



Testimony for Public Hearing

Senate Veterans Affairs and Emergency Preparedness Committee

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Good Morning, Chairman Stefano, Chairwoman Muth, and members of the committee. I am Dylan Ferguson, director of the Bureau of Emergency Medical Services within the Pennsylvania Department of Health. I have been involved in EMS for the last 16 years, and I have had the honor of serving as the Commonwealth's EMS director for the last three. Thank you for the opportunity to provide testimony today related to the different initiatives within the Bureau of Emergency Medical Services, specifically those related to administrative implementation and accomplishments related to the Senate Resolution 6 report from November of 2018.

Before beginning my testimony, I wanted to take a moment to recognize the tremendous work being performed by EMS providers across our Commonwealth related to COVID-19. Our EMS community has remained dedicated and steadfast despite the prolonged and trying circumstances of this pandemic. Their bravery and dedication to being on the front lines during these trying times is nothing short of remarkable and has my personal heartfelt gratitude.

As most of you are aware, the Department of Health through the Bureau of EMS, serves as the lead agency for EMS in the Commonwealth. As part of those responsibilities the Department conducts various activities related to education, licensing, regulatory activities related to EMS, as well as coordination of a comprehensive system of 13 regional councils, about 1300 licensed EMS agencies, and over 40,000 certified EMS providers.

The EMS workforce is a point of constant discussion by EMS leaders across the Commonwealth, with a great deal of focus on recruitment. While I certainly agree that recruitment is an integral component to any workforce, today I would like to take a moment to focus on retention. Each year the Commonwealth's EMS system creates between 2,000 and 2,300 new Emergency Medical Technicians. This is a number that has stayed relatively consistent over the years. However, the number of EMT's that allow their certifications to expire and ultimately leave the profession continues to outpace the ability to attract new individuals to the profession.

In 2020, 2,288 EMT's allowed their certifications to expire. Of these 66% were under the age of 40, and 44% were under the age of 30. Overall, since 2010 the Commonwealth has seen nearly 36,000 certified EMT's leave the profession or never enter the field at all and subsequently let their credentials expire.

As an attempt to reengage at least a portion of those that previously left the profession, I shared with the committee last year that the Department issued a regulatory exception to its lapse of registration process. This exception streamlined and simplified the process by which providers whose certification expired on or after February 1, 2010 could regain certification.

From March of 2020 through January of 2021 the Department has processed 1,130 EMS certifications for reinstatement. This represents an increase of 1200% in the number of reinstatements compared to calendar year 2019.

Despite this influx of personnel, only 223 reinstated individuals, about 20% appeared on a patient care chart in the year 2020. However, these 223 individuals collectively ran 20,531 calls.

In part of this program, for the first time in many years the Commonwealth's year end numbers of EMS providers went up when comparing 2019 to 2020. The number of EMT's went up a little over 2%, and the number of paramedics went up 7.6%.

Overall, from data collected by the Department, 47 counties saw an increase in the number of EMT's when comparing year end 2019 to year end 2020, and 55 counties saw increases in the number of paramedics living in those counties all to varying degrees.

In addition to a retention problem, the Commonwealth's EMS system has a serious issue with engagement. Of the nearly 30,000 EMTs that are certified by the Department, only half are reported to be affiliated with an EMS agency via their electronic licensure rosters. That means that there are 15,000 EMTs that are trained and ready to serve, but, for one reason or another do not participate in the system.

Also, I want to take a few minutes to inform members of the committee of some of the different actions that the Department has taken to respond to the COVID-19 crisis from an EMS regulatory perspective.

- CPR expiration date extensions through June 30, 2021
- Multiple EMS protocol changes
- Utilization of AEMT and Paramedics for immunizations and testing
- Emergency utilization of out of state EMS agencies and out of state EMS providers
- Emergency adjustments to EMS staffing standards
 - While on this topic I want to briefly discuss Act 17 of 2020, which granted the authority to the Department for a period of three years to grant exceptions to the ambulance staffing standard for BLS ambulances in instances of “extraordinary reasons as determined by the department on a case-by-case basis and in the best interest of the EMS System and patient care.”
 - In accordance with Act 17 the department established an application, general criteria, and a review process. However, due to the implementation timeline of the bill and the timing of COVID-19, the administration under the provision of the disaster emergency issued staffing exceptions prior to the implementation of this program. As a result, only one EMS agency has submitted a complete application as

agencies have been able to operate under the disaster exception without making application to the department.

- EMS agencies through their regional EMS councils have been provided information on this program, and the department has established a website with all of the pertinent guidance, application, and various technical assistance guidance to assist with the application process.

COVID-19 has had a profound impact on all our lives, and emergency medical services certainly were not excluded. From a financial perspective many EMS organizations were already struggling with the day to day financing of EMS. COVID-19 had an almost immediate financial impact to EMS. During the spring of 2020, many EMS companies saw drastic reductions in the number of EMS transports that they conducted. Overall, April of 2020 saw a 21% reduction statewide in the total number of patients transported by EMS. In certain areas EMS agencies saw reductions in patient transports as high as 65%.

In addition to the funding challenges faced by EMS agencies, EMS system funding has also faced significant hardships. The Emergency Medical Services Operating Fund, which the Department uses to fund the 13 regional EMS councils and the Pennsylvania Emergency Health Services Council, has suffered a significant reduction in funding. The fund, which is solely based on fees collected from traffic citations, is down 28% in revenue July through January when compared to the same period for FY 18-19.

Act 93 of 2020, which was passed to double the fee for traffic citations will be beneficial in the intermediate to long-term. However, the increased fees were not assessed until the end of February, and the Department has yet to see a significant rebound in traffic citation activity related to EMSOF. Additionally, Act 93 calls for specific allocations in funding including 30% for EMS training in rural areas, and 10% for the purchase of medical equipment for ambulances.

Unless there is a timely and significant change to the collections associated with EMSOF, or another source of funding identified for FY 21-22 I cannot overemphasize the fiscal challenges that will be faced by the councils, and the EMS community at large.

In addition to the focus on COVID-19, funding and various EMS workforce activities, the Department has been working on implementation of Act 69 of 2020, which relates to the mental health of our Commonwealth's first responders. At this point, the Department is focusing on updating the CISM (Critical Incident Stress Management) program and creating awareness training related to CISM. This work is being undertaken primarily by a workgroup convened by the Department's partners at the Pennsylvania Emergency Health Services Council (PEHSC).

2020 was an incredibly busy year for the Bureau of EMS and will continue to be into 2021. However, as the Commonwealth's lead EMS agency, we stand at the ready to provide whatever assistance, support, and information that we can to assist the general assembly and this committee in ensuring the continued provision of high-quality emergency services throughout our Commonwealth.

Thank you again for the opportunity to testify before you today. I would be happy to take any questions you may have.