

Regional Ambulance Service Evaluation Committee (RASEC)

Service Delivery Model Evaluation Report

Prepared for the Fremont County Association of Governments

June 2026

Problem Statement

Fremont County's ambulance service is experiencing significant degradation in service quality and sustainability. This is driven by multiple interconnected factors.

Primary among these is the reduced availability of funding through the county general fund, resulting from lower property tax revenues and declining oil and gas activity. As funding has decreased, operational costs for personnel, equipment, training, maintenance, and compliance have continued to rise.

The current contractual arrangement with Frontier Ambulance further exacerbates these issues. The four-year contract renewal cycle creates uncertainty for providers regarding future employment. Compensation remains significantly lower than surrounding areas—often half the pay—despite union negotiations. This has led to recruitment and retention challenges, with providers leaving for better-paying opportunities nearby. Additionally, the county owns the ambulance assets, but they are not included in a proper capital improvement plan, resulting in aging equipment.

These challenges have threatened the availability of emergency medical services in our county, particularly in rural and frontier areas.

Call Volume and Service Coverage Overview

Fremont County covers a large geographic area with varying population densities, resulting in significant disparities in ambulance call volumes across communities. Understanding these patterns is critical for determining appropriate resource allocation and evaluating service delivery models.

Recent data shows that approximately **52%** of all 911 calls originate from the Riverton area, with another **30%** from Lander. Combined, these two population centers account for over 80% of emergency call volume. The Fort Washakie/Ethete area on the Wind River Indian Reservation accounts for roughly **8.6%** of calls. The Dubois zip code represents about **2.6%**.

The remaining calls are distributed across smaller communities, with most rural areas each generating less than 1% of total volume. For example:

- Arapahoe: approximately 2.0%
- Hudson: approximately 1.2%
- Shoshoni and St. Stephens: each under 1%

- Very low-volume areas such as Crowheart (0.2%), Jeffrey City (0.1%), and Lysite/Lost Cabin (0.1%) see extremely limited call activity.

In addition, there were **1,646 inter-facility transfers** during the same period.

This distribution has important implications for service design. High-volume areas can support full-time staffed ambulances, while very low-volume rural areas may benefit from flexible or volunteer-augmented models to improve response times without the full cost of 24/7 staffing.

Partnership with the Wind River Indian Reservation

The Wind River Indian Reservation and the Eastern Shoshone and Northern Arapaho Tribes represent a significant portion of Fremont County's population and service area. Improving emergency medical response times and service quality on the reservation is a priority for RASEC.

All models under consideration, particularly Models 2A and 2B, propose placing an ambulance in the Fort Washakie or Ethete area to better serve residents on the reservation. The committee recognizes that successful implementation of any new service model will require close collaboration with tribal leadership.

While this report does not make specific recommendations regarding funding sources, it acknowledges that the Tribes have a strong interest in participating in the chosen model and that future discussions regarding funding will need to include meaningful partnership opportunities with the Tribes and tribal health organizations.

Public Perception and Community Input

To inform its evaluation of long-term service delivery options, the Regional Ambulance Service Evaluation Committee conducted a comprehensive public survey between April and May 2026. The survey received 429 responses from residents across Fremont County, representing urban, rural, and frontier communities. Results show widespread concern about the current state of ambulance service. Long-term sustainability drew the highest level of concern (81.7% extremely or very concerned), followed by cost and billing practices (72.6%) and coverage in rural and remote areas (72.0%). Confidence in timely response is notably low, with only 32.9% of respondents expressing confidence that service can respond in a timely manner. A majority of respondents (63.1%) perceive that service has either stayed the same or worsened in recent years. Open-ended responses reinforced these findings, with recurring themes of staffing shortages, billing opacity under the current private provider, coverage gaps during transports, and a desire for greater transparency and local accountability.

These results have clear implications for the models under consideration. When asked about preferred service models, respondents strongly favored locally operated public service (27.9%) or hybrid models with public oversight (22.5%). Only 6.3% preferred a private company under contract. There is near-universal agreement on the importance of local input in service planning (90.8%) and public accountability (83.1%), along with strong rejection of primary reliance on user fees and billing as a sustainable funding mechanism. Notably, 44.5% of respondents

indicated they would consider or possibly consider serving in a support or volunteer role, suggesting meaningful latent capacity for flexible staffing approaches in lower-volume areas. These findings align closely with the challenges described in the Problem Statement and provide broad community validation for models that emphasize local control, workforce stability, transparency, and sustainable public funding — particularly Models 2A and 2B — while indicating limited public support for simply continuing or modestly reforming the current private contractual arrangement.

Model 1: Private Provider via RFP Process

This model would continue the current approach of contracting with a private ambulance company through a competitive Request for Proposals (RFP) process for a multi-year agreement. Under the existing 2021 Ground Ambulance Service Provider Agreement between Fremont County and Priority Ambulance, LLC (operating as Frontier Ambulance), the private Provider is responsible for the day-to-day operation of the County's ground ambulance service. Key obligations placed on the Provider under that contract include:

- Operating emergency ground ambulance services 24 hours per day, 365 days per year at an Advanced Life Support (ALS) level for all of Fremont County.
- Maintaining a minimum of five (5) full-time ALS ambulances (currently deployed as 2 in Riverton, 2 in Lander, and 1 in Dubois).
- Employing, training, certifying, and supervising all personnel, including paramedics, EMTs, AEMTs, and a Medical Director.
- Handling all billing, collections, and revenue cycle management.
- Maintaining required insurance coverage and naming the County as an additional insured.
- Performing or arranging for vehicle maintenance and repairs (with County oversight and approval for major work).
- Developing and implementing quality improvement, continuing education, and training programs.
- Participating in disaster drills, public education, and coordination with County Emergency Management.
- Meeting established response time standards (80% of emergency responses in under 20 minutes) or facing financial penalties.
- Providing quarterly reports to the County on run statistics, response times, customer satisfaction, and asset condition.

Fremont County retains ownership of all ambulances, equipment, and facilities, which are leased to the Provider at no cost. The County pays the Provider an annual subsidy (approximately \$1.8 million in recent years) to augment user fee revenues. The initial contract term was five years (beginning July 2021), with automatic one-year renewals unless terminated with proper notice.

If this model is selected going forward, RASEC strongly recommends that any new RFP or contract renegotiation include significantly strengthened provisions focused on enforceable

service level commitments (particularly for rural and remote areas), enhanced transparency and real-time data sharing with the County, clearer accountability mechanisms with meaningful performance incentives and penalties, and compensation structures that support the recruitment and retention of qualified EMS providers.

Current Costs with Frontier Ambulance:

The total estimated annual cost to operate the service is approximately \$5.85 million based on current force breakdown modeling. Under the current contract with Frontier Ambulance, the previous annual subsidy from the County general fund was approximately \$1.8 million. The projected subsidy required moving forward is currently being discussed at \$2.8 million, reflecting increased operational costs, the need for competitive provider compensation, and sustainability requirements. The private provider handles billing and collections for the remainder of the revenue.

Current Force Breakdown:

Frontier Ambulance currently deploys 5 full-time Advanced Life Support (ALS) ambulances: 2 in Riverton, 2 in Lander, and 1 in Dubois.

In addition to chronic understaffing driven by uncompetitive wages, this distribution results in extended response times in areas without dedicated ambulances. For example, communities such as Shoshoni have experienced response times exceeding 30 minutes due to the distance ambulances must travel.

Pros: - Shifts responsibility for wage negotiations, hiring, HR, billing, and collections to the private provider. - Lower immediate subsidy cost to the county compared to full public operation. - Reduces direct administrative burden on county/FCAG staff.

Cons: - Limited county control over operations, staffing, compensation, and service levels. - Lack of transparency on detailed costs and data. - Ongoing instability for providers due to contract cycles, leading to high turnover. - Subsidy continues to increase year-over-year without new revenue sources. - County owns assets but they are not properly maintained/replaced. - Risk of reduced coverage in remote areas (e.g., Dubois) if additional funding is not provided. - Difficulty retaining providers due to uncompetitive wages compared to surrounding regions.

Model 2: Locally-Controlled Public Entity (Joint Powers / FCAG / County / EMS District)

This model would establish a publicly-run ambulance service under local governance. Under this model, the County or a newly established public entity (such as a Joint Powers Board, an EMS District, or an entity under direct FCAG or County oversight) would assume full direct operational responsibility for all functions currently performed by the private Provider under the existing Ground Ambulance Service Provider Agreement. This means the public entity would internalize all obligations currently imposed on Frontier Ambulance / Priority Ambulance, LLC, eliminating the need for periodic competitive RFPs and contract renewals.

Specifically, the public entity would be directly responsible for:

- Operating emergency ground ambulance services 24 hours per day, 365 days per year at an Advanced Life Support (ALS) level across the county, maintaining or enhancing current service levels in accordance with industry standards and Wyoming Department of Health requirements.
- Directly employing, training, certifying, scheduling, and managing all necessary staff — including paramedics, EMTs, AEMTs, supervisors, a Medical Director, and administrative personnel — with full responsibility for payroll, benefits, Wyoming Retirement System (WRS) contributions, workers' compensation, and compliance with all state and federal employment laws.
- Establishing, billing at, and collecting user fees at rates approved through the appropriate public process, while maintaining complete accounting records and handling all revenue cycle functions (or overseeing contracted billing services).
- Securing and maintaining all required insurance coverage, including automobile liability, general liability, medical professional liability, workers' compensation, and excess liability, with the public entity as the named insured.
- Developing and implementing comprehensive quality improvement, training, and continuing education programs for all personnel (including any volunteer components under Model 2B), as well as participating in County disaster drills, public education efforts, and coordination with emergency management agencies.
- Maintaining all facilities (stations in Lander, Riverton, Dubois, and the proposed Fort Washakie/Ethete location), including utilities, repairs, snow removal, and code compliance.
- Managing the County-owned ambulance fleet and equipment, including responsibility for repairs, preventive maintenance coordination, ensuring at least five (or more per the proposed force breakdown) rigs are operational, and contributing to long-term capital replacement planning to address the current aging equipment backlog.
- Complying with all patient care protocols, record-keeping, HIPAA/privacy requirements, and reporting obligations currently required of the Provider.
- Coordinating with Fremont County Sheriff's Dispatch for 24-hour communication and 911 services while retaining operational control over ambulance deployment.

In essence, Model 2 would convert the current outsourced contractual relationship into a fully public operation. The County/FCAG would no longer rely on an external contractor to deliver the service; instead, it would directly provide — or directly oversee through a public entity — every aspect of ambulance operations, clinical care, administration, fleet management, and regulatory compliance that the private Provider currently handles under the 2021 Agreement. This shift removes the instability of contract cycles and gives local leaders direct control over service levels, workforce compensation, and accountability, but it also requires building significant internal (or contracted) capacity in human resources, finance, fleet maintenance,

and regulatory compliance that does not currently exist within county government for this function.

Two sub-options are open for consideration:

Model 2A: Fully paid, employee-based model with no volunteer component. All staffing would be full-time public employees.

Model 2A (Core Full-Time Model) Force Breakdown: - 3 ambulances in Riverton - 1 ambulance in Lander - 1 ambulance in Fort Washakie or Ethete - 1 ambulance in Dubois - Plus 1 dedicated transfer truck.

The benefit of this force breakdown is better positioning of our assets to represent the call volume data.

Model 2B: Hybrid model with core full-time paid staff supplemented by paid volunteers in low-call-volume rural areas (e.g., Jeffrey City, Crowheart, Shoshoni) to improve response times without the full cost of additional 24/7 units.

Model 2B (Hybrid with Volunteer Augmentation) Force Breakdown: - Same core full-time deployment as Model 2A - Additional paid volunteer response vehicles positioned in Jeffrey City, Crowheart, and Shoshoni - 2 transfer trucks (1 transfer truck dedicated full-time- the other serving as a dual-purpose unit providing backup coverage in Dubois when not in use for transfers).

This model would provide more robust coverage and response times in the county's frontier areas, where the data does not justify a full-time staffed ambulance.

Estimated Costs for a Publicly Operated Model (Model 2)

Important Context on Cost Estimate:

The cost figures presented below are based on a **8-ambulance deployment model** (3 in Riverton, 1 in Lander, 1 in Dubois, 1 in Fort Washakie/Ethete, 2 transfer trucks) operating 24/7. This reflects the current force breakdown under the existing contract. The full Model 2 proposal envisions additional ambulances and paid volunteer capacity in low-volume areas (as described above), which would increase both total costs and service capability across the county. These figures, therefore, represent a **conservative baseline** for discussion and decision-making.

Total Estimated Annual Cost of Service: \$6,668,154

Cost Breakdown:

Category	Annual Cost	Percentage of Total
Personnel (wages, benefits, WRS pension)	\$4,301,073	65%
Capital — Annual Equipment Replacement Reserve	\$774,830	12%
Operations (fuel, supplies, dispatch, billing, insurance,	\$1,433,151	21%

Category	Annual Cost	Percentage of Total
training, etc.)		
Facilities (stations & overhead)	\$159,100	2%
Total Annual Cost	\$6,668,154	100%

Key Observation — Capital Equipment Replacement:

A critical and previously under-recognized cost is the need to set aside approximately **\$774,830 per year** for equipment replacement. This reserve covers ambulances, cardiac monitors/defibrillators, power stretchers, radios, and other essential equipment on an appropriate lifecycle schedule. Under the current private contract model, this capital renewal has not been occurring on a scheduled basis, resulting in aging assets. A publicly operated model makes this cost transparent and requires it to be funded as part of ongoing operations to maintain service reliability and safety.

Revenue and Funding Gap:

Current net billing revenue (after non-pay/write-offs and contractual adjustments) is estimated at approximately **\$3.49 million**. This covers only about 53% of the true cost of operating the system. Relying on billing revenue alone is estimated to result in an annual funding gap of approximately **\$3.18 million**.

These scenarios demonstrate that sustainable public funding—whether through a dedicated sales tax, district mill tax, or otherwise increased county subsidy, or combination thereof—is necessary to close the gap, properly compensate staff at competitive levels, and maintain equipment on a responsible replacement cycle.

Pros: - Full local control over operations, data, and decision-making. - Better access to grants and alternative funding sources unavailable to private providers. - Ability to set competitive wages and benefits to attract and retain qualified providers. - Eliminates the instability of four-year contract renewal cycles. - Opportunity to operate inter-facility transfer services for improved reimbursement and revenue generation. - Flexibility in Model 2B to utilize paid volunteers for expanded rural coverage in low-volume areas.

Cons: - High initial startup and equipment upgrade costs (many county assets are aging and require near-term replacement). - Governance coordination required between FCAG, the county, and potentially other entities. - Significant change management and transition challenges. - Higher initial operating costs to the county (full responsibility for staffing, benefits, and operations). - Revenue from expanded transfer services will take time to build and stabilize.

Model 3: Regionalization through Contract with an External Public Provider

This model would involve Fremont County contracting with an existing public regional ambulance service provider (such as one operated by or affiliated with a Critical Access Hospital) to deliver ambulance services within Fremont County. Under this arrangement, the regional public entity would assume day-to-day operational responsibility, while Fremont

County would retain ownership of its current assets (ambulances, equipment, and facilities) and lease them to the provider under terms similar to the existing RFP agreement.

Because the contracted provider would be a public, non-profit entity rather than a for-profit company, this model offers several advantages similar to Model 1 while addressing some of its limitations. The County would avoid the need to build internal capacity for direct hiring, payroll administration, benefits management, and billing/collections, as these functions would remain the responsibility of the regional provider. At the same time, because the provider would not seek to generate profit from the arrangement, the County may be able to negotiate a more competitive subsidy structure with better long-term cost control than is possible under a traditional private for-profit contract.

However, this model would still result in limited direct local control over operations, staffing levels, and service deployment decisions compared to a locally governed public model (Model 2). The Committee recommends that any negotiation under this model begin with a proposed force breakdown consistent with Model 2A (three ambulances in Riverton, one in Lander, one in Fort Washakie or Ethete, and one in Dubois) as a baseline for discussion.

Summary

The Regional Ambulance Service Evaluation Committee strongly supports Models 2A and 2B. The data presented throughout this report makes it glaringly obvious that it is within our elected officials' power to return this service to a publicly and locally run system. Under the current private provider model, while our previous direct county subsidy was \$1.8 million, additional costs hidden in capital equipment replacement and dispatch expenses reveal that the actual effective 2025 subsidy exceeds \$2.5 million — costs that are anticipated to rise significantly moving forward without meaningful reform.

Models 2A and 2B stand out as the superior options because they deliver full local control, competitive compensation to finally retain our EMS providers, and the transparency and accountability our community has demanded. In contrast, Model 1 perpetuates the instability and hidden costs of the current private arrangement, while Model 3 still limits direct local oversight compared to a fully public county-led system.

Successful implementation of Models 2A or 2B will require close collaboration between Fremont County, FCAG, and tribal partners, along with careful planning for the transition to public operation. Most importantly, these models will allow us to set competitive wages and benefits that will improve recruitment, retention, and fair compensation for our EMS providers — something the current model has failed to achieve.

Our situation is more dire than many realize. The data clearly show that the current private model is unsustainable, with providers leaving for nearly double the wages elsewhere and service reliability eroding in our rural and frontier communities. By building a publicly and locally run model under 2A or 2B, Fremont County has the potential not only to provide our county with the best possible care but also to create a system that could be emulated by other areas in our state that struggle with similar EMS issues.

The RASEC strongly urges FCAG to select and implement Models 2A or 2B without delay. Our community and our emergency medical providers deserve a sustainable, stable, and fairly compensated ambulance service that delivers the highest quality care across all of Fremont County.

Next Steps

The Regional Ambulance Service Evaluation Committee has completed its evaluation of available service delivery models and presented this report to assist the Fremont County Association of Governments in making an informed decision. We recommend that FCAG allow RASEC to reconvene immediately upon selection of a preferred model so that we can provide detailed, model-specific implementation steps, including timelines, transition planning, governance structure, operational considerations, and a phased approach to standing up the new service delivery model.

As part of the implementation planning process, RASEC expects to develop and present multiple funding model options for use under different scenarios. One scenario will assume the successful passage and implementation of the current sales tax initiative. Additional scenarios will be developed that do not rely on the sales tax initiative, ensuring FCAG and the County have flexible, realistic pathways forward regardless of the outcome of that measure. These options will be designed to close the identified funding gap while maintaining long-term sustainability and minimizing impact on county general fund resources.

The individuals who have served as voting members and advisors to RASEC throughout this process represent a passionate and dedicated group with diverse professional backgrounds, including emergency medical services, local government, healthcare, finance, and community advocacy. All share a deep commitment to helping our elected officials implement a better, more sustainable ambulance service for Fremont County. Importantly, several of our members and advisors have previously lived and worked through EMS system transitions similar to the one RASEC is now recommending; their firsthand experience will be invaluable in navigating the challenges and opportunities ahead.

Also, please note that at our meeting on June 24, 2026, Franz Fuchs of the Wyoming State Department of Health informed RASEC that the Rural Health Transformation Fund applications will be available beginning July 1, 2026, with a submission deadline of August 1, 2026. We formally request that, if FCAG selects a preferred model and directs RASEC to proceed with implementation, our committee be allowed to assist in reviewing the opportunity and, where the funding parameters align with the chosen model, to support preparation of the application — subject to full review and approval by FCAG and County staff prior to submission.

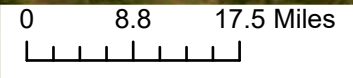
We look forward to receiving direction from FCAG and to continuing this important work on behalf of our community and the dedicated men and women who provide emergency medical services across Fremont County.

Prepared by: Regional Ambulance Service Evaluation Committee (RASEC)
For: Fremont County Association of Governments
Date: June 2026

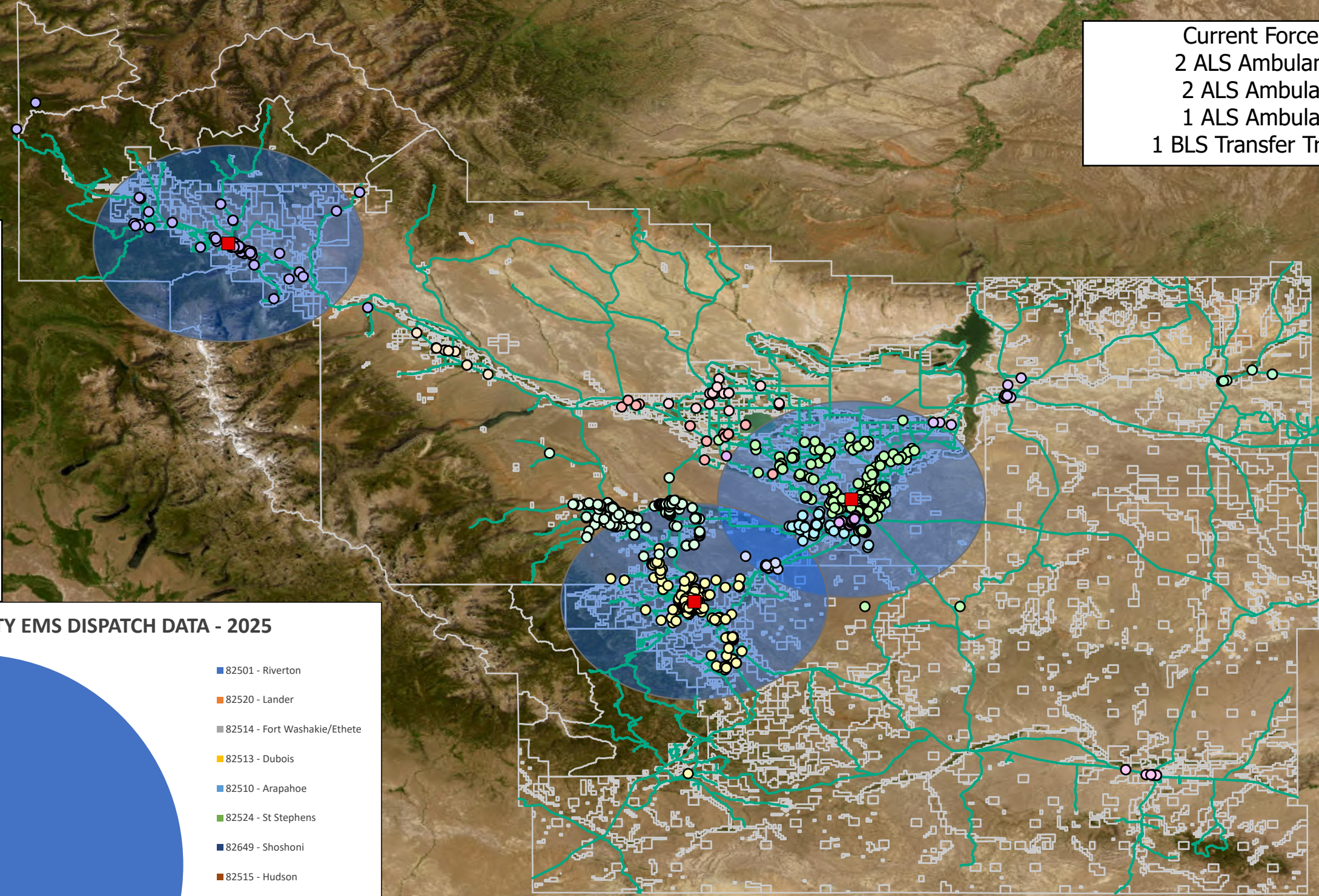
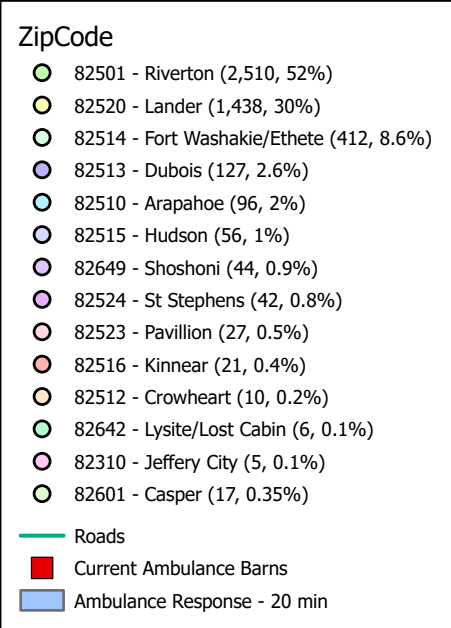
Attachments to the Report:

- A. 2025 Ambulance Call Data vs. 2025 Force Breakdown**
- B. Model 2A – Proposed Force Breakdown**
- C. Model 2B – Proposed Force Breakdown**

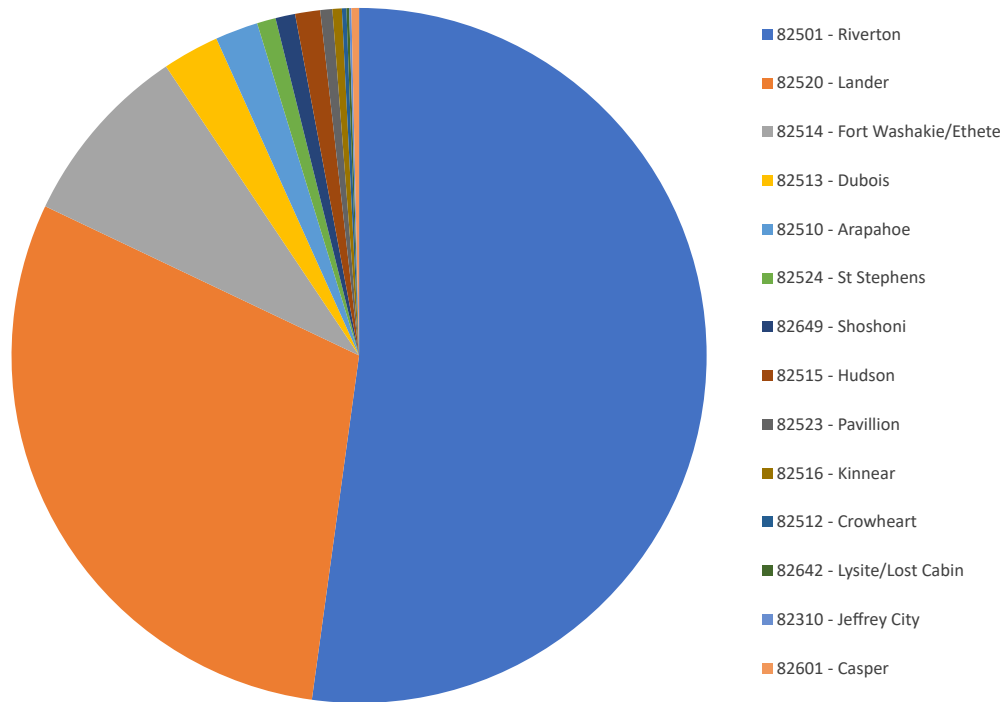
FREMONT COUNTY EMS DISPATCH DATA - 2025



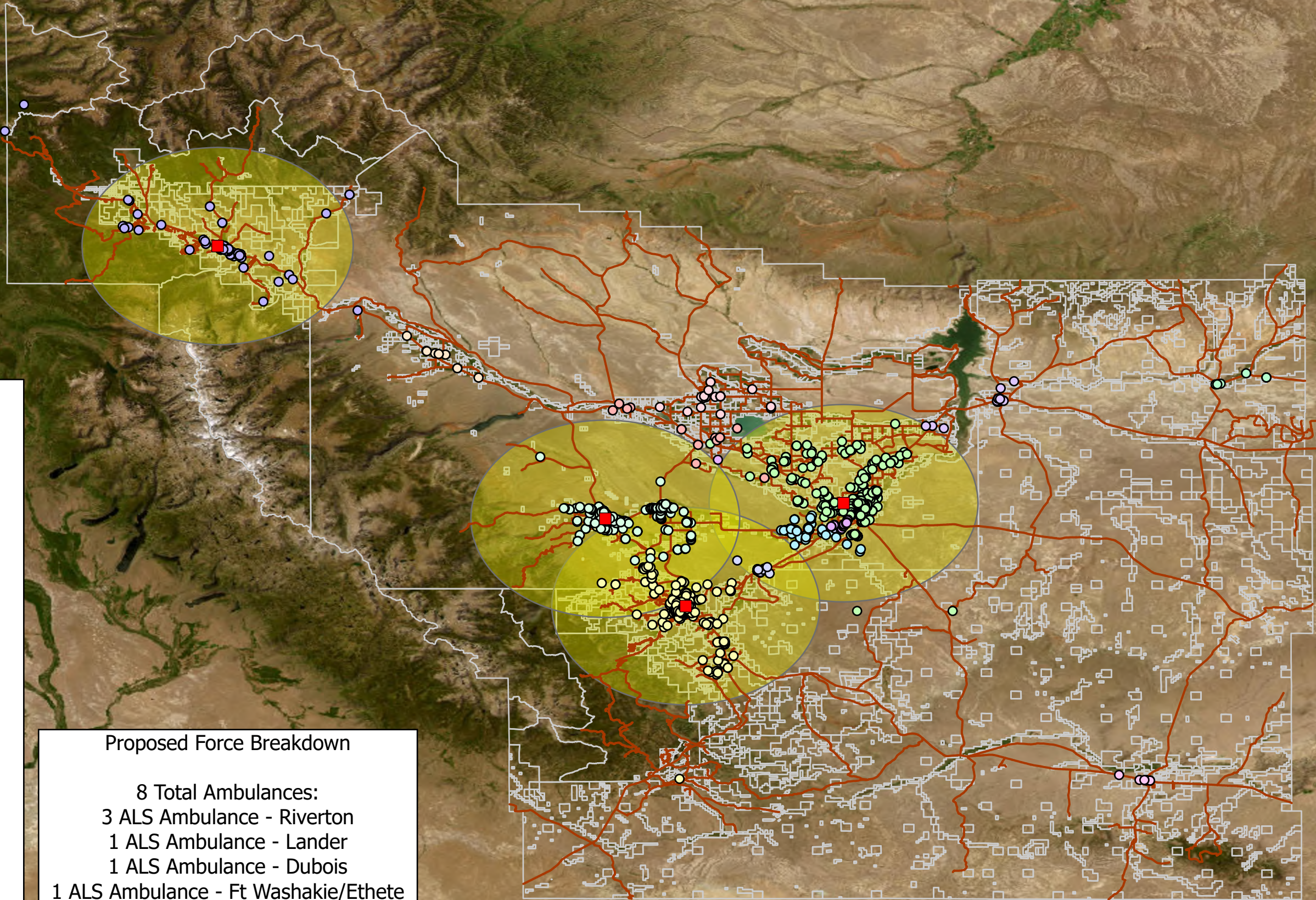
Current Force Breakdown:
2 ALS Ambulance - Riverton
2 ALS Ambulance - Lander
1 ALS Ambulance - Dubois
1 BLS Transfer Truck (Part Time)



FREMONT COUNTY EMS DISPATCH DATA - 2025



Model 2A - Proposed Force Breakdown



Legend

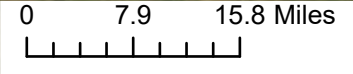
- Proposed Ambulance Barns_2A
- ALL
- ZipCode
 - 82501 - Riverton (2,510, 52%)
 - 82520 - Lander (1,438, 30%)
 - 82514 - Fort Washakie/Ethete (412, 8.6%)
 - 82513 - Dubois (127, 2.6%)
 - 82510 - Arapahoe (96, 2%)
 - 82515 - Hudson (56, 1%)
 - 82649 - Shoshoni (44, 0.9%)
 - 82524 - St Stephens (42, 0.8%)
 - 82523 - Pavillion (27, 0.5%)
 - 82516 - Kinnear (21, 0.4%)
 - 82512 - Crowheart (10, 0.2%)
 - 82642 - Lysite/Lost Cabin (6, 0.1%)
 - 82310 - Jeffery City (5, 0.1%)
 - 82601 - Casper (17, 0.35%)
- Roads
- Proposed Ambulance Response - 20 min_2A

Proposed Force Breakdown

8 Total Ambulances:
3 ALS Ambulance - Riverton
1 ALS Ambulance - Lander
1 ALS Ambulance - Dubois
1 ALS Ambulance - Ft Washakie/Ethete

1 BLS Transfer Truck (Full Time)
1 BLS Transfer Truck (Part time/Standby)

Model 2B - Proposed Force Breakdown



Legend

- Proposed Ambulance Barns
- ALL
- ZipCode
 - 82501 - Riverton (2,510, 52%)
 - 82520 - Lander (1,438, 30%)
 - 82514 - Fort Washakie/Ethete (412, 8.6%)
 - 82513 - Dubois (127, 2.6%)
 - 82510 - Arapahoe (96, 2%)
 - 82515 - Hudson (56, 1%)
 - 82649 - Shoshoni (44, 0.9%)
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 - 82516 - Kinnear (21, 0.4%)
 - 82512 - Crowheart (10, 0.2%)
 - 82642 - Lysite/Lost Cabin (6, 0.1%)
 - 82310 - Jeffery City (5, 0.1%)
 - 82601 - Casper (17, 0.35%)
- Roads
- Proposed Ambulance Response - 20 min

Proposed Force Breakdown

6 Total Full Time Ambulance:

3 ALS Ambulance - Riverton

1 ALS Ambulance - Lander

1 ALS Ambulance - Dubois

1 ALS Ambulance - FT Washakie

5 Total Volunteer Supported Ambulance

1 - Shoshoni

1 - Dubois*

1 - Kinnear

1 - Crowheart

1 BLS Transfer Truck (Full Time)

1 Support Ambulance (*Dubois Station)

shared for Transfers, as needed

12 Total Ambulance

