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Public Ambulances

A Necessary Investment in Good
Jobs and Healthy Communities

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President Biden’s “American Rescue Plan” will help stabilize struggling state and local agencies. But in order to successfully recover from the COVID-19 pandemic and its effects on the healthcare workforce, as well as address the ongoing need for emergency health services, we will need to do more support firefighters, paramedics, emergency medical technicians (EMTs), and other essential first-responders.

To do this, the Biden Administration and the 117th Congress must strengthen the ability of local governments and fire departments to run their own ambulance services so they can respond to the needs of their residents. Expanding public ambulance and emergency services — which would also include a training program for first responders similar to the GI Bill — is both popular with likely voters and good policy. These investments would strengthen our public infrastructure for care: they would improve local government and community innovation capacity, protect American families in crisis, take a major step toward eliminating one of the remaining bulwarks of surprise medical billing, and create good jobs everywhere.

As part of a survey fielded in late December 2020, Data for Progress asked likely voters if they supported congressional funding to help local governments and fire departments buy ambulances, run their own emergency services, and directly hire first responders. Seventy-five percent of likely voters support public ambulance services and expanding government hiring of first responders, including 74 percent of likely voters that self-identify as Independent / Third Party and 69 percent of likely voters that self-identify as Republicans. When we framed the issue in explicitly partisan terms and introduced conservative concerns about fraud and spending, support remains high: likely voters supported public ambulances by a 60 percent to 30 percent margin. We found this support across the political spectrum, too. Independents supported this policy 57 percent to 31 percent, Democrats supported it 79 percent to 9 percent, along with 2 in 5 Republicans.

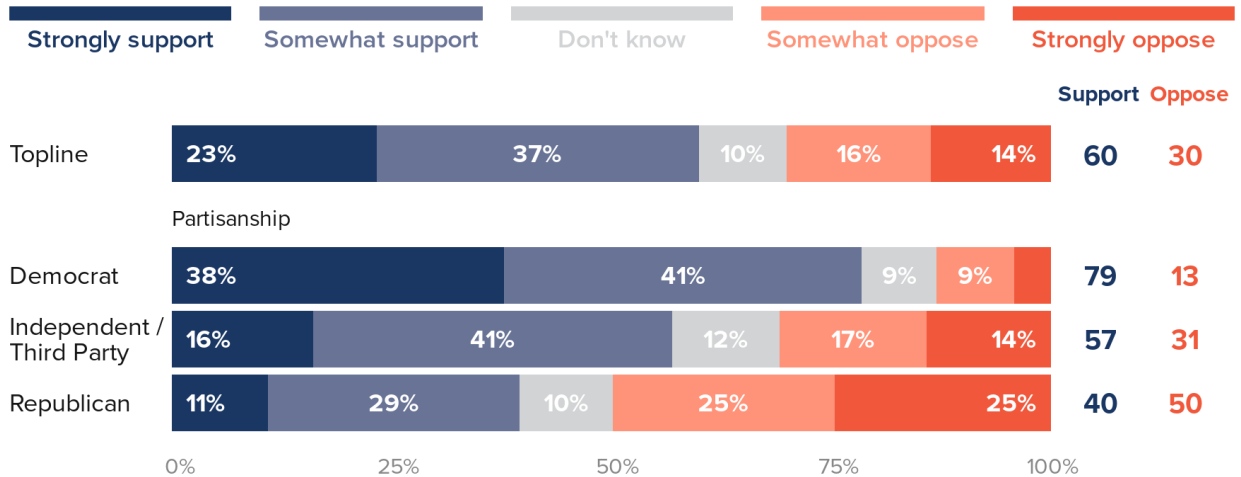
Even With Partisan Framing Voters Support The Expansion of Publicly Owned Ambulances

Some Democrats in Congress are proposing allocating funding to help local governments and fire departments to buy ambulances, run their own emergency services, and hire more first responders to staff these new ambulances.

They say that publicly owned ambulances can help people get emergency and crisis help when they need it, keep private companies from taking advantage of people in need, and create good jobs.

Republicans say that this is a waste of taxpayer money. They say it will squash innovation by local companies, create government bloat, and lead to fraud.

Do you support or oppose this proposal?

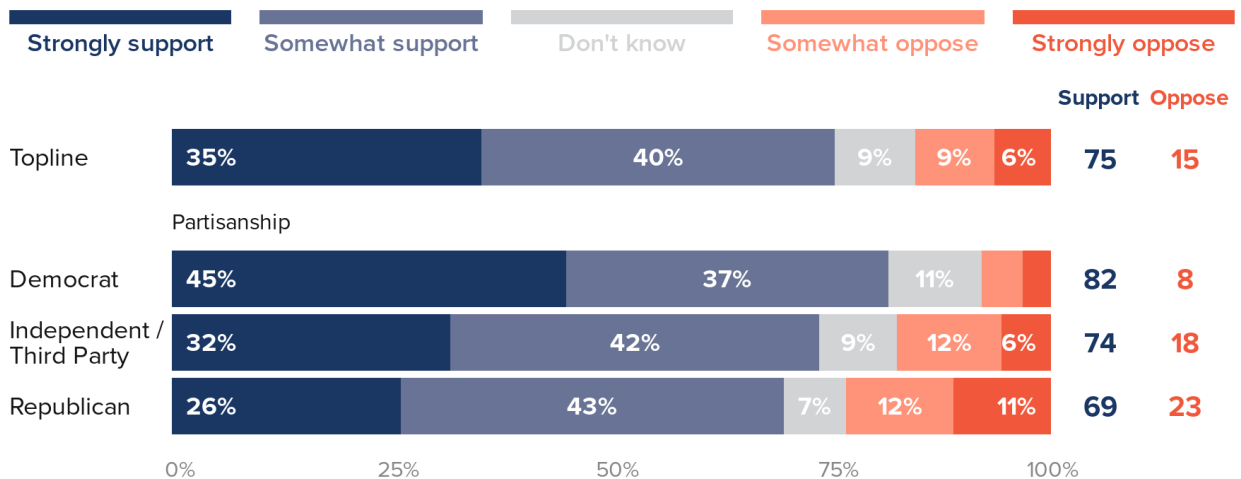


Dec 16 to Dec 17, 2020 survey of 1098 likely voters

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Voters Want Congress To Fund The Purchasing and Operation Of Ambulances By Local Governments

Would you support or oppose a proposal where Congress would help local governments and fire departments to buy ambulances, run their own emergency services, and hire more first responders to staff them?



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This memo outlines the importance of building government capacity to respond to emergencies and health crises, and proposes three basic steps to support public ambulance services:

- ▶ A major expansion of pre-existing grant programs like the Staffing for Adequate Fire and Emergency Response (SAFER) act
- ▶ Extending and building on patient protections and coverage expansions that were part of the early response to the pandemic
- ▶ A “GI Bill for First Responders” that provides job training and scholarships as part of an expanded National Health Service Corps.
- ▶ It closes with technical details of our survey.

Why We Need To Invest More In Public Emergency Services

The crises of the past decade — including [increased flooding](#), [forest fires](#), [the overdose crisis](#), and the COVID-19 epidemic — have highlighted that effective emergency response is a central responsibility of the government. When someone experiences a medical emergency – be it a heart attack, a psychological crisis, or a car crash – we should guarantee prompt access to a clinically-trained, compassionate professional to get them to the help they need, no matter where they live or how much money they have.

The bulk of first responders are paramedics and EMT-trained firefighters. Many of these helping professionals pitched in to cover staffing shortfalls at [nursing homes at the start of the pandemic](#) and can add crucial capacity as the Biden Administration attempts to vaccinate America against coronavirus. But emergency medical response is hardly a new challenge for these first responders – many fire departments provide emergency medical services, in part because years of government policy and safety innovation have reduced fire risks. Today, more than [90% of 911 calls](#) firefighters respond to are not fire related and almost two-thirds are for emergency medical assistance. Federal policymakers should do more to support equitable, universal access to this life-saving public good.

The federal government plays a crucial role in setting standards and providing support through agencies and programs such as the Federal Emergency Management Agency (FEMA), Medicaid, and the U.S. Fire Association. But it’s local governments and organizations that do the bulk of work — and we are not doing enough to support them.

Nationally, there is a [looming shortage of both firefighters and paramedics](#). In rural areas, long dependent on volunteer fire departments, there are massive shortages of both trained staff and [EMS providers](#). This is an opportunity for federal policymakers to help communities struggling with shortages including in places like [rural Georgia](#) which have been affected throughout the [pandemic](#). We should enable governments to fill those dangerous gaps.

Privately owned ambulance companies are not the solution. Increasingly owned by private equity firms, these corporations take advantage of under-resourced local governments and fee-for-service payment

models to essentially extort people at their most vulnerable moments. The predatory practices these for-profit actors use to impose giant financial bills on patients disproportionately harm those our society routinely shoves to the margins – poor people, disabled people, and people of color.

Ambulances have the highest out-of-network billing rates of all medical specialties: 71% of ambulance rides result in a surprise bill for patients. While the December 2020 COVID-19 relief bill banned most forms of surprise medical billing, including air ambulances, ground ambulances were exempted.

This problem is fixable. We need to make it easier for local governments and fire departments to buy their own ambulances and run their own emergency services, hire and retain the front-line workers they need, sustainably pursue innovative emergency response solutions, and train the front-line professionals who are essential to a functional society and economy. We can create good jobs and fund accountable essential services that will make towns and cities healthier and safer. We should empower local governments to provide vital health services instead of enriching private equity companies.

Here are three basic policies we can use to pursue this goal:

EXPAND GRANT PROGRAMS TO EMPOWER LOCAL GOVERNMENTS TO INVEST IN FIRE AND EMS DEPARTMENTS – PROVIDING GOOD JOBS AND EQUIPMENT.

Increase funding for the SAFER grant program to at least \$30 billion over the next 6 years. Currently, the program is structured to provide short-term hiring grants for firefighters; instead we should provide predictability and stability to budgeting by funding more than three years at a time. We should also allow investment in equipment including ambulances – reserving a significant portion of money for capital investment specifically in medical response equipment. Additionally, under the current program structure, EMS authorities are ineligible for SAFER grants – we should create a new, dedicated funding stream for ambulance services.

We should extend the recent decision to waive cost-sharing requirements for local governments. (A similar waiver was included in the 2009 American Recovery and Reinvestment Act).

Finally, in order to prevent price-gouging and protect all patients, local fire departments and public ambulance services should be required to agree not to balance-bill as a condition of receiving SAFER grant funding if they're paid a reasonable, usual, and customary sum by a payer.

STRENGTHEN PATIENT PROTECTIONS AND SUPPORT LOCAL GOVERNMENT INNOVATION.

If a local government wants to creatively expand public emergency services, the federal government should support those efforts. For example, we have the opportunity to devise new models for prehospital emergency care. In 2019, the Republican-controlled Wyoming state government proposed regulating some of private equity's worst actors by using Medicaid as a public utility for air ambulance transportation. Instead of supporting this innovation in vital EMS services, the Trump administration blocked the move.

The federal government should enable local innovation by providing direct assistance, regulatory support (including the ability to experiment with payment models) and expanded data-sharing capacity for emergency medical responders. This sort of backing would enable the development of potentially life-saving interventions, like the provision of peer recovery coaches (as has been done on a small-scale in Maryland).

Not only should balance-billing protections be implemented as a condition of receiving grant funding but we should also extend Spring 2020 CMS regulations that expanded coverage for ambulance transportation to healthcare facilities, which is especially important in rural areas.

IMPROVE WORKING CONDITIONS AND STRENGTHEN EDUCATION AND RETENTION THROUGH A GI BILL FOR FIRST RESPONDERS.

We need to invest in a diverse workforce of public employees dedicated to emergency medical response. These vital, life-saving roles should be fairly and equitably compensated – but all too often, dedicated EMS personnel are paid substantially less than other first-responders. No full time EMS worker should have to take a second job to make ends meet. Retaining an experienced EMS workforce improves patient outcomes.

We should provide continuous access to education and specialized training to equip our public emergency medical workforce to meet the changing nature of crises and to support workers' career advancement. We should strengthen continuing education programs so government first-responders can obtain additional training to benefit themselves and the communities they serve. Whether they wish to pursue training as a nurse or to serve on innovative multi-disciplinary teams addressing barriers to aging in place, public policy should support their career growth. Firefighters, EMTs, and paramedics often function as mental health service workers. And EMTs and paramedics are often much better equipped than police to respond to health crises. We should acknowledge these realities and support the workforce with formalized training that also benefits community members in need of behavioral health services.

To further support training and education, we should expand pre-existing grant programs, offer loan forgiveness, increase support for relevant community college and state university programs, and include EMT and firefighters in an expanded National Health Service Corps with scholarships for relevant health professional schools.

No matter where they are or how much money they have, all families and communities must be guaranteed access to highly trained, fully resourced, and compassionate emergency medical care. This fundamental goal can only be realized if we aggressively invest in retaining skilled front-line health workers and developing accountable public emergency medical services. Strengthening infrastructure is about more than building wind farms and repairing bridges; it also means improving state capacity to provide care. Our federal government must guarantee the resources we need to support every community.

METHODOLOGY

From December 16 to December 17, 2020, Data for Progress conducted a survey of 1098 likely voters nationally using web panel respondents. The sample was weighted to be representative of likely voters by age, gender, education, race, and voting history. The survey was conducted in English. The margin of error is ± 3.0 percentage points.