

# EMS UPDATE

What if you call 911 and no one comes?

# There Is An EMS Crisis

**“In order to address the needs of our citizens, we must fix the EMS and ambulance crisis. EMS personnel are overworked and the ambulance companies are underfunded.”**

Rep. Tim Bonner (R-Mercer/Butler)

**House Hearing on Pennsylvania’s EMS Crisis**

OCT. 12, 2022

# Declining EMS Resources in PA

Service Losses 2019 to 2021  
18 QRS – 39 BLS – 12 ALS



# THE EMS SYSTEM IS BROKEN

- **No Sustainable Funding**
- **Critical Workforce Shortage**
- **Below Cost Reimbursement**

# No Sustainable Funding

- There is **NO** sustainable statewide or municipal funding mechanism to support EMS delivery
- All current funding mechanisms are “OPTIONAL”
- Funding must be provided directly to EMS Agencies
- EMS is “an essential service” by statute in the Emergency Medical Services System Act of 2009

**EMS AGENCIES ARE FAILING FINANCIALLY**

# 2023 EMS National Survey

## Wages

- Over 93% of respondents reported increased wage costs between 2019 and 2022
- 94% of respondents projected increased wage costs for 2023-2026
- 48% of respondents have experienced wage cost increases of 10% or higher between 2019 and 2022
- 14% of respondents experienced wage cost increases over 25%

## **INCREASED FIXED COSTS**

# 2023 EMS National Survey

## Equipment and Supplies

- 85% of respondents reported experiencing equipment cost increases between 2019 and 2022
- Over 68% of respondents reported increases of more than 10% for equipment costs
- 70% reported increases over 10% to supply costs

**INCREASED FIXED COSTS**

# Analysis Of A Suburban EMS Service

- Total Dispatched Calls (12 months) = 5,707
- Total Billable Calls (12 months) = 4,312
- Call Without ANY Revenue = 1,395
- Average Payment From Insurance = \$343
- Cost of ambulance out door per call = \$530
- **Net Deficit Per Call = \$187 or \$806,344 annually based on insurance payment alone**

*80% of all payors, pay significantly less than the cost of operations (\$530 per call) with average NET from Medicare, Medicaid and Self-Pay of \$253*



# Critical Workforce Shortage

- 44,563 certified PA providers, only 54% or 24,113 appear on EMS Agency rosters
- Fixed poor reimbursement and financial distress hinder wages
- Work-life balance, PTSD, dangers of job
- Better oversight and assistance for state licensed EMS Education Institutes

**WORKFORCE SHORTAGE – LACK OF STAFFED  
AMBULANCES**

# 2023 EMS National Survey

## Recruiting

- Compared to 2019, agencies reported that applications for paramedic/EMT positions are down an average of 13%
- Nearly two-thirds (65%) of agencies reported a decrease in applications, and over one-quarter (27%) of agencies reported a decline in applications of more than 25%

**WORKFORCE SHORTAGE**



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# 2023 EMS National Survey

## Retention

- Respondents reported that the annual turnover rate grew from 8% in 2019 to 11% in 2022
- Turnover rate was highest in 2021, at 12%
- Turnover rates were reported highest among agencies responding to a higher call volume

**WORKFORCE SHORTAGE**

# Inadequate Reimbursement

## Fee-for-service

- Medicare and Medicaid – do not cover the cost to provide the service
- Commercial – rates consistent with Medicare
- Worker's Comp/Auto – rate % of Medicare
- Private pay – difficult to collect

**Insurers are cost shifting to beneficiaries with high co-pay/high deductible plans**

# 2023 EMS National Survey

and Non-emergency Calls

## Revenues

- Modest increase reported in fee for service revenue per transport between 2019 and 2022, averaging 5%
- Nearly one-third (30%) of agencies reported no increase in fee for service revenue
- 13% reported a decrease in fee for service revenue over the same time period

**INADEQUATE REIMBURSEMENT**

# 2023 EMS National Survey

## System Delivery Changes

- 72% of respondents reported changes to system delivery, deployment, or staffing between 2019 and 2022
- Of these agencies, nearly half (49%) reported they **lengthened response times**
- Other changes to delivery, deployment, and staffing included **discontinuation of interfacility transfers, reduced ambulance coverage, reduced backup coverage, and inability to answer calls**



# THE EMS SYSTEM IS BROKEN



# Township Governance

- Section 1506. General Powers
  - Responsible for the “health and welfare of the township and its citizens”
- Section 1553. Emergency Services.—
  - (a) The township shall be responsible for ensuring that fire and emergency medical services are provided within the township by the means and to the extent determined by the township, including the appropriate financial and administrative assistance for these services.
  - (b) The township shall consult with fire and emergency medical services providers to discuss the emergency services needs of the township.
  - (c) The township shall require any emergency services organizations receiving township funds to provide to the township an annual itemized listing of all expenditures of these funds before the township may consider budgeting additional funding to the organization.

# Existing Township Remedies

## Local Services Tax – Act 7 of 2007

- Section 22.6. Restricted Use.--(a) Any municipality deriving funds from the local services tax may only use the funds for:
  - (1) Emergency services, which shall include **emergency medical services**, police services and/or fire services.
  - (2) Road construction and/or maintenance.
  - (3) Reduction of property taxes.
  - (4) Property tax relief through implementation of a homestead and farmstead exclusion in accordance with 53 Pa.C.S. Ch. 85 Subch. F (relating to homestead property exclusion).
- (a.1) A municipality **shall use no less than twenty-five percent** of the funds derived from the local services tax for emergency services.

# The EMS System

- Not Just 911 “Emergency” Response
- Default 911 resource for many “problems”
- Firefighter rehabilitation - standbys
- Disaster response – evacuations
- Emergency medical transportation between a hospital to specialty care resource hospital
- Non-emergency medical transportation
- The Healthcare Safety Net

# The EMS System



# Structure of EMS Services in PA

- Non-profit
- For-profit
- Municipal
- Hospital based
- Air medical
- Volunteer
- Combination



# Today's EMS Delivery System

- May be sole or combination of services
  - Quick Response Service (QRS)
  - Basic Life Support Ambulance (BLS)
  - Intermediate Advanced Life Support Ambulance (IALS)
  - Advanced Life Support Ambulance (ALS)
  - Air Ambulance
  - Rescue Services

# Today's EMS Delivery System

- QRS – Licensed non transporting vehicle responds provider(s) and required basic life support equipment to the scene of an emergency
  - Staffed by certified provider(s)
  - Provides basic medical care before ambulance arrives

**FUNDING** – Response and medical care not eligible for reimbursement under Medicare, Medicaid or Commercial insurance

# Today's EMS Delivery System

- BLS – Licensed basic life support ambulance capable of transport with required basic life support equipment
  - Staffed by certified provider (EMTs)
  - Provides assessment, basic medical care and transportation

**FUNDING** – Medical care and transportation eligible for reimbursement under Medicare, Medicaid or Commercial insurance

# Today's EMS Delivery System

- IALS – Licensed intermediate advanced life support ambulance capable of transport with required basic and limited advanced life support equipment
  - Staffed by certified providers (AEMT)
  - Provides assessment, basic or limited advanced medical care and transportation

**FUNDING** – Medical care and transportation eligible for reimbursement under Medicare, Medicaid or Commercial insurance

# Today's EMS Delivery System

- ALS – Licensed advanced life support ambulance capable of transport with required basic and advanced life support equipment
  - Staffed by certified providers (Paramedic or PHRN)
  - Provides assessment, basic or advanced medical care and transportation

**FUNDING** – Medical care and transportation eligible for reimbursement under Medicare, Medicaid or Commercial insurance

# Today's EMS Delivery System

- Air – Licensed advanced life support rotorcraft capable of transport with required basic and advanced life support and critical care equipment
  - Staffed by certified providers (PHRN/Paramedic)
  - Provides assessment, basic or advanced medical care and critical care transportation

**FUNDING** – Medical care and transportation eligible for reimbursement under Medicare, Medicaid or Commercial insurance

# Today's EMS Delivery System

- Squads and Rescue Services - Licensed non transporting vehicle responds provider(s) and required BLS or ALS equipment to the scene of an emergency
  - Staffed by certified provider(s)
  - Provides basic or advanced medical care in concert with responding transporting unit

**FUNDING – Response and medical care not eligible for reimbursement under Medicare, Medicaid or Commercial insurance**

# Selecting a Level of Service

- No current State minimum requirement for a level of service (BLS vs ALS)
- Basic Life Support – least costly, basic medical care and transportation
- Advanced Life Support – more costly, basic and advanced medical care and transportation
- Combination of BLS and ALS – reimbursement issues?

# Medical Levels of Service

- Basic Life Support - providing medical assessment, observation, triage, monitoring, treatment and transportation of patients who require EMS at or below the skill level of an EMT
- Basic airway, bleeding control, CPR/AED, splinting, assisted meds, Naloxone, CPAP, et.al.

# Medical Levels of Service

- Advanced Life Support - providing medical assessment, observation, triage, monitoring, treatment and transportation of patients who require EMS above the skill level of an AEMT
- All basic care plus advanced airway, IV, drugs, 4/12lead ECG, defibrillation, pacing, cardioversion, needle thoracostomy, cricothyrotomy, SAI, et.al.

# Selecting a Level of Service

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- BLS – 1 staffed licensed ambulance 24/7  
\$550,000/year
- ALS – 1 staffed licensed ambulance 24/7  
\$800,000/year

# Novel Solutions To Funding

- All government approach
  - General Assembly and Governor
  - Counties
  - Municipalities

**Every level of government must have some stake in funding EMS**

# Novel Solutions To Funding

- Preventing the “Free Rider” issue
- Municipality A funds EMS but Municipality B does not
- EMS required by law to respond to a 911 dispatch regardless of primary response area
- Municipality B received benefit of EMS without assisting in funding

# Novel Solutions To Funding

- Municipal Authority's Act
- Already exists in State Statute (Title 53)
- Multiple EMS Authorities today
- Latest EMS Authority
- Municipal EMS Authority of Lancaster County
- <https://savingemsforwlanchester.org/>

# Novel Solutions To Funding

- Innovative Solutions
- Pike County EMS Matching Grant Program
- County match to municipal funding
- Doubles municipal contribution up to 2 mils
- Combined municipal and county funding has generated 4.4 million for EMS
- [https://www.pikepa.org/news\\_detail\\_T27\\_R2\\_52.php](https://www.pikepa.org/news_detail_T27_R2_52.php)

# Solutions To Funding

- Municipal Ordinance
- Special Emergency Ambulance Service Fee
- Residential premises \$55.00
- Business \$55.00 to \$500.00 depending on number of employees
- In lieu of subscription program
- Existing EMS Municipal Authority

# Solutions For Workforce

- Sustainable funding would permit higher wages, better benefits and better work-life balance
- Training and scholarship funds from Fireworks Tax
- Improvement and oversight of Basic Life Support EMS Training Institutes
- Training for computer testing

# Solutions to Reimbursement

- Federal Government – Medicare
- State Government – Medicaid and Commercial Insurance
- Waiver of co-pays and/or deductibles for emergency 911 ambulance service
- Innovative models to offset below cost reimbursement (Maine)

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