



March 4, 2025

The Honorable Patrick Morrissey  
Office of the Governor  
State of West Virginia  
State Capitol Complex, Building 1  
Charleston, WV 25305

The Honorable Jason Barrett, Chair  
Finance Committee  
West Virginia State Senate  
Room 461M, Building 1  
State Capitol Complex  
Charleston, WV 25305

The Honorable Vernon Criss, Chair  
Committee on Finance  
West Virginia House of Delegates  
Room 462M, Building 1  
State Capitol Complex  
Charleston, WV 25305

**RE: FY 2025 and FY 2026 Unfunded EMS Salary Enhancement**

Dear Governor Morrissey and Finance Chairs,

On behalf of the West Virginia EMS Coalition, we are writing to ask your help in correcting a devastating blow to EMTs and paramedics across West Virginia. Our organization has recently learned that the EMS Salary Enhancement Fund has no source of funding despite spending authorization of \$10 million being granted in the current FY 2025 and proposed FY 2026 budgets. This will result in thousands of ***EMS workers having their salaries reduced, losing response stipends, or having retention payments cut*** from their wages.

A career in EMS is difficult and dangerous work. EMTs and Paramedics routinely encounter violent patients particularly when responding to a drug overdose or when caring for patients with behavioral health conditions.

And because of the lack of direct state financial support and inadequate insurance rates by government health plans, ambulance agencies in West Virginia struggle to compensate EMS professionals competitively with neighboring states. Employees can often earn \$2-3 more per hour simply by crossing the border.

EMS agencies are not just competing to recruit and retain EMTs and paramedics against other states, they are also competing for a workforce against other better paying health care professions in West Virginia which offer regular hours, holidays off and a more predictable work environment.

In 2023, the WV Legislature passed [SB 737](#) creating the EMS Salary Enhancement Fund to assist with these problems. At the time, EMS was facing a crippling shortage of EMS workers due to a host of issues including both low wages and mental health challenges. This fund was one of several solutions that helped to stabilize the EMS workforce in many counties keeping 911 response available. The bill was initially funded with \$10 million from surplus that a legislative rule later split \$9 million for salary enhancement and \$1 million for mental health support.

Under the code and legislative rule, funds were provided to all 55 counties to support salary enhancement for emergency medical service workers to encourage retention. EMS agencies receiving funds must give 100% of the money they receive to the EMS personnel that staff the ambulances. Agencies must pay the associated payroll taxes from their own funds and retain none of the money for operations, equipment, or training. An amendment by Delegate Statler allowed the funds to also be used to support crisis response services for EMS personnel.

The Office of EMS developed a rule ([64-116](#)) to guide the distribution of the funds with an emphasis on the following factors as required by SB 737:

- Counties who may demonstrate the most need.
- Counties that have a special levy for emergency medical services.
- Counties that have reached the maximum allowable rate on regular levies; and/or
- Counties that have a challenge recruiting and retaining emergency medical services personnel due to interstate competition.

Two tiers of counties were identified based on these criteria and every county in West Virginia received either \$125,000 or \$300,000 from the fund during the FY 2024.

During the same 2023 regular legislative session where the Salary Enhancement Fund was created, EMS and Fire worked jointly towards the passage of a permanent funding source for both first responder groups. The legislation ([HB 3153](#)) had broad support but died during the final hours of the legislative session. But alternative funding was taken up during an August 2023 special session. \$12 million in general revenue funding was proposed by the Justice administration to be directed entirely to fire departments and not split with EMS as jointly agreed by the two groups and legislators (Senate Bills [1021](#), [1022](#), and [1023](#)). This funding for fire departments was later moved from general revenue to excess lottery and remains permanently built into the budget.

The explanation for excluding EMS from this permanent funding stream by the Justice administration was that EMS had received the Salary Enhancement Funding during the regular session. The EMS community took this justification as a commitment towards continuing the Salary Enhancement Funding long-term.

The EMS community, legislators and the Office of EMS believed this promise had been fulfilled when Governor Justice's 2025 FY budget was introduced and adopted. Enrolled Senate Bill 200 contained spending authorization for \$10 million to the Department of Health – Emergency Medical Service Workers Salary Enhancement Fund (Fund 5049 FY 2025 Org 0506).

**DEPARTMENT OF HEALTH**

*250 - Department of Health –*

*Emergency Medical Service Workers Salary Enhancement Fund*

135



Enr CS for SB 200

(W.V. Code Chapter 16A)

Fund 5049 FY 2025 Org 0506

1	Current Expenses .....	13000	\$	10,000,000
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The Office of EMS (OEMS) had collected applications from all 55 counties for FY 2025 and was preparing to send out award letters when OEMS was notified by Department of Health’s finance division in mid-February 2025 that the money was not available. After consulting with both the Auditors office and the Department of Revenue, the WV EMS Coalition has learned the spending authorization granted in the FY 2025 budget bill did not include a corresponding funding source for the program. Similar spending authority was included in the proposed FY 2026 budget also without a funding source.

The Salary Enhancement funds go directly to Paramedics and EMTs. The WV EMS Coalition has deep concerns about the fallout if moneys, workers feel were promised to them, are not delivered. A mass exodus from the field of EMS by workers that already feel overworked and underappreciated could occur. This would result in delays in patient care that would hit our most rural and resource strained counties the hardest.

According to Centers for Medicare and Medicaid Services (CMS) ambulance cost reporting data, EMS agencies lose over \$500 per 911 emergency response due to inadequate reimbursement from federal and state government insurance. This is primary reason that more than 20 agencies licensed by the Office of EMS to provide 911 response have ceased operations since 2022.

There simply is no other place for emergency 911 agencies to turn to secure these promised funds within their own budgets. We asked for your help in identifying ***a source to restore the salary enhancement funds*** and prevent a step backwards in the efforts to stabilize the EMS workforce.

Sincerely,

The Board of Directors of the WV EMS Coalition representing 911 emergency response ambulance agencies in 51 out of 55 counties which provide over 80% of all response in West Virginia annually.

Ray Bryant  
Logan Emergency Ambulance Service Authority

Clinton Burley, Treasurer  
Healthnet Aeromedical Service

Laura Forren  
Air Evac Lifeteam

Monica Mason  
Kanawha County Emergency Ambulance Authority

Anthony McDaniel  
Ohio County EMS

Paul Seamann, Vice President  
Jan Care Ambulance

Ed Thompson  
Beckley Fire Department

Trish Watson, President  
Lincoln Emergency Medical Services

Forest Weyen, Secretary  
Monongalia EMS

Chris Hall, Executive Director  
WV EMS Coalition

CC: Members of the West Virginia Legislature  
Tom McCaffery, Chief of Staff, Office of the Governor  
Eric Nelson, Cabinet Secretary, Department of Revenue  
Dr. Arvin Singh, Cabinet Secretary, Department of Health  
Jody Ratliff, Director, Office of EMS

## Fund EMS Salary Enhancement

The Office of EMS has recommended the state maintain a minimum of 244 emergency ambulances to aid our communities. But ambulances are more than metal, rubber and flashing lights, they are the EMTs and Paramedics that care for patients and EMS personnel are increasingly in short supply.

According to a survey conducted by the American Ambulance Association of nearly 20,000 employees working at 258 EMS organizations nationally, overall turnover among paramedics and EMTs ranges from 20 to 30 percent annually. With these percentages, ambulance agencies face 100% turnover over a four-year period.

COVID exacerbated this shortage. The pandemic created substantial burnout among EMTs, Paramedics and other personnel. Retirements have increased. With wages rising across all professions, EMS personnel are leaving for other higher paying, lower stress careers. Some are moving to states with better funded EMS systems where they can earn higher wages. Those that remain are frequently refusing to work the overtime hours that were necessary to keep the EMS system functioning even prior to COVID-19.

A career in EMS is difficult and dangerous work. EMTs and Paramedics routinely encounter violent patients particularly when responding to a drug overdose or when caring for patients with behavioral health conditions.

According to the U.S. Centers for Disease Control and Prevention, there are 2,000 EMS professionals injured every year in a violence related incident. The rate of violence related injuries with lost workdays for EMS personnel is 22 times higher than the national average for all workers. More than half of assault-related injuries result in lost work time.

And because of the lack of financial support from state and local governments to fund the cost of readiness and 911 response, ambulance agencies in West Virginia struggle to compensate EMS professionals competitively with neighboring states. Employees can often earn \$2-3 more per hour simply by crossing the border.

### UNITED STATES BUREAU FOR LABOR STATISTICS 2022 PARAMEDIC WAGES BY STATE

Paramedics	Mean Hourly Wage	Mean Annual Wage
West Virginia	\$21.55	\$44,290
Kentucky	\$19.92	\$42,850
Maryland	\$29.96	\$62,310
Ohio	\$22.50	\$46,790
Pennsylvania	\$25.41	\$52,850
Virginia	\$24.66	\$51,300

**UNITED STATES BUREAU FOR LABOR STATISTICS 2022  
EMT WAGES BY STATE**

<b>Emergency Medical Technicians</b>	<b>Mean Hourly Wage</b>	<b>Mean Annual Wage</b>
<b>West Virginia</b>	\$14.96	\$31,130
<b>Kentucky</b>	\$14.17	\$30,940
<b>Maryland</b>	\$26.01	\$54,110
<b>Ohio</b>	\$17.00	\$35,370
<b>Pennsylvania</b>	\$17.06	\$35,470
<b>Virginia</b>	\$19.12	\$39,770

EMS agencies are not just competing to recruit and retain EMTs and paramedics against other states, they are also competing for a workforce against other better paying health care professions in West Virginia which offer regular hours, holidays off and a more predictable work environment.

**UNITED STATES BUREAU FOR LABOR STATISTICS MAY 2022 STATE  
OCCUPATIONAL EMPLOYMENT AND WAGE ESTIMATES - WEST VIRGINIA**

<b>Profession</b>	<b>Mean Hourly Wage</b>	<b>Mean Annual Wage</b>
<b>Registered Nurses</b>	\$34.73	\$72,230
<b>Dental Assistants</b>	\$30.90	\$64,280
<b>Hearing Aid Specialists</b>	\$30.39	\$63,210
<b>Respiratory Therapists</b>	\$29.17	\$60,670
<b>Recreational Therapists</b>	\$22.31	\$46,400
<b>Surgical Assistant</b>	\$21.93	\$45,620
<b>Licensed Practical Nurses</b>	\$21.89	\$45,539
<b>Paramedics</b>	21.55	\$44,290
<b>Pharmacy Technicians</b>	\$16.93	\$35,210
<b>Phlebotomists</b>	\$16.83	\$35,000
<b>EMTs</b>	\$14.96	\$31,130

The EMS Salary Enhancement Fund created by SB 737 in 2023 was a positive first step towards addressing this problem. The fund supported salary enhancements and mental health assistance for EMS personnel in all 55 counties. Finding funding for the program would allow agencies to avoid moral crushing pay reductions in future years.

# WHY IS STATE FUNDING NECESSARY FOR EMS?



<b>COST OF AN AMBULANCE RESPONSE</b>	<b>\$959</b>
<b>REVENUE FROM AN AMBULANCE RESPONSE</b>	<b>\$447</b>
<b>AVERAGE LOSS PER EMERGENCY AMBULANCE RESPONSE</b>	<b>-\$512</b>
<b>EMERGENCY AMBULANCE RESPONSES IN 2024</b>	<b>1,039,745</b>
<b>ESTIMATED COST TO PROVIDE EMERGENCY AMBULANCE RESPONSE IN WV</b>	<b>\$997,115,445</b>
<b>% of COST FUNDED BY STATE IN FY 2025</b>	<b>1% (\$10 million)</b>

*Statewide EMS Supports within the Office of EMS should be permanently funded with a dedicated revenue source.*

**FY 2025 state EMS funding must be maintained and grown in FY 2026 with a target for state appropriations totaling \$200 million annually.**



Median Response Revenue, Cost and Loss Data Sourced from Medicare Ground Ambulance Data Collection System report by PWW Advisory Group, January 2025

Number of EMS Responses in 2024 provided by OEMS

## The Structure of EMS in WV and Funding Challenges

Many West Virginians wrongfully assume ambulance agencies are part of County Ambulance Authorities or local government because they are named after a county or city. The reality is most EMS agencies are either non-profit or private entities. They receive little to no funding from state, county, and municipalities to support the 911 emergency medical services that they provide.

The foundation for West Virginia's modern EMS system was developed during the 1970s and 1980s. Multiple federal agencies provided states with grant funding to support the purchase of ambulances and equipment. Dedicated volunteers staffed trucks to respond to calls for aid. This combination of grant funding and volunteer response help sustain EMS in local communities.

But through the 1990s, volunteerism decreased, and grant funding disappeared. EMS agencies were increasingly forced to rely on paid paramedics and EMTs to staff ambulances. Improvements in technology and new medications rapidly expanded the cost to equip and supply ambulances. Fewer volunteers and greater training requirements increased the need for paid staff. These factors and others precipitously raised operating costs for agencies without a corresponding source of revenue.

The Emergency Ambulance Service Act of 1975 establishes that county commissions have a duty to make emergency medical services available but only to the degree that they can afford it. The financial support provided by County Commissions to EMS agencies varies greatly from county to county.

Several EMS agencies that have historically received county assistance have seen their financial support significantly reduced in recent years as counties face their own financial troubles particularly in the coalfields where there has been a significant decline in tax collections.

Although the EMS community is deeply appreciative of the one-time surplus funding appropriated during the October 2024 Special Session, West Virginia is the only state in our region that provides no permanent direct state assistance to EMS agencies for equipment, training, or operations. **Ohio, Pennsylvania, Kentucky, Maryland, and Virginia have a source of dedicated and permanent state funding for EMS.**

**More than 20 organizations licensed by the Office of EMS to provide 911 response have ceased operations since 2022.** These closures, including a mix of governmental, fire department, community non-profit and private EMS agencies, have gone largely unreported but have harmed emergency response in 14 counties. The West Virginia EMS Coalition anticipates additional closures without increased funding for EMS from the state, counties and improve insurance reimbursement.

The lack governmental support for 911 response creates significant challenges for EMS agencies attempting to maintain 24/7 coverage.

West Virginia's rural communities have longer transport times, larger service areas, and a lower volume of 911 calls. This results in a higher cost per response when compared to more densely populated states. A cost that private and government insurance inadequately covers.

Ambulance agencies are only reimbursed by insurance when transporting a patient. Unloaded mileage, such as from point of dispatch to point of patient pickup or return from a hospital to the station, is not reimbursed.

This is manageable for more urban based agencies near a hospital. But for some rural West Virginia agencies, the unloaded portion of the transport can be 2 hours or more of staff time and a hundred plus road miles when returning from one of the state's distant level 1 or 2 trauma centers like Morgantown or Charleston.



According to data reported by the Office of EMS to the Joint Committee on Volunteer Fire Departments and EMS, the average time on task for ambulances in rural communities without a hospital can be up to 212 minutes. Time on task is the time from when ambulance begins its response to the time when the ambulance is available to respond to another call.

This means an ambulance can be out of service for over 3 ½ hours. Longer times on task are most common in rural counties with fewer available EMS resources putting patients in greater risk of a delayed response during a medical emergency.

Ambulance agencies receive no payment in most cases if the patient refuses to be transported even if care was provided at the scene. This is a frequent occurrence when responding to a car wreck, a drug overdose or a request for assistance by a fall victim.

Between October 2022 and October 2023, EMS agencies were dispatched 1,099,000 times, but only transported 420,918 patients. This means EMS could bill for less than 40% of all responses. Even when services are covered, most insurance plans reimburse below the cost of care and many patients are responsible copays and deductibles that are difficult for EMS agencies to collect.

A recent study of rural ambulance agencies found that high volume agencies experience operating costs of roughly \$1,020 per response. Medicare and Medicaid reimbursement for a routine 911 chest pain call transported 16 miles in a rural area ranges between \$606 and \$680.

And while funding for emergency medical services continues to be inadequate. Costs continues to increase. The price of an ambulance has increased 20% the past two years, and the West Virginia EMS Coalition estimates the cost of a fully equipped and supplied ambulance to be approximately \$300,000. This does not include ongoing readiness costs such as wages, benefits, fuel, insurance, vehicle maintenance or the replenishing of supplies and medication.

Thirty percent of transporting EMS agencies are located in low demand communities and average less than 1 patient transport per day. While West Virginians in these areas deserve timely ambulance response 24/7, the small number of transports make it challenging to fund operating expenses associated with maintaining readiness on insurance billings alone. The additional capital costs associated with purchasing fixed assets such as ambulances, major medical equipment and stations is a burden too great for many to manage.

Without significant assistance, additional agencies will cease operations and the remaining agencies may not be financially or operationally able to cover rural and low population areas as they have done in the past. This places West Virginians at-risk particularly in the 13 counties without a hospital where EMS is the last lifeline for those experiencing a medical emergency.

