

**Emergency Medical Technician Training, Recruitment, and Retention
Task Force**

Final Report to the General Assembly

September 2025

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October 9, 2025

RE: EMT Training, Recruitment, and Retention Task Force Final Report

Dear Members of the Illinois General Assembly,

On behalf of the Illinois Department of Public Health, I am pleased to present the final report of the EMT Training, Recruitment, and Retention Task Force, which was established by the legislature to address critical challenges in the emergency medical services (EMS) workforce. The recommendations outlined in this report are the result of extensive collaboration, data analysis, and stakeholder engagement, all aimed at ensuring the sustainability and effectiveness of the state's EMS system.

The task force identified multiple key challenges facing the EMS workforce. To address these issues, the task force has developed a comprehensive set of recommendations that are outlined in this report.

IDPH stands ready to work alongside the General Assembly, local governments, and industry stakeholders to support the EMS workforce. A strong and well-supported EMS workforce is essential to ensuring timely, high-quality emergency medical care for residents and visitors to Illinois.

We appreciate your leadership and commitment to strengthening the EMS system, and we look forward to your continued partnership in ensuring the highest level of care for our residents across the state.

Sincerely,

Sameer S. Vohra, MD, JD, MA
Director
Illinois Department of Public Health

Task Force Membership

Senator Kimberly Lightford - General Assembly Member and Co-Chair

Representative William Hauter – General Assembly member and Co-Chair

Representative Cryil Nichols – General Assembly Member

Senator Neil Anderson – General Assembly Member

Kim Godden - private ground ambulance providers; urban and rural; profit and non-profit

Andrew Thornton - private ground ambulance providers; urban and rural; profit and non-profit

Andrew Rand - private ground ambulance providers; urban and rural; profit and non-profit

Laura Daley - private ground ambulance providers; urban and rural; profit and non-profit

Michael Pieroni - private ground ambulance providers; urban and rural; profit and non-profit

Charles Kelley - private ground ambulance providers; urban and rural; profit and non-profit

Susan Zappa - private ground ambulance providers; urban and rural; profit and non-profit

Jean Davis - private ground ambulance providers; urban and rural; profit and non-profit

Brian Gerth - private ground ambulance providers; urban and rural; profit and non-profit

Tim Egan - safety net hospitals

Brian Holcomb - rural hospitals

KC Booth - safety net or rural hospitals

Vacant - statewide association of nursing homes

Vacant - statewide association of nursing homes

Vacant - statewide association of nursing homes

Christopher Tennyson – Illinois State Board of Education

Dr. Katie Tataris - EMS Medical Director from a Regional EMS Medical Directors Committee

Dr. Matthew Jackson - EMS Medical Director from a Regional EMS Medical Directors Committee

Vacant - Illinois Community College Systems

Background

The Emergency Medical Technician (EMT) Education, Recruitment, and Retention Task Force was established in 2023 through Public Act 103-547 to assess factors affecting the education, recruitment, and retention of prehospital personnel, along with other relevant topics identified by the task force. The act mandates the task force to address seven specific topics.

State Sen. Kimberly Lightford and state Rep. William Hauter were appointed as co-chairs of the task force. The first meeting of the task force was convened on June 12, 2024, and met regularly thereafter, with a total of 12 meetings, to develop a list of recommendations that would serve as the foundation of the report to be filed with the Illinois General Assembly.

Two task force meetings featured presentations. The first, held on July 18, 2024, included a presentation by Bobby Van Bebber, division chief of EMS and Highway Safety at the Illinois Department of Public Health, who shared Illinois-specific licensure data (Appendix A). The second, on September 26, 2024, featured Kelsey George, senior policy specialist from the National Conference of State Legislatures, presenting on the legislative landscape across the country affecting Emergency Medical Services (EMS) education, recruitment, and retention (Appendix B).

This final report was approved and adopted by a majority vote of the appointed task force members who were present on September 3, 2025.

General Recommendations

Establish EMS as an essential service in Illinois, ensuring reliable access to emergency medical care for all communities.

Several states have [recognized and designated](#) emergency medical services (EMS) as an essential service in various forms. The task force emphasizes that the public is largely unaware that calling 911 does not guarantee EMS assistance. It is crucial to take action to mandate access to EMS. However, care must be taken to ensure that establishing EMS as an essential service is equitable, inclusive, and supported by a sustainable funding mechanism.

Create dedicated resources and support systems for first responder mental health services, ensuring access to counseling, peer support, and wellness programs.

Mental health resources for first responders should be seen as a high priority. While Illinois does have resources such as those reported by the Illinois Department of Human Services [website](#), the task force requests that mental health services for first responders be more accessible.

Education and Training Recommendations

Strengthen EMS education programs to enhance student preparedness and improve National Registry of Emergency Medical Technicians success rates.

The licensure examination is crucial in ensuring a uniform minimum competency across the Illinois and upholding professional credibility. The National Registry of Emergency Medical Technicians (NREMT) testing mechanism is widely recognized as the national gold standard in pre-hospital personnel licensure. Illinois should take proactive steps to ensure that EMS education programs are effective and equip students with the necessary tools for success. NREMT pass rates are noted to be variable, with many states achieving higher pass rates. To improve outcomes, Illinois should evaluate the practices of other states that have achieved greater success. Additionally, the task force recommends providing students with test preparation software to enhance readiness for the licensure examination.

Develop an EMT training course that includes Emergency Medical Responder licensure, enabling students to work and gain hands-on experience while completing their EMT course.

The task force recommends designing the EMT program curriculum so that students meet the requirements for emergency medical responder (EMR) licensure at a specific point in the course, allowing them to obtain EMR licensure while continuing to complete the EMT program. This approach would enable students to secure employment as an EMR, gain hands-on experience in EMS, and build real-world skills that support their path to becoming an EMT.

Develop programs that allow EMT students to obtain a temporary permit to work on an ambulance after reaching a specific point in their coursework, lasting through their testing period, similar to Wisconsin's model.

In Wisconsin, students enrolled in an EMT course can secure a training permit upon completing 46 hours of the initial EMT training, as outlined in Wisconsin's [Chapter DHS 110.15](#). A similar program in Illinois would allow students to secure employment and gain real-world experience to inspire success in their path to becoming an EMT.

Develop bridge programs at community colleges to create seamless pathways between roles, including RN to Paramedic, Paramedic to RN, and CNA to EMT, fostering career growth and workforce flexibility.

The task force notes that the decline of bridge programs connected to pre-hospital professions has contributed to a decrease in interest in these fields. Previously, community colleges offered bridge programs, such as paramedic to registered nurse, which helped attract individuals to both professions. Maintaining this pathway would support workforce development. Additionally, the task force recommends creating bridge programs from certified nursing assistant (CNA) to EMT and registered nurse (RN) to paramedic, which would further strengthen the health care system in Illinois.

Expand (Monetary Award Program) MAP grant funding to include paramedic students, increasing access to financial support for those pursuing a career in EMS.

Currently, MAP grants are only available to paramedic students enrolled at community colleges. These funds should be expanded to support students pursuing degrees in pre-hospital professions in other settings. Illinois has successfully addressed other workforce shortages, such as the teacher shortage, through initiatives like the Minority Teachers of Illinois Scholarship Program and the Golden Apple Scholars Program. Implementing similar programs to boost EMS recruitment would be a valuable investment in ensuring future access to EMS.

Create a pathway for the Illinois State Board of Education to approve EMS courses in high schools, allowing EMR courses to fulfill health, physical education, or science requirements.

High school students could earn physical education credits through EMR courses, providing valuable exposure to a career in EMS while teaching skills to address immediate life threats and covering key areas of biological science. Alternatively, these courses could count as a science credit, offering flexibility in academic planning.

Develop education programs that combine online didactic learning with in-person verification of psychomotor skills, offering flexible and comprehensive EMS training.

Online education has become increasingly common across various health professions in recent years. However, EMS education has lagged in adopting this model. While hands-on skill verification and clinical experience remain essential for developing critical thinking and ensuring patient safety, Illinois should take steps to promote online EMS education programs. The task force recommends assigning a state university to develop and implement a low-cost online option for individuals seeking entry into EMS professions.

Establish EMS education tax credits to cover the costs of training programs for public and private service providers, as well as expenses incurred by students completing EMS courses.

The task force recommends that Illinois establish tax credits to offset costs incurred by individuals and entities in EMS education. These credits would make obtaining EMS licensure more accessible by reducing out-of-pocket expenses for tuition, educators, supplies, and supplementary materials, such as test preparation software. Currently, students often pay for their education out of pocket, secure loans, or participate in employer-sponsored programs that cover costs in exchange for a service commitment. Expanding financial support through tax credits would help attract more individuals to the EMS profession.

Promote EMS workforce diversity by providing wraparound funding for students enrolled in EMS courses, covering essentials like transportation, child care, and stipends to support their education and success.

Workforce diversity remains a significant challenge in EMS, as the workforce lacks demographic diversity. To make EMS careers more accessible and equitable, actions should be taken to address financial and logistical barriers. This could include funding to cover transportation costs, child care support, and stipends for day-to-day expenses for students enrolled in an EMS course. The task force recognizes the profound impact that education and stable employment have on social determinants of health and believes these measures would promote a more inclusive and representative EMS workforce.

Eliminate barriers for paramedic students by providing solutions for health insurance coverage, ensuring they can attend programs full-time without sacrificing essential health care access.

The task force highlights that some students must choose between health insurance and continuing their education. The demanding hours required for paramedic training — including class attendance, clinical rotations, and study time — make it difficult to work full-time and maintain health insurance. Several task force members have noted instances where students were unable to complete their education due to the need to work full-time to secure coverage for themselves and their families. To address this barrier, specialized programs should be established to provide health insurance support for EMS students.

Licensure Recommendations

Secure funding to procure and update the IDPH EMS licensing software system, enabling better workforce data analysis, electronic license delivery, streamlined licensure renewal, and statewide continuing education tracking with the ability to upload CE credits.

The task force reports that Illinois faces challenges in providing detailed workforce analysis due to limitations in its licensing software. Additionally, EMS personnel licenses are still physically mailed to licensees and service providers, rather than being delivered more efficiently electronically. In contrast, other states utilize more modern, user-friendly systems that streamline licensure renewal and enable individuals to upload and track continuing education through their personal accounts. Conversations with IDPH reveal that attempts have been made to secure a more efficient licensing system that meets the needs of both IDPH and external stakeholders. The task force recommends that the Illinois General Assembly fund the procurement and ongoing maintenance of an updated licensing system. Similar action

has been successfully taken with the Illinois Department of Financial and Professional Regulation. Implementing this recommendation would reduce barriers for licensees and enable more accurate analysis of workforce trends.

Reimbursement and Funding Recommendations

Assess and increase EMS reimbursement rates to support higher wages and improve retention of skilled staff while also addressing reimbursement for treatment provided without patient transport.

The task force reports that reimbursement rates for EMS services are outdated and no longer reflect the true cost of service delivery. Increasing reimbursement rates would enable higher wages for skilled staff, improving retention and attracting more individuals to the EMS workforce with competitive starting salaries.

Additionally, reimbursement should include "treatment in place" for cases where EMS addresses a patient's needs on-site without transport, recognizing the value of care provided in the field.

Expand grant funding for EMS service providers to secure essential safety equipment, ensuring all personnel — including those in private services — have access to gear that protects against workplace hazards and supports large-scale disaster responses (e.g., STARCOM21 radios).

Safety equipment is essential for protecting both patients and the EMS workforce. However, the task force reports that funding for private providers to acquire costly equipment has been limited or nonexistent. Members highlighted the critical role EMS plays in responding to large-scale disasters and noted the lack of access to necessary equipment (e.g., STARCOM21 radios).

Implement a tax exemption for EMS service providers, covering fuel and equipment purchases, to reduce operating expenses and free up funds for salaries and training.

To reduce operating costs, the task force recommends implementing a tax exemption on fuel, supplies, and equipment used by EMS transport vehicles and ambulance services during the provision of medical care. Minnesota has established a similar [program](#), offering tax exemptions for fuel and supplies used in ambulance services. Lowering these costs would enable providers to invest in their workforce through wage increases, enhanced training, and the hiring of additional staff.

Implement and expand first responder tax credits to include those working for private service providers, ensuring equitable financial support across the EMS workforce.

The task force has consistently found a disparity in resource availability between public and private service providers. This gap also affects EMS professionals working for private providers, limiting their access to essential programs and resources. The task force emphasizes that all EMS professionals, regardless of their employer's classification, are first responders and should equally qualify for and receive available tax credits.

Workforce Recommendations

Develop programs to spark interest in EMS careers through youth outreach and education, featuring slogans such as "You, too, can save a life," alongside targeted ad campaigns to raise awareness of the EMS profession.

The task force recommends that Illinois take steps to introduce young people to careers in EMS. One proposed approach is launching an advertising campaign to raise awareness and spark interest in the profession. *Task force members have highlighted successful initiatives, such as West Virginia's "EMS WV: Answer the Call" campaign, which attracted 600 new EMS personnel within 12 months. They also noted [initiatives in Texas](#) to address the state's EMS staffing crisis, including [scholarships](#) for students pursuing a career in EMS.*

Implement initiatives to engage high school students in EMS careers, including opportunities for hands-on experience with local EMS agencies, to foster increased involvement.

To promote interest in EMS careers among young people, the task force emphasizes the importance of educating students about the profession, providing a realistic view of day-to-day work, and highlighting the critical role EMS professionals play in their communities. The task force recommends increasing local engagement in high schools, including opportunities for students to spend time with their local EMS agencies to gain firsthand experience.

Creation of an allowance for an unlicensed trained individual to operate emergency transport vehicles with two additional licensed personnel on board.

The task force highlighted the unique challenges faced by rural volunteer service providers, including long transport times, limited staffing, and varying levels of pre-hospital care. To address these issues, the task force recommends amending the EMS Act to establish a new licensure level. This would allow individuals who do not provide direct patient care to operate an ambulance, enabling two licensed EMTs to focus on patient care during transport.

Appendix A



Emergency Medical Services Licensed Workforce and Transport Volume in Illinois

Bobby Van Bebber, MSN, RN
Chief, EMS and Highway Safety
July 18, 2024

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Purpose

While the Division is unable to determine the number of licensed individuals who actively work in EMS, the Division can compare the number of EMS Patient Care Reports (ePCRs) to the number of currently licensed individuals. The intent is to examine trends over a six-year period to understand if the number of licensed individuals is matching demand as reflected in the number of ePCRS submitted to the department.

Examining trends in the number licensed personnel compared to number of ePCR submissions is not without fault but should guide policy and regulatory initiatives of the Division.



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Background

In accordance with Section 515.350 Data Collection and Submission, "A patient care run report shall be completed by each Illinois-Licensed transport service for every inter-hospital transport and pre-hospital emergency call, regardless of the ultimate outcome or disposition of the call."

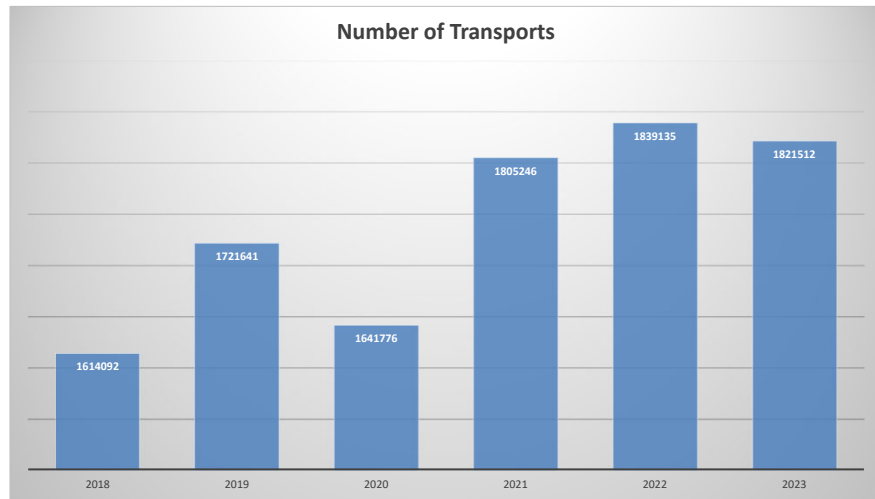
This data is submitted electronically to the Department through the service provider's software vendor into Biospatial for validation and transmission to NEMSIS. Biospatial operates as the middle agent for the State of Illinois receiving and transmitting ePCRs and allowing for analysis.

The Division of EMS utilizes GL Suites to carry out regulatory responsibilities of all individual EMS personnel and service provider vehicles.



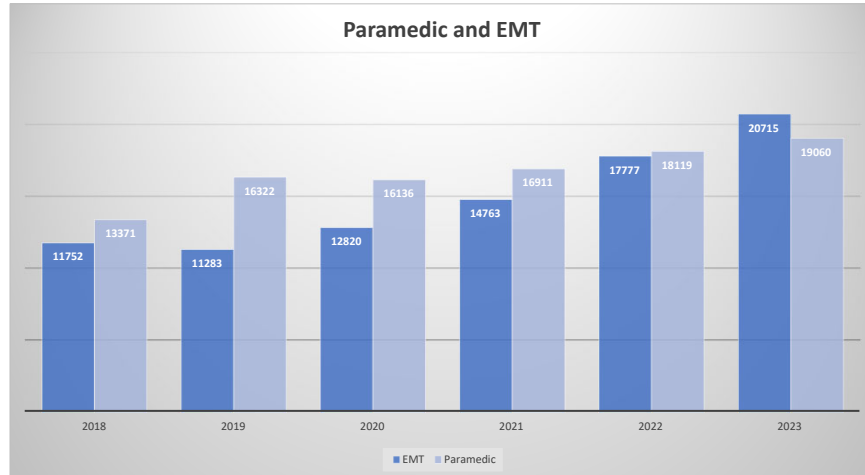
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Transports by Year



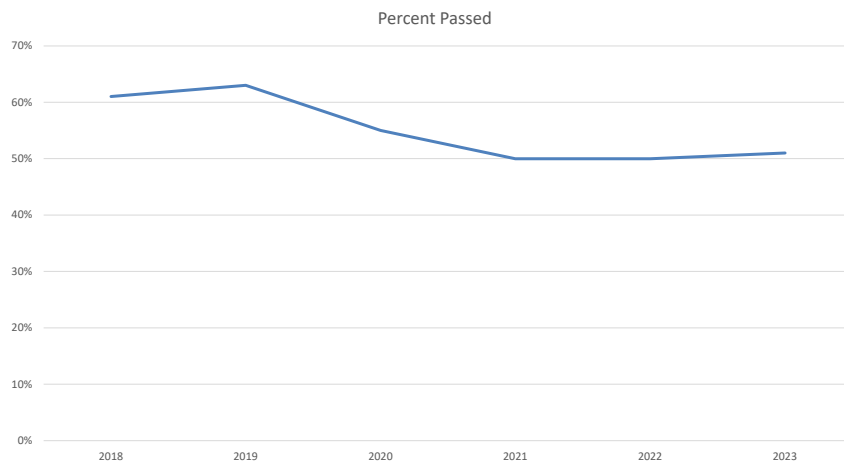
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License Counts by Year



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NREMT Pass Rates



6

Discussion

- Patient care reports for Non-Transport vehicles are not uploaded into an IDPH data base.
- Currently there is no way to measure active members of the EMS workforce.
- Workforce shortage vs. staffing crisis
- Best practices for attracting individuals to a Career in EMS?
- Creating a more diverse workforce?
- How is EMS Education improved?



7



THANK YOU

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Appendix B

Emergency Medical Services Workforce

Illinois EMT Training, Recruitment and Retention Task Force Meeting
September 26, 2024

Kelsie George, Senior Policy Specialist, NCSL

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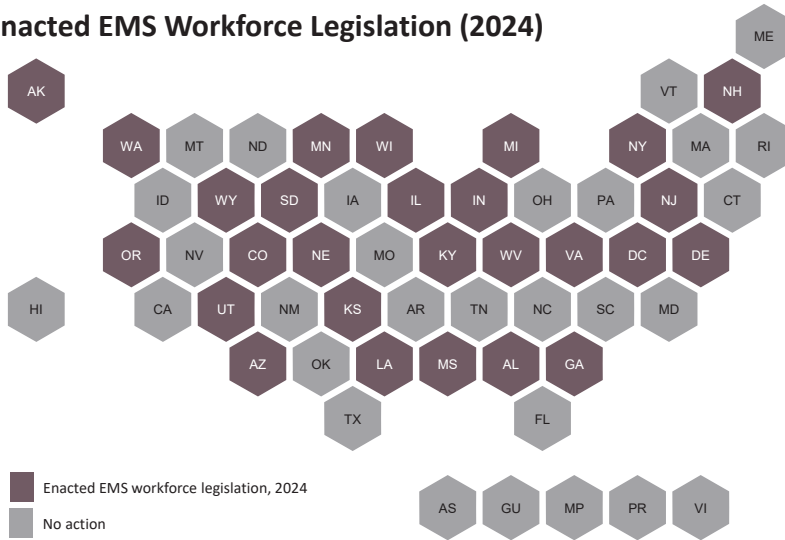
Agenda

- Introduction
- Health Policy Trends
- EMS Policy Trends
- EMS Workforce Trends
- EMS Workforce State Actions
 - Licensure & Certification
 - Recruitment & Retention
 - Sustainable Funding
 - Other State Actions
- Closing

2

EMS Policy Trends

Enacted EMS Workforce Legislation (2024)



NCSL Resource: [Emergency Medical Services Legislation Database \(Ongoing\)](#)

- **Administration**
43 bills, 26 states
- **Funding & Appropriations**
68 bills, 33 states
- **Rules & Regulations**
18 bills, 12 states
- **Systems of Care**
8 bills, 7 states
- **Workforce**
78 bills, 30 states

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EMS Workforce Trends

NCSL

CELEBRATING 50 YEARS

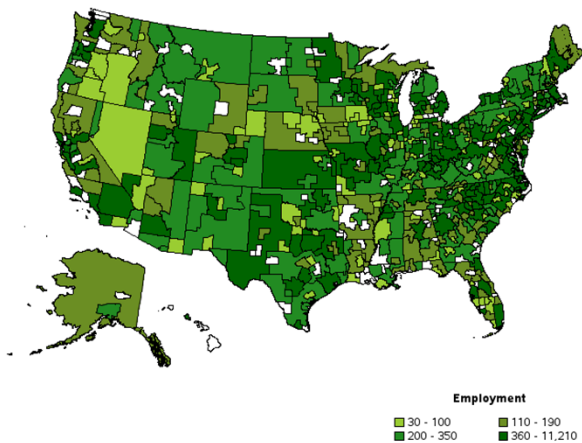
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EMS Occupations

Title	General Duties
Emergency Medical Responder (EMR)	Initiates immediate lifesaving care to critical patients while awaiting additional EMS response. Assists higher-level personnel at the scene and during transport.
Emergency Medical Technician (EMT)	Provides basic emergency medical care and transportation for critical and emergent patients.
Advanced Emergency Medical Technician (AEMT)	Provides basic and limited advanced emergency medical care and transportation for critical and emergent patients.
Paramedic	Provides advanced emergency medical care and transportation for critical and emergent patients.

EMTs

Employment of emergency medical technicians, by area, May 2023

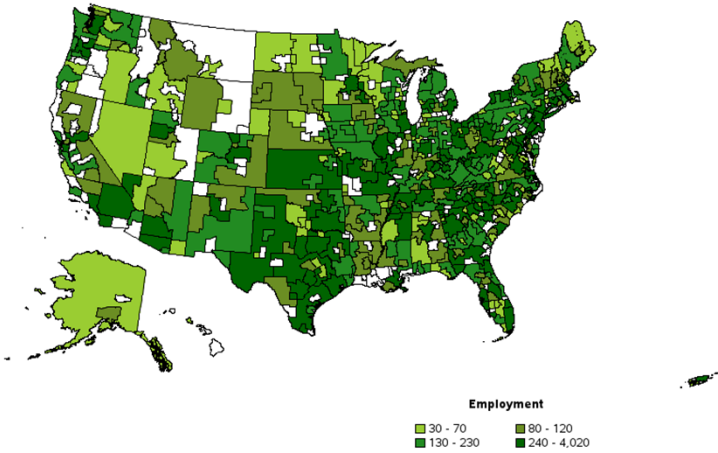


Source: [Bureau of Labor Statistics \(2023\)](#)

- **At least 16 states set hour requirements for EMT training programs.**
 - Hawaii requires 315 hours.
 - Maine requires 44 hours.
- **National standards for EMT training:**
 - NREMT certification.
 - Passing NREMT cognitive and psychomotor examinations.
 - Other state-approved examinations.

Paramedics

Employment of paramedics, by area, May 2023



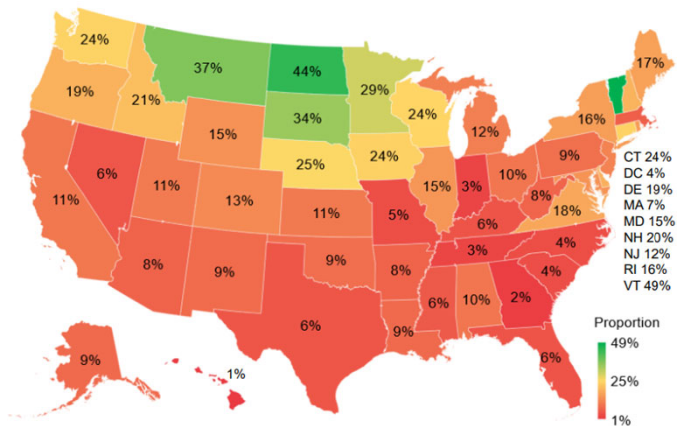
Source: [Bureau of Labor Statistics \(2023\)](#)

- At least 13 states set hour-specific training requirements for paramedics.
- Some states set specific training requirements.
 - Alaska: 2 hours in pain management and opioid use and addiction treatment training.
- Some states allow paramedics to administer immunizations and dispense certain medications.
 - Nevada: Approved course for paramedics to administer and dispense immunizations and medications.

Volunteer EMS Professionals

[Characteristics of Volunteer Compared to Paid EMS Professionals in the United States](#), NAEMT (2019)

Proportion of Respondents Who Volunteered at Main EMS Job per State, 2017-2018



- Volunteers make up 13% of the EMS workforce.
- Volunteers tend to be:
 - Female
 - Higher educated
 - EMTs
 - From rural communities

Source: [NAEMT \(2019\)](#)

EMS Workforce Challenges

- **Turnover:**
 - EMS professionals leaving the workforce ranged from 16% to 26% in nine states ([NAEMT, 2023](#)).
 - EMS clinicians leaving the workforce ranged from 18% to 20% in the certified workforce and 23% to 26% in the patient care workforce in nine states ([NREMT, 2023](#)).
 - The top reasons for leaving EMS were for better work-life balance, better pay and benefits, concern for physical and mental health and lack of opportunities for growth ([NAEMT, 2022](#)).
- **Burnout:**
 - Physical and mental health impacts depleted the EMS workforce through exhaustion, absenteeism and attrition ([University of Washington Center for Health Workforce Studies, 2023](#)).
- **Barriers to Entry:**
 - Nearly 1 in 3 paramedic students left before completing a training program or failed to certify after course completion ([NREMT, 2023](#)).



Workforce Data Collection and Analysis

[Measuring the Emergency Medical Services Workforce: Understanding State EMS Office Capability and Recommendations for the Future](#), NASEMSO (Feb. 2023)

Potential data sources:

- Licensing data
- Patient care reporting
- Agency staffing levels and shortages
- Education reporting



State example: [Indiana](#)

- Sustainable EMS Workforce Tracking For Indiana
- County-Level Needs Assessment
- Pipeline Assessment
- Retention Assessment



Source: [NASEMSO \(2023\)](#)



EMS Workforce State Actions



Licensure & Certification



Recruitment & Retention



Sustainable Funding



Other Relevant Legislation

NCSL Resource: [State Actions to address EMS Workforce Shortages \(2022\)](#)



CELEBRATING 50 YEARS

13

Licensure: Age Requirements & High School Programs

Lowering Age Requirements

16 or older for EMR and EMT licensure:

- [Connecticut](#)
- [Idaho](#)
- [Maine](#)
- [New Jersey](#) (provisional)
- [Pennsylvania](#)
- [Virginia](#)

17 or older for EMT licensure:

- [New Mexico](#)
- [New York](#)
- [Wisconsin](#)


High School Programs

Recent state actions:

- [Minnesota](#)
- [U.S. Virgin Islands](#)

Additional Programs:

- [Louisiana High School EMS Jump Start Program](#)
- [South Dakota High School EMS Programs](#)



CELEBRATING 50 YEARS

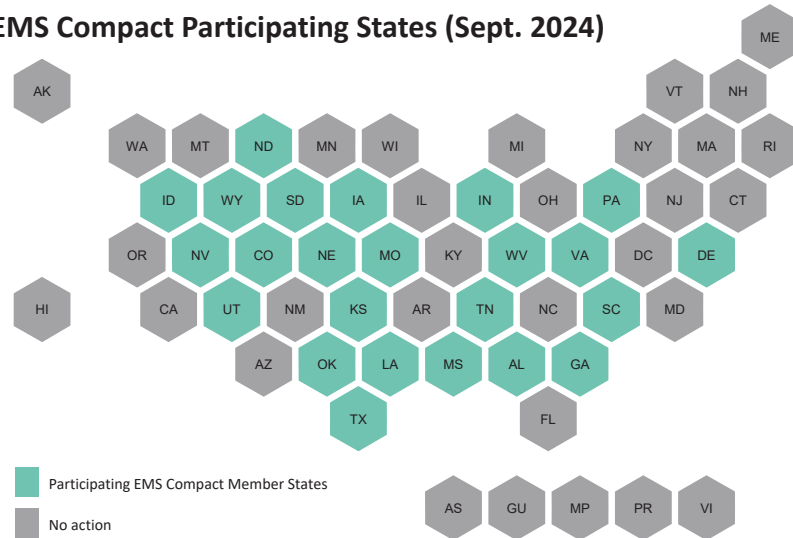
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Licensure: Interstate Portability

Other state actions:

- **Arizona** [HB 2589](#) (2023): Reciprocity for military members.
- **Georgia** [HB 155](#) (2024): Licensure by endorsement.
- **Michigan** [HB 4613](#) (2024): Temporary licensure.
- **New Hampshire** [HB 1057](#) (2024): Temporary licensure.

EMS Compact Participating States (Sept. 2024)



Recruitment & Retention: Financial Incentives

Education & Training Funding

- **Alabama** [HB 213](#) (2023): Establishes Tuition Reimbursement Program for volunteer fire, rescue and ambulance services.
- **Kentucky** [HB 484](#) (2024): Establishes grant program to cover paramedic initial training.
- **Minnesota** [HB 2073](#) (2024): Establishes paramedic scholarship for 600 students.
- **New Jersey** [SB 2435](#) (2024): Establishes fund to reimburse agencies for the cost of training and certifying EMTs.
- **Tennessee** [HB 155](#) (2023): Establishes training pay bonus for EMS personnel.

Financial Incentives

- **Delaware** [SB 189](#) (2022): Increases income tax credit for volunteer fire, ambulance and rescue service members from \$500 to \$1,000
- **Maryland** [HB 947](#) (2023): Authorizes tax credit against property tax for owner-occupied residences for emergency responders and surviving spouses.
- **Oklahoma** [SB 747](#) (2023): Increases income tax credit for volunteer firefighters.

Recruitment & Retention: Clinician Health & Wellbeing

Health & Retirement Benefits

- Health:
 - Utah [HB 217](#) (2024) and [HB 59](#) (2023)
- Retirement:
 - New York [SB 7242](#) (2023)
 - South Dakota [HB 1007](#) (2023)
 - Texas [SB 1207](#) (2023)
 - West Virginia [SB 439](#) (2024)
 - Utah [HB 183](#) (2024)

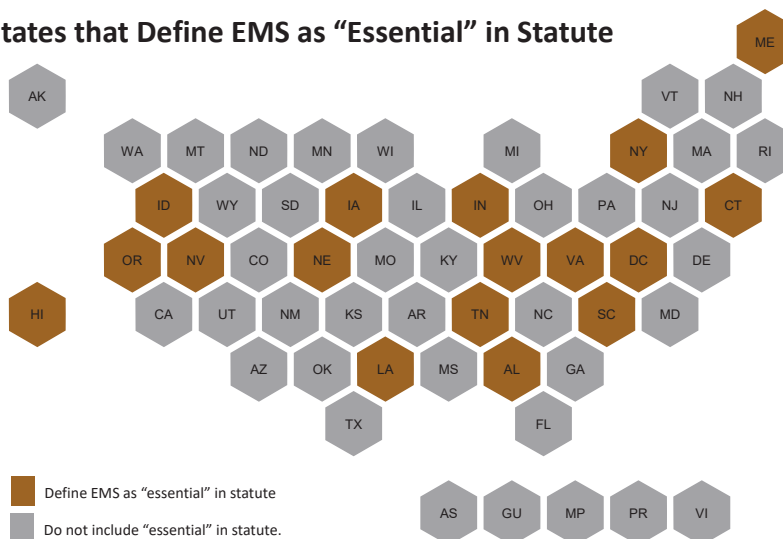
Mental Health Supports

- Peer support:
 - Delaware [SB 167](#) (2023)
 - Maryland [SB 527](#) (2023)
 - Indiana [SB 77](#) (2021)
- Other mental health supports:
 - Minnesota [HB63](#) (2021)
 - New Hampshire [SB357](#) (2022)

Sustainable Funding: EMS as Essential

NCSL Resource: [State Policies Defining EMS as Essential](#) (2024)

States that Define EMS as "Essential" in Statute



Other state actions:

- [Colorado](#) requires the Department of Public Health and Environment to assist with planning and implementing EMS systems.
- [North Carolina](#) requires each county to ensure that EMS is provided to residents.
- [Oregon](#) requires the Health Authority to administer a comprehensive statewide EMS system.
- [Utah](#) requires minimum levels of 911 and ambulatory care by municipalities and counties.

Sustainable Funding: Community Paramedicine

NCSL Resource: [State Definitions and Coverage of Community Paramedicine](#) (Sept. 2024)

Components:

- **Alternative destination:** States may allow EMS clinicians to transport a patient to a lower-acuity facility, like health centers, physician offices and behavioral health care facilities.
- **Treatment without transport:** States may allow EMS clinicians to treat a patient without transporting them to another facility and be reimbursed for the care they provide on-site.
- **Telehealth:** Some states use community paramedicine programs to facilitate telehealth for older adult patients.

State Examples:

- **Arkansas** [HB 1261](#) (2023)
 - Alternative destinations include FQHCs, urgent care centers, medical clinics or behavioral or mental health facilities.
 - Telemedicine includes store and forward and remote patient monitoring, but NOT audio-only.
- **Maine** [Rev. Stat. Ann. Tit. 24 §4303-F](#) (2023)
 - If the ambulance service provider is in a rural area, the carrier shall increase reimbursement the same amount as Medicare reimbursement.

Other State Actions



Alabama
[HB 126](#) (2024)
Training on invisible disabilities.



Arizona
[HB 2033](#) (2024)
Ambulance attendants



Arkansas
[HB 1128](#) (2023)
Voluntary licensure for EMRs



Kentucky
[HB 323](#) (2024)
Cancer detection in firefighters



Maryland
[SB 210](#) (2024)
Administering vaccinations



Ohio
[HB 52](#) (2023)
Continuing education requirements



Tennessee
[SB 1597](#) (2021)
State EMS reorganization



Texas
[HB 617](#) (2023)
Telehealth services pilot project



Utah
[SB 72](#) (2024)
State EMS reorganization



West Virginia
[HB 2760](#) (2023)
Firefighters driving ambulances

NCSL Resources

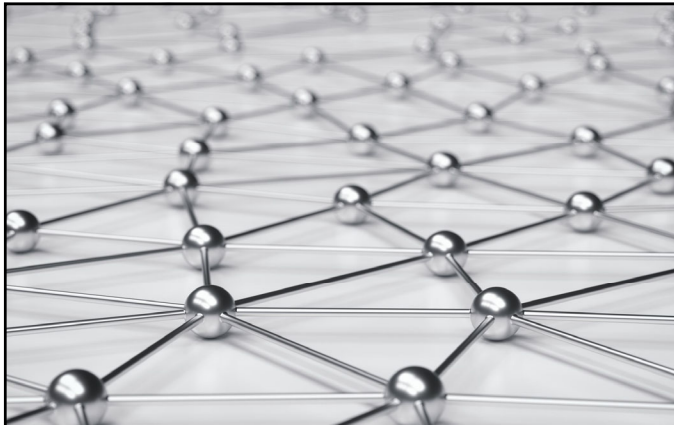
- [EMS Legislation Database](#) (Ongoing)
- [Health Workforce Legislation Database](#) (Ongoing)
- [Health Care Workforce Resources](#) (Sept. 2024)
- [State Definitions and Coverage of Community Paramedicine](#) (Sept. 2024)
- [Community Paramedics](#) (June 2024)
- [State Policies Defining EMS as Essential](#) (April 2024)
- [Backing the First Responders: Recent Bills Empower EMS Systems](#) (2023)
- [State Actions to address EMS Workforce Shortages](#) (2022)



2025 Legislative Summit

 NCSL LEGISLATIVE
SUMMIT
BO5TON
CELEBRATING 50 YEARS | **AUG 4-6**

The graphic features a city skyline at sunset reflected in water. The text is overlaid on the right side of the image.



Kelsie George
Senior Policy Specialist, Health Program

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