

**Andrew B. Stern, Testimony for March 1, 2022 Hearing
Pennsylvania House of Representatives
House Veterans Affairs and Emergency Preparedness Committee**

Honorable members of the House Veterans Affairs and Emergency Preparedness Committee, thank you for inviting me to testify today on this extremely important topic. My name is Andrew Stern. This is the first time I am testifying before a legislative committee and have agreed to do so as I believe today's issue is of extreme importance which is urgently in need of your assistance.

I am the Township Manager for West Hempfield Township in Lancaster County. 2022 will be my thirtieth year working in municipal government, where I have served as an employee and as a consultant for Cities, Boroughs, Townships, and Counties in Pennsylvania, Maryland, and Delaware. I have an extensive background in most areas of municipal government, including Emergency Management and EMS. I have obtained numerous certifications including Professional Certification as an Emergency Management Coordinator from the Pennsylvania Emergency Management and Emergency Medical Technician from the Pennsylvania Department of Health, which I still maintain to date. Today I will be focusing on my experiences and responsibilities as a Township Manager, Emergency Management Coordinator, and EMT as they relate to my analysis of the current problems we are facing in the EMS system and suggested solutions.

I first became certified as an EMT in the mid 1990's when I served as a volunteer for Springettsbury Township Ambulance Club. I spent hundreds of hours training, on my own time, for EMS and other related emergency services. I later became Interim Director and Chief for Springettsbury Fire & EMS where I supervised a 24/7/365 paid ambulance service for about five years.

As Emergency Management Coordinator, I have served Springettsbury Township and Hellam Township as appointed by the then Governors. I have also assisted Hallam Borough and Wrightsville Borough and currently serve as West Hempfield Township's Interim Emergency Management Coordinator.

As a Township Manager, I have been with West Hempfield Township since 2016.

As Township Manager, I am responsible for overseeing the day-to-day operations of the Township in accordance with the policies set by our elected Board of Supervisors as well as the laws of this Commonwealth. As I am sure you are aware, Section 1553 of the Pennsylvania Second Class Township Code states, in part, that Townships are responsible for ensuring that fire and emergency medical services are provided within the Township "by the means and to the extent determined by the Township, including the appropriate financial and administrative assistance for these services". Similar requirements can also be found in the Pennsylvania Third Class City Code and the Pennsylvania Boroughs Code.

Since my time as an active volunteer EMT, it has been obvious to me that EMS in Pennsylvania was facing a grim outlook. The number of volunteers and volunteer organizations has slowly

and steadily decreased. EMS is not an easy job for numerous reasons, including but not limited to:

- Significant amount of time required for initial training.
- Difficult testing requirements.
- Significant time for ongoing continuing education requirements.
- Significant field training time before being ready to be on our own with patients.
- Significant time commitment as a volunteer or paid EMT, especially given the staff shortages which exist.
- Potential exposure to transmissible diseases, including but not limited to COVID, Hepatitis, and HIV.
- Exposure to difficult events – witnessing death, severe injuries, and other serious traumatic events.
- Ever changing rules and protocols which we are expected to adopt and follow.
- Increased amount of abuse of emergency services by the general public who use 911 for non-emergency issues.

For paid EMT's earnings are well below where they should be, with many EMT's earning less than they could at a convenience store or fast-food establishment. Low pay is a direct result of the incredibly low reimbursement rates from Medicare, Medicaid, and most private insurance companies. Many EMS agencies which only operate emergency ambulances operate at a deficit. Other agencies may also provide non-emergency services to offset costs, but at the cost of removing ambulances from their availability for emergency response.

With this background I will now focus on two major areas of concern which I believe the Pennsylvania Legislature can help with:

- 1) Abuse of the EMS system
- 2) Delays at Hospitals

First, with respect to my belief that EMS is abused by the public. Section 8103 of Title 35, Part VI of the Pennsylvania Consolidated Statutes, defines Emergency Medical Services, or EMS, as:

"Emergency medical services" or "EMS." Any of the following:

(1) The medical care, including medical assessment, monitoring, treatment, transportation and observation, which may be provided to a person in responding to an actual or reported emergency to:

(i) prevent or protect against loss of life or a deterioration in physiological or psychological condition; or

(ii) address pain or morbidity associated with the person's condition.

(2) The transportation of an individual with medical assessment, monitoring, treatment or observation of the individual who, due to the individual's condition, requires medical assessment, monitoring, treatment or observation during the transport.

Given the above definition, a reasonable person would believe that the EMS system would only be used for emergencies. Yet ambulances and EMT's are dispatched for all manner of non-emergency medical issues., bloody noses, scraped elbows, broken fingers, to name a few. When someone calls 911 and seeks an ambulance, an ambulance will be dispatched. Ambulances are often dispatched as "Class 3" which essentially means "non-emergency" and demands an ambulance response without emergency lights or sirens. Upon arrival to these non-emergency issues, EMT's are required to then transport the patient to a hospital unless the patient refuses transport. If they refuse transport EMT's are required to advise the patient of the potential consequences and have them sign a paper documenting their decision. And to end the cycle, once an ambulance transports the patient to a hospital, the emergency room must take the patient, even if the issue is not emergency in nature. This leads to wasted time and resources on the EMS and hospital staff and creates a scenario where those truly in need are kept waiting because the EMS staff are involved in non emergency situations.

This leads to my second major area of concern: hospitals. Our hospitals, specifically their Emergency Rooms, are overcrowded and understaffed. Hospitals in our area are often on divert status, meaning they are out of room and unable to accommodate additional patients. Despite this status, ambulances still need to bring their patients to the hospital as there are often no other options – all hospitals are experiencing this same crisis. But upon arrival at areas Emergency Rooms, EMT's and Paramedics are often not received with open arms and smiles. The Emergency Rooms are full and understaffed. They do not want more patients and cannot accommodate them. This results in EMT's and Paramedics being "held hostage" often waiting in a hall with their ambulance patient for several hours until an Emergency Room charge nurse finally takes custody of the patient and releases the ambulance. While the EMT's and Paramedics are being "held hostage", they are unavailable to respond to any other emergencies, even if more emergent than the current patient. For example, if I were to be waiting at the Emergency Room with a patient experiencing leg pain, I could not abandon that patient to respond to a cardiac arrest, stroke, or significant motor vehicle accident call.

As a Township, what are our options?

- 1) We could create our own ambulance service. We would need to spend a significant amount of money on vehicles and equipment and would need to hire at least eight full-time EMT's. We would have to pay significantly more than the other area ambulance services in order to attract EMT's to work for us. This would ultimately result in other area ambulances being understaffed and taking their ambulances out of service. Our newly formed ambulance service would then be dispatched to the areas previously served by the other ambulances. The result would be no more ambulances or EMT's in the area. In other words, we would spend a lot of tax money and have little or no positive impact on this crisis.

- 2) We can contribute more taxpayer funds to our current ambulance provider so they can pay better wages and attract more EMT's and possibly add more ambulances. However, we would again end up with little or no positive impact on this crisis as we would simply be shifting existing EMT's from one ambulance provider to another.

Other than the above two options, change really needs to come from other levels of government.

My suggestions:

- 1) The Pennsylvania Department of Health should revisit training and certification requirements for EMS employees/volunteers. Are the current requirements appropriate? Are they providing the minimum levels needed without making the process unnecessarily burdensome and difficult?
- 2) The Pennsylvania Department of Health should change the EMT protocols and testing requirements to match that of our neighboring states. EMT students in Pennsylvania are currently tested through the National Registry of Emergency Medical Technicians (NREMT) skills that Pennsylvania EMT's are not permitted to perform. Either remove these skills from the training and testing requirements or allow EMT's to perform these skills.
- 3) Revisit Title 35 to further clarify that emergency medical services are only to be used for true emergencies. Provide dispatchers with options other than dispatching an emergency ambulance, such as the possibility of using taxis or Ubers. Allow dispatchers to deny the dispatch of an ambulance for a non-emergency and provide them with immunity from liability in such cases.
- 4) Revisit the EMS protocols to allow an EMT to deny transport if emergency transport is not required. Authorize EMT's the authority to offer such options as taxis or Ubers.
- 5) The Pennsylvania Department of Health should create protocols to allow ambulances to transport persons with less severe emergencies to urgent care facilities in lieu of hospital emergency rooms. This may assist in keeping emergency rooms available for the more severe patients and may allow ambulances to more quickly return to service for other calls.
- 6) Revisit hospital and Emergency Room laws and protocols to require a timely hand-off from EMS to the Emergency Room so that ambulances and staff are no "held hostage" at hospitals and can quickly return to service to assist others in need.

- 7) Clarify in the law who is legally responsible for a patient from the time the EMT brings a patient into an emergency room to the time the official hand-off occurs.

While I recognize that implementing some of these changes are easier than others, we can and must do what we can to help solve this problem now. At the very least, these changes involve Pennsylvania law and policy and can be handled here. Looking at the bigger picture. A much-needed longer term solution is to work to increase the Medicare and Medicaid reimbursement rates and to help regulate realistic insurance reimbursement rates for emergency medical services.

As a Township Manager I have personally experienced complaints from my residents about our increasing response times. I have also been questioned about the ambulances which are arriving from great distances as they are the next closest available unit. For example, we recently had a young mother crying in my office as her toddler child had a medical emergency and they waited nearly fifteen minutes for an ambulance to arrive from a distance away. The mother was confused as they live very close to our Fire and EMS Station and could not understand why our ambulance was not in service. Our ambulance was not in service as staffing was not available. This is sadly becoming increasingly common.

Our jobs as public officials and public administrators should be, first and foremost, the health, safety, and public welfare of those we serve. This EMS crisis has developed over many years and is steadily increasing in severity. Through the course of this hearing today, I am certain you have heard or will hear similar sentiments from those representing all factors of the community. We need help!

Thank you for your time today, and I am willing to take any questions you may have.

Andrew Stern