



Medicaid and Emergency Medical Services

Communities across the nation rely on 24/7/365 availability of EMS for the sick, injured, elderly, and disabled and Medicaid is either the largest or second largest payer for the majority of ambulance services, especially in rural and underserved communities.

As Congress completes the Budget Resolution and Budget Reconciliation we ask you to remember that EMS receives significant funding from the Medicaid program and that Congress consider the impact that reducing state Medicaid funding will have on the availability of ambulance service throughout the country. We ask Congress to protect the Medicaid program from reductions. EMS agencies are already struggling with below cost Medicare and Medicaid reimbursement that has resulted in ambulance deserts and delays in lifesaving care.

NAEMT brings achievable savings and efficient solutions to the table through support of Treat-in-Place (TIP) and Mobile Integrated Healthcare-Community Paramedicine (MIH-CP) initiatives.

Twenty States will have Medicaid ambulance provider taxes in place during 2025, according to the Kaiser Family Foundation 2024-2025 State Medicaid Budget Survey. The states are Alabama, Arkansas, California, Georgia, Kentucky, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Oklahoma, Oregon, South Carolina, Tennessee, Utah, Vermont, Washington, West Virginia, and Wyoming. NAEMT is concerned that any new federal restrictions on provider taxes could trigger State Medicaid ambulance payment reductions.

NAEMT Urges Caution in Budget Resolutions Reducing Medicaid Spending

Feb 22, 2025

As the Congressional Budget Committees draft their Fiscal Year 2025 Budget Resolutions, the National Association of Emergency Medical Technicians (NAEMT) urges caution in reducing Medicaid spending.

Communities across the nation rely on 24/7/365 availability of Emergency Medical Services (EMS) for the sick, injured, elderly, and disabled. In many communities, EMS is the safety net for care.

EMS receives significant funding from the Medicaid program, and we ask that Congress consider the impact that reducing this support will have on the availability of ambulance service throughout the country and reject Medicaid reductions. EMS agencies are already struggling with below cost Medicare and Medicaid reimbursement that has resulted in ambulance deserts and delays in lifesaving care.

NAEMT can bring achievable savings and efficient solutions to the table through support of Treat-in-Place (TIP) and Mobile Integrated Healthcare-Community Paramedicine (MIH-CP) initiatives.