

# **The State of Emergency in New Hampshire**

**A report from the New Hampshire Ambulance Association (NHAA)**

May 2023

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## The State of Emergency in New Hampshire: Introduction

Over the past three years, medical system stakeholders of all types have been scrambling to recover from the impact of COVID-19 on their normal operations, so some may have dismissed the recent closings of [Best Care](#) Ambulance Services in Laconia and [DiLuzio Ambulance](#) of Keene as collateral damage from the pandemic. But data and feedback from a variety of sources indicate that this may become a frequent headline if New Hampshire does not address what is escalating into a full state of emergency for EMS and medical transport in the state.

While the COVID-19 pandemic exacerbated the situation, the strains on the EMS network have been building for years and stem from increasingly unworkable dynamics. Many state governing bodies have at least begun to study the situation for answers, if not already taken action. In December 2022, a commission in Maine issued a [report](#) recommending the state spend \$350 million over five years to avert an emergency medical crisis based on a committee assessment that the state's EMS was "at the edge of a cliff." Colorado's legislature set up a

task force to study EMS sustainability amid concerns that some residents may soon lose emergency medical services. And a 70-page New York State commissioned [report](#) based on a year of study recommended sweeping changes to overhaul its system. The Maine and New York reports in particular offer pertinent models for addressing New Hampshire's EMS challenges.

The NH Ambulance Association commissioned this study of the EMS and medical transport situation in New Hampshire, providing a summary review of the key issues in hopes of swift legislative action to prevent more service closures. This research included interviews with experts and practitioners in fire departments, municipal and private EMS agencies, and hospitals; analysis of relevant media coverage from the past two years; examination of commissioned reports from other states; and a survey of "EMS stakeholders:" fire chiefs, EMS chiefs, hospital EMS liaisons and skilled nursing facility managers (full data in the Appendix of this report).

This research finds that New Hampshire's emergency medical services are severely strained, according to every source studied, including this survey:

- Most (90%) stakeholders surveyed agree that "New Hampshire residents' health and safety are being impacted as a result of the EMS situation."
- Two-thirds (68%) of total respondents believe there is a moderate-to-major problem with 911 ambulance service in NH.
- Some (13%) say they have already experienced disruption to 911 services, and another 43% say it is fairly or very likely they'll face 911 disruptions.
  - One-third of respondents in Carroll and Grafton counties report having already experienced 911 service disruptions in their area.
- Eight out of ten (82%) EMS stakeholders surveyed say "The EMS system in New Hampshire is broken and needs to be revamped."

A 2023 national [survey](#) by the National Association of Emergency Medical Technicians (NAEMT) found significant impacts on EMS system delivery. Nearly half (49%) of agencies reported lengthening response times, and over one-third (36%) reported implementing

alternate responses to low-acuity calls. Additionally, over one-quarter of agencies moved to tiered deployment (28%) and transitioned from dual paramedic to single paramedic deployment (23%).

New Hampshire is facing its own "state of emergency" in its 911 response and medical transport systems.

The following report examines the tension points and suggests a range of solutions.

## THE ROOT OF THE PROBLEM

While the system was originally established to provide transportation for patients, EMS has developed over time to include delivery of healthcare and medical treatment on site, public health and safety, and emergency response of any type. Today, EMS often serves as a safety net provider of pre-hospital treatment, offering care to all patients regardless of their ability to pay — or the provider’s potential to be

reimbursed — for services. Yet the pay-for-transport system remains in place, despite training for, and delivery of, far more comprehensive services. Half (52%) of survey respondents say, “Not being reimbursed for services provided on site is a ‘major contributor’ to the EMS challenges in New Hampshire.”

According to the New Hampshire Department of Safety, Division of Fire Standards and Training & EMS, in 2022, providers across the state logged:

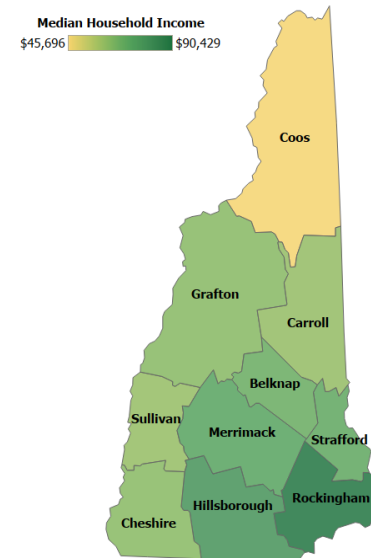
- 263,796 activations of the Emergency Medical Services system
- Resulting in 164,474 transports (excludes those where patient was treated on site or multiple services responded to the call)
- and 46,469 interfacility transport calls.

Those 911 calls that do not result in transport to a medical facility are ineligible for reimbursement, despite the staff, equipment, and fuel used to answer the call. Without adequate reimbursements, EMS providers are further burdened with rising costs.

According to the 2023 national [survey](#) by the National Association of Emergency Medical Technicians, respondents experienced a net increase in overall costs, averaging 8% across all cost categories. And the greatest increase in costs was reported for supplies and equipment, averaging an increase of 12% between 2019 and 2022.

In many rural counties in New Hampshire, the median income is low, placing an extra burden of care on EMS providers. Approximately 100,000 residents are covered by Medicaid, and six percent of the population remain uninsured. (source: [New Hampshire Fiscal Policy Institute, January 17, 2023](#)) EMS providers receive little to no reimbursement for calls to, or transport of, any of these residents.

**Median Household Income Estimates by County**  
Source: U.S. Census Bureau, American Community Survey, 2014-2018



(source: [New Hampshire Fiscal Policy Institute, February 7, 2020](#))

Indeed, the root problem cited in every interview and survey about New Hampshire’s EMS crisis is the lack of sufficient reimbursement.

Two-thirds of respondents to the survey said that low reimbursement rates by Medicaid, Medicare and private insurance companies are a “major contributor” to the EMS challenges in New Hampshire. Medicaid coverage amounts to “pennies on the dollar,” a phrase used by countless providers to describe reimbursement. Medicare rates are not as low but also heavily and unsustainably discounted from the actual costs to provide service. Private ambulance companies will sometimes refuse calls if a patient does not have insurance or only has Medicaid because they cannot run a business at a loss. These rates also have trickle-down effects for communities. As one respondent noted, “These low rates push more of the cost to operate on the taxpayers of the community.”

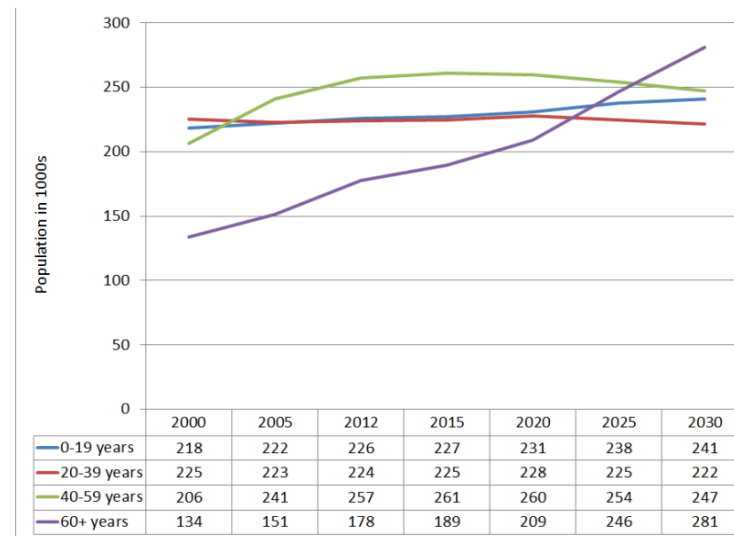
Chuck Hemeon, retired EMS director for the Derry Fire Department, confirmed that a wide disparity exists between the actual cost of

services and current reimbursement rates. “The town of Derry receives, on average, 37% of our billable rates on Medicare, way below the cost of EMS. Medicaid, on the other hand, pays us 14% of our billable rates.” Multiple experts interviewed in this research reported similar economics in their reimbursements.

Private healthcare insurance rates are also far below the actual cost of service, according to nearly all fire and EMS chiefs surveyed. Many describe hours spent chasing reimbursements that often cover “only the cost of fuel” and not the medical technicians or equipment used to care for a patient. Some go so far as to call insurance companies’ practices *predatory* and *anticompetitive*. Retired Laconia Deputy Fire Chief, Shawn Riley, shared in a media interview that the “private insurance piece is the messiest piece ([WMUR](#)).”

## One of the foundational drivers of demand for services, age, suggests the challenges for New Hampshire’s EMS and ambulance services are only going to worsen.

The proportion of New Hampshire residents aged 60 or older — a population that has a much higher need for emergency medical services — is growing substantially, while the young adult population, those under age 35 who more commonly make up emergency medical staff, is flat or even in decline. The median age in the state has steadily risen from 33 in 1990 to 37 in 2000 to 41 in 2010 to 43 years old in 2020 (Census Bureau). The Bureau of EMS noted in the Strategic Planning Session held in November 2017 that the number one priority facing EMS in the future was the doubling of the over-60 patient population in 10 years. The EMS system at that time would not hold with that much of an increase in call volume much less the decreasing numbers of providers NH has today.



Source: U.S. Census Bureau Projections, 2009

## FACTORS OF THE PROBLEM

Low reimbursement rates have direct consequences on the sustainability of EMS by driving down wages, which then leads to labor shortages. Typical EMT wages were widely reported at \$15 per hour, while hospitals and other healthcare providers have been offering higher hourly rates for similar roles in triage and thus attracting many from the labor pool away from EMS roles. This phenomenon is widely reported across the country as well as in NH.

Bruce Evans, former president of the National Association of Emergency Medical Technicians, revealed to a congressional panel last February that the association's EMT and paramedic members respond to nearly 28.5 million emergency calls each year. Testifying at a Senate subcommittee hearing on healthcare workforce shortages, he said, "Currently, our nation's EMS system is facing a crippling workforce shortage, a long-term problem that has been building for more than a decade but made significantly worse by the pandemic. Most communities are facing crisis-level shortages of EMS personnel, and many communities have been impacted by agency closures ([Pew](#))."

Further, due to general labor shortages in all categories of work, job seekers can find higher wages in many other places, including low-skilled restaurant roles. As one respondent noted, "Lots of service individuals can go to McDonalds and make more money and they are not putting their lives on the line!" EMS providers know these wages are unworkable for a job that requires substantial investment in training and recertification, involves working long and odd hours under stressful conditions, and does not provide attractive retirement benefits.

According to Nathan Borland, head of one of the biggest nonprofit EMS agencies in New Hampshire, 45th Parallel EMS, implemented the largest raises in the history of the company in January of 2023 in an effort to keep up with inflation and retain staff, but the company is experiencing increased financial pressures as a result.

Inevitably, low wages are a major impediment to workforce retention. According to an American Ambulance Association survey last year, the turnover rate for full-time emergency medical technicians was 36%, and 27% for full-time paramedics. Although the turnover rate included both resignations and firings, nearly all of the EMTs and paramedics who left did so voluntarily. Additionally, the survey found that more than one-third of new hires don't last through their first year ([Pew](#)). Similarly, in the 2023 NAEMT [survey](#), respondents reported experiencing increasing turnover rates that averaged 8% in 2019 and 11% in 2022. Subsequently, applications for EMT and paramedic positions decreased.

A federal study projected a need for 40,000 more full-time emergency medical personnel nationwide, from 2016 to 2030. To avoid longer 911 call wait times and the closure of ambulance services, many states are rethinking how they recruit and retain both paid and volunteer EMS workers.

Many interviewed for this report cite challenges in both recruitment and retention of EMS workers in New Hampshire. Beyond wage attractiveness, availability of volunteers is proving increasingly unreliable, especially in rural areas that rely on such sources.

## A [Pew report in February 2023](#) confirms much of what New Hampshire is experiencing.

“Like all health care, there is a workforce shortage,” said Susan Bailey, president of the National Association of Emergency Medical Technicians, in an interview with Pew Research. “Since COVID-19, hospitals have found value in EMTs and paramedics, and they’ve started hiring them at competitive salaries,” she said. “It takes them out of the ambulance and into the hospital.” Bailey added that ambulance agencies can’t match the pay because federal reimbursement rates for ambulance services have not kept pace with the costs.

According to the EMT association’s 2022 workforce satisfaction study, pay and benefits were a top concern of EMS workers; however, the inability to balance work demands with family responsibilities was the primary reason they said they were leaving the job. More than half of the respondents said they work two or more jobs just to make ends meet. The study also reported that two of five EMTs make less than \$15 an hour, and about half the paramedics who have more training make \$21 to \$30 an hour ([Pew](#)).

The good news is that New Hampshire EMS standards of training and quality of care have continued to improve year over year, according to leaders in the EMS field. Treatment protocols are at the leading edge of medical and standard of care progress and are continually updated on pace with trends and developments.

Alongside low wages and staffing shortages, hospital backlogs are an additional pressure point in the current unsustainable cycle that continues to derail EMS services. Half (48%) of EMS stakeholders surveyed said a “major contributor to the EMS situation in New Hampshire is that hospitals don’t have enough local beds available.”

Craig Clough, the EMS coordinator for the Concord Hospital Health Systems, shared that it is not uncommon for nearly all the beds in the emergency department (ER) to be full. Often this is a domino effect: ER patients may be admitted but cannot be moved into the hospital due to a lack of available beds in the main hospital – sometimes due to a general shortage of beds, and sometimes due to wait time for an ambulance to transport an admitted patient to another facility. Clough explains this has been an ongoing situation: “On occasion, there have been days with up to 40 patients in the lobby with an estimated time of 10 hours to see a doctor.”

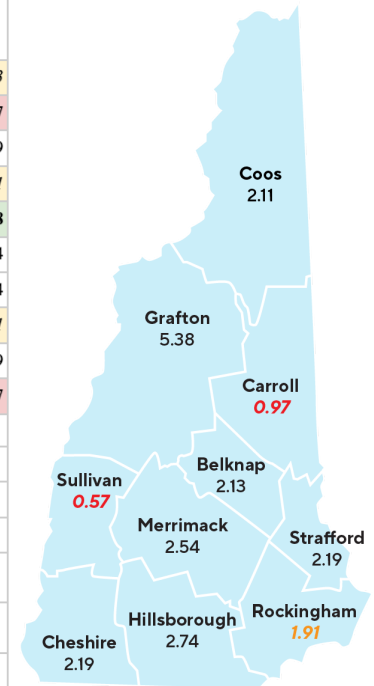
With some ERs operating at 99 percent capacity, EMS and ambulance services cannot operate efficiently. When patients are brought in an ambulance and the ER does not have capacity to take them in, patients are held in the back of the ambulance until a spot can be found for them, or they may be rerouted to another hospital. If patients are waiting 15 – 30 minutes for clearance into the ER, this means ambulances held up at the hospital are then unavailable to the community, resulting in a cyclical backlog and delay in response times.

New Hampshire State of Emergency Report

Compared to the national average of 2.38 hospital beds per resident, only half of New Hampshire’s 10 counties have enough beds. Two counties — Carroll and Sullivan — are very low and lacking in hospital beds. While neighboring Grafton County does have a surplus of beds, transport to these locations requires more drive time for ambulances.

Stakeholders interviewed often cited the lack of available beds at hospitals as a bottleneck in services. When this delays ambulances from being able to answer new calls, sometimes EMS are pulled in from neighboring communities. However, without a regional ambulance system in place, this can lead to backlogs in those neighboring areas. EMS stakeholders interviewed do not believe New Hampshire will get to the point where 911 calls go unanswered, but they do believe residents will experience slower and delayed response times that can impact patient outcomes.

County	Population estimate as of July 1, 2021	Total # of Beds	Beds Per Person
Belknap	64,460	137	2.13
Carroll	51,500	50	0.97
Cheshire	77,329	169	2.19
Coos	31,289	66	2.11
Grafton	92,201	496	5.38
Hillsborough	424,079	1164	2.74
Merrimack	155,238	395	2.54
Rockingham	316,947	606	1.91
Strafford	132,416	290	2.19
Sullivan	43,533	25	0.57
Nationwide, there were 2.38 hospital beds per 1,000 people.			
Becker's Hospital Review, Mar 28, 2022			
well above national average			
>10% below national average			
significantly below national avg			



Nine out of ten (90%) of stakeholders surveyed agree that “New Hampshire residents’ health and safety are being impacted as a result of the EMS situation.”

So what can and should be done to address New Hampshire’s State of Emergency?



## RECOMMENDED SOLUTIONS

In 2022, New Hampshire State Commissioner of Safety Robert Quinn convened a committee to study EMS workforce and other issues. The committee's recommendations included ending New Hampshire's requirement that EMS workers be U.S. citizens, developing a plan to

recruit people of more diversity in race, ethnicity, and gender, as well as developing a more active social presence. EMS Stakeholders interviewed in this research suggest that MUCH more is needed to address the state's EMS and medical transport challenges.

Solutions suggested by EMS stakeholders include level-setting private insurance and Medicaid reimbursements, establishing EMS as an essential service (so that providers are compensated for *readiness* rather than transport), establishing regional EMS networks to share costs and workloads, expanding mobile integrated healthcare and improving the attractiveness of EMS as a profession.

In the survey, EMS stakeholders supported these solutions for addressing NH's EMS situation:

- The New Hampshire legislature should increase Medicaid reimbursement amounts for EMS and ambulance services (90% agree).
- Insurance companies should be required to provide fair and reasonable compensation for the services provided to patients (96% agree).
- Pay for EMS workers should be increased because
  - 80% say the inability to fill EMT/paramedic roles is a major contributor to the situation.
  - 78% believe not being able to offer competitive pay for EMT/paramedic roles is a major contributing factor.

Medicare and Medicaid reimbursements fall significantly below the cost of EMS operations in New Hampshire, and most private insurers also do not cover the full cost of service. These low reimbursement rates, compounded by the impact of inflation on costs, continue to strain New Hampshire EMS providers, preventing much-needed wage adjustments and exacerbating staffing shortages. **Level-setting private insurance and Medicaid reimbursements** commensurate with services administered (including non-transport treatment) would move agencies toward financial stability, positively impact recruitment and retention of EMS personnel and ensure sustainability of EMS services in the state.

The challenges of staffing and retention have been especially difficult for EMS, a profession that relies heavily on volunteers. Due to the changing patterns in the workforce and the aging population of New Hampshire, it is no longer feasible to rely on volunteers. Increasing full-time, paid staff would further drive up overhead costs but is necessary for continuity of care. In order to offer emergency "readiness" rather than just transport, municipalities, hospitals and / or insurers who are responsible for the care of their citizens must be willing to share the cost of service. **Establishing EMS as an essential service** akin to fire and police would enable funding for readiness and pre-hospital care provided as well as the cost of transport.

One longer-term investment would be making EMS a more attractive profession via a combination of **increased wages and additional benefits**. Dr. David Hirsch, one of three certified EMS physicians in New Hampshire and current EMS Medical Director at Littleton Regional Hospital, discussed impediments to the EMS profession. EMS is underpaid and lacks financial support systems, such as pensions. Partly because of this, EMS loses talented employees to lateral transfers to police and fire departments. Others use EMS as a transitional job before medical or physician's assistant school. This lack of financial attractiveness is a significant factor that drives people away from EMS and to career paths with better financial security. **Designating EMS as an essential service** would have the additional benefit of opening the door to improved benefits and career pathways that will help attract talent.

While efficiency is of the essence in EMS operations, response times can be problematic in rural areas of New Hampshire, where distances to medical facilities can be far. Sparsely populated areas struggle to provide consistently efficient coverage for their large service areas. However,

**establishing regional EMS networks** to share the cost of “readiness” and disperse workloads could reduce the burden on EMS providers in rural areas — or any area — and improve efficiency by absorbing ebbs and flows in call traffic.

Additionally, expanding (or introducing) **mobile integrated healthcare (MIH)** is a solution that would both reduce the cost burden of unreimbursed non-transport calls and provide better holistic care to New Hampshire residents. In open comments in the survey, many EMS providers recommend educating residents about “appropriate uses of 911 calls.” They find themselves helping residents with mobility or other legitimate but non-emergency health needs. MIH has been adopted by many healthcare systems nationwide and enables efficient, targeted management of outpatient problems that would otherwise burden ambulances and emergency departments, thereby decreasing hospital admissions and improving overall patient quality of care. [These programs have been proven](#) to reduce 911 calls by 44% and hospital admissions by 54%, on average, as a result of their use over the past 20 years.

These suggestions from New Hampshire's EMS stakeholders mirror much of what both Maine and NY State officials recommended in their reports:

- Create statutory changes that define EMS as an essential service and fund the cost of maintaining continuous readiness and reimbursement for any pre-hospital care that is rendered, including the actual cost of transportation.
- Establish a statewide EMS cost reporting system that mirrors Medicare's Ground Ambulance Data Collection System for use in adjustment of ambulance reimbursement under Medicaid and for private insurers.
- Organize EMS at the county or regional levels to create a safety net and economies of scale from shared services.

Such solutions also address long-identified problems with the EMS system. A 2016 National EMS Advisory Council (NEMSAC) committee [report](#) indicated that financing of the EMS system was fragmented, conflicted and often underfunded. The report cited the following reasons, which persist today, in New Hampshire and nationally:

1. EMS is not considered essential and therefore not required to be provided.
2. Insurance reimbursement is based on transport and not on services provided.
3. Insurance reimbursement rates are underfunded and inadequate.
4. Funding is a fee for service model instead of a readiness model.
5. Local government subsidy varies widely or is completely lacking
6. Federal, state, and local grant restrictions are based on agency type.
7. Uncompensated / charity care provided by EMS agencies is double that of other healthcare provider groups.
8. Offset funding is lacking for uncompensated / charity care.

If New Hampshire desires to stem the state of emergency that has led to the shuttering of at least two ambulance companies this year, it must swiftly address these imbalances with corrective legislation, collective pressure on insurance companies, and collaboration across communities.

**APPENDIX**

**New Hampshire EMS Survey**

In April 2023, New Hampshire agencies invited the following audiences to share their experiences with EMS and ambulance services in the state: Fire Chiefs, EMS Chiefs, Hospital EMS Coordinators, and Skilled Nursing Facility Managers. A profile of the 147 respondents can be found at the end of this summary report. Responses among sub-groups (e.g. fire chiefs, EMS chiefs, etc.) are broken out in columns, but take caution in interpreting these responses due to very small sample sizes. The “base” (number of respondents who answered each question) is provided for each column for context.

Not all participants answered every question (if not relevant to their operations), and some tables add to +/-100% due to rounding.

<b>Do you have responsibility for EMS services in New Hampshire in any of the following?</b> <i>(select all that apply - note that some participants have multiple overlapping roles)</i>	
Among: Column%	Total Sample
Base (# respondents)	147
<b>Fire Department</b>	44%
<b>Municipal or Non-Profit EMS provider</b>	22%
<b>Private EMS Agency</b>	13%
<b>Hospital</b>	23%
<b>Skilled Nursing Facility</b>	11%
<b>Other</b>	3%

<b>Do you believe there is a problem with 911 ambulance service in New Hampshire? If so, to what extent?</b>						
Among: Column%						
	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
Base (# respondents)	114	61	29	14	19	10
<b>Not a problem</b>	16%	15%	10%	7%	11%	50%
<b>A minor problem</b>	11%	7%	7%	14%	26%	20%
<b>Moderate problem</b>	32%	34%	34%	43%	26%	20%
<b>A fairly large problem</b>	26%	30%	17%	21%	21%	10%
<b>A major problem</b>	16%	15%	31%	14%	16%	0%

Two-thirds (68%) of total respondents believe there is a moderate-to-major problem with 911 ambulance service in NH, with a quarter (24%) of respondents saying it is a fairly large problem and 15% saying the problem is major.

- The problem is perceived as most significant by NH municipal or nonprofit EMS providers, 31% of whom say it is a major problem.
- Additionally, rural areas are experiencing more challenges: half (48%) of respondents in those areas say it is a fairly large and a major problem (25% and 23%, respectively).

<b>Do you believe there is a problem with <i>interfacility ambulance service</i> in New Hampshire? If so, to what extent?</b>						
Among: Column%						
	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
Base (# respondents)	103	41	24	12	28	12
<b>Not a problem</b>	2%	5%	0%	0%	0%	0%
<b>A minor problem</b>	9%	12%	8%	8%	4%	8%
<b>Moderate problem</b>	17%	17%	25%	25%	14%	8%
<b>A fairly large problem</b>	30%	22%	33%	17%	32%	42%
<b>A major problem</b>	43%	44%	33%	50%	50%	42%

Almost three-fourths (72%) of respondents believe there is more than a minor problem with interfacility ambulance service in New Hampshire, with a quarter (24%) of respondents saying it is fairly a large problem and 35% rating it a major problem.

- All respondents who have responsibility for EMS services in NH hospitals indicate that a problem exists with interfacility ambulance service in NH, with only 3% saying it is a minor problem. 31% rate it a fairly large problem, and half (48%) say it is a major problem.
- In city/urban areas, 30% say it is a moderate to fairly large problem (13% and 17%), and more than half (52%) say it is a major problem.

<b>Do you believe there is a problem with <i>chair car transportation</i> in New Hampshire? If so, to what extent?</b>						
Among: Column%						
	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
Base (# respondents)	81	29	12	10	26	13
<b>Not a problem</b>	5%	7%	17%	0%	0%	0%
<b>A minor problem</b>	17%	28%	8%	30%	15%	0%
<b>Moderate problem</b>	21%	34%	33%	30%	15%	0%
<b>A fairly large problem</b>	21%	14%	17%	20%	31%	8%
<b>A major problem</b>	36%	17%	25%	20%	38%	92%

More than half (62%) of respondents who have responsibility for EMS services in NH hospitals say car chair transport is a fairly large or a major problem (24% and 38%, respectively). And 39% of respondents in city/urban areas say it is a major problem.

<b>For each of the statements below, please indicate the extent to which you agree or disagree.</b>					
Among: Column%	Total Sample: 111				
	Completely agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Completely disagree
<b>The EMS situation in New Hampshire needs to be addressed urgently.</b>	70%	28%	0%	2%	0%

**For each of the statements below, please indicate the extent to which you agree or disagree.**

Among: Column%	Total Sample: 111				
	Completely agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Completely disagree
<b>New Hampshire residents' health and safety are being impacted as a result of the EMS situation.</b>	62%	28%	7%	2%	1%

**The EMS situation in New Hampshire needs to be addressed urgently.**

Among: Column%						
	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
Base (# respondents)	111	53	27	10	26	10
<b>Completely agree</b>	70%	64%	70%	70%	69%	90%
<b>Somewhat agree</b>	28%	34%	22%	20%	31%	10%
<b>Neither agree nor disagree</b>	0%	0%	0%	0%	0%	0%
<b>Somewhat disagree</b>	2%	2%	7%	10%	0%	0%
<b>Completely disagree</b>	0%	0%	0%	0%	0%	0%



<b>New Hampshire residents' health and safety are being impacted as a result of the EMS situation.</b>						
Among: Column%	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
	Base (# respondents)	111	53	27	10	26
<b>Completely agree</b>	62%	55%	67%	70%	58%	90%
<b>Somewhat agree</b>	28%	34%	22%	0%	38%	10%
<b>Neither agree nor disagree</b>	7%	9%	11%	20%	0%	0%
<b>Somewhat disagree</b>	2%	2%	0%	10%	0%	0%
<b>Completely disagree</b>	1%	0%	0%	0%	4%	0%

EMS providers across various roles widely agree (98%) that the situation in New Hampshire needs urgent attention or NH residents' health and safety will suffer (91% agree).

<b>To what extent have EMS and ambulance challenges affected you in your role?</b>						
Among: Column%						
	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
Base (# respondents)	128	62	29	14	29	13
<b>Not at all</b>	2%	0%	3%	0%	0%	8%
<b>Affected a little</b>	7%	10%	3%	7%	3%	8%
<b>Affected somewhat</b>	24%	29%	24%	29%	14%	31%
<b>Affected fairly significantly</b>	45%	53%	38%	21%	59%	23%
<b>Dramatically affected</b>	22%	8%	31%	43%	24%	31%

Half (45%) of total respondents say EMS and ambulance challenges have affected them in their role fairly significantly, and an additional quarter (22%) say they are dramatically affected in their role.

- Among Fire Chiefs, 29% say they are affected somewhat, half (53%) say they are affected fairly significantly by the challenges, and 8% have been dramatically affected.

<b>How likely is it that your area will be challenged to provide adequate 911 services in the next 12 months if things continue as they are today?</b>						
Among: Column%						
	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
Base (# respondents)	127	61	28	14	29	13
<b>Not at all likely we'll see disruption in 911 services</b>	13%	13%	7%	14%	7%	31%
<b>A little likely</b>	11%	13%	7%	14%	14%	0%
<b>Somewhat likely</b>	19%	18%	18%	36%	17%	31%
<b>Fairly likely</b>	26%	33%	21%	7%	24%	38%
<b>Very likely</b>	17%	15%	29%	7%	17%	0%
<b>We have already experienced disruption in 911 services</b>	13%	8%	18%	21%	21%	0%

Almost half (43%) of respondents say it is fairly or very likely they'll face 911 disruptions (26% and 17%, respectively). Meanwhile 13% of total respondents say they have already experienced disruption to 911 services.

- Carroll and Grafton counties were more likely to report having already experienced 911 service disruptions in their area, with 33% and 32% of respondents reporting such disruptions.

**How likely is it that your area will be challenged to provide adequate *interfacility transfer services* in the next 12 months if things continue as they are today?**

Among: Column%						
	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
Base (# respondents)	127	61	28	14	29	13
<b>Not at all likely we'll see disruption in interfacility transfer services</b>	24%	38%	32%	21%	0%	8%
<b>A little likely</b>	7%	8%	11%	14%	3%	0%
<b>Somewhat likely</b>	7%	10%	4%	7%	3%	0%
<b>Fairly likely</b>	12%	15%	11%	7%	17%	15%
<b>Very likely</b>	12%	10%	4%	0%	24%	8%
<b>We have already experienced disruption in interfacility transfer services</b>	38%	20%	39%	50%	52%	69%

The most widely felt impact of the EMS situation in New Hampshire is interfacility medical transport: 38% of total respondents indicated that they have already experienced disruption. Only a quarter (24%) of total respondents do not think it is likely they will see disruption in interfacility transfer services if things continue as they are.

- A fifth (24%) of respondents in NH hospitals say it is very likely their area will be challenged to provide adequate interfacility transfer services, while half (52%) say they have already experienced disruptions.
- Service disruptions appear to be affecting city/urban areas more significantly, as 60% of respondents in these communities say they have already experienced disruptions.

**How likely is it that your area will be challenged to provide adequate *carchair services* in the next 12 months if things continue as they are today?**

Among: Column%						
	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
Base (# respondents)	126	60	28	14	29	13
<b>Not at all likely we'll see disruption in carchair services</b>	32%	45%	50%	36%	3%	0%
<b>A little likely</b>	7%	8%	7%	14%	7%	0%
<b>Somewhat likely</b>	12%	22%	11%	7%	0%	0%
<b>Fairly likely</b>	17%	17%	25%	21%	28%	0%
<b>Very likely</b>	7%	7%	0%	0%	14%	8%
<b>We have already experienced disruption to carchair services</b>	25%	2%	7%	21%	48%	92%

A quarter (25%) of total respondents say their areas have already experienced disruptions to adequate carchair services.

- Half (48%) of respondents from NH hospitals say they have already experienced disruption to carchair services, and 42% think it is fairly or very likely that their area will be challenged in the next 12 months if things continue as they are today (28% and 14%, respectively).
- Again, those in city/urban areas seem to be affected most significantly as half (56%) of these respondents say they have already experienced disruption to services.

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<b>Operational Stats</b>						
Among: Column%	Note: Responses of "0" have been filtered out from averages.					
	Total Sample	Average (in indicated field)	Maximum (in indicated field)	Fire Depts (Average)	Municipal EMS (Average)	Private EMS (Average)
<b>EMS calls per week</b> ( <i>number of calls</i> )	110	<b>35</b> calls	<b>788</b> calls	35	17	68
<b>Calls requiring transport to hospital</b> ( <i>number of calls</i> )	107	<b>20</b> calls	<b>400</b> calls	15	12	55
<b>EMS response time</b> ( <i>minutes</i> )	106	<b>19</b> minutes	<b>240</b> minutes	12	13	11
<b>Length of 911 emergency transport</b> ( <i>miles</i> )	106	<b>17</b> miles	<b>90</b> miles	17	20	12
<b>Length of interfacility transfer service</b> ( <i>miles</i> )	98	<b>49</b> miles	<b>200</b> miles	52	99	36

Respondents say they average 35 EMS calls per week, 20 of which are calls requiring transport to the hospital. EMS response times average 19 minutes, however maximum response times are as long as 240 minutes. While the average length of 911 emergency transports and interfacility transfer services are 17 and 29 miles respectively, maximum distances traveled go as much as 90 and 200 miles.

<b>What do you think is contributing most to the EMS situation in NH?</b>			
Among: Column%	Total Sample: 111		
	Major Contributor	Minor Contributor	Not at all
<b>Can't fill EMT/paramedic roles</b>	79%	19%	2%
<b>Can't offer competitive pay for EMT/paramedic roles</b>	77%	22%	1%
<b>Medicaid reimbursements don't cover costs</b>	70%	23%	6%
<b>Medicare reimbursements don't cover costs</b>	68%	26%	6%
<b>Insurance company reimbursements don't cover costs</b>	66%	30%	5%
<b>EMS is not reimbursed for services provided on-site</b>	51%	41%	8%
<b>Hospitals don't have local beds available</b>	49%	40%	12%
<b>Caring for patients on-site is taking longer</b>	14%	55%	31%

**Staffing, reimbursements**, then hospital **capacity** are the greatest contributors to the EMS challenges New Hampshire faces.

More than three-quarters of respondents identify staffing challenges related to filling roles (79%) and offering competitive pay (77%) as major contributors to the current EMS situation in the state.

More than half of respondents say Medicaid (70%), Medicare (68%), and insurance company (66%) reimbursements do not cover costs, and that EMS is not reimbursed for pre-hospital care services provided on-site (51%).

- Respondents working as NH municipal or non-profit EMS providers seem to be affected most significantly by the low reimbursement rates, as the vast majority (85%) say insurance company reimbursement is a major contributor to the current situation.

Finally, half (49%) of respondents say lack of beds in hospitals is a major contributor to the current EMS challenges.

<b>Can't fill EMT/paramedic roles</b>						
Among: Column%						
	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
<b>Base</b>	111	53	27	10	26	10
<b>Major contributor</b>	79%	81%	85%	70%	88%	50%
<b>Minor contributor</b>	19%	19%	15%	30%	12%	30%
<b>Not at all</b>	2%	0%	0%	0%	0%	20%

<b>Can't offer competitive pay for EMT/paramedic roles</b>						
Among: Column%						
	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
<b>Base</b>	111	53	27	10	26	10
<b>Major contributor</b>	77%	72%	81%	100%	85%	60%
<b>Minor contributor</b>	22%	28%	19%	0%	15%	30%
<b>Not at all</b>	1%	0%	0%	0%	0%	10%



<b>Medicaid reimbursements don't cover costs</b>						
Among: Column%						
	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
<b>Base</b>	111	53	27	10	26	10
<b>Major contributor</b>	70%	74%	85%	70%	50%	90%
<b>Minor contributor</b>	23%	17%	4%	30%	42%	10%
<b>Not at all</b>	6%	9%	11%	0%	8%	0%

<b>Medicare reimbursements don't cover costs</b>						
Among: Column%						
	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
<b>Base</b>	111	53	27	10	26	10
<b>Major contributor</b>	68%	68%	81%	80%	54%	80%
<b>Minor contributor</b>	26%	21%	7%	20%	42%	20%
<b>Not at all</b>	6%	11%	11%	0%	4%	0%

<b>Insurance company reimbursements don't cover costs</b>						
Among: Column%						
	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
<b>Base</b>	111	53	27	10	26	10
<b>Major contributor</b>	66%	58%	85%	80%	50%	100%
<b>Minor contributor</b>	30%	34%	7%	20%	46%	0%
<b>Not at all</b>	5%	8%	7%	0%	4%	0%

<b>EMS is not reimbursed for services provided on-site</b>						
Among: Column%						
	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
<b>Base</b>	111	53	27	10	26	10
<b>Major contributor</b>	51%	49%	70%	50%	46%	50%
<b>Minor contributor</b>	41%	43%	19%	50%	38%	50%
<b>Not at all</b>	8%	8%	11%	0%	15%	0%

<b>Hospitals don't have local beds available</b>						
Among: Column%						
	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
<b>Base</b>	111	53	27	10	26	10
<b>Major contributor</b>	49%	40%	41%	50%	65%	60%
<b>Minor contributor</b>	40%	45%	41%	50%	27%	20%
<b>Not at all</b>	12%	15%	19%	0%	8%	20%

<b>Caring for patients on-site is taking longer</b>						
Among: Column%						
	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
<b>Base</b>	111	53	27	10	26	10
<b>Major contributor</b>	14%	13%	15%	0%	23%	10%
<b>Minor contributor</b>	55%	55%	41%	50%	54%	70%
<b>Not at all</b>	31%	32%	44%	50%	23%	20%

<b>For each of the statements below, please indicate the extent to which you agree or disagree.</b>					
Among: Column%	Total Sample: 111				
	Completely agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Completely disagree
<b>Insurance companies should be required to provide fair and reasonable compensation for the services provided to patients.</b>	85%	12%	3%	1%	0%
<b>The New Hampshire legislature should increase Medicaid reimbursement amounts for EMS and ambulance services.</b>	77%	13%	7%	1%	2%
<b>The EMS system in New Hampshire is broken and needs to be revamped.</b>	48%	34%	14%	5%	0%

The vast majority (85%) of respondents completely agree that insurance companies should be required to provide fair and reasonable compensation for the services provided. About three-quarters (77%) of respondents completely agree that the New Hampshire legislature should increase Medicaid reimbursement rates for EMS and ambulance services, and about half (48%) completely agree that the EMS system in the state is broken and needs revamping.

- Respondents working in NH hospitals feel especially strongly that the EMS system in the state needs to be revamped with 65% of respondents completely agreeing with this statement.

<b>Insurance companies should be required to provide fair and reasonable compensation for the services provided to patients.</b>						
Among: Column%	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
Base (# respondents)	111	53	27	10	26	10
<b>Completely agree</b>	85%	77%	89%	90%	92%	100%
<b>Somewhat agree</b>	12%	17%	7%	0%	8%	0%
<b>Neither agree nor disagree</b>	3%	6%	4%	0%	0%	0%
<b>Somewhat disagree</b>	1%	0%	0%	10%	0%	0%
<b>Completely disagree</b>	0%	0%	0%	0%	0%	0%

<b>The New Hampshire legislature should increase Medicaid reimbursement amounts for EMS and ambulance services.</b>						
Among: Column%	Total Sample	Fire Chiefs	Municipal or Nonprofit EMS	Private EMS	Hospitals	Skilled Nursing Facilities
Base (# respondents)	111	53	27	10	26	10
<b>Completely agree</b>	85%	75%	89%	80%	73%	90%
<b>Somewhat agree</b>	12%	15%	0%	10%	12%	10%
<b>Neither agree nor disagree</b>	3%	9%	7%	10%	8%	0%
<b>Somewhat disagree</b>	1%	0%	4%	0%	0%	0%
<b>Completely disagree</b>	0%	0%	0%	0%	8%	0%

<b>The EMS system in New Hampshire is broken and needs to be revamped</b>						
<b>Among: Column%</b>	<b>Total Sample</b>	<b>Fire Chiefs</b>	<b>Municipal or Nonprofit EMS</b>	<b>Private EMS</b>	<b>Hospitals</b>	<b>Skilled Nursing Facilities</b>
<b>Base (# respondents)</b>	111	53	27	10	26	10
<b>Completely agree</b>	48%	28%	48%	50%	65%	80%
<b>Somewhat agree</b>	34%	49%	30%	20%	27%	20%
<b>Neither agree nor disagree</b>	14%	17%	19%	10%	8%	0%
<b>Somewhat disagree</b>	5%	6%	4%	20%	0%	0%
<b>Completely disagree</b>	0%	0%	0%	0%	0%	0%

## Open-Ended Questions

*What are your biggest challenges regarding EMS in New Hampshire?*

According to providers, the two biggest challenges EMS providers face in New Hampshire are staffing shortages and low reimbursements. For staffing, challenges exist with both low pay and recruitment to the field. As one noted, “Lots of service individuals can go to McDonalds and make more money and they are not putting their lives on the line!!!” Regarding reimbursement rates, respondents cite the low reimbursement levels for Medicaid, Medicare, and private insurance companies as a major issue, with one noting, “These low rates push more of the cost to operate on the taxpayers of the community.”

In addition, another noted that one of the concerns is the lack of availability of non-emergency transfer services, making interfacility transfers that much harder. Finally, another concern noted by some was the lack of understanding within the general public about what constitutes appropriate usage of 911.

*What do you think is contributing most to the EMS situation in NH?*

Among other issues that EMS providers cite are the barriers to training. Some believe that lack of available training is hurting EMS’ capacity and ability to recruit new staff, and some note that the current system of training is not readily available and incentivizes failing students. As one noted regarding EMS training, “Availability within a reasonable distance at a reasonable cost.”

Other concerns highlighted by multiple individuals were the lack of infrastructure (in particular ambulances but also other equipment), pay issues (low pay plus the lack of readiness as an essential service), confusion and lack of coordination among groups (in particular EMS and hospitals), and residents using 911 incorrectly.

*What are the top 3 things the state or local government should do to address the EMS situation in New Hampshire?*

Overall, respondents generally want to see improvements to the Medicare, Medicaid, and insurance reimbursement rates. In addition, they would like to see more focus on recruiting additional EMS staff, whether through increased pay, availability of vocational training at the high school or college level, or subsidization of EMS training and support. Others called on making EMS an essential service, improving public understanding of what makes a 911 call vs. a non-urgent call, and further developing transport systems.

**PROFILE OF RESPONDENTS**

<b>What county(ies) do you serve? (select all that apply)</b>	
Among: Column%	
	Total Sample
Base (# respondents)	135
<b>Belknap</b>	7%
<b>Carroll</b>	9%
<b>Cheshire</b>	14%
<b>Coös</b>	8%
<b>Grafton</b>	16%
<b>Hillsborough</b>	21%
<b>Merrimack</b>	14%
<b>Rockingham</b>	29%
<b>Stratford</b>	10%
<b>Sullivan</b>	7%

<b>How would you describe your service area? (select all that apply)</b>	
Among: Column%	
	Total Sample
Base (# respondents)	135
<b>City/Urban</b>	20%
<b>Suburbs/Small Town</b>	64%
<b>Rural/Super Rural</b>	44%

<b>What proportion of the residents in your area, would you estimate, is age 65 or older?</b>	
Among: Column%	
	Total Sample
Base (# respondents)	135
<b>0-15%</b>	6%
<b>16-30%</b>	29%
<b>31-50%</b>	42%
<b>51% or more</b>	23%