

TACIR

The Tennessee Advisory Commission
on Intergovernmental Relations



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MEMORANDUM

TO: Commission Members

FROM: Cliff Lippard
Executive Director

DATE: 30 January 2026

SUBJECT: Public Chapter 413, Acts of 2025 (Ambulance Services)—Update

Maury County recently sought additional funding from the city of Columbia to alleviate the cost to the county of required ambulance services, both in Columbia and across the county. Pushback from Columbia sparked the introduction of Senate Bill 160 by Senator Taylor and House Bill 83 by Representative Capley in the 114th General Assembly. As introduced, the bill would have required “a municipality that does not provide ambulance service to reimburse the county for such service in proportion to” the percentage of the county’s population housed within the city, up to 50% of the service’s total cost. The bill was amended and passed as Public Chapter 413, Acts of 2025, to request a Tennessee Advisory Commission on Intergovernmental Relations (TACIR) study of (1) the economic impact of required ambulance services on counties, (2) how Tennessee’s counties and municipalities provide such services, and (3) whether policy changes may improve the provision of these services. Additionally, the Act requires the commission to (4) review emergency and non-emergency transport reimbursements and (5) determine how counties and municipalities fund the deficit at which ambulance services operate.

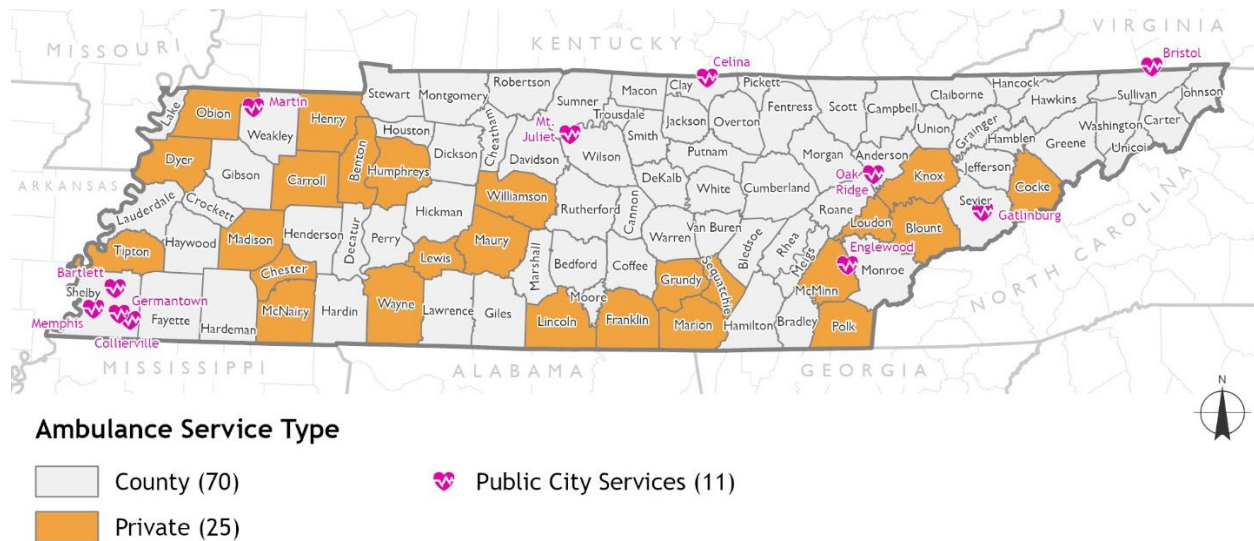
State law requires all counties to have an ambulance service, but not cities.

Public Chapter 212, Acts of 2021, requires each county to have at least one licensed ambulance, which can be operated directly or via agreement with another county, city, or private entity. Emergency ambulance service was already being provided in all 95 counties when the Act made ambulances an essential service in Tennessee. Ambulance emergency response services are one type of emergency medical service (EMS). Other

EMS providers include 911 dispatch centers, hospital emergency departments, and fire departments.

Based on preliminary analysis of data from the Tennessee Department of Health, 70 counties operate an ambulance service directly, and the other 25 counties use another county, city, or private entity. Parts of some counties are served by neighboring counties through an inter-local agreement. Although not required, eleven cities (out of 345) also operate an ambulance service. See map.

Map. Tennessee Ambulance Service Type by County



Source: Tennessee Department of Health (EMS Directory).

In addition, there are federal ambulance services (e.g., Oak Ridge National Lab Fire Dept.), transport-only non-emergency ambulance services (e.g., Vital Medical Transport, LLC in Memphis), helicopter ambulance services (e.g., Survival Flight, Inc.), and even one airplane ambulance service (Inflight Medical Services International). Counties may choose to provide non-emergency transport, helicopter services, etc., but state law does not require that they do so.

Funding of Ambulance Services in Tennessee

Commission staff surveyed county ambulance services to collect funding information. Of Tennessee’s 95 counties, 52 counties responded to the survey—36 that operate their own ambulance service, 12 that contract with a private provider, and 4 with an interlocal agreement.

Preliminary analysis of that survey data shows that many counties provide general fund dollars to ambulance services to supplement reimbursements from Medicare, TennCare, commercial payors, direct pay, and other sources. That funding has increased in recent years as operating expenditures increased more than reimbursement revenue, both for counties that provide ambulance services directly and for those that use another county, city, or private entity for their ambulance service.

Cities contribute funds, property, or additional support to the county's ambulance service. For example, several small cities around Hamilton County bought into the county's ambulance service, and Greenville pays 30% of Greene County's ambulance costs. Sumner County and the city of Portland pooled funds to create a joint fire/EMS station. In addition, many cities operate fire services, which regularly respond to emergency calls before an ambulance arrives. Some cities, like Mt. Juliet and Germantown, fund and operate their own ambulance service; for those cities, commission staff continues to follow up on survey responses to gather more detailed financial information.

Transporting patients prompts most reimbursement funding.

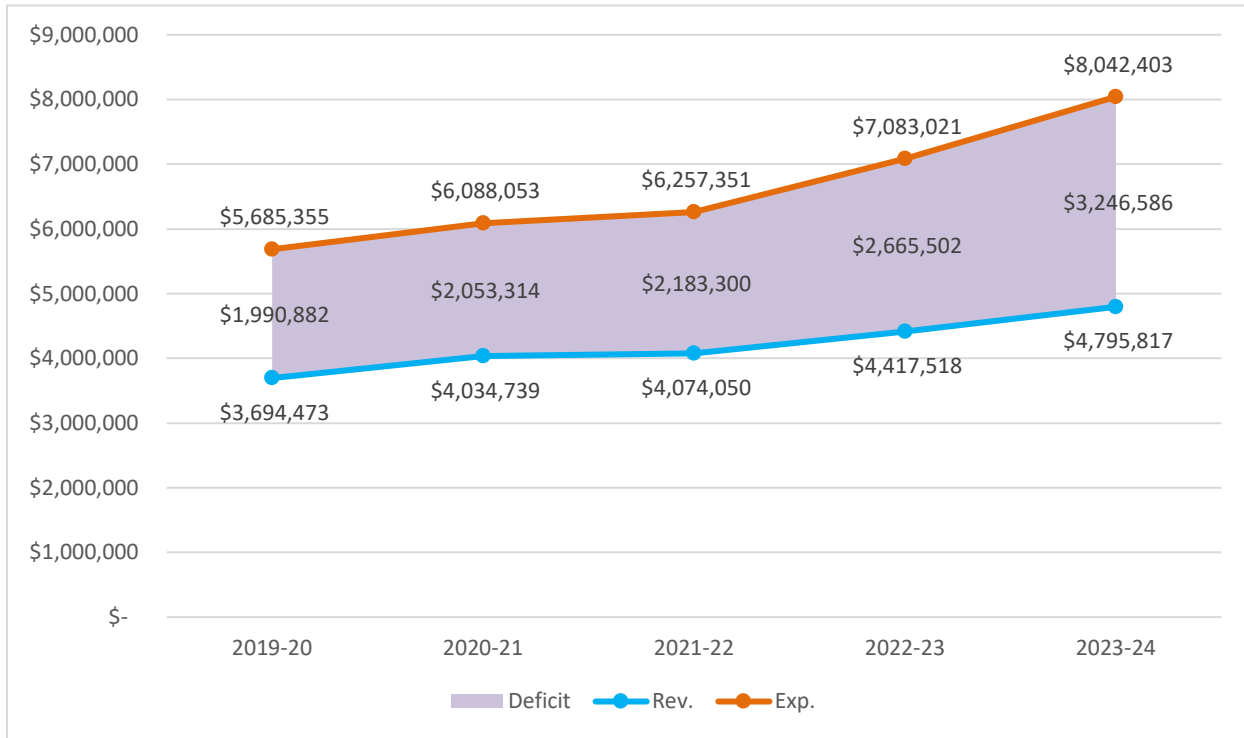
Public and commercial insurance partially reimburse ambulance services for emergency transport to hospitals and pre-approved non-emergency trips, which together make up about 89% of ambulance services' trips. Tennessee's Triage, Navigate, Treat and Transport (TN-T2) program, operated by TennCare, also provides limited reimbursement funding to emergency services providers (like ambulances) for treating a TennCare-insured patient without transporting or for transporting a patient to an alternate destination like a mental health clinic. According to commission staff's survey of county ambulance services, most patients transported by Tennessee ambulance services were insured by Medicare (49%) or TennCare (13%) in fiscal year 2023-24. Another 18% came from commercial payors, 10% from direct pay, and 11% from other sources. Tennessee taxes ambulance services \$20 per transport to provide state-matching funds for the Ground Ambulance Assessment Program (GAAP) and draw down \$229.50 in federal funding per transport of a patient insured by TennCare.

The deficits for county-operated ambulance services are increasing.

Of the counties that directly operate their own ambulance service, 36 responded to commission staff's survey, and 21 of those counties reported their financial data. Preliminary analysis of that data shows that, for these ambulance services, average annual operating expenditures increased by 30%, while reimbursements increased 17%,

from fiscal year 2019-20 to fiscal year 2023-24. As a result, the average deficit increased to \$3.2 million in fiscal year 2023-24, about 40% of operating expenditures. See Figure 2.

Figure 2. Average Annual Revenue and Operating Expenditures of County-operated Ambulance Services

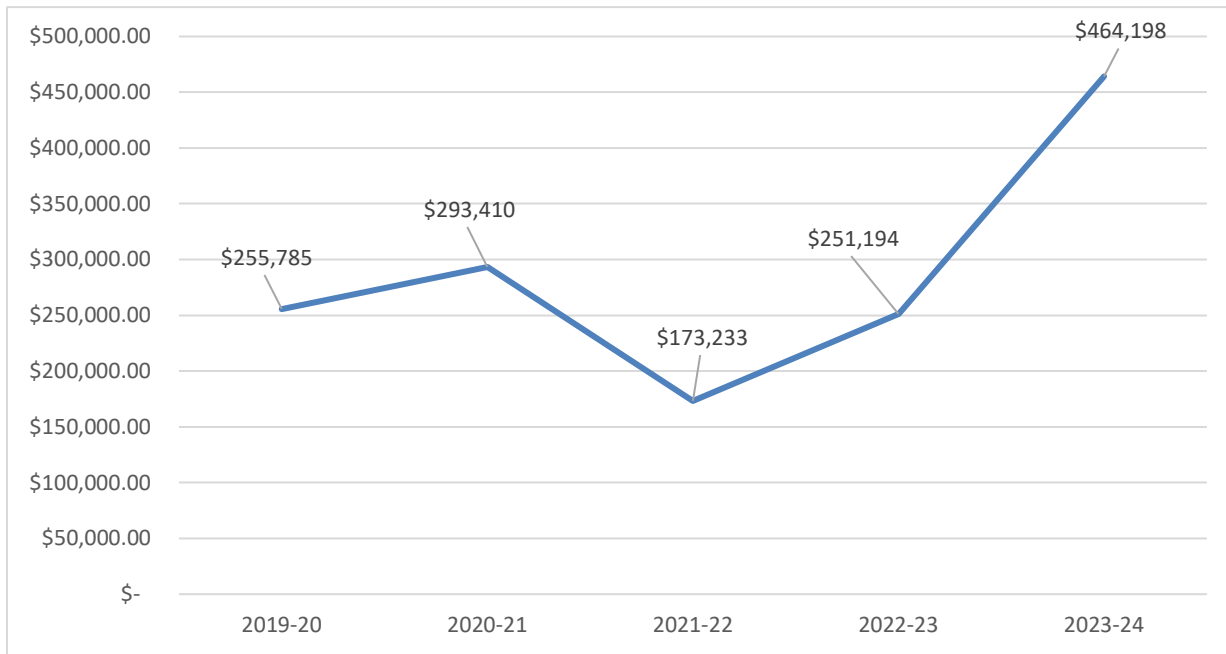


Source: TACIR staff survey of county officials.

Counties increased funding for ambulance services provided by another county, city, or private entity.

Many of the 25 counties that use another county, city, or private entity for their ambulance services have increased funding for the services in recent years. For example, Maury County officials said Maury Regional Medical Center, the hospital that operates their ambulance service, requested the county increase its annual payment to them from \$635,000 to \$4 million. The parties ultimately settled on a \$2 million payment. Of the counties that use another county, city, or private entity for their ambulance services, 12 counties that contract with a private provider and 4 with an interlocal agreement responded to commission staff’s survey; preliminary analysis shows those counties’ average payment to another county, city, or private entity increased from \$255,785 to \$464,198 (81%) from fiscal year 2019-20 to fiscal year 2023-24 (see Figure 1).

Figure 1. Average County Payment to Another County, City, or Private Entity for Ambulance Services (15 Survey Respondents), Fiscal Years 2019-20 to 2023-24



Source: TACIR staff survey of county officials.

Demand and Delivery of Ambulance Services Varies Across the State

To inform future discussion of policy changes and obtain information on the demand for and operation of ambulance services, commission staff sought detailed data from the Office of Emergency Medical Services. Their staff provided Tennessee-specific data out of the National Emergency Management Service Information System (NEMSIS) on response times, trip types, and transport destinations for licensed ambulance services in Tennessee from 2021 to 2024.

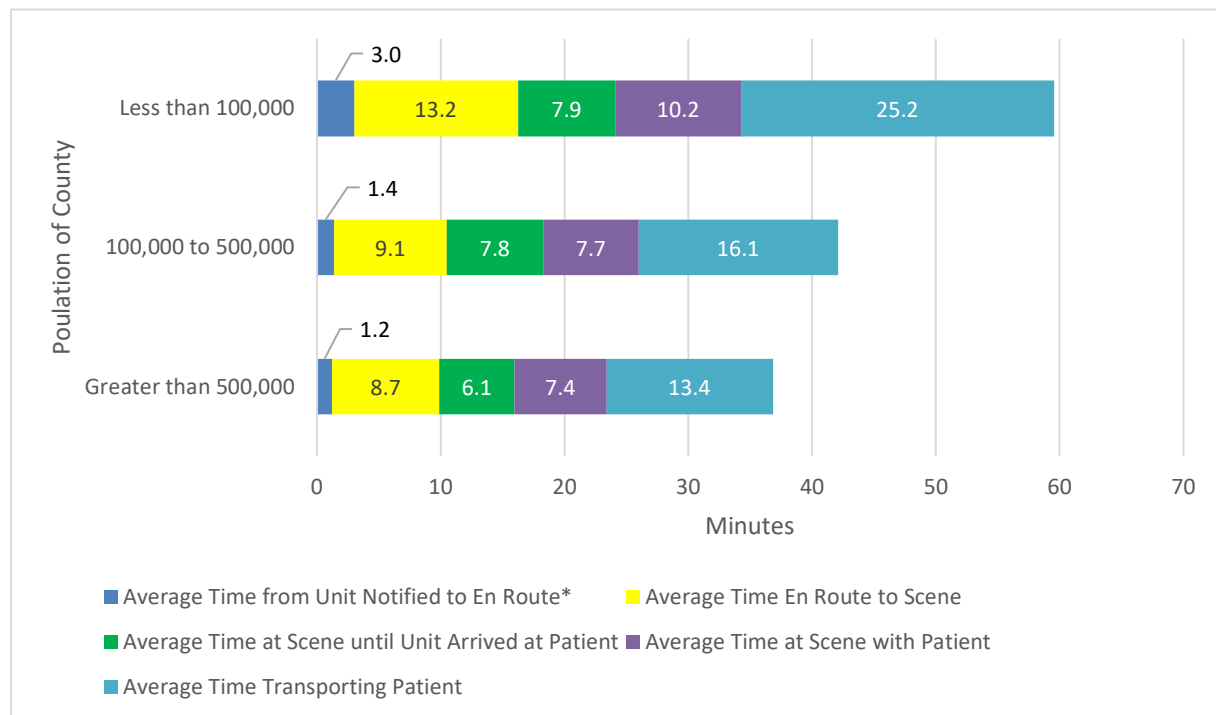
Data of Tennessee’s ambulance services presents a varied picture of service demand and provision across the state. For example, the availability of the number of ambulances varies across counties. In 2025, counties, either directly providing or using another county, city, or private entity for their ambulance services, had between 1 and 42 licensed ambulances, and the median number of ambulances for counties was 8 licensed ambulances. Over a four-year period (2021 to 2024), counties’ ambulance services responded from a low of 33 to a high of 262,929 times; the median service responded 15,407 times during that time. Included in the data is the average times of each stage of a call and response. There is no universally accepted benchmark for ambulance response times, but a general benchmark in urban areas is a sub-9-minute response time (i.e., Average Time from Unit Notified to En Route + Average Time En Route to Scene +

Average Time at Scene until Unit Arrived at Patient <= 8:59). In Tennessee, only one county service and 3 city services meet that benchmark. See Appendix A for county-specific data.

The 11 city ambulance services also vary in nature. The city ambulance services range between 1 and 50 licensed ambulances, and the median number of ambulances owned by the 11 cities is 5 licensed ambulances. Over a four-year period (2021 to 2024), cities’ primary providers responded from a low of 58 to a high of 428,477 times; the median service responded 7,896 times over that time. See Appendix B for data from each city ambulance service.

Preliminary commission staff analysis of the data shows that less populous counties have longer response times—the time it takes to get the ambulance crew to the patient—and longer transport times—the time it takes an ambulance and its patient to get to its destination, usually a hospital emergency room. This trend has remained true, year over year, since 2021. For aggregate data, see Figure 3.

Figure 3. Response and Transport Times of Ambulance Services in Tennessee by County Population



Source: TACIR staff analysis of TNEMSIS data (Tennessee Office of Emergency Medical Services). See also appendixes A and B.

Appendix A: Demand and Delivery Data – Counties

County	Service's Ambulance Count
ALL	713
Anderson	20
Bedford	11
Bledsoe	4
Bradley	11
Campbell	6
Cannon	5
Carter	11
Cheatham	8
Claiborne	9
Clay	4
Coffee	8
Crockett	4
Cumberland	10
Davidson (Rescue)	5
Davidson (Fire)	40
Decatur	6
DeKalb	5
Dickson	16
Fayette	9
Fentress	8
Gibson	9
Giles	8
Grainger	8

County	Service's Ambulance Count
Greene	12
Hamblen	10
Hamilton	29
Hancock	6
Hardeman	6
Hardin	7
Hawkins	11
Haywood (Ambulance)	5
Haywood (EMS)	1
Henderson	6
Hickman	6
Houston	4
Jackson	5
Jefferson	13
Johnson	6
Lake	3
Lauderdale	6
Lawrence	8
Macon	5
Marshall	8
Meigs	2
Monroe	9
Montgomery	25
Moore	3

County	Service's Ambulance Count
Morgan	7
Overton	9
Perry	6
Pickett	5
Putnam	17
Rhea	6
Roane	7
Robertson	13
Rutherford	42
Scott	8
Sevier	15
Shelby	15
Smith	6
Stewart	5
Sullivan	24
Sumner	24
Trousdale	4
Unicoi	2
Union	8
Van Buren	3
Warren	9
Washington	26
Weakley	7
White	8
Wilson	16

County	2021-2024					
	Number of Ambulance Responses	Average Minutes from Unit Notified to En Route*	Average Minutes En Route to Scene	Average Minutes at Scene until Unit Arrived at Patient	Average Minutes at Scene with Patient	Average Minutes Transporting Patient
ALL	2,110,521	2.3	10.8	2.7	14.3	20.4
Anderson	15,586	1.1	11.7	3.6	14.8	18.4
Bedford	27,153	2.4	7.5	2.2	13.3	18.8
Bledsoe	5,612	16.5	11.8	3.6	14.8	65.7
Bradley	62,499	1.7	9.3	2.8	14.4	13.6
Campbell	29,423	2.6	9.8	2.7	13.8	21.0
Cannon	6,894	3.9	6.4	1.8	14.7	23.6
Carter	No Data					
Cheatham	16,638	2.6	9.7	1.7	15.9	21.2
Claiborne	No Data					
Clay	938	2.6	9.3	1.5	15.5	28.9
Coffee	28,506	1.4	6.7	1.7	14.0	9.0
Crockett	7,640	0.3	7.7	0.8	16.9	22.3
Cumberland	50,922	2.6	9.2	2.7	13.5	21.2
Davidson (Rescue)	No Data					
Davidson (Fire)	262,929	1.2	7.1	1.8	9.9	13.4
Decatur	7,900	1.8	8.8	1.8	15.5	30.5
DeKalb	9,068	5.8	7.5	2.5	15.3	23.4
Dickson	21,351	0.8	8.1	1.6	14.2	13.9
Fayette	16,964	1.1	10.5	1.4	22.1	31.6
Fentress	9,969	0.7	11.3	1.7	15.1	51.7
Gibson	29,306	1.7	10.0	2.4	16.6	27.5
Giles	16,321	2.4	7.7	2.2	15.9	22.6
Grainger	10,272	3.5	13.3	4.5	16.1	31.8
Greene	20,159	5.9	10.6	3.9	15.3	28.6
Hamblen	43,071	1.9	7.2	5.3	13.8	15.8
Hamilton	158,591	1.5	8.7	2.1	13.3	15.2
Hancock	9,379	1.0	17.2	2.9	12.0	43.2
Hardeman	5,280	3.0	12.9	1.6	43.0	33.6
Hardin	15,228	2.6	8.4	1.4	15.8	22.5
Hawkins	31,426	8.2	10.5	3.0	15.4	24.6
Haywood (Ambulance)	11,007	0.0	13.1	1.6	20.0	24.0
Haywood (EMS)	No Data					
Henderson	20,592	0.6	7.8	3.1	15.0	25.4

County	2021-2024					
	Number of Ambulance Responses	Average Minutes from Unit Notified to En Route*	Average Minutes En Route to Scene	Average Minutes at Scene until Unit Arrived at Patient	Average Minutes at Scene with Patient	Average Minutes Transporting Patient
Hickman	10,761	3.1	12.7	2.8	18.9	23.0
Houston	5,416	4.0	7.2	3.6	13.9	25.5
Jackson	6,732	0.8	10.5	2.3	14.5	38.1
Jefferson	13,562	6.0	119.9	2.9	17.5	59.4
Johnson	11,505	15.4	9.9	3.4	16.4	31.5
Lake	8,607	1.9	15.7	2.1	13.0	25.0
Lauderdale	17,866	1.4	10.5	2.3	14.9	17.5
Lawrence	22,038	5.1	7.6	2.6	13.3	18.1
Macon	11,737	2.3	8.6	2.7	16.2	26.7
Marshall	12,762	2.4	7.2	2.0	16.1	22.9
Meigs	3,339	3.9	13.1	1.6	17.7	26.4
Monroe	34,901	1.0	10.5	2.3	15.9	27.0
Montgomery	90,062	1.9	6.5	1.8	14.5	16.6
Moore	3,488	2.3	8.0	1.4	17.4	18.0
Morgan	11,570	2.4	12.9	1.8	15.6	35.2
Overton	13,392	4.0	7.9	3.0	14.5	27.1
Perry	6,337	2.1	15.3	2.1	18.2	44.8
Pickett	4,172	4.3	10.0	1.8	19.6	30.1
Putnam	75,929	3.4	8.1	3.0	13.6	17.3
Rhea	8,537	24.4	119.0	3.6	12.1	28.9
Roane	25,381	2.2	10.6	2.7	14.2	22.1
Robertson	29,223	1.6	9.4	2.3	12.8	18.2
Rutherford	168,593	1.1	7.3	2.5	13.5	15.7
Scott	14,499	0.3	7.2	2.1	11.8	28.5
Sevier	63,572	4.3	7.5	2.5	12.2	24.0
Shelby	25,350	1.1	8.2	1.5	17.1	17.5
Smith	9,991	2.7	8.6	2.7	16.3	23.8
Stewart	5,860	0.2	8.8	0.7	16.4	35.6
Sullivan	96,976	0.3	8.1	3.5	12.7	15.1
Sumner	90,596	1.5	9.4	3.3	13.2	17.4
Trousdale	33	0.9	7.9	2.4	16.3	28.2
Unicoi	12,958	4.1	10.9	4.8	14.8	18.8
Union	15,807	0.1	42.2	1.7	15.2	36.3
Van Buren	4,421	4.2	9.6	2.4	12.8	28.1
Warren	24,989	3.8	5.7	3.3	12.8	20.3
Washington	124,836	1.0	10.3	4.4	12.2	15.1
Weakley	3,195	2.7	10.3	2.0	19.6	27.2

2021-2024						
County	Number of Ambulance Responses	Average Minutes from Unit Notified to En Route*	Average Minutes En Route to Scene	Average Minutes at Scene until Unit Arrived at Patient	Average Minutes at Scene with Patient	Average Minutes Transporting Patient
White	20,201	2.0	10.8	1.6	19.2	27.1
Wilson	50,703	1.6	8.2	1.8	15.2	16.1

*Also known as chute time.

Source: Tennessee Department of Health, Directory (number of ambulances), TNEMSIS (response times).

Appendix B: Demand and Delivery Data – Cities

City	2025	2021-2024					
	Number of Ambulances	Number of Responses	Average Minutes from Unit Notified to En Route*	Average Minutes En Route to Scene	Average Minutes at Scene until Unit Arrived at Patient	Average Minutes at Scene with Patient	Average Minutes Transporting Patient
TOTAL	110	534,445	1.3	8.0	2.1	12.8	13.7
Bartlett	16	33,722	0.6	10.6	7.8	13.0	21.7
Bristol (Ambulance)	9	22,214	1.6	4.5	1.5	15.3	11.8
Bristol (Fire)	6	4,592	1.7	5.3	1.4	12.0	12.3
Celina	No Data	2,302	1.7	9.3	1.7	15.7	28.4
Collierville	5	6,723	1.5	6.3	1.8	18.2	14.3
Englewood	1	63	1.4	11.7	3.3	11.9	27.8
Gatlinburg	5	9,499	1.5	7.7	1.6	14.4	27.6
Germantown	6	12,463	1.2	4.3	2.1	16.3	8.4
Humboldt	1	No Data					
Knoxville	1	No Data					
LaVergne	1	No Data					
Martin	3	9,069	3.7	4.7	3.9	12.1	23.4
Memphis	50	428,477	1.3	9.1	1.7	14.9	12.8
Mt. Juliet	5	5,263	0.2	4.8	1.6	14.7	17.0
Oak Ridge	1	58	2.1	8.6	0.8	12.3	15.6

*Also known as chute time.

Source: Tennessee Department of Health, Directory (number of ambulances), TNEMSIS (response times).