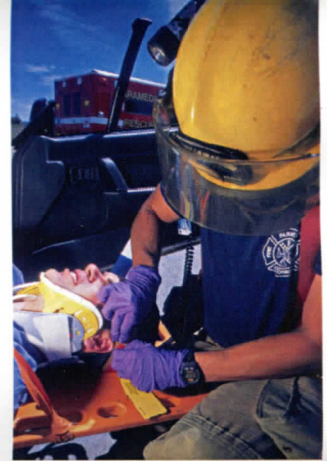


1 AMBULANCE

COSTS FOR EQUIPMENT & SUPPLIES



<input checked="" type="checkbox"/>	Cardiac Defibrillator	\$ 20,000
<input checked="" type="checkbox"/>	Drugs & Supplies	\$ 1,500
<input checked="" type="checkbox"/>	Patient Stretcher	\$ 3,000
<input checked="" type="checkbox"/>	KED Extrication Device	\$ 84
<input checked="" type="checkbox"/>	Traction Splint	\$ 259
<input checked="" type="checkbox"/>	Scoop Stretcher	\$ 703
<input checked="" type="checkbox"/>	Airway Suction Unit	\$ 1,100
<input checked="" type="checkbox"/>	3 Equipment Kits	\$ 660
<input checked="" type="checkbox"/>	2 Patient Backboards	\$ 400
<input checked="" type="checkbox"/>	Emergency Airway Kit	\$ 160

<input checked="" type="checkbox"/>	IntraOsseous Kit	\$ 750
<input checked="" type="checkbox"/>	Documentation Computer	\$ 4,800
<input checked="" type="checkbox"/>	Ambulance Radio	\$ 3,800
<input checked="" type="checkbox"/>	2 Crew Radios	\$ 4,500
<input checked="" type="checkbox"/>	Ambulance	<u>\$ 160,000</u>

Total \$ 201,716

Annual Maintenance
\$ 23,400

Source: Denver Health Medical Center
Paramedic Division Fleet Operations



The Emergency Medical Services Association of Colorado

WE ADVOCATE, COMMUNICATE AND EDUCATE
P.O. BOX 100729, DENVER, COLORADO (303) 871-8356 OR (800) 783-5951

PHOTOGRAPHS ©2002-2004. HOWARD M. PAUL



A snapshot of EMS in Colorado

Emergency Medical Services Association of Colorado

(143 of 218 ambulance services reporting)

Depth and breadth of service

- There were 484,155 calls for an ambulance in 2010.
- Colorado has:
 - 218 licensed ground ambulance services and 20 licensed air ambulances (helicopter and airplane)
 - 16,300 certified Emergency Medical Technicians and Paramedics.
- Ambulances are staffed by 4,434 people, of which **29% are community volunteers.**
- There is no mandate in Colorado law for emergency medical service at any level of government.
- Emergency Medical Services are an **essential public safety service** along with police, fire and rescue services — and are an essential health care "**safety net**" for communities.
- EMS must respond 24/7/365 regardless of a patient's ability to pay.

Ambulance services are operated by:

- Municipal & county governments
- Special districts (ambulance, fire, hospital)
- Private for-profit companies
- Private non-profit organizations
- Public & private hospitals

Revenue Sources

- Automobile & health insurance
- Medicare
- Medicaid
- Local taxes
- Patient payments
- State & federal grants

Ambulance Service Funding

- **52% of patients require emergency transportation to a hospital.** Another 20% need non-emergency transportation to a hospital. Patients not transported can usually not be billed for service.
- The average ambulance bill is \$1,043 but the **effective collection rate is only 38% (\$396 of that bill).** Collections vary from 20 – 80% of charges billed, depending on the payer mix and number of uninsured patients.
- Medicare and Medicaid **pay fixed amounts for ambulance service substantially below the cost of providing service.** This causes costs to be shifted to commercial health insurers.
- The **cost of EMS in rural areas has been estimated to cost 2 – 3 times** as much as in urban areas due to: expansive geography, lower call volume and decreased economy of scale.
- Many urban areas, and almost all rural areas, require local tax support to fund adequate local EMS service.
- 60% of Colorado's ground ambulance services **rely on volunteers**, in whole or in part. Volunteer staff size ranges from 4% to 100% of their personnel.
- EMS has received **less than 4% of federal homeland security funding** nationwide.
- The Colorado Department of Public Health and Environment Health receives \$2 per vehicle registration to fund statewide EMS regulation and EMS grants for training, personnel, equipment and vehicles.



Funding Shortfall Causes

- **Ambulance Services are Non-Excludable—Service **Must** Be Provided to Everyone Regardless of Ability or Willingness to Pay.**
- Numbers of Individuals Volunteering to be EMS Providers in Rural Areas—**Declining.**
- **Revenues From Patient Billing—Declining.**
- Current Health Care Reform Initiatives Do Not Include Specific EMS Provisions or Funding.
- Barriers and Cumbersome Regulations Pertaining to Ambulance Billing Procedures—**Increasing**
- Staffing Salaries, Benefits and Training Requirements and Costs—**Increasing.**
- Cost for Fuel, Medical Supplies & Equipment, Insurance, Vehicles, Facilities, Utilities and Other Necessities—**Increasing.**
- Individuals Choosing Health Insurance With High Deductibles and Co-Payments – **Increasing.** Puts Payment on Patients not Insurance . Patients Not Paying Un-paid Balances.

Be Involved

Be Informed

Be Supportive

Support Your Local EMS Agency!

Ambulance Service Funding Challenges

What Can You Do?

- **Be Involved.** Get To Know and Support Your Local EMS Agencies.
- **Be Informed.** Understand EMS Needs, Challenges and Causes of Funding Shortfalls.
- **Be Supportive.** Tell Federal Legislators to Support Local Ambulance Services by Introducing, Cosponsoring and Supporting EMS Related Legislation.
- Ensure that EMS Funding and Service Needs are a Part of All Decisions and Initiatives of Healthcare Reform Plans Throughout Colorado.
- Support Local and State Initiatives That Improve Ambulance Service Funding and Improve Patient Care.

Be Involved

Be Informed

Be Supportive

Support Your Local EMS Agency!



Timothy Dienst, Chief
P.O. Box 149
785 Red Feather Lane
Woodland Park, Colorado 80866

Phone: 719-687-2291
Fax: 719-687-6410
E-mail: tdienst@uprad.org

Ambulance Service Funding Challenges

Ambulance Service Funding Challenges



Colorado's Emergency Medical Services are Your Services Too

We're All In This - Together!

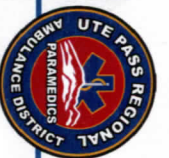
Be Involved

Be Informed

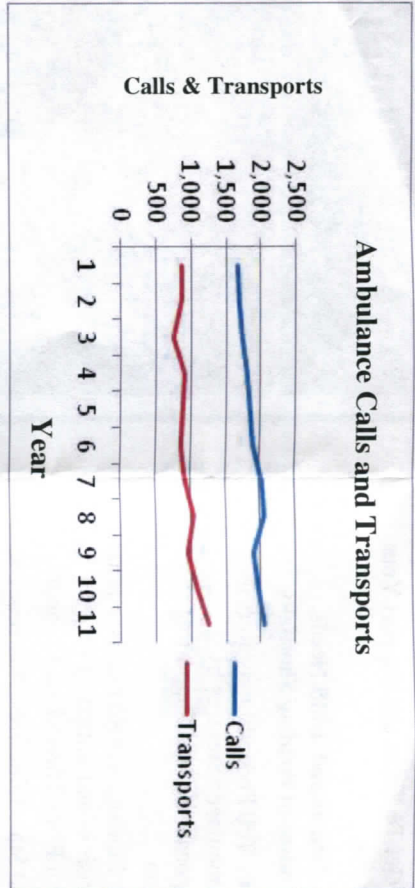
Be Supportive

Support Your Local EMS Agency!

The Ambulance Service Funding Challenge



Be Supportive

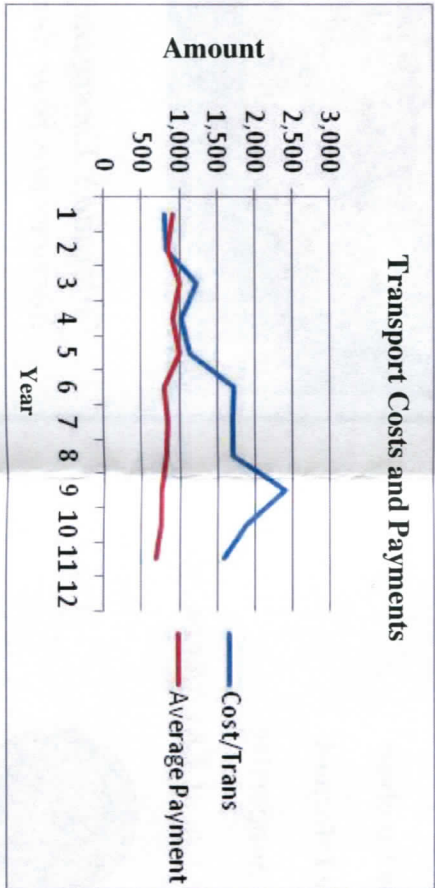


Demand for Services is Increasing!

- Calls Increasing 2% and Transports Increasing 4% Per Year.
- **EMS is a Public Good.** Unlike Most Medical Providers, Ambulance Services Can Not Refuse Service to Anyone for Any Reason.
- Number of Un/Under Insured Medicare, Medicaid and Private Pay Patients Served is Increasing.

EMS Is Part of the Underfunded Healthcare Safety Net!

Be Informed



More Business Does Not Equal More Revenue!

- **Cost** to Provide Services—**Increasing.**
- **Payments** For Services Provided—**Decreasing**
- Ambulance Service Costs Increasing 10% per year
- Payments for Services Decreasing 2% per Year
- Non/Under Insured Patients—**Increasing**

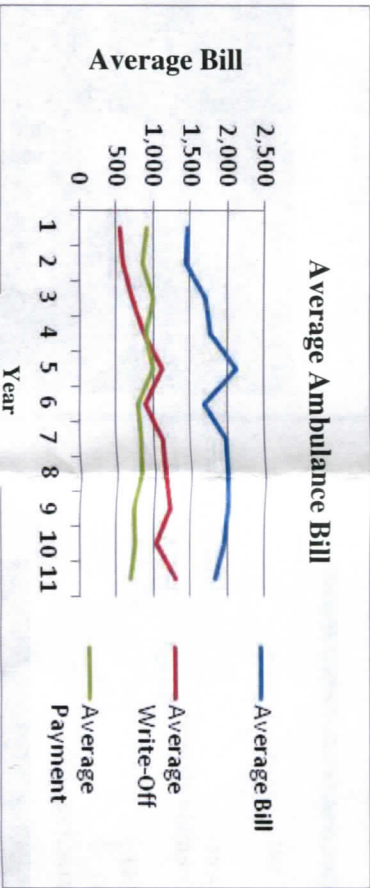
Fee For Service Is No Longer Adequate For Long Term EMS Sustainability!

Higher Bills Do Not Equal Higher Payments!

- Higher Ambulance Bills Equal Higher Contractual and Bad Debt Losses and Actual Revenues Received Still Declining.
- Medicare Payments are 71% Below Cost, Medicaid Payments are 89% Below Cost and Overall Payments are 56 Below Cost.
- Per Bill, Average Cost : \$1,584; Average Bill: \$1,853; Average Payment: \$694; Average Write-Off: \$1,306.

Revenue Shortfalls Cause Service Cuts ! Service Cuts Jeopardize Public Safety!

Be Involved



Support Your Local Emergency Medical Service and Ambulance Agencies!