



## WYOMING LEGISLATIVE SERVICE OFFICE

# Research Memorandum

## EMERGENCY MEDICAL SERVICES IN WYOMING AND OTHER STATES: DESIGNATION OF EMS AS AN ESSENTIAL SERVICE AND FUNDING OF EMS

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LSO prepared this research memorandum at the request of the Labor, Health and Social Services Committee. The memorandum provides a brief history of Emergency Medical Services (EMS) system development in the United States, an overview of EMS funding, a summary of Wyoming local and state grant funding of EMS, and information regarding other states that have designated EMS an essential service or that provide state funding for local EMS.

### BRIEF HISTORY OF THE DEVELOPMENT OF EMS SYSTEMS IN THE U.S. <sup>1</sup>

In 1973, Congress enacted the EMS Systems Act (P.L. 93-154), which provided over \$300 million in grant funding for the development of regional EMS systems. Over the next several years, states, including Wyoming, established state EMS offices and EMS regions. Approximately 300 EMS regions, most covering several counties, were established across the country. Each EMS region was eligible to receive up to five years of federal funding.

In 1981, the Omnibus Budget Reconciliation Act eliminated the categorical federal funding to states established by the 1973 EMS Systems Act in favor of block grants to states for preventative health and health services.<sup>2</sup> This change shifted responsibility for EMS from the federal to the state level. Once states had greater discretion regarding the use of funds, most chose to spend the money in areas of need other than EMS. Some states chose to cede more authority to cities and counties, which resulted in fragmented and diverse development of EMS systems at the local level.

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<sup>1</sup> Excerpted from Institute of Medicine of the National Academies, *Emergency Medical Services at the Crossroads*, National Academies Press, Washington, D.C. (2007).

<sup>2</sup> The annual federal Preventive Health and Health Services (PHHS) block grant to Wyoming is approximately \$350,000. In FY 2022, \$25,615 of the PHHS grant was allocated to the Department of Health's Community EMS program. Centers for Disease Control and Prevention, PHHS Block Grant Allocations, <https://www.cdc.gov/phhsblockgrant/allocation/archive.htm>; email from Franz Fuchs, Wyoming Department of Health, to author (June 14, 2023).

The structure provided to local EMS systems by state governments varied. Lead state EMS agencies remained in all states, but with varying degrees of authority and funding. Maryland, for example, chose to maintain an active role and retained significant authority at the state level. The State elected to provide emergency air and ground transportation as a public service and created a sophisticated trauma system. Many other states elected to take a less active role. By default as much as by design, regional and county EMS systems took the lead in designing and managing their EMS programs. During the 1980s, some states maintained vestiges of the regional systems developed in the 1970s, but other systems were fractured along smaller and smaller local lines. During this period, rural EMS development lagged behind. The loss of federal funding and the limited financial resources available in states with large rural populations exacerbated the problem.

Congress is currently considering legislation, H.R. 1737, to establish a federal EMS competitive grant program. The bill was introduced into the U.S. House of Representatives in March 2023 and referred to the House Energy and Commerce Committee, Subcommittee on Health.<sup>3</sup> To date, no other action has been reported.<sup>4</sup>

## **EMS FUNDING<sup>5</sup>**

According to the National Association of Emergency Medical Technicians (NAEMT), the two main sources of revenue for Emergency Medical Services (EMS) are local taxes/municipal budgets and insurance reimbursements from Medicare, Medicaid, and commercial insurers. EMS is classified by the Centers for Medicare and Medicaid Services (CMS) and private insurance companies as a transportation provider, not a healthcare provider. EMS is reimbursed a fee-for-service for transporting patients to a hospital (either Basic Life Support or Advanced Life Support), plus a fee for mileage.

EMS is typically not reimbursed for non-transport emergency care. If EMS provides care on the scene but does not transport a patient to the hospital, the emergency care is often uncompensated. EMS responses without transport happen often. National data show that of the 42.6 million EMS responses that occurred in 2018, only 30.9 million (73%) resulted in transports.<sup>6</sup> As a result, nearly 12 million responses (27%) were uncompensated. According to Wyoming Department of Health data presented to the April 2023 Labor, Health and Social Services Committee, approximately 35 percent of Wyoming 911 EMS responses are uncompensated.<sup>7</sup>

<sup>3</sup> Supporting Our First Responders Act, H.R. 1737, 118<sup>th</sup> Congress (2023-2024).

<sup>4</sup> *Id.*

<sup>5</sup> NAEMT, What is EMS? (October 14, 2020), [https://www.naemt.org/docs/default-source/about-ems/what-is-ems-2020-10-14-2020-final.pdf?sfvrsn=cb0fe593\\_2](https://www.naemt.org/docs/default-source/about-ems/what-is-ems-2020-10-14-2020-final.pdf?sfvrsn=cb0fe593_2).

<sup>6</sup> National EMS Assessment 2020 data reported by State EMS offices.

<sup>7</sup> Wyoming Department of Health, Emergency Medical Services PowerPoint (April 28, 2023), <https://wyoleg.gov/InterimCommittee/2023/10-202304272-3WDH-EMS.pdf>.

A handful of states, including Wyoming, allow EMS reimbursement for providing some non-transport patient care services to Medicaid recipients. During COVID, Wyoming Medicaid expanded the use of on scene “treat and release” and “treat and refer” reimbursement codes to all EMS providers.<sup>8</sup> Wyoming Medicaid reimburses \$165 per service for “treat and release” or “treat and refer.” The total reimbursed to EMS providers for these services was \$2817.75 (4 providers) in SFY 2022 and \$2647.25 (7 providers) year-to-date in SFY 2023.

Starting January 1, 2024, Wyoming Medicaid will require EMS providers to enroll as Community Emergency Medical Service (CEMS) providers to receive Wyoming Medicaid reimbursement for “treat and release,” “treat and refer,” and other community paramedicine services. In order to enroll as a CEMS provider, employed EMTs and paramedics must have completed the required training and have been endorsed as CEMS providers by the Department’s Office of Emergency Medical Services.

In addition to local taxes and insurance reimbursements, EMS providers often rely on federal and state grants and private donations to cover their operating costs.<sup>9</sup> Some states appropriate state money directly to counties for the support of county EMS systems. Other states have established competitive grant programs to fund local EMS operations. Wyoming operates a small competitive EMS grant program for the purpose of funding community EMS service needs assessments and master plan implementation, but not ongoing EMS operations. See **Wyoming EMS Funding** below.

## **WYOMING EMS FUNDING**

Wyoming does not provide state funding for local EMS operations. Rather, Wyoming EMS services rely primarily on local revenues and insurance reimbursements.

### **Local Tax Revenue funding of EMS**

There are currently 62 licensed ground-based EMS agencies in Wyoming, including 45 Wyoming-based ground 911-response transporting agencies that staff 69 stations.<sup>10</sup> The EMS agencies are operated and funded by a variety of entities, including cities and counties, fire districts, hospital districts, joint powers boards, and rural health care districts.

County or city operated EMS services must compete with other county or city departments for tax revenues. Furthermore, counties and cities are subject to State constitutional and statutory limits

<sup>8</sup> All information provided regarding Wyoming Medicaid reimbursement of “treat and release,” “treat and refer,” and community EMS service was provided by the Wyoming Department of Health in an email from Franz Fuchs to the author (June 12, 2023).

<sup>9</sup> U.S. Fire Administration, *Funding Alternatives for Emergency Medical and Fire Services* (April 2012), [https://www.usfa.fema.gov/downloads/pdf/publications/fa\\_331.pdf](https://www.usfa.fema.gov/downloads/pdf/publications/fa_331.pdf).

<sup>10</sup> Wyoming Department of Health, *Emergency Medical Services PowerPoint* (April 28, 2023), <https://wyoleg.gov/InterimCommittee/2023/10-202304272-3WDH-EMS.pdf>.

on the amount of taxes they can levy. The Wyoming Constitution limits a county property tax levy to 12 mills and a city levy to 8 mills.<sup>11</sup> All but three of Wyoming's counties currently levy the maximum allowable 12 mills.<sup>12</sup>

Wyoming statutes allow for the creation of four types of special taxing districts which can provide EMS services: fire districts, hospital districts, improvement and service districts, or rural health care districts. Like county and city operated EMS services, EMS services operated by fire or hospital districts must compete with the fire service or hospital for tax revenues. Rural health care districts and improvement and service districts, on the other hand, can be formed for the specific purpose of providing and levying taxes for EMS services.<sup>13</sup> Currently, only four rural health care districts in the state provide EMS services.<sup>14</sup> Although approximately 150 improvement and service districts currently exist in Wyoming, LSO did not identify any districts formed to provide EMS services.<sup>15</sup>

See **Table 1** for a summary of special district statutory requirements and mill levy maximums.

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<sup>11</sup> Wyoming Constitution Art. 15, Section 5.

<sup>12</sup> In FY 2022, three counties assessed less than the 12 mill limit: Campbell County (11.235 mills), Fremont County (10 mills), and Teton County (7.379 mills). Wyoming Department of Revenue 2022 Annual Report.

<sup>13</sup> In 2016, the Legislature enacted SF 99 and SF 100, amending the hospital district, rural health care district and improvement and service district statutes to specify that each type of district could levy taxes to provide EMS services.

<sup>14</sup> The four rural healthcare districts that provide EMS services are Bighorn County Rural Health District 1, Little Snake River Rural Health District in Carbon County, Johnson County Rural Health District, and High Desert Rural Health District in Sweetwater County.

<sup>15</sup> Wyoming Department of Audit, Spreadsheet of active Wyoming special districts as of June 8, 2023.

**Table 1. Special Districts with statutory authority to levy taxes for EMS services**

District Type	Requirements for initiating District formation	Mill levy allowed by statute	Additional mill levy allowed if voter-approved	Statutory reference
Fire District	Petition of 25% of landowners owning at least 25% of assessed valuation	3 mills	None	W.S. 35-9-201 – 35-9-215
	Resolution of board of county commissioners	3 mills	None	
Hospital District	Petition of 25% of landowners owning 25% of assessed valuation	3 mills	3 mills	W.S. 35-2-401 – 35-2-438
Rural Health Care District	Petition of 25% of landowners owning 25% of assessed valuation	2 mills	2 mills	W.S. 35-2-701 – 35-2-723
Improvement and Service District	Petition of 60% of landowners owning 60% of assessed valuation	2 mills	2 mills	W.S. 18-12-101 – 18-12-141
	Resolution of board of county commissioners	N/A	4 mills	

Source: LSO compiled information from Wyoming statutes.

### Wyoming Rural Health Care Districts that provide EMS

Although only four rural health care districts have been formed in the state to provide EMS services, rural health care districts nevertheless appear to be a viable option for funding EMS services. All four districts generate sufficient tax revenue to cover all or most of their annual operating budgets. See **Table 2**.

**Table 2. Wyoming Rural Health Care Districts providing EMS Services**

County	Rural Health Care District	Year formed	District area	Mill Levy	FY 2022-23 Operating Expenses	FY 2022-23 Anticipated Tax Revenue	Tax Revenue as % of Operating Expenses
Big Horn	Big Horn County Rural Health District 1	1990	Southern portion of county, including towns of Basin, Greybull, Hyattville, Manderson, and Shell	4 mills	\$377,914	\$380,000	101%
Carbon	Little Snake River Rural Health District	2006	Little Snake River Valley, including the town of Baggs	2 mills	\$568,000 (includes \$215,000 for EMS contract)	\$405,500	71%
Johnson	Johnson County Rural Health District	1992	Entire county, including communities of Buffalo and Kaycee	2 mills	\$1,304,208 (includes \$750,000 for Buffalo EMS contract and \$218,865 for Kaycee EMS budget)	\$792,000	61%
Sweetwater	High Desert Rural Health District	2014	Approx 1/3 of the county, including towns of Wamsutter and Bairoil.	1.607 mills*	\$852,092 (includes \$351,500 for EMS services)	\$900,000	106%

\* The district board chooses to assess less than the 2 mills allowed by statute.

Source: LSO information compiled from rural health district budgets and financial reports on County Treasurer websites.

### Wyoming EMS grants<sup>16</sup>

Wyoming does not have an EMS grant program to assist EMS providers with operating expenses or ambulance and equipment purchases. Rather, the state's Emergency Medical Services Sustainability Trust grant program provides needs assessment and master plan implementation grants to EMS providers. The Legislature created the EMS Sustainability Trust in 2009 with an appropriation of \$500,000 from the Tobacco Trust Fund.<sup>17</sup> The Department of Health, Office EMS administers the grant program. Per statute, communities must provide local matching funds of at least \$5000 per needs assessment. Since creation of the account, thirteen EMS needs assessments have been conducted by SafeTech Solutions, LLP through a contract with the Department.

<sup>16</sup> Email from Franz Fuchs, Wyoming Department of Health, to the author (June 12, 2023).

<sup>17</sup> W.S. 33-36-115.

## OTHER STATE DESIGNATION OF EMS AS AN ESSENTIAL SERVICE

LSO identified eight states that have declared EMS an essential service in state statute. Four states (Hawaii, Nebraska, Nevada, Pennsylvania) declared EMS an essential service as part of early legislation creating a state EMS office.<sup>18</sup> In recent years, four more states (Alabama, Maine, South Carolina, Tennessee) have passed legislation declaring EMS an essential service in the state. A ninth state, Iowa, passed legislation allowing counties to declare EMS an essential county service for the purpose of levying additional taxes.

Hawaii initially declared EMS an essential service in 1978 when the Legislature enacted legislation creating the State Emergency Medical Services System to be administered by the Department of Health.<sup>19</sup> The 1978 law requires the Department to operate EMS services or contract with a private agency to operate EMS services in each county in the state, unless the county contracts with the Department to operate EMS services.<sup>20</sup>

In 2021, the Hawaii Legislature amended the State Emergency Medical Service System statute to require any county having a population of 500,000 or more to establish, administer and maintain a county EMS system.<sup>21</sup> Currently, only one county, Honolulu County, is subject to this requirement.<sup>22</sup> Although the 2021 act authorizes the county to establish reasonable fees for emergency transport and non-transport services, and to seek and accept financial support from other sources, the act also provides an annual appropriation of \$3.5 million from the state EMS Service Special fund to the county. For more information about Hawaii state funding of EMS services, see **Other State EMS Funding**, below.

Tennessee and South Carolina enacted legislation in 2021 and 2022, respectively, designating EMS an essential service and requiring each county in the state to ensure at least one licensed ambulance service is available within the county.<sup>23</sup> The South Carolina and Tennessee statutes, however, do not obligate counties to fund EMS services. Rather, both state laws specify “a county is not required to appropriate county revenues for ambulance service if the service can be provided by any other means.”<sup>24</sup>

In 2022, Alabama enacted legislation declaring that EMS services delivered by both the public and private sector are essential services and eligible funding should be made available to both sectors

<sup>18</sup> Hawaii Rev. Stat. 321-221; Neb. Rev. Stat. 38-1203; Nev. Rev. Stat. 450.B.015; 35 Pa. C.S. 8102.

<sup>19</sup> HRS 321-223.

<sup>20</sup> HRS 321-228.

<sup>21</sup> 2021 Hawaii HB 1281.

<sup>22</sup> Personal communication with Dr. Alvin Bronstein, Chief of the EMS and Injury Prevention System, Hawaii Department of Health (June 13, 2023).

<sup>23</sup> 2021 Tennessee SB 1597 and 2022 South Carolina HB 4601.

<sup>24</sup> S.C. Code Ann. 6-1-2020(B)(3); Tenn. Code Ann. 7-61-102(b).

without distinction.<sup>25</sup> Although the Alabama act declares EMS services to be essential, the law does not require county governments to provide EMS services. Rather, the Alabama act states, “Nothing in this section requires a county commission to fund or otherwise provide emergency medical services or ambulance services.”<sup>26</sup>

Iowa enacted legislation in 2021 which gives counties the authority to designate EMS an essential *county* service.<sup>27</sup> Iowa counties which adopt a resolution declaring EMS an essential service may then levy a local option income surtax or property tax to fund EMS services, subject to voter approval.<sup>28</sup> Since passage of the 2021 act, eight Iowa counties have initiated ballot measures to declare EMS an essential service and levy additional taxes. Six of the eight ballot measures were passed by voters.<sup>29</sup>

Maine passed legislation in 2022 declaring EMS an essential service for the purpose of establishing a blue ribbon commission to study EMS services in the state and make a report to the Legislature.<sup>30</sup>

## **OTHER STATE EMS FUNDING**

LSO identified nine states that provide state funding for EMS through direct funding or competitive grant programs. Most of these states generate revenues for EMS through additional motor vehicle registration fees or other fees. State funding of EMS can be categorized into three models: states that assume primary responsibility for providing and funding county EMS services, states that share responsibility with counties for funding EMS services, and states that supplement local funding of EMS services.

### **State that Assumes Primary Responsibility for Funding County EMS services<sup>31</sup>**

LSO identified one state, Hawaii, that assumes primary responsibility for providing and funding county EMS services. Under current state law, the Hawaii Department of Health is required to provide or contract for EMS services in all but the state’s most populous county, Honolulu County. The State funds EMS services with both general and special funds. Prior to 2021, Hawaii appropriated approximately \$100 million in state general funds each year to provide EMS services to all counties in the state. In 2021, Hawaii passed legislation shifting responsibility for Honolulu County EMS to the County. Currently, the State appropriates approximately \$50 million in general funds to fund EMS services in the remaining three counties (Hawaii, Kauai, and Maui).

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<sup>25</sup> Alabama 2022 SB 183.

<sup>26</sup> Code of Ala. 22-18-45(c).

<sup>27</sup> Iowa 2021 S 615.

<sup>28</sup> 2021 Iowa SF 615.

<sup>29</sup> Email from Lucas Beenken, Iowa State Association of Counties, to author (June 13, 2023).

<sup>30</sup> 2022 Maine HB 1474.

<sup>31</sup> Personal communication with Dr. Alvin Bronstein, Chief of the EMS and Injury Prevention System, Hawaii Department of Health (June 13, 2023).



Hawaii supplements state general funds appropriated for EMS services with special funds. In 2004, the Hawaii Legislature created the Emergency Medical Services Special Fund to be used by the State Department of Health to operate the state's EMS system.<sup>32</sup> The statute requires five dollars from each annual state motor vehicle registration fee to be deposited to the EMS Special Fund. In 2015, the Legislature provided additional revenue for the EMS Special Fund by requiring 1.25 cents of the state per cigarette tax to be deposited into the fund.<sup>33</sup> Current statute requires \$3.5 million from the EMS Special Fund be appropriated to Honolulu County each year for the operation of the county EMS systems.<sup>34</sup>

### **States that Share Responsibility for Funding EMS with Counties**

Two states, Delaware and New Mexico, share responsibility for funding EMS with counties. Both states appropriate state general funds to support county EMS services.

#### ***Delaware***<sup>35</sup>

In 1990, the Delaware General Assembly passed the Delaware Paramedic Services Act (SB 1) establishing a statewide paramedic program under the direction of the State Department of Health and Social Services, requiring each county to participate in the operation and funding of the statewide program, and requiring that costs for the statewide program be shared by the State and the counties, with the State providing 60 percent and each county 40 percent of the cost of that county's program. Under current statute, the State is now responsible for 30 percent and each county for 70 percent of the cost.<sup>36</sup> The statute obligates the General Assembly to appropriate the funds for the State's share as part of the State's annual Grants-In-Aid bill.

#### ***New Mexico***<sup>37</sup>

In 1978, New Mexico passed the Emergency Medical Services Fund Act to make money available to municipalities and counties for use in the establishment and enhancement of local emergency medical services. The act requires that at least 75 percent of EMS Fund monies be used for local EMS funding to support the cost of supplies and equipment and operational costs other than salaries and benefits for EMS personnel.<sup>38</sup> The Legislature appropriated \$500,000 to the fund, which was used to fund 96 EMS services in the state in the first year.

In 1988, the Legislature enacted legislation requiring one dollar of the state motor vehicle registration fee be deposited in the EMS Fund. As the number of EMS agencies in the state

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<sup>32</sup> 2003 Hawaii SB 2690.

<sup>33</sup> HRS 249-31; HRS 245-15.

<sup>34</sup> 2021 HB 1281.

<sup>35</sup> 16 Del. C. 9801-9815.

<sup>36</sup> 16 Del. C. 9814.

<sup>37</sup> NM Department of Health EMS Bureau, EMS Agency Funding handout to the NM Legislature (June 2018), <https://www.nmlegis.gov/handouts/LHHS%20070918%20Item%206%20EMS%20Agency%20Funding.pdf>.

<sup>38</sup> N.M. Stat. Ann. 24-10A-3.

increased, funding demand eventually exceeded the revenues available from the one-dollar motor vehicle fee. Starting in 1994, the Legislature began funding the EMS Fund with general funds.

Local EMS funding is distributed among county EMS agencies based on four factors: the level of service (e.g., first responder, basic life support, or advanced life support) provided by the agency, the county's land area, the county's population, and the agency's call volume. In FY 2019, the fund distributed approximately \$2.2 million to over 300 EMS services in the State.

### **States that Supplement Local Funding of EMS**

Six states (Colorado, Idaho, Maryland, Ohio, Pennsylvania, and Virginia) supplement local EMS funding with state special EMS funds. The six states generate revenues for the state EMS special fund through motor vehicle fees, moving traffic violation fees, EMS/EMT licensure and certification fees, or other state fees.

#### ***Colorado***<sup>39</sup>

Colorado assesses an additional motor vehicle registration fee of two dollars to fund the state Emergency Medical Services Account.<sup>40</sup> The EMS Account also receives fees collected for provisional certification, licensure, or registration of emergency medical responders. Monies in the EMS Account are used to fund the Colorado Emergency Medical and Trauma Services (EMTS) grant program. The grant program provides four types of grants: Education grants, System Improvement grants, Provider grants, and Emergency grants. Provider grants are made to EMS providers to cover the costs of vehicle or equipment purchases, personnel, recruitment and retention, or other costs. In FY 2023, the Colorado EMTS grant program awarded \$6.1 million in Provider grants and \$700,000 in System Improvement grants to 90 awardees.

#### ***Idaho***<sup>41</sup>

Idaho has established three Emergency Medical Service funds to fund EMS vehicle and equipment purchases, training and licensing expenses, communication technology, dispatch services, and associated EMS costs, not to include personnel salaries.<sup>42</sup> One EMS fund derives revenue from an additional \$1.25 motor vehicle fee.<sup>43</sup> Twenty five cents of the fee is retained by the county of residence for use in funding local EMS costs and one dollar is deposited in the state EMS fund. The other two EMS funds derive revenues from driver's license and commercial learner's permit fees.<sup>44</sup> Subject to legislative appropriation, EMS fund monies are used to award ambulance and

<sup>39</sup> C.R.S. 25-3.5-603.

<sup>40</sup> C.R.S. 42-3-304(21); Colorado Department of Public Health & Environment, EMS and trauma funding guide and resources webpage (last visited June 9, 2023), <https://cdphe.colorado.gov/emts-funding-guides-and-resources>.

<sup>41</sup> Idaho Department of Health and Welfare, EMS Grants Resources, <https://healthandwelfare.idaho.gov/providers/emergency-medical-services-ems/ems-agencies>.

<sup>42</sup> Idaho Code 56-1018, 56-1018A, and 56-1018B.

<sup>43</sup> Idaho Code 49-452.

<sup>44</sup> Idaho Code 49-306.

equipment grants to EMS providers. In FY 2023, a total of \$1.7 million was awarded, 50 percent for vehicle grants and 50 percent for equipment grants. Vehicle grants were awarded to seven Idaho EMS providers in amounts ranging from \$27,500 to \$185,000.<sup>45</sup> Equipment grants were awarded to 50 EMS providers in amounts ranging from \$1600 to \$40,000.<sup>46</sup>

### ***Maryland***<sup>47</sup>

Funding for Maryland's EMS system is provided by a variety of State, local, and volunteer sources. Annual State budget support for EMS is provided from the Maryland EMS Operations Fund. The Fund derives revenues from a \$14.50/year vehicle registration fee surcharge and a moving violation surcharge of \$7.50 added to certain traffic cases. The Fund is used to support the Maryland Institute for Emergency Medical Services Systems, an independent executive-level agency responsible for the coordination of all emergency medical systems in the state, and the major state-level components of the EMS system, including the Maryland State Police Aviation Command, the University of Maryland Shock Trauma Center, and the Maryland Fire and Rescue Institute. The EMS Operations Fund is required to allocate \$15 million per year to the State's Amoss Fire, Rescue and Ambulance Fund, which distributes money to Maryland counties and the City of Baltimore for the purchase of fire and rescue equipment and capital building improvements. In FY 2023, the EMS Operations Fund had a fiscal allowance of \$86.1 million, which included \$15 million for grants to local fire, rescue, and ambulance services.

### ***Ohio***<sup>48</sup>

The Ohio Trauma and Emergency Medical Services Fund derives revenue from fines for seatbelt violations, fees collected for driver's license reinstatement following DUI suspension, EMT certification fees, EMS provider license fees, and five percent of fines and monies arising from bail forfeitures. Monies in the Fund are used to support the Ohio Board of Emergency Medical, Fire, and Transportation Services grant program. Grants are to be distributed according to five priorities, with the first priority being grants to EMS organizations for personnel training, and equipment and vehicle purchases.

Beginning in 2016-17, the Ohio Board of Emergency Medical, Fire, and Transportation Services introduced supplemental Economic Hardship and Board Priorities grant opportunities to provide additional support to Ohio EMS agencies. The Economic Hardship grant provides additional

<sup>45</sup> Idaho Department of Health and Welfare, 2023 EMS Fund III Vehicle Grants, <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=22926&dbid=0&repo=PUBLIC-DOCUMENTS>.

<sup>46</sup> Idaho Department of Health and Welfare, 2023 EMS Fund III Equipment Grants, <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=22927&dbid=0&repo=PUBLIC-DOCUMENTS>.

<sup>47</sup> Maryland Department of Legislative Services, Office of Policy Analysis, Maryland Emergency Medical System Operations Fund Fiscal 2023 Budget Overview (February 2022).

<sup>48</sup> Ohio Revised Code 4765.07; Ohio Division of EMS Grant Opportunities webpage, <https://ems.ohio.gov/programs-services/ems-grants/opportunities>.

financial support to agencies experiencing serious economic difficulty. The Board Priority grant provides assistance with the acquisition of equipment and training determined to be a priority by the State Board. The supplemental grants are need-based and determined by rank of score and total funding available.

### ***Pennsylvania***<sup>49</sup>

Pennsylvania enacted the Emergency Medical Services Act and created the Emergency Medical Services Operating Fund in 1985. The Fund is primarily funded from a \$20 fine imposed on moving traffic violations and a \$50 fee imposed on persons admitted to the Accelerated Rehabilitative Disposition program for first offenders. The fund received \$8.9 million dollars in revenue in FY 2020-21. Current statute requires that at least 30 percent of annual disbursements to the state Department of Health be distributed to EMS agencies to provide EMS training to underserved rural areas and 10 percent to assist with medical equipment purchases for ambulances.<sup>50</sup>

### ***Virginia***<sup>51</sup>

Virginia collects an additional \$4.25 State annual motor vehicle registration fee for deposit in the state Special Emergency Medical Services fund and the Rescue Squad Assistance Fund. Monies from the Special EMS fund are distributed to the state Department of Health to support EMS training programs, volunteer recruitment and retention programs, state EMS system improvements, technology and radio communication enhancements, and improved emergency preparedness and response.

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<sup>49</sup> Pennsylvania Department of the Auditor General, Pennsylvania Department of Health, Emergency Medical Services Operating Fund Performance Audit Report (May 2023), <https://www.paauditor.gov/Media/Default/Reports/speEMSOFAuditReport050223.pdf>.

<sup>50</sup> 1985 75 Pa.C.S. 3121.

<sup>51</sup> Va. Code 46.2-694.