EMS WORKFORCE SHORTAGE IN NYS:
WHERE ARE THE EMERGENCY MEDICAL RESPONDERS?

Results of a survey of New York’s emergency medical service workforce conducted by the New York State Emergency Medical Services Council

December 2019
Career and volunteer emergency medical service agencies in New York state are struggling to cope with a growing shortage of certified EMS responders. The number of certified EMS providers in New York has declined 9% in the last ten years, according to the New York State Department of Health Bureau of EMS.

This voluntary survey of New York state EMS agencies was designed to gather data on the shortage of certified EMS providers and gauge its impact on agencies’ readiness to serve their communities.

A substantial number of EMS agencies report an impaired ability to respond to calls for assistance due to shortages of certified EMTs and paramedics. This is true for agencies that utilize volunteer responders and those that use paid responders. A majority of survey respondents had an unfavorable outlook on their agency’s ability to recruit the workforce necessary to adequately serve their community in the future.
New Yorkers who need emergency medical assistance have always expected, and continue to expect, that EMS will arrive when needed, 24 hours a day, seven days a week, 365 days a year. However, there are workforce shortage circumstances under which this expectation is at risk or not being met. New Yorkers are largely unaware of this struggle.

This survey was designed with the input of many members of the New York State Emergency Medical Services Council and compiled by SEMSCO Immediate Past Chair Steven Kroll, MHA, EMT, and New York State Medical Advisory Committee member Michael Dailey, MD.

About 900 New York EMS agencies responded to this survey during the summer of 2018. This represents a response rate of approximately 50% of New York’s EMS agencies.

Data collection was conducted in collaboration with New York’s 18 Regional EMS Councils. Special thanks to the Healthcare Association of New York State for helping produce this report.

REASONS FOR THE EMS WORKFORCE SHORTAGE INCLUDE:

- a decline in the number of new volunteers to replace long-time volunteers aging into retirement;
- low wages for career EMTs and paramedics, despite the tremendous responsibilities that come with the job;
- a very limited capacity to raise wages, due to the declining financial health and negative fiscal outlook facing most ambulance services; and
- a need for more EMS responders to meet increasing demands for ambulance service due to aging communities, drug and alcohol abuse, behavioral health challenges and chronic care needs.
**BACKGROUND — WHO RESPONDED TO THE SURVEY**

**Respondents by agency staffing type**

- **All volunteer EMS responders**: 480 respondents (53.7%)
- **Hybrid with both volunteer and paid EMS responders**: 225 respondents (25.2%)
- **All paid responders**: 189 respondents (21.1%)

**Respondents by community type**

- **Urban**: 46 respondents (5.2%)
- **Suburban**: 181 respondents (20.3%)
- **Rural**: 489 respondents (54.9%)
- **Combination of urban, suburban and/or rural**: 175 respondents (19.6%)

**Responses by yearly call volume**

- **Up to 200**: 166 respondents
- **201 to 500**: 242 respondents
- **501 to 1,000**: 140 respondents
- **1,001 to 3,000**: 161 respondents
- **3,001 to 6,000**: 64 respondents
- **6,001 to 10,000**: 25 respondents
- **10,001 to 25,000**: 42 respondents
- **25,001 to 100,000**: 21 respondents
- **More than 100,000**: 22 respondents
- **Not answered**: 9 respondents
**KEY WORKFORCE SHORTAGE RESPONSES**

- **52%** of agencies utilizing volunteer responders reported their ability for timely EMS responses in their community was moderately or severely impaired by certified volunteer staff shortages; 29% of agencies reported frequent delayed responses or missing calls due to the shortage.

- **40%** of agencies using volunteers reported their number of certified volunteers decreased by 11% or more over the last three years; 16% saw a decrease of more than 25%.

- **62%** of agencies utilizing only paid responders reported that the shortage in the number of qualified paramedics diminished their ability to cover their calls or scheduled shifts. Similarly, 38% reported that the shortage of qualified EMTs diminished their ability to cover their calls or scheduled shifts.

- **49%** of agencies using only paid responders reported an increase of 11% or more in the number of paid overtime hours in the last two years to compensate for responder shortages.

- **40%** of respondents consider their EMS responder workforce to be “distressed.”

- **62%** of respondents had an unfavorable outlook on their agency’s ability to recruit enough certified EMS responders to adequately serve their community in the future.

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**WORKFORCE SHORTAGE MORE SEVERE IN RURAL COMMUNITIES**

- Fifty-nine percent of rural volunteer responders reported their ability for timely EMS responses in their community was moderately or severely impaired by certified volunteer staff shortages.

- Sixty-eight percent of rural agencies using only paid responders reported that the shortage in the number of qualified paramedics diminished their ability to cover their calls or scheduled shifts. Similarly, 46% reported that the shortage of qualified EMTs diminished their ability to cover their calls or scheduled shifts.

- Fifty-nine percent of agencies utilizing only paid responders reported an increase of 11% or more in the number of paid overtime hours in the last two years to compensate for responder shortages.

- Sixty-eight percent of rural respondents had an unfavorable outlook on the future of responder recruitment.
SURVEY RESPONSES BY VOLUNTEER/HYBRID AGENCIES

(Hybrid agencies are those that have both volunteer and paid responders.)

Is your agency delaying responses or missing calls due to the shortage of certified volunteer responders?

- Yes, frequently: 29%
- Yes, but rarely: 49.2%
- No: 21.8%

29% of agencies reported frequent delayed responses or missing calls due to the shortage; only 22% of agencies were not delaying responses or missing calls due to the shortage.

Do you believe the ability for timely EMS responses in your community is currently impaired by certified volunteer staff shortages?

- No: 20.3%
- Yes, minimally: 27.8%
- Yes, moderately: 34.5%
- Yes, severely: 17.7%

52% reported their capacity for timely EMS responses in their community was moderately or severely impaired by certified volunteer staff shortages.
Has your number of certified volunteer responders increased or decreased in the last three years?

Two-thirds of agencies reported their number of certified volunteers decreased over the last three years; 16% saw a drop of more than 25%.

Has a decline in the number of certified responders diminished your ability to cover your calls or cover scheduled shifts?

- Increased by zero to 10%: 23.3%
- Increased by 11% to 25%: 7.3%
- Increased by more than 25%: 2.2%
- Decreased by zero to 10%: 16%
- Decreased by 11% to 25%: 24.3%
- Decreased by more than 25%: 26.9%

No: 41.6%
Yes: 58.4%
Nearly three-quarters of agencies reported an increase in the number of paid overtime hours in the last two years to compensate for responder shortages.
What percentage of emergency responses in your community are delayed by paid responder shortages?

More than half of agencies had emergency responses delayed by responder shortages.

What percentage of inter-facility transports are delayed by paid responder shortages?

More than half of agencies had inter-facility transports delayed by responder shortages, potentially disrupting patient navigation of hospitals and continuing care providers.
Do you consider your EMS agencies responder workforce to be healthy/strong, satisfactory or distressed?

40% of respondents consider their EMS responder workforce to be “distressed.”

Given current workforce circumstances and trends, do you have a favorable or unfavorable outlook on your agency’s ability to recruit enough certified EMS responders to adequately serve your community in the future?

Nearly two-thirds of respondents had an unfavorable workforce outlook.

Why can’t EMS providers raise wages?

There are a number of factors behind the fiscal instability that prevents EMS providers from increasing wages:

• The rates paid to ambulance services by all payers are under the same compression as payments to hospitals, physicians and other healthcare providers. Neither government payers nor private insurers are willing to raise ambulance payments to increase wages. Direct government EMS subsidies are difficult to obtain from localities managing multiple priorities and living under a tax cap.

• Many insurers — including Medicare and Medicaid — pay EMS agencies less than their actual cost of transporting a patient. Since the ability to cost-shift to other payers is long gone, government payment shortfalls are a significant impediment to ambulance services giving wage increases. According to the NYSDOH 2017 Medicaid Ambulance Rate Adequacy Review, ambulance agencies — volunteer and paid — are paid much less than it costs to transport a Medicaid patient. The report recommended that Medicaid rates be increased over time to be more closely reflective of costs.
EMTs and paramedics receive extensive training, work in high-risk and high-stress situations and have great responsibility for the well-being of the people they serve. Yet, they are paid far less than other public safety and healthcare professionals. EMTs and paramedics often leave their jobs to become firefighters, police officers or registered nurses. EMS salaries must increase to provide parity and support EMS as a career choice.

**SALARY INEQUALITY UNDERMINES EMS AS A CAREER CHOICE**

Providers need to work more than one job to make ends meet

Given the salary inequity, it is no surprise that many certified EMS responders must work more than one job to make ends meet.

- Thirty-four percent of survey respondents indicated that “nearly all” of their paid EMTs work more than one job in EMS. Another 11% indicate more than half of their paid EMTs work more than one job.
- Forty-two percent of survey respondents indicated that “nearly all” of their paid paramedics work more than one job in EMS. Another 9% indicate more than half of their paid paramedics work more than one job.

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<table>
<thead>
<tr>
<th>City</th>
<th>EMT/EMT-P</th>
<th>Firefighter</th>
<th>FF % Higher</th>
<th>PD Patrol Officer</th>
<th>PD % Higher</th>
<th>Registered Nurse</th>
<th>RN % Higher</th>
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<tbody>
<tr>
<td>Albany-Schenectady-Troy</td>
<td>$40,310</td>
<td>$56,720</td>
<td>141%</td>
<td>$68,110</td>
<td>169%</td>
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<td>Binghamton</td>
<td>$35,230</td>
<td>$65,970</td>
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<td>$65,130</td>
<td>185%</td>
<td>$62,320</td>
<td>176%</td>
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<td>Buffalo-Niagara Falls</td>
<td>$33,040</td>
<td>$67,090</td>
<td>203%</td>
<td>$66,280</td>
<td>201%</td>
<td>$73,250</td>
<td>222%</td>
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<tr>
<td>Syracuse</td>
<td>$34,760</td>
<td>$48,860</td>
<td>141%</td>
<td>$63,260</td>
<td>182%</td>
<td>$64,750</td>
<td>186%</td>
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<td>Rochester</td>
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<td>$68,360</td>
<td>194%</td>
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<td>193%</td>
<td>$64,280</td>
<td>183%</td>
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<td>Utica-Rome</td>
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<td>$56,570</td>
<td>180%</td>
<td>$57,580</td>
<td>183%</td>
<td>$65,080</td>
<td>207%</td>
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<tr>
<th>FDNY EMT</th>
<th>FDNY</th>
<th>FF % Higher</th>
<th>NYPD</th>
<th>PD % Higher</th>
<th>RN (average 2017 salary - BLS)</th>
<th>RN % Higher</th>
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<td>$47,685</td>
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<td>179%</td>
<td>$85,292</td>
<td>179%</td>
<td>$89,400</td>
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<th>FDNY</th>
<th>FF % Higher</th>
<th>NYPD</th>
<th>PD % Higher</th>
<th>RN (average 2017 salary - BLS)</th>
<th>RN % Higher</th>
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<td>$61,464</td>
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<td>$85,292</td>
<td>139%</td>
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**SALARY COMPARISON DATA — EMS/FIRE/POLICE/NURSING**

2017 U.S. Bureau of Labor Statistics Data

www.bls.gov/oes/current/oessrcma.htm

**NYC CIVIL SERVICE SALARIES (5 YEARS EXPERIENCE)**

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Given the salary inequity, it is no surprise that many certified EMS responders must work more than one job to make ends meet.
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