

How COVID-19 Has Impacted Our Nation's EMS Agencies

Throughout the COVID-19 pandemic, EMS agencies have struggled with a multitude of challenges: sick and quarantined personnel resulting in greater workforce shortages, periods of low call volume reducing revenues, the cost of additional medical supplies needed to combat the pandemic, shortages and/or price gouging of essential medical supplies, inadequate reimbursements to mitigate these additional costs, and lack of federal funding to support EMS during the pandemic.

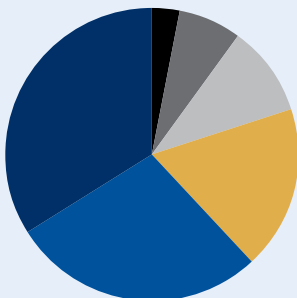
In April, 2020 the [National Association of Emergency Medical Technicians](#) (NAEMT) conducted a national survey of EMS agency leaders to understand the current impact of COVID-19 on EMS agencies and personnel. A summary of the results was published in May 2020. **A follow up survey was conducted in April 2021. Responses were received from 435 agency leaders from all 50 states, Puerto Rico, and D.C.**



Impact to the EMS Workforce

Respondents reported that on average, over 18% of their EMS practitioners have contracted the COVID-19 virus. Nearly 27% of their workforce have had to quarantine at some time during the pandemic. 8% of these agencies have experienced a line of duty death of their EMS personnel from COVID-19.

Agency leaders represented a diverse cross-section of EMS



- 34%** Public
(municipal, county, regional, public-utility)
- 28%** Fire-based
- 18%** Private non-profit
- 10%** Hospital-based
- 7%** Private for-profit
- 3%** Other
(tribal, military, industrial, law enforcement)

Respondents shared their concerns for their personnel:

“About a third of our volunteers stopped participating for fear of contracting the virus. This puts an even greater strain on the responders who remain.”

“When COVID is under control, how will our responders decompress from the heightened level of stress for the past year and a half?”

“The sustained fatigue is concerning for our current teams and potential ability to encourage others to go into the EMS field.”

“Mental health especially suicidal ideations have drastically increased in our area.”

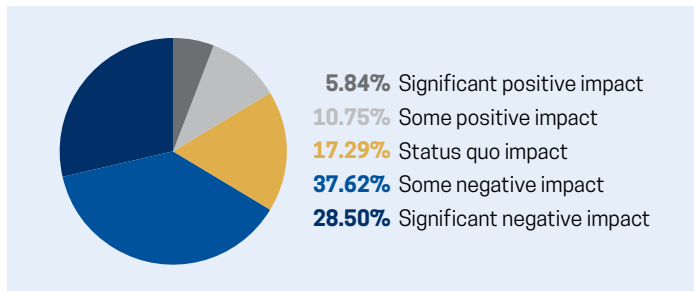
“My staff is burned out and tired of dealing with COVID. Most of my staff are volunteers and just plain burned out.”

“My team has feared getting infected and losing their life”

“The burnout of the personnel. Every call they respond to now requires PPE which is uncomfortable, and the delays at the ERs only compound that. The burden on the crews to perform the work is greater than ever because of the extra things asked of them.”

Financial Impact

The COVID-19 public health emergency (PHE) continues to have a significant financial impact on EMS agencies. Prior to the pandemic many EMS agencies across the county, particularly in rural areas, struggled with finances. Low reimbursements from CMS and commercial insurers, [frequently below the cost of the care provided](#), and lack of local and/or state funding to support EMS have been the primary contributing factors. **66% of responding agencies have been negatively impacted by the pandemic.**



EMS AGENCIES HAVE BEEN HIT HARD BY DRASTIC INCREASES IN THE PRICE OF PPE DURING THE PANDEMIC. EMS agencies reported high levels of price gouging when purchasing PPE supplies.

	Gouging	No gouging
N95 mask	55.00%	33.13%
Gloves	56.56%	31.56%
Gowns	37.50%	42.19%
Eye protective wear	27.50%	50.31%
Face shields	26.88%	49.38%

Government Funding

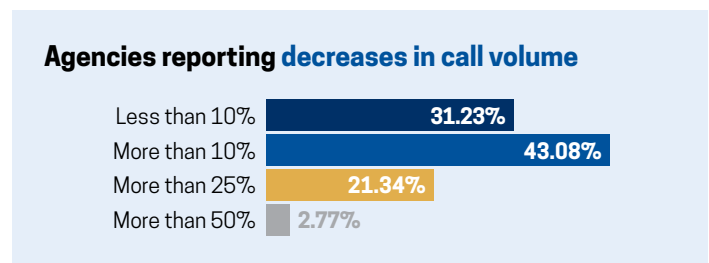
In April 2020, EMS agencies were asked if they had applied for and received government funding to address the additional costs associated with the pandemic. Over 50% of responding agencies reported that they had applied for federal, state or local grant funding but were denied. We asked this same question in the April, 2021 survey. Respondents across all delivery models reported improvement in receiving COVID-19 government funding. **However, responses indicate that less than half of all agencies applying are receiving government support.**

	In process of applying for funding	Applied for funding and awaiting award notice	Applied for funding and was denied award	Applied for funding and received award
Federal	7.18%	8.91%	7.76%	44.54%
State	5.17%	8.33%	5.46%	38.22%
Local	3.45%	3.45%	5.75%	21.55%
Private	2.59%	2.59%	3.74%	5.75%



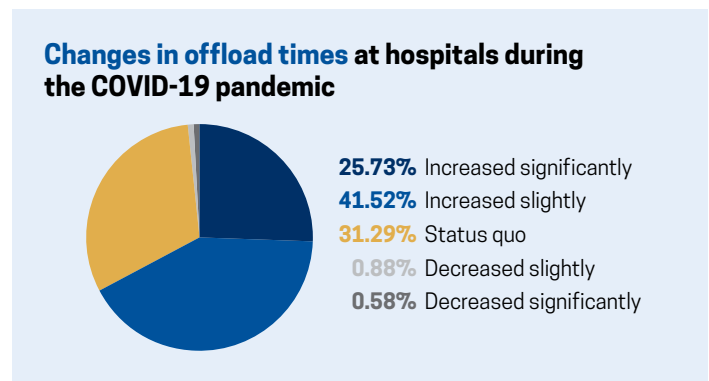
Call Volume Has Not Recovered

In the April 2020 survey, 61% of responding agencies reported decreases in call volumes. The April 2021 survey results indicate that the pandemic continues to cause fluctuations in EMS agency call volumes which consequently impacts agency revenues. **43% of responding agencies reported decreases in call volume.** Given the exceptionally low break-even margins for most agencies, even a small decrease in call volume can result in net negative revenues for agencies.



Long Hospital Offload Times Still Plague the System

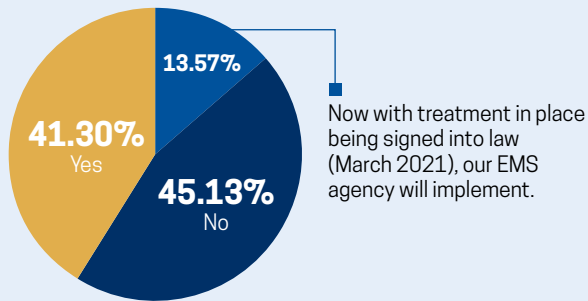
Respondents were also asked about changes in their offload times at hospitals. 67% reported continued increases in offload times. Increases in offload time limit the number of ambulances available to respond to 9-1-1 medical emergencies.



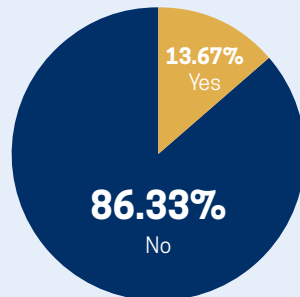
Treatment in Place Protocols

Many communities across the county have instituted community-wide treatment in place protocols. EMS agencies have responded to these protocols to ensure that their communities have sufficient hospital beds for the neediest patients. The vast majority of these agencies, 86%, reported that they were not being reimbursed for the treatment in place care they were providing. With the institution of the CMS waiver to allow reimbursement for treatment in place during the PHE, agencies can now be reimbursed.

Has your EMS agency implemented treatment in place protocols during the COVID-19 pandemic?

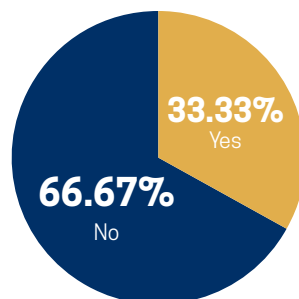


Has your EMS agency been reimbursed for its treatment in place protocol during the COVID-19 pandemic?



Community Paramedicine Underutilized During the Pandemic

Community paramedicine remains an underutilized asset in local healthcare systems due to the lack of reimbursement for this highly cost effective, patient-centered type of care. Only 13% of EMS agencies reported using community paramedics to fill patient care gaps in their communities in response to the pandemic. Of those 13%, only one third (4.3% of all respondents) reported that their agencies were reimbursed or paid for the community paramedic services provided during the pandemic.



Stakeholder Engagement

LOCAL GOVERNMENT AND HEALTHCARE SYSTEMS HAVE INCREASED THEIR ENGAGEMENT WITH EMS DURING THE COVID RESPONSE, BUT LESS SO THAN WHEN THE PANDEMIC BEGAN IN 2020. When asked whether their agencies were engaging with local/regional stakeholders in COVID-19 response planning and mitigation, the majority of respondents reported engagement.

Type of stakeholder	Engaged	Did not engage
Local government	58.31%	30.51%
Local healthcare system	60.73%	26.89%
Local public health agency	59.21%	25.68%
Regional healthcare coalition	42.60%	32.33%

However, the percentages reported in the 2021 survey were somewhat **lower** than in the April, 2020 survey. In the 2020 survey:

- ✓ 77% of respondents reported engagement with their local healthcare system;
- ✓ 77% reported engagement with their public health agency; and
- ✓ 57% reported engagement with their healthcare coalition.

EMS Agencies and Personnel Need Help to Build Back Their Resiliency

The results of this latest survey indicate that COVID-19 continues to impact our EMS agencies and personnel across our nation.

- ✓ Much of the EMS workforce are operating with high levels of stress, fatigue and burnout. Workforce shortages as reported in national news are exacerbating an already very challenging environment.
- ✓ Financial challenges continue to plague EMS across all delivery models; rural EMS is in a crisis.
- ✓ Despite all of these challenges, EMS has demonstrated its ability to provide timely, cost effective, patient-centered care throughout the pandemic.
- ✓ Federal, state and local leaders need to further encourage public health to work with EMS to provide better and more cost-effective care to patients.
- ✓ The federal government should adjust the ambulance fee schedule to cover the cost of the emergent, urgent and preventive care provided by EMS, and include reimbursement for treatment in place, transport to alternate destinations, telemedicine facilitation, and community paramedicine.