

The State of Emergency in New Hampshire

A report from the New Hampshire Ambulance
Association (NHAA) - May 2023



The State of Emergency in New Hampshire: Introduction

Over the past three years, medical system stakeholders have been struggling to recover after COVID-19 severely limited their ability to sustain normal operations. Recent closures, such as those of Best Care Ambulance Services in Laconia, DiLuzio Ambulance of Keene and Franconia Life Squad in Littleton, may appear to be simply more pandemic-induced collateral. However, data and feedback from a variety of sources indicate that in New Hampshire, this trend may escalate into a full state of emergency for Emergency Medical Services (EMS) and medical transport if the state does not address the specific, systemic factors that have gotten them to this point.

New Hampshire is facing its own “state of emergency” in its 911 response and medical transport systems.

While the COVID-19 pandemic exacerbated the situation, the strains on the EMS network, stemming from increasingly unworkable dynamics, have been building for years. Many state governing bodies are seeking answers, either by studying the situation or taking action. In December 2022, a commission in Maine issued a report in which a committee concluded that the state’s EMS was “at the edge of a cliff,” and recommended the state spend \$350 million over five years to avert an emergency medical crisis. In Colorado, legislators established a task force to study EMS sustainability amid concerns that some residents may soon lose emergency medical services. And a 70-page New York State commissioned report based on a year of study recommended sweeping changes to overhaul its system. The Maine and New York reports in particular offer pertinent models for addressing New Hampshire’s EMS challenges.

The NH Ambulance Association commissioned this study of the EMS and medical transport situation in New Hampshire, which provides a summary review of the key issues in hopes of inspiring swift legislative action to prevent more service closures. This research included interviews with experts and practitioners in fire departments, municipal and private EMS agencies, and hospitals; analysis of relevant media coverage from the past two years; examination of commissioned reports from other states; and a survey of “EMS stakeholders” including fire chiefs, EMS chiefs, hospital EMS liaisons and skilled nursing facility managers (full data in the Appendix of this report).

This research finds that New Hampshire’s emergency medical services are severely strained, according to every source studied, including this survey:

- Most (90%) stakeholders surveyed agree that “New Hampshire residents’ health and safety are being impacted as a result of the EMS situation.”
- Two-thirds (68%) of total respondents believe there is a moderate-to-major problem with 911 ambulance service in NH.
- Some respondents (13%) say they have already experienced 911 service disruptions, and another 43% say it is fairly or very likely they will face 911 disruptions.
 - One-third of respondents in Carroll and Grafton counties report having already experienced 911 service disruptions in their area.
- Eight out of ten (82%) EMS stakeholders surveyed say “The EMS system in New Hampshire is broken and needs to be revamped.”

A 2023 national survey by the National Association of Emergency Medical Technicians (NAEMT) found significant impacts on EMS system delivery. Nearly half (49%) of agencies reported lengthening response times, and over one-third (36%) reported implementing alternate responses to low-acuity calls. Additionally, more than one-quarter of agencies moved to tiered deployment (28%) and transitioned from dual paramedic to single paramedic deployment (23%). The following report examines the tension points and suggests a range of solutions.

THE ROOT OF THE PROBLEM

While the system was originally established to provide transportation for patients, EMS has developed over time to include on site healthcare and medical treatment delivery, public health and safety support, and emergency response of any type. Today, EMS often serves as a safety net provider of pre-hospital treatment, offering care to all patients regardless of their ability to pay – or the provider’s potential to be reimbursed – for services. Yet the pay-for-transport system remains in place, despite EMS providers being trained to deliver far more comprehensive services. Half (52%) of survey respondents say, “Not being reimbursed for services provided on site is a ‘major contributor’ to the EMS challenges in New Hampshire.”

According to the New Hampshire Department of Safety, Division of Fire Standards and Training & EMS, in 2022, providers across the state logged:

- 263,796 activations of the Emergency Medical Services system
- Resulting in 164,474 transports (excludes those where patient was treated on site or multiple services responded to the call)
- and 46,469 interfacility transport calls.

Those 911 calls that do not result in transport to a medical facility are ineligible for reimbursement, despite the staff, equipment, and fuel used to answer the call. Without adequate reimbursements, EMS providers are further burdened with rising costs.

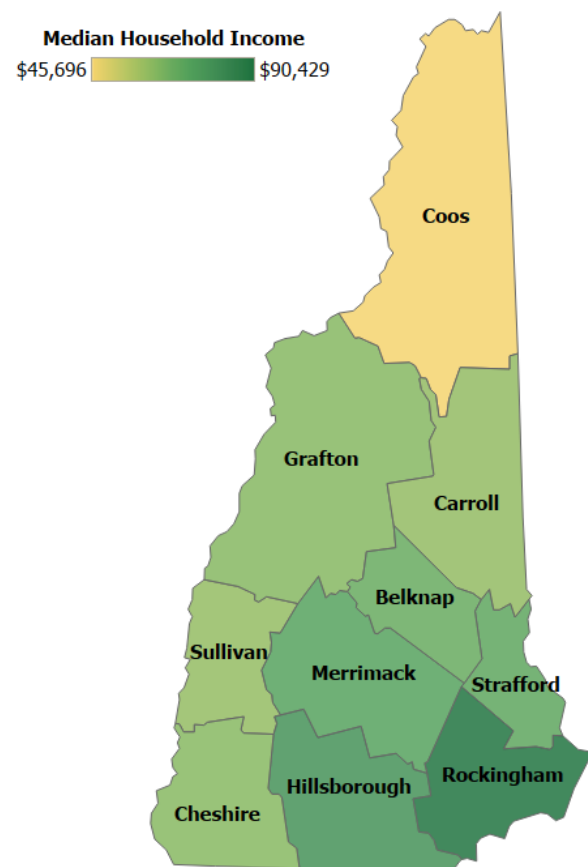
According to the 2023 national survey by the National Association of Emergency Medical Technicians, respondents experienced an 8% average net increase in overall costs. The greatest reported cost increase was for supplies and equipment, averaging an increase of 12% between 2019 and 2022.

Many rural counties in New Hampshire have a low median income, which places a greater burden of

care on EMS providers. Approximately 100,000 residents are covered by Medicaid, and six percent of the population remain uninsured according to a January 2023 study by the New Hampshire Fiscal Policy Institute. EMS providers receive little to no reimbursement for calls to, or transport of, any of these residents.

Median Household Income Estimates by County

Source: U.S. Census Bureau, American Community Survey, 2014-2018



(source: New Hampshire Fiscal Policy Institute, February 7, 2020)

Indeed, the root problem cited in every interview and survey about New Hampshire’s EMS crisis is the lack of sufficient reimbursement.

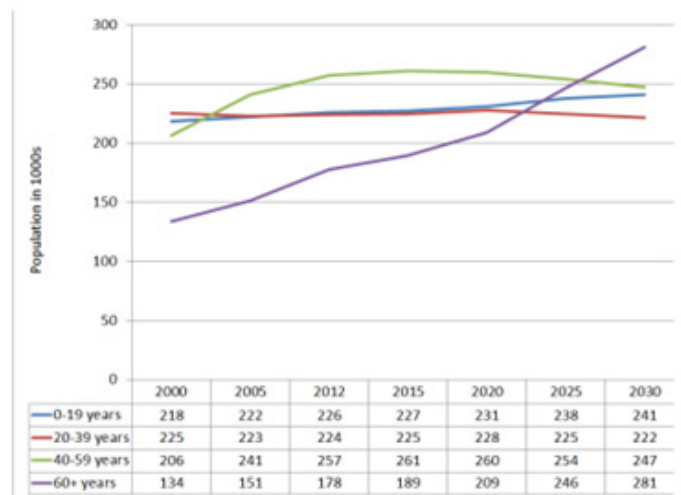
Two-thirds of survey respondents said that low reimbursement rates by Medicaid, Medicare and private insurance companies are a “major contributor” to the EMS challenges in New Hampshire. Numerous providers characterized these Medicaid coverage reimbursements as mere “pennies on the dollar.” While Medicare rates are not as low, they are also heavily and unsustainably discounted from the actual costs to provide service. Private ambulance companies will sometimes even refuse calls if a patient does not have insurance or only has Medicaid rather than provide their services at a loss. These rates also have trickle-down effects for communities. As one respondent noted, “These low rates push more of the cost to operate on the taxpayers of the community.”

Chuck Hemeon, retired EMS director for the Derry Fire Department, confirmed that there is a vast disparity between the actual cost of services and current reimbursement rates. “The town of Derry receives, on average, 37% of our billable rates on Medicare, way below the cost of EMS. Medicaid, on the other hand, pays us 14% of our billable rates.” Multiple experts interviewed in this research reported similar economic metrics.

Even private healthcare insurance rates are far below the actual cost of service, according to nearly all fire and EMS chiefs surveyed. Many describe hours spent chasing reimbursements that often cover “only the cost of fuel” and not the medical technicians or equipment used to care for a patient. Some go so far as to call insurance companies’ practices “predatory” and “anticompetitive.” Retired Laconia Deputy Fire Chief, Shawn Riley, shared in a WMUR interview that the “private insurance piece is the messiest piece.”

One of the foundational drivers of demand for services, age, suggests the challenges for New Hampshire’s EMS and ambulance services are only going to worsen.

The proportion of New Hampshire residents aged 60 or older – a population that has a much higher need for emergency medical services – is growing substantially, while the young adult population, those under age 35 who more commonly make up emergency medical staff, is flat or even in decline. The median age in the state has steadily risen: from 33 in 1990 to 43 in 2020 (Census Bureau). Meanwhile, the average age of EMS workers is 42 (41.63), according to the NH Department of Safety. The Bureau of EMS noted in the Strategic Planning Session held in November 2017 that the number one priority facing EMS in the future is the fact that the population of patients over 60 will double in ten years. In 2017, the EMS systems were unequipped to handle such a volume increase – much less today as the number of providers in NH continues to decline.



Source: U.S. Census Bureau Projections, 2009

FACTORS OF THE PROBLEM

Low reimbursement rates have direct consequences on the sustainability of EMS by driving down wages, which leads to labor shortages. Typical EMT wages were widely reported at \$15 per hour, while hospitals and other healthcare providers have been offering higher hourly rates for similar roles in triage – thus attracting the labor pool away from EMS roles. This phenomenon has been widely reported both in NH and nationwide.

Bruce Evans, former president of the National Association of Emergency Medical Technicians, revealed to a congressional panel last February that the association’s EMT and paramedic members respond to nearly 28.5 million emergency calls each year. Testifying at a Senate subcommittee hearing on healthcare workforce shortages, he said, “Currently, our nation’s EMS system is facing a crippling workforce shortage, a long-term problem that has been building for more than a decade but made significantly worse by the pandemic. Most communities are facing crisis-level shortages of EMS personnel, and many communities have been impacted by agency closures (Pew).”

Further, due to shortages across the entire labor market, job seekers can find higher wages in many other places, including entry-level and service roles that require little to no training and experience. As one survey respondent noted, “Lots of service individuals can go to McDonalds and make more money and they are not putting their lives on the line!” EMS providers are aware that these wages are insufficient compensation for a job that requires substantial investment in training and recertification, involves working long and odd hours under stressful conditions, and does not provide attractive retirement benefits.

In light of this situation, Nathan Borland, head of one of the biggest nonprofit EMS agencies in New Hampshire, 45th Parallel EMS, implemented the largest raises in the history of the company in January of 2023 in an effort to keep up with inflation and retain staff; however, the company is now experiencing increased financial pressures as a result.

Inevitably, low wages are a major impediment to workforce retention. According to an American Ambulance Association survey last year, the turnover rate for full-time emergency medical technicians was 36%, and 27% for full-time paramedics. Although the turnover rate included both resignations and firings, nearly all of the EMTs and paramedics who left did so voluntarily. Additionally, the survey found that more than one-third of new hires don’t last through their first year (Pew). Similarly, in the 2023 NAEMT survey, respondents reported experiencing increasing turnover rates that averaged 8% in 2019 and 11% in 2022. Subsequently, applications for EMT and paramedic positions decreased.

A federal study projected a need for 40,000 more full-time emergency medical personnel nationwide from 2016 to 2030. To avoid longer 911 call wait times and the closure of ambulance services, many states are rethinking how they recruit and retain both paid and volunteer EMS workers.

Many stakeholders interviewed for this report cite challenges in both recruiting and retaining EMS workers in New Hampshire. Beyond low wages, finding available volunteers to fill needed positions is becoming increasingly unreliable, especially in rural areas that need them most.

A Pew report in February 2023 confirms much of what New Hampshire is experiencing.

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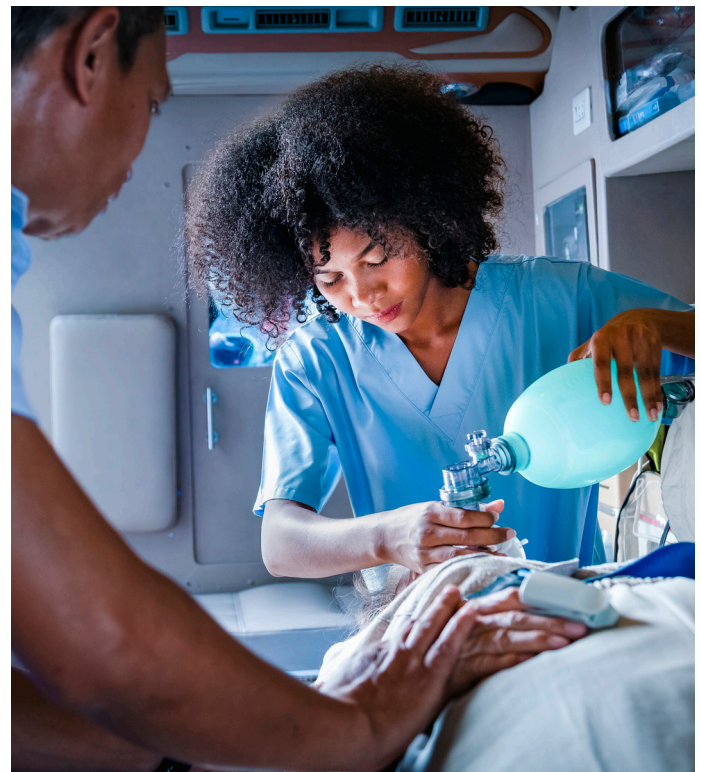
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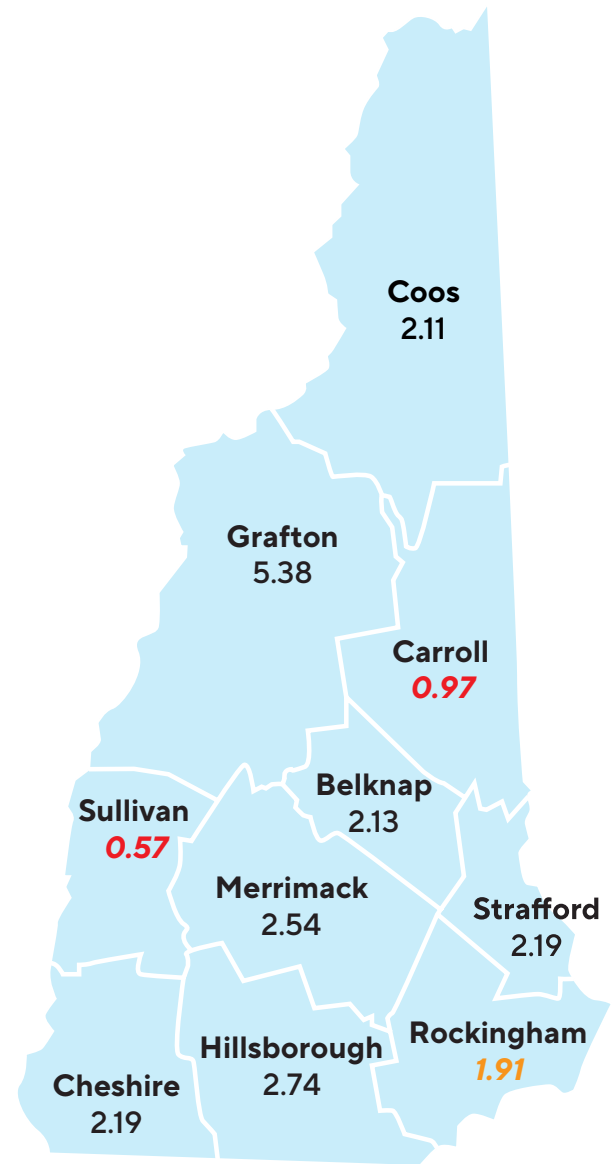
Nine out of ten (90%) of stakeholders surveyed agree that "New Hampshire residents' health and safety are being impacted as a result of the EMS situation."



The national average is 2.38 hospital beds per resident. In New Hampshire, only half of the state’s ten counties have enough beds. Two counties, Carroll and Sullivan counties in particular are severely lacking capacity. While other neighboring counties such as Grafton do have a surplus of beds, transportation to these locations requires more drive time for ambulances and may put the patient at greater risk if they are experiencing a health emergency.

Stakeholders interviewed often reported that a lack of available hospital beds bottlenecks services. For instance: when ambulances are delayed in answering new calls, EMS are sometimes pulled in from neighboring communities – which, without a regional ambulance system in place, can in turn lead to EMS backlogs in those neighboring areas. While EMS stakeholders interviewed do not believe New Hampshire will get to the point where 911 calls go unanswered, they do believe residents will experience slower and delayed response times that can impact patient outcomes.

County	Population estimate as of July 1, 2021	Total # of Beds	Beds Per Person
Belknap	64,460	137	2.13
Carroll	51,500	50	0.97
Cheshire	77,329	169	2.19
Coos	31,289	66	2.11
Grafton	92,201	496	5.38
Hillsborough	424,079	1164	2.74
Merrimack	155,238	395	2.54
Rockingham	316,947	606	1.91
Strafford	132,416	290	2.19
Sullivan	43,533	25	0.57
Nationwide, there were 2.38 hospital beds per 1,000 people.			
Becker’s Hospital Review, Mar 28, 2022			
well above national average			
>10% below national average			
significantly below national avg			



So what can and should be done to address New Hampshire’s State of Emergency?

RECOMMENDED SOLUTIONS

In 2022, New Hampshire State Commissioner of Safety Robert Quinn convened a committee to study EMS workforce and other issues. The committee's recommendations included: ending New Hampshire's requirement that EMS workers be U.S. citizens; developing a plan to recruit more racially, ethnically and gender diverse workers; and developing a more active social presence. EMS Stakeholders interviewed in this research suggest that much more is needed to address the state's EMS and medical transport challenges.

EMS stakeholders suggested solutions including: level-setting private insurance and Medicaid reimbursements, establishing EMS as an essential service (so that providers are compensated for readiness rather than transport), establishing regional EMS networks to share costs and workloads, expanding mobile integrated healthcare and improving the attractiveness of EMS as a profession.

In the survey, EMS stakeholders supported the following solutions to address NH's EMS situation:

- The New Hampshire legislature should increase Medicaid reimbursement amounts for EMS and ambulance services (90% agree).
- Insurance companies should be required to provide fair and reasonable compensation for the services provided to patients (96% agree).
- Pay for EMS workers should be increased because

80% say the inability to fill EMT/paramedic roles is a major contributor to the situation.

78% believe not being able to offer competitive pay for EMT/paramedic roles is a major contributing factor.

Medicare and Medicaid reimbursements fall significantly below the cost of EMS operations in New Hampshire, and most private insurers also do not cover the full cost of service. These low reimbursement rates, compounded by the impact of

inflation on costs, continue to strain New Hampshire EMS providers, preventing much-needed wage adjustments and exacerbating staffing shortages. Level-setting private insurance and Medicaid reimbursements commensurate with services administered (including non-transport treatment) would move agencies toward financial stability, positively impact recruitment and retention of EMS personnel and ensure sustainability of EMS services in the state.

Staffing and retention challenges have been especially difficult for EMS, a profession that relies heavily on volunteers. Between the changing patterns in the workforce and the aging population of New Hampshire, it is no longer feasible to rely on volunteers. While increasing full-time, paid staff would drive up overhead costs, it is necessary for continuity of care. In order to offer emergency "readiness" rather than just transport, municipalities, hospitals and /or insurers who are responsible for the care of their citizens must be willing to share the cost of service. Establishing EMS as an essential service akin to fire and police would enable funding for readiness and pre-hospital care provided as well as the cost of transport.

One longer-term investment would be making EMS a more attractive profession via a combination of increased wages and additional benefits. Dr. David Hirsch, one of three certified EMS physicians in New Hampshire and current EMS Medical Director at Littleton Regional Hospital, discussed impediments to the EMS profession: they are underpaid, and lack financial support systems, such as attractive pensions. These factors contribute to the industry's loss of talented employees, some of whom make lateral transfers to police and fire departments. Others use EMS as a transitional job before medical or physician's assistant school. This lack of financial attractiveness is a significant factor that drives people away from EMS and to career paths with better financial security. Designating EMS as an essential service would have the additional benefit of opening the door to Group II pension benefits that other essential workers receive and establishing career pathways that will help attract talent.

While efficiency is of the essence in EMS operations, response times can be problematic in rural areas of New Hampshire, where distances to medical facilities can be far. Sparsely populated areas struggle to provide consistently efficient coverage for their large service areas. Establishing regional EMS networks to share the cost of “readiness” and disperse workloads could reduce the burden on EMS providers in rural areas – or any area – and improve efficiency by absorbing ebbs and flows in call traffic.

Additionally, expanding (or introducing) mobile integrated healthcare (MIH) would both reduce the cost burden of unreimbursed non-transport calls and provide better holistic care to New Hampshire residents. In open comments in the survey, many EMS providers recommend educating residents about “appropriate uses of 911 calls.” They find themselves helping residents with mobility or other legitimate but non-emergency health needs. MIH has been adopted by many healthcare systems nationwide and enables efficient, targeted management of outpatient problems that would otherwise burden ambulances and emergency departments, thereby decreasing hospital admissions and improving overall patient quality of care. These programs have been proven to reduce 911 calls by 44% and hospital admissions by 54%, on average, as a result of their use over the past 20 years.

These suggestions from New Hampshire’s EMS stakeholders mirror much of what both Maine and NY State officials recommended in their reports:

- Create statutory changes that define EMS as an essential service and fund the cost of maintaining continuous readiness and reimbursement for any pre-hospital care that is rendered, including the actual cost of transportation.
- Establish a statewide EMS cost reporting system that mirrors Medicare’s Ground Ambulance Data Collection System for use in adjustment of ambulance reimbursement under Medicaid and for private insurers.

- Organize EMS at the county or regional levels to create a safety net and economies of scale from shared services.

Such solutions also address long-identified problems within the EMS system. A 2016 National EMS Advisory Council (NEMSAC) committee report indicated that the EMS system’s finances were fragmented, conflicted and often underfunded. The report cited the following reasons, all of which persist to this day both in New Hampshire and nationally:

1. EMS is not considered essential and therefore not required to be provided.
2. Insurance reimbursement is based on transport and not on services provided.
3. Insurance reimbursement rates are underfunded and inadequate.
4. Funding is a fee for service model instead of a readiness model.
5. Local government subsidy varies widely or is completely lacking
6. Federal, state, and local grant restrictions are based on agency type.
7. Uncompensated / charity care provided by EMS agencies is double that of other healthcare provider groups.
8. Offset funding is lacking for uncompensated / charity care.

If New Hampshire desires to stem the state of emergency that has led to the shuttering of at least two ambulance companies this year, it must swiftly address these imbalances with corrective legislation, collective pressure on insurance companies, and collaboration across communities.

New Hampshire EMS Survey

In April 2023, New Hampshire agencies invited the following audiences to share their experiences with EMS and ambulance services in the state: Fire Chiefs, EMS Chiefs, Hospital EMS Coordinators, and Skilled Nursing Facility Managers. A profile of the 147 respondents can be found at the end of this summary report. Responses among sub-groups (e.g. fire chiefs, EMS chiefs, etc.) are broken out in columns, but take caution in interpreting these responses due to very small sample sizes. The “base” (number of respondents who answered each question) is provided for each column for context.

Not all participants answered every question (if not relevant to their operations), and some tables add to +/-100% due to rounding.

Do you have responsibility for EMS services in New Hampshire in any of the following? (select all that apply - note that some participants have multiple overlapping roles)	
Among: Column%	Total Sample
Base (# respondents)	147
Fire Department	44%
Municipal or Non-Profit EMS provider	22%
Private EMS Agency	13%
Hospital	23%
Skilled Nursing Facility	11%
Other	3%

Do you believe there is a problem with 911 ambulance service in New Hampshire? If so, to what extent?						
Among: Column%	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
Base (# respondents)	114	61	29	14	19	10
Not a problem	16%	15%	10%	7%	11%	50%
A minor problem	11%	7%	7%	14%	26%	20%
Moderate problem	32%	34%	34%	43%	26%	20%
A fairly large prob- lem	26%	30%	17%	21%	21%	10%
A major problem	16%	15%	31%	14%	16%	0%

Two-thirds (68%) of total respondents believe there is a moderate-to-major problem with 911 ambulance service in NH, with a quarter (24%) of respondents saying it is a fairly large problem and 15% saying the problem is major.

- The problem is perceived as most significant by NH municipal or nonprofit EMS providers, 31% of whom say it is a major problem.
- Additionally, rural areas are experiencing more challenges: half (48%) of respondents in those areas say it is a fairly large and a major problem (25% and 23%, respectively).

Do you believe there is a problem with <i>interfacility ambulance service</i> in New Hampshire? If so, to what extent?						
Among: Column%	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
Base (# respondents)	103	41	24	12	28	12
Not a problem	2%	5%	0%	0%	0%	0%
A minor problem	9%	12%	8%	8%	4%	8%
Moderate problem	17%	17%	25%	25%	14%	8%
A fairly large prob- lem	30%	22%	33%	17%	32%	42%
A major problem	43%	44%	33%	50%	50%	42%

Almost three-fourths (72%) of respondents believe there is more than a minor problem with interfacility ambulance service in New Hampshire, with a quarter (24%) of respondents saying it is fairly a large problem and 35% rating it a major problem.

- All respondents who have responsibility for EMS services in NH hospitals indicate that a problem exists with interfacility ambulance service in NH, with only 3% saying it is a minor problem. 31% rate it a fairly large problem, and half (48%) say it is a major problem.
- In city/urban areas, 30% say it is a moderate to fairly large problem (13% and 17%), and more than half (52%) say it is a major problem.

Do you believe there is a problem with <i>chair car transportation</i> in New Hampshire? If so, to what extent?						
Among: Column%	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
Base (# respondents)	81	29	12	10	26	13
Not a problem	5%	7%	17%	0%	0%	0%
A minor problem	17%	28%	8%	30%	15%	0%
Moderate problem	21%	34%	33%	30%	15%	0%
A fairly large problem	21%	14%	17%	20%	31%	8%
A major problem	36%	17%	25%	20%	38%	92%

More than half (62%) of respondents who have responsibility for EMS services in NH hospitals say wheelchair transport is a fairly large or a major problem (24% and 38%, respectively). And 39% of respondents in city/urban areas say it is a major problem.

For each of the statements below, please indicate the extent to which you agree or disagree.					
Among: Column%	Total Sample: 111				
	Completely agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Completely disagree
The EMS situation in New Hampshire needs to be addressed urgently.	70%	28%	0%	2%	0%
New Hampshire residents' health and safety are being impacted as a result of the EMS situation.	62%	28%	7%	2%	1%

The EMS situation in New Hampshire needs to be addressed urgently.

Among: Column%	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
Base (# respondents)	111	53	27	10	26	10
Completely agree	70%	64%	70%	70%	69%	90%
Somewhat agree	28%	34%	22%	20%	31%	10%
Neither agree nor disagree	0%	0%	0%	0%	0%	0%
Somewhat disagree	2%	2%	7%	10%	0%	0%
Completely disagree	0%	0%	0%	0%	0%	0%

New Hampshire residents' health and safety are being impacted as a result of the EMS situation.

Among: Column%	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
Base (# respondents)	111	53	27	10	26	10
Completely agree	62%	55%	67%	70%	58%	90%
Somewhat agree	28%	34%	22%	0%	38%	10%
Neither agree nor disagree	7%	9%	11%	20%	0%	0%
Somewhat disagree	2%	2%	0%	10%	0%	0%
Completely disagree	1%	0%	0%	0%	4%	0%

EMS providers across various roles widely agree (98%) that the situation in New Hampshire needs urgent attention or NH residents' health and safety will suffer (91% agree).

To what extent have EMS and ambulance challenges affected you in your role?

Among: Column%	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
Base (# respondents)	128	62	29	14	29	13
Not at all	2%	0%	3%	0%	0%	8%
Affected a little	7%	10%	3%	7%	3%	8%
Affected somewhat	24%	29%	24%	29%	14%	31%
Affected fairly significantly	45%	53%	38%	21%	59%	23%
Dramatically affected	22%	8%	31%	43%	24%	31%

Half (45%) of total respondents say EMS and ambulance challenges have affected them in their role fairly significantly, and an additional quarter (22%) say they are dramatically affected in their role.

- Among Fire Chiefs, 29% say they are affected somewhat, half (53%) say they are affected fairly significantly by the challenges, and 8% have been dramatically affected.

How likely is it that your area will be challenged to provide adequate 911 services in the next 12 months if things continue as they are today?

Among: Column%	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
Base (# respondents)	127	61	28	14	29	13
Not at all likely we'll see disruption in 911 services	13%	13%	7%	14%	7%	31%
A little likely	11%	13%	7%	14%	14%	0%
Somewhat likely	19%	18%	18%	36%	17%	31%
Fairly likely	26%	33%	21%	7%	24%	38%
Very likely	17%	15%	29%	7%	17%	0%
We have already experienced disruption in 911 services	13%	8%	18%	21%	21%	0%

Almost half (43%) of respondents say it is fairly or very likely they'll face 911 disruptions (26% and 17%, respectively). Meanwhile 13% of total respondents say they have already experienced disruption to 911 services.

- Carroll and Grafton counties were more likely to report having already experienced 911 service disruptions in their area, with 33% and 32% of respondents reporting such disruptions.

How likely is it that your area will be challenged to provide adequate <i>interfacility transfer services</i> in the next 12 months if things continue as they are today?						
Among: Column%	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
Base (# respondents)	127	61	28	14	29	13
Not at all likely we'll see disruption in interfacility transfer services	24%	38%	32%	21%	0%	8%
A little likely	7%	8%	11%	14%	3%	0%
Somewhat likely	7%	10%	4%	7%	3%	0%
Fairly likely	12%	15%	11%	7%	17%	15%
Very likely	12%	10%	4%	0%	24%	8%
We have already experienced disruption in interfacility transfer services	38%	20%	39%	50%	52%	69%

The most widely felt impact of the EMS situation in New Hampshire is interfacility medical transport: 38% of total respondents indicated that they have already experienced disruption. Only a quarter (24%) of total respondents do not think it is likely they will see disruption in interfacility transfer services if things continue as they are.

- A fifth (24%) of respondents in NH hospitals say it is very likely their area will be challenged to provide adequate interfacility transfer services, while half (52%) say they have already experienced disruptions.
- Service disruptions appear to be affecting city/urban areas more significantly, as 60% of respondents in these communities say they have already experienced disruptions.

How likely is it that your area will be challenged to provide adequate *chair car services* in the next 12 months if things continue as they are today?

Among: Column%	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
Base (# respondents)	126	60	28	14	29	13
Not at all likely we'll see disruption in chair car services	32%	45%	50%	36%	3%	0%
A little likely	7%	8%	7%	14%	7%	0%
Somewhat likely	12%	22%	11%	7%	0%	0%
Fairly likely	17%	17%	25%	21%	28%	0%
Very likely	7%	7%	0%	0%	14%	8%
We have already experienced disruption to chair car services	25%	2%	7%	21%	48%	92%

A quarter (25%) of total respondents say their areas have already experienced disruptions to adequate wheelchair transport services.

- Half (48%) of respondents from NH hospitals say they have already experienced disruption to wheelchair transport services, and 42% think it is fairly or very likely that their area will be challenged in the next 12 months if things continue as they are today (28% and 14%, respectively).
- Again, those in city/urban areas seem to be affected most significantly as half (56%) of these respondents say they have already experienced disruption to services.

Operational Stats						
Among: Column%	Note: Responses of “o” have been filtered out from averages.					
	Total Sample	Average (in indicated field)	Maximum (in indicated field)	Fire Depts (Average)	Municipal EMS (Average)	Private EMS (Average)
EMS calls per week (number of calls)	110	35 calls	788 calls	35	17	68
Calls requiring transport to hospital (number of calls)	107	20 calls	400 calls	15	12	55
EMS response time (minutes)	106	19 minutes	240 minutes	12	13	11
Length of 911 emergency transport (miles)	106	17 miles	90 miles	17	20	12
Length of interfacility transfer service (miles)	98	49 miles	200 miles	52	99	36

Respondents say they average 35 EMS calls per week, 20 of which are calls requiring transport to the hospital. EMS response times average 19 minutes, however maximum response times are as long as 240 minutes. While the average length of 911 emergency transports and interfacility transfer services are 17 and 29 miles respectively, maximum distances traveled go as much as 90 and 200 miles.

What do you think is contributing most to the EMS situation in NH?			
Among: Column%	Total Sample: 111		
	Major Contributor	Minor Contributor	Not at all
Can't fill EMT/paramedic roles	79%	19%	2%
Can't offer competitive pay for EMT/paramedic roles	77%	22%	1%
Medicaid reimbursements don't cover costs	70%	23%	6%
Medicare reimbursements don't cover costs	68%	26%	6%
Insurance company reimbursements don't cover costs	66%	30%	5%
EMS is not reimbursed for services provided on-site	52%	41%	8%
Hospitals don't have local beds available	49%	40%	12%
Caring for patients on-site is taking longer	14%	55%	31%

Staffing, reimbursements, then hospital capacity are the greatest contributors to the EMS challenges New Hampshire faces.

More than three-quarters of respondents identify staffing challenges related to filling roles (79%) and offering competitive pay (77%) as major contributors to the current EMS situation in the state.

More than half of respondents say Medicaid (70%), Medicare (68%), and insurance company (66%) reimbursements do not cover costs, and that EMS is not reimbursed for pre-hospital care services provided on-site (51%).

- Respondents working as NH municipal or non-profit EMS providers seem to be affected most significantly by the low reimbursement rates, as the vast majority (85%) say insurance company reimbursement is a major contributor to the current situation.

Finally, half (49%) of respondents say lack of beds in hospitals is a major contributor to the current EMS challenges.

Can't fill EMT/paramedic roles						
Among: Column%	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
Base	111	53	27	10	26	10
Major contributor	79%	81%	85%	70%	88%	50%
Minor contributor	19%	19%	15%	30%	12%	30%
Not at all	2%	0%	0%	0%	0%	20%

Can't offer competitive pay for EMT/paramedic roles						
Among: Column%	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
Base	111	53	27	10	26	10
Major contributor	77%	72%	81%	100%	85%	60%
Minor contributor	22%	28%	19%	0%	15%	30%
Not at all	1%	0%	0%	0%	0%	10%

Medicaid reimbursements don't cover costs

Among: Column%	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
Base	111	53	27	10	26	10
Major contributor	70%	74%	85%	70%	50%	90%
Minor contributor	23%	17%	4%	30%	42%	10%
Not at all	6%	9%	11%	0%	8%	0%

Medicare reimbursements don't cover costs

Among: Column%	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
Base	111	53	27	10	26	10
Major contributor	68%	68%	81%	80%	54%	80%
Minor contributor	26%	21%	7%	20%	42%	20%
Not at all	6%	11%	11%	0%	4%	0%

Insurance company reimbursements don't cover costs

Among: Column%	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
Base	111	53	27	10	26	10
Major contributor	66%	58%	85%	80%	50%	100%
Minor contributor	30%	34%	7%	20%	46%	0%
Not at all	5%	8%	7%	0%	4%	0%

EMS is not reimbursed for services provided on-site

Among: Column%	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
Base	111	53	27	10	26	10
Major contributor	51%	49%	70%	50%	46%	50%
Minor contributor	41%	43%	19%	50%	38%	50%
Not at all	8%	8%	11%	0%	15%	0%

Hospitals don't have local beds available

Among: Column%	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
Base	111	53	27	10	26	10
Major contributor	49%	40%	41%	50%	65%	60%
Minor contributor	40%	45%	41%	50%	27%	20%
Not at all	12%	15%	19%	0%	8%	20%

Caring for patients on-site is taking longer

Among: Column%	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
Base	111	53	27	10	26	10
Major contributor	14%	13%	15%	0%	23%	10%
Minor contributor	55%	55%	41%	50%	54%	70%
Not at all	31%	32%	44%	50%	23%	20%

For each of the statements below, please indicate the extent to which you agree or disagree.

Among: Column%	Total Sample: 111				
	Completely agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Completely disagree
Insurance companies should be required to provide fair and reasonable compensation for the services provided to patients.	85%	12%	3%	1%	0%
The New Hampshire legislature should increase Medicaid reimbursement amounts for EMS and ambulance services.	77%	13%	7%	1%	2%
The EMS system in New Hampshire is broken and needs to be revamped.	48%	34%	14%	5%	0%

The vast majority (85%) of respondents completely agree that insurance companies should be required to provide fair and reasonable compensation for the services provided. About three-quarters (77%) of respondents completely agree that the New Hampshire legislature should increase Medicaid reimbursement rates for EMS and ambulance services, and about half (48%) completely agree that the EMS system in the state is broken and needs revamping.

- Respondents working in NH hospitals feel especially strongly that the EMS system in the state needs to be revamped with 65% of respondents completely agreeing with this statement.

Insurance companies should be required to provide fair and reasonable compensation for the services provided to patients.

Among: Column%	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
Base (# respondents)	111	53	27	10	26	10
Completely agree	85%	77%	89%	90%	92%	100%
Somewhat agree	12%	17%	7%	0%	8%	0%
Neither agree nor disagree	3%	6%	4%	0%	0%	0%
Somewhat disagree	1%	0%	0%	10%	0%	0%
Completely disagree	0%	0%	0%	0%	0%	0%

The New Hampshire legislature should increase Medicaid reimbursement amounts for EMS and ambulance services.

Among: Column%	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
Base (# respondents)	111	53	27	10	26	10
Completely agree	85%	75%	89%	80%	73%	90%
Somewhat agree	12%	15%	0%	10%	12%	10%
Neither agree nor disagree	3%	9%	7%	10%	8%	0%
Somewhat disagree	1%	0%	4%	0%	0%	0%
Completely disagree	0%	0%	0%	0%	8%	0%

The EMS system in New Hampshire is broken and needs to be revamped

Among: Column%	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
Base (# respondents)	111	53	27	10	26	10
Completely agree	48%	28%	48%	50%	65%	80%
Somewhat agree	34%	49%	30%	20%	27%	20%
Neither agree nor disagree	14%	17%	19%	10%	8%	0%
Somewhat disagree	5%	6%	4%	20%	0%	0%
Completely disagree	0%	0%	0%	0%	0%	0%

Open-Ended Questions

What are your biggest challenges regarding EMS in New Hampshire?

According to providers, the two biggest challenges EMS providers face in New Hampshire are staffing shortages and low reimbursements. For staffing, challenges exist with both low pay and recruitment to the field. As one noted, “Lots of service individuals can go to McDonalds and make more money and they are not putting their lives on the line!!!” Regarding reimbursement rates, respondents cite the low reimbursement levels for Medicaid, Medicare, and private insurance companies as a major issue, with one noting, “These low rates push more of the cost to operate on the taxpayers of the community.”

In addition, another noted that one of the concerns is the lack of availability of non-emergency transfer services, making interfacility transfers that much harder. Finally, another concern noted by some was the lack of understanding within the general public about what constitutes appropriate usage of 911.

What do you think is contributing most to the EMS situation in NH?

Among other issues that EMS providers cite are the barriers to training. Some believe that lack of available training is hurting EMS’ capacity and ability to recruit new staff, and some note that the current system of training is not readily available and incentivizes failing students. As one noted regarding EMS training, “Availability within a reasonable distance at a reasonable cost.”

Other concerns highlighted by multiple individuals were the lack of infrastructure (in particular ambulances but also other equipment), pay issues (low pay plus the lack of readiness as an essential service), confusion and lack of coordination among groups (in particular EMS and hospitals), and residents using 911 incorrectly.

What are the top 3 things the state or local government should do to address the EMS situation in New Hampshire?

Overall, respondents generally want to see improvements to the Medicare, Medicaid, and insurance reimbursement rates. In addition, they would like to see more focus on recruiting additional EMS staff, whether through increased pay, availability of vocational training at the high school or college level, or subsidization of EMS training and support. Others called on making EMS an essential service, improving public understanding of what makes a 911 call vs. a non-urgent call, and further developing transport systems.

PROFILE OF RESPONDENTS

What county(ies) do you serve? (select all that apply)	
Among: Column%	Total Sample
Base (# respondents)	135
Belknap	7%
Carroll	9%
Cheshire	14%
Coös	8%
Grafton	16%
Hillsborough	21%
Merrimack	14%
Rockingham	29%
Stratford	10%
Sullivan	7%

What proportion of the residents in your area, would you estimate, is age 65 or older?	
Among: Column%	Total Sample
Base (# respondents)	135
0-15%	6%
16-30%	29%
31-50%	42%
51% or more	23%

How would you describe your service area? (select all that apply)	
Among: Column%	Total Sample
Base (# respondents)	135
City/Urban	20%
Suburbs/Small Town	64%
Rural/Super Rural	44%