



**NAEMT Position Statement
Validity of Diverse EMS Delivery Models**

Statement: No single delivery model or organization has been proven universally more effective than any other in the delivery of Emergency Medical Services. Therefore, NAEMT does not believe that a one-type-fits-all is a wise approach to the delivery of Emergency Medical Services because communities have differing needs, depending on geography, demographics, funding, potential hazards, infrastructure, history and other local factors.

NAEMT supports informed local decision-making to identify the best type of service delivery model for each community

NAEMT encourages EMS agencies and their advocates to respect and embrace the diversity of EMS systems in the U.S. and encourage local decision-makers to examine and weigh a variety of delivery options to ensure that they implement the EMS system that is best for their community.

Background: Emergency Medical Services (EMS) in the U.S. is locally controlled. Some communities deliver EMS publically through their local fire department, public health service or a third-service agency. Others use the services of a nongovernmental organization or an ambulance service department of a local hospital. Some communities offset the cost of EMS through public funds; other communities do not and bill for service. EMS also may be provided in part by volunteers. In addition, federal dollars may fund EMS agencies on military bases, Indian reservations and other places.

Adopted May 17, 2007