



Montgomery County Volunteer Fire Rescue Association

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Data Shows Ambulance Fees Will Deter Emergency Calls for Help

Rockville, MD (May 14, 2010) – Multiple data sources, including scientific survey data, medical studies and analyses of data in regions that have imposed ambulance fees, indicate that ambulance fees will discourage calls to emergency services for help, risking the health and safety of those experiencing medical emergencies. More specifically,

- A paper released on May 6, 2010 by the Heart Foundation of Australia – whose emergency medical system is similar to that in the U.S. – reported that almost 7% of participants would be “very” or “somewhat” likely to delay calling an ambulance due to the costs involved.
- A February 2008 survey of Montgomery County, MD residents found that 74% of respondents believe that it is “very” or “somewhat” convincing that ambulance fees would cause poor and elderly patients needing transport to a hospital to hesitate or delay calling 911.

Three studies in peer-review medical journals found that cost considerations may play a factor in delaying activation of the emergency medical system in cardiac emergencies:

- "Economic considerations may affect EMS system utilization among underinsured and low-income patients experiencing a cardiac event," cited in *Association between prepayment systems and emergency medical services use among patients with acute chest discomfort syndrome (for the Rapid Early Action for Coronary Treatment (REACT) Study)*, Ann Emerg Med. 2000 June; 35(6):573-8.
- "The results of this study indicate that indecision, self-treatment, physician contact, and **financial concerns** may undermine a chest pain patient's intention to use EMS," cited in *Demographic, Belief, and Situational Factors Influencing the Decision to Utilize Emergency Medical Services Among Chest Pain Patients*, Circulation (Journal of the American Heart Association), 2000:102; 173-178 (emphasis added).

- "Lack of health insurance and financial concerns about accessing care among those with health insurance were each associated with delays in seeking emergency care for AMI [heart attack]." *Health Care Insurance, Financial Concerns in Accessing Care, and Delays to Hospital Presentation in Acute Myocardial Infarction*, JAMA, 2010; 303(14):1392-1400.

Furthermore, an analysis of data from the Fairfax County Fire and Rescue Department shows that EMS calls decreased (when adjusted for population) in the year an ambulance fee was introduced and remain below the pre-fee level. In 2005 (the year ambulance fees were imposed), EMS calls dropped 9% from 2004 levels – this compares to an average decrease of 2.4% over the two years before the ambulance fee. In New Brunswick, Canada, the number of 911 calls dropped approximately 13% after ambulance fees were reinstated. The CEO of the Canadian ambulance service stated that the fees were a likely factor in the drop in calls.

In the face of these numerous sources of direct and indirect data, all which support the common sense notion that if you charge hundreds of dollars for ambulance services people are less inclined to call 911 for transport to a hospital for exigent and sometimes life-saving care, fee supporters have yet to offer a single study or shred of empirical evidence to support their position. Not one. In fact, the four neighboring jurisdictions cited most often by fee supporters – Fairfax, Prince George's, and Frederick counties and Washington, DC – have not published or released any data demonstrating what impact their fees have on the willingness of citizens to call 911. None. The consequences of the ambulance fee debate are profound, particularly the potential threat to the health and safety of our most vulnerable citizen brethren, the poor and elderly. There is compelling evidence, from multiple credible sources, that ambulance fees will deter emergency calls for help and discourage patients from being transported to a hospital when time is of the essence and help is needed most. These fees delay and obstruct the provision of care and, consequently, they cannot stand.

Marcine D. Goodloe, president of the association said "these facts show beyond a doubt that an ambulance fee is bad policy and risks lives. Our County Council must reject this new fee on a moral basis. People will hesitate to call 911 and that is not acceptable."

For additional information; please contact Eric N. Bernard at the Montgomery County Volunteer Fire and Rescue Association at 301-455-6648.

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