THE STATE OF EMS IN SOUTH DAKOTA

-State of EMS in South Dakota
-EMS is Essential
-Funding EMS

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What EMS Provides to South Dakota

- 24/7 Emergency Response
- Basic and Advanced Life Support
- Cardiac and Stroke Care
- Interfacility Transfers
- Mass Causality Response
- Community Health Education

If EMS disappears, there is NO replacement.

CURRENT STATE OF EMS

- South Dakota is Primarily Rural/Frontier Service Area
- -64/66 counties considered frontier by Rural Health Care Transformation grant.
- Long Distance Transfers
- Aging Volunteer Workforce: Average Age of EMS providers in SD is 51 yrs old : SD Dept of Health Data
- Difficulty Recruiting EMS Staff
- Increasing Call volume
- Growing reliance on Paid Staffing

Workforce Crisis

EMS was started as a volunteer service

-Many services are still volunteer

-Families need two incomes to survive

-Volunteerism is decreasing and changing

Training for EMS has increased

-EMT training was 81 hours in 1975 and today 150-180 hours

Competition with paying jobs

Burnout due to high stress- Rural EMS is a beast of its own

EMS Reimbursement – Not Enough

EMS Reimbursement does not cover costs

Medicare reimbursement: Cost-to-reimbursement gap of 54-63%

-Cost Data Collection Survey 2020-2025

Medicaid reimbursement: Reimbursement far under cost

Commercial Insurance: Payments inconsistent

Readiness is not reimbursed

Readiness Costs

Costs of Readiness are Many: These are needed for 1000 calls or 50 calls

- Personnel
- Ambulances
- Equipment
- Medications
- Fuel
- Insurance
- Training
- Facilities

Communities pay for readiness every minute of every day, not just when an ambulance transports a patient.

Why is EMS different?

Police:

-Tax-supported essential service

Fire:

-Tax-supported essential service

EMS:

-Expected to function as an essential service

-Often funded through billing, donations, and local subsidies

Why is EMS the only public safety service expected to pay for itself?

Funding Solutions

Potential Options:

-Dedicated State EMS Funding

-Increased Medicaid Reimbursements

-Workforce recruitment and retention funding

-Operational Support funding

-Funding that is a partnership between state and local governments

-SB 211 Patient Protection Act :This would have increased insurance reimbursements for EMS

Return on Investment

Investment in EMS

-Saves Lives

-Preserves Rural Health Care Access

-Supports hospitals and patient movement

-Improves Disaster Preparedness

-Protects Economic Development

Communities cannot thrive without EMS

Lennox Ambulance Attempt at Funding

2022- Process started to form an Ambulance Tax District: 31-11A

-Two ways allowable by law: petition or resolution by governing body.

-Halted by Lincoln County Commissioners

-December 2025 – Letter released by Lennox City Council to halt all ambulance services outside city limits on 01/01/2027

-Talks continuing towards an equitable funding option between all levels of local government

Legislative Request

We Respectfully Request:

- -Designation as Essential
- -Oversight of all aspects of EMS in one office
- -Long Term Commitment to protect EMS
- -Stable and reliable EMS funding solutions
- -Improved reimbursement rates
  - -Medicaid Reimbursements
  - -SB 211 Patient Protection Act

EMS is not optional.

EMS is not a luxury.

EMS is not “nice to have.”

EMS saves lives — every single day!

EVERY **South Dakotan** deserves timely access to emergency medical care, regardless of their zip code.