



10/28/25

RESPONSE TO CHILDREN, FAMILIES, HEALTH AND HUMAN SERVICES INTERIM COMMITTEE INFORMATION REQUESTS

FOR: Children, Families, Health and Human Services Interim Committee

REQUESTED INFORMATION DURING 9/23/25 MEETING:

EMS-Related

Please note: Staff have updated slides to incorporate requested information. If the slide is entirely new, the heading will be in red. If the slide is amended, the new information is highlighted in red.

1. Please provide a map that overlays Montana's population with ambulance service deserts.

Response: An 'ambulance desert' is defined as a location that is beyond the 25-minute drive time for the closest ambulance. **Please see new slide # 18.**

2. Are there any ambulance services solely dedicated to interfacility transportation?

Response: **Please see the attached Excel file (Interfacility Transport Services)**

3. When was the last Medicaid payment increase for EMS services? If there are different increases for different EMS services, the committee would appreciate as granular a breakdown as possible.

Response: **Ground Ambulance – Medicaid Ambulance Fee Schedule Increases.**

July 2025 – 3%

July 2024 – 4%

July 2023 – 4%

July 2022 – 1%

July 2021 – 1%

July 2020 – 2%

July 2019 – 1%

July 2018 – 3%

4. Is there information from neighboring states on the frequency of treat, no transfer (TNT) and how much TNT is reimbursed in those states by Medicaid?

Response: **The data for this response were collected in 2023. We do not have data on the volume of TNT calls, however this statement from the "Treat and No Transport Reimbursement Review" (attached) is informative, "Setting a treat and**



no transport reimbursement rate lower than the ambulance base rate for transportation discouraged participation and limited the benefits of the program” and “States where the reimbursement for treat and no transport was set lower than the ambulance base rate found that ambulance service providers continued to take patients to the hospital. Some states were working towards increasing reimbursement amounts to match the level provided when a transport occurs.”

- **Montana - \$0.00**
- Washington: \$115.34 per TNT response
- Idaho: \$206.96 per TNT response
- Utah: \$56.72 per TNT response
- Wyoming: \$153.29 per TNT response
- South Dakota: \$154.01 per TNT response
- North Dakota: \$298.75 per TNT response

5. Sen. Lenz is interested in slides (or the same information categories on the slides) that show only rural EMS. (Staff note: information on how the department differentiates between rural, suburban, urban EMS (or any other definitions it uses) would be helpful for committee understanding of this information.)

Response:

- New Slide 6 identifies rural counties. These are the same five counties as Rural Health Transformation Grant plus Flathead & Silverbow Counties (these two counties are classified as Micropolitan by the National Center for Health Statistics & are not considered rural for EMS analysis purposes).
- New slide 7 is the same as slide 6, but with paid EMS agencies included.
- New slide 10 provides data for rural counties on 911 responses, 911 transports and interfacility transports
- New slide 10 provides rural county data for 911 and interfacility transports
- Revised slide 11 adds rural county transport data
- Revised slide 12 adds rural adds rural county data on chute time
- Revised slide 13 adds rural county data on response time
- Revised slide 14 adds rural county data on transport time
- Revised slide 15 adds rural county data on total call time
- Revised slide 16 adds rural county data on loaded distance
- New slide 18 adds data on population centers that are outside of the 25-minute drive time of an ambulance
- New slide 20 adds data on rural county 911 call volume growth projections
- New slide 22 adds data on rural county interfacility call volume growth projections



6. Is there any data of death due to lack of EMS services? (Staff note: committee will also likely be interested in death due to slow response times or inability to arrange for interfacility transportation, and any information on if a condition/injury worsened due to lack of EMS services, slow response times, or inability to arrange for interfacility transportation. If any of this data does not exist, I understand.)

Response: We collect data on dispatch delay, response delay, scene delay, transport delay, and turnaround delay. However, from a quick review of these data elements I do not think they are documented consistently. I would strongly caution against making any sort of causal link between this information and patient fatality.

7. What is the definition of an essential service? (Staff note: I have reached out to Sen. Yakawich with information on the federal definition as it relates to Medicaid, but he would be interested in hearing if there is any different definition or use of this term as it relates to EMS services and the department.)

- **Response:** **National EMS Advisory Committee** definition: *Services that the government is required by law to provide to its citizens.*
- **National Conference of State Legislature** – State Policies Defining EMS as Essential or <https://www.bing.com/search?q=what+are+considered+essential+services&FORM=R5FD>

Alabama	<u>SB 183 (Enacted 2022)</u>	Relating to emergency medical services; to make findings and declarations that emergency medical services are essential public services performed for a public purpose.
Connecticut	<u>Conn. Gen. Stat. §19a-181b</u>	“Each municipality shall establish a local emergency medical services plan. Such plan shall include the written agreements or contracts developed between the municipality, its emergency medical service organizations and the public safety answering point, as defined in section 28-25, that covers the municipality.”
District of Columbia	<u>D.C. Code §7-2341.01</u>	Declares emergency medical services as “essential to the health or life” of a person who is ill, injured, wounded or otherwise incapacitated.
Hawaii	<u>Hawaii Rev. Stat. §93-16</u>	Recommends the Department of Health’s EMS and Injury Prevention Systems Branch initiate legislation to identify EMS as an essential public service.
Indiana	<u>Ind. Code §16-31-1-2</u>	Declares the provision of emergency medical service is an essential purpose of the political subdivisions of the state.



Iowa	<u>SF 615 (Enacted 2021)</u>	Allows counties to adopt a resolution declaring emergency medical services to be an essential service. Allows a county board of supervisors to offer voter approval the authority to impose local option income surtax or an ad valorem property tax not to exceed 75 cents per \$1000 of assessed property value.
	<u>Iowa Code §357F</u>	
Louisiana	<u>La. Rev. Stat. §40</u>	Allows the use of local revenues to enhance the delivery of emergency ambulance services through the use of certified public expenditures, intergovernmental transfers or other financing mechanisms.
Maine	<u>HB 1474 (Enacted 2022)</u>	"For purposes of eligibility for federal funding, emergency medical services provided by an ambulance service are essential services and as essential as services provided by a fire department or law enforcement agency."
Montana	<u>SJR 13 (2025)</u>	Recognizes EMS is essential to a "well-functioning health system." Rural emergency medical services are an important priority, and the legislative council will create an interim committee to assess current and future EMS plans, identify EMS deserts, review state EMS funding as well as coordinate with each county and local health department to determine specific EMS needs in the area.
Nebraska	<u>Neb. Rev. Stat. §38- 1203</u>	Declares EMS as an essential health care service that can be the difference between life and death or permanent disability to those persons in Nebraska making use of such services in an emergency.
Nevada	<u>Nev. Rev. Stat. §450B</u>	Declares that prompt and efficient emergency medical care and transportation is necessary for the health and safety of the people of Nevada, and that minimum standards for such care and all persons providing it must be established.
New Hampshire	<u>SB 133 (Enacted 2025)</u>	This bill provides that ambulance service providers are essential providers for purposes of emergency management at state and local levels.
New York	<u>New York SB 4020 (Enacted 2024)</u>	To deem emergency medical services as an essential service; to provide municipalities with the flexibility to ensure provision of emergency medical services; to establish statewide, regional, and county coordination of emergency medical services; and to provide for enhanced training and credentialing of emergency medical service practitioners, agencies, and educational institutions.



Oregon	<u>Or. Rev. Stat. §682</u>	EMS is considered an important function of counties cities and rural fire protection districts in the state. Requires each county to develop a plan for the coordination of ambulance services and establish one or more ambulance service areas for the effective and efficient provision of ambulance services.
Pennsylvania	<u>Pa. Const. Stat. tit. 35 §81</u>	Declares EMS as an “essential public service and frequently the health care safety net for many Commonwealth residents. It is in the public interest to assure that there are high quality and coordinated emergency and urgent medical services readily available to the residents of this commonwealth.”
South Carolina	<u>HB 4601 (Enacted 2022)</u>	Designates ambulances services, an important component of EMS, as essential within the state and requires that each county governing body ensures that at least one licensed ambulance service is operating within the county.
South Dakota	<u>HCR 6007 (Adopted 2025)</u>	The Legislature recognizes the vital, lifesaving care provided by emergency medical services personnel, and supports efforts to prioritize emergency medical service as an essential public service.
Tennessee	<u>SB 1597 (Enacted 2021)</u>	Ambulance service is hereby designated as an essential service in the state of Tennessee.
Utah	<u>SB 209 (2025)</u>	Deems 911 ambulance services as essential services. Defines "training center" as a designated person chosen by the bureau of EMS to provide EMS clinician training, including both initial licensure and continuing education. This also establishes the Emergency Medical Services Critical Needs Account under the General Funds, which houses critical need grant funds.
Vermont	<u>Vt. Stat. Ann. tit. 18 § 901</u>	The General Assembly finds that emergency medical services provided by an ambulance service are essential services.
Virginia	<u>Va. Code §12-5-31</u>	“Designated emergency response agency means an EMS agency recognized by an ordinance or a resolution of the governing body of any county, city or town as an integral part of the official public safety program of the county, city or town with a responsibility for providing emergency medical response.”
	<u>SB 1246 (Enacted, 2023)</u>	“Provides that an emergency medical services agency that responds to medical emergencies for its primary service area as defined by the local emergency medical response plan shall be a designated emergency response agency and recognized as an integral and essential part of the official public safety program of the county, city, or town with responsibility for providing emergency medical response.”



		"B. Each locality shall seek to ensure that essential emergency medical services are maintained throughout the entire locality.
		"C. An emergency medical services agency that responds to medical emergencies for its primary service area as defined by the local emergency medical response plan shall be a designated emergency response agency and recognized as an integral and essential part of the official public safety program of the county, city, or town with responsibility for providing emergency medical response."
West Virginia	<u>W.V. Code §16- 4</u>	Declares "that the safe and efficient operation of life-saving and life-preserving emergency medical service to meet the needs of citizens of this state is a matter of general public interest and concern; to ensure the provision of adequate emergency medical services within this state for the protection of the public health, safety and welfare, it is imperative that minimum standards for emergency medical service personnel be established and enforced by the state."