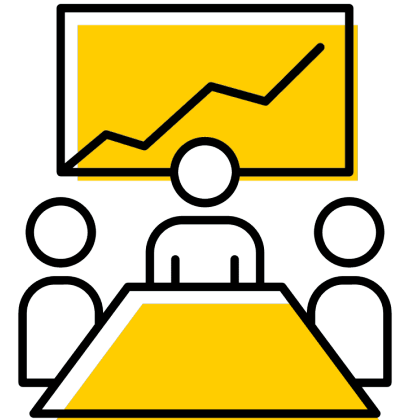
- Increase ambulance payment to cover standby and fixed costs
  - Adjust Ambulance Fee Schedule to reflect role as health care providers
  - Continue ambulance add-on payments, currently extended through the end of 2024, until the AFS is adjusted to reflect total costs



# NATIONAL POLICY RECOMMENDATIONS

## RUPRI HEALTH PANEL: WORKFORCE

- Acquire ambulance agency workforce and other data better understand needs and projections
- Apply Occupational Safety and Health Administration guidelines to public sector employees, ambulance service equipment, and workplace processes
- Support ambulance agency volunteers with continuing education, health insurance, and Workers' Compensation coverage
- Test new ambulance agency workforce models



# NATIONAL POLICY RECOMMENDATIONS

## RUPRI HEALTH PANEL: INTERAGENCY ACTIVITIES

- Require annual reports from the Federal Interagency Committee on EMS (FICEMS)
- Expand the FICEMS to other departments with resources to support rural ambulance agencies
- The FICEMS could use data from the Medicare Ground Ambulance Data Collection System to design and recommend ambulance quality improvement strategies



# STATE POLICY RECOMMENDATIONS: RUPRI HEALTH PANEL

- State legislatures should designate EMS as an essential service and provide a portion of the funding necessary to support the costs of maintaining essential service designations.
- State EMS advocacy organizations should promote, and support with educational grants, professional EMS management certification for rural and low-volume ambulance agency directors.

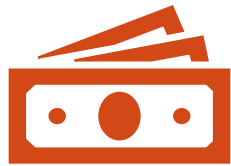


# **CONTINUED - STATE POLICY RECOMMENDATIONS: RUPRI HEALTH PANEL**

- State-based EMS regulatory boards should create (or modify existing) EMS zones to comprehensively include rural areas
- State legislatures should preferentially direct ambulance agency funding to cover standby costs and support EMS coordination within EMS zones

# SUMMARY OF RUPRI PANEL RECOMMENDATIONS

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Pay ambulance  
fixed and  
standby costs



Support the  
volunteer ambula  
nce workforce



Increase FICEMS  
influence and  
impact

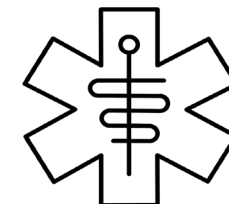
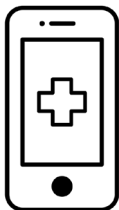


Designate EMS  
as an  
*essential* service



Create regional  
EMS zones

# CONCLUDING COMMENTS



Context matters: changes in the delivery system (hospital closure, regional health systems increasing presence in rural places)

Changes in delivery modalities such as telehealth help with delivery of emergency services

Need to resolve financial stability issues

Need to coordinate across ambulance providers

EMS as part of a high performing rural health system

# FOR FURTHER INFORMATION

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- **The RUPRI Health Panel** <http://www.rupri.org>



- **The RUPRI Center for Rural Health Policy Analysis**  
<http://cph.uiowa.edu/rupri>



- **Rural Health Value** <http://www.ruralhealthvalue.org>

# KEITH J. MUELLER, PHD

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Thank You!

