



May 13, 2024

Submitted via Regulations.gov

The Honorable Brent Parton
Assistant Secretary for Employment and Training
Employment and Training Administration
U.S. Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

Re: Modernizing Schedule A to Include the Consideration of Additional Occupations
DOL Docket No. ETA-2023-0006, RIN 1205-AC16

Dear Assistant Secretary Parton,

The American Ambulance Association (AAA) appreciates the opportunity to comment on the Department of Labor's (DOL's) Request for Information (RFI) concerning modernization of Schedule A to include additional occupations. This letter responds to RFI Questions 1 and 4 by identifying appropriate data sources to document workforce shortages and proposing the addition of paramedics and emergency medical technicians (EMTs) to Schedule A.

The AAA is the primary association for ground ambulance service providers and suppliers, including private for-profit, private not-for-profit, governmental entities, volunteer services, and hospital-based ambulance services. Our members provide emergency and non-emergency medical transportation services to more than 75 percent of the U.S. population. AAA members serve patients in all 50 states and provide services in urban, rural, and super-rural areas.

Ground ambulance service providers and suppliers are an integral component of our nation's medical infrastructure, serving at the very front of the front-line health care workforce. They are often the first contact patients have with the health care system in an emergency. As such, it is critically important to ensure that ground ambulance service providers and suppliers are adequately staffed.

Unfortunately, our nation's emergency medical services (EMS) system is facing a severe workforce shortage that threatens the provision of vital emergency healthcare services. The problem has been exacerbated by the COVID-19 pandemic, reaching crisis levels in cities and counties across the nation as both demand and medical need have escalated. Many of our members report the single greatest challenge they face is finding people to work.

Due to the persistent labor shortage facing ground ambulance service providers and suppliers, the AAA urges the Department to add paramedics and EMTs to the Schedule A Shortage Occupation List pursuant to Section 212(a)(5)(A) of the Immigration and Naturalization Act (8 U.S.C. 1182(a)(5)(A)).

Underlying Causes of the EMS Workforce Shortage

The reasons underlying the EMS workforce shortage are myriad. Working in an ambulance as a paramedic or EMT is highly stressful and may involve life-and-death situations.¹ Unpredictable environments and the uncertainty of knowing what type of situation they must respond to takes a toll on EMS professionals and can interfere with personal and family lives.² COVID-19 brought greater risk hazard to these workers, while longer hours led to increased stress and employee burnout.³ A 2022 study examining data from a national cross-sectional internet-based survey of 1112 EMS providers found that 87.7 percent screened positive for burnout.⁴ Another study which examined two separate sets of survey results collected from EMS responders during the pandemic concluded that “[b]urnout as a reflection of work stress is of incredible concern given that the call volume in EMS is increasing, and leaving the profession is on the minds of those currently in the role.”⁵

Many paramedics and EMTs have chosen to retire or leave their ambulances for hospital employment, which offers higher pay and a more stable work environment and hours.⁶ Societal changes and the perception of EMS (i.e., long hours, hard work, unpredictability) further hinder

¹ Bureau of Labor Statistics. *EMTs and Paramedics*; U.S. Department of Labor, Ed.; Occupational Outlook Handbook (2023), <https://www.bls.gov/ooh/healthcare/emts-and-paramedics.htm> (accessed on May 9, 2024).

² See G. Blau & S. Chapman, *Why do Emergency Medical Services (EMS) Professionals Leave EMS?*, Prehosp. Disaster Med. (2016); see also Congressional Research Service, *Federal Efforts to Address the Mental Health of First Responders: Resources and Issues for Congress* at 3 (Oct. 1, 2020).

³ See R. Bardhan & T. Byrd, *Psychosocial Work Stress and Occupational Stressor in Emergency Medical Services, Healthcare* (2023); see also National Association of Emergency Medical Technicians (NAEMT), *2022 National Survey: EMS Workforce Satisfaction and Engagement* at 2 (Dec. 3, 2022).

⁴ J. Basting, J. Wong, D. Berger et al. *Prevalence of Social Needs & Social Risks Among EMS Providers*, JEMS Excl. 2023 (Oct. 23, 2023), <https://www.jems.com/administration-and-leadership/prevalence-social-needs-social-risks-ems-providers/> (accessed on May 9, 2024).

⁵ M. Raposa, G. Mullin, R. Murray et al., *Assessing the Mental Health Impact of the COVID-19 Pandemic on US Fire-Based Emergency Medical Services Responders*, 65 Journal of Occ. & Env'l Med. e184-e194, e193 (April 2023).

⁶ See, e.g., R. Hamm & D. Allsbrook, *Paramedics help alleviate ED staffing issues* (March 2, 2023), <https://www.myamericannurse.com/paramedics-help-alleviate-ed-staffing-issues/> (accessed on May 9, 2024); J. Dabbs, *Why the EMS Workforce is Shrinking*, EMS World (June 2022), <https://www.hmpgloballearningnetwork.com/site/emsworld/original-contribution/why-ems-workforce-shrinking> (accessed on May 9, 2024).

efforts to attract younger workers, resulting in an aging EMS workforce.⁷ In Minnesota, nearly 45 percent of EMTs who allowed their certification to expire were under age 30, reflecting a “marked inability for the EMS industry to engage or retain the youngest individuals in our profession.”⁸

Another factor contributing to the EMS workforce shortage is inadequate reimbursement which, combined with the cost of maintaining readiness, makes it difficult to provide competitive salaries. A 2022 NAEMT survey of EMS practitioners across the U.S. found that 60 percent work two or more jobs.⁹ Because ground ambulance service providers and suppliers only receive Medicare or Medicaid reimbursement if they transport a patient to the hospital, they provide a disproportionate level of uncompensated care.¹⁰

Even when EMS providers receive Medicare or Medicaid reimbursement, the amounts paid do not cover the cost of delivering care. The National EMS Advisory Council concluded in 2016 that “ambulance providers receive below-cost reimbursement for 72% of all transports.”¹¹ Virtually no state or federal funding is provided to offset charity and uncompensated care.¹² Negative margins prevent ground ambulance services from being able to compete against other health care providers (such as hospitals) that have a more diverse payer mix and additional resources to direct toward employee wages. This problem will likely “increase as the baby boomer generation ages, requiring local EMS systems to invest in additional capacity to respond on demand.”¹³

Ground ambulance service providers and suppliers also face declining volunteerism, particularly after COVID-19. While up to 20 percent of our overall workforce are volunteers, in many rural areas volunteers cover up to 90 percent of EMS calls.¹⁴ Job and family commitments, along with

⁷ Thirty-five percent of paramedic and EMT turnover occurs in the first year of employment. See AAA/Newton 360, 2023 *Ambulance Industry Employee Turnover Study* at 4 (July 7, 2023). Almost one-fourth (23 percent) of respondents to the 2022 NAEMT survey had 26 or more years’ experience in EMS. See 2022 NAEMT Survey at 5.

⁸ Minnesota EMS Regulatory Board, *Analysis and Trends of the Minnesota EMS Workforce* at 4 (April 2022), https://mn.gov/emrb/assets/Analysis%20and%20Trends%20of%20the%20Minnesota%20EMS%20Workforce_tcm1116-526101.pdf (accessed on May 9, 2024).

⁹ 2022 NAEMT Survey at 4.

¹⁰ The National Emergency Medical Services Information System (NEMSIS), supported by the National Highway Traffic Safety Administration (NHTSA), Office of Emergency Medical Services (OEMS), is the largest publicly available database of prehospital medical care in the U.S. Its 2022 National EMS Data Report, which analyzed 53,179,492 EMS activations (i.e., EMS “calls” or “runs”) from 54 states and territories, found that only 58 percent resulted in transportation to a hospital. See NEMSIS, *2022 National EMS Data Report* at 9 (Oct. 16, 2023).

¹¹ See National EMS Advisory Council, *Committee Report and Advisory* at 11 (Dec. 2, 2016).

¹² *Id.* at 2.

¹³ M. Van Milligan, J.P. Mitchell III, J Tucker et al. *An Analysis of Prehospital Emergency Medical Services as an Essential Service and as a Public Good in Economic Theory*. Washington, DC: NHTSA; May 2014.

¹⁴ N. King, M. Pigman et al. *EMS Services in Rural America: Challenges and Opportunities* (National Rural Health Association Policy Paper) at 5 (2021), <https://www.ruralhealth.us/getmedia/cc0078fa-14d2-47eb-98a6->

increased service volume and training requirements, stress, and financial uncertainties, make it difficult for our members to attract and retain volunteers, particularly in the face of rising inflation.

A May 2023 report from the U.S. Fire Administration underscores the impact of declining volunteerism on fire and EMS services. In 1984, there were 897,750 volunteer firefighters in the U.S. By 2020, this number had shrunk to 676,900. This occurred over a period when the nation's population grew from nearly 236 million to over 331 million, indicating that volunteerism in fire and EMS has lagged far behind population growth.¹⁵

A 2023 survey of Virginia's cities and counties found that 91 percent reported a decrease in volunteer fire and EMS providers in the prior three years.¹⁶ In New York state, 52 percent of agencies relying on volunteer responders reported that their response times were moderately or severely impaired by staff shortages. Twenty-nine percent said they "frequently delayed responses or missed calls due to the shortage."¹⁷ The EMS workforce shortage thus threatens both public and private EMS, which operate synergistically to provide a cohesive safety net in cities and counties across the nation.

Persistent EMS Staffing Shortages Threaten the Provision of Emergency Health Services

Since 2018, the AAA and Newton 360, an EMS-based performance management software platform, have conducted an annual study of employee turnover in the EMS industry.¹⁸ The 2023 study, which analyzed survey results from 137 EMS organizations representing 16,719 employees, found that overall turnover among paramedics and EMTs ranged from 20 to 31 percent annually in 2022.¹⁹

While turnover rates were generally similar or lower for calendar year 2022 as compared to 2021, 48 percent of part-time and 24 percent of full-time paramedic positions were unfilled as of summer 2022. EMT vacancy levels for the same period were 27 percent and 19 percent for part-

[2bb6722e540c/2019-NRHA-Policy-Document-EMS-Services-in-Rural-America-Challenges-and-Opportunities.pdf](#) (accessed on May 9, 2024).

¹⁵ U.S. Fire Administration, *Retention and Recruitment for the Volunteer Emergency Services* at 6 (May 2023).

¹⁶ HB2175 Workgroup, *Service to Others: A Report on the Commonwealth's Fire and EMS Service* 11 (2023), <https://www.vaco.org/wp-content/uploads/2023/12/Fire-and-EMS-Service-in-the-Commonwealth-Report.pdf> (accessed on May 9, 2024).

¹⁷ Office of the NY State Comptroller, *The Growing Role of Counties in Emergency Medical Services* at 7 (March 2024), <https://www.osc.ny.gov/files/local-government/publications/pdf/ems-report-2024.pdf> (accessed on May 9, 2024).

¹⁸ Reports were issued in 2018 and 2019, covering calendar years 2017 and 2018, respectively. Due to COVID and other related factors, a planned report was not generated in 2020. Annual reports resumed in 2021.

¹⁹ AAA/Newton 360 at 7.

and full-time workers, respectively.²⁰ A table from the report summarizing turnover rates by occupational category is excerpted below.

Table ES1. Turnover Rates by Year by Occupational Category (2021 Results Appear in Parentheses Below the 2022 Results)

Occupation	Average Turnover for the Year 2022 (in Bold) (2021, 2020 in Parentheses)			Percentage of Open Positions Summer of 2022
	Overall Turnover	Voluntary Turnover	Involuntary Turnover	Open Rate
Full-time EMT	31% (36, 24%) ⁶	24% (31, 19%)	5% (5, 5%)	19% (29%)
Part-time EMT	31% (36, 28%)	25% (36, 24%)	4% (4, 5%)	27% (39%)
Full-time Paramedic	22% (27, 26%)	18% (26, 20%)	5% (3, 3%)	24% (30%)
Part-time Paramedic	22% (30, 23%)	19% (29, 19%)	3% (2, 3%)	48% (55%)
Supervisor	21% (21, 15%)	14% (16, 11%)	3% (2, 3%)	09% (13%)
Dispatch	29% (29, 30%)	21% (22, 23%)	6% (6, 6%)	13% (15%)

State-specific surveys yield similar results. For example, in Ohio, 62 percent of EMS agency administrators reported they had unfilled positions for six months or more.²¹

High turnover rates increase operating costs, since ground ambulance services must recruit, screen, onboard and train new EMTs and paramedics. According to the AAA/Newton 360 study, the estimated cost to replace an employee EMT skyrocketed from \$5,785 in 2021 to \$10,599 in 2022, representing an 83 percent increase.²² The total estimated replacement cost per paramedic position also grew by almost 30 percent during this period, from \$8,620 to \$11,151.²³

A 2023 NAEMT national survey of 450 EMS agencies in 49 states found that applications for paramedic/EMT positions decreased by 13 percent from 2019 to 2022.²⁴ Almost two-thirds (65 percent) reported a decrease in applications, and 27 percent reported a decline of 25 percent or more during the same period.²⁵

These staffing shortages compromise emergency response, especially in rural and underserved parts of the country. According to the survey, 49 percent of EMS agencies reported lengthened

²⁰ *Id.*

²¹ The Paramedic Foundation, *2022 Ohio EMS Workforce Surveys: A Focus on Recruitment and Retention* at 4 (Sept. 2022).

²² AAA/Newton 360 at 4.

²³ *Id.*

²⁴ NAEMT, *National Survey on EMS Economic and Operational Models* at 5 (2023).

²⁵ *Id.*

response times between 2019 and 2022.²⁶ Over one-quarter of respondents transitioned from all Advanced Life Support (ALS) to tiered deployment, and 23 percent moved from dual paramedic to single paramedic deployment.²⁷ In total, 72 percent of respondents made changes to system delivery, deployment, or staffing in response to workforce shortages.

States are also seeking to mitigate EMS workforce shortages. In 2022, at least 39 states and territories enacted 113 bills to address aspects of EMS systems.²⁸ At least six states have lowered the age at which individuals can apply for EMT licensure to 16 or 17.²⁹ Other states, such as Georgia, have modified public health and safety regulations to remove the requirement that ambulances be staffed by at least one paramedic.³⁰

Current BLS Projections Do Not Reflect Future Demand for EMS Professionals

DOL's Bureau of Labor Statistics (BLS) currently projects that overall employment for EMTs and paramedics will increase only by 5 percent from 2022 to 2032. This number is down significantly from its 2022 projection, which estimated 11 percent growth. We are concerned this projection is inaccurate because it fails to take into account the fact that many paramedics and EMTs are working in health care settings other than ambulances. For example, in Texas, only 27 percent of licensed EMS professionals submitted a patient care record (PCR) in the first eight months of 2021, versus 43 percent in 2020, meaning they were no longer working in ambulances.³¹ In Minnesota, 59 percent of certified EMTs did not run ambulance calls in 2022.³² Data from state licensing/certification and EMS agencies should be examined to develop a more accurate projection of the demand for paramedics and EMTs in the ground ambulance industry.

The Department should also consider the impact diminishing volunteerism will have on future ground ambulance staffing needs, as well as data regarding current and projected vacancies.

²⁶ See NAEMT 2023 Survey at 8.

²⁷ *Id.*

²⁸ K. George, *Backing the First Responders: Recent Bills Empower EMS Systems*, <https://www.ncsl.org/state-legislatures-news/details/backing-the-first-responders-recent-bills-empower-ems-systems> (accessed on May 9, 2024).

²⁹ National Conference of State Legislatures, *State Actions to Address EMS Workforce Shortages* (July 2022), <https://apps.legislature.ky.gov/CommitteeDocuments/356/21179/EMS-Workforce-Shortages%20Brief.pdf> (accessed on May 9, 2024).

³⁰ S. Johnson, *Faced with a massive statewide EMS shortage, the state of Georgia is changing its own rules*, WJCL News (Oct. 29, 2019), <https://www.wjcl.com/article/georgia-lowers-standards-for-ems-transport-services/29615312> (accessed on May 9, 2024);

³¹ Texas EMS Alliance, *Texas is Facing a Dramatic Shortage of EMS Professionals – EMS Professionals are Leaving Ambulances*, <https://txemsa.com/wp-content/uploads/2021/10/EMS-Shortage-Graphic.png> (accessed on May 9, 2024).

³² Minnesota EMS Regulatory Board, *State of EMS System Infographic* at 1 (Jan. 2023), https://mn.gov/emspb/assets/EMSRB_State%20of%20the%20EMS%20system_Jan2023_tcm1116-561059.pdf (accessed on May 9, 2024).

For example, the 2022 NAEMT survey indicated that 45 percent of EMTs and paramedics plan to leave the profession within six years.³³

DOL should also ensure that future projections recognize demand for ambulance services will increase significantly due the aging population. By 2030, the U.S. health care system will face a “gray tsunami” when all 73 million Baby Boomers will have reached the age of 65.³⁴ With life expectancy at age 65 increasing, the Census Bureau projects that older adults will outnumber children under age 18 for the first time in U.S. history by 2034.³⁵ This will place even greater stress on our EMS system, since older Americans utilize ambulance services at a much higher rate than younger individuals. According to a 2022 National EMS Data Report produced by the National Emergency Medical Services Information System (NEMSIS), 46 percent of EMS calls are for patients aged 60 and above, although they comprise just 23.7 percent of the U.S. population.³⁶

Numerous studies (many of which are cited in this letter) substantiate the current EMS workforce shortage. In addition, other potential data sources on which the Department could rely to determine that there are insufficient U.S. workers who are able, willing, qualified, and available to work as paramedics and EMTs include:

- Federal agencies, such as the Health Resources and Services Administration (HRSA), the Centers for Medicare and Medicaid Services (CMS), the National Highway Traffic Safety Administration (NHTSA), and the Federal Emergency Management Administration (FEMA);
- The National Association of State EMS Officials (NASEMSO), the National EMS Information System (NEMSIS); the National Organization of State Offices of Rural Health (NOSORH), the Interstate Commission for EMS Personnel Practice, state EMS regulatory boards, and state offices of rural health;
- Private organizations, such as the AAA, NAEMT, the National Registry of Emergency Medical Technicians (NREMT), the National Association of EMS Educators, the National Rural Health Association, and the International City/County Management Association’s (ICMA’s) Center for Public Safety Management (CPSM).

³³ NAEMT 2022 Survey at 12.

³⁴ U.S. Census Bureau, *2020 Census Will Help Policymakers Prepare for the Incoming Wave of Aging Boomers* (Dec. 10, 2019)

³⁵ *Id.*

³⁶ Statista, *Resident population of the United States by sex and age as of July 1, 2022*, <https://www.statista.com/statistics/241488/population-of-the-us-by-sex-and-age/> (accessed on May 8, 2024).

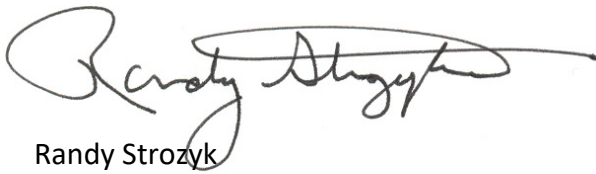
DOL Should Designate Paramedics and EMTs as Schedule A Occupations

Given the severity of the EMS labor shortage, there are not enough American workers who are ready, willing, and able to fill open positions now and in the future. The AAA therefore urges the Department to designate EMTs and paramedics as Schedule A occupations under section 212(a)(5)(A)(i) of the Immigration and Nationality Act.

Adding these occupations to Schedule A would provide ambulance service providers and suppliers with access to a broader pool of trained, qualified paramedics and EMTs and help prevent service delays and disruptions that threaten patient health and safety.

Thank you for your consideration of these comments. The AAA stands ready to work collaboratively with the Department and looks forward to a continuing dialogue on this important matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Randy Strozyk". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Randy Strozyk
President