



**MARSHALLTOWN
MORE THAN EVER**

**AGENDA
JOINT MEETING
CITY OF MARSHALLTOWN CITY COUNCIL AND
MARSHALL COUNTY BOARD OF SUPERVISORS
CITY HALL COUNCIL CHAMBERS
10 WEST STATE STREET
MARCH 24, 2026, 5:30 PM**

A. CALL TO ORDER

B. PLEDGE OF ALLEGIANCE

C. ROLL CALL

City Council: Cahill, Fonseca, Mitchell, Nichols, Schneider, Thompson,
Yepez-Gomez

Board of Supervisors: Goodman, Heil, Hibbs

D. DISCUSSION

1. Marshall County EMS Study - Summary and Policy Direction

E. ADJOURNMENT

MISSION STATEMENT

The City of Marshalltown collaborates to provide a welcoming, safe, vibrant,
and growing community.

Please visit the City's website for the complete agenda packet and to
subscribe to agenda notices and department news at [www.marshalltown-
ia.gov](http://www.marshalltown-ia.gov).

TO: Mayor, City Council, and Board of Supervisors
FROM: Chris Cross, Fire Chief
DATE: March 24, 2026
RE: EMS Study and Policy Direction

Background

In 2025, the Marshall County EMS Task Force engaged Iowa EMS Consultants to complete a comprehensive Emergency Medical Services (EMS) feasibility study evaluating the current system, service gaps, and long-term sustainability options. The study was developed through stakeholder interviews, operational data analysis, and review of existing service delivery models across Marshall County.

Current System Overview

The study found that EMS service delivery in Marshall County is currently:

- Highly dependent on UnityPoint Health for transport services
- Supported by multiple volunteer first responder agencies
- Experiencing strain due to declining volunteerism and system fragmentation
- Operating under contractual arrangements that create long-term uncertainty, including a short termination window for transport services

Additionally, while first response coverage is strong, the system lacks consistent, countywide Advanced Life Support (ALS) transport capability and long-term structural stability.

Key Findings

The study identified several critical issues:

- Limited local control over EMS operations, policies, and patient transport decisions
- Risk exposure due to reliance on a third-party provider
- Workforce challenges, particularly declining volunteer participation
- System fragmentation, reducing efficiency and coordination

At the same time, the study emphasized that local first responders are essential and must remain integrated into any future system.

Recommended Solution

The consultants evaluated three potential models and strongly recommend “Solution A: Unified Intergovernmental EMS System.” This model would:

- Establish a joint City–County EMS system through a 28E agreement

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- Utilize the Marshalltown Fire Department as the operational backbone
- Provide countywide ALS ambulance transport service
- Maintain and support local volunteer first responder agencies
- Transition toward a formal EMS District under Iowa Code Chapter 357F

The study concludes that this option best balances patient care, provider support, and taxpayer value, while also being operationally and financially feasible compared to alternatives.

Funding Strategy

The recommended model includes a combination of:

- EMS transport billing revenue
- Local option surtax
- Voter-approved EMS levy (essential service levy)

The study estimates that an EMS levy would be a critical and sustainable component of long-term funding, generating approximately \$1.7 million annually to support operations.

Policy Consideration – EMS Levy

Implementation of the recommended model requires voter approval of an EMS levy under Iowa law. As such, the next key step is determining whether both governing bodies:

- Support the recommended Unified EMS System model, and
- Are comfortable moving forward with placing an EMS levy on an upcoming election ballot

Direction Sought

Staff is seeking feedback and general direction from both the City Council and the County Board of Supervisors on the following:

- Do you support the recommended Unified Intergovernmental EMS System as outlined in the study?
- If so, are you supportive of initiating the process to place an EMS levy before voters at the next available election?

Direction from both bodies will guide next steps, including:

- Development of a formal 28E agreement framework
- Public engagement and education efforts
- Coordination of ballot language and election timing

Conclusion

The EMS study presents a clear finding: maintaining the status quo is not a sustainable long-term option. The recommended unified model provides an opportunity to:

- Improve patient outcomes
- Strengthen system reliability
- Provide local control and accountability

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- Ensure long-term financial sustainability

Policy direction at this stage is critical to determine whether the community should move forward with a voter-approved EMS service model.

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Marshall County, Iowa

Findings and Solutions for Emergency Medical Services

October 2025



Iowa EMS Consultants

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Introduction and History

Iowa EMS Consultants presents the following information for the Marshall County EMS Task Force in response to the “Emergency Medical Services Consolidation Feasibility Study and Implementation Planning.” All of the information in this study has been obtained via stakeholder interviews, subject matter expert discussions, and requested information from stakeholders and subject matter experts.

The EMS Task Force is comprised of the following individuals:

City of Marshalltown: Christopher Cross, Mike Ladehoff, Carol Webb

Marshall County: Carol Hibbs, Joel Phillips, Kim Elder

Volunteer Fire Chiefs: Brad Pfantz, Jacob Patterson

Unity Point Health: Shari King

Marshall County consists of Marshalltown, Albion, Clemons, Ferguson, Gilman, Haverhill, Laurel, Le Grand, Liscomb, Melbourne, Rhodes, St. Anthony, and State Center. The county consists of 573 square miles, with the Iowa River running through the middle. The total population is 40,105 per the 2020 Decennial Census (States, 2024). Marshalltown is the county seat and has the greatest population, 27,591 (States, 2024). Marshalltown currently has a full-time fire department with 27 EMS providers on staff and is housed at the Marshalltown Police and Fire Department Headquarters. The Marshall County Communication Center is also housed at the joint Marshalltown Police and Fire Department Headquarters. Marshall County Communication Center dispatches for the entire county, including Marshalltown Fire Department and Unity Point Health in Marshalltown.

Currently, Unity Point Health in Marshalltown responds to 911 EMS calls in the county, with first response services from the volunteer departments and Marshalltown Fire Department. Unity Point Marshalltown provides 911 EMS service to the vast majority of Marshall County through a written transportation agreement with each geographical district. Unity Point Marshalltown does not have a transport agreement with the town of Conrad, Iowa, which covers the very northeast section of Marshall County. Unity Point Marshalltown terminated this agreement when Conrad started their own transportation service. While we do not believe Unity Point Marshalltown would enforce the 30-day termination clause stated within their contract, we feel it is too risky to maintain a transportation agreement with such a short termination notice requirement. Especially with the volatility and unpredictable changes in the management of rural healthcare. The service levels for the county services are as follows:

- UP Marshalltown – Provisional Paramedic
- Albion – EMT non-transport
- Gilman - EMT transport
- Green Mountain – EMT non-transport
- Le Grand – EMT non-transport
- Liscomb – EMT non-transport
- Marshalltown – EMT non-transport
- Melbourne – EMR non-transport
- Rhodes – EMR non-transport
- State Center - EMT conditional, AEMT transport

Per Marshall County Communications, the following are the Medical Related Incidents based on service for 2024:

- UP Marshalltown – 4657 (not including interfacility transfers)
- Albion – 151
- Gilman – 126
- Green Mountain – 146
- Le Grand – 167
- Liscomb – 151
- Marshalltown – 2697
- Melbourne – 161
- Rhodes – 150
- State Center – 212

Per stakeholder information, the following are the EMS vehicles within Marshall County:

- UP Marshalltown – 6 ambulances (2 local community funded)
- Albion – Quick Response Vehicle (QRV)
- Gilman – 2 ambulances
- Green Mountain – QRV
- Le Grand – QRV
- Liscomb – QRV
- Marshalltown – QRV
- Melbourne – QRV
- Rhodes – QRV
- State Center – Ambulance

Iowa EMS Consultants has found that EMS response on a first responder level within the county is the highest quality it can be based on resources and manpower. Dwindling volunteerism is a statewide crisis and Marshall County is not an exception.

Iowa EMS Consultants interviewed over thirty Marshall County first responders, all of whom requested to maintain their anonymity. After these interviews, we have concluded that the relationship between Marshall County first responders and Unity Point Marshalltown is strained. Within these interviews, we were given little positive feedback from the first responders regarding Unity Point Marshalltown. First responders informed Iowa EMS Consultants that their relationship with Unity Point Marshalltown was “a wreck” and that Unity Point Marshalltown treats first responders “like garbage.”

The following solutions all have one thing in common. No matter the solution chosen, they must assist the different volunteer organizations with not only continuing education training, but also supply disposable medical supplies which consolidates buying power. All first responders in Marshall County play a critical role in providing EMS to the county. With Marshall County being so vast, the assistance of the first responders is crucial to providing quality EMS care. The solution chosen should reflect the value of the first responders, this includes providing continuing education and resources to ensure the first responders in the county are being well supported. The amount of economic savings to the Marshall County taxpayer by these volunteer departments is unmeasurable.

Excluding the Marshalltown Fire Department there are eight departments providing EMS first response in the county. It is our advice that the Task Force recommends to the county board of Supervisors that an annual stipend of \$5,000.00 be allocated to each of the eight first responder departments for the purchase of EMS related items.

Solutions:

Iowa EMS Consultants have reviewed all the information, data, and stakeholder input in order to compile recommendations for Marshall County. Iowa EMS Consultants recommends the task force engages the services of Brent Hinders J.D. MPA of Hopkins & Huebner P.C. for any legal services needed in the future.

Solution A: Unified Intergovernmental EMS System

This proposed plan outlines a collaborative approach between Marshall County and the City of Marshalltown to establish a Unified Intergovernmental EMS System and is based on Iowa Code Chapter 357F which creates an EMS district based on a 28E agreement and further formation of an EMS district (Emergency Medical Services Districts, 2020). The 28E agreements will be between Marshall County and the city of Marshalltown and a second 28E agreement between Marshall County and the city of State Center.

Solution A relies on a 28E agreement to be established between Marshall County and the city of Marshalltown. Marshalltown Fire Department will provide the infrastructure and resources while Marshall County will provide the initial funding and on-going funding. The County can initiate a levy, via public vote, that assists with the on-going funding. Per Iowa EMS Consultants' research and collected data, both Marshall County and the city of Marshalltown have sufficient cash reserves to cover the initial start-up costs. This plan should be expanded to other cities in the county to create an EMS Service District per Iowa Code 357F after a levy has been passed.

This 28E agreement is intended to start ALS transport coverage to the entirety of Marshall County as it transforms to a district under Iowa Code 357F and while the campaign for

The EMS Essential Service Bill goes to the public for a vote. A 28E agreement between Marshall County and State Center is needed for housing a staffed ambulance in their station. This solution includes three (3) ALS transport ambulances in the city of Marshalltown and one (1) ALS transport ambulance in State Center all staffed with Marshalltown Firefighters. The day to day operations are handled by the Marshalltown Fire Department Command Staff. Oversight is by this Task Force.

The benefit of this solution is the shared responsibility and cost efficiency across multiple jurisdictions within Marshall County. This Unified Intergovernmental EMS System greatly improves coordination and resource allocation while the scalability is increasing to bring other cities into the district in a structured and legally supported way.

The first step is to keep the existing EMS Task Force in place, not only for management and oversight of this Unified Intergovernmental EMS System, but it is also required for the essential service vote. We do recommend adding one representative from the mayors group of Marshall County. It is imperative that the Marshall County first responders continue to provide the first response service throughout the county as they are essential in providing high quality EMS to the county.

It may appear that the vast majority of the economic burden is placed on Marshall County, and that is because everyone is a county resident. The City of Marshalltown has enough call volume to justify their own ALS transport service, however, that would not be fair to the City of Marshalltown taxpayer as their EMS units would be responding out in the county to assist other agencies.

28E Agreement Responsibilities	
Marshall County	Marshalltown
Ambulance Purchase: will need to buy 2, and 2 will be from UP Marshalltown that have been funded by the community \$900,000	Fuel \$20,000
Equipment \$230,000	EMS Billing
Collect Tax/ EMS Revenue	Repairs and Upkeep \$25,000
Unit Ins. \$25,000 (est)	Station in Marshalltown
Reimburse City for Salary/ Benefits Quarterly	Provide Command Staff
28 New hires \$3,756,869.70 Annually	Provide Medical Direction Up to \$10,000
	Day to Day Operations
	Training/Support to County volunteers
	Record Keeping
	Employee PPE \$210,000
	Medical Malpractice Insurance for Ambulances \$50,000.00 (est)
	Medical Supplies \$25,000

4,808 Calls Per Year - 35% No Transport = 3,125 Billable Calls

3,125 Billable Calls x \$600 Average Collections Per Call = \$1,875,120 Collected

\$1,875,120 Collected x 12% Billing = \$225,014 Billing Fee

\$1,875,120 Collected - \$225,014 Billing Fee = \$1,650,106 After Billing/Revenue Collected

\$1,650,106 + \$1,700,000 Essential Tax + \$540,000 1% Surtax = \$3,890,106 Revenue/Tax Collected

\$3,890,106 Collected - \$3,756,869.70 Salaries for 28 Paramedic/Firefighters = \$133,237.00 Unused

Solution B: Creation of Marshall County EMS System

A county wide EMS system for Marshall County would consist of building a new EMS station, buying two new EMS units, buying one QRV, and hiring the appropriate amount of personnel to staff the ambulances. The staffing would consist of an EMS Chief, Assistant EMS Chief, 25 paramedics, and three captains. This solution also includes a 28E agreement between Marshall County and the city of State Center to have one fully staffed ambulance in State Center and three fully staffed ambulances in the city of Marshalltown. Additionally, Marshall County first responders would remain essential in providing the first response service within the county

Costs:

New Station (125'x50' Living Area and 5 Bays) \$4,000,000 Furnished 2
New EMS Units (2 Back from Unity Point) \$900,000
1 QRV \$55,000
EMS Chief* \$150,487
Assistant Chief* \$120,390
Insurance* \$676,188
Staff Salaries* \$140,000ea x 28 = \$3,920,000 including OT
Unit Insurance* \$25,000 est.
Medical Malpractice Insurance* \$50,000 est.
Property Insurance* \$4,000 est.
Electric, Water, Natural Gas* \$24,000
Annual Upkeep* \$2,000

Total Start Up Cost = \$9,929,065

*Annual Costs = \$4,972,065

Revenue Generated

\$1,700,000 Essential Tax

\$540,000 1% Tax

\$1,650,106 Collections

Total Revenue Generated = \$3,890,106

\$4,972,065 Annual Costs - \$3,890,106 Total Revenue = \$1,081,959 Tax Burden Annually

The American Heart Association guidelines is for a patient to have a balloon angioplasty within 90 minutes. Keeping this in mind here are two scenarios utilizing solutions A & B.

1300 hrs Call - South Center Street & Palmer Street, Marshalltown
1301 hrs 55 y/o female chest pain, diaphoretic onset 2 minutes
1302 hrs Alert Marshalltown Fire Department or Marshall County EMS
1305 hrs ALS arrival and starts treatment
1312 hrs ALS leaves for Des Moines w/STEMI patient
ALS has 12 lead EKG confirms ST elevation
Starts large bore IV notifies Des Moines Hospital of STEMI alert with 57 minute
ETA (by Google maps) Code 3 (lights/sirens)
Enroute patient receives
Aspirin 324 mg
Nitro 0.4 mg SL
Morphine / Fentanyl for pain
Heparin bolus and maintenance drip
Clopidogrel (Plavix) 600 mg or Ticagrelor (Brilinta) 180 mg
Nitro drip (if appropriate) via IV pump
Obtain labs
1419 hrs ALS arrives at Cardiac Cath Lab at Des Moines Hospital

One hour and 17 minutes from onset of chest pain, the patient is in a heart center with a Cardiac Catheterization Lab.

This is not the future of EMS, this is happening right now in Storm Lake, Iowa. Buena Vista County Hospital operates Buena Vista County Ambulance Service. Their STEMI patients go straight to a Sioux City Hospital, 68 Miles away. This same style of protocol can be used with stroke patients.

Now take this same scenario but instead, Marshalltown Fire Department or Marshall County EMS going all the way to Des Moines, they transport to a predetermined landing zone at the Harvester in the Southwest corner of Marshall County.

1300 hrs	Call - South Center Street & Palmer Street in Marshalltown
1301 hrs	55 y/o female with chest pain, diaphoretic, onset 2 minutes
1302 hrs	Alert Marshalltown Fire Department or Marshall County EMS
1305 hrs	ALS arrival and starts treatment
1310 hrs	Incident commander notifies dispatch: This is a STEMI patient and Medic 1 wants to meet Life Flight One at the Harvester Landing Zone
1312 hrs	ALS leaves for Harvester Landing Zone (24 minutes away)
1312 hrs	ALS interventions including Aspirin 324 mg Nitro 0.4 mg SL Morphine / Fentanyl for pain Heparin bolus and maintenance drip Clopidogrel (Plavix) 600 mg or Ticagrelor (Brilinta) 180 mg Nitro drip (if appropriate) via IV pump Obtain labs
1312 hrs	Life Flight One starts lift procedure with a 27 minute ETA to Harvester LZ
1334 hrs	ALS ground arrives at Harvester LZ
1339 hrs	Life Flight One arrives at Harvester LZ
1349 hrs	Life Flight One lifts off for Iowa Methodist in Des Moines w/12 minute flight
1401 hrs	Life Flight One lands at Iowa Methodist
1406 hrs	Patient in Cath Lab via the Megavator (designated elevator from pad).

The patient is in the Cardiac Catheterization Lab one hour and six minutes after onset. While it is only an 11 minute difference from the previous scenario, it would be beneficial due to the flight crew expertise and reduced out of service time for the ALS unit.

Solution C: Marshall County pays Unity Point Marshalltown \$1 Million Annually

Advantages of Staying with Unity Point

- \$1,000,000 turnkey service
 - No new benefits or perks of a new service
- Familiarity with Unity Point

Detriments to Staying with Unity Point

- Continued strain with first responders
 - If volunteer first responders continue to feel this tension, they are more likely to step down from their role.
- ALL patients must go to Unity Point per Unity Point Policy
- No control of Unity Point Administration can lead to unpredictable changes in policies or staffing
 - This could lead to vulnerability within Unity Point EMS staff
- Lack of available 911 units due to interfacility transfers

Summary:

While all three solutions Iowa EMS Consultants has provided are viable, solution B and C are simply not feasible. Solution C is not reasonable due to Unity Point's complete lack of respect and distrust of the vast majority of county first responders. This poor relationship will ultimately lead to continued turmoil and eventual loss of first responders throughout Marshall County. Additionally, the Unity Point policy requiring all Unity Point transports going back to the Unity Point Marshalltown hospital does not serve the best interest of all Marshall County residents and visitors. On a patient's worst day, the patient should not need to worry about what hospital their ambulance service is going to transport them to. The very essence of a quality ambulance service is to serve the patient's best interests. Solution B is not recommended simply because of the economic unfavorability due to the astronomical startup cost and the difficulty of recruiting EMS staff into a non-fire based EMS system.

Iowa EMS Consultants' core beliefs are doing what is best for the patient, the provider, and the taxpayer. Keeping this in mind, we fully endorse Solution A, a Unified Intergovernmental EMS System. This solution is most aligned with our core beliefs, and we feel it truly is what is best for the patient, the provider, and the taxpayer of Marshall County. Iowa EMS Consultants would like to thank the Marshall County EMS Task Force for engaging and trusting our firm for their future EMS System.

References

Emergency Medical Services Districts, 357F (2020).

<https://www.legis.iowa.gov/docs/code/2021/357F.pdf> States,

U. (2024). *Explore Census Data*. Census.gov.

https://data.census.gov/profile/Marshall_County