



# ***Critical & Unstable***

## Understanding Oklahoma's EMS Crisis

**EMS is important.** Because emergencies strike any time at any place, medics must be trained, equipped, and standing by at the ready – all the time – in order to save lives. You don't wait to until a church is on fire to hire and train firefighters, or else you lose the church. And you can't wait until Joe has a heart attack to hire and train medics, or else you lose Joe.

**Oklahoma's EMS providers are in crisis.** Since 2000, 40 Oklahoma EMS providers have closed – leaving a dozen communities completely orphaned. Others face an increasing risk of being orphaned. Orphaned communities must rely on the goodwill of neighboring services to respond to emergencies. This is an extremely dangerous position for residents of orphaned communities, as it means cities must “shop around” to find an available ambulances when emergencies happen. This significantly delays patient care. This crisis also impacts residents of other communities, too; if an ambulance is assisting an orphaned community when a resident of the ambulance provider's normal service area has a heart attack, then that patient's access to EMS is delayed (despite the fact that his community has a regular EMS provider).

A statewide EMS Task Force has identified the factors driving the crisis:

**Treating the uninsured.** EMS agencies provide service to everyone regardless of patients' ability to pay, but up to 30 percent of patients have no insurance. Service to uninsured Oklahomans accounts for more than \$56 million in billed charges each year, the vast majority of which cannot be collected.

**Medicare cutbacks.** Four years ago, the federal government began implementation of a new Medicare reimbursement schedule. Upon final implementation of the plan in 2010, reimbursement to ambulance providers will be an estimated 27 percent below actual costs. There is no legal means for recouping our costs. This year, the cutbacks will cost Oklahoma providers nearly \$52 million in lost revenue.

**The aging of Oklahoma.** The Baby Boomer effect will result in a shrinking 20 to 44-year-old population (the bulk of the EMS workforce) and a growing number of people age 62 or older (the population with the most healthcare needs). By 2030, we expect 24 percent of Oklahoma to be in the 20 to 44-year-old age bracket and a whopping 22 percent to be in the over age 62 group. The result? An increased demand for EMS and reduced ability to supply service.

**Manpower shortage.** Due in part to Oklahoma's shrinking workforce, but also due to the under-compensation of EMTs and paramedics. Medics receive an average of \$8,000 to over \$20,000 less than similarly educated peers in law enforcement, nursing and fire protection. Plus, there is no public pension program for medics as there is for police officers and firefighters.

**To fix the problem, we need money.** We need designated state and local funding streams to offset the shrinking federal support and to enable us to boost salaries so we can meet Oklahoma's growing needs.

**We also need legislative help** in designing a new system that involves large regional response systems – versus a small, unprofitable and unskilled ambulance service in every burg – to deliver economies of scale, high quality care and the best use of manpower.

**Thank you for supporting Oklahoma's vital EMS safety net. For more information, please contact:**

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