

AMERICAN AMBULANCE ASSOCIATION

Maryland EMS In Crisis!

Unsustainable reimbursement for life-saving emergency medical services, coupled with rising costs, has 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

State EMS Office and Office of Rural Health	Federal & State Officials	State Legislature & Medicaid Office
Rural Health Transformation Program	Inclusive EMS Grants	Support Medicaid Medicare Parity in Your State
Ensure that ambulance services are meaningful participants in RHTP fund awards for workforce, access to care, innovative programs, etc.	Ensure that workforce and equipment grants from the federal and state governments are open to all provider types public, private, fire, and nonprofit.	Reimbursement for caring for Medicaid patients can lag even behind Medicare. Support sustainability efforts in your state!

Skyrocketing Costs for EMS Providers in Maryland

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
9.9%↑21%↑			18.5%↑	12%↑
EMT Paramedic				
Avg. Hourly Wage	EMTs	Paramedics	In the East Coast (PADD 1) of the United States, which includes Maryland, the average cost of regular gasoline rose from \$2.66 per gallon in 2019 to \$2.98 per gallon in 2025, representing a 18.5% increase. SOURCE: US ENERGY INFORMATION ADMINISTRATION	EMS agencies report an increase in costs of 12%, on average, for supplies 2019 – 2022, with no end in sight. SOURCE: NATIONAL ASSOCIATION OF EMTs EMS ECONOMIC & OPERATIONAL MODELS EXECUTIVE SUMMARY
2021 Rate	\$24.41	\$28.62		
2025 Rate	\$26.82	\$34.63		
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				

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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.

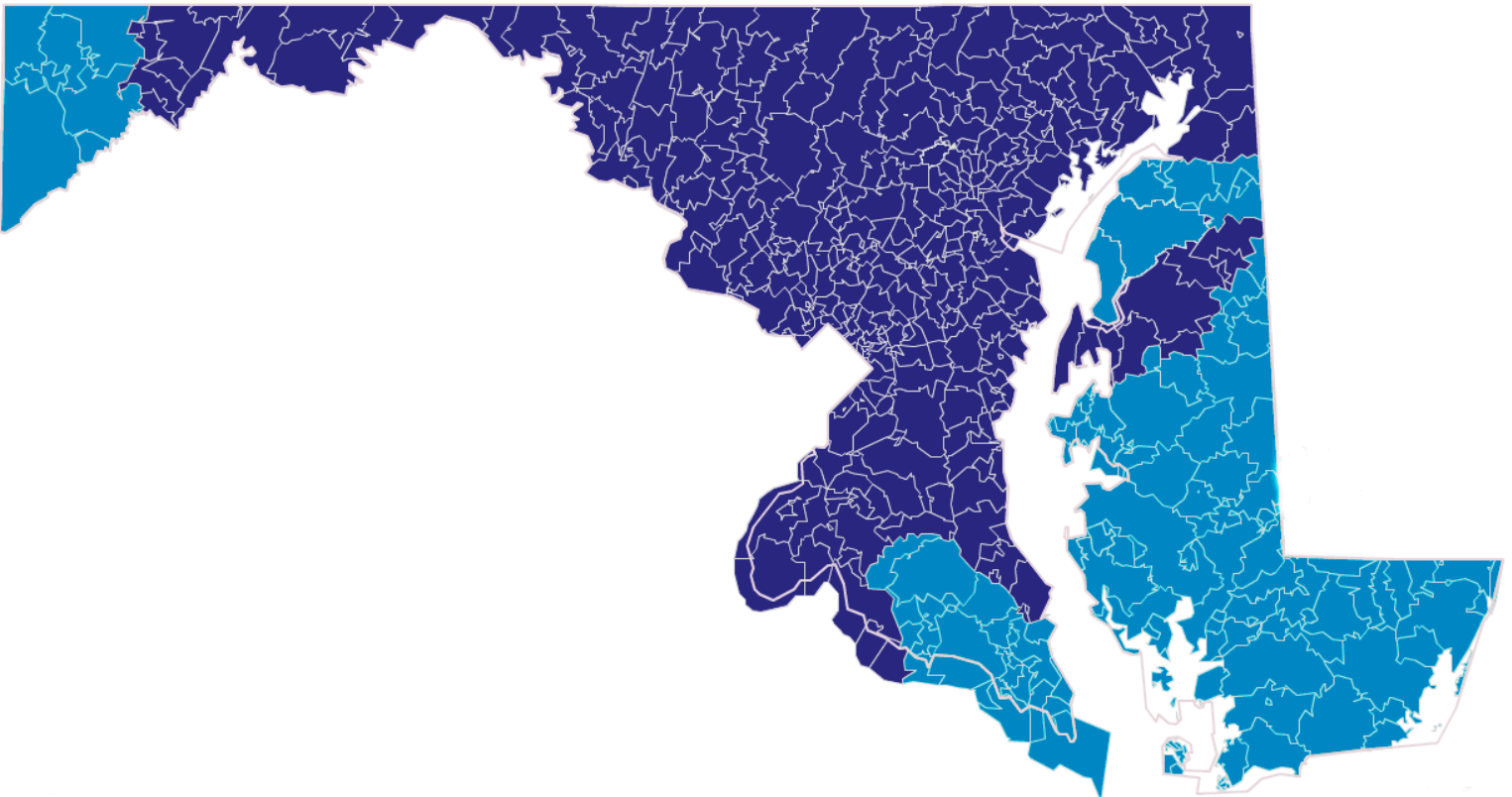
Medicare Reimbursement	BLS Emergency (A0429)	ALS Emergency (A0427)
2020 Rate	\$399.7	\$474.64
2026 Rate	\$482.91	\$573.45
Medicaid Reimbursement	BLS Emergency	ALS Emergency
2019 Rate	\$100 (Public and volunteer ambulance services)	
2026 Rate	\$150 (Public and volunteer ambulance services)	

Medicare Add-Ons are Essential

The Medicare Ambulance Add-Ons are critically important to ambulance suppliers/providers in Maryland. 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 Maryland rely upon these add-ons.

Medicare Add-ons	Super-Rural	Rural	Urban
Current percentages Expire 12/31/2027	22.6%	3.0%	2.0%
119 th Congress H.R. 2232 – Proposed %	22.6%	3.0%	2.0%
119 th Congress S.1643 - Proposed %	26.7%	4.3%	3.4%

Map Legend	
Urban areas	Blue
Rural areas	Light Blue
Super Rural	Gray
Data Unavailable	White



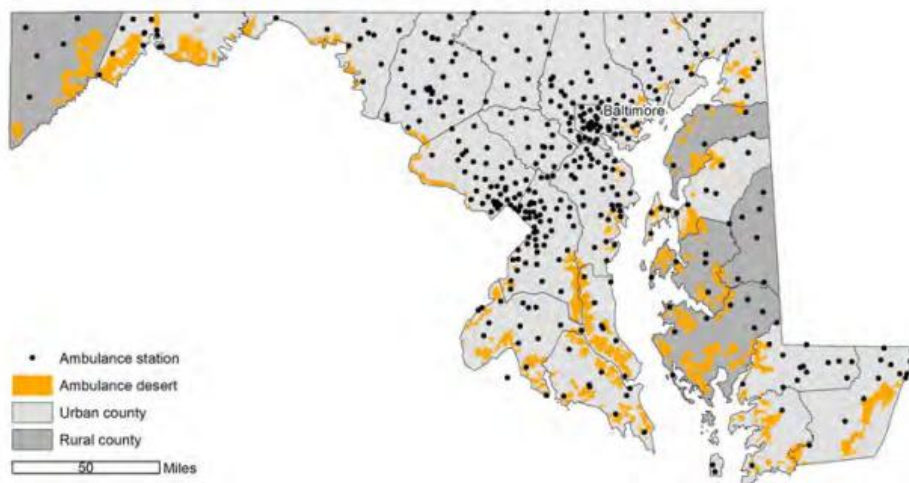
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Ambulance Deserts: 87.5% of Maryland Counties Impacted

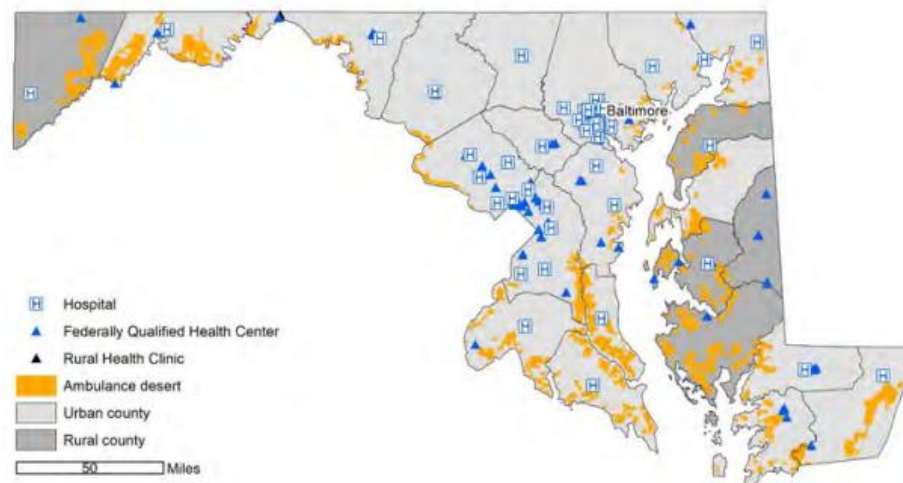
21 of Maryland's 24 counties (87.5%) have an ambulance desert, which is defined by places or people that are 25 minutes or more away from an ambulance station. SOURCE: MAINE RURAL HEALTH RESEARCH.

MARYLAND

Ambulance Locations and Deserts



Ambulance Deserts and Health Care Facilities



Ambulance stations	Ambulance desert population		Rural county ambulance desert population		
n	n	% of state pop.	n	% of rural county pop.	% of total desert pop.
425	62,912	1.0%	6,493	4.6%	10.3%

Data sources: Maryland county EMS offices; Esri; US Census Bureau; Health Resources & Services Administration; USDA Economic Research Service.

Data limitations: Maryland does not have a centralized EMS database. Ambulance station addresses were obtained from county EMS offices and compiled by the research team. There may have been differences between counties in how they defined and provided address data.

