

## **Background on Emergency Medical Services in Rural Areas**

### **Introduction**

In the U.S., roughly 57 million people consider rural communities their home and of the nearly six million people living in Wisconsin, 26% are living in rural Wisconsin.

For many years, providing Emergency Medical Services (EMS) to rural communities has been a consistent challenge throughout Wisconsin. Providing funds for rural EMS is challenging due to the relatively low volume of calls in relationship to the costs of full-time preparedness and fixed capital asset costs. The traditional model of reliance on volunteer personnel is changing with fewer individuals volunteering to serve their communities as an emergency medical responder. In addition, the lack of maintaining infrastructure due to stagnant fees or outdated funding mechanisms has left infrastructure for rural EMS diminishing and unable to maintain some basic business functions. In many areas, this has led to consolidation of providers with expanded areas of service coverage, resulting in longer response times.

Across the country, payment for EMS is provided by Medicare. This payment fluctuates, with rural communities receiving the lowest reimbursement resulting in an extreme and inequitable mix of care levels, equipment and management. Rural communities are constantly challenged with low call volumes, greater travel distances and the disparity between the cost to provide services being delivered and the reimbursement costs provided by Medicare. At times, the services provided by rural carriers do not meet the public's expectation of adequate and timely emergency medical services.

On Feb. 15, Gov. Tony Evers announced a plan to support and stabilize Wisconsin's EMS system across the state with close to a \$30 million investment. The governor's plan added efforts to improve the Funding Assistance Program (FAP), which provides annual grants to all public ambulance service providers, including volunteer fire departments, nonprofits, and counties and municipalities. The plan also includes creating a new grant program to help those providers who are not eligible for FAP as well as fund a 16% reimbursement rate increase for private and municipal ambulance providers for emergency medical transportation.

### **Background**

#### **Funding**

Gov. Evers' announced plan will allow every emergency medical service and emergency medical response provider to qualify for funding. Provided through the state's federal American Rescue Plan Act, \$20 million will go to EMS providers across the state for whatever help they need the most, including staffing support, more training for first responders or purchasing ambulances, medical equipment or supplies. Of the \$20 million dollars, \$8 million will go to Funding Assistance Program (FAP).

The application for funding Emergency Medical Services through FAP can be found on the Wisconsin Department of Health Services website at [www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov). The application for 2023 grants closed on May 31.

The Wisconsin Office of Rural Health also provides an overview of federal, state, local and foundations and private resources for EMS system funding. Links to these resources can be found on the Wisconsin Office of Rural Health website at <https://worh.org/>.

### Levy Limits

Levy limits provide the maximum amount a town, village, city or county may implement as a property tax levy on parcels within its boundaries. The maximum allowable property tax levy municipalities can implement is determined by a Levy Limit Worksheet found on the Wisconsin Department of Revenue website at [www.revenue.wi.gov/Pages/home.aspx](http://www.revenue.wi.gov/Pages/home.aspx). A joint fire or EMS department has an exception to the levy limit if the municipalities that are served have adopted solutions to support exceeding the limit. Amounts levied by a county for a countywide EMS system are not subject to the levy limit. Local governmental units have the authority to combine resources for the joint delivery of EMS services through the general intergovernmental cooperation provision, Wisconsin § 66.0301 (2). Those governmental units are required to enter into a contract for the joint services and create a separate governing body for this cooperation agreement in order to obtain funding in excess of CPI.

Under state law, Wisconsin § 66.0602 (1)(ak), “Joint emergency medical services district” means a joint emergency medical services district organized by any combination of two or more cities, villages or towns under Wisconsin § 66.0301(2). If the municipality is a member of a joint EMS services district by statute and the increase in assessed charges results in the municipality exceeding its levy limit, it can enter an adjustment if:

- The joint EMS services districts total charges assessed for the current year compared with the prior year, increased less than or equal to the percentage changed in the Consumer Price Index, from September 2020 through August 2021, is 3.0%.
- All municipalities covered by the joint EMS services district must adopt a resolution supporting the increase.

A municipality also is allowed to increase its levy limit by \$1,000 for each new single-family residential dwelling unit occupancy permit that meets the criteria, if the amounts levied are used specifically for police, fire or EMS services Wisconsin § 66.0602 (3)(m).

### Training

Another issue that many rural communities face with EMS services is finding qualified personnel. In many rural communities EMS is based on volunteers. In order to receive any level licensure from the state, an EMS member must pass the National Registry of Emergency Medical Technicians (NREMT) exam.

During the 2022 legislative session, Senator Howard Marklein (R-Spring Green) and Representative Travis Tranel (R-Cuba City) introduced SB 89, outlining an exemption provision to the current EMS licensure. This bill would allow Emergency Medical Responders (EMRs),

the lowest EMS licensure level recognized in Wisconsin, to become licensed without passing the NREMT test. EMRs would still need to complete the Department of Health Services approved training course and pass all of the hands-on learning and applicable tests. Any EMS licensure level above EMR would still be required to pass the NREMT test.

Currently, 10 states across the nation do not require EMRs to pass the NREMT test for initial licensure. Some states that have exemptions for EMRs include Minnesota, North Dakota, South Dakota and New York.

On Mar. 31, Gov. Evers vetoed SB 89.

### **WFBF Policy**

Safety (9): 16. *We support educational and training programs for emergency personnel to help prepare for farm and other agricultural emergencies.*

Spending Caps (23): 32. *We support limiting the amount of taxes or fees that can be levied and/or establishing spending caps for all units of government.*

Spending Caps (23): 35. *We support limiting the amount of property taxes that can be levied by all units of government. We support maintaining revenue limits.*

Tax Exempt Real Estate (23): 42. *We support requiring all tax-exempt real estate at least make a payment for municipal services (i.e. police, fire, etc.).*

### **Discussion Questions**

- Should WFBF support or encourage collaboration to form joint emergency medical services district? Do districts need to create a separate governance body or is a formal contractual agreement sufficient?
- Should EMS be funded the same way that fire protection is under Wisconsin § 60.55 (2) allowing a fee to be collected to fund readiness of the service and provide a negative levy limit adjustment?
- Should EMS receive 'sparsity aid' for municipalities that are challenged with low revenue generating capacity to assist in funding this critical service?
- Should WFBF support an option or exemption for the National Registry of Emergency Medical Technicians exam for any level of Emergency Medical Service provider?
- Is the current EMS eligibility for levy limit exemptions adequate using a 'countywide' definition? Is this the best method to organize EMS providers given the significant discrepancies in topography, access and size of counties?