

## **Funding Cuts, More Struggle to Keep Local Ambulance Operating.**

Earlier this summer Michigan Ambulance learned that they would not be receiving money from the North Dakota Rural Assistance Grant in the amount we had received over the past couple of years. We knew there would be some cuts as everything this last legislative session had also been cut. What we did not expect was to be cut to the tune of \$21,000.00

This was a big cut to swallow. Over the past 5 years we had been applying for the grant jointly with Lakota Ambulance. The reason is the State had sent up funding areas, we and Lakota Ambulance were in a funding area together; 2 years ago we combined our joint effort with McVille Ambulance, Aneta Ambulance and included Tolna Quick Response, who were in a different funding area. This joint effort was spurred by State wanting us to collaborate and bring our system together for a stronger bond and better EMS system. The time and effort that it took to write the grant yearly did bring on working together which meant we were able to find a unified Medical Director for all, training together and also that our medical protocols that we follow to render care were all uniformed. We got to know one another's staff and a bond was formed. Now we did realize that what the State ultimately wanted was for more of a "system to form" and we felt we were working towards that, but with all big change, we knew that it would be a longer process than just a couple years.

This year, when the grant was announced, its rules were once again changed by the State EMS Systems Office and we were informed that they had taken our call base and we would each receive a certain amount of money per run, excluding any mutual aid runs and refusals. This meant that the hard work of the system we were forming really did not matter, as now to get the money all you had to do was sign on the line, submit where you were going to spend your money and it was done. If a service had decided that they did not need to partake in the longer, working together writing grant process in the past now could just sign their name and have the money. Leaving those of us who had done the work in the past, feeling like it didn't matter that we were working towards what the state had wanted before.

This cut to our budget coupled with the severe lack of volunteers, is now taken from an urgent matter into a dire matter for many services in the state and Michigan Ambulance is not immune to it.

Volunteers, for the last several years have become increasingly hard to find. People who want to "Volunteer" their time to carry a pager and do all of the training to be on Ambulance. Yes we do pay our volunteers, but it is not much! They receive \$1.00 per hour they carry their pager

and receive \$30.00 per run that may occur during their shifts. Now let's turn that volunteer time into paying real wages 24/7, 365 days a year...our members alone in 2016 gave just over \$300,000.00 in volunteer wages we did not have to pay. That is a substantial amount of money that we do not have to come up with in "real green style". But as we have said it is hard to find "Volunteers" to cover all of those hours. In order to be in compliance with our ambulance license we must have staff 24 hours a day, 7 days a week on call in case of an emergency. With one of those people being trained at a level of an EMT and the other being a CPR/driver.

In 2012 the service made a decision to hire a Monday – Friday EMT to cover from 6am-6pm. This relieved the stress that a shortage of volunteers was causing. That person would not be expected to cover nights and weekends. Now in 2017 as the volunteer base has shrunk even more with people retiring, moving away and others not willing to step up to fill those shoes. The fulltime person who was hired for Monday through Friday 6am-6pm EMT is now filling at least 12-15 night shifts a month plus taking 2 or more weekends a month, no raise has been given for the extra coverage, that person does receive evening/weekend compensation like the rest of \$1 an hour of pager carried and \$30.00 per run.

This past summer Michigan Ambulance has had only 3 EMTs who have filled the EMT spot which is mandatory to be in compliance for the state license that they held. Plus 7 other people who filled the drivers spot and if we are lucky the attendant spot to assist the EMT in the back, is all the help we have had left in the summertime. By Oct we hope to have 4 others who will be helping out, but honestly, this is not enough help. We need more!

The Ambulance receives their money to operate from a few different places. Number one we get from charging for our service to insurances including, Blue Cross Blue Shield, Sandford Health, Humana, United Health Care and of course Medicare. Medicare is our biggest reimbursement insurance we deal with, but with all good government programs we receive on average of 48 cents on the dollar for care provided, the rest we have to write off. This year we have written off almost \$18,000.00. Money also comes from donations, memorials, Michigan City Sales Tax, State grants, fundraising and our local ambulance tax district. Also the City of Michigan not only has written us into the city sales tax distribution program but they also cover our utilities of lights, water, heat and have provided us with a building. We run on as tight of a budget as possible and yet in the last couple years we have not broken even but have lost money. With the cut coming from state we are projecting that we are going to lose \$26,000-\$30,000 for 2017.

What does this all mean? First off we need to find where the money is going to come from to make our service break even. That may mean we will need to look for more donations, tax district increase support, fundraisers? 2<sup>nd</sup>, we need staff. 3 EMTs are not enough! 7 other staff members are not enough! Not finding enough people to work as low paid volunteers means

that if the communities want an ambulance service we will need to hire staff and offer benefits, and by benefits we must be able to offer more than health insurance. To be competitive in this tight employment market we live in. We must also be able to give a retirement option, paid holidays and vacations, optional dental and eye insurance you get what we are saying. Having 4 more EMTs, 4-6 more drivers would make our squad secure.

As the ambulance executive board has taken a long hard look at our future, we know that if we cannot bring up our numbers of staff and money we are looking at about 20-24 more months of ambulance before closure would need to happen. Not having enough staff is not a safe condition, and no one should be required to carry the pager for 450-500 hours a month.

So much doom and gloom. Many times a week we hear how important our service is to the communities. But we are sure no one has a realization how close to the end we could be without input and help of our communities. Our current staff is giving 150% to be sure we are operating, but we all know we can only give that much for so long before they too can no longer give.

Please watch for community Town hall meetings that will be set up to explain our current situation. Brainstorm and think about what we can do to save this service, to not let it close before we put in 50 years of service to our community as a service.

Michigan Ambulance has always had support of our community and its residents and for that we say thank you, but unfortunately we are going to need more support and guidance from you as a whole.

If you have questions we ask that you contact our Operations Manager, Jason Flom, he can answer most of your questions you may have.