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April 28, 2025

The Honorable Jamieson Greer
US Trade Representative
600 17th Street, NW
Washington, DC 20006

Dear Ambassador Greer:

On behalf of the National Association of Emergency Medical Technicians (NAEMT) and the 110,000 Emergency Medical Services (EMS) professionals we represent, I write to express concern about the impact of tariffs on EMS.

When Americans dial 9-1-1, they expect a rapid, appropriate emergency response. Providing that response is becoming more and more difficult. EMS is facing significant headwinds in maintaining operations and many EMS agencies have been forced to close their doors in recent years. The cost of medical supplies, equipment, fuel, and medications has increased significantly, and EMS agency budgets have not kept pace. Many agencies are also facing crisis-level staffing shortages, due in part to low unemployment and a competitive labor market. Other factors include declines in primary care and hospital service availability and greater distances between healthcare facilities.

One of the most significant challenges facing EMS is persistent low reimbursement rates for EMS care. A December 2024 initial report¹ from the Centers for Medicare and Medicaid Services (CMS) on the Medicare Ground Ambulance Data Collection System (GADCS) showed that the average cost to an EMS provider for an ambulance transport to the hospital is \$2,673. The average Medicare reimbursement for an ambulance transport is approximately \$329. That means each transport is under-reimbursed by \$2,344. Non-Medicare reimbursement is slightly better at \$1,147, but that still leaves EMS agencies with a loss of \$1,526 per transport. Increased costs for supplies and medications will further exacerbate this crisis, forcing agencies to scale back or cease operations.

NAEMT has been working with our partners in the industry to come up with creative solutions for these existing challenges, which are considerable. Together we have begun to make some progress toward stabilizing and strengthening EMS. But this progress could be stopped and even reversed if we face additional costs.

The industry still relies heavily on many imported items such as personal protective equipment (PPE), cleaning and sterilization products and equipment, airway and oxygen delivery systems, IV and drug delivery equipment, infection control supplies, and other items. In addition, many pharmaceuticals used by EMS practitioners rely heavily on active pharmaceutical ingredient (API) materials from other countries. A recent reportⁱ estimates that approximately 85% of APIs for brand name drugs come from outside the US, and 88% of APIs for generic drugs come from outside the US. Tariffs on any of these items will increase prices, and could result in product shortages, additional supply chain complexity, and other challenges that EMS simply cannot afford. As the Administration considers additional tariff actions, I ask that you please consider the impact on EMS.

Thank you for your consideration of these comments. We stand ready to work with the Administration to strengthen and advance EMS care in the US and would be happy to discuss these concerns further at your convenience.

Sincerely,



Chief Christopher Way
President, NAEMT

ⁱ “Medicare Ground Ambulance Data Collection System (GADCS) Report: Year 1 and Year 2 Cohort Analysis,” Centers for Medicare and Medicaid Services, December 2024, <https://www.cms.gov/files/document/medicare-ground-ambulance-data-collection-system-gadcs-report-year-1-and-year-2-cohort-analysis.pdf>

ⁱⁱ “Over half of the active pharmaceutical ingredients (API) for prescription medicines in the U.S. come from India and the European Union,” US Pharmacopeia, April 17, 2025, <https://qualitymatters.usp.org/over-half-active-pharmaceutical-ingredients-api-prescription-medicines-us-come-india-and-european>