



March 17, 2023

The Honorable Bernie Sanders
Chairman
Committee on Health, Education, Labor,
and Pensions
United States Senate
332 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Bill Cassidy
Ranking Member
Committee on Health, Education, Labor,
and Pensions
United States Senate
455 Dirksen Senate Office Building
Washington, D.C. 20510

Re: Response to Request for Input Regarding the Drivers of Health Care Workforce
Shortages and Potential Legislative Solutions

Dear Chairman Sanders and Ranking Member Cassidy:

The American Ambulance Association (AAA) thanks you for focusing the Committee's attention on health care workforce shortages and for offering us the opportunity to provide input on the underlying causes of and potential legislative solutions to this problem.

The AAA is the primary association for ground ambulance service suppliers and providers, including private for-profit, private not-for-profit, governmental entities, volunteer services, and hospital-based ambulance services. Our members provide emergency and non-emergency medical transportation services to more than 75 percent of the U.S. population. AAA members serve patients in all 50 states and provide services in urban, rural and super-rural areas.

Ground ambulance service providers and suppliers are a vital and integral component of our nation's medical infrastructure, serving at the very front of the front-line health care workforce. They are often the first contact patients have with the health care system in an emergency. As such, it is critically important to ensure that ground ambulance services have adequate access to trained, licensed paramedics and EMTs to avoid delays and disruptions that threaten patient health and safety. When people call 9-1-1, they expect – and deserve – to receive high-quality emergency health care services on a timely basis, regardless of whether they live in an urban or rural area.

Unfortunately, the nation's 9-1-1 infrastructure is being severely undermined by staffing shortages. Our members already faced hiring difficulties before COVID-19. The pandemic greatly exacerbated this problem, which has now reached crisis levels in cities and counties across the nation. Many ground ambulance service providers and suppliers report that the single greatest challenge they face is finding people to work.

A 2022 AAA/Newton 360 study which analyzed survey results from 119 EMS organizations representing 12,556 employees found that overall turnover among paramedics and EMTs ranged from 20 to 36 percent annually in 2021.¹ With percentages this high, ground ambulance services face 100 percent turnover within a four-year period. The study also found that turnover rates were generally higher in 2021 than 2020, with 55 percent of part-time and 30 percent of full-time paramedic positions unfilled as of summer 2021. These staffing shortages compromise our ability to respond to health care emergencies, especially in rural and underserved parts of the country.

High turnover rates also drive up operating costs, since ground ambulance services must recruit, screen, onboard and train new EMTs and paramedics. According to the AAA/Newton 360 study, the total estimated replacement costs per EMT and paramedic position in 2021 were \$5,785 and \$8,620, respectively.

Fortunately, this problem is not insurmountable. It will not take years of research or require the development of new technologies or treatments. As discussed below in section I, the primary drivers of the shortage are economic and policy-driven and can be addressed by applying a more appropriate level of federal resources to strengthen, sustain and support the EMS workforce.

A multi-agency effort is needed to help ground ambulance services attract and retain both paid and volunteer paramedics and EMTs. Given its jurisdiction over the Departments of Health and Human Services (HHS), Education, and Labor, the Senate HELP Committee is well-positioned to help expand and enhance the EMS workforce by spearheading legislation to implement some or all of the proposals described below in section II.

I. Drivers of the EMS Workforce Shortage

Working out of a vehicle as a paramedic or EMT is inherently very stressful. Unpredictable environments and the uncertainty of knowing what type of situation they must respond to takes a toll on EMS providers. COVID-19 brought greater risk and hazards to these workers, while longer hours increased employee stress and burnout.² As a result, many paramedics and EMTs have chosen to retire or leave their ambulance service roles for employment in hospitals or other health care settings, which offer higher pay and a more stable and predictable work environment.³

¹ AAA/Newton 360 2022 Ambulance Industry Employee Turnover Study at 6-7 (Sept. 23, 2022).

² It is estimated that 30 percent of first responders have developed behavioral health conditions including, but not limited to, depression and posttraumatic stress disorder (PTSD), as compared with 20 percent in the general population. Abbot et al., 2015; SAMHSA. “Disaster Technical Assistance Center Supplemental Research Bulletin: First Responders: Behavioral Health Concerns, Emergency Response, and Trauma.” (May 2018). While AAA members provide mental health and counseling services to help EMTs and paramedics cope with the stress of their work, limited resources create challenges in terms of maintaining and/or expanding such programs.

³ According to the [US Bureau of Labor Statistics’ Average Salary Data for 2021](#), EMTs and Paramedics on average receive \$17.76/hour. [BLS data also shows that in 2021](#) that EMTs employed by Outpatient Care Centers earned an average hourly wage of \$23.95. Similar [BLS data for paramedics](#) highlights that the mean hourly wage in 2021 was \$23.80 and that paramedics working in physicians’ office received an hourly mean wage of \$26.30.

The pandemic also interrupted clinical and in-person training for long periods of time, which stretched our training pipeline even thinner and reduced our ability to replace retiring and exiting workers. Societal changes and the perception of EMS (i.e., long hours, hard work, unpredictability) further hinder efforts to attract younger workers to the profession.

Our challenge is to make sure that the paramedics and EMTs of the future know that EMS is a rewarding career choice. Many other health care professions have extensive governmental supported professional development resources to attract and retain workers. However, these simply do not exist for EMS employers. In addition, because many Paramedic and EMT training programs are not affiliated with a college or university, and are not part of an established degree program, paramedics and EMTs generally do not qualify for federal student aid. This substantially raises the bar to entry for these professions. Asking individuals to borrow from private lenders at skyrocketing interest rates to train for a high-risk career that could pay less than working at Amazon is not an easy sell, even to the most altruistic hopeful EMT or paramedic.

To date, most states and the federal government have not dedicated enough resources to ensure that all Americans, regardless of their geographic region, have access to timely, high-quality EMS services. Unlike fire and public safety, EMS is not considered an “essential service” in 39 states and often must be funded at the local level. When EMS has been included in federal grant programs, the funding stream is typically smaller than for other public services initiatives. Even then, funding is not made available to all providers, which harms local communities that choose to provide EMS services by contracting with private entities.

One of the most critical gaps in an adequate pipeline of trained EMS personnel results from the fact that many existing Federal training programs and other forms of financial assistance are not available to nongovernmental or for-profit ambulance service providers. Often unrecognized by lawmakers is the critical role that EMS plays in our nation’s healthcare system, which depends upon both emergency and non-emergency ambulance services. These services ensure the proper access and movement of patients in the larger healthcare system. Failing to address all provider types regardless of organization structure will only exacerbate the current problem. To that end, we believe that all providers should have access to the full range of available federal and state training and retention resources for their employees.

Another factor contributing to the EMS workforce shortage is the constant struggle for adequate reimbursement which, combined with the costs of maintaining readiness, makes providing competitive salaries and benefits difficult, if not impossible. Because ground ambulance service providers and suppliers must respond regardless of a patient’s ability to pay and only receive Medicare or Medicaid reimbursement if they are transported to a hospital, our members provide a disproportionately high level of uncompensated care.

In addition, even when EMS providers receive Medicare or Medicaid reimbursement, the amounts paid do not cover the cost of providing services. Negative Medicare and Medicaid margins prevent ground ambulance services from being able to compete against providers who have a more diverse payer mix and additional resources to direct toward employee wages. This

problem will likely “increase as the baby boomer generation ages, requiring local EMS systems to invest in additional capacity to respond on demand.”⁴

We must have a reimbursement system that keeps pace from a payment perspective with the costs of providing services and allows us to increase wages as competition for personnel intensifies. The Congress has recognized that the current basis for the ambulance fee schedule needs to be reassessed using appropriate cost and utilization data and this work is underway. However, this work will not be finished in time to help mitigate the current EMS workforce crisis.

Ground ambulance service providers and suppliers across the United States also face a decline in volunteerism, particularly after COVID-19. While up to 20 percent of our overall workforce are volunteers, in many rural areas volunteers comprise up to 90 percent of fire departments and EMS personnel. Job and family commitments, along with increased service volume and training requirements, stress and financial uncertainties, increased risk to self and loved ones, make it very difficult for our members to attract and retain volunteers, particularly in the face of rising inflation. There is a cost to volunteer labor. That cost is borne by the volunteer who increasingly is unwilling or can no longer afford to carry that burden. For these reasons, the workforce shortage is particularly acute in rural areas, where aging populations and shrinking access to community-based healthcare further exacerbate the problem.

The workforce shortage threatens both public and private ground ambulance service providers, which operate synergistically in cities and counties across the nation to provide a cohesive safety net of EMS services. If reimbursement or labor challenges force a private company to stop providing ground ambulance services to a community, this places an additional strain on its local fire department personnel and resources. Conversely, where volunteer fire departments are understaffed, private ground ambulance service providers and suppliers must step up their commitment of hours and services to maintain a state of readiness for their community.

II. Potential Legislative Actions to Expand and Enhance the EMS Workforce

For the reasons discussed above, the AAA believes that a multi-faceted federal effort is needed to help ground ambulance service providers and suppliers attract and retain both paid and volunteer paramedics and EMTs. The Congress must act if we are to prevent vital ground ambulance services from disappearing in rural and underserved urban areas, as well as from the country as a whole. The following potential legislative actions would help mitigate the current workforce shortage by expanding and strengthening the EMS workforce.

⁴ Van Milligan M, Mitchell III JP, Tucker J et al. *An Analysis of Prehospital Emergency Medical Services as an Essential Service and as a Public Good in Economic Theory*. Washington, DC: NHTSA; May 2014.

Retention Incentives for Current Paramedics/EMTs

For many EMTs and paramedics, the rewards of working in emergency medical services profession no longer outweigh the risks. Financial incentives are needed to encourage them to remain on the job instead of leaving to work in hospitals or physicians' offices.

- **Refundable Tax Credit or Above-the-Line Deduction for EMS/Public Safety Workers:** A refundable tax credit would provide direct financial assistance to help those currently working as paramedics and EMTs keep up with equipment, certifications, and training. Alternatively, an “above-the-line” tax deduction for unreimbursed expenses for tuition and fees related to professional development or training, or for the cost of uniforms, could be authorized.
- **Federal Student Loan Forgiveness or Reduction for EMS/Public Safety Workers and/or Their Children:** This program could be modeled on existing federal programs designed to encourage other types of health care providers to provide public service in exchange for loan repayment assistance, such as the National Health Service Corps Loan Repayment Program, the Students to Service Program and the NIH Loan Repayment Program.

Educational Incentives to Fund Training for New Paramedics/EMTs

The financial barriers to entry are too high for many people seeking new careers in EMS. Programs are needed to fund training for new paramedics and EMTs.

- **Loan Repayment Assistance for First Responders:** This program could be modeled on existing federal programs designed to encourage other types of health care providers to provide public service in exchange for loan repayment assistance, such as the National Health Service Corps Loan Repayment Program, the Students to Service Program and the NIH Loan Repayment Program. Employers could also be incentivized to help pay off their employees' student loan debt through targeted business tax credits.
- **Federal Grant Program:** Establish a new HHS grant program open to public and private nonprofit and for-profit ambulance service providers to fund paramedic and EMT recruitment and training, including employee education and peer-support programming to reduce and prevent suicide, burnout, mental health conditions and substance use disorders. To ensure maximum program participation, authorize “earn to learn” programs and allow grant funds to be used to pay stipends and cover transportation, meals and childcare costs for trainees (similar to the PATHWAYS and JobCorps programs).
- **Incentives for Pre-Med Students to Train and Work as EMTs:** There are over 100,000 premed students in America each year at any given time, and about 50,000 students applied to medical school each year. Working as an EMT offers them an opportunity to obtain real-life patient care experience and is encouraged, but not in any formal or financial way. Incentives could be offered for pre-med students to train and work as

EMTs during college and gap years before medical school, such as: scholarships/grants to pay for EMT training; provision of academic credit for EMT work; Department of Education campaign to publicize/encourage pre-med students to work as EMTs; or loan forgiveness for pre-med students who work as EMTs.

- **Department of Education Program to Encourage EMT Dual Credit Enrollment Programs:** Provide funding and incentives for high schools to develop dual enrollment programs with local paramedic/EMT training schools. While these programs already exist in some areas, they tend to be funded locally. Federal funding would enable more rapid growth and expansion of dual credit enrollment programs.
- **Minority/Low-Income Scholarship Program:** Because these careers require only a high school degree plus specialized training, working as an EMT or paramedic offers an excellent opportunity for minority and low-income individuals to embark on health care careers and serve their communities. A minority/low-income scholarship program would open doors to allow these individuals a chance to embark on a rewarding and fulfilling career in emergency medicine and help diversify the workforce.

Incentives to Encourage Volunteer Paramedics/EMTs

Across the nation, EMS agencies that rely on volunteer personnel are struggling to maintain adequate staffing levels. Incentives are needed to offset the costs borne by these hometown heroes and make it financially feasible for them to continue working on a volunteer basis.

- **Refundable Tax Credit or Above-the-Line Deduction for Volunteer EMS/Public Safety Workers:** Tax credits like those summarized above for paid employees could be provided to individuals who meet a specified threshold of hours volunteering to provide EMS services.
- **Student Loan Forgiveness:** Full time paid employment is currently a requirement for Public Service Loan Forgiveness. The program could be amended to offer similar benefits to volunteers for nonprofit ground ambulance service providers. In addition, or alternatively, a new program could be established to provide loan forgiveness for volunteer first responders who serve the public for a specified period. The new program could be modeled on similar existing programs, such as AmeriCorps, the Peace Corps or the Volunteers in Service to America (VISTA) program.

Reduce Barriers Preventing Veterans from Becoming Licensed as Paramedics/EMTs

Many former military medics and Veterans have difficulty finding jobs that allow them to utilize their medical training and experience. Facilitating the transition of military EMS practitioners to civilian practice has been an objective of the Federal Interagency Committee on Emergency Medical Services (FICEMS) for many years. In its December 2019 Strategic White Paper, FICEMS highlighted its release of a statement supporting the transition of military EMS providers to civilian practice, noting that “[t]ens of thousands of military and other uniformed service men and women with medical training can fill a large employment demand and bring depth and breadth of experience to crisis situations.” Federal programs could be implemented to facilitate the transition from military medic to state-licensed paramedic or EMT.

- **Require States to Provide Greater Consideration of and Credit for Military EMS Training:** The FY2013 National Defense Authorization Act included a provision requiring any state that receives federal grant funds for Veterans employment and training to demonstrate that it considered “any training received or experience gained” during military service and to disclose in writing to the Secretary the standard practices for evaluating training received by Veterans while serving on active duty in the Armed Forces. 38 U.S.C. 4102A(c). However, it is unclear whether this provision has led to any actual streamlining in state requirements. Further action is needed to ensure that states provide greater consideration of and credit for military EMS training.
- **Require HHS to Establish a Demonstration Program to Provide Grants to States to Streamline Licensing and Certification for Veterans with EMT Training:** A bill to authorize this type of program (The Veteran Emergency Medical Technician Support Act of 2016) was enacted with significant modifications as part of CARA in July 2016. The original EMT-focused bill was expanded to allow states to include many more health professions (e.g., RN, PT assistant, LPN, Physician Assistant) and the requirement to establish the grant program was eliminated (“shall” became “may”). In addition, the CARA provision specifically stated that no additional funding would be provided for the grants. It does not appear that HHS established the program or funded any grants under the CARA provision, which was slated to sunset five years after enactment.
- **Establish and Evaluate Military Medic to Paramedic (MMTP) EMS Bridge Programs:** In 2010 the National EMS Academy conducted the first MMTP pilot program and other similar programs soon followed suit. These accelerated programs were designed to bridge educational gaps between military and civilian EMS training and reduce duplicative training requirements that were being imposed on military medics seeking state licensure. In 2015, NHTSA partnered with NASEMSO to track ten MMTP bridge programs to study the curricula being delivered and monitor results. However, by March 2016 only two such programs were actively functioning programs. This limited survey sample was too small to rely on for the development of best practices or recommended models for MMTP programs. However, with appropriate federal funding, guidelines and supervision, new bridge programs could be created and studied to determine the most efficient and effective format and curriculum for training military EMS practitioners to become civilian paramedics and EMTs.

Establish Programs to Integrate Military and Civilian EMS to Provide Trauma Training for Military Medics

Programs could be designed to integrate military and civilian EMS agencies to promote bidirectional sharing of knowledge and provide critically needed trauma care experience to military medics prior to deployment. The landmark 2016 report, *A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury*, noted that:

DoD alone cannot maintain the readiness of an expert military trauma care workforce that can deliver the volume and quality of trauma care needed to support service members on the battlefield. [T]he main problem is that the Military Health System simply does not see the clinical volume of trauma cases during interwar periods necessary for trauma teams to acquire and maintain expertise in trauma care. **No credible plan appears to be in place to address this problem, which virtually ensures that wounded combatants in a future war will, at least for a time, have worse outcomes than would have been achieved with full readiness.**⁵

The report recommended that comprehensive trauma training, education and sustainment programs be developed throughout DoD for battlefield-critical personnel, including medics. Recommendation 11 specifically provided that the Secretary of Defense should “pursue the development of integrated, permanent, joint civilian and military trauma system training platforms to create and sustain an expert trauma workforce,” and should direct permanent manpower allocations for the assignment of military trauma teams to civilian trauma centers to obtain experience in, among other things, “prehospital care.”

In the same way that existing programs (such as the Military-Civilian Partnership for Trauma Readiness Grants) allow military trauma surgeons to train at civilian facilities, a program could be established to provide military medics with more trauma experience by partnering with ambulance services. Funding could be provided to enable medics to obtain the appropriate state certifications, which would help facilitate their transition to the civilian workforce after they leave the military.

Departments of Labor/HHS Study of the EMS Workforce Shortage

Because the EMS workforce shortage is a longstanding problem that is expected to worsen with the aging of the U.S. population, the Secretary of Labor (in coordination with the HHS Secretary) could be directed to conduct a study on the current and projected EMS workforce

⁵ National Academies of Sciences, Engineering, and Medicine. 2016. *A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury* at 369-70. Washington, DC: The National Academies Press. <https://doi.org/10.17226/23511> (emphasis added).

shortage and to report findings and recommendations for alleviating the shortage to the Congress.

National Image Campaign Highlighting the Importance of EMS Workers

A multi-agency (HHS, Labor, Education) national public relations campaign could be implemented to recognize the importance of paramedics and EMTs to bolster their sense of pride and improve career satisfaction. This effort could include public service announcements, recruiting events, advertisements and a federal web page that would serve as a centralized source of information for those interested in becoming paramedics or EMTs.

Targeted Visa Allocations and DOL Study Regarding Potential Schedule A Designation

Bipartisan legislation was introduced in the 117th Congress (The “Healthcare Workforce Resilience Act,” S 1024) to address physician and nursing shortages by recapturing 40,000 unused employment-based immigrant visas and issuing them to medical professionals from other nations. A similar approach could be adopted to issue additional unused immigrant visas to non-U.S. born EMS providers who meet required state licensing criteria to work as paramedics and EMTs.

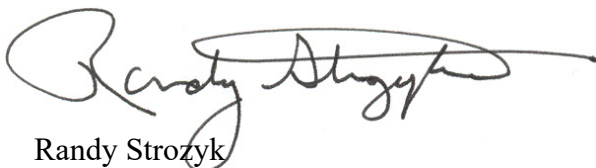
In addition, the Secretary of Labor could be directed to examine whether the EMS workforce shortage is sufficient to warrant the designation of EMTs and paramedics as Schedule A occupations under section 212(a)(5)(A)(i) of the Immigration and Nationality Act. Adding these occupations to Schedule A would streamline EMS organizations’ ability to access a broader pool of trained, qualified paramedics and EMTs and help avoid service delays and disruptions that threaten patient health and safety.

* * *

The AAA stands ready to work with the Senate HELP Committee to develop workable and achievable solutions to address the EMS workforce shortage and ensure that ground ambulance providers and suppliers remain able to fulfill their essential role in providing emergency medical services across America.

Thank you in advance for your consideration. Please do not hesitate to have a member of your staff reach out to CEO Maria Bianchi at (301) 758-2927 or Tristan North at (202) 902-9025 if you would like to coordinate a time to discuss these recommendations.

Sincerely,



Randy Strozyk
President