

Current State of EMS in Iowa

Iowa has a rich history of providing emergency medical services (EMS) to its citizens with both paid and volunteer staff. The delivery system has been driven locally which has led to individual communities deciding whether to support this critical service to its citizens, or at all. Counties may declare EMS as an “essential service,” but there remains no legislative mandate to ensure all Iowans have timely access to emergency care.



To date, **21** counties in Iowa have voted to declare **EMS as an essential service**.



More than 70% of these services are at least partially reliant on **volunteer staffing**.



There are **724** authorized EMS service programs operating from **901** locations across Iowa.



EMS has approximately **450,000** responses annually.

(The 21 Counties that have voted to declare EMS as an essential service include Appanoose, Benton, Butler, Cass, Cedar, Hamilton, Henry, Ida, Jefferson, Jones, Kossuth, Lee, Louisa, Osceola, Pocahontas, Sac, Shelby, Tama, Webster, Winnebago, and Wright.)

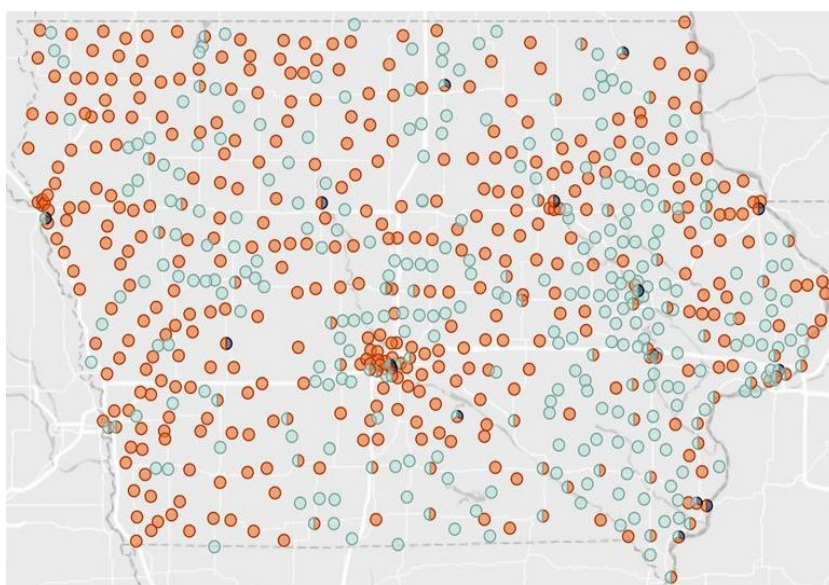
EMS Response Systems Vary Across Iowa

The **most effective** EMS models are in areas with **tiered response systems**. These systems have:

- A central ambulance service covering several communities, plus
- Local first responders who don't transport patients.

Tiered systems ensure quick response from first responders and use resources efficiently. This model is not consistent across Iowa.

In addition to varied response systems, there are also differences in how communities invest in their EMS system and the number of calls EMS providers respond to locally.



EMS Service Locations (901)

● Non-Transport (375) ● Ambulance (502) ● Air Medical (24)

(Multicolored points on the map indicate overlapping service locations showing the full range of EMS service types.)

EMS Personnel

A total of **10,860 certified EMS clinicians** are located throughout Iowa. Iowa HHS certifies four types of EMS clinicians: Emergency Medical Responders (EMR), Emergency Medical Technicians (EMT), Advanced Emergency Medical Technicians (AEMT) and Paramedics.



Iowa ranks **45th** in first attempt certification passing rates out of 50 states and the District of Columbia

(NREMT First Attempt Pass Rates, Iowa and National – 2024)

Challenges:

- **Decrease in students pursuing the profession:** Due to a limited number of training centers, increased costs of training, and the time commitment to complete certification.
- **High reliance on volunteers:** Staffing EMS services adds to personnel challenges as time concerns and economic changes contributes to decreased volunteerism.
- **Recruitment and retention of paid clinicians:** Poor pay and the lack of good benefits pushes high-quality EMS clinicians toward better paying opportunities, often in larger communities.

Emergency Medical Services Also Include Urgent and Non-Urgent Transport

Nearly **74,000 patients** require both urgent and non-urgent transport between healthcare facilities annually, making up 16% of the total EMS responses. The changing rural healthcare landscape has led to an increased demand on EMS systems to facilitate transports:

- To systems of care for **time-critical conditions** (Trauma, Cardiac, Stroke),
- To **obstetrical and neonatal** care,
- To **surgical and orthopedic** care, and
- From **tertiary centers back to local hospitals or long-term care facilities.**

Rural hospitals have seen **significant increases in wait times** (sometimes more than four hours) for available ambulances to facilitate transfers which **impacts operations, costs, and patient outcomes.**

What is HHS Doing?



Working together with Training Program Association to **investigate** the issues around, **and improve**, Iowa's low first attempt pass rate. This collaboration will review what states with high success rates and training programs are doing differently and will work to implement new strategies in Iowa.



Planning for tiered, integrated EMS systems across the state that includes cooperative administrative work, increase in paid personnel, and the removal of siloed, community services will allow EMS systems to **deliver the right care, at the right time, in the right place.**



Exploring the use of Mobile Integrated Health (MIH) to serve those people who use healthcare resources more often than others and patients that need chronic disease management and prevention. MIH programs **help reduce costs, readmission rates, and stress** on EMS and hospital systems.