

## Summary of OTA Special Report on Rural Emergency Medical Services

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The average U.S. resident will need ambulance service at least twice in his or her lifetime; and for some of these patients, delays in receiving emergency care will contribute to death or permanent injury. The one-quarter of Americans who live in rural areas, which occupy four-fifths of the country's land area, face special problems in receiving emergency care. It is difficult to deliver emergency medical services (EMS) to widely dispersed populations quickly, and in small rural communities there may be less than one emergency call a day. This relatively low volume of calls may mean that a rural ambulance service cannot support itself financially and that rural EMS providers have difficulty maintaining their specialized skills. The time it takes to reach emergency patients may always be longer in some rural areas than urban areas because of distances between services and rural residents.

While problems relating to population dispersion are not easily amenable to intervention, many of the problems rural EMS providers are having in delivering EMS care can be alleviated with additional resources and system-wide planning. Among these problems are:

- . EMS personnel shortages;
- . inadequate advanced training opportunities for available EMS providers;
- . a lack of medical supervision of local EMS operations;
- antiquated equipment (e.g., communications equipment);
- . poor public access to EMS; and
- . an absence of regionalized systems of specialized EMS care, such as trauma systems.

The Federal role in supporting State EMS programs has waned in recent years, but evidence of serious impediments to quality EMS care in rural areas argues for an increased Federal role. Limited Federal resources might successfully be used to:

- promote training of EMS providers;
- facilitate the development of national consensus guidelines or standards for prehospital EMS providers and EMS facilities;
- provide technical assistance to States;
- support EMS-related research and demonstration projects; and
- provide incentives for States to implement EMS planning efforts.

Specific Federal options to be considered include:

- . Federal Initiatives in EMS Training

-Option 1: Congress could fund the Department of Health and Human Services (DHHS) to provide assis-

tance in improving the supply and level of skills of rural prehospital and hospital-based EMS providers. Increased Federal assistance could include support of EMS training and continuing education programs, and State recruitment and placement programs.

-Option 2: Congress could require the Department of Transportation (DOT) to reevaluate the standard curricula for EMS providers.

- Federal Guidelines or Standards

-Option 3: Federal legislation could facilitate the development of national consensus guidelines or standards for prehospital EMS providers.

-Option 4: Federal legislation could facilitate the development of national consensus guidelines or standards for specialized EMS facilities such as trauma centers. Such guidelines or standards might delineate the role of small rural hospitals in EMS care.

- Federal EMS Technical Assistance

-Option 5: Congress could fund DOT and DHHS to augment technical assistance to State EMS offices.

- . Federally Sponsored EMS Research and Demonstration programs

--Option 6: Congress could fund DOT and DHHS to augment their EMS research and demonstration programs and encourage the investigation of EMS problems unique to rural areas and providers. The research efforts of DOT's National Highway Traffic Safety Administration, and DHHS's National Center for Health Services Research and Centers for Disease Control, could be coordinated to address a broad range of outstanding research questions.

- . Federal Incentives for Planning and EMS Systems Development

-Option 7: Congress could augment support of existing Federal programs that address EMS, namely the DHHS Preventive Health Block Grant program and DOT's State and Community Highway Safety Grant program. Consideration could be given to earmarking funds within these grant programs for EMS.

-Option 8: Congress could establish a new EMS categorical grant program within DHHS.

- . Targeting EMS Resources to Rural Areas

-Option 9: To accommodate the diversity of rural areas, any Federal EMS resources provided to States could be tied to implementation of a comprehensive State plan that addresses that State's rural EMS system problems.