SOUTH DAKOTA STATE MEDICAL ASSOCIATION
POLICY

Subject:	Emergency Medical Services in Rural South Dakota
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POLICY STATEMENT

Emergency Medical Services (EMS) refers to services in South Dakota that respond to urgent or emergent medical situations outside the clinic, healthcare facility, or hospital environment and which provide assessment, care, and medical transportation.

EMS also refers to services that provide medically necessary transportation between medical facilities. EMS in South Dakota is provided by ambulance services (ground and air medical services) and first-response agencies (law enforcement, fire departments, rescue squads, and industry first aid teams).

EMS personnel in South Dakota includes Emergency Medical Responders (EMRs); Emergency Medical Technicians (EMTs); Advanced Emergency Medical Technicians (AEMTs); and Paramedics. Drivers are also a part of the EMS team; Drivers must complete a state-approved course and demonstrate competencies in areas such as CPR, HIPPA, vehicle operations.

An EMS system/team refers to the many components that make EMS response possible. EMS systems include:

- A means for requesting service;
- Dispatch and communication between all parts of the system;
- The personnel providing the services;
- Education and training of the personnel and the public;
- The medical/clinical protocols and care provided;
- Physicians who oversee the clinical care;
- Funding including the billing and collection of transportation fees;
- Organizations, leadership, and administrators;
- The rules and legislation that regulate services;
- The collection of information, evaluation, and coordination of quality; and
- The research and learning that supports improvement and innovation.

Modern EMS developed in rural South Dakota 40–50 years ago as part of a national endeavor to respond to rural highway traffic deaths and improve out-of-hospital cardiac care. In the late-1960s and 1970s, Congress developed initiatives to expand EMS across the United States, creating federal programs for EMT and paramedic training and allocating funding for vehicles and equipment. The 1973 EMS Systems Act saw the creation and funding of more than 300 EMS systems across the country.

In the early 1980s, however, things changed. Before EMS systems in rural states like South

Dakota could be planned and developed, funding for EMS was cut or eliminated to balance the federal budget. Today, EMS at the federal level is limited to a small office in the Department of Transportation's National Highway Traffic Safety Administration (NHTSA).

With the elimination of federal funding and planning for EMS, states, and rural communities were left to develop EMS systems on their own. In South Dakota, there was no requirement or mandate that counties or communities provide EMS or ambulance services. But as local people learned about modern EMS and sought to address local needs, communities came together, gathered resources, and created ambulance services and first-response services.

This local and organic development of EMS arose without any regional or statewide planning or funding. There was no coordinated thought given to where ambulance services should exist or how to deploy resources most effectively and efficiently. In the absence of significant funding, rural EMS became possible largely through donated labor (volunteerism) and the gathering of local funds for vehicles, equipment, supplies, facilities, and other expenses.

Today, EMS across South Dakota is a patchwork of ambulance services and first-response agencies. These organizations and agencies may be independent not-for-profits, municipally owned, county owned, fire department owned, hospital owned, or for-profit businesses. This patchwork of services has become an informal network that provides service coverage to every square mile of rural South Dakota.

In the past decade, this informal network of services has begun to show signs of strain. Volunteerism has declined, and the demand for services has risen. Pressure on the system now threatens the reliability and sustainability of EMS in rural South Dakota.

Thus, it is the policy of the SDSMA:

1. That the future of rural EMS cannot be based upon and reliant on volunteers;
2. That the overall capacity and capabilities of EMS in rural South Dakota needs to be strengthened; and
3. To advocate for increased state and public awareness as to the severity of the rural EMS crisis.

AUTHORITY

South Dakota State Medical Association Policy Council, 11/5/2021; South Dakota State Medical Association Board of Directors, 11/8/2021.