



**Testimony for Public Hearing**

**Senate Veterans Affairs and Emergency Preparedness Committee**

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**Director**

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Good Morning, Chairman Regan, Chairman Iovino 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 15 years, and I have had the privilege of serving as Pennsylvania's state EMS director for the last two.

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 been quick to respond to the changing circumstances of this evolving pandemic. Their bravery and dedication to being on the front lines during these trying times is nothing short of remarkable.

I know that for the members of this committee Pennsylvania's EMS system has been a much-discussed issue as of late, especially with the legislative actions undertaken and being considered, related to the SR 6 Commission report that was delivered at the end of 2018.

As most of you are aware the Department of Health through the Bureau of EMS serves as the lead state agency for EMS. As part of those responsibilities we conduct various activities related to education, licensing, other regulatory activities related to EMS, and work to coordinate a comprehensive system of 13 regional councils, 1,339 licensed EMS agencies and over 40,000 certified EMS providers.

I would like to take a few moments today to highlight the work that the Department has done and will continue to do as it relates to implementing legislation and other initiatives related to SR6.

Earlier this year, Act 17 was signed into law. This legislation authorizes the Department of Health to grant staffing exception to the BLS Ambulance staffing standard, allowing in very specific circumstances a BLS EMS Agency to operate an ambulance with only an EMT and an Emergency Medical Services Vehicle Operator, as opposed to the previous requirement for an EMT and an Emergency Medical Responder.

The Department has established an application process for BLS EMS agencies wishing to make application for this exception program. Specific guidance for this program was released by the Department on July 6<sup>th</sup>, including a dedicated web page with application, instructions, and technical resources.

Additionally, under the authority of Governor Wolf's COVID-19 disaster declaration, the Department suspended certain aspects of EMS staffing standards prior to the passage of Act 17. Those previous suspensions remain in place.

These steps were taken to ensure that Pennsylvania's EMS System had the ability to meet excessive demand should it arise. Fortunately, to date Pennsylvania's EMS system has not seen the significant surge of patients that continues to plague other EMS systems around the country.

Another piece of legislation specifically related to SR 6 was passed as Act 69 of 2020. Formerly known as HB 1459, this completed piece of legislation seeks to implement numerous initiatives related to emergency responder mental health. Specific highlights include the establishment of a 24-hour hotline number for emergency responders to be able reach out to in times of crisis, specific training requirements for EMS providers, and the formal establishment of regional peer support teams.

The mental health of emergency responders is critical, however, given their difficult jobs, and there seems to be two common barriers in accessing mental health services. The first is the professional culture. This is A culture that, while undergoing rapid change in the perception of mental wellbeing, still has significant pockets of resistance to reaching out for help. The second is often not knowing where they can turn for assistance in a safe and confidential environment. Through these new programs we are working to continue existing efforts in removing at least some of those barriers, and we continue to work with EMS leaders across the commonwealth to do what we can to foster a culture of safety and wellbeing for our EMS providers that give so much of themselves to their communities each day.

The Department has begun holding exploratory meetings and is designing an implementation strategy. The Department looks forward to additional work in this very important area.

The EMS workforce is point of constant discussion by EMS leaders across Pennsylvania, 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 Pennsylvania 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 rise. In 2019, 2,921 EMT's allowed their certifications to expire. Of these nearly 3,000 providers, 63% were under the age of 40 and 41% were under the age of 30. Overall, since 2010 the Commonwealth has seen a collective 34,640 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 Department issued a regulatory exception to our lapse of registration regulation. Streamlining and simplifying the process by which providers whose certification expired on or after February 1, 2010 could regain certification. So far in 2020, the Department has reinstated 900 EMS certifications. For comparison in all of 2019 the Department processed 122 reinstatements. This represents over a 600% increase. Whether these 900 go on to work in the field or maintain the certification for a different reason remains to be seen. We plan to investigate that very question later this year.

To accomplish this work, we collaborate with Pennsylvania's 13 regional EMS Councils, in addition to our state advisory board, the Pennsylvania Emergency Health Services Council. These organizations pursuant to statute are funded and supported by the Emergency Medical Services Operating Fund.

Regional councils, who in addition to serving as DOH's boots on the ground also engage in system building and collaboration at the local level. Regional councils also have the ability to be able to support EMS agencies in the counties that they serve by appropriating funds that they receive to various regional projects covering everything from recruitment and retention projects, to providing scholarships for prospective EMT's and Paramedics, and the purchase of medical equipment for EMS agencies.

While the Department and the Bureau are always grateful for the resources that we receive to support our regions and providers; as evidenced by the SR 6 report the EMSOF fund has been in a state of overall decline both in collections from traffic citations, and in the ensuing appropriations. Amounts have ranged in the past from as high as 13 million to our current appropriation of 9.2 million, for the current fiscal year.

Additionally, the economic effect of COVID-2019 has significantly impacted the underlying sustainability of the fund in its current form. Overall revenues for FY 19/20 were down 9% compared to FY 18/19. July of this year saw the EMS portion of the fund generate \$273,461 in revenues; this is a 64% reduction in revenues from July of 2019.

The bureau of EMS has and will continue to work to gain the maximum impact from the benefits that the Emergency Medical Services Operating Fund can provide to Pennsylvania's EMS system. However, due to increasing inflation, declining collections, a fine structure unchanged since 1985, and the impacts of COVID-19 the department can no longer fund regional EMS councils at current levels, and as a result have instructed PEHSC and the regional EMS councils to prepare for a minimum 11% budget cut this fiscal year.

Without additional funding, the department will be unlikely to be able to continue to fund these organizations at historical levels. The Department strongly supports HB 1838, which would increase fines associated with violations that fund the Emergency Medical Services Operating Fund.

Within the commonwealth's current EMS deployment paradigm and current reimbursement structure, emergency medical services agencies face challenges in retaining a workforce, that anecdotally frequently transitions to other professions in and out of healthcare with higher wages and better benefits. EMS agencies relying solely on reimbursement for patient transports are economically vulnerable. For the month of April, EMS across the Commonwealth saw patient transport volumes fall over 25%, and revenues fall by at least that amount. These financial implications directly impact the ability of organizations to attract and retain a competent workforce.

Great accomplishments have been seen recently here in Pennsylvania. On behalf of the EMS community I thank this body for its support and continued attention to issues. Because even with our recent successes, there remains work to be done and recommendations to be accomplished. As the states lead EMS agency we stand at the ready to provide whatever assistance and information that we can to assist the general assembly and this committee in ensuring Pennsylvania's EMS system continues to move forward and is sustainable for the years to come.

With that I would be happy to take any questions.