

Testimony for the House Veteran's Affairs and
Emergency Preparedness Committee
Public Hearing on EMS in Crises

Don Lynch

Chief / Director of Operations
Harleysville Area EMS

Chief of EMS
Trappe Fire Company No. 1
Office: 215-513-1880
Cell: 610-476-1945
Chief344@haems.org

March 1, 2020

Good afternoon, Chairman Boback, Chairman Sainato and members of the House Veteran's Affairs and Emergency Preparedness Committee. My name is Don Lynch and I am the Chief/ Director of Operation for Harleysville Area EMS and the EMS Chief of the Trappe Fire Company No. 1 both located in the norther portion of Montgomery County. I would like to thank you for the opportunity to speak today in regards to EMS in crises within the Commonwealth, or at least in the southeastern portion of the State that I'm familiar with.

I have been in the emergency services for the past 33 years starting off as a Jr. Firefighter back in 1989. I have served with Harleysville Area EMS for the past 18 years, 8 years as a Paramedic and the past 10 years as the career Chief.

I also serve simultaneously for this past year as the Chief of EMS for the EMS Division of Trappe Fire Company No. 1. But I'll get back to why in a little bit.

Harleysville Area EMS is a non-profit EMS organization that operates 2 Advanced Life Support ambulances out of 2 EMS stations, one in Harleysville and one in Green Lane 24/7 and the serves a population of approximately 45,000 residents within 7 municipalities.

Harleysville Area EMS was original a one ALS ambulance company until 2014 when we merged with Community Ambulance of Green Lane. Community Ambulance of Green Lane was a BLS ambulance service who could no longer afford to provide EMS services to the communities it served due to the cost of paying employees and the continual rising costs of operating an emergency 911 ambulance service.

Every few years throughout the Commonwealth and in Montgomery County we are seeing Emergency ambulance organizations close their doors because they can no longer afford the cost of providing Emergency 911 Ambulance services. One of the major causes of this, is due to low and fixed reimbursements models for services from Insurance Companies and through Medicare and Medicaid.

As you are aware, there is an overhead cost to an Emergency Ambulance organization for being in a state of readiness. There is a cost to staff an emergency ambulance 24/7. There is a cost to having a minimum of 2 EMS providers (1 Paramedic and 1 EMT per ambulance) on duty and ready to respond. There is a cost to having a reliable ambulance fully stocked with medical equipment and supplies, fueled and ready to respond when needed. There is a cost to house an Emergency Ambulance, the equipment and the emergency medical staff. So, no

matter how many calls that ambulance crew responds to during a shift or how many times it transports a patient to the hospital there is a cost. And unfortunately, the current billing and reimbursement model for Emergency 911 ambulance services doesn't cover the basic cost of being ready.

It is my belief that EMS here in the Commonwealth has been on a steady and foreseen path of unsustainability for the past several years or more only to find ourselves now in a true state of crises.

I do not believe the COVID-19 pandemic is the primary cause of the crises because many EMS organizations were already struggling to keep the doors open for the past several years prior to the pandemic. I do believe however, that the COVID-19 pandemic exacerbated the day-to-day struggle and many EMS organizations are finding themselves in financial hardship.

EMS is not only feeling the pressure of financial and reimbursement shortcomings but due to the pandemic but we are also experiencing personnel shortages like we have never seen before. The pandemic has caused many older, seasoned EMS providers (EMTs and Paramedics) to leave the EMS field all together due to the increased strain on the EMS provider and the EMS system in general during the height of the pandemic. Others have left EMS as a career during the pandemic in fear of catching COVID-19 and or the fear of bringing it home to their families.

Another cause of the personnel shortages I believe is due to the low enrolment into the EMS field by new EMTs and Paramedics. I feel this is mainly due to EMS is struggling to maintain itself as a career. Very few EMS agencies throughout the Commonwealth can provide competitive wages, promotional opportunities, or be able to provide a pension or a contributing retirement program to their employees.

During 2020 and portions of 2021 we struggled through the COVID-19 pandemic as frontline workers in Montgomery County we did receive fantastic assistance and support from our County and EMS Region. Because of this, I would like to thank the Montgomery County Commissioners, Department of Public Safety and the Montgomery County EMS Office and Region for all of their assistance and guidance during the pandemic. They provided not only to EMS but to all emergency services with in the County the proper PPE needed to effectively respond to COVID-19 calls at no cost to the emergency service agency. The County also made vaccinations available as a priority to all emergency service personnel throughout the county. For this, I would like to thank them very much.

Now as we are hopefully coming out of the pandemic, we are beginning to see the true state of the health of local EMS organizations. As I mentioned, EMS was already in trouble prior to the COVID-19 pandemic but now EMS organizations (Big and Small) throughout my area of the Commonwealth are truly in a state crisis.

Late in 2019, Trappe volunteer Fire Company No. 1 and Harleysville Area EMS began talking about spinning off the EMS division of the fire company and merging it with Harleysville Area EMS. The volunteer fire company no longer wanted to manage and operate an emergency 911 ambulance because of the costs and lack of financial sustainment associated with it. Throughout 2020 Trappe and Harleysville continued to discuss the idea of merging the EMS organizations together. But merely combining two financially struggling EMS agencies together we would only create one larger financially struggling EMS organization that would most likely fail in a short period of time.

Knowing that the two EMS organizations (Harleysville and Trappe) cannot continue as is, we decided to move towards combining the two EMS entities and create a new Regional EMS organization. Knowing the financial side and the unsustainable reimbursement model by the insurance companies (our number one source of income) something had to be different and an additional source of long-term financial support must be identified. As we move forward in the process of combining both Harleysville Area EMS and the EMS division of Trappe volunteer Fire Company No. 1, I was brought on simultaneously as the Chief of EMS of Trappe Fire Company in an effort to begin the internal process of streamlining costs and planning the day-to-day EMS operations of the new regional organization. We are actively working with all 12 municipalities that we currently provide emergency 911 ambulance service to in an effort to seek help in providing and committing to start-up and long-term financial assistance and support.

It is our belief and hope that by combining our two EMS entities together and forming a new regional EMS organization we will be able to partner with the municipalities that we proudly serve and figure out how to properly establish a long-term financial sustainment plan. We believe this is needed to provide a long-term and stable EMS organization that will allow us to serve the community with state-of-the-art pre-hospital emergency medical care.

As much as I believe the EMS crises is a local issue, it is equally a state issue. As we talk to the 12 municipalities that we serve we are finding that the more rural

townships and smaller boroughs do not have the financial means to help subsidize or pay their fair share to provide EMS to their communities. This was a different story when most EMS organizations in smaller boroughs and rural townships were staffed by mostly volunteers and contributions of just a couple of thousand dollars each year by the townships or boroughs was sufficient. But today most of these contributions by the municipalities have not increased (in some cases even decreased over the years) in the amount they contribute to their local EMS. However, as you know the cost of providing EMS has drastically increased and continues to increase each year.

I do not know what the exact answers are but I do know for a fact that EMS agencies throughout the Commonwealth are truly struggling to remain open. EMS organizations want to continue to provide high quality pre-hospital emergency care to the communities that we proudly serve but something soon needs to help relieve these financial struggles.

I believe some of the answers are a combination of the following:

- Having EMS recognized and properly supported as an essential emergency service at the State and Local levels
- Regionalization of EMS services within multiple communities
- Working directly with local municipal partners and State Representatives to establish long-term financial sustainment programs for EMS organization

Again, I don't have all of the answers but as an EMS Chief of two struggling EMS organizations within the southeastern region of the Commonwealth that proudly provides EMS services to 12 municipalities and who are trying to do everything, we can to keep our doors open I can testify by firsthand knowledge that EMS, at least in my region of the State is truly in a state of crises.

Thank you Representative Boback and members of this committee for allowing me the opportunity to speak today on this very important issue.

I will be happy to answer any questions you may have.

Respectfully,

Don Lynch