



**PENNSYLVANIA EMERGENCY
HEALTH SERVICES COUNCIL**

Your Voice In EMS

TESTIMONY

**TO THE
SENATE VETERAN'S AFFAIRS
AND EMERGENCY PREPAREDNESS COMMITTEE**

Countywide Public Safety Authorities – Senate Bill 698

**J.R. Henry, Past-President
PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL
(PEHSC)**

October 12, 2021

Good Afternoon Chairman Stefano and Members of the Committee:

I am J.R Henry, Past-President of the Pennsylvania Emergency Health Services Council (PEHSC), I am a practicing paramedic and I currently serve as the Executive Director of Valley Ambulance Authority, in Moon Township.

On behalf of the Pennsylvania Emergency Health Services Council (PEHSC), we welcome this opportunity to provide comments on SB 698, which would permit the voluntary formation of Public Safety Authorities, by County Governments, across the Commonwealth.

As summarized in the SR 6 Task Force reports, Fire Departments and Emergency Medical Services across the Commonwealth are struggling with a myriad of personnel and financial challenges.

PEHSC supports and applauds this proposed legislation for several reasons including:

- It recognizes that each County has its own unique characteristics and public safety challenges.
- Each County will have a broad range of options and flexibility if it voluntarily chooses to form a Public Safety Authority. This flexibility would allow each Authority to specifically address current and future, locally identified, public safety challenges.
- It does not promote “a one size fit all approach” and allows Counties to address their own unique needs.
- It provides opportunities for Counties to partner and obtain input from local or adjoining municipalities to help address local or regional public safety challenges.
- We support the “grandfather” provision which permits existing EMS Authorities to continue to provide lifesaving services, without interruption
- We strongly support this legislation as it provides for a new, alternative, long-term funding source to maintain, support and enhance public safety services.

In conclusion, any changes proposed to existing systems and agencies will be challenging and not without struggle. Substituting a county authority for several independent agencies will require significant discussions, expert consultation, and regulatory and legal work. For a local system failing financially, issues including the cost of readiness will need to be addressed in the redesign and implementation of the new system. Personnel shortages will not disappear overnight; personnel will need to be recruited or developed and retained in the new system.

Healthcare and payment models will change significantly in the next few years, and all communities and EMS systems will need to be resilient to weather these changes. In the last few years, community paramedicine has been introduced as a new concept in EMS that was not part of the regulatory landscape when the current EMS Act (Act 37 of 2009) was promulgated. Other current EMS concerns like critical care and interfacility transport, the needs of rural healthcare facilities, and transport to alternative care sites will need to be considered when building new systems of care. The EMS of the 1970s is very different than today's EMS, and we must be prepared to quickly adapt to the new challenges we will face.

I am happy to answer any questions at this time.

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The PEHSC is a statewide advocacy group that has been fostering improvements in the quality and delivery of emergency health services throughout the commonwealth for over 30 years. Since 1985, the PEHSC has been recognized as the official advisory body to the Pennsylvania Department of Health and all other appropriate agencies on matters pertaining to emergency medical services.

To become involved in the PEHSC as an organization or individual, visit our website at www.pehsc.org - there is no fee for membership.