PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL

Your Voice In EMS

TESTIMONY

TO THE
SENATE VETERAN'S AFFAIRS AND EMERGENCY PREPAREDNESS COMMITTEE

Emergency Medical Services Next Steps

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PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL (PEHSC)
APRIL 28, 2021

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I am David Jones, President of the Pennsylvania Emergency Health Services Council (PEHSC), I am a practicing paramedic and I currently serve as the EMS Manager for the Pennsylvania State University in State College.

The Pennsylvania Emergency Health Services Council serves the Commonwealth as the official advisory board to the Pennsylvania Department of Health on all aspects of emergency health care. This mission is defined in the state EMS Act (Act 37 of 2009) and was also found in the previous Act from 1985 (Act 45).

The Council was initially established in the 1970's to assist in the development stage of the EMS system infrastructure. It was later engaged by the Pennsylvania Legislature to support constituent needs during the phase in period of the EMS Act.

Through our volunteer network of over 500 organizations and individuals, we develop consensus based technical recommendations to improve clinical care and the operations of EMS agencies. Our network model encourages grassroot participation and provides an appropriate vetting process in advance of system changes.

On behalf of our Board of Directors, I thank you for this opportunity to voice our current concerns. Before I begin, we would like to thank the Senate for their past and current efforts to support the EMS system through the recommendations from SR 6. One of those recommendations focused on the funding of the EMS system and that will be the sole focus of our remarks today.

Unfortunately, the financial condition of the EMS system has spiraled into a crisis. Both the deteriorating state of the funding to administer the system (EMSOF) coupled with COVID 19 has exacerbated the decline of an already fragile system.

Let's first identify the needs for EMS funding at the agency level. As you know, the reimbursements to EMS agencies do not accurately reflect the cost of our services and remain limited by insurance payments. **The bottom line for our ambulance agencies has been significant financial losses due to increased costs and reduced revenue**. It is important to remember the unique services that EMS provides. We act as the medical safety net for our communities. We must be ready to respond 24 hours a day 7 days a week. We cannot limit our readiness time like other healthcare providers who determine their operating hours and can schedule patients. In most communities, our call volume surpasses our public safety peers in law enforcement and the fire service. The demand for service has continued to grow, yet we still struggle financially. These losses coupled with staffing shortages have, as you are aware, led many EMS services to consolidate with other local services or cease operations. Simply stated EMS is a vital resource for public health and public safety and we need a reliable long-term funding source at the agency level to maintain the high degree of patient care as it is currently provided.

We agree that any effort to increase the level of reimbursements to EMS is extremely important and we are willing to assist in these efforts. **However, at the agency level the gap of funding needed to cover the cost of readiness remains a challenge that should be considered through another direct line of funding to EMS agencies.** This line of funding could be provided at the municipal, county or state level through a funding formula considering factors contained in the area served such as:

population
square mileage
miles of highways
high-risk facilities or activities
or other unique factors that impact the capability needs of the EMS agency.

We wish to point out the continued concerns with the funding of the system infrastructure. We are grateful for the revisions to the EMSOF as identified in Act 93 of 2020 and we anticipate improved funding of the system administration through this Act. However, with the impact of COVID on the number of traffic violations written, we face years of recovery, if a recovery is possible at all. The proposed budget allocation (21-22) from the EMSOF is now in single digits with no remaining surplus. This allocation will generate additional and significant cuts limiting the ability of the system to meet needs as in the past.

Some projections show the EMSOF starting a recovery in the summer (2021), but without a mechanism to exceed the proposed budget allocation mid-year we face continuing system-wide restrictions. We are asking for the committee to seek any solution to either borrow funds to support EMSOF or establish a method to permit a mid-year reallocation rather than accept the budget allocation as proposed at 8.2 million.

Sadly, the current loss of revenue to the EMS system, even with the passage of Act 91, will never restore system funding to previous stable levels. **The poor projections for funding cause concern among EMS professionals as many see this having potential to negatively impact patient care and our ability to respond to the needs of the citizens and visitors to Pennsylvania.**

Further, Act 93 of 2020 requested the following LBFC study to ensure proper EMSOF collection. We look forward to the results of this report and offer our support to assist in its completion. Obviously, proper fine collection should ensure a stable funding source into the future.
(f) Review by Legislative Budget and Finance Committee --The Legislative Budget and Finance Committee shall review court records to ensure that money for the Emergency Medical Services Operating Fund is being properly collected and deposited into the Emergency Medical Services Operating Fund. The review shall be completed within one year of the effective date of this subsection and shall include recommendations as to any appropriate action to be taken. In conducting the review, the Legislative Budget and Finance Committee shall examine the pertinent records of the past five years of all courts required to impose costs under 75 Pa.C.S. §§ 3121 and 3807(b)(1)(ix).

For additional funding as **direct** support to EMS Agencies, we recommend the following:

An additional funding mechanism that meets the community EMS needs across the commonwealth – flexible language that will fund all EMS agencies so they can maintain a minimum level of service. EXAMPLES: some areas may need support with education for staffing concerns; others may need equipment dollars for wear and tear based on a higher call volume.

A funding source that can be secured so that it cannot be used to balance the budget or allocated elsewhere.

A funding source that does not require an agency to match the funds, this source of funding should be based on a standardized formula so agencies can plan for annual purchases.

A funding source that is tied to a metric that increases over time to meet needs (inflation) – rather than what we currently have which is flat.

A funding source that addresses the cost of readiness in communities . . . a method to determine readiness (gap analysis) should be established. A funding source that is focused on the per capita cost of EMS – for example (as of 2002) Texas estimated that the cost is 14 cents per person per day.

<u>For additional funding to support the EMS system administration, we recommend the following enhancements:</u>

A funding source to enhance the (statewide) system to ensure the quality of care via monitoring (at a service level and statewide) focused on education and medical direction.

A funding source to enhance the (statewide) system focused on the promotion of advancing clinical care. Funding may include research studies, pilot projects and the purchase of newly approved equipment/medications. This would be useful for any public health crisis.

A funding source to enhance the (statewide) system by establishing special projects to identify and meet statewide needs, such as improving patient care data collection and interpretation, promotion of EMS in a public information model and system-wide efficiencies to include mergers/consolidations.

A funding source to enhance the recruitment and retention of providers (paid and volunteer) to include wages, pensions or LOSAP (length of service award programs), and volunteer incentives.

And as in the case of the EMS agencies, the administration should be funded by a source that is tied to a metric that increases over time to meet needs (inflation)– rather than what we currently have which is flat.

In conclusion, it is important to remember that along with these recommendations any changes to reimbursements or business practices such as in the case of the increase to the minimum wage should be evaluated to identify the impact on EMS agencies. Also, any changes to the existing policies or funding through the Volunteer Ambulance Service Grant Program or the Volunteer Loan Assistance Program should be fully vetted with the EMS community. **We simply cannot accept increased costs without additional funding support.**

In closing, we are still seeking solutions focused on establishing payments for community paramedicine, the need for a balance billing exclusion for EMS, direct pay concerns, treat and no transport payments and any fee schedule changes. As always, we are happy to assist in any way with these discussions.

Thank you for this opportunity to share our concerns.