

# Rural EMS

4.5 million people live in an ambulance desert, 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 ambulance deserts are located in rural counties.

Rural counties are more likely to have ambulance deserts than urban (84 vs. 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**.

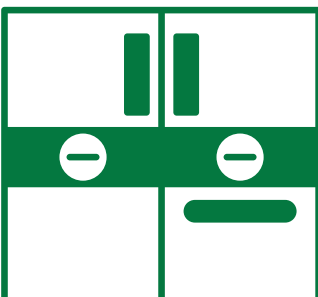
Of these calls, **1 in 10** of these rural patients are **waiting 30+ minutes** for the arrival of EMS personnel.

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 of Critical Access Hospitals owned or operated ambulance services. Less than 17% of these services received Medicare cost-based reimbursement due to reimbursement policy restrictions.

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**

*Sens. Cortez Masto (D-NV), Collins (R-ME) & Reps. Tenney (R-NY), Sewell (D-AL)*

Extends temporary additional reimbursement for ground ambulance services in rural areas until 2028 to ensure access to vital emergency services.

## **H.R. 4011: Community Paramedicine Act**

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

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

## **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)*

Authorizes a Medicare demonstration to allow seniors to receive at-home emergency medical services to treat minor medical incidents by reimbursing 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)*

Addresses EMS staffing shortages through grants to recruit and train EMTs and paramedics, eases veteran certification transitions to EMT and paramedic certifications, and mandates further study.

## **S. 2518/H.R. 4792 H.R. Protecting Air Ambulance Services for Americans Act**

*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, by authorizing Medicare reimbursement rates for emergency air services.

## **S. 1960/ H.R. 3778 Preserving Emergency Access in Key Sites (PEAKS) Act**

*Sens. Capito (R-WV), Padilla (D-CA), & Reps. Miller (R-WV) and Lofgren (D-CA)*

Allows for the continued designation of hospitals that met mountainous terrain or secondary roads distance requirement as critical access hospitals and to modify distance requirements for ambulance services furnished by critical access hospitals.