Access to timely medical treatment can be the difference between life and death when an emergency happens. Unfortunately, not all Iowans residents can rely on receiving this emergency care. Although Iowa requires the statewide delivery of fire protection and law enforcement, it does not require emergency medical services (EMS), including ambulance services in every community.

When someone calls 911, police and fire departments must respond when appropriate, but not ambulance services. In some areas, paid ambulance services provide reliable care with most crews staffed at paramedic level. In other areas, volunteers have traditionally provided EMS. This model no longer works for many Iowa communities with the cost and time required for certification and lack of flexibility in volunteers’ work schedules. There are not enough volunteers to always staff calls. This means backup services provided by other EMS providers must come from farther away, taking longer for an ambulance to arrive in a rural setting.

In some areas, the local community hospital has provided backup or served as the sole ambulance and EMS service. Due to limited payment for these services under federal and state law, hospitals that offer this benefit often operate at a significant financial loss. Rural hospitals already face many financial challenges and continuing to operate EMS services without reimbursement is unsustainable.

Support legislation (HF 558/SF 472) to designate EMS as an essential service at the local level, which would qualify support for this necessary service through funding in communities that need it.

Issue Background - Talking Points

- Seventy-five percent of Iowa’s EMS services are entirely volunteer-based and respond to only about 10% of EMS calls in the state. Paid EMS services handle the remaining calls.1
- Fifty-four hospitals provide some level of EMS services to their community. Only some hospitals have any public funding for their services. Many of these hospitals operate their services at a financial loss.
- All Iowa residents should be guaranteed an ambulance 24 hours a day. Unfortunately, people are dying because access to EMS services is not readily available to all Iowa communities.
- Having a reliable source of funding will help hospitals and other providers who deliver EMT and paramedic services to recover a greater portion of the cost of having emergency medical responders and ambulance services ready at a moment’s notice.
- Funding will pay for professional staff members and help support and finance their training and certification. Paramedic training can cost $15,000.
Recent Policy Changes

- In 2018, the Iowa Legislature passed legislation (HF 2285), which allowed the Iowa Department of Human Services to file a state plan amendment to implement a Ground Emergency Medical Transportation (GEMT) supplemental funding program. This program provided an avenue for added federal contributions to eligible Medicaid EMS services.  

- GEMT will provide some relief, but it does not fully meet the needs of many rural communities that can no longer rely solely on volunteer EMS providers.

Legislative Request

- The current proposal is good policy that limits a solution to those areas that need help and can put together a coordinated plan to ensure efficient use of workforce, equipment and finances.

- Started only in communities that decide at the local level there is a need to help support EMS across the county.

- Public input is provided locally, and decision-making is made by local elected officials who understand the communities and the needs.

- A proposed amendment would ensure there was planning and shared services to promote efficiencies and reduce costs in the communities in which this is carried out.  

- This legislation does not mandate EMS from the state level – it is local decision-making to ensure appropriate workforce and coverage needs and reduces unnecessary duplication of services through coordination of providers.

The Iowa General Assembly should revise Iowa law to allow counties to designate EMS as an essential service, where appropriate, to ensure these services remain viable.


3. NEW SECTION: Prior to final public hearings and final approval of the resolution designating EMS as an essential service; the county board of supervisors must have established a comprehensive EMS plan that addresses county-wide access including response times, funding allocations, training and development, and collaborative service agreements among existing governmental, volunteer, and private EMS providers. Counties may collaborate in developing a regional, comprehensive EMS plan incorporating all participating counties and providers.