



# **PENNSYLVANIA FIRE & EMERGENCY SERVICES INSTITUTE**

**Testimony of  
Pennsylvania Fire and Emergency Services Institute  
House Veteran's Affairs and Emergency Preparedness Committee  
March 1, 2022**

Chairpersons Boback, Sainato and members of the committee:

Good afternoon my name is Anthony Deaven, I am providing testimony for the Pennsylvania Fire and Emergency Services Institute (PFESI). I have been in EMS for 31 years working in all types of EMS organizations and systems as a provider and a Chief Officer.

First, thank you for passing ACT 10 providing \$25 million in funding for EMS. The challenges facing EMS today are not new and have been discussed at all levels of government. Steps have been taken to attempt to address the challenges, but those steps have not been enough to stem the devastating tide of cost increases coupled with reduced and stagnant reimbursements resulting in the EMS crisis across the commonwealth. The pandemic has only intensified the crisis.

EMS is unique and varied across the commonwealth but there is a common thread, EMS is in crisis. The EMS crisis did not happen overnight and has steadily increased in severity because of the very issues cited by this committee's invitation letter. My testimony today will focus on one issue, the cost of readiness.

What is readiness? Readiness is being prepared to respond to the needs of the citizens 24/7/365. Like all things in life there is always a cost. The cost of readiness is made up of many factors some of which are facilities, utilities, vehicles, equipment, supplies, insurance, personnel, and benefits are a few of the items factored into the cost of readiness.

Readiness has always been a component of EMS. How has it evolved into a financial weight limiting the services EMS agencies provide to their citizens and contributing to failures of EMS

agencies? Increasing cost of personnel and health care benefits have been leading factors in dramatically increasing the cost of readiness. The pandemic increased the cost of vital supplies such as personal protective equipment and medications. All of these items must be maintained to ensure an agency is ready to respond at a moment's notice to meet the needs of the citizens they serve. The cost of readiness is an unavoidable expense for EMS. The cost of readiness is tied to the overall cost of the agency and is always increasing. Factors increasing the cost of readiness are salary increases, benefit increases, and inflation. These costs are unavoidable. Due to stagnant and decreasing reimbursement revenue detailed in the testimony provided by the Ambulance Association of Pennsylvania. Revenue is not available to cover the increasing cost of readiness. EMS is caught in a financial vice of expenses versus revenue and the vice is rapidly closing.

EMS agencies have been forced to attempt to pay for the cost of readiness by increasing call volume of existing units they have in service and when possible, reducing unit hours. These solutions are band aids and are failing. The call volume is strategy intended to generate enough revenue to cover readiness but often fails due to unforeseen circumstances which EMS does not have the financial reserves or flexibility to manage. Examples of unforeseen circumstances are the pandemic and the skyrocketing fuel cost created by recent events.

The strategy of increasing unit call volume has consequences. The increased workload creates unsustainable burden on personnel increasing mental and physical illness and ultimately burnout. EMS personnel are leaving the profession along with the inability to recruit personnel due to low pay, long hours, marginal benefits further deepens the EMS crisis. The increased unit call volume and the reduction of unit hours creates gaps in service. These gaps in service are hopefully filled by mutual aid agencies creating failures in the EMS system resulting in increased response times to citizens. As explained in the testimony provided by are partners at Pennsylvania Emergency Health Services Council there is a strong link between funding and the ability to staff ambulances.

The cost of readiness is an expense directly related to the level of service expected by a community. There are no magic pills or buttons that will solve the cost of readiness it is a combination of many factors, and the solution will vary across the commonwealth. Creating

flexibility in an existing tool could be a solution or part of a solution for communities to assist them with maintaining high quality EMS service. Provide local governments (Boroughs, Townships, and Cities) the ability to increase funding to EMS by raising the .5 mil limit to the full 3 mills which is equal to the fire service. Additionally, any method that would permit an EMS fee, similar to the Borough of Chambersburg would be helpful. The rapid increase in the cost of readiness and the known aging of the population increasing the demand for EMS require improved flexibility to provide ensure the sustainability and viability of EMS in the future. The limitation of the 0.5 mill available for EMS have proven unsuccessful in raising the funds required to cover the cost of readiness.

Amending the PA statute 68205 to allow 3 mills for EMS and removing the current barriers required to increase the allowable mills for EMS funding to be consistent with the fire service will greatly improve flexibility and provide municipalities with an additional tool to provide EMS services for their communities. The days of volunteer EMS and career EMS agencies being able to provide services at no cost are OVER.

### **In Closing**

We look forward to working with the committee this session. I thank you all for your service to our Commonwealth and I will be happy to answer any questions from the Chairpersons, committee members or staff. Thank you.