ELMORE COUNTY AMBULANCE DISTRICT

Your Ambulance Service:

Where We Are, Where We're Headed, and What It Means for You

When You Call 911

When a loved one collapses, when there's a crash on I-84, when a child stops breathing, those moments define why ambulance services exist. In Elmore County, your ambulance district responded to over **3,000 emergency calls last year**. That's more than eight calls every day, 365 days a year.

Behind each of those calls is a team of paramedics and EMTs, ambulances stocked with life-saving equipment, and a system designed to reach you as quickly as possible, whether you live in downtown Mountain Home or in the mountains in Pine.

This summary explains the challenges facing your ambulance service, why those challenges exist, and what decisions lie ahead. Our goal is to give you the information you need to understand what's at stake and to participate in the conversation about your community's future.

Understanding the Funding Challenge

Think of it like a household grocery budget.

A family of four has $100 per month for groceries, that's $25 per person. Then a fifth family member moves in. You'd think the grocery budget would grow to match, but household rules only allow the budget to increase by 3%, bringing it to $103.

Now that $103 is split five ways, so each person's share drops to $20.60. Each person's contribution went down, but there's actually *less money per person* to work with. The household grew by 25%, but the budget only grew by 3%.

To make matters worse, grocery prices are rising faster than the budget can keep up. The same $103 doesn't buy what $100 used to. So now you're feeding more people with money that buys less. You start cutting back, fewer fresh vegetables, more generic brands, smaller portions. The quality and quantity of food on the table declines.

That's exactly what happened in Elmore County.

Over the past four years, the ambulance district's budget grew by **12%**. But property values in the county grew by **24%,** twice as fast.

Because of how Idaho's property tax system works, when property values grow faster than budgets, the tax rate automatically goes down. So, each property owner's

share decreased, but the ambulance district now has relatively **fewer resources** to serve a larger, faster-growing county.

Meanwhile, the costs of running an ambulance service, fuel, medical supplies, equipment, competitive wages to attract and keep paramedics, continue to climb faster than the budget can keep pace.

What Your Ambulance District Does

The Elmore County Ambulance District is responsible for emergency medical services across the entire county, **3,075 square miles**, making it one of the largest ambulance service areas in Idaho. To put that in perspective, that's larger than the state of Delaware.

By the Numbers	Your District
Service Area	**3,075 square miles**
Population Served	**29,729 residents**
Emergency Calls (Annual)	**~3,000 calls**
Ambulances on Duty Daily	**4 units**
Paramedics and EMTs	**38 clinical staff**
Stations	**Mountain Home, Glenns Ferry, Pine**

The terrain we cover ranges from the flat I-84 corridor at 2,500 feet elevation to remote mountain communities like Featherville at over 10,000 feet. Some areas can only be reached by unpaved roads that become impassable in winter.

Communities We Serve

Mountain Home and Surrounding Area: The largest population center, including the city of Mountain Home, rural subdivisions, and the I-84 corridor. Average response time: 6 minutes 51 seconds.

Mountain Home Air Force Base: Home to approximately 4,500 military personnel and their families. The base has its own medical facilities but relies on our district for many emergency transports. Average response time: 7 minutes 14 seconds.

Glenns Ferry and Eastern County: Including the Three Island Crossing area and eastern I-84 corridor. Served by our Glenns Ferry station. Average response time: 8 minutes 1 second.

Pine, Featherville, and the Northern Mountains: Remote communities with seasonal population surges during recreation season. These areas face the greatest geographic challenges. Average response time: 14 minutes 47 seconds—and significantly longer for the most remote locations.

The Money Problem: Three Forces Working Against Us

The ambulance district's financial challenges aren't the result of mismanagement or waste. They stem from three structural forces that affect ambulance services across Idaho and the nation.

1. Idaho's Property Tax System Limits Growth

Under Idaho law, property tax budgets can only increase by 3% per year, plus the value of new construction. This cap was designed to protect taxpayers from runaway tax increases—and it does. But it also means that when costs rise faster than 3%, districts fall behind.

Here's what happened in our district over the past four years:

What Changed	4-Year Growth	Annual Avg
Property Values (Tax Base)	**+24%**	+7.3%/year
Ambulance District Budget	**+12%**	+3.9%/year
Your Levy Rate	**-9%**	-3.2%/year

When property values grow faster than the budget, the levy rate, the percentage each property owner pays, automatically decreases. That's why your ambulance levy rate dropped from 0.0184% in 2022 to 0.0167% today. *You're paying less per dollar of property value, but the district has less to work with relative to what it needs.*

2. Insurance Doesn't Always Cover the Cost of Care

In December 2024, the federal government released the first comprehensive study of ambulance costs and revenues in U.S. history. The findings confirmed what ambulance

services have known for years: **it costs more to provide an ambulance transport than what most insurance pays.**

The Math	
Average cost to provide one transport	**$3,127**
Average insurance payment received	**$1,147**
Loss per transport	**-$1,980**

For every insured patient we transport, we can lose nearly $2,000. And with Elmore County's aging population, Medicare patients make up a growing share of our calls. This isn't a billing problem we can fix; it's a problem that affects every ambulance service in America.

When You're Treated But Not Transported: A Billing Surprise

Here's something that surprises many patients: refusing an ambulance ride to the hospital can actually cost you *more* money, not less. Before the pandemic, our paramedics responded to your emergency and treated you on scene. At that point it was decided that you could either go by personal vehicle to the hospital, or that you didn't need to go to the hospital, we used to be able to bill insurance for that care—and insurance would typically pay. That policy changed in 2020.

Now, most insurance plans, including Medicare, only cover ambulance services when you're actually transported to a medical facility. If our crew responds, provides treatment, and you decline transport, many insurances won't pay for that call. The bill becomes your responsibility. So, a patient who thinks they're saving money by saying "I'll be fine, I don't need to go to the hospital" may end up paying the full cost out of pocket—while a patient who accepts transport often pays little or nothing because insurance covers it. It's counterintuitive, but that's how the current system works. This policy also hurts the ambulance district: we still sent the crew, the ambulance, the fuel, and the medical supplies, but we can't recover those costs from insurance.

3. EMS Isn't Considered an 'Essential Service'

Unlike police and fire protection, ground ambulance services are not recognized as essential services by the federal government. That means there's no federal funding stream dedicated to keeping ambulances running. Idaho hasn't declared EMS essential either, so there's no state funding.

The result: **local taxpayers bear almost the entire cost of ambulance services**. When insurance reimbursements fall short and state funding doesn't exist, the bill comes to you.

The Growing Gap: Where the Money Comes From

When the ambulance district's own revenues (property taxes and transport fees) don't cover operating costs, Elmore County's General Fund makes up the difference. Here's how that gap has grown:

Fiscal Year	Funding Gap	Increase
2022-2023	$551,340	—
2023-2024	$800,000	+45%
2024-2025	$1,071,976	+34%
2025-2026 (Projected)	**$1,295,924**	**+21%**
4-Year Total	**$3,719,240**	**+135%**

That's $3.7 million over four years that came from other county resources, money that could have gone to roads, law enforcement, or other county services. And the gap is growing each year.

Growth Is Coming: Ready or Not

Elmore County isn't standing still. Several major developments are underway or planned that will increase demand for ambulance services:

- **Housing Developments:** New subdivisions, including the Mayfield Springs area, will bring more residents who will need emergency services.
- **Industrial Expansion:** Growth in commercial and industrial operations means more workers and more potential workplace emergencies.
- **Casino Development:** A new casino will operate 24/7, bringing visitors and creating demand for emergency services around the clock.
- **Freeway Expansion:** I-84 improvements will increase traffic through the county—and with it, the potential for motor vehicle accidents.
- **Aging Population:** Like much of Idaho, Elmore County's population is getting older. Residents over 65 use ambulance services 3-4 times more frequently than younger people.

The ambulance district is already operating at capacity. Our crews are stretched thin, our equipment is aging, and we have no reserve capacity to absorb growth. Without additional resources, response times will increase as demand outpaces our ability to respond.

Why Response Time Matters: The Human Cost

Response time isn't just a statistic; it's the difference between life and death for certain emergencies. Here's what medical research tells us:

Cardiac Arrest: For every minute without CPR and defibrillation, survival decreases by 7-10%. After 10 minutes without intervention, survival rates drop to near zero. When all four of our ambulances are busy and the nearest help is 45+ minutes away, cardiac arrest becomes unsurvivable.

Stroke: Clot-busting medication must be given within 3-4.5 hours of symptom onset but earlier is always better. Extended transport times to hospitals in Boise mean some patients miss the treatment window entirely.

Trauma: The 'golden hour' concept in trauma care holds that critically injured patients have the best chance of survival if they receive definitive care within 60 minutes. On the I-84 corridor and in our remote areas, meeting that standard is a constant challenge.

Based on verified research and our response time data, the needs assessment estimates that **9-18 deaths annually** may be attributable to response delays in our district, plus 10-20 cases of severe disability that could have been reduced with faster response.

These aren't just numbers. They're your neighbors, your family members, your coworkers. Every minute counts.

What Are the Options?

There's no free solution. Maintaining, let alone improving, ambulance services require funding. Here are the realistic options:

Option 1: Maximize the Current Levy (No Vote Required)

The current levy rate of 0.0167% is only **42% of the legal maximum** (0.04%). County Commissioners could increase the levy to the maximum with voter approval.

What you pay now (per $100,000 home value)	$16.74 per year
At full 0.04% levy	$40.00 per year
Increase	**+$23.26 per year**

For context, that's about $1.94 per month—less than a gallon of gas.

Option 2: Voter-Approved Enhanced Levy

Idaho law allows ambulance districts to seek voter approval for an enhanced levy up to 0.06%. This requires a **two-thirds (66.67%) supermajority** at a May or November election.

At enhanced 0.06% levy	$60.00 per year
Increase from current	**+$43.26 per year**

For context, that's about $5.00 per month— That's an increase of about $3.61 per month—roughly the cost of a gallon of milk.

The two-thirds threshold is high. Statewide, many levy elections fail even with majority support because they don't reach the supermajority requirement.

Option 3: Continue as We Are

If no changes are made, the County General Fund will continue subsidizing ambulance operations, or the district will be forced to reduce services. Neither outcome is sustainable.

Continued subsidies mean that money intended for roads, law enforcement, and other county services gets diverted to ambulances. Service reductions could mean longer response times, fewer ambulances on duty, or inability to serve remote areas at all.

The Bottom Line

Back to the grocery analogy one last time: You can't feed a growing family on a shrinking budget forever. Eventually, someone goes hungry.

In emergency medical services, 'going hungry' means longer wait times when you call 911, fewer ambulances available when multiple emergencies happen at once, and in the worst cases, preventable deaths.

The ambulance district does need more resources; the data makes that clear. The question is how we, as a community, choose to provide them.

Questions? Want More Information?

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https://elmorecounty.org/elmore-ambulance-service/ *The full Needs Assessment Report is available upon request.*

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