

# EMS LISTENING SESSIONS

## REPORT TO THE GOVERNOR'S HEALTHCARE TASK FORCE



Wyoming Department of Health  
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# Executive Summary to the EMS Listening Session Report

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## I. Background

Emergency Medical Services (EMS) provide a critical public benefit in a rural and frontier state like Wyoming, but have significant challenges to sustainability.

In an effort to understand the strengths of and challenges to EMS providers, the Office of Governor Gordon and the Wyoming Department of Health (WDH) conducted listening sessions in each of the five Trauma Regions around the state. In total, six listening sessions were conducted: five were held in-person and one was held virtually.

The following potential solutions and recommendations are not meant to be an exhaustive list of policy options. The potential solutions include feedback the WDH received during the listening sessions and through discussions with the Governor's Healthcare Task Force. There may be other alternatives in addition to the potential solutions presented below.

## II. Issues Presented and Potential Solutions

### A. Essential Service Designation for EMS in Wyoming

**Issue:** EMS is not required by law to be provided. No government entity is therefore responsible for, or required to, provide sustainable funding.

**Potential solution:** Essential service designation identifies a government entity responsible for ensuring EMS services within a specified area. Essential service designation must provide revenue-generating authority to be effective; it should not be an unfunded mandate.

#### Concerns:

1. Wyoming's statutes regarding municipal and county powers do not designate **any** "essential service" municipalities and counties are required to perform. Instead, municipalities and counties are given authority to provide services, such as fire protection, but these are not required. Mandating EMS as an essential service may therefore unintentionally prioritize EMS above other public functions.
2. 21 of 23 counties are currently at their maximum mill levy. Unless taxing authority is increased, requiring counties to provide and fund EMS services would result in the overwhelming majority of counties needing to discontinue other services.

#### WDH recommendation:

1. The WDH recognizes that EMS is an essential component of Wyoming's healthcare infrastructure. However, mandating EMS as an essential service may not be the most appropriate solution under Wyoming's current statutory framework. WDH is supportive of solutions that provide flexibility and autonomy to local governments and entities and the ability to be successful.

2. Should the Legislature move forward with an essential service designation, WDH recognizes the importance of including a sustainable revenue stream in order to fund such a mandate.

## **B. Statute to allow creation of “EMS Districts”**

**Issue:** EMS is not required by law to be provided.. Therefore, no government entity is responsible for or required to provide sustainable funding.

**Potential solution:** New statute to authorize County Commissioners to create an EMS District, similar to a Solid Waste District, to be voted on and approved by the constituents of a specified area.

### **Concerns:**

1. This approach may result in a fragmented EMS system with access to quality EMS care being dependent on whether or not the county establishes and funds an EMS District.

### **WDH recommendation:**

1. As stated above, WDH recognizes that EMS is a critical component of Wyoming’s healthcare infrastructure. The special district concept provides the greatest flexibility and autonomy to Wyoming communities, without disturbing the current legislative framework for municipalities and counties in providing other services.

## **C. Regionalization of EMS Services**

**Issue:** EMS services in Wyoming are highly fragmented, and in some cases duplicative. The level of care provided is highly reliant on the area of the state.

**Potential solution:** Regionalization of EMS systems may reduce the inefficiencies in the EMS system and may promote a higher level of care across broader regions.

### **Concerns:**

1. Currently there is no method of consolidation or regionalization in place.
2. Although regionalization has apparent benefits, limiting competition or forcing consolidation of services is not typically a government function in private industry.
3. Any regionalization efforts may result in communities losing locally-owned providers and autonomy over healthcare services.

### **WDH recommendation:**

1. The promotion of increased efficiency of healthcare services is a benefit to Wyoming as a whole. Promoting existing or natural efforts to regionalize that benefit all stakeholders involved is supported by the WDH.

2. Certain consolidation efforts may be beneficial to EMS agencies while maintaining local autonomy.

For example, regionalization or consolidation of billing functions may be done in order to provide more steady and sustainable revenue for EMS. As was discussed in several listening sessions, smaller EMS agencies may not have the capacity or resources to properly bill major payors. Utilizing a third party service to bill may increase revenues received by EMS agencies and reduce the amount of unreimbursed services.

## **D. Education and Licensing Requirements**

**Issue:** Lack of funding for education harms EMS agencies' ability to recruit and retain personnel.

**Potential solution:** Additional funding from the state to support initial and continuing education for EMS personnel.

### **Concerns:**

1. The OEMS state general fund budget was reduced in 2020, resulting in the loss of financial resources for initial and continuing education for EMS personnel.

### **WDH Recommendation:**

1. In response to the comments and feedback received on this issue during the listening sessions, the WDH will continue to actively monitor relevant funding opportunities to support EMS education for EMS personnel.

For example, the WDH has already been successful in obtaining grant funding which may be used to educate EMS personnel on community EMS training. Additionally, the WDH is expanding this program to provide scholarships for initial training and education to obtain an EMS license so long as the personnel agree to continue training for community EMS.

## **E. 9-1-1 Response Navigation**

**Issue:** Unnecessary 9-1-1 response calls lead to EMS agencies responding to and providing non-reimbursable services.

**Potential solution:** Invest in a 9-1-1 “nurse navigator” program that would screen medically unnecessary 9-1-1 calls received by dispatch and ensure the appropriate service is utilized.

**Concerns:**

1. During the listening sessions, concerns were raised over the liability of screening calls.
2. This program is relatively new and it's unclear whether this would actually reduce the costs to EMS Agencies, given that readiness is the primary “output” of EMS. It would be unlikely that volume would be reduced to the point where significant cost reductions could occur, for example, the elimination of an ambulance.
3. The resources required to operate this service is unclear.

**WDH Recommendation:**

1. Generally speaking, EMS costs are high due to readiness, with non-reimbursable calls presenting lost opportunities, not necessarily direct marginal costs.
2. Other states, such as Colorado, have initiated pilot programs to determine the effectiveness of this initiative. Waiting to see the results in other states may provide insight into the effectiveness of this program in a rural state like Wyoming.

**F. Education of the General Public of the EMS System**

**Issue:** Unnecessary emergency calls are made to the 9-1-1 system due to a lack of understanding by the general public of the EMS and 9-1-1 systems.

**Potential solution:** Provide general education on the proper use of the 9-1-1 system and the EMS system to reduce non-emergency calls.

**Concerns:**

1. Any education campaign on EMS and the 9-1-1 systems should be framed in a manner that does not discourage the use of the 9-1-1 system.

**WDH Recommendation:**

1. Generally, additional education on EMS and 9-1-1 is supported by the WDH.
2. Local EMS agencies should provide 9-1-1 education within their communities.

**G. Community EMS**

**Issue:** EMS generally has high fixed costs, which currently are paid for through subsidies and reimbursement for service volume.

**Potential solution:** Community EMS may produce additional revenue during ambulance downtime, in addition to providing communities with 9-1-1 education and access to care.

**Concerns:**

1. Currently, community EMS is not a reimbursable service through many payors.
2. This option is likely not viable for small volunteer-based services.

**WDH recommendation:**

1. Community EMS is one of the potential solutions to the sustainability challenge of the EMS system. The WDH has applied for and received a grant from the Centers for Disease Control and Prevention to promote the establishment or expansion of community EMS programs in Wyoming. This grant opportunity was released to EMS agencies in May of 2022.

**H. Critical Care Definition**

**Issue:** Critical care providers, along with Specialty Care Transport (SCT), are not defined under the current EMS rules and regulations. SCT could enhance the reimbursement for transporting critically injured or ill patients by ground ambulances.

**Solution:** EMS rules and regulations need to be amended to include a definition of “critical care.”

**Concerns:**

1. CMS describes specialty care transport as the following: “Specialty care transport (SCT) is the interfacility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic. SCT is necessary when a beneficiary's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, for example, emergency or critical care nursing, emergency medicine, respiratory care, cardiovascular care, or an EMT-Paramedic with additional training. Medical documentation for SCT will be reviewed to determine the Medicare defined conditions have been met for payment. Claims that do not meet the coverage and documentation requirements will be denied.”
2. To charge for SCT the ground crew must supply medically necessary supplies or services at a level beyond the defined paramedic scope of practice. Wyoming currently has a very encompassing scope of practice for paramedics.

**WDH Recommendation:**

1. In response to the feedback and comments received at the listening sessions on this issue, the WDH is currently reviewing the EMS rules and regulations and considering the implications of these changes.

## Background

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This section provides a general background to the challenges to Wyoming's EMS system and seeks to provide a state level overview of these challenges. In the summer of 2021, the Governor's Health Care Task Force (Task Force) created a sub-committee to investigate the challenges to Wyoming's emergency medical services (EMS) system. This subcommittee recommended conducting listening sessions with EMS stakeholders to understand the challenges to Wyoming's EMS system. The Task Force worked with the Wyoming Department of Health, Public Health Division, Office of Emergency Medical Services (OEMS) to conduct several listening sessions in early summer of 2021. Additionally, OEMS conducted a survey of Wyoming EMS agency directors to better understand operational and sustainability challenges. This report summarizes the survey conducted by OEMS and the discussions held at each of these listening sessions.

Wyoming EMS provides an important public benefit. EMS is a 24-hour, 365-day-a-year system that serves as a critical safety net for Wyomingites and constitutes the initial phase in the emergency continuum of care. Every day, immediate medical care is provided through the EMS system in response to individual health emergencies. According to the National Association of Emergency Medical Technicians (NAEMT), EMS systems nationally conduct nearly 25 million transports for more than 8% of the US population per year.<sup>1</sup> In 2021, Wyoming EMS agencies responded to approximately 89,000 requests for services.

### **I. EMS is a Young, Developing System Delivered by a Diverse Group of Entities**

EMS is a young system in the United States which developed within the past 70 years. Early in the 1950s, EMS, as a system, provided little more than first aid services.<sup>2</sup> Clinical advances, such as cardiopulmonary resuscitation (CPR), led to the realization that the rapid response of trained community members to emergencies could significantly improve patient outcomes. In the 1970s, a strong federal push for emergency services, including the adoption of the 9-1-1 system, led to the development of professions such as emergency medical technicians (EMTs), and the establishment of more organized local EMS systems.<sup>3</sup> Federal funding and support for EMS diminished significantly in the 1980s, leaving EMS systems to develop locally. As a result, EMS systems across the nation have since developed in a highly variable manner. Nearly half of EMS systems across the nation are organized and delivered through local fire departments.<sup>4</sup> The other half are operated by a multitude of organizations, such as municipal and county governments, private providers, and hospital-based systems.

Wyoming is no exception to the diversity of entities providing EMS. This variation in the types of entities providing EMS also leads to a variation in the funding sources that support those entities. In Wyoming, EMS is operated by private non-profits, private for profit organizations,

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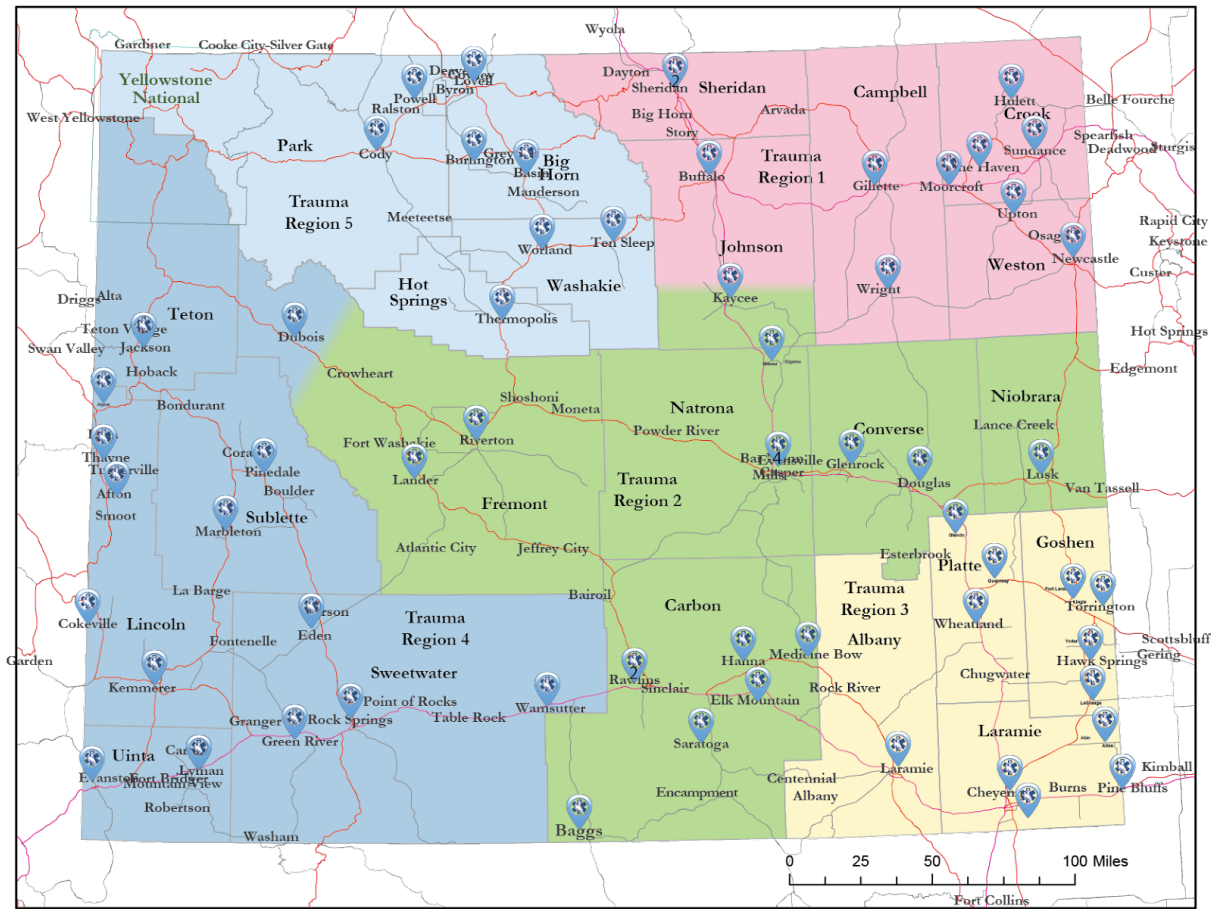
<sup>1</sup> National Association of Emergency Medical Technicians. *Recognition of EMS as an Essential Public Function*. [https://www.naemt.org/docs/default-source/advocacy-documents/positions/ems-as-an-essential-service-revised-2-25-21.pdf?sfvrsn=ceaded93\\_2](https://www.naemt.org/docs/default-source/advocacy-documents/positions/ems-as-an-essential-service-revised-2-25-21.pdf?sfvrsn=ceaded93_2).

<sup>2</sup> Institute of Medicine of the National Academies. "Read 'Emergency Medical Services: At the Crossroads' at Nap.edu." *Emergency Medical Services: At the Crossroads*, The National Academies Press, June 2007, <https://nap.nationalacademies.org/read/11629/chapter/2>.

<sup>3</sup> Id.

<sup>4</sup> Id.

hospital-based systems, and fire-based organizations. In addition to the various types of entities that provide EMS services, access and the level of care provided by EMS agencies vary greatly within Wyoming. Currently, there are 48 Wyoming-based ground 9-1-1 response transporting EMS agencies in the state, which staff 78 stations. Below is a map of where these stations are generally located:



## II. Access to Emergency Medical Services and Level of Care Offered

Access to and the level of care offered by EMS agencies may depend on the geographic region in which the patient resides. Smaller, more rural/frontier area EMS agencies may not offer a paramedic level of care, while larger, or urban-based services, are more likely to offer a higher level of care. Similarly, access to care varies greatly depending on where patients are located within Wyoming. In more rural and frontier areas, expected response times are longer for EMS agencies, while in urban areas, response times are shorter. This variation in response times is shown in the following map:



- Basic airway management
- Oxygen management
- Discharges to home and sub-acute care facilities (nursing homes)
- Medical and surgical patients who do not require cardiac monitoring
- Psychiatric patients

Nationally, a single BLS ambulance costs \$526,396 annually to operate.<sup>5</sup> This figure is based on the assumption that the BLS ambulance is staffed with an EMT and an EMT/driver.<sup>6</sup> This includes equipment costs of \$70,000 and BLS staffing cost averages of \$456,396.<sup>7</sup> This figure is a national average and may be much more expensive in rural and frontier regions. In order to operate cost-neutral from transport fees alone, a BLS ambulance requires about 650 transports per year.

For a higher level of care, ALS ambulances are staffed with a paramedic and provide care and transport for patients who require a higher level of medical monitoring, such as:

- Medical/surgical patient with continuous IV medicine
- Advanced airway management
- Patient on a cardiac monitor
- Patients being transferred to a higher level of care

Staffing for ALS ambulances costs an average of \$1,100,000 per year nationally.<sup>8</sup> An ALS ambulance requires between 1,400 and 2,000 transports per year to be cost neutral solely on fees from transports. These figures are based on the assumption that an ALS ambulance is staffed with a Paramedic and EMT/Driver.<sup>9</sup> Similar to the BLS estimate, this figure may be much more expensive in actuality and take additional transports to break even in rural and frontier regions of Wyoming.

## **B. Challenges to Staffing an EMS Agency**

As these operational cost estimates indicate, staffing makes up the majority of the costs associated with operating an EMS service. Prior to conducting the EMS Listening Sessions across the state, the OEMS conducted a survey of Wyoming EMS agency directors to better understand operational and sustainability challenges. Results from that survey concluded that staffing is the largest challenge to sustainability for Wyoming EMS Agencies:

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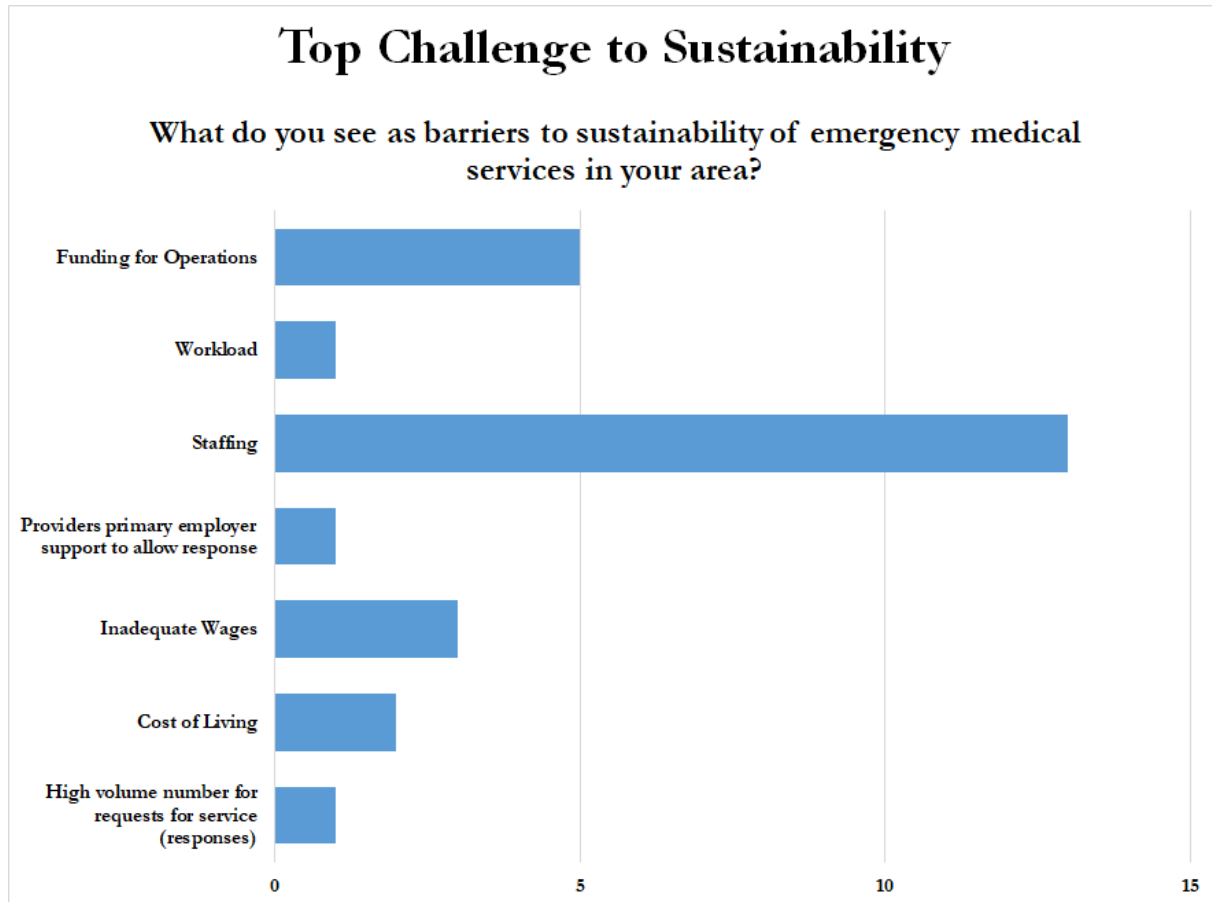
<sup>5</sup> Reinert, Aaron. "A Conversation About EMS in Wyoming." Governor's Healthcare Task Force. Governor's Healthcare Task Force, 21 Dec. 2021.

<sup>6</sup> Id.

<sup>7</sup> Id.

<sup>8</sup> Id.

<sup>9</sup> Id.



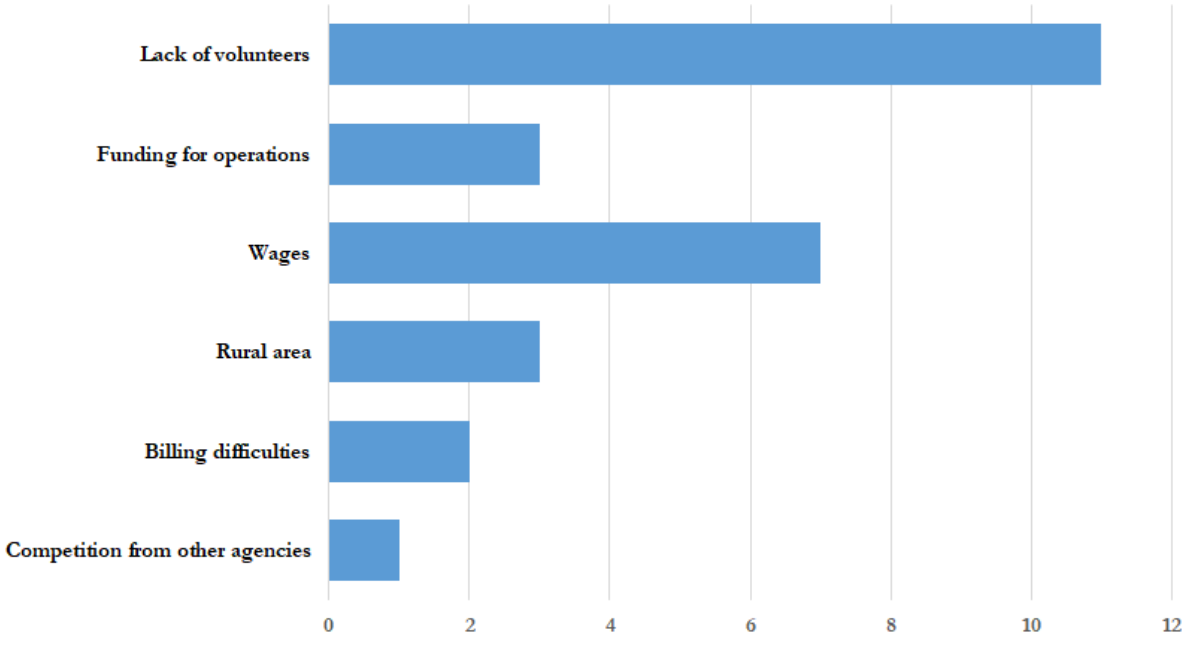
The challenges associated with staffing are a consistent theme among EMS stakeholders, especially in rural and frontier communities. Smaller, rural and frontier EMS agencies are highly reliant on volunteerism for staffing support. Many communities in Wyoming do not have the EMS call volume to generate enough revenue to support paid staff. Historically, both fire departments and EMS agencies relied on volunteerism. Nationally, volunteers provide an estimated two billion dollar a year subsidy to the EMS system.<sup>10</sup> The number of volunteers supporting EMS agencies has substantially decreased over the past several decades. The National Fire Protection Association Journal recently asserted that the volunteer rates have dropped from a high of 8.05 volunteers per 1,000 people in 1987 to a low of 5.6 in 2017.<sup>11</sup> Nationally, this is a decrease in volunteer rates of 27% since 1987. The following chart is from a survey conducted with Wyoming EMS agency directors who also concluded that volunteerism was their biggest challenge in staffing their EMS agency:

<sup>10</sup> Id.

<sup>11</sup> "NFPA Journal." NFPA Journal - Dispatches, November December 2020, <https://www.nfpa.org/News-and-Research/Publications-and-media/NFPA-Journal/2020/November-December-2020/News-and-Analysis/Dispatches>.

# Challenges to Staffing an EMS Agency

Wyoming EMS Agency Response: Barriers to staffing an Agency

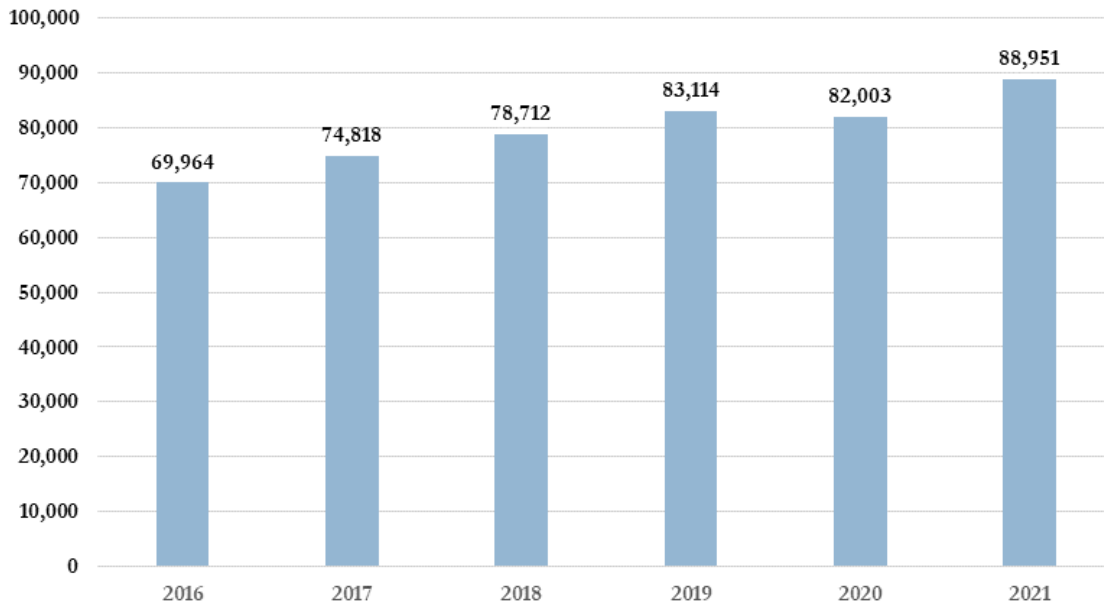


## C. Wyoming's EMS Annual Requests for Service Continues to Increase

Requests for service are broadly broken down into three categories. First is the 9-1-1 call response. Second, is the interfacility transports, which is most often associated with transporting a patient to another facility in order to receive a higher level of care. Third, and the most infrequent, is medical transports, which are transports to a destination that is not a hospital. Wyoming EMS requests for services continue to increase year over year. Statewide, as the chart below details, Wyoming experienced a 27% increase in requests for services since 2016:

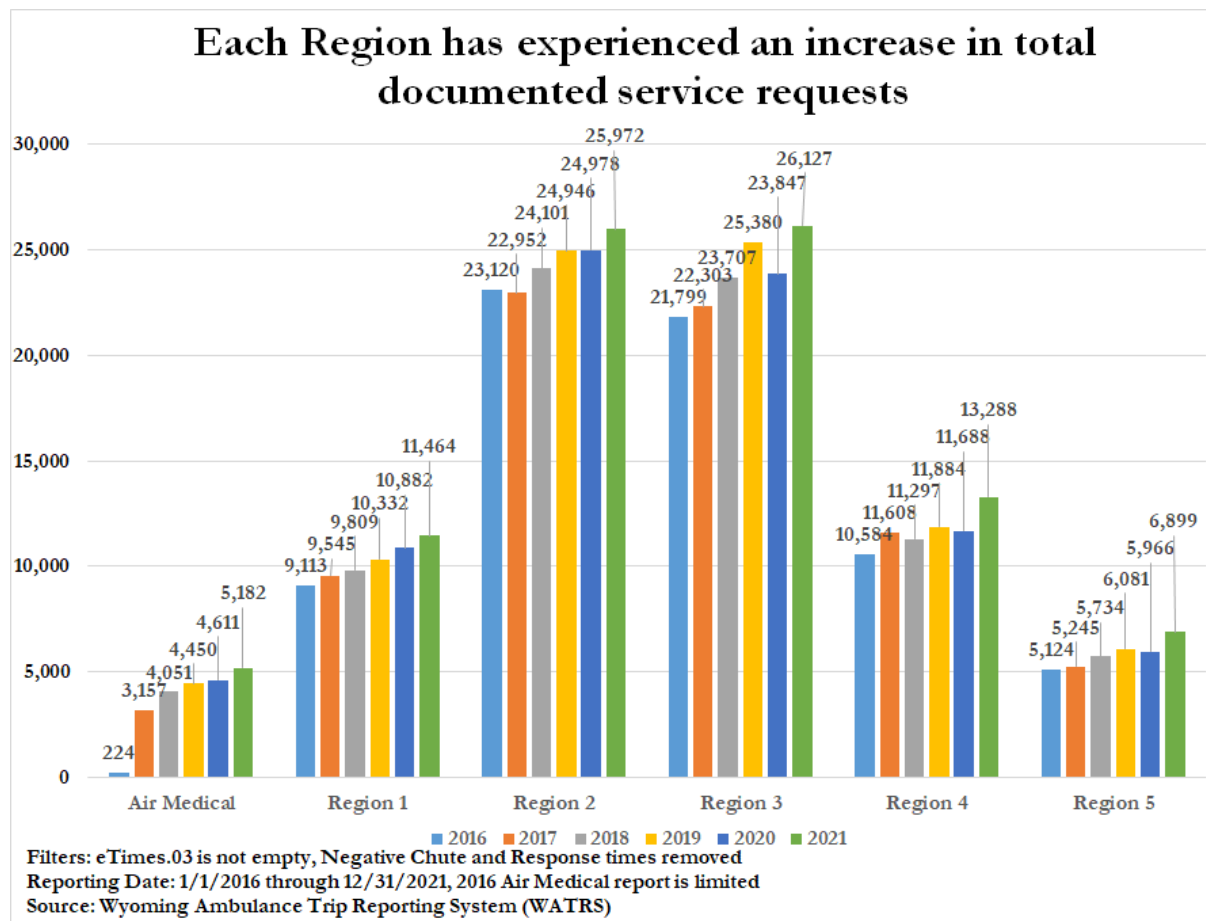
# In the past six (6) years EMS requests for service have increased by 27.1%

EMS Request for Service 2016 through 2021



Filters: eTimes.03 is not empty, Negative Chute and Response times removed  
Reporting Date: 1/1/2016 through 12/31/2021. 2016 Air Medical report is limited  
Source: Wyoming Ambulance Trip Reporting System (WATRS)

This increase in requests for service places an additional burden on the EMS system, which is already experiencing a reduction in the volunteerism rate. This increase isn't felt equally in all regions of the state. As the chart below shows, certain regions of Wyoming experienced a much higher increase in the requests for services when compared to others:



As requests for service increase, everyday challenges continue to be present. Not only is there a general decrease in the availability of volunteers as discussed above, but many of these transports also go unreimbursed. Similar to other healthcare industries, EMS agencies predominately bill private insurance or other major payors, such as Medicaid, for the services they provide. EMS agencies typically do not recover any costs associated with services provided on the scene if the patient is not transported. Non-billable services for EMS agencies are typically a result of 9-1-1 response calls. The following chart shows the breakdown in types of requests for service EMS responded to in the past six years:

In 2021, there were a total of 88,951 requests for service. Of these requests, 64,615 were 9-1-1 response calls. In 2021, 9-1-1 response constituted approximately 70% of all EMS requests for service. General estimates from OEMS, using WATRS, estimate 35% of 9-1-1 response calls go unreimbursed.

## D. Closures of Wyoming EMS Agencies

In the last five years, eleven EMS transporting agencies were replaced by another agency and ten closed without replacements. Below is a chart regarding the different EMS transporting agencies which recently discontinued operations:

### EMS 911 Transporting Agency Replaced by another Agency

Agency Name	License Expiration Date	Region	New Agency
Eastern Wyoming Ambulance Service	13/31/2015	3	Platte County Memorial Hospital EMS
Fremont County Ambulance	12/31/2016	2	Guardian EMS
Guernsey Ambulance	1/10/2017	3	Platte County Memorial Hospital EMS
Arwood Family Services	12/31/2017	5	Guardian EMS
Guardian EMS	12/31/2018	5	Cody Regional Health
Guardian EMS	12/31/2018	2	American Medical Response Fremont County
Washakie County EMS	5/3/2021	5	Cody Regional Health
American Medical Response Fremont County	6/30/2021	2	Frontier Ambulance
Newcastle Ambulance Service	6/30/2021	1	Campbell County Health EMS
Alpine EMS Inc.	12/31/2021	4	Star Valley Health EMS
Thayne Ambulance Service	12/31/2021	4	Star Valley Health EMS

### EMS Transporting Agencies that Closed

Agency Name	License Expiration Date	Region
Greybull Fire Department	12/16/2005	5
Chugwater EMS	12/31/2015	3
Yoder Ambulance	12/31/2015	3
Burgess Junction Rescue	12/31/2018	1
South Big Horn County Hospital District	12/31/2018	5
Dayton Rescue Unit	7/30/2021	1
Burns EMS	12/31/2021	3
Centennial Fire Department & Rescue	12/31/2021	3
Osage Ambulance Service	12/31/2021	3
White Line, LLC DBA Arwood's Family Ambulance	12/31/2021	5

As mentioned above, Wyoming experienced an increase in the requests for service and a decrease in the volunteerism rate. At the same time, several EMS agencies discontinued operations. These factors place additional pressure on an already fragile EMS system.

## Summary of Listening Sessions

The next section summarizes how the listening sessions were conducted and the feedback received from stakeholders. This section seeks to outline the issues and solutions presented by stakeholders and the WDH recommendations to each. In an effort to understand the strengths and challenges to the current EMS system in Wyoming, the Office of Governor Gordon and WDH conducted listening sessions in each trauma region. The purpose of these listening sessions was to hear from EMS stakeholders and agencies to understand the challenges to the EMS system and its sustainability in each region within Wyoming. In total, six listening sessions were conducted: five were held in person regionally and one was held virtually. Listening sessions were held in the following regions from May through June 2022:

1. **Trauma Region 1 Listening Session**, Gillette, Wyoming.
2. **Trauma Region 2 Listening Session**, Casper, Wyoming.
3. **Trauma Region 3 Listening Session**, Cheyenne, Wyoming.
4. **Trauma Region 4 Listening Session**, Evanston, Wyoming.
5. **Trauma Region 5 Listening Session**, Thermopolis, Wyoming.
6. **Statewide Virtual Listening Session**, via Zoom.

Each listening session began with a brief presentation from WDH staff outlining the statewide challenges. After this presentation, feedback was sought from EMS stakeholders on the following questions:

1. What are the challenges to sustainability your EMS agency is currently facing?
2. What are the strengths of your local EMS agency?
3. What are your expectations surrounding the EMS system?
4. Are you currently experiencing a shortfall in funds and, if so, how are you currently addressing this issue?
5. What are potential solutions to sustainability?

Each listening session lasted approximately two hours. The purpose of these listening sessions was: to listen and understand the challenges and potential solutions as presented by the local communities and EMS stakeholders. Discussion on these questions filled the duration of each session.

Listening sessions were well attended by a variety of stakeholders. Attendees commonly consisted of EMS agencies, fire departments, law enforcement, mayors, city council members, county commissions, state legislators, public health offices, and hospitals. Each of the listening sessions produced a substantial discussion of the challenges, strengths, and proposed solutions to Wyoming's EMS system. Different regions of the state provided different challenges and some different solutions. However, several common challenges and solutions emerged after conducting each of the listening sessions.

## **I. Challenges to Sustainability in Wyoming's EMS System**

### **A. Challenges to Staffing an EMS agency: both paid and volunteer**

EMS agencies statewide reported that staffing was a tremendous challenge to sustainability. Many do not have the budget for full-time paid staff, therefore they rely on volunteers to staff their agencies. These volunteers typically have other full-time jobs. EMS agencies are often reliant on good relationships with employers who permit volunteers to leave at a moment's notice.

Obtaining qualified volunteers and retaining these individuals is a tremendous undertaking. Volunteers must be licensed to provide EMS medical care by the State of Wyoming, which requires a fair amount of training. Financial costs are difficult for agencies to cover. Additionally, even if the agency is able to pay for classes for these volunteers, challenges were reported with time commitment associated with obtaining a license. Volunteers are asked to take on a tremendous amount of responsibility with an unpredictable schedule. EMS agencies reported that these factors, along with volunteers not having the security of a paid position, leads to significant burnout and difficulty retaining these individuals. Contrary to some of these points, other stakeholders offered that the EMS system isn't doing a good job of recruiting volunteers. Stakeholders pointed to other industries, which also rely on volunteers as a success model.

EMS agencies also face challenges in recruiting and retaining paid staff. EMS stakeholders reported that requests for service have increased and even paid personnel are being asked to do more. This adds to the overall stress on EMS staff, which contributes to challenges surrounding

retention. EMS agencies also reported challenges retaining paid staff because many seek to advance into other areas within the healthcare sector. Many EMS professionals move on to EMS agencies which pay more, offer better benefits, and opportunities for advancement, or advance into other positions, such as nursing or entering medical school. EMS agencies expressed difficulties recruiting individuals to take on student loan debt in order to be trained as EMS professionals when these positions are only making \$15 to \$20 an hour. Rural and frontier EMS stakeholders described EMS personnel leaving because of the lack of accessibility to amenities.

“How can I hire a paramedic for less than \$80,000 a year when they can’t buy a house for less than \$1 million?”  
-Trauma Region 4

“Staffing and funding for operations are the one-two punch. There used to be people lining up for EMS, it’s just not that way anymore.” -Trauma Region 2

## **B. Reimbursement Levels for EMS Medical Care**

EMS stakeholders statewide reported difficulties with the reimbursement model for EMS services. Stakeholders reported that reimbursements for EMS medical care are well below the costs of providing the service. Additionally, many EMS agencies expressed frustration that services are typically not reimbursable unless a patient is transported. Additionally, the complexity and difficulty of billing a major payor of healthcare services was reported as a substantial challenge. Many EMS agencies asserted that EMS professionals’ lack of training or experience in billing results in many bills being deemed not medically necessary.

Not all EMS stakeholders were in agreement with the reimbursement issues, especially those associated with Medicare/Medicaid. EMS agencies associated with a Critical Access Hospital (CAH) reported reimbursement rates substantially higher than other types of agencies. Under the Medicare ambulance benefit, if a CAH or an entity that is owned and operated by the CAH is the only provider or supplier of an ambulance service within a 35-mile drive of that CAH, the CAH is paid based on the reasonable costs for the ambulances services rather than the traditional Medicare rate.<sup>12</sup>

Specifically, Trauma Region 2 also discussed the challenge of funding from Indian Health Services (IHS). It was reported during this listening session that EMS services for the Wind River Indian Reservation are significantly underfunded by the IHS. Stakeholders also reported that IHS only funds the two tribes on the Wind River Indian Reservation at 40% of the actual need. Fremont County reported subsidizing the EMS costs for their uncompensated services.

“EMS is a very different model from a reimbursement perspective than primary care visits. When ambulances were first admitted to Medicare it was based on a transport basis because it was a measurable unit. But the ability to respond to the patient is really most of the cost.” -Trauma Region 2

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<sup>12</sup> *Fact Sheet Critical Access Hospital*. [https://icahn.org/wp-content/uploads/2018/10/CAH\\_Factsheet.pdf](https://icahn.org/wp-content/uploads/2018/10/CAH_Factsheet.pdf).

## C. Increasing Costs of EMS Supplies

Many EMS stakeholders raised concerns about the increasing costs of medical supplies and equipment. Costs of medical supplies were increasing prior to the pandemic. Since then, however, costs of nearly all supplies and equipment increased significantly. Some stakeholders cited the price of medical gloves going from six cents to thirty cents. Equipment and fuel costs increased substantially, as well. Most notably, the increasing cost of fuel placed a tremendous burden on the rural and frontier EMS agencies that are driving ambulances significant distances. Frustratingly, EMS agencies reported that reimbursements have not kept pace with these increasing costs.

“My folks are putting nearly 400,000 miles a year on those ambulances and this isn’t a cost we can cut. Highway patrol requests a call 50 miles away for an accident and I show up with the patient now refusing transport. I’m getting 7-8 miles a gallon and gas prices are soaring over four bucks a gallon. I can’t reduce this cost” - Trauma Region 4

“Contracts for buying equipment are sky high. Fleet contracts have vanished and I’m not paying 12% higher for the same rig.” -Trauma Region 4

## D. EMS is Not Designated as an Essential Service in Wyoming

EMS stakeholders statewide expressed frustration over EMS not being designated as an essential service. Many stakeholders asserted that EMS is not required to be provided anywhere within the state, therefore harming the sustainability of EMS as a vital service. Counties, municipalities, and even private providers may discontinue funding or operations at any time. Designating EMS as a required, essential service was argued to provide the foundation and support for a sustainable system, so long as taxing authority accompanied the mandate.

Pushback to this challenge was presented at several of the listening sessions. EMS stakeholders discussed other opportunities and solutions for the system and were hesitant to identify the designation as either a challenge or a solution to the problem in the EMS system. Additionally, some stakeholders expressed hesitation about an additional tax.

Concerns were also raised regarding requiring counties or municipalities to provide this service. It was pointed out in the listening sessions that Wyoming’s statutes provide counties and municipalities the authority to establish services such as fire protection or law enforcement but do not expressly require it.<sup>13</sup> Mandating EMS as an essential service doesn’t fit Wyoming’s current legislation and may unintentionally prioritize EMS above other public functions of local government.

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<sup>13</sup> Wyo. Stat. §15-1-103, Wyo. Stat. § 16-1-104, Wyo. Stat. § 18-3-509

## **E. Training and Education for Staffing and the General Public**

EMS stakeholders pointed out that the costs of education for EMS personnel placed a tremendous strain on EMS agencies. The most recent reductions to the state OEMS budget substantially reduced the support for education and training. This cost fell back onto the individual or the local EMS agency, which increases the difficulty of recruiting new personnel. Several EMS agencies reported that the reduction in support for education has resulted in reduction in access to licensed personnel to recruit for local agencies. Additionally, stakeholders reported that the reduction of support resulted in greater difficulties in EMS agencies' ability to train individuals from their community to become volunteers.

During some of the listening sessions, education of the general public was raised as a challenge to the EMS system. Many stakeholders cited that the lack of education to the general public on the EMS system results in the inappropriate use of 9-1-1. Stakeholders reported that 9-1-1 isn't utilized by the general public as it should be, resulting in unnecessary calls that go unreimbursed. These unreimbursed calls are reported as a significant cost to EMS agencies.

## **F. Mental Health Transports**

Although mental health transports were raised briefly in a few listening sessions, Trauma Region 5 stakeholders identified mental health transports as a major area of concern. Stakeholders reported that many of these individuals do not necessarily need medical transportation, but EMS agencies are required to transfer these individuals because law enforcement won't transport them. Many EMS agencies in this region reported zero reimbursements for these transports. This is a significant issue for these agencies as they reported these transfers take a significant amount of time and take an ambulance and its crew out of service, reducing the agency's capability and increasing its need for additional staff.

"Mental health transports result in zero reimbursement. We're being forced to cover a service that no one wants to do and we are having to do it for free." -Trauma Region 5

## **II. Strengths of the EMS System**

### **A. Collaboration between Agencies and Regionalization**

EMS stakeholders reported collaborating with one another in an effective manner that promotes a stronger EMS system. For example, the regionalization of training new EMS personnel. This was reported as a major strength as EMS agencies stated that they did not have the budget to send individuals to be trained elsewhere. Instead, education and training are conducted jointly in order to ensure its provided. EMS stakeholders also reported success in applying for federal training grants in order to fund this training.

"We can't afford to pay tuition elsewhere. We received a substantial grant from SAMHSA, but it's back to square one again when that money is gone." - Trauma Region 4

## B. Volunteers

Volunteers supporting EMS agencies were overwhelmingly identified as a strength of the EMS system. Without the support of volunteers, many EMS agencies reported that they would not be able to sustain the operations of their EMS service. Although volunteers were identified as a strength, many worry about the sustainability of the reliance on volunteers. Volunteer rates continue to decrease, leaving many EMS agencies vulnerable.

“Volunteers keep my system running” -Trauma Region 4

## C. Support for EMS Agencies from the Community

The support EMS agencies receive was identified as a major strength. Many EMS agencies reported that they receive tremendous community support. Additionally, stakeholders reported positive relationships and collaboration with local law enforcement and fire departments.

“Powell’s community support is high. Don’t know how many times crews come in after eating out and someone pays their bill.” -Trauma Region 5

## III. Potential Solutions to EMS System Challenges

The following potential solutions and recommendations are not meant to be an exhaustive list of policy options. The potential solutions include feedback the WDH received during the listening sessions and through discussions with the Governor's Healthcare Task Force. There may be other alternatives in addition to the potential solutions presented below.

### A. Essential Service Designation for EMS in Wyoming

**Issue:** EMS is not required by law to be provided. No government entity is therefore responsible for, or required to, provide sustainable funding.

**Potential solution:** Essential service designation identifies a government entity responsible for ensuring EMS services within a specified area. Essential service designation must provide revenue-generating authority to be effective; it should not be an unfunded mandate.

Many EMS stakeholders asserted the need to make EMS an essential service, thereby mandating county or local jurisdiction as having the responsibility to provide these services. Trauma Region 1 stakeholders asserted that mandating EMS as an essential service guarantees these services to the communities and would help offset losses experienced by local EMS agencies. Additionally, stakeholders asserted that mandating EMS elevates this service to that of fire and police departments.

Nearly all Trauma Region 1 stakeholders who asserted the need for EMS to be deemed an essential service recognized that this solution only would work if the mandate was accompanied by funding. Without a sustainable funding source, mandating EMS services would become an unfunded mandate upon the county or local jurisdictions. Many stakeholders suggested various types of taxes to support the mandate for EMS services.

“Non-transport calls are non-billable. These calls are devastating to EMS services. That's where essential service designations come into play. Dispatch doesn't ask for credit cards before they send responders.”

-Trauma Region 1

“EMS should be designated and codified into law as an essential service. It's time to start the ball rolling to mandate [EMS] as an essential service and it has to come with funding. If it's essential there has to be the funding.” Trauma Region 1

### **Concerns:**

1. Wyoming's statutes regarding municipal and county powers do not designate **any** “essential service” municipalities and counties are required to perform. Instead, municipalities and counties are given authority to provide services, such as fire protection, but these are not required. Mandating EMS as an essential service may therefore unintentionally prioritize EMS above other public functions.
2. 21 of 23 counties are currently at their maximum mill levy. Unless taxing authority is increased, requiring counties to provide and fund EMS services would result in the overwhelming majority of counties needing to discontinue other services.

### **WDH Recommendation:**

1. The WDH recognizes that EMS is an essential component of Wyoming's healthcare infrastructure. However, mandating EMS as an essential service may not be the most appropriate solution under Wyoming's current statutory framework. WDH is supportive of solutions that provide flexibility and autonomy to local governments and entities and the ability to be successful.
2. Should the Legislature move forward with an essential service designation, WDH recognizes the importance of including a sustainable revenue stream in order to fund such a mandate.

## **B. Statute to allow creation of “EMS Districts”**

**Issue:** EMS is not required by law to be provided.. Therefore, no government entity is responsible for or required to provide sustainable funding.

**Potential solution:** New statute to authorize County Commissioners to create an EMS District, similar to a Solid Waste District, to be voted on and approved by the constituents of a specified area.

During the Trauma Region 2 listening session, an alternative idea to the essential service designation was proposed. In lieu of mandated EMS services, the idea was proposed for new legislation that would provide the authority for County Commissioners to create an EMS district in a similar manner to how solid waste districts are created currently. This would ultimately be required to be placed on the ballot and approved by the general public in the area of the proposed EMS district.

As discussed, the benefits of this solution would be that it allows communities to determine their expectations of EMS as a public service within their community. It also provides the local community with the mechanism to fund EMS if they deem it necessary.

**Concerns:**

1. This approach may result in a fragmented EMS system with access to quality EMS care being dependent on whether or not the county establishes and funds an EMS District.

**WDH Recommendation:**

1. As stated above, WDH recognizes that EMS is a critical component of Wyoming's healthcare infrastructure. The special district concept provides the greatest flexibility and autonomy to Wyoming communities, without disturbing the current legislative framework for municipalities and counties in providing other services.

## **C. Regionalization of EMS Services**

**Issue:** EMS services in Wyoming are highly fragmented, and in some cases duplicative. The level of care provided is highly reliant on the area of the state.

**Potential solution:** Regionalization of EMS systems may reduce the inefficiencies in the EMS system and may promote a higher level of care across broader regions.

Regionalization of EMS services was proposed as a solution to the sustainability challenge of the EMS system at multiple listening sessions. Many stakeholders suggested that sustainability is an issue across the healthcare sector and consolidating resources allows for greater sustainability. Accordingly, it was suggested that regionalizing the EMS system would promote efficiencies in the EMS system and reduce duplication of effort. Additionally, stakeholders asserted that regionalization would promote standardization of the level of service provided. Many comments were made that smaller communities may not have access to the same resources of personnel, equipment, or education. Therefore, consolidation would result in standardization and greater access to equipment and resources.

“Regionalization allows the healthcare and EMS system to form strategic partnerships which provide greater levels of sustainability to the system as a whole. As a hospital, we need to create strategic partnerships in order to provide more services than we could on our own. Regionalization seems to be a good thing to promote.” -Trauma Region 1

“Regionalization is a good thing. Duplication of effort exists and the money could be better utilized. People in Wyoming are fiercely independent and resist change. Regionalization has to be a part of this- small town USA can’t sustain the level of care that people expect.” Trauma Region 1

**Concerns:**

1. Currently there is no method of consolidation or regionalization in place.
2. Although regionalization may have some apparent benefits, limiting competition or forcing consolidation of services is not typically a government function in private industry.
3. Any regionalization efforts may result in communities losing locally-owned providers and autonomy over healthcare services.

**WDH Recommendation:**

1. The promotion of increased efficiency of healthcare services is a benefit to Wyoming as a whole. Promoting existing or natural efforts to regionalize that benefit all stakeholders involved is supported by the WDH.
2. Certain consolidation efforts may be beneficial to EMS agencies while maintaining local autonomy.

For example, regionalization or consolidation of billing functions may be done in order to provide more steady and sustainable revenue for EMS. As was discussed in several listening sessions, smaller EMS agencies may not have the capacity or resources to properly bill major payors. Utilizing a third party service to bill may increase revenues received by EMS agencies and reduce the amount of unreimbursed services.

## **D. Education and Licensing Requirements**

**Issue:** Lack of funding for education harms EMS agencies’ ability to recruit and retain personnel.

**Potential solution:** Additional funding from the state to support initial and continuing education for EMS personnel.

Several stakeholders asserted the need for greater promotion and support for education. In recent years, state budget cuts reduced funding resources from the OEMS for the education of new EMS personnel within Wyoming. Several EMS agencies reported that the reduction in support for education has resulted in a reduction to access to licensed personnel to recruit for local agencies. Additionally, stakeholders reported that the reduction of support resulted in greater difficulties in EMS agencies' ability to train individuals from their community to become volunteers.

**Concerns:**

1. The OEMS state general fund budget was reduced in 2020, resulting in the loss of financial resources for initial and continuing education for EMS personnel.

**WDH Recommendation:**

1. In response to the comments and feedback received on this issue during the listening sessions, the WDH will continue to actively monitor relevant funding opportunities to support EMS education for EMS personnel.

For example, the WDH has already been successful in obtaining grant funding which may be used to educate EMS personnel on community EMS training. Additionally, the WDH is expanding this program to provide scholarships for initial training and education to obtain an EMS license so long as the personnel agree to continue training for community EMS.

**E. 9-1-1 Response Navigation**

**Issue:** Unnecessary 9-1-1 response calls lead to EMS agencies responding to and providing non-reimbursable services.

**Potential solution:** Invest in a 9-1-1 “nurse navigator” program that would screen medically unnecessary 9-1-1 calls received by dispatch and ensure the appropriate service is utilized.

In order to curb unnecessary 9-1-1 calls, a nurse navigator program was proposed that would utilize a nurse to screen 9-1-1 calls. The idea is to screen 9-1-1 calls in order to get the right service to the right people and eliminate inappropriate requests for EMS service. In theory, this would reduce the cost to the EMS system and to the consumer, as well.

“We need to make sure we are appropriately using what we do have. Getting the right resource to the right people and reducing the unnecessary calls.” -Trauma Region 3

**Concerns:**

1. During the listening sessions, concerns were raised over the liability of screening calls.
2. This program is relatively new and it's unclear whether this would actually reduce the costs to EMS Agencies, given that readiness is the primary “output” of EMS. It would be unlikely that volume would be reduced to the point where significant cost reductions could occur, for example, the elimination of an ambulance.
3. The resources required to operate this service is unclear.

**WDH Recommendation:**

1. Generally speaking, EMS costs are high due to readiness, with non-reimbursable calls presenting lost opportunities, not necessarily direct marginal costs.

2. Other states, such as Colorado, have initiated pilot programs to determine the effectiveness of this initiative. Waiting to see the results in other states may provide insight into the effectiveness of this program in a rural state like Wyoming.

## **F. Education of the General Public on the EMS System**

**Issue:** Unnecessary emergency calls are made to the 9-1-1 system due to a lack of understanding by the general public of the EMS and 9-1-1 systems.

**Potential solution:** Provide general education on the proper use of the 9-1-1 system and the EMS system to reduce non-emergency calls.

Stakeholders in a few listening sessions presented public education on the EMS system as a solution to sustainability. Stakeholders believed that the general public and many policymakers might not know the actual costs of the EMS system. Educating the public on basic EMS and 9-1-1 issues may help in two ways. First, it may reduce unnecessary calls and reduce the amount of “frequent flyers.” Secondly, it may help with the general staffing shortage. Additional education and exposure to the EMS system may help attract younger individuals to EMS as a career path.

“We need to educate the public on the EMS system. Utilizing the right resources is important, but it starts with the person making the call.” -Trauma Region 3

### **Concerns:**

1. Any education campaign on EMS and the 9-1-1 systems should be framed in a manner that does not discourage the use of the 9-1-1 system.

### **WDH Recommendation:**

1. Generally, additional education on EMS and 9-1-1 is supported by the WDH.
2. Local EMS agencies should provide 9-1-1 education within their communities.

## **G. Community EMS**

**Issue:** EMS generally has high fixed costs, which currently are paid for through subsidies and reimbursement for service volume.

**Potential solution:** Community EMS may produce additional revenue during ambulance downtime, in addition to providing communities with 9-1-1 education and access to care.

EMS stakeholders offered the establishment or expansion of community EMS programs in Wyoming as a solution to sustainability. Community EMS allows for EMS practitioners to perform on-site services in their communities during times they are not actively responding to a call. This benefits both the community and the EMS agency. First, community EMS offers greater access to check-ins and basic healthcare services to

the community. Second, community EMS provides a way for EMS agencies to offset some of the costs associated with readiness. Stakeholders did acknowledge that community EMS still hasn't been adopted as a reimbursable service by all payors and it requires EMS agencies to be adequately staffed in order to work.

"Community EMS is great for EMS agencies but you need to have the staff for it to work." -Trauma Region 3

**Concerns:**

1. Currently, community EMS is not a reimbursable service through many payors.
2. This option is likely not viable for small volunteer-based services.

**WDH Recommendation:**

1. Community EMS is one of the potential solutions to the sustainability challenge of the EMS system. The WDH has applied for and received a grant from the Centers for Disease Control and Prevention to promote the establishment or expansion of community EMS programs in Wyoming. This grant opportunity was released to EMS agencies in May of 2022.

## **H. Critical Care Definition**

**Issue:** Critical care providers, along with Specialty Care Transport (SCT), are not defined under the current EMS rules and regulations. SCT could enhance the reimbursement for transporting critically injured or ill patients by ground ambulances.

**Solution:** EMS rules and regulations need to be amended to include a definition of "critical care."

EMS stakeholders asserted that OEMS needed to consider including a definition of "critical care" for EMS professionals in Wyoming. Doing so may help expand the services that paramedics are able to provide within Wyoming and increase the reimbursement rates for the services that EMS stakeholders argued are already being provided. Including a definition of critical care may also help EMS ground services in Wyoming retain paramedics so they do not leave for higher-paid opportunities.

**Concerns:**

1. CMS describes specialty care transport as the following: "Specialty care transport (SCT) is the interfacility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic. SCT is necessary when a beneficiary's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, for example, emergency or critical care nursing, emergency medicine, respiratory care, cardiovascular care, or an EMT-Paramedic with additional training. Medical documentation for SCT will be reviewed to determine the Medicare defined

conditions have been met for payment. Claims that do not meet the coverage and documentation requirements will be denied.”

2. To charge for SCT the ground crew must supply medically necessary supplies or services at a level beyond the defined paramedic scope of practice. Wyoming currently has a very encompassing scope of practice for paramedics.

**WDH Recommendation:**

1. In response to the feedback and comments received at the listening sessions on this issue, the WDH is currently reviewing the EMS rules and regulations and considering the implications of these changes.

## Appendix A: Listening Sessions in Greater Detail

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This appendix provides a more in depth summary of the issues and solutions presented by stakeholders at each listening session.

### **I. Trauma Region 1 Listening Session**

Trauma Region 1’s listening session was conducted Tuesday, May 17, 2022, in Gillette, Wyoming, at the Campbell County Public Library.

#### **A. Challenges to Sustainability in the EMS System**

##### **1. Volunteers**

Several EMS agencies reported that staffing was a tremendous challenge to sustainability. Many EMS agencies in Trauma Region 1 do not have the budget to support full-time paid staff, therefore they rely on volunteers to staff their agencies. These volunteers typically have other full-time jobs. EMS agencies are often reliant on good relationships with employers who permit volunteers to leave at a moment’s notice. Obtaining qualified volunteers and retaining these individuals is a tremendous undertaking for both the agency and the individual. Volunteers must be licensed to provide EMS medical care by the State of Wyoming, which requires a fair amount of training. Although several agencies reported that they will pay for classes for these volunteers, challenges were reported with time commitment associated with obtaining a license. In addition, volunteers are asked to take on an immense amount of responsibility with an unpredictable schedule. EMS agencies reported that these factors, along with volunteers not having the security of a paid position, lead to significant burnout and difficulty retaining these individuals. Contrary to some of these points, other stakeholders offered that the EMS system isn’t doing a good job of recruiting volunteers. Stakeholders pointed to other industries which also rely on volunteers as a success model.

“Volunteers need to have jobs that actually pay the bills. Many times our volunteers are either working or not in town. Some of our volunteers have a good relationship with their employer, who allows them to leave when called, but most of them don’t. We don’t have the budget to pay someone for a full-time job.”

“This problem is not just a problem in this state but across the nation. EMS is a younger service and we’ve relied largely on volunteers without providing them anything in return.”

## **2. Paid staffing challenges**

In addition to the challenges EMS agencies face with volunteers, recruiting and retaining paid staff is difficult, as well. EMS stakeholders reported that requests for service have increased and even paid personnel are being asked to do more. This adds to the overall stress on EMS staff, which contributes to challenges surrounding retention. EMS agencies also reported challenges retaining paid staff because many staff seek to advance into other areas within the healthcare sector. Many EMS professionals move on or advance into other positions such as nursing or entering medical school.

“EMS is a stepping stone career. Many folks advance to nursing. Typically, EMS isn’t something someone gets into for the long term. There aren’t many folks who’ve been around for over 10 years.”

## **3. Reimbursement**

EMS stakeholders in Trauma Region 1 reported difficulties with the reimbursement model for EMS. Many EMS agencies expressed frustration that services are typically not reimbursable unless a patient is transported. Many calls EMS agencies respond to are not reimbursable, even though care may be provided on scene. Stakeholders expressed frustration at the complexity of the billing process. Also, stakeholders reported that many payors are decreasing reimbursement for services or making it more difficult to obtain reimbursement. Each of these challenges are reportedly decreasing revenues and frustrating sustainability in the EMS system.

“Look at the root cause of the problem, this is a failure of costs and reimbursement.”

## **4. EMS is Not an Essential Service and Therefore Not Required to be Provided**

EMS not being an essential service was a central theme during the listening session in Trauma Region 1. Many EMS agencies and stakeholders pointed to this issue as the fundamental problem within the EMS system. Stakeholders expressed frustration regarding Wyoming’s willingness to support speculative industries such as cryptocurrency, but not support EMS as an essential service to Wyomingites. EMS agencies reported that EMS not being required within

Wyoming is risky. An agency may close down or stop operating in an area because it isn't financially sustainable and no one is required to step in.

“EMS is disposable, it is not required by statute.”

## **B. Strengths of the EMS System**

Volunteers were reported as a major strength of the EMS system. Without the support of volunteers, several smaller EMS agencies within this region said they would not be able to continue to operate. Additionally, collaborations within the region amongst EMS stakeholders were reported to be a strength. Finally, EMS is often the first stage in healthcare many Wyomingites experience. Many times EMS prevents unnecessary treatment at other stages within the healthcare system.

“EMS is the eyes and ears of the community. Oftentimes we must prevent frequent fliers or others from burdening the healthcare system.”

## **C. Expectations of the EMS System**

There were several perspectives reported in Trauma Region 1 regarding the expectation of the EMS system. Many stakeholders expressed that the best care possible as soon as possible is the expectation of services within their area. However, other stakeholders reported that this expectation is different in other communities. In more rural and frontier communities the expectation of EMS is likely much less than when someone is in a larger, more urban community. Additionally, the expectation has changed over the years. Many stakeholders cited the “newness” of the EMS system and the evolving expectations over the years. Within this listening session it was acknowledged that there is currently a challenge in understanding the expectation from constituents. More specifically, more clarity is needed from constituents on what level of services is expected in order to meet the need. Region 1 stakeholders also expressed that each individual community would likely have its own expectations regarding the EMS services provided and therefore, a statewide solution is unlikely.

“What are the expectations? Over the past 30 years of EMS services, there has been a huge increase in service. What are we willing or able to provide in communities now?”

“I don't expect the same level of service for a broken leg when I'm out as I do when I'm at home six blocks away from an ambulance... but quality of care is important. In Wyoming, we have a whole heck of a lot of where you are.”

## **D. Potential Solutions to EMS System Challenges**

Due to time constraints, the listening session moved to potential solutions. EMS agencies and stakeholders in Trauma Region 1 presented three major areas for potential solutions: EMS as an essential service, regionalization, and support for education.

### **1. Essential Service Designation**

Many EMS stakeholders asserted the need to make EMS an essential service, thereby mandating county or local jurisdiction as having the responsibility to provide these services. Trauma Region 1 stakeholders asserted that mandating EMS as an essential service guarantees these services to the communities and would help offset losses experienced by local EMS agencies. Additionally, stakeholders asserted that mandating EMS elevates this service to that of fire and police departments.

Nearly all Trauma Region 1 stakeholders that asserted the need for EMS to be deemed an essential service recognized that this solution only would work if the mandate was accompanied by funding. Without a sustainable funding source, mandating EMS services would become an unfunded mandate upon the county or local jurisdictions. Many stakeholders suggested various types of taxes to support the mandate for EMS services.

“Non-transport calls are non-billable. These calls are devastating to EMS services. That's where essential service designations come into play. Dispatch doesn't ask for credit cards before they send responders.”

“EMS should be designated and codified into law as an essential service. It's time to start the ball rolling to mandate [EMS] as an essential service and it has to come with funding. If it's essential there has to be the funding.”

### **2. Regionalization of EMS Services**

In addition to EMS essential service designation, Trauma Region 1 stakeholders also asserted regionalization of EMS services as a solution to the sustainability challenge to the EMS system. Many stakeholders suggested that sustainability is an issue across the healthcare sector and consolidating resources allows for greater sustainability. Accordingly, it was suggested that regionalizing the EMS system would promote efficiencies in the EMS system and reduce duplication of effort. Additionally, stakeholders asserted that regionalization would promote standardization of the level of service provided. Many comments were made that smaller communities may not have access to the same resources of personnel, equipment, or education. Therefore, it would likely increase standardization and greater access to equipment and resources.

No method of consolidation or regionalization was proposed by Trauma Region 1 stakeholders, but the value of regionalization of the EMS system was recognized. Caution was expressed, however, as the regionalization process should respect the smaller communities and the expertise local agencies have within their communities.

“Regionalization allows the healthcare and EMS system to form strategic partnerships which provides greater levels of sustainability to the system as a whole. As a hospital, we need to create strategic partnerships in order to provide more services than we could on our own. Regionalization seems to be a good thing to promote.”

“Regionalization is a good thing. Duplication of effort exists and the money could be better utilized. People in Wyoming are fiercely independent and resist change. Regionalization has to be a part of this- small town USA can’t sustain the level of care that people expect.”

### **3. Education and licensing requirements**

Several Trauma Region 1 stakeholders asserted the need for greater promotion and support for education. In recent years, state budget cuts reduced the support from the State OEMS for the education of new EMS personnel within Wyoming. Several EMS agencies reported that the reduction in support for education has resulted in a reduction to access to licensed personnel to recruit for local agencies. Additionally, stakeholders reported that the reduction of support resulted in greater difficulties in EMS agencies' ability to train individuals from their community to become volunteers.

## **II. Trauma Region 2 Listening Session**

Trauma Region 2’s listening session was conducted Tuesday, May 17, 2022, in Casper, Wyoming, at the Wyoming Oil and Gas Commission.

### **A. Challenges to Sustainability in the EMS System**

#### **1. Staffing**

Trauma Region 2 stakeholders presented several challenges to the EMS system during the listening session, including substantial issues surrounding staffing and the EMS agency. Every EMS agency in attendance reported issues with recruiting and retaining EMS personnel, both paid and volunteer. Many pointed to the lack of opportunities to get new individuals trained to become EMS professionals. Additionally, EMS agencies expressed difficulties recruiting individuals to take on student loan debt in order to be trained to become EMS professionals when these positions are only making \$15 to \$20 an hour.

In addition to low salaries, EMS agencies pointed toward other medical professionals as a reason for the low interest in EMS professions. Other healthcare professions, such as nursing, provide significantly better pay. Even as scholarships may be offered to potential EMS professionals, EMS stakeholders reported a lack of interest, which they attributed to the attractive income of other healthcare professions.

“Staffing and funding for operations are the one-two punch. There used to be people lining up for EMS, it's just not that way anymore.”

## 2. Education

Trauma Region 2's listening session identified education as another challenge to the EMS system in Wyoming. Educational opportunities at Wyoming's community college only provided for a set amount of students each year. Stakeholders in this region stated that there isn't enough physical space to increase enrollment. Additionally, distance learning has been a significant challenge and isn't the optimal solution for increasing enrollment.

“Distance student learning has been supported by some grants, but there isn't enough space to get people in the door for the in-person curriculum.”

## 3. Reimbursement

Reimbursement of EMS services was discussed frequently during the Trauma Region 2 listening session. EMS stakeholders pointed out that reimbursement for EMS services are below the costs of providing the service. This puts the burden of covering the unreimbursed costs on the EMS agency. Reimbursement policies of major payors were presented as a significant challenge. The operation model of EMS is quite different from other healthcare fields. A significant cost on the EMS system is the money spent on readiness, or being on standby for the next call. According to the EMS stakeholders, this operational difference is not reflected from a reimbursement perspective. Instead, EMS is reimbursed on a production, or transport-only basis, which leads to significant costs that are not covered.

Trauma Region 2 also discussed the challenge of funding from Indian Health Services (IHS). It was reported during this listening session that EMS services for the Wind River Indian Reservation is significantly underfunded by the IHS. Once the budget has been expended, IHS refuses to contribute any more towards the costs of these services, regardless of how many additional services are provided during that budgetary period. Stakeholders also reported that IHS only funds the two tribes on the Wind River Indian Reservation at 40% of the actual need. Fremont County reported subsidizing the EMS costs for their uncompensated services.

“EMS is a very different model from a reimbursement perspective than primary care visits. When ambulances were first admitted to Medicare it was based on a transport basis because it was a measurable unit. But the ability to respond to the patient is really most of the cost.”

“Compensation for treatment on scene, Wyoming doesn't have that. Other states have adopted that into their Medicaid programs, but in Wyoming people that don't want to go to the hospital means EMS doesn't get paid.”

#### **4. EMS is not designated as an Essential Service in Wyoming**

Trauma Region 2 stakeholders discussed the challenges of EMS not being designated as an essential service. Many stakeholders asserted that EMS is not required to be provided anywhere within the state and therefore this harms the sustainability of EMS as a vital service. Counties, municipalities, or even private providers may discontinue funding or operations at any time. Designating EMS as an essential service that's required to be provided was argued to provide the foundation and support for sustainable service so long a funding source accompanied the mandate.

“Essential service designation doesn’t do anything unless you fund it.”

#### **B. Strengths of the EMS System**

Trauma Region 2 stakeholders asserted a lot of pride in the individuals that are currently in the industry. Wyoming’s EMS and Trauma system is staffed by great individuals who care about their community. EMS agencies identified their cross-training and move towards higher levels of licensure as a major strength, as well. Finally, the relationships between the various healthcare providers and EMS agencies were identified as a major strength.

“I’ve been in Wyoming EMS for the last fifteen years and we’ve progressed and advanced to where we have a significantly larger number of paramedics than thirty years ago, which is absolutely a strength.”

#### **C. Expectations of the EMS System**

There were several perspectives reported in Trauma Region 2 regarding the expectation of the EMS system. Many asserted that the public and the healthcare industry expect excellent quality of care at the scene as quickly as possible. However, others offered a different perspective, especially as one is further removed from urban areas. Many asserted that lower levels of service may be acceptable to have someone arrive more quickly, especially in rural and frontier areas. These comments, however, were cautioned by medical experts who warned that accepting lower levels of service may lead to overall detrimental outcomes.

“If you call 9-1-1, do you expect EMS to arrive? Yes, and you expect them to treat you on scene as well.”

“We in Wyoming have an expectation for a hospital for every 1000 people. People here also expect an ambulance every two blocks.”

“People seem to believe that the expectation of someone arriving faster and getting to the hospital faster means a better outcome. The problem is nationally that the acuity level of patients has gone up by 20-30%. A stretcher and a driver isn’t going to make a difference for a patient.”

## **D. Current and Proposed Solutions to the Challenges in the EMS System**

### **1. Essential Service Designation**

Many EMS stakeholders pushed for EMS to be designated as a mandatory, or essential, service. According to these stakeholders, an EMS essential service designation would require municipalities or counties to provide these services within their jurisdiction and to prioritize the funding for operations of EMS. Many during this listening session voiced concerns about the essential service designation's unforeseen consequences, such as an unfunded mandate.

“21 counties are already at the max mill levy, requiring EMS to be provided may force counties and towns to drop other services they’re already providing.”

### **2. New Legislation to Authorize the Creation of an EMS District Similar to how a Solid Waste District is Created**

An alternative idea to the essential service designation was proposed during this listening session.. In lieu of mandated EMS services, the idea of potential legislation that would provide the authority for County Commissioners to create an EMS district in a similar manner to how solid waste districts are created currently was proposed. This would ultimately need to be placed on the ballot and approved by the general public in the area of the proposed EMS district.

As discussed, the benefits of this route would be that it allows communities to determine their expectations of EMS as a public service within their community. It also provides the local community with the mechanism to fund EMS if they deem it necessary. This was received well at the listening session with most stakeholders in support of this idea.

### **3. Education**

Education and the ability to get individuals trained were identified as a challenge to the EMS system. Many stakeholders suggested providing innovative solutions to attract more individuals to become trained as EMS personnel. In order to attract more people and provide greater access solutions like online learning, hybrid learning, and virtual reality education were proposed. The solutions discussed looked to the high schools and community colleges to become more innovative in attracting more students.

“On the education side, we can attract more with online classes. There is still a need for hands-on sessions, but we could coordinate with nursing programs or others to implement labs that all students could use. Casper College is in the process of implementing VR which is a game changer and can reduce expenses and enhance learning.”

### **III. Trauma Region 3 Listening Session**

Trauma Region 3's listening session was conducted Tuesday, April 26, 2022, in Cheyenne, Wyoming, at the Laramie County Public Library

#### **A. Challenges to Sustainability in the EMS System**

##### **1. Staffing**

EMS stakeholders in Trauma Region 3 indicated that staffing was a significant challenge for EMS agencies to be sustainable. Specifically, EMS agencies in this region pointed toward staff burnout within the industry as a significant issue. Individuals in this field rarely make EMS a lifelong career. Stakeholders pointed out that many EMS professionals move on to higher-paying positions making retaining personnel especially difficult. The lack of volunteers, sustainable funding, and lack of human resources were all pointed to as a major challenge, especially in the rural and frontier areas. Finally, EMS stakeholders in this area also pointed toward a major deficit in the lack of comradery in the industry and increased infighting as an issue towards sustainability.

“Human resources is the weakness that we have throughout the nation in this industry. There aren't enough people to run these services and there has been a big drop in the comradery and get-togethers that used to drive people to this work.”

##### **2. Lack of Sustainable Funding Sources**

Trauma Region 3 stakeholders pointed toward a lack of sustainable funding sources as a significant issue to the sustainability of the EMS System. Directly, stakeholders asserted that EMS not being designated an essential service in Wyoming makes it difficult to guarantee sustainable funding. To illustrate this issue, stakeholders pointed to the amount of non-reimbursable calls agencies make. The example provided in this listening session was the frequent lift assists many agencies make. Stakeholders asserted that these types of calls go unreimbursed and impose a substantial cost on the agencies. Other stakeholders suggested that dispatch does not screen 9-1-1 calls, which results in many non-reimbursable calls. Finally, stakeholders pointed toward a lack of education of the general public and many stakeholders on the actual costs of these services.

“In Laramie County, there is a 70% transport rate for these calls, meaning 30% of calls will go unreimbursed.”

“People are using the 9-1-1 system like a taxi service.”

## **B. Strengths of the EMS System**

Trauma Region 3 stakeholders cited the local community college education program for EMS professionals as a significant strength for the EMS system. Additionally, Laramie County School District #1's development of a concurrent enrollment system for high school students to graduate with an EMS license was highlighted as a significant strength.

Community resources in southwest Wyoming, such as the quality of personnel, training offered to EMS personnel, and ground and air service capability, were all provided as strengths of the EMS system. Another strength identified is a collaboration between healthcare facilities, EMS agencies, and the communities.

## **C. Expectations of the EMS System**

When asked about the expectations of the EMS system, Trauma Region 3 stakeholders responded in a near-unanimous manner. Stakeholders asserted that the expectation was that the highest level of care would arrive and begin in the shortest amount of time possible. Some stakeholders, however, asserted that the general public holds an unrealistic expectation of the 9-1-1 response system in Wyoming. Many believed this unrealistic expectation of the 9-1-1 response system leads to many inappropriate calls and requests for service by EMS agencies. Some stakeholders expressed concern that certain facilities may be inappropriately using EMS agencies to conduct services that the facility is self-responsible to provide.

“People expect to receive high-quality care and fast.”

## **D. Current and Proposed solutions to the challenges in the EMS System**

### **1. Essential Service Designation**

Similar to the other listening sessions, Trauma Region 3 stakeholders proposed the designation of EMS as an essential service as a solution to the current sustainability challenges. One of the first comments received at this listening session was in support of EMS as an essential service. Similar to other listening sessions, stakeholders believed essential service designation would require municipalities or counties to provide these services within their jurisdiction and to prioritize the funding for operations of EMS.

“There is no doubt that EMS is an essential service and it should be recognized as one.”

### **2. 9-1-1 Response Navigation**

In order to curb unnecessary 9-1-1 calls, a nurse navigator program was proposed that would utilize a nurse to screen 9-1-1 calls. The idea is to screen 9-1-1 calls in order to get the

right service to the right people and eliminate inappropriate requests for EMS service. In theory, this would reduce the cost to the EMS system and to the consumer, as well. During the listening session, concerns were raised over the liability of screening calls and whether this would actually reduce the costs to EMS agencies.

“We need to make sure we are appropriately using what we do have. Getting the right resource to the right people and reducing the unnecessary calls.”

### **3. Education of the General Public on the EMS System**

Uniquely, Trauma Region 3 stakeholders strongly point toward educating the public on the EMS system as a solution to sustainability. Stakeholders believed that the general public and many policymakers might not know the actual costs of the EMS system. Educating the public on basic EMS and 9-1-1 issues may help in two ways. First, it may reduce unnecessary calls and reduce the amount of “frequent flyers.” Secondly, it may help with the general staffing shortage. Additional education and exposure of the EMS system may help attract younger individuals to EMS as a career path. Although stakeholders didn’t have a specific education campaign idea, they believed that efforts to educate the public and policymakers would have a significantly positive effect.

“We need to educate the public on the EMS system. Utilizing the right resources is important, but it starts with the person making the call.”

## **IV. Trauma Region 4 Listening Session**

Trauma Region 4’s listening session was conducted Thursday, May 26, 2022, in Evanston, Wyoming, at the Evanston Roundhouse.

### **A. Challenges to Sustainability in the EMS System**

#### **1. Staffing**

Trauma Region 4 stakeholders were adamant that access to sustainable and qualified staffing presents a major issue to EMS system sustainability. Many rural and frontier communities reported that a paramedic level of service is required because the closest hospital is over an hour away from a majority of their calls. This presents a unique issue because the very rural and frontier communities already have a reduced recruitment pool.

Recruitment of qualified staff is also a major challenge for rural and frontier EMS agencies. EMS agencies that are providing the training to recruit personnel are required to invest a significant amount of time and energy. Trauma Region 4 stakeholders also reported difficulty in retaining these individuals even after making significant investments into their training or education. Low pay and high costs of living are driving these individuals either to leave the state itself or into another career path. EMS agencies reported a high reliance on volunteers currently in order to operate.

“How can I hire a paramedic for less than \$80,000 a year when they can’t buy a house for less than \$1 million?”

“Our agency conducts over 2,000 calls per year. We don’t have a mill levy that supports our EMS services so we are reliant on what we bill. Without volunteers, we wouldn’t be able to operate.”

## **2. Increasing Costs of Medical Supplies**

Uniquely, Trauma Region 4 raised concerns about the increasing costs of medical supplies and equipment. Costs of medical supplies increased prior to the pandemic. Since then, however, costs of nearly all supplies and equipment have increased significantly. Additionally, since the start of the pandemic, equipment costs were reported by EMS stakeholders to have increased as well. Most notably, the increasing cost of fuel placed a tremendous burden on the rural EMS agencies who are driving ambulances significant distances.

“My folks are putting nearly 400,000 miles a year on those ambulances and this isn’t a cost we can cut. Highway patrol requests a call 50 miles away for an accident and I show up with the patient now refusing transport. I’m getting 7-8 miles a gallon and gas prices are soaring over four bucks a gallon. I can’t reduce this cost.”

“Contracts for buying equipment are sky high. Fleet contracts have vanished and I’m not paying 12% higher for the same rig.”

## **3. Training and Education for Staffing and the General Public**

EMS stakeholders pointed out that the costs of education for EMS personnel placed an enormous strain on EMS agencies. The most recent reductions to the state OEMS budget substantially reduced the support for education and training. This cost fell back onto the individual, or the local EMS agency, which increases the difficulty of recruiting new personnel.

Trauma Region 4 stakeholders identify the lack of education to the general public on the EMS system and the appropriate use of the 9-1-1 system as a challenge to sustainability. Stakeholders reported that 9-1-1 isn’t utilized by the general public as it should be resulting in unnecessary calls that go unreimbursed.

## **4. Reimbursement and Essential Service Designation**

EMS stakeholders largely reported that reimbursement of EMS services is a major challenge to sustainability. Many stakeholders reported that reimbursement isn’t near the level it should be making it financially difficult for EMS agencies to be sustainable. Additionally, the complexity and difficulty of billing a major payor of healthcare services was reported as a substantial challenge. Many EMS agencies asserted that EMS professionals’ lack of training or experience in billing results in many bills being deemed not medically necessary.

EMS agencies asserted during this listening session that reimbursement is so low for EMS services that an essential service designation was needed in order to offset the deficit to the budget of EMS agencies. Inflationary pressure from rising fuel costs and equipment costs were reported by EMS stakeholders as not being covered by the major payors. Stakeholders cited that the lack of an essential service designation harms EMS agencies' ability to be sustainable because they have no ability to recover unreimbursed costs.

“EMS isn’t designated as essential in Wyoming and that’s ridiculous. This is a game of ‘not it’ and the lack of revenue from Medicare/Medicaid is killing us.”

## **B. Strengths of the EMS System**

### **1. Collaboration between Agencies and Regionalization of Training**

EMS stakeholders in Trauma Region 4 reported effectively collaborating with one another to ensure the training of new individuals. This was reported as a major strength as EMS agencies stated that they did not have the budget to send individuals to be trained elsewhere. Instead, education and training are conducted jointly in order to ensure its provided. EMS stakeholders also reported success in applying for federal training grants in order to fund this training.

“We can’t afford to pay tuition elsewhere. We received a substantial grant from SAMHSA, but it's back to square one again when that money is gone.”

### **2. Volunteers**

Volunteers supporting EMS agencies were overwhelmingly identified as a strength of the EMS system. Without the support of volunteers, many EMS agencies reported that they would not be able to sustain operations of their EMS service. Although volunteers were identified as a strength, many worry about the sustainability of the reliance on volunteers. Volunteer rates continue to decrease leaving many EMS agencies vulnerable.

“Volunteers keep my system running.”

## **C. Expectations of the EMS System**

Similar to other listening sessions, the expectation of EMS service is the highest quality of service to begin as soon as possible. However, some EMS stakeholders identified that very rural areas understand and expect a significant response time due to where they live. The challenges surrounding overuse and unnecessary calls through 9-1-1 arose again. Many stakeholders pointed out that the overuse of 9-1-1 is a public education issue.

“We need high quality of care. Many of our calls take 60-70 minutes and that's just our area. Paramedics are essential.”

## **D. Current and Proposed Solutions to the Challenges in the EMS System**

### **1. Essential Service Designation**

Stakeholders in Trauma Region 4 asserted that EMS needs to be designated an essential service. Similar to other listening sessions, stakeholders believed that designation would assign responsibility for EMS in an area and provide sustainable funding. Stakeholders were quick to point out that essential service designation needed to be accompanied by taxing authority in order to generate revenue for the EMS service. Many understand that this may not be a popular choice but stakeholders believe it is necessary to ensure the continued operation of EMS services in Wyoming. Stakeholders also asserted that providing sustainability to the system through the designation and tax revenue would support better-paying jobs and increase recruitment to the field.

“EMS is essential first and foremost. We need to be able to funnel money into this system as well.”

“Under our current system, EMTs aren’t exactly getting paid high wages. Would this change under essential service? Most definitely.”

### **2. Community EMS**

EMS stakeholders offered the establishment or expansion of community EMS programs in Wyoming as a solution to sustainability. Community EMS allows for practitioners to perform on-site services in their communities during times they are not actively responding to a call. This benefits both the community and the EMS agency. First, community EMS offers greater access to check-ins and basic healthcare services to the community. Second, community EMS provides a way for EMS agencies to offset some of the costs associated with readiness. Stakeholders did acknowledge that community EMS still hasn’t been adopted as a reimbursable service by all payors and it requires EMS agencies to be adequately staffed in order to work.

“Community EMS is great for EMS agencies but you need to have the staff for it to work.”

## **V. Trauma Region 5 Listening Session**

Trauma Region 5's listening session was conducted Wednesday, June 15, 2022, in Thermopolis, Wyoming, at the Hot Springs County Volunteer Fire Department.

### **A. Challenges to Sustainability in the EMS System**

#### **1. Staffing**

EMS stakeholders in Trauma Region 5 were vocal about the challenge staffing currently presents to sustainability. Many of the stakeholders reported that EMS agencies are having difficulties recruiting young professionals, which results in additional burdens on the existing workforce. There aren't enough young professionals currently coming out of the community colleges to rural areas of the state. The young professionals that are recruited typically do not stay around for long. Rural EMS stakeholders described many professionals leaving because of the lack of accessibility to amenities. Some EMS agencies reported that staff burnout, poor work-life balance, and excessive overtime is driving many to leave the profession. The difficulty recruiting and retaining staff in rural areas concerns many stakeholders as some agencies may need to shut their doors in the future due to lack of staffing.

The decrease in volunteers is also a tremendous challenge. Trauma Region 5 stakeholders described the difficulty in training volunteers. There is a tremendous amount of training required to become an EMS professional and in rural areas of the state EMS agencies aren't very successful in recruiting volunteers to drive two hours away for the in-person training that is required. EMS agencies asserted the recent budget cuts experienced by OEMS reduced the support and reimbursement for training. This is affecting EMS agencies' ability to recruit and retain volunteers to their service.

"You go through the recruiting phase and you're able to get people recruited. But the first nine months are just the honeymoon phase. People find out they're 90 miles away from amenities. The people get frustrated and they're here for one or two years and you start all over again."

"There are generational changes and the younger generations just don't have giving back to the communities instilled in them."

#### **2. Rising Costs of Medical Supplies and Equipment**

Stakeholders in Trauma Region 5 strongly asserted the challenge presented by rising costs of medical supplies and equipment. Stakeholders pointed towards a general increase of medical supplies, such as gloves and medications, for several years without a substantial increase in the reimbursement received. The dramatic increase in fuel prices alarmed many stakeholders in Trauma Region 5. Specifically, the larger distances ambulances are forced to drive in rural and frontier areas created significant cause for concern.

### **3. Mental Health Transports**

Trauma Region 5 stakeholders identified mental health transports as a major area of concern. Stakeholders reported that many of these individuals do not necessarily need medical transportation, but EMS agencies are required to transfer these individuals because law enforcement won't transport them. Many EMS agencies in this region reported zero reimbursements for these transports. This is a significant issue for these agencies as they reported these transfers take a significant amount of time and take an ambulance and its crew out of service, reducing the agency's capability and increasing its need for additional staff.

"Mental health transports result in zero reimbursement. We're being forced to cover a service that no one wants to do and we are having to do it for free."

### **B. Strengths of the EMS System**

#### **1. Support for EMS Agencies from the Community**

The support EMS agencies receive in Trauma Region 5 was identified as a major strength. Many EMS agencies reported that they received tremendous community support. An EMS stakeholder reported that a recent survey of their community showed that 80% of the community supported a tax to support EMS operations. Additionally, stakeholders reported positive relationships and collaboration with local law enforcement and fire departments.

"Powell's community support is high. Don't know how many times crews come in after eating out and someone pays their bill."

### **C. Expectations of the EMS System**

EMS stakeholders overwhelmingly reported that the expectation in their area was the highest quality of care as soon as possible. Many reported that as younger generations are moving to the rural and frontier areas their expectations of the availability of services has come with them from larger cities. Some EMS stakeholders identified that the expectation of services for mental health transports is unsustainable. EMS stakeholders reported significant losses and challenges to operations caused by these transportation expectations of the agencies.

“People expect a high quality of care. They want treatment to start right away at the time of response.”

“People are recreating far from care. People who live here know what to expect. Visitors don’t always realize that.”

“Particularly this generation that’s coming up, a lot of flexibility with where you can live. If I thought in any way that I couldn’t get the help I need when I need it, it would be a huge factor in where I live.”

“Wyoming has an uphill battle in terms of social determinants of health, living in a rural area. The expectation is that the responder is the best possible. If we limit access to the best care, we’ll limit access to the best responders to hire.”

## **D. Current and Proposed Solutions to the Challenges in the EMS System**

### **1. Essential Service Designation**

Essential service designation was front and center during the Trauma Region 5 listening session. EMS stakeholders asserted that essential service designation ensures counties or municipalities are responsible for providing EMS services. Additionally, EMS stakeholders were adamant that essential service designation must come with funding to support the designation. Specifically, stakeholders indicated that some sort of taxing authority must be provided alongside the essential service designation in order to be successful.

Stakeholders recognized that essential service designation may not be a popular solution because it requires an additional tax. However, stakeholders in Trauma Region 5 believed the designation is necessary for sustainability.

“We need to look at local solutions but at some point, we are going to need to fill the tax gap to pay for services.”

### **2. Funding and Support for Education**

EMS stakeholders asserted that support and funding for educational opportunities for EMS personnel are necessary. Stakeholders provided information on the challenges the recent state budget reductions created in recruiting and training EMS personnel. Stakeholders indicated that these budget reductions harm EMS agencies’ ability to recruit new EMS personnel. Therefore, state funding is needed to support providing education and training for new EMS personnel.

Training and education for EMS agency personnel on training was another solution proposed. Many stakeholders outlined the difficulty and complexity of successfully billing major payors for the services rendered. Funding and support for training EMS personnel on coding and billing may result in increased reimbursement for EMS agencies.

“We need to focus not only on bringing people in, but also keeping what we have in place. We should grow our own paramedics in their communities.”

“Education is needed not just for EMTs, but for the system. How do we do billing better? We’re already doing the job, how do we maximize reimbursement?”