



PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL

Your Voice In EMS

**TESTIMONY
TO THE
HOUSE VETERANS AFFAIRS AND EMERGENCY PREPAREDNESS
COMMITTEE**

Emergency Medical Services CRISIS

**PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL (PEHSC)
MARCH 1, 2022**

Good Afternoon Chairpersons Boback, Sainato and Committee Members:

Please accept our written testimony for today's hearing about the EMS crisis in Pennsylvania.

The Pennsylvania Emergency Health Services Council (PEHSC) serves the Commonwealth as the state 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 PA Legislature (as found in the EMS Act) to support their constituents needs and concerns with the implementation phase of the EMS Act.

We continue to support the needs of the Legislature and advise the PA Department of Health through our robust system of EMS agencies and field providers. 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 grassroots participation and provides an appropriate vetting process in advance of system changes.

Today, we wish to share our concerns related to the EMS staffing shortage in Pennsylvania.

First, we want to offer the following question for your consideration, "how long would you be willing to wait for an ambulance?"

This is a question that is being posed throughout the country right now. Our focus is on the problem in Pennsylvania and solutions to improve the situation.

To address the staffing shortage in Pennsylvania, the PEHSC began a workforce project to identify root causes and solutions. We will be preparing a report of our findings with a targeted release date of June 2022.

Our efforts have already revealed needed system wide changes to support a healthy workforce. One of the key root causes is funding, we continue to explore others.

It is clear there is a strong link between funding and the staffing of ambulances.

As many of you know, many hours of testimony have been provided to both the House and Senate regarding the financial situation of our EMS system, some of which has been part of the Senate Resolution 6 Report. The EMS system funding at all levels is at a crisis level. At the agency level, reimbursements have failed to pay for the cost of providing service that coupled with no funding support for readiness, has put EMS in a downward spiral which has been predicted for many years. The COVID disaster has exacerbated this to a point where EMS agencies are no longer able to maintain the accepted level of care that the public has known

and expected. Although we are grateful for the COVID-19 funding for the agency level, we remain in a financial crisis.

Based on the past and current situation we continue to make the following observations regarding EMS agencies:

EMS is designated in Pennsylvania's EMS Act (37 of 2009) as an essential service; and

EMS agencies are inadequately funded; and

EMS agencies are dealing with insufficient staffing to meet the needs of their communities

What are the solutions for Pennsylvania? We know that reimbursements from a national level are beyond the scope of the committee. But we do know that aggressive action on the following issues should be pursued, direct pay, treat no transport payment enforcement, an increase to the Medicaid (MA) reimbursement, readiness solutions at the local government level and the permanent modification of the minimum staffing model. Based on the preliminary findings of our workforce project, solving the financial woes at the agency level, can and will resolve many of the recruitment and retention issues.

In Pennsylvania, the funding crisis extends beyond the EMS agency level.

Sufficient state system funding is needed to ensure system growth in terms of program development and the provision of clinical care. EMS is engaged in the healthcare system and therefore a coordinated system of care must be maintained to meet patient needs and to keep up with medical advancements. Reduced funding to the state system administration also limits the ability of the state to oversee and maintain the enforcements found in Act 37.

Based on the past and current situation we continue to make the following observations regarding EMS system funding:

The EMS system administration at the state level is inadequately funded and insufficiently staffed to meet the intent of Act 37

At the administrative level, the Fund (EMSOF) can no longer support the EMS System. We are simply not meeting system needs.

The Fund was underperforming prior to the pandemic, this was the catalyst for the passage of Act 93. The Act 93 increase to the EMSOF fine (no increase existed since 1985) although needed and appreciated, has not generated the planned recovery funds due to the pandemic. The continued reduction in the volume of traffic citations/collections along with the specific fund designations as found in Act 93 has not generated enough funding to recover.

The 5 million dollars added to the Fund as relief has also been appreciated but has not met the needs due to the substantial COVID losses and the fact that the Fund was already in critical condition prior to the disaster. These 5 million dollars replaced; the same amount taken from the Fund during the Rendell administration to balance the budget.

What are the solutions for the EMSOF?

In the short-term additional relief monies should be deposited into the Fund to bring the Fund back to levels ensuring the maintenance and growth of the system and securing its ability to perform its statutory function

In the long-term, other funding sources that do not rely on the activity of others and one that has some inflationary adjustments should be considered to fund the state system administration.

In conclusion, EMS as described in the preamble of the EMS Act (37 of 2009) is an essential service. Sadly, it appears that our struggle is not well known or understood, but the reality of our issues is now visible in a widespread crisis, both statewide and nationally. The complexity of EMS reimbursement issues often keeps decision makers from supporting initiatives to provide financial support as does the long-standing relationships with insurers. **We are simply asking for common sense relief and payments aligned with the cost of providing service.** EMS is not a money-making industry. However, money must be made to recruit and retain staff and to meet the expectations of the public. **Our mission is to save lives and to provide a healthcare safety net, but to do this - appropriately, fair, and reliable funding is needed at both the agency and the state administrative level.**

On behalf of the Board of Directors of the Pennsylvania Emergency Health Services Council, we are grateful to the members of the House Veterans Affairs and Emergency Preparedness Committee to examine the emergency medical services crisis. We, in concert, with our partners at the Ambulance Association of PA and the PA Fire and Emergency Services Institute look forward to assisting you.

Thank you.