House Majority Policy Committee Hearing October 11, 2022 10:00 AM

Grove City Borough Building 123 West Main Street Grove City, PA 16127

Chairman Causer, Representatives of the House and the general public, it is an honor to be here today to provide testimony on behalf of our EMS Community.

My name is Douglas Dick and I have been active in the EMS profession for 46 years, starting out in a Cadillac Combination Ambulance/Hearse carrying a first aid & CPR card, right here in Grove City.

I have been blessed to work along-side so many dedicated men & women who have given their all to caring for and protecting fellow man. They and their families have made sacrifices so that total strangers were served. Today, they deserve the help they so desperately need.

As we look deep into the EMS Crisis one only needs to go back to the year of 1996 when the EMS Agenda for the Future was presented by Ricardo Martinez, MD who was the Administrator for the National Highway Traffic Safety Administration. It outlined various concrete steps that we needed to take to build the 21st Century's EMS system.

Here we are today; October 11, 2022, talking about many of the same concrete steps we need to take so our EMS system will survive to be the public's emergency medical safety net.

One of EMS's biggest challenges today is making systems sustainable despite the outdated funding and reimbursement models. Many of these models often encourage EMS clinicians to deliver unnecessary, costly care options for such things as minor medical issues being transported to an Emergency Department versus an Urgent Center that could manage the patient. This in turn cause overcrowding in the Emergency Departments and ties up resources that then are not available for the acute patients.

The EMS Reimbursement model is flawed in that EMS must transport a patient to a hospital to receive possible reimbursement. There are other options for patient care such as an Urgent Center, Out-Patient Counsel Center, or the physician's office, yet EMS will not be reimbursed for transporting a patient to any of them.

During our recent pandemic, the delivery of healthcare changed and many EMS agencies remained at the ready during this uncertain times. They proved they could handle complex situations and adapt to them; however, due to our reimbursement structures, many lost substantial revenue because no patients were transported to a hospital.

Current funding mechanisms for EMS vary from community to community. A few communities subsidize EMS with tax dollars and many EMS agencies rely entirely on reimbursement for

services. The reimbursement model is flawed and most of the time pays less than what it cost to provide service.

Many communities do not adequately fund high-quality EMS services, sometimes because of insufficient funding, but often because leaders have not created systems that use resources effectively. No one likes change; however, we need change to survive.

There are two areas to look at when we talk about funding.

There is the funding for Readiness or Preparedness, so we have staffed units prepared to respond for any type of emergency. Think about this, what if there would be limited or no units staffed during a catastrophic incident such as a major Tornado or major Traffic Incident on the Interstate? Resources to the scene would be delayed and lives would be lost due to lack of available EMS units. This area; Readiness or Preparedness, typically has no funding mechanism in place causing EMS agencies to shift funding to accomplish this task.

The next area is that of providing service. To be reimbursed for service an EMS agency must transport the patient to a hospital under Medicare and Insurance Carrier guidelines. Also, that reimbursement is not guaranteed. Many insurance carriers can also take reimbursements back if they feel the transport was not medically necessary.

Also, many services provided such as treat & release (patient refusal of transport after care) or lift assist/ well-being checks are not reimbursable by insurance yet it cost every EMS agency to provide said service.

A suggestion is to have all Healthcare Insurance Carriers that provide coverage in PA be required to pay for all services provided. If you go to the ED for an ear ache, the hospital gets paid. If you go to the physician's office for flu like symptoms, they get paid. The question is, why doesn't EMS get paid to assess & treat a patient on scene that does not wish to go to the hospital by ambulance?

The key to having a sustainable EMS system will be to collaborate with municipal, county, and state leaders in developing financial assistance in the short term and then to work on financial models between EMS, Communities, and all Health Care payers that will remain sustainable into the future.

We must be innovative and look at different pilot projects that will improve patient outcomes and the effectiveness/efficiency of the EMS system. EMS providers are highly trained to look at a situation and tell if something is wrong quickly. They have the ability to do a lot for our patients; however, we need to provide them with the tools to do so. The EMS protocols need reviewed and adapted by each agency. Service Medical Director must have the ability to approve or disapprove protocols and or certain patient care skills for the providers under their direction. Again, this will require all involved to be accountable.

EMS providers accomplish more task than just transporting patients….they have become the major healthcare safety net for the public. By being this, they are saving Communities millions of dollars in healthcare cost yet are not financial supported to do so.

The increased Medicaid reimbursement was a step in the right direction and appreciated; however, we need to fix the mileage reimbursement for all loaded miles. The one time grants have helped but again it is not long term. Many municipalities have always relied on the local EMS agency to be there in the time of need and now as we see across the Commonwealth, many are not there due to various struggles.

Many municipalities have no support from County or State leaders, I have heard it often said " It's not our problem…..it's the municipalities problem to figure out".

The municipalities have two options to generate EMS funding, ½ mill property tax or a portion of the LST funds. The property tax law needs amended to make EMS equal to the Fire Tax of 3 mills maximum.

All EMS, no matter of their organization structure must be treated equally when it comes to funding. Majority of times the private for profit agencies are excluded from grants and funding yet are still required by law to provide service. These can be referred to as unfunded mandates for the for profit agencies while the non-profits get funded. Also, the grant process needs to be more user friendly versus making everything frustrating.

Other ideas for possible funding would be laws amended to allow municipalities to charge a per capita fee or user fee for EMS. Another idea would be to develop a statewide 1 % sales tax to be used for EMS and Fire. These funds could be delivered back to the Counties to be used only for EMS & Fire Service based on a specific set of bench marks. Yes…we need to have accountability from all agencies.

Without sustainable funding, EMS agencies are not going to be able to continue to serve. As most areas have witnessed, we have more people leaving the EMS ranks versus those being trained & coming into the work force.

In the EMMCO West Region which includes Mercer, Crawford, Erie, Warren, Clarion, Forest and Venango Counties we have lost 816 providers from 2014 to 2022. These are providers that are no longer in EMS. From 7/1/2021 to 6/30/22 the EMMCO West Region recorded only 986 active EMS providers from all certification levels.

You may ask….Why? My answer is why be in EMS? These men & women can go work at the local Sheetz or McDonalds for $ 15 to $17 an hour with very little training and very limited risk.

EMS providers are required to obtain certification which can take up to 5 months for EMTs and 18 months for Paramedics. After that they are required to have continued education which again requires time and money. This is necessary to become a very good provider.

Then they are required to endure the stress of horrifying scenes that may include death or patients who are dying. Some may be elderly and yet some are young children. They will take these incidents to their grave with them. Then they deal with situations like the COVID 19 pandemic, taking care of patients with many unknowns.

But most importantly, these men & women give their soul to take care of those in need. They give up holidays, birthdays, special family events, warm meals, a warm bed, and family time they will never get back.

How many people are willing to stand up today and join our organizations under these circumstances?

To end….we all need to stop talking and we need to start doing. We don't need another Agenda for the Future. We know what we need to do and if we don't fix things today, there may not be a future for our current EMS System.

Our providers are wore out, they are frustrated, they are tired of the lack of respect, and they are furious that after 26 years we are still talking about the same problems with little or no improvement.

Thank you for your time and consideration.