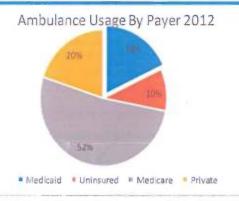


Vermont Ambulance Association

Legislative Information Sheet

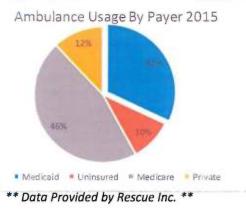
Median cost per ambulance transport according to a 2010 Report by the Government Accountability Office for rural areas like Vermont range from \$469-\$545.

Vermont Medicaid rates from \$97-\$268 leave Vermont Ambulance services to make up the losses through cost shifting to private insurers, local property taxes and fundraising.



Medicaid participants rise in our service area, as well as the number seeking the use of our services. The reimbursement rates are far below that of Medicare and commercially insured patients. It would take us four Medicaid patient transports to equal one transport of a commercially insured patient. Each year we write off tens of thousands of dollars due to the low Medicaid reimbursements. To make up for the shortfall we are forced to either plead with the towns we serve for more money or to pass the cost along to those that are insured. We've trimmed everything we can from our budget while still making this a reasonable place for volunteers to volunteer. "

"In the past couple of years we've seen the number of



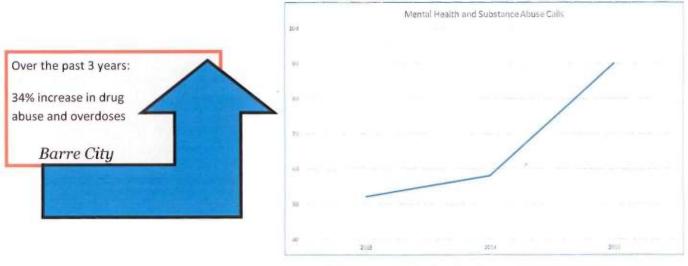
Richmond Rescue

"The low reimbursement rates and increasing requests for service from patients insured through the state Medicaid program has stressed the EMS system to the breaking point." Rescue Inc.

Reimbursement
Rates have not
changed since 2008

An increasing percentage of Medicaid patients and changes in private insurance structure are forcing a large cost shift onto local property taxes. These subsidies lack the federal match, doubling the impact on Vermonters.

Vermont Ambulance Services play a key role in our mental health system, but are often left out of the conversation and lack funding.



**Data provided by Lyndon Rescue **

Single Dose Narcan

Free to the public and law enforcement personnel, Vermont ambulance services fundraise to purchase Narcan and other supplies!

Price	2014	\$16.95
	2016	\$45.99
Increase		271%

^{**} Data provided by Deerfield Valley Rescue Inc. **

Requests for hospital to hospital transportation of mental health and substance abuse patients has increased by more than 70% in the past two years. Services are now faced with the decision to provide this critical service at a significant financial loss or leave these patients in hospital emergency rooms without a safe means of transportation.

"We see patients who have overdosed on heroin

every week and sometimes even multiple patients per day. Frequently, heroin overdose pa-

tients regain consciousness and deny that they

overdosed or become violent when they realize their high was ruined. Narcan is a lifesaving in-

Saint Michael's College Fire & Rescue

tervention that can reverse the effects of heroin quickly. In the few short minutes that it takes to administer Narcan and for it to take effect, EMS crews are usually breathing for the patient using supplemental oxygen and an oxygen delivery device. Once the patient begins breathing on their own, they are almost always reluctant towards additional care. This creates a difficult situation for EMS when patients refuse transportation to a hospital. Not only are they at risk medically as some overdose patients require multiple doses of Narcan, EMS is also unable to recoup any medical or pharmaceutical costs when a patient refuses transport. Additionally, when we leave a scene there is no mechanism in place for EMS to direct heroin addicts towards services that can help them. The cycle will repeat until there is a comprehensive plan in place to combat heroin addiction."

^{**} Data provided by Newport Ambulance **