

Testimony for the
Senate and House Veterans Affairs & Emergency Preparedness Committee
SR 6 Commission
August 14, 2018

Dave Jones, EMS Manager
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Chair, SR 6 Commission, EMS Subcommittee

SR 6 – Emergency Medical Services

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Meetings of the EMS Committee

January 9 – SR6 committee – PEMA

February 2 – SR6 committee – Allegheny County

February 21 conference call

March 8 conference call

April 3 – SR6 committee – Chester County

April 10 conference call – committee chairs only

April 30 conference call

May 21 conference call

May 30 – SR6 committee – Somerset

June 14 – conference call - committee chairs only

August 7 – SR6 committee – Luzerne County

We have submitted data requests – and received data – on the following topics:

- Emergency Medical Services Operating Fund distribution and projects funded for the past 5 years
- EMSOF fine data for the past 10 years broken down by category (ARD), court, fines not collected

- The number of certified volunteer and paid EMS personnel
- The number of active EMS personnel
- The number of volunteer and paid EMS agencies

We are currently finalizing recommendations to address funding and operational concerns, data that needs to be gathered for on-going decision-making, relations and communications between agencies and community leaders, recruitment and retention of EMS personnel, changes in EMS system structure, legislation to help funding and payment to agencies. Draft recommendations are:

- Continue efforts to require payment if treatment is provided without transport to an emergency department; this approach may save money in the long run by decreasing unnecessary ambulance transportation to the highest cost center for treatment. Fund innovative approaches to healthcare (mobile integrated healthcare) by assessing potential savings vs. the current pay-for-transport model.
- Medicaid reimbursement rates should be reviewed every 2 years for all types and levels of EMS providers.
- Change Medicaid policy and/or regulation for ambulance reimbursement to include the mileage rate to ground and air ambulance for ALL loaded mileage.
- Change Medicaid policy and/or regulation to address payment policy and medical necessity consistent with Medicare policy guidelines.
- Prohibit the utilization of co-pays and deductibles by commercial insurers on the payment for emergency ambulance treatment and/or transportation.
- Consider new models to fund the cost of readiness – funding should be provided directly to the services.

- Identify and institute new sources for EMSOF funding. Consider surcharge on health and/or vehicle insurance, fireworks tax revenue, etc.
- Audit court records to ensure EMSOF fees are being correctly collected and deposited into the fund
- Review the structure of regional EMS councils to determine if contracted aspects (such as assisting BEMS with investigations, inspections, etc.) of their responsibilities could be reassigned to the Bureau of EMS (with appropriate line-item budget support) at a cost saving from EMSOF, allowing regional EMS councils to focus on system improvement. This would require additional GGO support to BEMS for the addition of at least one EMS program specialist.
- Review/revisit direct pay legislation
 - Determine the reason services are not taking advantage of this legislation
 - Based on responses, adjust the legislation to make direct pay procedure more attractive to services
 - Consider requiring insurance companies to remit payment directly to EMS providers.
- Provide penalties when third-party insurance payments for service are made to EMS patients, but those payments are not forwarded to the EMS agency including deductibles and co-pays owed.
- Update the statewide EMS recruiting website (www.pa-ems.org)
- Educate community leadership on the capabilities and costs of the EMS system. Allow the formation of authorities at the county level to organize and fund EMS services in rural areas.
- Strengthen the provisions and support of Mobile Integrated Healthcare initiatives across the Commonwealth.
- Authorize EMS relief associations in a manner similar to fire relief associations, or grandfather existing EMS relief associations.