



Watauga County Emergency Services

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Fire Marshal ♦ Emergency Management ♦ EMS ♦ Communications ♦ County Safety

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For Immediate Release

Emergency Medical Services (EMS) Transition Frequently Asked Questions

As the well-earned retirement of Mr. Craig Sullivan of Watauga Medics, Inc. (WMI) begins this weekend, we understand there are many questions that the public may have as the County transitions to a County-based EMS service. The below questions come from social media, email, and other sources and seek to highlight most of the public-facing pieces of the transition. However, if you have specific questions regarding operations or other questions please feel free to email them to our Department's Public Information Officer, Kristi Pukansky, at Kristi.Pukansky@watgov.org.

Why is EMS changing?

Under North Carolina law, counties are required to provide EMS. For many years, Watauga County has been well-served by a private company, the most recent being WMI. In Spring of this year, the owner of WMI expressed a desire to retire at the end of his current contract which is December 31st. Due to many factors, the County chose to join the overwhelming majority of other North Carolina counties and provide this service as a function of County government. The County is very appreciative of Mr. Sullivan's lengthy service to the citizens of Watauga County and wish him a happy and healthy retirement.

What immediate changes will I see?

The primary changes the public will notice is a difference in equipment as the County acquires new ambulances and retrofits current WMI ambulances for County service. Many of the same faces you know from WMI have accepted positions with the County and we look forward to them continuing to serve our community. While there are plans for immediate and future growth, the primary goal in the next few months is to ensure no loss of service as we work through the transition.

Will it cost me more to use an ambulance in an emergency?

Patients should not see an increase in cost for service. The County has engaged a third-party billing company to assist with billing all calls including those involving Medicare, Medicaid, and private insurance. Additionally, the county has hired a billing specialist who will work in the Department to assist as a local point of contact and address any issues you may have with your bill. The County follows federally set billing rates and industry standard rates where a federal rate is not set. These rates will be published as part of the County's annual budget. It is important to note that all pre-hospital care will be provided regardless of the patient's ability to pay.



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What about other services provided such as non-emergent transports?

While 911 service is our priority, the County recognizes that non-emergent transports due to medical necessity for such things as doctor's appointments, discharges from the hospital, etc. are an important service that had been provided by WMI. The plan is to continue these services to the greatest extent possible and right-size our staffing to match the needs while maintaining 911 availability.

What does the future look like?

The mandate from the Board of Commissioners has been clear, we will build on the legacy of WMI and set a standard of excellence across every area of Emergency Services. How we translate that is through a data driven, whole of community approach where partners are engaged and the community is proud of the service they receive. Already, we are altering our staffing model to allow for more crew rest and greater operational oversight as we expand to a 24/72 shift model with supervisors in QRVs instead of on ambulances. Also, we are seeking funding opportunities for a community paramedicine program which has been identified as a key program in a community's overall health. Additionally, we have partnered with Caldwell Community College & Technical Institute to ramp up education opportunities for our clinical providers. Our team is also reviewing current clinical protocols, policies, and procedures looking for areas where we can be aggressive in adopting best practices such as the pre-hospital administration of blood to patients with severe bleeding. All of these moves are supported by the physicians who provide clinical oversight of our system as we look at ways to provide the most advanced pre-hospital care possible. Finally, we are reviewing deployment models to see where the call volumes are so we can match unit availability to need while working to reduce response times throughout the County. None of these goals would be possible without the strong support of our elected officials, staff, and community partners.

Long story short, December 15th is just the first page of the story, not the end of the book when it comes to the future of pre-hospital care for the citizens and visitors of Watauga County.