

Good afternoon Madame Chairperson Bobak,

My name is Bob Mateff, and I am the Chief Executive Officer of Cetronia Ambulance Corps located in South Whitehall Township, Lehigh County. I have been involved in Emergency Services since 1988 starting in a local volunteer ambulance service. In the intervening thirty-four years I have served as the Director of Emergency Management Services for Northampton County and Deputy Director for the Pennsylvania Emergency Management Agency.

Cetronia Ambulance Corps is unique because we serve as the primary emergency medical services to rural communities in Eastern Berks County and Lehigh County as well as suburban townships in Lehigh County. We also provide mutual aid to the City of Allentown. Serving various population densities provides us with insight across the spectrum of ambulance services in Pennsylvania.

Cetronia Ambulance Corps has been serving our community since 1955. We are entrusted to serve and provide 911 emergency response to approximately 25 percent of the households in Lehigh County, Pennsylvania. Cetronia's primary 911 response area includes Whitehall, South Whitehall, Upper Macungie, Weisenberg and Lynn Townships, and the Borough of Coplay and portions of Albany, Greenwich, Lowhill and Salisbury Townships in eastern Pennsylvania. Our primary response area encompasses more than 150 square miles and consists of a population of nearly 100,000 residents. Cetronia also provides non-emergency medical transportation for area hospitals, nursing homes, rehabilitation facilities and for residents who need assistance to medical appointments. Non-emergency transportation is available to residents in a multi-county area including Lehigh, Northampton, Berks, Bucks, Carbon, Monroe, and Schuylkill as well as for long distance (Philadelphia, Hershey, and Pittsburgh) and out-of-state specialty transports.

Our staff consists of approximately 150 associates filling roles of Paramedic, Emergency Medical Technician and paratransit attendants. We have about a dozen volunteers that support the organization in both the field and office. We deploy several models to staff our various municipalities and unique needs. We have our own communications center which use several technologies to dispatch the correct resource to the emergency in the most efficient manner. We have a main station and four satellite stations. The rural stations work a twenty-four hour shift and the main stations operates several different shifts, which allows us to surge when demand peaks. The operations team evaluates, using software, reviews historical data and can adjust for seasonal changes as well as growth in our municipalities. In addition to emergency 9-1-1 response we provide non-emergency ambulance and paratransit services to hospital networks and long term care facilities. We provide transportation services from the emergency to the hospital, transfers between hospitals and to rehabilitation or long term care. Transporting patients to and from doctors appointment from home or care facilities is another area we provide to our community. In the past twelve months we have dispatched over twenty six thousand emergency and non-emergency medical calls and nineteen thousand calls for medical transportation.

The emergency medical services in Pennsylvania was heading for crisis before the Covid-19 pandemic and now is in more jeopardy due to increased costs, flat or decreasing reimbursement and significant

staffing shortages. Without outside the box solutions these pressures threaten to undermine our entire emergency 9-1-1 infrastructure. Emergency Medical Services operate under a fee for service model— meaning we only are reimbursed when we take a patient to the emergency room. We need to embrace alternative destinations and treat in place options to improve patient care and efficient operations. There are times when it would be more appropriate to transport a patient to Express Care facility instead of an emergency room. We are not permitted to transport to these types of destinations. Treat in place leveraging remote technology could have patients treated at home with a virtual physician directing care and ordering follow up.

Expenses to operate emergency medical services have risen significantly without increases of reimbursement rates. With over fifty percent of patients on Medicare or Medical Assistance programs reimbursements rates are not keeping pace with expenses. Commercial insurance rates are higher, but do not keep pace with increasing costs. An example is a box of gloves, which we use on every call, was about seven dollars per box peaked at twenty-two dollars a box during the pandemic. Costs to respond have risen in every category and yet reimbursement remains the same. This is not a sustainable model. We receive less than two percent in way of taxes from municipalities to provide 24 hour coverage to residents. The majority of funding is reimbursement from Medicare, Medical Assistance and commercial insurance. As a community non-profit we conduct fundraising activities to help offset reimbursement shortages, but is not enough.

Recruitment and retention of staff is at critical mass in emergency medical services. In the Lehigh Valley we compete for staff with manufacturing and warehouses. We have a state approved internship program that bring on candidates and train them for paratransit work then move into emergency medical technician jobs and capping at the paramedic level. Five years ago, we would have filled our apprenticeship program and developed staff with our in-house, Department of Health approved, training programs and now there are no takers. Our entry level positions cannot compete with the starting salaries of twenty plus dollars with sign on incentive. Staff are leaving the health care field completely. The limited number of staff leads to emergency medical services competing with each other, which is not a benefit to the communities we serve. We are trying innovative programs to reach potential workers by working with local school districts and working with the Workforce Board Lehigh Valley. The continual cycle of hiring and training increases costs of operating with flat or decreasing reimbursements.

I look forward to working with you and your committee to improve the emergency medical services system in Pennsylvania. I think my experience and expertise in local and state issues can be of service to this crisis.

Respectfully submitted,

Robert F. Mateff, Sr.  
Chief Executive Officer  
Cetronia Ambulance Corps, Inc.  
610-530-5513



*Pennsylvania families and businesses deserve safe, reliable and fast EMS services.*

**The EMS System in Pennsylvania is in crisis.**

Pennsylvania's EMS system is facing crippling pressure from increasing costs, flat or decreasing reimbursement rates and a severe workforce shortage. Without outside-the-box solutions, these pressures threaten to undermine our entire emergency 911 infrastructure.

**Solutions to Rebuild a Sustainable, Safe and Timely EMS System**

**Regional Government Partnerships**

Shared technology - deployment, billing, reporting, group purchase, recruitment,

**Government Assistance**

Hiring Assistance (education & recruitment costs). Medicare Reimbursements. Recognize EMS essential personnel as First Responders.

**Health System Partnerships**

Alignment with Healthcare Systems.

**CETRONIA** Lehigh Valley's Leader in Emergency Medical Service, Transportation and Community Health Resources.

**In the past 12 months alone, Cetronia Ambulance Corps has provided:**

26,272



Emergency/Non-Emergency Calls Dispatched



955,485

Cetronia Fleet Miles Traveled

19,908



Calls for Medical Care Transport



160+

Square Miles of Emergency Care Coverage



100,000+  
People Protected



267+

Health Education & Communication Events Conducted or Covered



200

Professionally Trained and Dedicated Employees and Volunteers

95,926



Gallons of Fuel powering High-Performance Response



And all for

**LESS THAN 1 ¢**  
Per Dollar Cost Covered by  
**TAX DOLLARS!**