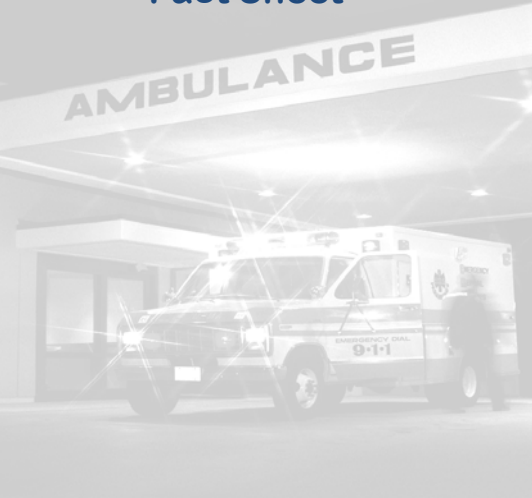


Emergency Medical Services (EMS) Fact Sheet



Emergency Medical Services or EMS is defined as any of the following :

- (1) The medical care, including medical assessment, monitoring, treatment, transportation and observation, which may be provided to a person in responding to an actual or reported emergency to:
 - (i) prevent or protect against loss of life or a deterioration in physiological or psychological condition; or
 - (ii) address pain or morbidity associated with the person's condition.
- (2) The transportation of an individual with medical assessment, monitoring, treatment or observation of the individual who, due to the individual's condition, requires medical assessment, monitoring, treatment or observation during the transport.

- In 2007, there were approximately 989 ambulance services and 545 Quick Response Services in the Commonwealth, a slight decrease since the mid 90's. They stand ready to respond 24 hours a day, 7 days a week. Every 7.4 years, the EMS system transported the whole population of the Commonwealth.
- According to the Bureau of EMS, EMS agencies provided emergency service to 1.8 million patients in 2007. This equates to 205 responses every hour of every day!
- EMS Agencies have a **duty** to respond to a call for a perceived emergency, and like hospital emergency rooms, are obligated to provide an appropriate standard of care **regardless** of the patient's insurance or ability to pay.
 - Basic Life Support (BLS) – Emergency procedures performed to sustain life that include CPR, control of bleeding, treatment of shock, stabilization of injuries and wounds, and first aid.
 - Advanced Life Support (ALS) – Emergency medical care for sustaining life, including defibrillation, airway management, and drugs and medications.
 - Specialty Care Transport (SCT) – transportation between hospitals or a facility of a critically ill or injured person who requires ongoing care that must be provided by one or more health professionals.
 - Additional EMS Services: Non-critical transportation of patients between hospitals and facilities, stand-by and special event services, support of Police SWAT teams
- EMS Agencies are predominantly independent non-profit organizations. There are 62 for-profit agencies, many of whom are the sole provider of 911 services to millions of residents in areas of the state. Only 36% are fire based EMS agencies and a declining number of agencies, 28%, are staffed completely by volunteers. The majority of agencies are staffed with career (paid) staff or a combination of career and volunteers. Some agencies receive funding from their local municipality; however, many agencies do not rely solely on subscriptions and rate regulated insurance reimbursement to maintain their services.
- Most agencies provide emergency services but not all provide medical transportation between facilities.

What is needed:

Direct Payment for Services – An issue that has plagued EMS for years, the 911 call is placed by a resident and the closest available EMS agency is dispatched. In an emergent situation, the resident has no choice, nor would they think to ask if the ambulance participates with their insurance. EMS provides this service, regardless of the patient's insurance or lack thereof. Residents can be confused when they receive a check from their insurer and many times, keep these needed funds. Many EMS agencies have difficulty collecting these debts that for some services are tens of thousands of dollars. The AAP is currently collecting data on the scope and financial impact of this issue.

Co-payment and deductibles – Uncollectible at the time of the emergency, co-payment and deductibles are difficult to collect. Residents are confused and feel they have paid the hospital and therefore have paid the co-payment for the emergency. Rising co-payments are shifting the cost of services to the patient. In the case of a chronically ill person who is transported by an ambulance several times, that person is responsible for a co-payment that could be as high as \$150 per trip, thus penalizing the truly ill resident. The AAP is also collecting data on the scope and financial impact of this issue.

Increased Insurance Reimbursement – Many insurers require EMS agencies to provide both emergent and medical transportation between facilities as a requirement to become a contracted participating provider. In addition, most insurers will not negotiate the contractual reimbursement and offer a non-negotiated flat rate that is below the cost to provide the service. Many agencies are not able to enter into an agreement with an insurer if they do not provide both emergent and medical transportation; however, they must still provide the emergency services to the residents regardless.

Medical Assistance Relief – The uninsured, under insured, and medical assistance population continue to rise. Medical Assistance reimbursement remained at the same level for 10 years before the AAP fought for an increase in 2004. An ever growing population who utilizes the EMS system for more than medical transportation, medical assistance reimbursement is 52% of the Medicare reimbursement level. The GAO released a report in 2007 that stated that Medicare reimbursement was 6-17% less than the cost to provide the service. The AAP is developing a white paper that will outline this issue in more detail.

Myth of Medicare Reimbursement Rates – The Medicare Reimbursement rate is constantly used as a standard for rate regulation of fees for ambulance services. In the Commonwealth, auto insurance and Workman's Compensation reimbursement for ambulance service is capped at 110 and 113% respectively of the Medicare Reimbursement rate. In 2008, the Federal Office of Inspector General published a report on the cost of providing ambulance service compared to the Medicare Ambulance Fee Schedule reimbursement rates. That report showed, on average, the Medicare Reimbursement Rate for Ambulance Services was 6% to as much as 17% below the cost of providing ambulance service.

Non-traditional Roles – A piece of the future of EMS may lie in an expanded roll of prehospital practitioners into public health and disease management. EMS has proven valuable from a morbidity and mortality standpoint in emergency situations, but an even greater impact may be realized through the utilization of prehospital practitioners in disease management by conducting wellness and compliance checks.

The Ambulance Association of Pennsylvania (AAP) is the lead organization serving the needs of its members in the emergency and non-emergency ambulance and medical transportation industry.

The AAP advocates the highest quality patient care through ethical and sound business practices, advancing the interests of its members in important legislative, educational, regulatory and reimbursement issues. In accomplishing this goal, AAP is dedicated to excellence in providing superior service to all facets of its membership and in developing positive relationships with other organizations involved in the medical transportation field.

In carrying out this mission, the AAP is committed to meet the needs of its members in the volunteer, non-profit and for-profit sectors.

For more information, please contact us at 1-888-714-6484 or www.aa-pa.org