

# Emergency Medical Services Interim Committee 2025 Final Report



## Study Assignment

The Executive Board of the Legislative Research Council established the Emergency Medical Services Interim Committee to examine the provision of emergency medical services in the state with a view to addressing the challenges of geographic availability, reliability, and sustainability. The committee was directed to focus on issues related to obtaining, maintaining, and training staff; providing service in remote areas without ready access to trauma-capable healthcare facilities; and identifying efficiencies and resources necessary to support operations.

## Summary of Meetings

The committee's first meeting was [June 30, 2025](#). The committee received presentations from the South Dakota Department of Health, the South Dakota Emergency Medical Services Association, and Avel eCare, a telemedicine provider.

Emergency medical services (EMS) providers across the state are facing increasing challenges as a result of rising costs and workforce shortages. Rural counties and municipalities in particular are struggling to provide effective and efficient services, given their limited revenue sources and lack of personnel. By one [estimate](#), 86.4 percent of South Dakota counties have ambulance deserts-- i.e. areas where the time to transport a patient from pickup to the hospital is greater than twenty minutes. This raises concerns about the ability to respond to emergencies in a timely matter, if at all.

This state has 121 licensed ground ambulance services, which are a mix of volunteer and paid services. Ground ambulance services are operated by various entities, including for-profit and nonprofit organizations, hospitals, and local governments. The most common service provider is a non-profit entity.

Since 2020, the number of requests for ground ambulance service has increased each year, with 116,740 calls requested in 2024. EMS is not an essential service in the state, meaning counties are not required to provide EMS.

The Department of Health presented the [2023 Regional Services Designation Ambulance System Study](#), a report prepared in partnership with Healthcare Strategists, Inc. The report, which included a comprehensive assessment of the state's EMS system, identified workforce recruitment and retention as the greatest challenge facing ambulance availability in the state.

The committee discussed possible reasons for the workforce shortage, including a decline in volunteerism, a lack of population to sustain services, limited ability to pay personnel, and the highly demanding nature of serving on an ambulance crew. The department noted the high turnover rate of ambulance service directors over the last two years and the high average age of EMS personnel, which was 51 years.

Avel eCare presented information on [Telemedicine in Motion](#), a program operated in partnership with the Department of Health to provide telemedicine services to ambulance providers. Ambulance crews use an iPad mounted in the ambulance to call medical providers who offer real time assistance in the care of a patient. Avel eCare supports 105 ambulance services in the state.

The committee also heard presentations from EMS providers, including representatives from the South Dakota Ambulance Association and the South Dakota Emergency Medical Services Association, who highlighted administrative barriers to EMS provider certification and renewal, funding shortages, and difficulty in recruiting personnel as the primary challenges they face.

The committee's second meeting was [July 23, 2025](#). The committee received presentations from the South Dakota Board of Nursing, the South Dakota Association of County Commissioners, and the South Dakota Association of Healthcare Organizations.

The committee discussed strategies that would encourage nurses to serve as EMS personnel and obstacles that disincentivize nurses from serving on an ambulance crew. These included low awareness and lack of liability protection. The Board of Nursing assured the committee that serving on an ambulance crew is within a nurse's scope of practice. The committee indicated support for legislation to provide nurses with liability protection when working within the nurse's scope of practice on an ambulance crew.

Many of the challenges identified in the first meeting were reiterated in the second meeting, with an emphasis on the difficulty of funding EMS in remote counties. Potential solutions discussed included allowing counties to utilize the Obligation Recovery Center, raising the reimbursement rate for Medicaid, and increasing the DUI penalty established by [SDCL § 32-23-4.10](#) and directing the new revenue to an EMS fund.

The committee also discussed the creation of ambulance districts as a means for counties to independently raise revenue that could be used to pay for EMS. Ambulance districts, which are authorized by [SDCL Chapter 34-11A](#), may be formed in any rural territory through voter approval and may levy taxes on property within the district's boundaries. There are thirty ambulance districts in the state, with the most recent being the Davison Hanson Ambulance District, which voters approved April 22, 2025.

The committee's third meeting was October 21, 2025. A representative of the Governor's office provided information on the Rural Health Transformation Program, a federal grant program to provide states with funding to address rural health challenges. The committee received a [presentation](#) from the National Conference of State Legislatures on examples of other states' EMS funding mechanisms and workforce strategies.

The committee discussed Treatment in Place (TIP), which is care provided to patients by EMS personnel on site, rather than transporting the patient to a hospital. The discussion included the financial burdens caused by Medicaid and Medicare reimbursement policies that do not cover TIP. Finally, the committee discussed the Department of Health's partnership with Avel eCare and the feasibility of funding the partnership in the future.

Throughout its meetings, the committee emphasized the urgent need to address EMS in the state, with a focus on recruiting and retaining personnel. Committee members considered potential revenue sources for EMS, including vehicle registration fees and the gas tax. Other proposals included the regionalization of EMS, designating EMS as an essential service, and removing administrative barriers to certification and renewal. The committee encouraged continued discussion among stakeholders and emphasized the need to promote public awareness of the problem and seek lasting solutions.

### **Committee Action**

The committee recommended [Draft 135](#) for introduction. The bill would establish requirements and liability protection for registered nurses and licensed practical nurses serving on ambulance crews.

The committee recommended [Draft 142](#) for introduction. The bill would modify the requirements for ambulance operators, permitting EMS personnel and law enforcement personnel to act as ambulance operators without additional certification.

The committee supported:

- Sending a letter to the Center for Medicare and Medicaid Services encouraging the implementation of reimbursements to cover TIP; and
- The concept of requiring Medicaid payments to cover TIP in this state.

The committee supported continued dialogue on:

- The introduction of students to EMS careers, including the implementation of CPR training in schools and the provision of reimbursements for EMS certification;
- The exploration of revenue sources for EMS that align with the services provided; and
- The desirability and feasibility of making EMS an essential service.

#### **Committee Members**

Senator Tim Reed, Co-Chair; and Representative Jana Hunt, Co-Chair. Representatives Eric Emery, Josephine Garcia, David Kull, and Tim Walburg. Senators Tamara Grove, Kevin Jensen, and Curt Voight.

#### **Staff Members**

Matthew Server, Research Analyst; Bill Douglas, Fiscal Analyst; and Michelle Deyo-Amende, Administrative Specialist.

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