



**Public Hearing on PA's EMS Crisis**

**House Republican Policy Committee**

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Good Morning, Chairman Causer and members of the committee. I am Dr. Aaron Rhone and I have the distinct honor as serving as the Director of the Bureau of Emergency Medical Services within the Pennsylvania Department of Health.

I have been involved in EMS for the last 20 years, and I have had the honor of serving as the Commonwealth's EMS Director since May of this year but have served for the last 8 years within the Bureau of EMS as the Program Manager for System Operations. I want to thank you for the opportunity to provide testimony today related to the different initiatives within the Bureau of Emergency Medical Services and the Commonwealth's EMS system.

If the committee will indulge me prior to my testimony, I wanted to take a moment to recognize the tremendous work being performed by EMS providers across our Commonwealth. Through a global pandemic and countless other calls for emergency response the EMS community has remained dedicated and steadfast despite the prolonged and trying circumstances of this pandemic and the general crisis EMS is facing within the Commonwealth and across the Country. Their bravery and dedication to being on the front lines during these trying times is nothing short of remarkable and has my personal heartfelt gratitude.

As most of you are aware, the Department of Health through the Bureau of EMS, serves as the lead agency for EMS in the Commonwealth. As part of those responsibilities the Department conducts various activities related to education, licensing, regulatory activities related to EMS, as well as coordination of a comprehensive system of 13 regional councils, about 1300 licensed EMS agencies, and over 40,000 certified EMS providers.

The EMS workforce is a point of constant discussion by EMS leaders across the Commonwealth, with a great deal of focus on recruitment. While I certainly agree that recruitment is an integral component to any workforce, today I would like to take a moment to focus more broadly on the system from recent successes to ways the Bureau will work to assist the future of EMS within the Commonwealth.

In 2022 the Pennsylvania EMS system saw some significant legislative changes. These include the passage of Act 10 which provided 25 million dollars in grant money administered by the Office of State Fire Commissioner in consultation with the Bureau. This grant was definitely a benefit to the EMS agencies across the Commonwealth, however in conversations with many EMS leaders this one-time funding often did not offset revenues lost during the pandemic.

Additionally, in 2022 we saw the passage of Act 45 which allowed Pennsylvania to become the 22<sup>nd</sup> member of the EMS Compact. Within the EMS Compact legislation upon full implementation providers from other member states will have an expedited process to obtain certification within Pennsylvania. This legislation is also beneficial to members of our military and their spouses who are returning to Pennsylvania, again offering an expedited certification process that is expected to drop from 14 days to seven days from the time that the Bureau receives a completed application. Act 45 also allows for an easier process of engaging member states for mutual aid responses.

Act 72 of 2022 also brought changes to the minimum staffing for a basic life support (BLS) ambulance to bring staffing requirements to an EMS Vehicle Operator or what is referred to as an EMSVO and an Emergency

Medical Technician (EMT). The EMT will be the primary care provider while the EMSVO provides for the primary operation of the vehicle during transport of a patient. This minimum staffing change is one that the Bureau sees as a benefit to the system to allow agencies to continue to respond to calls for service while the Bureau works with the agencies within the System to address recruitment and retention.

Finally, in the budget bill EMS will see a Medicaid increase for EMS services effective January 1, 2023. While many EMS agency leaders I've talked to along with others support the increase, this increase still has the 20-mile rule which means that loaded mileage minus the first 20 miles. Which in terms means that the first 20 miles are considered free. While this increase is favorable to the agencies as this is a long-term versus a short-term grant for providing the service. However, there is no consistent method for an evaluation or continued adjustments to this Medicaid payment outside of this one-time increase. Which over times agencies will again be providing services at a loss.

Throughout my career in EMS and with the Bureau of EMS we have seen financial struggles exist throughout agencies across the Commonwealth. This may be in part due to the fact that while Pennsylvania is one of 11 states that deem EMS essential services in law, there is no consistent funding mechanism. Yet, funding is not the sole "silver bullet" to the EMS crisis in Pennsylvania.

Over the course of time from the original Pennsylvania Burning Report to Senate Report 60 and most recently Senate Report 6, the emergency services providers in the Commonwealth have noted a decline in volunteerism. While I am fully aware that volunteers save this Commonwealth a great deal in cost for the services provided, we continue to see this volunteerism loss albeit mostly through anecdotal

discussions with agency leaders. In many cases agencies are exploring concepts of paid services or combination departments, which again provides a financial strain and also a potential strain on the workforce as each agency has a limited candidate pool to draw from.

With the concepts of workforce and staffing being a primary concern along with financial outcomes as touched upon here. One of the biggest concerns voiced by many EMS leaders is the fact that the system is taking on more of a Community Paramedicine role and responding to calls that may not always need transportation to a hospital. Keep in mind that the EMS system in Pennsylvania and nationally predominately receives reimbursement for transportation related care. Anytime an agency is treating and releasing a patient they often run the risk of not being able to recover the cost of service, nor recover enough to cover the cost of readiness.

In some parts of the Commonwealth the Bureau is aware of agencies that are operating under their agency medical director's delegated practice to perform community paramedicine functions which is outside the scope of the EMS Act or any other EMS related rules and regulations.

While nationally community paramedicine has shown to reduce emergency calls in some agencies, the ability to provide the service under an enabling legislation is lacking in Pennsylvania. Legislation to provide oversight, scope of practice, and definitions of community paramedicine would help Pennsylvania become a leader in the EMS industry nationally. With several leading researchers on the topic of Community Paramedicine within Pennsylvania currently, I believe this would be something that would have a great ease of implementation from the application side. However, along with creating this type of legislation we would need to work to educate insurance providers,

communities, and our hospital and healthcare partners on the value of this service and the need for sustainable funding.

Finally, as we look at EMS across the Commonwealth I want to celebrate one last success. While often you've heard undertones of the need for funding within my testimony today. Funding alone is not the complete solution. Part of the solution while involving funding relates to open and clear communication from the EMS agencies, the local elected officials, county elected officials, and members of both chambers. In Pike County located in Northeastern Pennsylvania the County along with 12 of 13 political subdivisions within the County have been able to create a 4.4-million-dollar funding program. In this case the county provided 2.2-million-dollars to match municipal mills. This 4.4-million dollars of funding for EMS has impacts as noted by the following data reported by Tim Knapp in July of this year:

- 1) Lehman Pike EMS now operates 24 hours a day with paid Basic Life Support and Advanced Life Support.

- 2) Shohola Twp. Fire and Rescue operates paid BLS 12 hours a day from 6 am through 6 pm.

- 3) Lackawaxen EMS added a paid BLS unit 80-hours per week out of the Greeley Station in addition to its already full-time unit out of the Bohemia Station.

- 4) Milford Fire Dept. EMS offers paid BLS 12 hours a day, from 6 am through 6 pm.

- 5) Dingman Twp. Fire Dept. EMS now offers 24-hour paid BLS out of 2 stations, one on Log Tavern Road and the other on Buist Road.

Knapp also reported that the impacts of this funding have gone beyond just increasing staffing but with increasing staffing communities are seeing a decrease in response time. One agency for example went from a 27 minute response time in 2017 to 8.25 minutes in 2022. This

funding was all because of open discussion to address the community need. While spearheaded by some each municipal entity and each EMS agency had a voice to make this a reality. It is my vision and goal as the Director to ensure each agency understands the value of communication with their elected officials. While financially there is a need to address some of the concerns within the EMS system. The EMS system in Pennsylvania has opportunities to grow in many other ways.

I again would like to thank you for the opportunity to testify before you today. I would be happy to take any questions you may have.