


Rural EMS




Rural EMS providers face 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, impacting 4.5 million rural residents.

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, however the EMS volunteer pool is shrinking nationally.

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 **actually waiting 30+ minutes** for the arrival of EMS personnel.



NRHA Supported Legislation

Protecting Access to Ground Ambulance Medical Services Act

(S. 1673/H.R. 1666 in 118th Congress)

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

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)

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

Ensures 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 in 118th Congress)

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

Extends 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 in 118th Congress)

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

Addresses 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 in 118th Congress)

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

Improves access to emergency air medical services, particularly for Americans living in rural communities, to update Medicare reimbursement rates for emergency air services.

The Community Paramedicine Act

(H.R. 8042 in 118th Congress)

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

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

The Preserving Emergency Access in Key Sites (PEAKS) Act

(H.R. 7931 in 118th Congress)

Rep. Carol Miller (R-WV)

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