## AMERICAN AMBULANCE ASSOCIATION

# Indiana EMS In Crisis!

Unsustainable reimbursement for life-saving emergency medical services coupled with rising costs have put a substantial strain on ambulance providers, America's public health safety net. Support EMS access through fair reimbursement for first responders!

#### **How Legislators Can Help EMS Today**

#### **US Congress**

#### Renew Medicare Add-Ons

Cosponsor H.R. 1666 / S. 1673 to extend the bonus payments for EMS providers beyond 12/31/24. Time is running out!

# Preserve Veterans Access to Care

Cosponsor S. 2757 / H.R. 5530 to ensure that EMS continues to be fairly compensated for VA transports.

# Federal & State Officials Inclusive EMS Grants

Ensure that
workforce and
equipment grants
from the federal and
state governments
are open to all
provider types.

#### State Legislature & Medicaid Office Support Medicaid-Medicare Parity in Your State

Reimbursement for caring for Medicaid patients can lag even behind Medicare. Support sustainability efforts in your state!

#### **Skyrocketing Costs for EMS Providers in Indiana**

Although reimbursement from Medicare and other payers remains stagnant, ambulance mobile healthcare providers are facing skyrocketing costs. Many ambulance services struggle to keep their doors open.

Rising Wages			Fuel	Medical Supplies
24%↑	22	<b>%</b> ↑	35%↑	12%↑
EMT	Paramed	lic		
Avg. Hourly Wage   E	MTs	Paramedics	In the Midwest (PADD 2) of the United States,	EMS agencies report an increase in costs of
2021 Rate \$	15.61	\$21.43	which includes Indiana,	12%, on average, for
2023 Rate \$	19.36	\$26.12	· ·	<u> </u>
EMS faces a chronic staffing shortage as reimbursement shortfalls have not allowed ambulance services to pay emergency medical technicians (EMTs) and paramedics competitive wages. We cannot stop the flow of first responders out of this profession without sustainable funding. Source: Department of LABOR  # of EMS Professionals 24,605 Source: National Association of State EMS Officials			the average cost of regular gasoline rose from \$2.49 per gallon in 2019 to \$3.36 per gallon in 2023, representing a 35% increase. SOURCE: US ENERGY INFORMATION ADMINISTRATION	supplies 2019–2022, with no end in sight. SOURCE: NATIONAL ASSOCIATION OF EMTS EMS ECONOMIC & OPERATIONAL MODELS EXECUTIVE SUMMARY Ambulance Chassis costs are also up 25– 50% over the same time period.

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#### **Ambulance Reimbursement Remains Flat**

Access to care is threatened as Medicare rates remain stagnant despite rising costs. EMS needs YOUR support to keep services rolling.

Medicare Reimbursement	BLS Emergency (A0429)	ALS Emergency (A0427)	
2019 Rural Rate	\$358.22	\$425.38	
2024 Rural Rate	\$424.47	\$504.05	
Average Annual Inflation Adjustment	3.7%	3.7%	

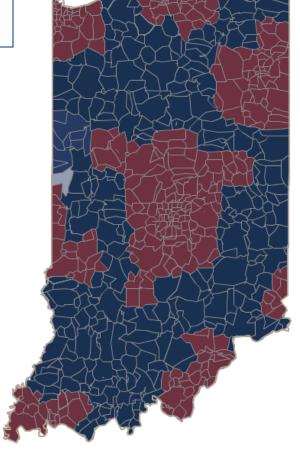
Medicaid Reimbursement	BLS Emergency	ALS Emergency
2019 Rate	\$110.84	\$160.84
2023 Rate	\$110.84	\$160.84
Change Adjusted for Inflation	0.00%	0.00%

#### **Medicare Add-Ons are Essential**

The Medicare Ambulance Add-Ons are critically important to ambulance suppliers/providers in Indiana. The map shows that while there are urban areas in the state, a substantial number of ambulance providers are in rural areas and super rural areas. All ambulance providers in Indiana rely upon these add-ons.

	Super-Rural	Rural	Urban
Medicare Add-Ons	22.6%	3.0%	2.0%
Through 12/31			
H.R. 1666 proposed	22.6%	3.0%	2.0%
S. 1673 proposed	26.7%	4.3%	3.4%

Map Legend			
Urban areas	Red		
Rural areas	Dark Blue		
Super Rural	Blue		
Data Unavailable	Light Blue		



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### **Ambulance Deserts: 50.0% of Indiana Counties Impacted**

46 of Indiana's 92 counties (50.0%) have an ambulance desert, which is defined by places or people that are 25 minutes or more away from an ambulance station. Source: Maine Rural Health Research Center

# INDIANA **Ambulance Locations and Deserts Health Care Facilities and Ambulance Deserts**

Ambulance stations	Ambulance desert population		Rural county ambulance desert population		
n	n	% of state pop.	n	% of rural county pop.	% of total desert pop.
292	93,807	1.4%	56,974	3.9%	60.7%

Data sources: Indiana Department of Homeland Security; Esri; US Census Bureau; Health Resources & Services Administration; USDA Economic Research Service.