

SJR 5: Emergency Medical Services

EMS by the Numbers: EMTs, Providers, Reimbursements, and Survey Responses

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About 4,600 Montanans provide emergency medical care to individuals suffering an unexpected illness or injury. These emergency responders undertake hours of training to reach different levels of licensure and work or volunteer for one of several different types of emergency medical services (EMS) providers.

This briefing paper provides some background information on EMS workers and providers, the ways in which providers may be reimbursed for their services, and figures gleaned from various surveys of those involved in the EMS system.

Who Are Montana's EMTs?

Under Montana law, an emergency medical technician -- or EMT -- is any person licensed by the Board of Medical Examiners to provide pre-hospital emergency care. The board further defines EMTs by category, based on the amount and type of training they have received. The licensure levels, as well as the training required, are established in rule.

The following table shows the various licensure categories, the estimated number of hours of training required for successful completion of the training program objectives, and the number of EMTs certified at each level as of November 5, 2007.

Category	Training Requirements	Duties	Number
EMT-First Responder (EMT-F)	44 hours	Life-saving medical techniques at the scene of an injury or accident	935
EMT-Basic (EMT-B)	160 hours	Life-saving techniques plus ability to safely transport a patient in an ambulance	3,182
EMT-Intermediate (EMT-I)	Basic-level training plus 350 hours	Life-saving techniques plus endorsement in other advanced techniques	48
EMT-Paramedic (EMT-P)	Basic-level training plus 2,000 to 3,000 hours	Life-saving techniques plus advanced training to undertake many emergency medical procedures	442
Total			4,607

Source: Board of Medical Examiners, November 2007

In addition, EMTs at each licensure level may receive additional endorsements in various types of care or services, such as the use of intravenous techniques or intubation, if they receive training in those areas.

EMTs must renew their licenses every two years. Numbers compiled by the Board of Medical Examiners in September 2007 showed that the number of EMTs seeking renewal of their licenses has increased this decade, from 844 in 2001 to 1,270 in 2007.

EMS Providers

Nearly 250 EMS providers operate across Montana, but not all offer the same types of services. The majority of services are ambulances providing ground transport, but nearly as many non-transporting services also exist. These non-transporting services respond to the scene of an accident or injury and stabilize a patient until an ambulance can arrive. In addition, six hospitals operate helicopter and/or airplane ambulance services.

By far the largest number of providers operate with volunteers; combined, volunteer fire and EMS services make up nearly 72% of Montana's EMS providers. While some services pay a stipend to their volunteers, the payments are generally made on a per-call basis.

The tables below summarize the types of emergency care services operating in Montana and the staffing levels required for different types of services.

Types of EMS Providers

	Non-Transporting	Ground Transport	Air Transport	Total
Volunteer	35	82		117
Fire-Volunteer	45	16		61
Private-Paid	6	10		16
Fire-Paid	8	8		16
Other-paid	16	11	6	33
Tribal		5		5
Total	110	132	6	248

Source: EMS and Trauma Systems Section, Department of Public Health and Human Services, 2007

Staffing Requirements by Provider Type

Type	Staffing Requirements
Non-Transporting	One EMT-First Responder
Ground Transport	Two people required; one must be an EMT-Basic and one may be an EMT-First Responder with an ambulance endorsement
Rotor Wing Transport	One person required; level determined by licensure level. For example an Advanced Life Support (ALS) service must have an EMT-Paramedic on board.
Fixed Wing	One person required; level is determined by licensure level of service.

Source: EMS and Trauma Systems Section, Department of Public Health and Human Services

Reimbursement Issues

EMS providers typically are reimbursed from one of several possible sources: Medicaid, Medicare, the Indian Health Service, or private insurance. In addition, they may be able to bill patients for the balance of some of the charges or allowable costs.

The level of reimbursement varies depending on the payor. Medicaid reimbursements are set in state law, while Medicare rates are set by the federal government. Most private insurers pay a percentage -- typically 70% or 80% -- of the billed or allowable charge. Many of the Medicaid reimbursements for EMS providers actually reflect the Medicare rate, while others reflect an average of typical charges for services provided in Montana over a period of time. A handful of services are still being evaluated by the Department of Public Health and Human Services before a "relative value unit" is assigned. For those services, the state Medicaid program reimburses at 46 percent of the "usual and customary charges."

Recent Surveys

Even before the 2007 Legislature approved a study of emergency medical services, Montanans involved in and affected by those services -- or the lack thereof -- began trying to quantify their concerns. Several groups have surveyed their members or constituents in recent years to determine the needs of the system and the possible consequences of a drop in EMS care.

The surveys were conducted by:

- The Montana Hospital Association in 2004, to obtain more information on concerns expressed by some members about possible closure of some volunteer ambulance services.
- The Montana Cardiovascular Program of the Department of Public Health and Human Services in 2006, to gauge training and responses related to stroke symptoms and stroke-specific protocols.
- The Board of Medical Examiners in 2006, to determine why EMTs who had failed to renew their license had decided against renewal.
- The EMS and Trauma Systems Section of DPHHS in 2006, to gather information on a broad range of EMS-related questions.

Some of the key findings of each survey are summarized in the table on the following page.

Conducted By	Year	Who Surveyed	Responses	Findings
Montana Hospital Association	2004	Hospitals	42	No indication that local EMS provider is struggling: 60% Long-term viability good to excellent: 74% Difficulty in obtaining adequate number of EMTs: 57% Indications that training is insufficient: 60%
Montana Cardiovascular Program	2006	EMTs	998	Mean age: 43 Average length of experience: 10 years
Board of Medical Examiners	2006	Non-renewing EMTs	195	No longer interested: 33% Amount of late fee (\$150): 18% Couldn't stay nationally registered due to education requirements: 13% Couldn't re-register nationally because education requirements too hard to obtain: 13% Moved: 8% Did not have required continuing education: 5% Multiple reasons: 14%
EMS and Trauma Systems Section	2006	EMTs	591	EMTs aged 19 to 28: 10% EMTs aged 44 or older: 56% Volunteers receiving no compensation: 40% Volunteers with stipend: 29% Paid full-time or part-time: 31% Worked in communities of fewer than 5,000 residents: 62% Easy to leave work to answer calls: 48% Plan to continue in field for five or more years: 74% Major personal factors affecting interest in continuing as an EMS provider: <i>family obligations, lack of pay for call time</i> Major education/training factors: <i>cost, availability, location of training, family obligations</i>