

Access to EMS and Patient Billing Protections



We need to act decisively to save Pennsylvania EMS agencies. The following are the top legislative initiatives for the 2025/2026 legislative cycle. These initiatives are the result of two years of meetings with stakeholders from across the Commonwealth.

WORKFORCE • REIMBURSEMENT • SUSTAINABLE FUNDING

EMERGENCY MEDICAL SERVICES (EMS)

Any time, day or night, 365 days a year, anyone in need can reach EMS in Pennsylvania by dialing 911. The responsibility of responding to the emergency call, treating the patient, and transporting them, if required, falls on the EMS agency. EMS is recognized by Pennsylvania law as an essential service and research shows that EMS significantly impacts patient outcomes by providing timely critical care during emergencies, potentially reducing mortality rates, shortening hospital stays, and improving overall patient survival.

BUT who pays for this essential service?

- Many citizens think EMS service is free, paid for by taxes, much like Police and Fire.
- Others think their health insurance will fully pay the costs for EMS care.

The Reality

- Medicare accounts for roughly 60% of most ambulance service income. A December 2024 Medicare Ground Ambulance Data Collection System Report shows that Medicare reimbursement is 23-69% **below** the cost of providing service.
- There are 2,560 municipalities in the Commonwealth, and only 28% provide any financial support to the EMS organizations that provide service to their community. Only 11% of the contributing municipalities provided more than \$10,000.

- Commercial health insurance plans only pay what they determine to be a reasonable cost. Often this is less than Medicare.
- In addition to co-pays, patients are now left with large balances, which they thought would be covered by their insurance.
- This “cost shifting” by commercial health plans leaves EMS agencies struggling to collect the balance from the patient.

The Toll

- In 2023 and 2024, 47 ambulance services ceased operations.
 - Closures increase response times and create barriers to care in rural communities.
 - Patients are waiting sometimes for days to be moved from community hospitals to tertiary care facilities.
 - Closures strain neighboring mutual aid services and drive up their costs.
 - Inability to access to mandated new technology for patient care.
- Lack of funding results in:
 - Low wages for EMS personnel, which results in workforce shortages.
 - Inability to upgrade capital equipment
- Inability to access to mandated new technology for patient care.

SOLUTIONS

Statewide Fee Schedule

A Reasonable and Uniform Reimbursement Rate For Services Provided, that protects the Patient

Increase the reimbursement to 400% of the Medicare allowable for the service AND financial support from the municipalities for the cost of readiness

- EMS agencies receive a consistent stream of predictable funding at a rate sufficient to cover the cost of providing service.

Patients pay a negligible premium increase and out of pocket co-pay (\$100) for the service

- And are not subject to balance billing.
- A minimal (estimated \$10 annual increase) in the annual premium vs \$1,500 (approx.) every time they need an ambulance.¹

Include consistent reimbursement for treat/no transport and alternative destinations

- Assist with ER overcrowding and extended wait times
- The Centers for Medicare and Medicaid Services (CMS) ET3 model showed a cost savings to the Medicare program, approx. \$500 per intervention/encounter

Financial support from Municipalities:

- By law, municipalities must ensure EMS is available for their community
 - HOWEVER, they are not required to financially support it.

- As of 2022, only 8% of local municipalities have enacted a dedicated millage for EMS
 - Only 713 municipalities (28%) provide some sort of financial assistance to EMS.
 - 322 provide less than \$10,000 per year.
- EMS agencies provide public safety services, which no one pays for.
 - The cost of readiness. Being available to respond 24 hours a day.
 - Standbys at fire scenes, police incidents, community events, etc.
 - Interacting with homeless and uninsured people

EMS Commissioner

- EMS is the only essential Public Safety Service with NO direct access to the Governor.
 - Pennsylvania Fire Commissioner is a direct report to the Governor
 - The State Police Commissioner is a direct report to the Governor
 - The Director of PEMA is a direct report to the Governor
- EMS is buried five levels deep within the Department of Health
- This creates a lack of advocacy and presents significant challenges and obstacles.
- 2025 Governor Shapiro announced his budget with spending for Police and Fire, but NOT EMS.

EMS AGENCIES HAVE BEEN WORKING WITH LIMITED RESOURCES FOR TOO LONG

- EMS has been designated as an essential service in several pieces of legislation and yet:
 - Increasing costs for medication/supplies/fuel are not reflected in reimbursement rates
 - As of 2022, 8% of local municipalities can enact a dedicated millage to support EMS; however, only 8% of municipalities have dedicated millage for EMS. The remaining municipalities provide limited or no sustainable funding.
 - Also in 2022, with less than 28% of municipalities providing funding, this has led to an inability to generate sustainable revenue to cover the cost of readiness and non covered services such as stand-bys at events or other public safety needs of the community.
 - EMSOF has been unsuccessful in FUNDING the EMS agencies. Only 10% of the fund goes to direct provider support.
 - EMSOF funds the administration not the agencies
- Financial support will help to ensure quality EMS in a reasonable amount of time
- Well funded EMS is an effective and positive benefit for community leaders
- Quality providers provide quality EMS
- EMS performance measures are MORE than response times
- Insurance only pays for units when on calls but not the cost to be in service to residents 24/7

What you need to share with your legislator/municipal official:

- Info on your agency
- How long has your agency been in business?
- Staffing changes in the last few years? Less staff? Difficulty obtaining staff?
- Your losses over the last several years – details on the increased expenses you have experienced.
- Your experience, if any, with trying to obtain in network rates, contract negotiations
- How this increase in funding would help your agency to thrive, not just survive

According
to the 2021
Bureau of EMS
Data Report:

2,447,932
TOTAL REQUESTED RESPONSES
6,707
TIMES EVERY DAY
280
TIMES EVERY HOUR
4.7
TIMES EVERY MINUTE

STATES WITH GROUND AMBULANCE BALANCE BILLING LAWS AT 325% OF MEDICARE OR HIGHER:



California



Colorado



Indiana (400%)



Louisiana



Massachusetts



Mississippi



Oklahoma



Texas



Washington

Questions? Want more info?

Please contact your local EMS agency or Heather Harris, Executive Director of the Ambulance Association of Pennsylvania:

executivedirector@aa-pa.org

717.512.5609

www.aa-pa.org

Reference:

1. Health Management Associates report to the American Ambulance Association on the Impact on commercial insurance premiums when ambulance transport payments increase. April 2024.

