



The hidden cost of hesitation:

# Why fear of calling 911 should worry employers

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**We all know the rule: in a real emergency, you call 911.** Whether it's a bad fall, a wreck, or someone clutching their chest, the message has been clear for years: get help fast. Yet increasingly, Americans are pausing before they dial. Not because they don't need help. But because they're afraid of the bill that might follow.

Every year, the United States sees more than 150 million emergency department visits—evidence of just how often Americans face urgent, sometimes life-threatening situations that require immediate care. Yet only 54.1 million emergency responses are initiated annually, and nearly a quarter of Americans are choosing not to call 911 for an ambulance due to the potential costs.

Ambulance rides in the U.S. can cost anywhere from several hundred to several thousand dollars. For many, that price tag is enough to delay or even avoid calling for help, even in a medical emergency when immediate transportation to a hospital is needed. As emergency medical services (EMS) become entangled in America's broader crisis of healthcare affordability, financial fear has become a silent but powerful force shaping who receives timely care and who doesn't. Over time, these individual decisions ripple outward — deepening health inequities, driving up long-term healthcare costs, reducing workforce productivity, and placing growing economic strain on families, communities, and public systems.



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# A system designed for urgency meets a system built on cost

The 911 system was introduced nationally in 1968 to offer immediate, standardized emergency response. Before its implementation, there was no universal number for emergency assistance, and people often had to dial local police or fire departments directly, which could delay response times during critical situations. The creation of the 911 system aimed to streamline this process, ensuring that anyone, regardless of location, could quickly connect with police, fire, or medical help through a single, easy-to-remember number. Its nationwide adoption marked a significant advancement in public safety infrastructure, saving countless lives by reducing confusion and improving the efficiency of emergency response.

Ambulance services quickly became the backbone of the 911 emergency response infrastructure, playing a critical role far beyond simply transporting patients to the hospital. Ambulances were increasingly staffed with trained paramedics and emergency medical technicians (EMTs) capable of delivering life-saving care at the scene and en route to medical facilities. This development marked a significant shift in pre-hospital care, as immediate medical intervention could now begin within minutes of a 911 call, significantly improving survival rates and outcomes for patients experiencing trauma, cardiac arrest, or other critical conditions. The integration of skilled medical personnel into ambulance teams transformed them into mobile treatment centers which some describe as “emergency rooms on wheels.” It solidified their essential place within the broader emergency response system.

But EMS operates in a unique limbo between public service and private enterprise. While fire and police departments are typically taxpayer-funded, ambulance services vary widely. Some are municipally run, some are hospital-affiliated, and many are operated by private companies. This fragmentation leads to dramatic

inconsistencies in cost, coverage, and billing practices even within the same city. This means an ambulance ride to your local hospital can vary widely in cost, depending on location, provider, and whether the ambulance is in or out of network with your insurance plan.<sup>1</sup>

## How it works:

### Insurance coverage limits and denials

A patient’s primary health insurance may not cover an air or ground ambulance ride if the service provider is out of network or if their insurance deems the ride not “medically necessary.” In the case of an out-of-network provider, traditional health insurance may cover only a portion of the cost, depending on the patient’s specific plan. To determine medical necessity, traditional insurers use a set of clinical guidelines and criteria designed to ensure the care or service is appropriate, effective, and not primarily for convenience. For example, if a patient is transported by air ambulance, the insurance company may challenge the mode of transport as not cost-effective. This can leave patients with significant out-of-pocket costs — a concerning prospect given that the average annual income for a worker in the U.S. is just \$62,192,<sup>2</sup> while the maximum out-of-pocket cost for private insurance is \$9,200.<sup>3</sup>

**Ambulances as a symbol of financial risk:**

## How cost concerns shape emergency decisions

The financialization of healthcare in the U.S. has turned these essential services into objects of fear. Ambulances, like emergency rooms and hospital stays, have become symbols of potential financial ruin. Medical debt is the leading cause of bankruptcy in America, and out-of-pocket costs for unexpected and unavoidable ambulance services can be a contributor.<sup>4</sup>

A 2024 survey found that nearly 1 in 4 Americans avoided calling an ambulance during a medical emergency due to cost concerns.<sup>5</sup> There are 155.4 million emergency room visits<sup>6</sup> and 54.1 million emergency responses<sup>7</sup> annually, and growing. The need for emergency medical care is increasing, but Americans are becoming unwilling to take the financial risk of seeking help through the emergency medical services system.

The federal government has attempted to alleviate some of the financial burden by enacting the No Surprises Act (NSA) in 2022 to protect consumers from unexpected medical bills; however, the NSA does not cover ground ambulance services.<sup>8</sup> While some states have legislation that protects consumers from the costs of ground emergency transport, these protections are varied and do not extend nationwide.<sup>9</sup>

Although it may seem like emergency transport costs are only a concern for the uninsured, even those with health insurance often face uncertain out-of-pocket costs for ambulance services. Nearly 60% of ambulance rides could result in an out-of-network bill, even for insured patients.<sup>10</sup> In other words, even if you have insurance, there's an increased probability of a much higher bill simply because the ambulance company didn't have a contract with your insurer. This unpredictability leads many to ask themselves a sobering question before calling 911: *Can I afford this?*

### How it works:

#### The Federal No Surprises Act (NSA)

The No Surprises Act, enacted in 2020, aims to protect Americans from unexpected medical bills. While it does not cover ground ambulance services, the NSA does provide some protection against surprise billing for air ambulance services. However, insurance companies may still pass certain costs on to patients, such as co-pays, deductibles, co-insurance, and services deemed not medically necessary.

Under the NSA, air ambulance providers that are out-of-network with a patient's primary health insurer must submit billing disputes to the federal Independent Dispute Resolution (IDR) process if they cannot agree on a payment amount. This process is overseen by the Departments of Health and Human Services, Labor, and the Treasury, and typically bases payment decisions on the national median in-network rate for the service. Once the IDR process is concluded, the air ambulance provider may issue a final bill to the patient, which includes the amount paid by the insurance company and the patient's remaining financial responsibility.

## Sticker shock in a life-or-death moment

Financial fragility is a growing reality for many Americans, and the impact on household finances is a significant concern for those seeking care. 67% of Americans report that they are living paycheck to paycheck, and even high-income households are feeling the pinch, with nearly 50% of individuals earning \$100,000 or more annually also reporting living paycheck to paycheck. Overall, Gen Z, Millennials, women, and parents are the demographics most likely to be affected.<sup>11</sup>

Unfortunately, many workers also have less savings to rely on, with nearly 3 in 4 American saving less for emergency expenses due to inflation and rising prices, elevated interest rates, or a change in income or employment.<sup>12</sup> With half of U.S. adults unable to pay a surprise medical bill of \$500 without going into debt, an emergency medical transport bill could be a major hit to a family's financial stability.<sup>13</sup>

"We are essentially a paycheck-to-paycheck nation," said Mark Hamrick, Bankrate's Senior Economic Analyst, in a statement. "Fewer Americans have the equivalent of a financial safety net to cover inevitable unexpected expenses, despite low unemployment and steady growth. This is one of the consequences of elevated prices stemming from inflation, the impacts of which are still being felt."<sup>12</sup>

**When fear outweighs urgency:**

## The psychology behind delaying 911 calls

Avoiding an ambulance isn't just a financial decision — it's a psychological one. It forces people to assess risk in a high-stress situation, often when they're in pain, panicked, or making decisions for a loved one. And in that moment, fear of debt can outweigh fear of death.

Nearly half of U.S. adults say it is difficult to afford health care costs and expressed deep anxiety about "unpredictable" and "overwhelming" bills for emergency services. 3 in 4 adults say they are either "very" or "somewhat worried" about being able to afford unexpected medical bills or the cost of health care services for themselves and their families. Among lower-income households, people of color, and those without health insurance, that anxiety was magnified.<sup>13</sup>

Some people weigh the cost of the ambulance against their own ability to drive or be driven to the hospital. Others call rideshares like Uber or Lyft, even for serious medical issues. Some wait, hoping symptoms will pass. In a medical emergency, 48% of people were driven to the hospital by a friend or family member, 18% drove themselves, 13% used a rideshare service, and

only 8% took an ambulance — because someone else made that decision for them.<sup>5</sup> The choice to avoid an ambulance delays critical care and increases the risk of adverse health outcomes: strokes that go untreated too long, trauma victims who bleed out, or cardiac patients who arrive too late for life-saving intervention.

**When minutes matter:**

## The price of delay

Delaying emergency medical care — even by minutes — can have devastating and often irreversible consequences. A 2023 study published in the National Library of Medicine found that delays in seeking care significantly worsen health outcomes, lead to longer hospital stays, and increase the frequency of emergency department visits. The researchers concluded that limited access to reliable healthcare directly contributes to late-stage diagnoses, higher mortality, and poorer overall survival rates.<sup>14</sup>








Unfortunately, such delays are becoming more common. A 2024 Gallup survey revealed that over 47 million Americans postponed medical care due to cost.<sup>15</sup> When it comes to emergencies like strokes, heart attacks, traumatic injuries, or sepsis, hesitation can cost a patient their health or their life. Fear of high bills or uncertainty about whether symptoms are "serious enough" often leads individuals to delay calling 911 or refuse ambulance transport. But emergency medicine is built on timing, and missed windows can mean more aggressive treatment needs, longer recoveries, or permanent disability.

Research backs this up. A national study in JAMA Surgery found that motor vehicle crash fatalities were significantly higher in counties with longer EMS response times. In areas where help arrived in 12 minutes or more, mortality rates reached 11.9 per 100,000, compared to just 4.9 per 100,000 in counties with faster response times. Delaying care — even before EMS is dispatched — only compounds this risk.<sup>16</sup> What begins as a manageable emergency can quickly spiral into a long-term health burden, with profound personal and financial costs for patients and families alike.



## Impact of delayed care on the 7 most common medical emergencies

The American Red Cross urges the public to be prepared for these seven most common medical emergencies.<sup>17</sup> Unfortunately, being unprepared to seek care in these critical situations could result in worsened outcomes.

-  **Cardiac arrest:** If cardiac arrest is not treated immediately, it can be fatal. Without immediate intervention, the lack of blood flow to the brain and other vital organs can lead to brain damage and death. A 2023 study in the American Journal of Emergency Medicine found that “Out-of-hospital cardiac arrest (OHCA) is a major global medical issue with a high mortality rate. Despite advances in prehospital and hospital management, the proportion of survivors with favorable neurological outcomes in most countries is <10%. As treatment delay can lead to fatal adverse effects on the prognosis of patients with cardiac arrest, prompt and appropriate management by an emergency medical service at the prehospital stage is essential for achieving good outcomes.”<sup>18</sup>
-  **Choking:** Choking limits how much oxygen reaches the brain. Depending upon how long the brain is deprived of oxygen, arrhythmias, brain injury, and death can result. According to the National Safety Council (NSC), choking is the 4th leading cause of unintentional deaths in the U.S.<sup>19</sup>
-  **Stroke:** The American Heart Association reports that even a short delay in emergency care may reduce the lifespan of stroke survivors — “every 10-minute delay between arrival at the ER and the start of stroke treatment, patients with severe strokes may lose eight weeks of healthy life” and “every one-hour delay in the hospital resulted in 11 months of healthy life lost.”<sup>20</sup> Lack of stroke care can cause brain damage, leading to permanent disabilities or even death. Mayo Clinic Magazine reports that stroke patients lose an estimated 1.9 million neurons per minute without treatment.<sup>21</sup>
-  **Severe bleeding:** Untreated, severe bleeding could lead to shock, coagulopathy (inability to clot, resulting in further blood loss), organ damage, organ failure, or death. The Lancet reports that immediate treatment dramatically improves survival of patients with severe bleeding from trauma or postpartum hemorrhage; however, that benefit decreases by 10% for every 15 minutes of delay up to 3 hours.<sup>22</sup>
-  **Severe allergic reaction:** Anaphylaxis, or severe allergic reaction, can progress quickly if untreated. Without intervention, symptoms can progress in minutes, the effectiveness of treatment decreases, and the reaction could become fatal. According to a 2023 study in the National Library of Medicine, “anaphylaxis is a rapidly evolving presentation, usually within 1 hour of exposure. Roughly half of the anaphylactic-related fatalities occur within this first hour; therefore, the first hour after the initial symptom onset is the most crucial for treatment...morbidity and mortality are most often related to loss of airway and distributive shock. Early recognition and aggressive treatment greatly reduce the risk of adverse outcomes.”<sup>23</sup>
-  **Burns:** Delayed care for severe burns can lead to risk of infection, fluid loss, organ failure, and death. “A delay in presentation to burn care can result in a cascade of negative outcomes for patients. With delay in care, the rate of infection rises, placing individuals at risk for sepsis, pneumonia, malnutrition, and poorly healing wounds,” according to a 2024 study.<sup>24</sup>
-  **Bites and stings:** Animal and insect bites and stings can result in increased risk of infection, allergic reaction, and wound damage, as well as potential transmission of disease. 2025 research in animal bites published by the National Library of Medicine indicates that “animal bites present a complex clinical challenge due to the risk of infection, tissue damage, and potential exposure to serious diseases such as rabies and tetanus...in the US alone, approximately 2 to 5 million animal bites occur each year, with dogs being the most common culprits, followed by cats and, less frequently, wild animals.” However, for example, “early antibiotic treatment, within 6 hours of a dog bite, reduces the infection risk to 8%, compared to 59% if treatment is delayed.”<sup>25</sup>

**A workforce at risk:**

## **How delayed emergency care impacts employees**

In emergency medicine, timing is everything. Two key principles underscore this: the “Golden Hour” and the “Platinum 10.” The “Golden Hour” refers to the first 60 minutes after a traumatic injury or life-threatening medical event, such as a stroke, heart attack, or severe trauma. It’s the window in which prompt medical care can dramatically increase survival and reduce the risk of long-term complications. The “Platinum 10” focuses on the initial response, those first ten minutes. During the “Platinum 10,” it’s key how quickly first responders can assess, stabilize, and begin transporting a patient. The faster the response and transport, the better the outcomes. But these lifesaving timelines fall apart when emergency care is delayed. Lost minutes that can mean the difference between a full recovery and permanent disability.

For the average American worker, the consequences of delayed care go far beyond the ambulance or emergency room. A longer recovery can mean extended time off work, increased medical expenses, reduced productivity, and, in some cases, long-term disability. Chronic conditions stemming from delayed intervention, such as mobility issues, cognitive decline, or chronic pain, can follow employees for life, affecting not only their health but also their careers and financial stability.

Financial stress is already taking a measurable toll in the workplace. Employees burdened by medical debt or financial strain from emergency services frequently experience reduced productivity, increased absenteeism, and are more likely to leave their jobs. According to a 2024 survey, employees report losing over 7 hours of productivity per week due to financial stress.<sup>26</sup> This is not a fringe issue: approximately 37% of U.S. employees are dealing with medical debt, and 32% struggle to pay their medical bills.<sup>27</sup>



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## Safeguarding workforce well-being

It's easy to think of delayed emergency care as a personal issue, but the ripple effects can have a direct impact on an employer's bottom line. Delayed emergency care within a workforce can lead to worse medical outcomes, greater long-term healthcare costs, and lost productivity.

The stressors brought on by delayed care not only reduce day-to-day performance but also drive turnover, which can be a significant expense for employers. Replacing leaders and managers can cost 200% of their salary, technical roles can cost 80% of their salary, and frontline employees can cost 40% of their salary. But it doesn't have to be that way. When asked what an organization could have done to prevent them from leaving their jobs, 30% of surveyed employees said, "provide additional compensation/benefits."<sup>28</sup>

By ignoring the financial barriers to emergency care, employers risk long-term disruptions to workforce health, morale, and profitability. On the other hand, investing in affordable, accessible care options can help mitigate these costs, while demonstrating a tangible commitment to employee well-being.

That's where employers can make a difference. Providing supplemental insurance coverage for emergency transport can eliminate one of the biggest barriers to fast care: fear of cost. When workers know they're protected from surprise ambulance bills, they're more likely to seek help immediately. It's not just a health benefit, it's a workforce protection strategy. By investing in supplemental coverage, employers help preserve the health and earning power of their teams, reduce absenteeism, and show their commitment to employee well-being in moments that matter most.

## Systemic strain and emerging solutions

This issue doesn't just affect individuals; it also puts stress on the system: EMS providers operate

on thin margins, with low reimbursement rates from public payers. To compensate, costs are often shifted to the privately insured.<sup>29</sup>

Some cities have experimented with alternative solutions. Washington, D.C., for instance, piloted a program that sends nurses or social workers to non-life-threatening 911 calls, an approach that helps reduce strain on EMS and lowers costs for patients. While these innovations are valuable for addressing low-acuity cases, they underscore an even greater need: when emergencies strike, people still expect dependable emergency care to arrive promptly at their doorstep. That means highly trained professionals arriving in fully equipped, high-quality ambulances, ready to deliver critical care on the spot. Other regions are exploring subscription-based EMS models or partnerships with community health initiatives, but any solution must preserve rapid access to skilled medical responders when every second counts.

However, systemic change remains elusive. As long as ambulance services are billed as a commodity rather than a public service, financial fear will continue to influence emergency decisions.



**By ignoring the financial barriers to emergency care, employers risk long-term disruptions to workforce health, morale, and profitability.**



# The real cost of delay

Timely access to emergency care can mean the difference between full recovery and lifelong disability, or even life and death. Yet across the country, far too many people hesitate to call an ambulance or visit the emergency room — not because they don't understand the severity of their condition, but because they're afraid of the bill that will follow.

This fear isn't unfounded; it's grounded in a reality where a single ambulance ride can saddle individuals with substantial out-of-pocket costs. For many, this isn't just a financial inconvenience, but a life-altering burden. And in the moment when care is most urgently needed, that fear of cost is leading to hesitation, delays, and preventable tragedies.

When an individual delays care, their conditions often worsen, resulting in longer recovery times, higher long-term healthcare costs, and greater strain on their families and employers alike. Businesses suffer from increased absenteeism, reduced productivity, and higher costs — all of which could be mitigated with earlier intervention. No one should have to choose between their health and their financial stability. Yet that is the choice too many are forced to make, with real consequences for individuals, families, and the workplaces that rely on them.

# About the publisher

Founded in 1974, Medical Access & Service Advantage (MASA®) is the leading emergency transportation protection built to enhance healthcare plans by protecting against out-of-pocket costs associated with emergency medical transport. Today, as a global organization with 14 international locations and services in all 50 states and Canada, MASA serves more than 2 million members with emergency and non-emergency transportation cost-reimbursement and related services.

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