EMERGENCY MEDICAL SERVICES (EMS) IN IOWA
IA LWV Study Committee Report
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General Information

Current Iowa Law does not require any governmental entity (county, city, or township) to provide Emergency Medical Services (EMS) as it does for fire and police protection, thus EMS is not labeled an essential service in this state. The Law does allow fire departments to provide EMS. Various chapters of the Iowa Code do permit limited taxing to support EMS.

The Bureau of Emergency Medical Services, within the Iowa Department of Public Health, is responsible for regulatory oversight of individual EMS providers, which can be volunteer units, private providers, personnel within fire departments, or as part of another public entity.

Currently there are approximately 780 authorized EMS groups in Iowa and 12,000 individual providers. Of this latter total, about 74% work on an ambulance or as a first responder with an EMS agency. Fifty-seven percent of those agencies are fire departments; 16% private providers; 14% other public services; and 13% hospitals. Attachment A (Authorized IA EMS Agencies) shows the locations of Fire and EMS providers within the state, color-coded as to whether the provider is paid, paid plus volunteer hours, volunteer, or privately owned. Counties across the state vary widely, as does the population, to numbers of EMS providers, from one in Chickasaw, Davis, Humboldt, Osceola, and Palo Alto counties to nearly 20 in Linn and Polk Counties. Sixty-four percent of EMS providers are volunteers, which translates to two-thirds of those responding to emergencies in our state not being compensated; 30% are career EMS providers.

There are four "levels" of EMS providers that can be certified in the state: **Emergency Medical Responders** (EMR) who have 48-60 clock hours of training in first aid procedures; the EMTechnician (**EMT-Basic**) who has 150-190 clock hours of training with at least 12 of those hours in an Emergency Room and eight on an ambulance; the **Advanced EMT** who has the EMT training plus training in IVs and other basic medical procedures that total 150-250 clock hours; and **Paramedic**, with the prerequisite EMT certification plus 1000-3000 clock hours of additional training (250-300 hours of clinical time and 350-500 hours in an ambulance, i.e. competency-based). Each type of EMS provider also has to maintain a schedule of continuing education in order to maintain certification, ranging from 12 credits/hours for the EMR to 60 credits/hours for Paramedics. Some of this continuing education is provided without cost, but other courses carry a fee.

Funding

The *Iowa Code* allows for public funding of EMS in varying, but limited methods, across townships, counties, and cities. **A township** may levy an annual property tax not exceeding $0.405 per $1000 of assessed value of the taxable property (AVTP) in the township, excluding property within a benefited fire district or within city limits. If such a levy is insufficient, the trustees may levy an additional annual property tax not exceeding $0.2025 per $1,000 of AVTP for a total of $0.6075 per AVTP. A higher rate may be levied if the trustees have an agreement with a special charter city having a paid fire department, or if the township is located within a county that has a population of 300,000 or more. Less than 20% of the 1,594 townships in the state levy at the maximum rate; 13% are at a levy rate between $0.55 and $0.60749. Township trustees may divide their township into tax districts for the purpose of providing fire protection and EMS if they choose, levying a different tax rate in each district for the authorized or required services, but neither can exceed the tax levy limitations for that township. Attachment B shows the FY 2014 township tax levies and revenues by county.

A township can enter into an Iowa Code Chapter 28E agreement with a city or another township for fire protection with or without EMS. The County Board of Supervisors is then required to certify taxes for levy in the township in amounts sufficient to meet the financial obligations associates with the agreement.

Counties can assume the powers and duties of township trustees related to fire protection and EMS for any township located in an unincorporated area of the county (Iowa Code section 331.385). If a county so chooses, they may certify taxes for levy in the township not to exceed the amounts authorized by law for the township, paid from the county EMS Fund funded through an annual tax levy. Counties, with voter approval, may generate local funds in the form of a local income surtax, local property tax, or a combination of both for EMS within a county (Iowa Code chapter 422D), with a maximum income surtax not to exceed 1.0% for EMS funding, which is deposited into an EMS Fund created by the county. This Fund is used for EMS purposes and can be used to match federal and State funds for education and training related to EMS. Currently, only Appanoose County has approved the use of an income surtax to fund EMS, which in tax year of 2011 generated $64,978 (mean $65,124/median $64,980 across the past five years).

In 2008, the General Assembly authorized the creation of Emergency Response Districts for counties with a population of at least 16,925 but not more than 16,950. Subject to the approval of the County Board of Supervisors, the levy rate cannot exceed $1.6075 per $1,000 AVTP of all taxable property within the district. This action was taken to enable a five-year project in Crawford County as a new governance structure at the county level to facilitate the delivery of and funding for fire protection and EMS. Currently this pilot project has not yet been established.

Cities in Iowa may certify taxes to be levied by the county on all taxable property within the city limits, for all city governmental purposes, which can include EMS. A

city's tax levy for the city general fund cannot exceed $8.10 per $1,000 AVTP. In 1994, the General Assembly authorized the creation of City EMS Districts to provide EMS to all incorporated areas of a city shown to have a need for such services, except property assessed as agricultural land or centrally assessed property. Subject to voter approval, a city council may levy a tax of not more than $1.00 per $1,000 AVTP. The EMS district is only allowed to raise the amount needed from the tax and the tax receipts may be used to purchase or rent EMS apparatus, equipment, or materials, or employ EMS and other personnel. The city council may take other steps as deemed necessary to properly maintain and operate the district. Currently there are just the City of Riceville and the City of Sheffield using the City EMS tax levy. Riceville assessed at $0.18652, raising $3,000 in FY 2014 (if they levied at the maximum allowable they could secure $13,000 additional funds); Sheffield levied $0.3795, generating $11,105 for FTY 2014 (if they levied at the maximum allowable they could secure $18,000 additional funds).

Regulatory Body

The Emergency Medical Services Bureau in the Department of Public Health regulates EMS by authorizing services, certifying providers, authorizing EMS training programs (17 currently dispersed throughout the state; 11 with up to paramedic level training and six with non-paramedic levels of training), and verifying trauma care facilities. They are also charged with providing technical assistance to all EMS entities, providing grants for training and system development when such grants are made available from funding sources, and providing education and equipment through the EMS for Children Program.

FY 2014 funding sources for the $1,657,008 Budget were as follows:

36% Public Health General Fund Appropriation;
27% General Fund Allocation for System Development Grants
[Monies can be used for EMS training/education, as well as for equipment, the latter being grants for $5,000 or more and matched by the local EMS provider; noncompetitive beginning in 2014 and based on rural population and county square miles; declining amounts since 2009 except for 2012, from $620,172 to the current amount of $454,700 – mean across six years of $495,695.];
19% Public Health and Human Services Federal Block Grants;
7% Love our Kids (license plate fees);
7% Federal EMS for Children; and
4% Governor's Traffic Safety Bureau Federal Grant.

A 2012 report on *Trauma and EMS Policy in the States* by the National Conference on State Legislatures (NCSL) provided information on **state funding mechanisms for EMS**, with our neighbor states of particular interest. Along with nine other states, MN collects fees on moving and motor vehicle violations as a method to partially fund EMS. They, along with SD and WI, use general fund appropriations as we do in IA and 14 other states, while IL has an ambulance or EMT Operations Fee as do

seven other states. Nebraska, along with five other states, noted funding mechanisms under the "Other" category.

Professional EMS Organization

All 12,000 providers of EMS in the state are represented by the Iowa Emergency Services Association. This professional organization was founded in 1987 and has a 23-member Board of Directors. They have been involved in initiating and supporting EMS legislation; representing its members on task forces, advisory groups, and boards addressing issues that affect EMS; and facilitating communication across the state between not just members of the organization but all EMS providers. They recently did an online survey of their official membership of 1,200, with a 75% response rate from a representative sample of the state EMS providers. The top concerns noted from this survey: Staffing/recruitment/retention; EMS not an essential service in this state; inadequate funding; and inadequate reimbursement from payees.

Staffing/recruitment/retention relates to the decreasing numbers of volunteers since over one-half of the providers in the state are volunteers or volunteering part of the time and being compensated for some of their time. *The current $100 tax credit* for volunteer EMS providers is insufficient to attract volunteers who have significant expenses for training and in some cases equipment that is not provided by the service they volunteer with. Further, the *required continual training* to maintain the various levels of certification can be costly to an individual. The initial costs for EMR level training are about $400; $1,300-$1,800 for EMT-Basic; Advanced EMT and additional $1,400 beyond EMT-Basic; and for paramedic, approximately $6,00-$12,000 after lower levels of certification. These trainings can involve more than just the cost of a course since many EMS providers must travel to/from the offering that may be distant from their homes, incurring not only travel expenses but child care and other expenses to be able to attend. In addition to cost, the IEMSA survey indicated the average respondent spends 59 hours engaged in EMS training/year while also receiving 44 hours of continuing education/year, time that may need to be taken away from employment for volunteer EMS providers.

EMS not being an essential service is problematic from *a funding standpoint* as well as from *a public recognition standpoint*. Funding is fragmented and difficult to obtain at levels needed to maintain the best equipment and to adequately compensate providers for their time and for their continuing education. It is hypothesized that the average Iowan believes the EMS in this state is similar to what is portrayed in the media, i.e. highly qualified paramedics at the scene within short response times with state-of-the-art equipment. Such is simply not the case in many parts of Iowa where services are by volunteers which can increase response time* and where lower population bases impact levels of funding for equipment, hiring of staff with higher levels of EMS training, and the ever-present continuing education costs for all levels of EMS staff.

*The EMS Bureau collects data on response times across the state, but, by Regulation, cannot make the data public.

Inadequate funding is related to *the issue of essential service*. The average volunteer EMS provider spends 31 hours/year in fundraising at such activities as soup suppers, bake sales, and raffles – funding streams dissimilar to police and fire protection personnel in services considered essential. Also, *medical equipment* that can save lives is continually improving and desirable to have available for all citizens of a state and is costly. The use of *technology* is ever increasing in all fields, and particularly in medicine. And, such technology usually comes with high price tags which will continue to burden the present system of funding EMS provision. And lastly, the numbers of *volunteers* handling nearly two-thirds of the emergencies in the state may dry up in the foreseeable future leaving EMS providers with the need to move to services that compensate their staffs.

Inadequate reimbursement from payees relates in Iowa to two issues: *Medicaid reimbursments for ambulance use* and *behavioral transports*. In a 2014 comparison of *Medicaid* rates for states that border Iowa (IL, MN, MO, NE, ED, and WI) and confirmed by the American Ambulance Association it was revealed that for the seven Service Categories (mileage, BLS Nonemerg., BLS Emerg., ALS, ALS Emerg., ALS2, and SCT/Crit.Care), Iowa's rate of *Medicaid* reimbursement was far below the average of the six neighboring states in all areas, as well as below the *Medicare* reimbursement rate in all categories. Reimbursement for mileage is currently $2.38, when the average for our neighboring states is $4.85 (range $2.75 to $6.97). Reimbursement for the other categories is as follows:

Nonemergency average $122.24 (range $94.14 to $206.33), with IA at $76.98;
BLS Emergency average $178.19 (range $94.14 to $410.51), with IA at $76.98;
ALS average $207.31 (range $113.88 to $326.55), with IA at $124.52;
ALS Emergency average $277.98 (range $176.11 to $410.51), with IA at $124.52;
ALS2 average $297.77 (range $176.11 to $573.13), with IA at $124.52; and
SCT/Critical Care average $334.43 (range $210.11 to $670.62), with IA at $124.52.

A second issue in regard to reimbursement has to do with behavioral transports which tax an EMS system. Behavioral transports are defined as non-medically needy transportation of individuals by ambulance, usually to distant destinations for mental health services that take up not only time but the cost for the use of an ambulance. Nearly 60% of the respondents to the IEMSA survey indicated that such transport strains their ability to adequately provide for medical emergencies within their service area. Exploration of other methods of providing this type of service is a community issue that needs addressing, perhaps like what is being done in our neighbor IL. In some areas in that state "secure cars" with trained personnel (who are not EMS staff) are providing such transport, with a reimbursement fee of 125% of the IL *Medicare* rate.

IA Legislature Interim Study Committee on EMS – Fall 2013

Five Senators and five Representatives served Fall 2013 on the Interim EMS Study Committee, co-chaired by Senator Mary Jo Wilhelm and Representative Ralph C. Watts. A Final Report of their work was published January 2014 by the Legislative

Services Agency and is attached. Along with the presenters and discussions at the Committee's two days of meeting, this Report (pages nine and ten) includes issues that Legislators need to give consideration to:

Making EMS an essential service and how to fund;
Behavioral transport requirements and reimbursement;
Increasing funding for EMS training across the state;
Increasing the income tax credit for volunteer providers; and
Increasing Medicaid payments to EMS providers.

IA LWV EMS Study Questions

1.Are Iowans in all geographic areas of the state receiving effective emergency medical services?

Most probably not based on the over-reliance on volunteer providers in the state, lack of adequate funding for EMS, and the geographic realities in the western portion of the state.

2.Do the variety of federal and state laws and regulations and local ordinances that authorize and/or require the provision of emergency medical services ensure equitable and effective service [across the state]?

No, since emergency medical services are not considered essential services in the state as police and fire protection are. Therefore, there is considerable variability across the state in the quality and quantity of EMS primarily due to communities with higher population densities and thus more financial resources being able to provide higher quality EMS through various funding streams connected to fire protection.

3.Are emergency medical services that rely upon volunteers adequately staffed with volunteers willing to commit to continued participation? Do leaders in these services anticipate being able to recruit new volunteers? Which, if any programs, policies, and incentives are best suited [for] maintaining existing ranks and recruiting new volunteers?

The current EMS delivery in many parts of the state is through volunteers who are not always trained at the EMT-Advanced or Paramedic levels and may also be stretched to the limit for adequate coverage of their service area due to too few personnel. Also, the cost of continuing education at one's level and advancement to higher levels of training can be prohibitive for many who wish to serve their communities.

Those closest to the issues regarding volunteerism and funding have suggested the following via the recent IEMSA survey:

*Provide for a Volunteer Public Safety Property Tax Credit
*Increase the Volunteer Income Tax Credit
*Allow a sales tax exemption for equipment purchased by volunteer EMS
*Allow a gas tax exemption for private EMS providers
*Provide Capital Replacement Equipment Grants
*Increase in *Medicaid* reimbursements to at least the neighboring state averages

*Institute an improved, community-based method for handling behavioral transports such as the IL secure car approach.

From personal observation and discussions with EMS providers during this data-gathering activity, it is apparent that the average Iowan may not be aware of the emergency medical services provided in their own area, let alone in other parts of the state where they may be traveling or where family/friends may reside. It could be beneficial to provide information to the public in the form of Public Service Announcements (PSAs) in regard to EMS in each sector of the state since what is provided, even by conscientious individuals, may not be sufficient to meet needs. Related to this public awareness of EMS across the state, publication of response time data would be helpful.

Resources

Des Moines Sunday Register, A Register Investigation: EMTS and Emergency Medical Services, July 13, 2014.

Ewers, Jerry, Muscatine Fire Chief (and Paramedic), President of the *Iowa Emergency Medical Services Association*, interview and provision of multiple IEMSA materials - August and September 2014.

Final Report Emergency Medical Services Study Committee, Legislative Services Agency, January 2014.

Hartman, Mike, Muscatine Assistant Fire Chief (and Paramedic), Muscatine League of Women Voters presentation, January 28, 2014.

Iowa Emergency Medical Services Association Legislative Study Committee Presentation of EMS Survey - November 6, 2013, shared at the *EMS Summit* September 18, 2014, Floyd, IA.

ISSUE REVIEW Fiscal Services Division of the Legislative Services Agency – Emergency Medical Services – December 11, 2013.

Platts, Robert, Mason City Fire Chief (and Paramedic), interview November 2014.