Emergency Medical Services (EMS)

Local Government Contracts - EMS

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“EMS is at risk of not being able to operate, to save lives of our citizens, neighbors, friends and family when a medical emergency occurs.”

What is the issue?

There is a need designate and officially codify Emergency Medical Services (EMS) as an essential service as a means to financially support the under-funded services required by the State of Utah Bureau of Emergency Medical Services and Preparedness (BEMSP). Essential service means that it is required and governmentally supported.

According to Utah State Statute Title 26-8a-402, every city, town, county, etc. throughout the state must be covered by some level of EMS ambulance service; however, EMS is not considered an essential service according to Utah state law. Without being designated an essential service there is no guaranteed funding for EMS nor is there a mechanism to support the current mandate for coverage.

Although many cities and counties have naturally gravitated to supporting EMS services out of necessity, many communities statewide have abdicated responsibility for providing or paying for these services. Revised legislation will have no effect on those systems currently contracted for EMS ambulance service delivery. However, many cities, towns, and county areas in southern, central, and northern Utah provide little or no financial support to those ambulance service providers mandated to deliver their services. This is a statewide issue that should and needs to be addressed by the state legislature. High tourism or growth areas are some of the affected to include Piute, Iron, Grande, Wayne, Garfield, Kane, Box Elder, Cache, Washington, and other areas throughout the state.

The Utah State Fire Chief Association and other EMS ambulance providers believe that the life-saving public function fulfilled by EMS is essential, should be codified as essential, and necessitates support by all levels of government to ensure viability. The ability of EMS ambulance service providers to fulfill the required public functions in meeting the day-to-day needs of local communities and responding to disasters, public health crises, and mass casualty incidents depends upon sufficient resources. Local, county and state government authorities must share the responsibility for funding EMS ambulance. The proposed legislation does not change nor disrupt existing contracts for public or private EMS ambulance providers; it provides financial means for current ambulance providers who work with cities or counties that are receiving services without providing adequate compensation or any compensation. The legislation does not mandate financial exchange but does require entities to come to a mutually acceptable agreement.

In every community, EMS ambulance services are expected to deliver quality emergency medical care on a day-to-day basis as part of a continuum of health care services provided to all patients with emergency medical conditions. Regardless of the model of EMS care delivery, all EMS providers fulfill this mandated public function to the best of their ability for all patients in need and with limited resources. Due to the complexity of the delivery models, city or county governments have the option to choose which model works best for them.

1. Under current licensing requirements, there are no areas in the state uncovered by a licensed ambulance provider. [*Title 26 Chapter 8a 402*] Some of these providers cover a large geographical area which reduces the timeliness of emergency medical care.
2. Local community needs should be addressed between ambulance service providers (determined by *Title 26-8a-408*) and cities or counties through contract negotiations.
3. There are many EMS delivery types and/or levels of ambulance services –volunteer, part-time, or full-time through public or private services with a combination of:
    a. First Responder Designation or Quick Response Unit (QRU): CPR and basic first aid certified; minimal level of care
    b. Emergency Medical Technician (EMT) Certification: Basic Life Support (BLS)
    c. Advanced Emergency Medical Technician (AEMT) Certification: Advanced Life Support (ALS)
    d. Paramedic Certification: ALS; highest level of care

Why:

Strong public leadership and appropriate and consistent public funding is vital to ensure the viability, effectiveness, and sustainability of EMS and ambulance providers in Utah.

EMS, fire, and law enforcement work together to form a triad of critical services in disaster response and recovery. The role of EMS is to perform medical triage and provide life-saving treatment and transport. Both the Fire Service and Law Enforcement are funded through governmental sources, but EMS is not even though a certain level of service is required. EMS relies on a fragmented and inadequate patchwork of financing despite its significant public function. Funding for EMS ambulance services must be sufficient to ensure an effective response not only in daily operations but in response to disasters, mass casualty incidents, and any other public health crises.

The millions of Utahns who experience emergency medical conditions each year count on adequate EMS and ambulance service, so EMS must be able to count on a consistent governing body to financially support the delivery of these valuable services, by either providing those ambulance services or contracting with their current ambulance provider.

The delivery model for EMS vastly differs from urban to rural areas but these services are no less important to the people in either area. The proposed legislation places responsibility on local government, giving them the power to negotiate who will provide EMS and ambulance services at what cost if any, and the ability to determine the EMS system that will best meet their needs. As areas of the state continue to grow, it is the responsibility of those growing communities to assess and provide for their needs, including EMS ambulance service support.

1. Although transport revenue helps subsidize EMS services it doesn't cover all expenses, especially the state of readiness needed to meet the demand for services.
    a. Most agencies collect less than 50% for billed services due to Medicaid and Medicare write-offs and uninsured patients. Agencies cannot increase rates to compensate the loss since the rates are set by the BEMSP (*Title 26-8a-403*). The rates are established on collective data from agency fiscal reporting.

   b. The cost of services and revenue generation varies for each jurisdiction depending on demographics, transient populations, transport or transfer revenue potential, and collection percentages.
   c. Cost of services include capital equipment, staffing, training, certifications, state of readiness, and more.
   d. A state of readiness requires an additional staffing expense usually generated from local tax base, but in some agencies, there are no affiliation at all with local governments.
   e. There is a level of services such as lift assists, wellness checks, minor injuries or accidents without transport that are not billable, and these costs are absorbed by the agency.
2. An ambulance service provider should not be obligated to subsidize the cost of services they provide to another city, town, or county.
3. Less than a dozen states have some type of legislation supporting EMS as an essential service including Nevada, Oregon, Hawaii, Nebraska, Indiana, Louisiana, Pennsylvania, Connecticut, Washington DC, Virginia, and West Virginia. Iowa and Montana have recently drafted legislation for approval. *(NBC nightly news, [sources from state health departments and state EMS agencies])

How:

Require local government entities through legislation to either provide or contract for EMS and ambulance services for their communities to ensure citizens and visitors have adequate emergency ambulance services.

Some cities or counties could explore options and criteria to share or potentially consolidate services to decrease costs. However, all contract negotiations should consider all factors, including service delivery models and the needs of the area based on expectations and/or affordability. Participating entities should enter a formal agreement or contract to address expenses, revenue, and services. If the negotiating or contracted parties reach an impasse, the proposed legislation provides criteria for providers to withdraw from the service area, appoint third party mediation, or enter binding arbitration.