

Good morning. My name is Douglas Pascoe and I have been involved in the EMS industry for over 30 years. I am currently certified as a Pre-hospital Registered Nurse and serve as the Chief of Southeast Regional EMS. I would like to thank you for the opportunity to address the financial status of EMS in PA. Our EMS agency is the result of mergers and acquisitions directly resulting from financial crisis. EMS has long been viewed as self-sustaining since we have an avenue to third party bill insurance carriers for services. However, the reimbursement amounts are often less than the cost of providing the care and transport.

EMS has combatted financial inadequacies through merging, cutting, or ceasing service. The majority of services in Allegheny County receive no direct municipal support or are significantly underfunded. The lessons of 9/11, the Boston Bombings, School shootings, and the COVID 19 pandemic have taught us that EMS needs to staff for a state of readiness. When residents call 911, they expect rapid and professional services. EMS can no longer staff for the “what ifs” due to a gap in financial support.

The business model for EMS is bleak. Rising costs of personnel, fuel, insurances, and equipment are met head on with a fixed fee schedule that does not cover the costs. This results in cuts to EMS staffing while our demands for services are at an all-time high. EMS is an essential public service that requires local tax support in order to continue operations at the level that the public deserves. In fact, the PA Legislative Reference Bureau (2020) states that “Emergency Medical Services are an essential public service and frequently the health care safety net for many Commonwealth Residents”.

Your local EMS agencies are on life support. EMS can no longer self-sustain as our rising costs overshadow fixed reimbursements. Medicare and Medicaid payments only represent a fraction of the cost of providing service. It is inevitable that EMS agencies will continue to struggle

financially given our current business models. Many agencies will be forced to reduce or cut services to remain budget neutral. An article called EMS in Crisis published September 2018 states that PA alone lost over 50% of their EMS services, spanning 25 years, due to financial demise. Cuts in EMS services are occurring as our demand is increasing. This places the public health in jeopardy by limiting access to EMS during medical emergencies. We all know that in dire emergency situations, seconds count.

We have done our part. Our wages are considerably lower than those of our public safety partners. Many of our vehicles on the road are beyond their useful lives. We will continue to serve and protect. EMS requires a consistent financial revenue stream that is not a result of patient transports. There is currently no established model for EMS funding in PA. Agencies need the void in revenues met at the local or state level. EMS will continue to third party bill but it is evident that the reimbursement is simply not enough. We are asking for a permanent financial commitment to the EMS system to ensure our ability to be at the ready.

References:

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