

April 9, 2026

Joseph Giarrusso
Chief Administrative Office
1300 Perdido St
New Orleans, LA 70130

RE: New Orleans Emergency Medical Services Staffing and Response Time Concerns

Dear Mr. Giarrusso:

The Office of Inspector General (OIG) is authorized to comment on “rules, regulations, policies, procedures, and transactions” for the purpose of preventing fraud, waste, and abuse or promoting efficient and effective government.¹ The OIG recently completed a performance audit of New Orleans Emergency Medical Services (NOEMS) focusing on response time to medical emergencies that required patient transportation and Advanced Life Support (ALS). In the NOEMS Response Time Audit final report, which will be released to the public on April 16, 2026, OIG auditors noted NOEMS did not respond to ALS emergencies requiring emergency transportation in a timely manner consistent with industry standards. NOEMS asserted that it had been unable to maintain staffing levels necessary to achieve those response times largely due to non-competitive wages, requiring the City to rely on the services of private EMS providers in order to adequately respond to the emergency call volume.

During the OIG’s discussion of the audit findings with NOEMS management, the OIG became aware of a Chief Administrative Office Memorandum (CAO Memorandum) issued by the previous administration in October 2025, which is attached to this letter in its entirety.² The CAO Memorandum recommended a NOEMS budget request to increase salary levels and staff size, concluding that it would likely result in net profit for the City from NOEMS being able to respond to more emergency calls and collecting service fees that would otherwise go to private EMS providers.³ However, none of the recommendations were applied to the 2026 NOEMS budget due to the City becoming aware of a significant budget deficit at the time the CAO Memorandum was issued. The purpose of this letter is to recommend the new administration reexamine the feasibility of

¹ City Charter Sec. 9-401(2); City Code Sec. 2-1120(2) and (10)(f).

² Adam Gordon, Innovation Manager, Memorandum to Joseph W. Threat, Sr., Chief Administrative Officer, re: “FOR ACTION: NOEMS Personnel Budget Request” (Oct. 9, 2025).

³ The OIG has not independently verified the financial projections, cost estimates, or underlying assumptions contained in the CAO Memorandum and presents the staff size, salary level and revenue as reported in that analysis.

increasing NOEMS salaries and staff size to a level that will improve emergency response times, as well as the net impact those increases will have on the City's revenues from NOEMS service fees.⁴

The OIG's NOEMS Response Time Audit found that NOEMS response times for ALS emergencies consistently fell short of benchmarks established by industry standards, as well as NOEMS internal standards. NOEMS management acknowledged the OIG's findings and asserted that it had been unable to meet hiring or retention goals necessary to achieve those response times largely due to non-competitive wages. NOEMS management stated that its inability to maintain adequate staffing levels of EMTs, Paramedics, and Medical Coordinators at the current salary levels resulted in lost revenue for the City, due to its reliance on private EMS providers to meet demand. NOEMS explained that private EMS providers handled approximately 30% of incidents that required emergency transport. Based on billing records provided by NOEMS, Acadian Ambulance (Acadian) collected over \$8.7 million from service fees billed to patients for emergency calls it responded to during the year ended December 31, 2025. NOEMS management stated that if NOEMS had sufficient staffing to deploy its own ambulances, the City would have been able to collect significant revenue from emergency service fees that instead went to private EMS providers, such as Acadian.⁵

The OIG's NOEMS Response Time Audit recommended the City and NOEMS should work together to develop and implement a targeted hiring and staffing plan to ensure NOEMS has adequate personnel to provide effective and efficient emergency response. The CAO Memorandum addressed a NOEMS budget request in this regard for the 2026 fiscal year to implement salary increases for EMTs, Paramedics, and Medical Coordinators, as well as hire 50 additional full-time equivalent (FTE) positions. The CAO Memorandum stated,

NOEMS requires at least 26 ambulances to meet industry standards based on current call volume. In 2025, the system has averaged 26.7 ambulances available daily—but current NOEMS staffing levels only support deployment of approximately 17.1 ambulances per day, creating a shortfall of 9.6 units.⁶

This gap reflects persistent staffing limitations that have prevented NOEMS from independently meeting service levels, as well as contributed to emergency response times that are not consistent with industry standards as noted in the OIG's NOEMS Response Time Audit report. In order to meet call volume, the City contracts with Acadian to provide supplemental EMS response. As stated in the CAO Memorandum,

⁴ All revenue collected from NOEMS service fees was deposited in the City's general fund.

⁵ Per discussion with NOEMS, the City has a contract with Acadian to provide supplemental ambulance support to NOEMS to ensure enough EMS units are available to meet emergency call volume. Additionally, the City has approved several other private EMS providers to respond to rollover emergency calls.

⁶ Adam Gordon, Innovation Manager, Memorandum to Joseph W. Threat, Sr., Chief Administrative Officer, re: "FOR ACTION: NOEMS Personnel Budget Request" (Oct. 9, 2025).

The [NOEMS] staffing request aims to close a long-standing coverage gap that has forced the City to rely on Acadian Ambulance for supplemental service, resulting in lost revenue, as Acadian retains billing rights the City could otherwise collect.⁷

Under the terms of the City's contract with Acadian, Acadian provides EMS units at an hourly rate and collects all revenues from service fees charged during contracted shifts. Typically, Acadian's service fee collections exceed the amount it would invoice the NOEMS for its services, resulting in no net cost to the City. However, the City's reliance on private EMS providers results in lost revenue the City would otherwise collect from EMS service fees. As discussed in the CAO Memorandum, "[i]f NOEMS had sufficient staffing to deploy its own ambulances in place of Acadian, the City could directly bill patients and retain that revenue rather than ceding it to an external provider."⁸

The CAO Memorandum's analysis concluded that the NOEMS budget request for staffing and salary increases were fiscally sound.⁹ The CAO memorandum first assessed hiring 50 additional FTEs without any salary adjustments and concluded it would result in approximately \$1.36 million net surplus for the City after total costs were deducted from estimated revenue from service fees. The COA Memorandum then determined if the City approved both NOEMS budget requests for FTE expansion and salary increases, the projected net surplus for the City would be \$710,000 in 2026, with annual surpluses expected to grow to about \$1.74 million once NOEMS staffing reached full capacity.

Timely emergency medical response is critical to public safety and patient survival outcomes, particularly in a city with the population density, tourism volume, and event activity of New Orleans. The ability of NOEMS to effectively and efficiently respond to the highest priority emergencies directly impacts mortality rates for those patients. The CAO Memorandum recommended NOEMS salary and staffing increases as a strategic investment that enhances public health by expanding NOEMS' ability to deliver high acuity emergency care across New Orleans. Given the City's ongoing budget deficit, it is especially important that personnel and operational changes to improve emergency response time reflect both fiscal responsibility and long-term sustainability. Therefore, our office recommends that the new administration should reexamine the feasibility of meeting NOEMS staffing and retention needs through a thorough analysis of the net impact the salary increases and additional FTE hires will have on the City's revenues from NOEMS service fees.

⁷ Adam Gordon, Innovation Manager, Memorandum to Joseph W. Threat, Sr., Chief Administrative Officer, re: "FOR ACTION: NOEMS Personnel Budget Request" (Oct. 9, 2025).

⁸ Ibid.

⁹ The OIG has not independently verified the financial projections, cost estimates, or underlying assumptions contained in the CAO Memorandum and presents the following figures as reported in that analysis.

Sincerely,

A handwritten signature in blue ink that reads "Edward Michel". The signature is written in a cursive style with a small dot above the letter 'i' in "Michel".

Edward Michel, CIG
Inspector General



**CHIEF ADMINISTRATIVE OFFICE
MEMORANDUM**

To: Joseph W. Threat, Sr. *Chief Administrative Officer*
From: Adam Gordon, *Innovation Manager*
CC: Jonathan Harris, *Chief of Staff to the Chief Administrative Officer*
Brandye DeLarge, *Assistant Chief Administrative Officer*
Abby Vienne, *Director of Innovation*
Date: October 9, 2025
Re: **FOR ACTION:** NOEMS Personnel Budget Request

EXECUTIVE SUMMARY

New Orleans Emergency Medical Services (NOEMS) has submitted a 2026 budget request that includes two major components: (1) an increase of 50 Full-Time Equivalent (FTE) positions to expand operational capacity, and (2) salary increases for EMTs, Paramedics, and Medical Coordinators. The staffing request aims to close a long-standing coverage gap that has forced the City to rely on Acadian Ambulance for supplemental service, resulting in lost revenue, as Acadian retains billing rights the City could otherwise collect.

Innovation’s analysis finds that the increase in FTEs is fiscally sound and should be approved, as each additional hire reduces dependence on Acadian and generates roughly \$50,000 in net profit. However, this expansion cannot be achieved without increasing pay, particularly for Paramedics. NOEMS leadership has stated they cannot meet hiring or retention goals at current salary levels due to regional competition and workload intensity. With both the FTE expansion and salary adjustments, the net fiscal impact is projected to be a \$710,000 surplus in 2026, rising to about \$1.74 million annually once staffing reaches full capacity.

The proposed salary adjustment would increase salaries for all current staff by roughly \$500,000, but even modest improvements in recruitment or retention would offset this with additional revenue. If the City wishes to reduce fiscal risk, it could consider a **targeted approach**—raising Paramedic pay by 7.5% and Medical Coordinator pay by 2.5% for equity—which would reduce the upfront costs by about one-third (to roughly \$350,000), while only modestly lowering projected profit.

Although there are upfront costs and assumptions based on projections rather than known outcomes, the long-term benefits may include higher staffing levels, improved service coverage, and increased City revenue. **Innovation recommends approving the FTE expansion and, at minimum, the targeted salary increases for Paramedics and Medical Coordinators.**

Scenario	Recommendation
Hire 50 Additional FTEs	Strong Yes
Full Salary Increase	Yes
Paramedics only salary increase	Strong Yes (if full increase not feasible)

OVERVIEW

NOEMS is budgeted in 2025 for 128.8 FTEs and has 129.3 FTEs currently hired, with recruitment already underway to fill 24 positions intended to restore pre-COVID staffing levels. In addition to those 24 positions, NOEMS is requesting 26 new FTEs, bringing the total proposed staffing level to 178.8 FTEs for 2026.

NOEMS also anticipates further expansion in future years, requesting an additional 25 FTEs in both 2027 and 2028, which would bring total staffing to 228.8 FTEs by 2028.

To support this expansion and improve recruitment and retention, NOEMS is requesting the following salary increases:

- 2.5% increase for EMTs and Advanced EMTs
- 7.5% increase for Paramedics
- 5% increase for Medical Coordinators

This memo evaluates the operational and financial implications of NOEMS's 2026 request, including the cost to the City, anticipated revenue gains, and potential risks.

ACADIAN SUPPORT

On a typical day, NOEMS requires at least 26 ambulances to meet industry standards based on current call volume. In 2025, the system has averaged 26.7 ambulances available daily—but current NOEMS staffing levels only support deployment of approximately 17.1 ambulances per day, creating a shortfall of 9.6 units.

To maintain coverage, the City contracts with Acadian Ambulance to provide supplemental service. Under the terms of the contract:

- Acadian provides units at an hourly rate and revenue collected by Acadian during those shifts is credited back against their cost, and
- To date in 2025, Acadian's collections have exceeded their service cost, resulting in no net cost to the City.

In the first half of 2025 alone, Acadian collected \$4.26 million in revenue. If trends hold, total collections are projected to reach \$8.5 million by year-end. This increase is driven in part by recent Medicare reimbursement changes that allow ambulance providers to collect higher payments, as well as a projected increase in total NOEMS calls to approximately 72,000 for the year.

IMPACT ON REVENUE

The City's reliance on Acadian creates a lost revenue opportunity. If NOEMS had sufficient staffing to deploy its own ambulances in place of Acadian, the City could directly bill patients and retain that revenue rather than ceding it to an external provider.

Acadian's collections team is known to be more aggressive and efficient than the City's in pursuing aged and delinquent accounts. While Acadian's exact collection rate is proprietary, national benchmarks suggest that municipal NOEMS billing typically lags private providers by at least 10%. Even accounting for this, if the City were able to staff and bill for all currently contracted shifts, estimated annual revenue could reach approximately \$7.5 million.

However, NOEMS will need time to build staffing capacity. The proposed 2026 hiring plan includes:

- 14 paramedics hired in Q1
- 14 paramedics hired in Q2
- Two EMT recruit classes, each bringing on 11 new hires in H1 and H2

Based on typical onboarding and deployment timelines, we estimate the projected revenue in 2026 from NOEMS-operated units is approximately \$5.6 million, assuming the hiring plan proceeds as scheduled and all units are deployed accordingly (Table 1a, Appendix A).

REVENUE IMPACT WITHOUT SALARY ADJUSTMENT

To evaluate NOEMS's request, we first assess the fiscal impact of hiring 50 additional FTEs at current salary levels, followed by analysis of the same hiring request with salary increases included.

Personnel Costs

We estimate the cost of hiring 50 additional NOEMS staff in 2026 to be approximately \$3,248,575, inclusive of fringe benefits, scheduled overtime, pay differentials and staggered onboarding. See Appendix B for detailed breakdown.

Total Estimated Costs

Combining personnel and operational costs:

- Personnel Cost: ~\$3.25M
- Additional Operational Cost: ~\$560K
- Collections Cost* ~\$430k
- Total Cost: ~\$4.24M
- Estimated Revenue: ~\$5.6M
- Net Surplus: ~\$1.36M

**Estimated billing and collections expenses based on current contractor rates of 7.6%.*

The proposed hiring plan offers a near-immediate return on investment. Paramedics onboard quickly and begin generating revenue soon after hire. Even if the hiring process proceeds more slowly—or more aggressively—the financial impact remains positive, as personnel and operational costs scale in proportion to revenue gains.

REVENUE IMPACT WITH SALARY ADJUSTMENT

Salary Study

NOEMS continues to face significant challenges in recruiting and retaining qualified personnel—reflecting a broader national EMS workforce crisis. Across the country, agencies report rising attrition, difficulty filling vacancies, and strong competition from hospital systems and private ambulance providers. Burnout, job stress, and work-life balance remain leading causes of departure. Internal data shows “resigned for better job” is consistently the top reason for separation, with staff often moving to lower-acuity hospital or transport roles offering similar pay and less stress.

In this environment, NOEMS leadership has emphasized that salary increases are essential to meeting hiring targets. Despite active recruitment efforts, they have struggled to hire at the scale needed, particularly for paramedics. Leadership asserts that without improved pay, newly budgeted positions will remain unfilled.

A key regional comparison is Acadian Ambulance, which offers paramedic wages of \$28–\$32 per hour (with reports up to \$35 for specialty shifts) and signing bonuses up to \$15,000—far above NOEMS’s current structure of roughly \$27.84 per hour and a \$4,500 retention incentive. While NOEMS cannot compete on pay alone, closer alignment could help offset these disparities, particularly when paired with NOEMS’s municipal benefits, professional development opportunities, and national reputation for clinical excellence.

Compensation benchmarking in NOEMS is complex, as available data often fails to account for operational scope or case acuity. NOEMS occupies a unique niche as a high-acuity, municipally run system, making direct comparisons imperfect. Nonetheless, aligning compensation closer to market conditions is a strategic and justifiable lever to improve recruitment and retention.

While a salary adjustment may not guarantee immediate hiring results, it represents a reasonable step toward workforce stability. When combined with ongoing workforce initiatives—such as training partnerships, incentive programs, and branding efforts—higher pay strengthens NOEMS’s ability to meet long-term staffing and service delivery goals.

Personnel Costs

The budgetary impact of hiring 50 additional staff annualized is \$4,164,094.60, inclusive of fringe benefits and scheduled overtime and additional shift differentials. See Appendix C.

When factoring in a salary increase, the estimated cost of current staff in 2026 is \$10,939,945.27, inclusive of fringe benefits, scheduled overtime, and applicable shift differentials. Pay differentials due to the salary increase are expected to be minimal, adding less than \$10,000 in additional costs. The net impact to operating expenses for current staff is projected at \$493,657.83 (Table 4c, Appendix C).

Total Estimated Costs

Combining personnel and operational costs for 2026:

- Personnel Cost Baseline (50 Hires @ Current Pay): ~\$3.25M
- Total Personnel Cost Due to Hiring and Salary Increase: ~650k
- Additional Operational Cost: ~\$560K
- Collection Costs: ~\$430k
- Total Cost: ~\$4.89M
- Projected Revenue (2026): ~\$5.6M
- Net Surplus (2026): ~\$710k

Even with the salary increase, NOEMS is projected to generate a positive return of \$710K in 2026, assuming staffing and ramp-up proceed as planned.

Total Estimated Costs for Future Years

Once staffing has reaches full strength, we estimate the total personnel and operational costs as follows:

- 50 Hires @ Future Pay: ~\$4.2M
- Additional Pay for Current Staff: ~500k
- Additional Operational Cost: ~\$560K
- Collection Costs: ~\$600k
- Total Cost: ~\$5.86M
- Projected Revenue (2026): ~\$7.6M
- Net Surplus (2026): ~\$1.74M

Moving forward, once staffing is fully optimized, the City can expect an estimated net surplus of \$1.4 million in 2027 (reflecting one-time retention payments) and approximately \$1.74 million annually thereafter, assuming continued staffing at desired levels.

Risks and Rewards

The worst-case scenario is that a salary increase has no effect on recruitment or retention, resulting in a net loss of approximately \$500,000. While this is possible, it is unlikely. More realistically, we anticipate at least partial improvement in hiring and retention, leading to partial or full recovery of costs.

Each additional NOEMS hire is projected to generate approximately \$50,000 in net profit (Table 5c, Appendix C). To break even on the cost of the salary increase, NOEMS would need to hire or retain roughly 10–20 staff in 2026—depending on the timing of onboarding—through new recruitment, improved retention, or both.

If NOEMS scales up as planned and retains new staff, the best-case scenario yields a net surplus of \$710,000 in 2026, increasing to \$1.74 million annually once full staffing levels are achieved. Additionally, if salary increases reduce the approximately five annual resignations for “better job opportunities,” the City could retain up to \$250,000 in net value each year.

The most significant benefit comes in future years: once the City achieves desired staffing levels, annual surpluses of roughly \$1.7 million could be sustained in perpetuity. Until this investment in scaling is made, those gains cannot be realized. The salary increase can be viewed as an option cost—essentially, a calculated investment that preserves the City’s ability to capture long-term revenue gains at the risk of a limited, known short-term loss.

This analysis has primarily assessed the request through a budgetary lens. However, it is important to also acknowledge the broader public value of increasing NOEMS staffing. NOEMS provides an essential service to the community and offers a higher level of care than most regional alternatives. Their ambulances carry blood products, advanced life-saving equipment, and highly trained personnel capable of delivering critical interventions in the field. Expanding NOEMS deployment across the city would not only improve response capacity but also may generate measurable health benefits for the residents of New Orleans.

Alternative Proposal

If a full salary increase is not feasible in the current budget climate, a targeted alternative should be considered. NOEMS’s top priority is to increase paramedic salaries by 7.5%, which they consider essential for hiring and retention. To maintain pay equity across the leadership structure, they also recommend a 2.5% increase for Medical Coordinators, who are themselves paramedics and serve in advanced supervisory roles.

This modified proposal would cost approximately \$350,000 for existing staff and is expected to yield most of the same recruitment benefits as a full salary adjustment. While EMT pay increases would be beneficial, NOEMS leadership has been clear that paramedic pay is the critical lever to meet hiring goals.

Adopting this option would allow the City to capture most of the revenue potential tied to staffing expansion while reducing financial risk by nearly one-third. It offers a pragmatic middle path in a year where caution is warranted but opportunity remains.

FINAL RECOMMENDATIONS

Hiring Recommendation:

Innovation strongly recommends approving the request to hire 50 additional NOEMS FTEs. The financial model shows a clear and immediate return on investment, and the operational benefit to the City is significant.

Salary Increase Recommendation:

We recommend considering approval of the requested salary increases, as it remains unclear whether NOEMS will be able to fill newly budgeted positions at current pay levels—particularly for paramedics. The full salary adjustment presents the strongest path to achieving workforce goals and unlocking long-term revenue growth.

However, if fiscal risk is a primary concern, a targeted approach focusing on paramedic pay (and Medical Coordinators for equity) represents the lowest-risk path and provides flexibility. The City could monitor hiring performance through 2026 and decide whether to expand salary adjustments in future budget cycles based on actual results.

In sum, Innovation supports either the full or targeted approach and recommends proceeding with the option that best aligns with the City’s current risk appetite and long-term workforce strategy.

REQUESTED ACTION

- 1. Approve NOEMS’s request for additional hires.
 Approve Decline Let’s Discuss
- 2. Approve NOEMS’s request for full salary increase for all positions (EMT, Paramedic, and Medical Coordinator).
 Approve Decline Let’s Discuss
- 3. Approve alternative proposal for partial salary increase (Paramedic, and Medical Coordinator).
 Approve Decline Let’s Discuss

APPENDIX A: REVENUE AND USAGE

Table 1a: Estimated Revenue

Quarter	New Units	Estimated Revenue
Q1	3.5 Units	~\$875,000
Q2	7 Units	~\$1,750,000
Q3 & Q4	9.75 Units	~\$3,000,000
Total		~\$5,600,000

This table models the additional revenue expected from new EMS units deployed throughout 2026, assuming phased onboarding and steady call volume. By year-end, total revenue from these added units is projected to reach approximately \$5.6 million.

Table 2a: Acadian and NOEMS Usage

Year	NOEMS Units	Acadian Units	Total
2023	16.55	6.08	22.63
2024	16.70	6.77	23.46
2025	17.14	9.57	26.75

This table compares the average number of daily units operated by NOEMS and Acadian from 2023–2025, illustrating a steady increase in the City’s reliance on Acadian to meet service demand.

The City’s dependence on Acadian has grown steadily over the past three years. If this trend continues, current revenue projections may underestimate the total recoverable value of staffing increases, as Acadian’s share of call volume continues to grow—and with it, the associated lost revenue opportunity.

APPENDIX B: COST OF ADDITIONAL HIRES WITHOUT SALARY INCREASE

Table 1b: Current Salary Information

Position	Current Salary	Current Salary with Fringes
Recruit	\$36,570.71	\$56,101.96
EMT	\$42,980.00	\$68,151.90
Paramedics	\$57,909.00	\$88,229.30

This table outlines current annual salaries for key NOEMS positions, including fringe benefits, providing the baseline for cost comparisons in subsequent tables.

Table 2b: Full Year Salary Costs for 50 Additional Staff

Position	Additional Units Requested	Estimated Cost (w/ Fringes)
EMT	22	\$1,499,341.87
Paramedics	28	\$2,470,420.46
Total	50	\$3,969,762.32

This table projects the total annual cost of hiring 50 additional FTEs—22 EMTs and 28 Paramedics—at current salary levels, inclusive of fringe benefits.

Table 3b: Adjusted 2026 Salary Cost (Based on Hiring Schedule)

Position	Description	Estimated Cost
Recruit	11 Hired H1 2026 11 Hired H2 2026	\$617,121.54
EMT	11 Converted from Recruit class H2 2026	\$374,835.47
Paramedics	14 Hired Q1 2026 14 Hired Q2 2026	\$2,161,617.90
Initial Total	-	\$3,153,574.91
Additional Differentials	Shift Degree	\$20,000 \$75,000
Total	-	\$3,248,574.91

This table refines annual cost estimates by adjusting for NOEMS’s phased hiring schedule, which staggers onboarding across multiple quarters of 2026.

NOEMS also offers pay differentials to incentivize staff to work hard-to-fill shifts. These additional costs are minimal, estimated at around \$20,000.

The impact of increased staffing on overtime costs is uncertain—while overtime may decline as coverage improves and strain on existing staff decreases, it could rise temporarily as new hires are used to backfill Acadian coverage before full staffing is achieved. Overall, any short-term increase is expected to stabilize over time, and because each ambulance shift generates more revenue than it costs to operate, additional overtime is still likely to produce a net fiscal benefit.

Table 4b: Per-Shift Operational Cost Estimates

Category	Cost Per Shift (\$)	Key Assumptions	Type
Fuel	~45	120 miles/shift; 7 MPG; fuel \$2.60/gal (Average OPIS price for Desal)	Variable
Routine Maintenance	~42	\$0.35/mile × 120 miles	Variable
Tires	~4	\$0.03/mile × 120 miles	Variable
Medical Supplies	~45	Average disposables, meds, IV kits, linens	Variable
Cleaning and PPE	~12	Disinfectant, PPE, linens laundering	Variable
Capital Depreciation	~48	\$350k ÷ 7,300 shifts (10 years; 2 shifts/day)	Fixes
Total	~196		

Due to limited maintenance records, exact operational costs are difficult to determine. However, using national benchmarks, we estimate \$196 per shift, inclusive of fuel, mileage-based wear, maintenance, medical supplies, PPE, and capital depreciation, totaling approximately \$560,000 for the year.

Table 5b: Quarterly Operational Cost Projections (2026)

Quarter	Units Per Day	Variable Costs	Variable and Fixed Costs
Q1	3.5	~\$45,000	~\$65,000
Q2	7	~\$95,000	~\$125,000
Q3	9.75	~\$135,000	~\$185,000
Q4	9.75	~\$135,000	~\$185,000
Total	~45	~\$410,000	~\$560,000

This table extrapolates quarterly and annual operating costs for new NOEMS units in 2026, based on expected deployment rates and per-shift cost assumptions.

APPENDIX C: COST OF ADDITIONAL HIRES WITH SALARY INCREASE

Table 1c: Fringe-Adjusted Hourly Cost Comparison (2026)

Position	Requested Increase	Current Salary w/ Fringes	Requested Salary w/ Fringes	Difference
EMT	2.5%	\$68,151.90	\$69,596.90	\$1,445.00
Paramedics	7.5%	\$88,229.30	\$94,070.10	\$5,840.80

This table compares current and proposed hourly costs (with fringe) for EMTs and Paramedics, showing the impact of the requested salary adjustments.

Table 2c: Full Year Salary Costs for 50 Additional Staff (w/ Salary Increase)

Position	Additional Units Requested	Estimated Cost without Salary Increase	Estimated Cost with Salary Increase	Difference Between Expenditures with and without Salary increase
EMT	22	\$1,499,341.87	\$1,531,131.81	\$31,789.95
Paramedics	28	\$2,470,420.46	\$2,633,962.79	\$163,542.33
Total	50	\$3,969,762.32	\$4,165,094.60	\$195,332.28

This table estimates the total annual personnel cost for 50 new hires under the proposed salary increases, compared to baseline costs.

Table 3c: 2026 Cost of New Staff (Based on Hiring Timeline)

Position	Estimated Cost without Salary Increase	Estimated Cost with Salary Increase	Difference
Recruit	\$617,121.54	\$617,121.54	-
EMT	\$374,835.47	\$382,782.95	\$7,947.49
Paramedics	\$2,161,617.90	\$2,304,717.44	\$143,099.54
Initial Total	\$3,153,574.91	\$3,304,621.94	\$151,047.03
Additional Differentials	\$95,000	\$100,000	\$5,000
Total	\$3,248,574.91	\$3,404,621.94	\$156,047.03

This table adjusts the full-year salary projections to account for onboarding timing and partial-year staffing, providing a more accurate 2026 cost estimate.

Table 4c: 2026 Cost of Existing Staff

Position	Estimated Cost without Salary Increase	Estimated Cost with Salary Increase	Difference
EMT Basic	\$3,018,290.10	\$3,082,884.35	\$64,594.25
EMT Advanced	\$670,079.82	\$684,719.32	\$14,639.50
Paramedics	\$4,678,128.07	\$4,988,337.68	\$310,209.61
Medical Coordinator-Assistant/Captain	\$1,641,663.35	\$1,715,696.51	\$74,033.17
Medical Coordinator-Deputy Chief	\$438,126.10	\$458,307.41	\$20,181.31
Total	\$10,446,287.44	\$10,929,945.27	\$483,657.83

This table details the projected cost impact of proposed salary increases on existing NOEMS personnel, including EMTs, Paramedics, and Medical Coordinators.

Table 11: Return per Additional hire

Position	Additional Units Requested
Revenue Per Person	~\$150,000.00
Average Cost Per Person (EMT/Paramedic)	~ \$83,301.89
Average Operational Cost Per Person	~\$13,950.30
Total Profit Per Person	~\$52,747.81

This table summarizes the estimated revenue, cost, and profit per new NOEMS hire, illustrating the expected net fiscal benefit of expanding staffing levels.