Throughout the COVID-19 pandemic, EMS agencies have struggled with a multitude of challenges: sick and quarantined personnel resulting in greater workforce shortages, periods of low call volume reducing revenues, the cost of additional medical supplies needed to combat the pandemic, shortages and/or price gouging of essential medical supplies, inadequate reimbursements to mitigate these additional costs, and lack of federal funding to support EMS during the pandemic.

In April, 2020 the National Association of Emergency Medical Technicians (NAEMT) conducted a national survey of EMS agency leaders to understand the current impact of COVID-19 on EMS agencies and personnel. A summary of the results was published in May 2020. A follow up survey was conducted in April 2021. Responses were received from 435 agency leaders from all 50 states, Puerto Rico, and D.C.

Impact to the EMS Workforce

Respondents reported that on average, over 18% of their EMS practitioners have contracted the COVID-19 virus. Nearly 27% of their workforce have had to quarantine at some time during the pandemic. 8% of these agencies have experienced a line of duty death of their EMS personnel from COVID-19.

Respondents shared their concerns for their personnel:

“About a third of or our volunteers stopped participating for fear of contracting the virus. This puts an even greater strain on the responders who remain.”

“When COVID is under control, how will our responders decompress from the heightened level of stress for the past year and a half?”

“The sustained fatigue is concerning for our current teams and potential ability to encourage others to go into the EMS field.”

“My staff is burned out and tired of dealing with COVID. Most of my staff are volunteers and just plain burned out.”

“My team has feared getting infected and losing their life”

“The burnout of the personnel. Every call they respond to now requires PPE which is uncomfortable, and the delays at the ERs only compound that. The burden on the crews to perform the work is greater than ever because of the extra things asked of them.”

Mental health especially suicidal ideations have drastically increased in our area.”
How COVID-19 Has Impacted Our Nation’s EMS Agencies

Financial Impact

The COVID-19 public health emergency (PHE) continues to have a significant financial impact on EMS agencies. Prior to the pandemic, many EMS agencies across the country, particularly in rural areas, struggled with finances. Low reimbursements from CMS and commercial insurers, frequently below the cost of the care provided, and lack of local and/or state funding to support EMS have been the primary contributing factors. 66% of responding agencies have been negatively impacted by the pandemic.

Call Volume Has Not Recovered

In the April 2020 survey, 61% of responding agencies reported decreases in call volumes. The April 2021 survey results indicate that the pandemic continues to cause fluctuations in EMS agency call volumes which consequently impacts agency revenues. 43% of responding agencies reported decreases in call volume. Given the exceptionally low break-even margins for most agencies, even a small decrease in call volume can result in net negative revenues for agencies.

EMS AGENCIES HAVE BEEN HIT HARD BY DRASTIC INCREASES IN THE PRICE OF PPE DURING THE PANDEMIC. EMS agencies reported high levels of price gouging when purchasing PPE supplies.

<table>
<thead>
<tr>
<th>Gouging</th>
<th>No gouging</th>
</tr>
</thead>
<tbody>
<tr>
<td>N95 mask</td>
<td>65.00%</td>
</tr>
<tr>
<td>Gloves</td>
<td>66.56%</td>
</tr>
<tr>
<td>Gowns</td>
<td>37.50%</td>
</tr>
<tr>
<td>Eye protective wear</td>
<td>27.50%</td>
</tr>
<tr>
<td>Face shields</td>
<td>26.88%</td>
</tr>
</tbody>
</table>

Government Funding

In April 2020, EMS agencies were asked if they had applied for and received government funding to address the additional costs associated with the pandemic. Over 50% of responding agencies reported that they had applied for federal, state or local grant funding but were denied. We asked this same question in the April, 2021 survey. Respondents across all delivery models reported improvement in receiving COVID-19 government funding. However, responses indicate that less than half of all agencies applying are receiving government support.

Changes in offload times at hospitals during the COVID-19 pandemic

<table>
<thead>
<tr>
<th>Changes in offload times</th>
<th>Less than 10%</th>
<th>More than 10%</th>
<th>More than 25%</th>
<th>More than 50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased significantly</td>
<td>25.73%</td>
<td>41.52%</td>
<td>31.29%</td>
<td>0.88%</td>
</tr>
<tr>
<td>Increased slightly</td>
<td></td>
<td></td>
<td></td>
<td>0.58%</td>
</tr>
<tr>
<td>Status quo</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased slightly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased significantly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Long Hospital Offload Times Still Plague the System

Respondents were also asked about changes in their offload times at hospitals. 67% reported continued increases in offload times. Increases in offload time limit the number of ambulances available to respond to 9-1-1 medical emergencies.
LOCAL GOVERNMENT AND HEALTHCARE SYSTEMS HAVE INCREASED THEIR ENGAGEMENT WITH EMS DURING THE COVID RESPONSE, BUT LESS SO THAN WHEN THE PANDEMIC BEGAN IN 2020. When asked whether their agencies were engaging with local/regional stakeholders in COVID-19 response planning and mitigation, the majority of respondents reported engagement. However, the percentages reported in the 2021 survey were somewhat lower than in the April, 2020 survey. In the 2020 survey:

- 77% of respondents reported engagement with their local healthcare system;
- 77% reported engagement with their public health agency; and
- 57% reported engagement with their healthcare coalition.

Many communities across the country have instituted community-wide treatment in place protocols. EMS agencies have responded to these protocols to ensure that their communities have sufficient hospital beds for the neediest patients. The vast majority of these agencies, 86%, reported that they were not being reimbursed for the treatment in place care they were providing. With the institution of the CMS waiver to allow reimbursement for treatment in place during the PHE, agencies can now be reimbursed.

Community paramedicine remains an underutilized asset in local healthcare systems due to the lack of reimbursement for this highly cost effective, patient-centered type of care. Only 13% of EMS agencies reported using community paramedics to fill patient care gaps in their communities in response to the pandemic. Of those 13%, only one third (4.3% of all respondents) reported that their agencies were reimbursed or paid for the community paramedic services provided during the pandemic.

The results of this latest survey indicate that COVID-19 continues to impact our EMS agencies and personnel across our nation.

- Much of the EMS workforce are operating with high levels of stress, fatigue and burnout. Workforce shortages as reported in national news are exacerbating an already very challenging environment.
- Financial challenges continue to plague EMS across all delivery models; rural EMS is in a crisis.
- Despite all of these challenges, EMS has demonstrated its ability to provide timely, cost effective, patient-centered care throughout the pandemic.
- Federal, state and local leaders need to further encourage public health to work with EMS to provide better and more cost-effective care to patients.
- The federal government should adjust the ambulance fee schedule to cover the cost of the emergent, urgent and preventive care provided by EMS, and include reimbursement for treatment in place, transport to alternate destinations, telemedicine facilitation, and community paramedicine.