



**TESTIMONY ON EMS ISSUES
AND PROPOSED AUTHORITY CONCEPT**

Presented to the Senate Veterans Affairs and Emergency Preparedness Committee

By
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Good morning. I am Lisa Schaefer, Executive Director for the County Commissioners Association of Pennsylvania. The Association is a non-profit, non-partisan association providing legislative, educational, insurance, research, technology, and similar services on behalf of all of the Commonwealth's 67 counties.

We appreciate the opportunity to appear before you today to discuss EMS issues and the work of counties on this topic. As we are all aware, emergency medical services in Pennsylvania are in crisis, affirmed by findings of multiple studies and most prominently in the 2004 SR 60 report, and reaffirmed in report of the legislature's SR 6 Commission, released in 2018. The SR 60 report was groundbreaking, with an extensive set of findings and concurrent recommendations on both fire and EMS services. The successor SR 6 commission in turn found that many of the circumstances and conclusions of the SR 60 report remained unchanged, and developed updated findings and recommendations which are now serving as the basis for legislative activity.

While counties do not have direct responsibility for EMS in Pennsylvania, we recognize that our municipalities have varying capacities to organize, promote or provide emergency services. EMS services in Pennsylvania are a mix of public and private, although mostly public, and of those that are public, most are primarily if not exclusively volunteer, with some integrated with fire services. Most are organized at the municipal level, but typically covering service territories outside those boundaries, in part because other areas lack service, in part because of differences in certification levels and hence protocols on dispatch, and in part because of backup service response needs when covering for units already out on responses. Issues in service capacity are shared between urban and rural areas, although the basis for those capacity differences may be different. And while professionalism – including training, certification, and equipment – has evolved considerably in tandem with evolution of the health care industry overall, the resource requirements of the system are increasingly unsustainable.

With that in mind, counties have expressed a need to explore whether they could help address the issues raised in the SR 60 and SR 6 reports, focusing on EMS, and whether other models may be available, either regionally or countywide, in providing those services. In 2019, CCAP developed an EMS Task Force, which pulled together stakeholders including municipalities, state agencies, consultants and others in order to review the causes and issues and to make findings and recommendations, all in context of determining whether counties are positioned to play any role in assuring reliable provision of this vital public service. The Task Force also reviewed the Pike County study that is being discussed today in one of its first meetings, and it had a large impact on our work, research and understanding of the local impacts.

In the broadest context, the Task Force divided its work among specific topic areas, with a set of recommendations for each, including reference to the relevant SR 6 recommendation, the related policy considerations, and a discussion of opportunities for counties to contribute to the solution, including retention and recruitment, reimbursement rates, funding, coverage, service models, risk reduction, EMS Act and regulations, technology support, and training requirements.

The full Task Force report, released in November 2019, is available on our website at www.pacounties.org.

One of the priority recommendations developed by the Task Force is to develop statutory authorization for county or multi-municipal authorities that would be capable of countywide or regional EMS service delivery, including paid staffing, optimization of service deployment and service areas and dedicated funding sources. This recommendation builds on a resolution adopted as part of the Pennsylvania County Platform in 2018, which is attached to this testimony for your reference.

In general, the concept is to enable new models for providing EMS services by granting significant flexibility on service, structure, funding, and related matters to be able to match local needs and circumstances. Under a regional or county authority model, counties could serve as convener for forums of municipal officials, EMS providers, health care providers, and other appropriate stakeholders to review current coverage and coverage needs and develop appropriate strategic plans, ultimately leading to the development of a regional or countywide model for service provision, through a county authority or joint municipal authority or an intergovernmental agreement. An authority could also support authorization of an additional emergency services millage, per capita levy or other fee, either by the authority or on a dedicated basis by the municipalities or the county.

CCAP greatly appreciates the interest of the General Assembly in developing legislation to clarify that the existing statutory ability to create authorities also extends to emergency management services. There are a number of benefits to this concept, including the ability to aggregate resources. For instance, a single authority can apply for grants on behalf of all participating agencies, rather than forcing multiple entities to compete with one another for limited resources. It could also allow individual agencies and departments to retain their own authority rather than engaging in a merger, with the larger authority handling common administrative tasks or serving as a resource for recruitment and training. Further, we realize that funding and resources are one of the significant challenges facing emergency services today, and the authority structure allows for consideration of fee alternatives that would offer additional financial assistance.

We have had numerous discussions about what this model could look like and offer the following broad comments:

- **Allow for EMS authorities to be multi-municipal as well as countywide.** While there are benefits to an authority structure, there may be some areas where counties do not wish to spearhead an effort to create an EMS authority, or where there may not be a need for an authority to provide countywide coverage. CCAP believes that municipalities should still retain the ability to pursue their own regional solutions in these cases, without having to rely on the county to undertake the effort on their behalf.

- **Offer a framework that is as simple and flexible as possible.** Rather than attempting to create a one-size-fits all solution, the authority structure should assure that it can be responsive to local needs and used to develop local solutions.
- **Provide resources and technical assistance to support the development of authorities.** While the legislation may be simple in nature, there is no doubt that setting up an authority is a complex undertaking. Counties and municipalities will need assistance with setting up authorities administratively and legally, and so tools should be developed to guide localities through this process.

To be clear, counties are not seeking to take over the responsibility for EMS, but rather to offer resources and alternatives and to help with bringing stakeholders to the table to create local solutions. We also recognize that EMS authorities are not a silver bullet to solve this crisis – it is just one tool in the toolbox, and much work remains to be done on the other topic areas in our Task Force report.

Thank you for your consideration of these comments. We would be pleased to answer any questions you may have.

XII. EMERGENCY MANAGEMENT

D. Local Emergency Management

6. The Association supports an option for creation of a county authority with municipal participation or a fully multi-municipal authority to provide regionalized emergency response services on behalf of and in cooperation with all or part of the municipalities within a county, with the following parameters:
- a. Potential creation of an authority to provide and manage the service(s), either directly, by contract, in partnership with municipalities, or in some combination;
 - b. Prioritize improving access to service and system efficiencies;
 - c. Services may include fire and/or EMS (QRS, BLS, ALS);
 - d. Services may be provided for all municipalities, or select municipalities based on criteria including among others demographics, fiscal capacity, regional contiguity, service response areas and expression of need;
 - e. Development of the scope and nature of service in consultation with its municipalities;
 - f. Determination on full time and part time, and volunteer staffing configurations, and whether provided directly or through a contracted third party;
 - g. Alignment with other regional providers, including hospitals, trauma centers, police, State Police and others;
 - h. Funding sources and methodologies, including among others direct payment by municipalities, authorization and allocation of dedicated municipal emergency services millages, authorization of a dedicated county emergency services millage or per capita levies, provider billing and payment, subscriptions, and state and federal funding sources;
 - i. Provide for municipal agreement and participation by vote of the governing bodies of the municipalities in the county or, if less than countywide, in the service region; and
 - j. The potential development of a partnership with local schools to offer entry level training for firefighters and EMTs to encourage our youth in career pathways and volunteerism of emergency response. (Added 2018)