



The State of Emergency Medical Services under the New Healthcare Model

Emergency Medical Service (EMS) or in laymen's terms, "the ambulance service" finds itself in a difficult situation as it faces a once in a generation transformation as part of the Affordable Care Act ("Obama Care"). Decades ago, ambulance services were a self-sustaining, fee for service model made possible through billing for the services they provided, for the emergency support of the sick and injured or critically ill patients. They were, and still are the first line of defense against death and dying, health and wellness and the safety of our communities. In many areas, the ambulance service is the only access to health care in the community, especially on weekends, holidays or after 5pm. Being 30 minutes to an hour from a hospital is not uncommon outside the Denver Metro area. Advanced Life Support (ALS) ambulances for decades have provided that early assessment, treatment and stabilization which has proven to be the key for positive patient outcomes.

The Balanced Budget Act of 1997 changed EMS funding forever. Since that time it has become increasingly difficult, and in more recent cases, virtually impossible for ambulance services to operate at high levels without some sort of supplemental funding. For example, Medicare and Medicaid reimbursements for ambulance services are among the lowest in the industry, while their patient population is amount the highest and fastest growing. The ambulance service in Evergreen for instance is reimbursed by the Federal Government (Medicare) at 30 cents on the dollar, while the State of Colorado (Medicaid), pays just 5 cents on the dollar. Patients covered under both these plans are federally protected from the ambulance service billing them for any unpaid balances minus of course the minimal co-pays. Over the past 5 years the ambulance service in Evergreen has written off over 2 million dollars of the nearly 5 million dollars in billing because of this. Subsequently, the fire department is forced to redirect firefighting funding to subsidize ambulance services leaving less and less for fire operations, training, equipment, etc.

In 2017 the Affordable Care Act will make sweeping changes to the ambulance industries billing practices which by all indications mean, driving revenues down even further. This will only exacerbate the downward trend of ambulance sustainability. Quality of care and access to emergency medical services will suffer greatly. What does this mean to you? It means that the ambulance service can no longer be looked upon as a self-sustaining service for our community.

Ambulance services have slowly become more of a public utility model, much like the fire department. If communities like ours, want to continue to have a high quality ambulance service with the ability to provide advanced life support, 24/7/365 they have to consider fully funding it much like they do the fire department. An ambulance service cannot depend on insurance providers and or their payments to keep it afloat. The community has to fund the ambulance service in some form or fashion and consider the revenues generated through billing an offset of its operations and future strategic planning.

Ambulance services across the country will soon be on life support. Cutting services is the only thing left to do. Cutting services will reduce the quality of care we can provide, it will increase the time it takes for us to get you, it will increase the time it takes for you to get safely to a hospital and without a doubt, negatively impact patient outcomes.