

Emergency Medical Services in Vermont *State Releases Summary of Options*

The recently released “EMS Buyer’s Guide” is a comprehensive look at emergency medical service (EMS) delivery options for municipalities, as well as the laws and other rules that govern the delivery of EMS in Vermont.

Produced by a consultant working for the Vermont Department of Health (VDH, which licenses Vermont ambulance services), the Guide is intended to provide local officials – who must decide how to deliver EMS in their communities – with an overview of what is allowed, what options are available, and what those options might entail (funding, cost, level of service, and so on).

The Guide starts with a look at existing structures and operational methods. Within the State’s 13 regional EMS districts, the availability and type of ambulance service can vary significantly, depending on which district a town is in. Anyone in District 3, which includes the more heavily populated urban areas of Vermont surrounding Burlington, is probably familiar with EMS as a municipal service, provided by the town or city (in some cases it is paired with a fire department) and staffed by professionals who may have obtained certification as paramedics (the highest level of EMS certification).

Residents living in District 2, which encompasses most of the more sparsely populated Northeast Kingdom, are accustomed to primarily volunteer EMS services. Many of those volunteer services may receive some funding and general guidance from the towns they cover, while a significant number operate as independent entities that must also rely on funding sources such as insurance reimbursements and fundraising to cover most of the service’s operating expenses.

According to VDH, 31 EMS operations are governmental (indicating some tie to a municipality), 50 are non-profit operations (volunteer and paid departments), and seven are for-profit operations. In addition, IBM in Essex is licensed to operate its own ambulance service.

The Guide notes some of the more significant operational expenses that a town should consider when reviewing its EMS options, such as personnel and vehicle (ambulance) costs. The revenue section outlines the six major sources of funding for EMS operations in Vermont: community support (local property taxes), billing reimbursement, grants (state and federal), donations/fundraising, volunteer time (the revenue in question being the unpaid volunteer hours), and special coverage assignments (providing ambulance services to special events).

The Guide closes with a discussion of the “current pressures” on Vermont’s EMS system, such as the need for trained and qualified people to operate volunteer services, funding, and emerging threats such as a flu pandemic, to name a few.

The Guide also includes suggestions for model operating structures for government operated, non-profit, and for-profit (contracted) services.

To view the Guide, go to www.vlct.org’s Resource Library and search for the EMS Buyer’s Guide.

- Trevor Lashua, VLCT Associate, Advocacy and Information

VLCT News, April 2007

(Sidebar follows)

Why Produce the *EMS Buyer's Guide* Now?

This *Guide* was written to assist town officials with their decisions about selecting emergency medical services (EMS) for their communities. It was written with a sense that each year many Vermont communities face tough decisions regarding EMS, and that these decisions are sometimes complex and the solutions expensive.

In many parts of the state, EMS is provided by ambulance services staffed predominantly or exclusively by volunteers. As a result, the cost to communities varies, depending on factors such as the number of runs or types of service provided. What costs there are can be covered by a combination of fundraising and some reimbursement for the actual care given by the service, along with some sort of annual contribution from the towns served.

As with many other health and community services, however, nothing stays the same. Today, some towns face significant challenges in meeting their EMS obligations. A combination of factors has led to this situation, including:

- Costs have increased substantially, so that, today, the charge for a basic ambulance run is over \$300.
- Many ambulance services are finding the need to hire more personnel to cover some, or all, of the shifts on a 24/7 basis.
- Services are finding it harder to find committed, reliable volunteers.
- The complexity of operating an ambulance service today requires a level of management talent that often must be paid for. The budget of a medium-sized ambulance service, with 1,000 runs per year, can easily top \$500,000 annually.
- Operating costs are on the increase. Gas and oil prices are rising, as are the costs of insurance, legal fees, and medical supplies and equipment (often at rates that exceed the rate of inflation).
- EMS providers are expected to respond to a wider range of incidents than ever before. This additional responsibility requires more training for crews and additional equipment, further adding to the cost of EMS operations.

For these reasons and others, the Vermont Department of Health's Office of Rural Health Policy commissioned this *Guide* as a starting point for towns. It offers some basics on how the EMS system works, as well as some thoughts on the factors a town should consider when arranging for EMS. There is no one solution that works for all towns, but we hope that this *Guide* can provide a solid starting point for the EMS decisions town officials must make.

- *Peter Holman, Principal, Parkside Consulting, and author of the **EMS Buyer's Guide***
VLCT News, April 2007