



Helping the Helpers: Supporting EMS in PA

PA Joint Democratic Policy Committee Roundtable Discussion, co-hosted by Chair Katie Muth, Chair Ryan Bizarro, Senator Lindsey Williams, & Rep. Nick Pisciotano.

Foerster Student Service Center Auditorium, Community College of Allegheny County

April 20, 2022, 10:30 AM

Opening Remarks (10:30-10:45)

Senator Katie Muth, Senate Policy Committee Chair

Representative Ryan Bizarro, House Policy Committee Chair

Senator Lindsey Williams

Representative Nick Pisciotano

Panelists

- Greg Porter, Chairman, Allegheny County EMS Council, Ross West View EMS Assistant Director
- Eric Schmidt, Chairman, Allegheny County EMS Chiefs Association, Shaler Hampton Township EMS Chief
- Douglas Pascoe, Chief, South East Regional EMS
- Bill Miller, Chief, McKeesport Area EMS Rescue
- Jim Erb, EMS Supervisor, Citizens Hose Ambulance Service
- Todd Plunket, Chief, Baldwin Emergency Medical Service

Panel 1: Systemic Issues Facing EMS Agencies (10:45-11:45)

- What qualitative differences can be made to the structure of how EMS agencies are operated in Pennsylvania to produce better outcomes for workers and patients?
- Would reforming the role of the EMS Bureau so that it more closely reflects the scope of the Office of the State Fire Commissioner in regard to staffing and reporting allow for better outcomes in regard to systemic issues EMS agencies face?
- What specific State-Level initiatives can be undertaken to allow for better retention of EMS personnel?
- To you, what is the best revenue structure to establish for EMS Agencies in Pennsylvania? Would it be more focused on local areas or would the Commonwealth be the primary actor?
- Are there any key differences in the above problems and solutions for more rural EMS Agencies?
- How has COVID exacerbated these struggles over the past two years?

Panel 2: Personal Impact of Issues facing EMS Agencies (11:45-12:45)

- Could you speak to how someone in an emergency could directly benefit from solving the issues mentioned in the previous panel?
- How have the issues mentioned in the previous panel affected you and those who work for you personally?
- Can you speak to how these systemic issues directly affect the retention of EMS personnel?
- What number would you personally suggest in regard to increasing EMS funding?
- How do reimbursement rates affect your bottom line?
- What does the impact of only being reimbursed for transports have on your agency?
- What do you see EMS looking like in the future – 5, 10 years down the road?
- What do you need from us?

Closing Remarks (12:45-1:00)

Senator Lindsey Williams

Representative Nick Pisciotano

Representative Ryan Bizarro, House Policy Committee Chair

Senator Katie Muth, Senate Policy Committee Chair

**Helping the Helpers: Supporting EMS in PA
Wednesday, April 20, 2022**

Testimony in support of Pennsylvania's EMS System

1. Order of Attachments
 - a. Greg Porter, Assistant Director, Ross/West View EMS, President EMS West, and President Allegheny County EMS Council
 - b. William Miller, Executive Director & Chief, McKeesport Ambulance Authority
 - c. Todd Plunkett, Chief, Baldwin EMS
 - d. Doug Pascoe, Chief, Southeast Regional EMS
 - e. Eric Schmidt, Executive Director & Chief, Shaler Hampton EMS, & Chair, Allegheny County EMS Chiefs

Helping the Helpers - Supporting EMS in PA

Senate Hearing Testimony Wednesday April 20th, 2022

Hello and thank you for taking the time to hear my testimony today. Allow me to introduce myself. My name is Greg Porter I'm the Assistant Director of Ross/West View Emergency Medical Services Authority. Additionally, I serve as the President of the board for EMS West and the Chairman of the Board for Allegheny County EMS council. I've been certified in the Pennsylvania EMS system for 34 years practicing as both an EMT and as a Paramedic for the last 30 of those 34 years. A vast majority of that time has been at Ross/West View EMSA, but I have also worked for a private ambulance service, volunteered for small volunteer Ambulance Services, worked on a Paramedic Response Unit, and flew in a helicopter for a lengthy period of time. My EMS career has been adventurous and fulfilling to say the least. I have been blessed to wake up every day looking forward to going to work and looking forward to helping people in different situations each and every day.

I am honored to sit with several of my colleagues from other Allegheny County EMS agencies and collectively tell our story. We have divided the responsibilities of what we believe to be the most significant challenges facing EMS today, and I will specifically speak to the history of the EMS system.

I am hopeful that when we talk about recruitment and retention, revenue, capital equipment, community engagement, and more, this background information will be handy to help us collectively understand how we have arrived at the place in the EMS System we are at today.

Traces of EMS can be found all the way back to the civil war. Specialty soldiers were trained in the art of litter bearing and driving horse drawn carriages that were known as ambulances. their primary role was to render aid to the injured on the battlefield and get them back to aid stations. A variety of examples like this can be found throughout history up till 1966 when Lyndon B Johnson commissioned a retrospective report looking at death and disability in the United States the preceding year in 1965. Data from the 1965 review discovered that vehicle accidents killed more Americans than were lost in the Korean War and survivability was better on a battlefield than it was in the streets of the United States. Billions upon billions of dollars was being spent in death and disability to injuries from accidents throughout the United States with little or no system for EMS response. This retrospective study would become known as the white paper and would be the birthplace of EMS in the United States.

In the 1970s President Richard Nixon, based off of the work from the white paper, would establish a curriculum for ambulance attendants and an ambulance response system across the United States. Importantly, Federal funding was made available and managed through the Department of Transportation to create the first EMS system with standards for vehicles, equipment, response and training all supported by federal dollars.

That funding would remain for a little more than ten years providing the springboard for the EMS system that we know today. Sadly, in the early 80s, President Ronald Reagan cut funding to the Department of Transportation by 40%. The intent was specifically targeting wasteful spending on infrastructure. Unfortunately, EMS would become a consequence of this funding cut and pushed the responsibility of EMS systems to the state and local government.

This transition had unmeasurable consequences that is still unknown today.

Simultaneously moving forward, the EMS system in Pittsburgh was moving at light years compared to other cities. Cardiopulmonary resuscitation (CPR), bandaging, and choking victims, where the priority of medical care. Soon to follow was intravenous access, IV fluids, IV medications, advanced Airways, and cardiac Defibrillation. These medical advances continue today at an epic rate.

Unfortunately, as clinical advancements were progressing, billing had transitioned from the federal government to unknown revenue streams that are still tenuous today. The original EMS system was rooted in prevention and care of the sick and injured no matter the circumstances. The EMS system today is only financially feasible if patients are transported to the hospital. This very model is contrary to the inception of the EMS system in the 1970s.

There are many years and many clinical milestones that have happened since the 1970s. The desire of medical professionals remains the same. To render care to the sick and injured no matter their circumstance, location, hazards they face, social circumstances, or likelihood of outcome. The idea that we should take people to the hospital to generate revenue is flawed no matter who you speak to, or whatever business model you consider.

Since the 1970s and 1980s, the EMS system has progressed through many changes. Most notably decreasing the number of services from hundreds to teens in various counties. Specifically, Allegheny County has reduced from 128 EMS agencies to 35 EMS agencies in the last 30 years. This is a four to one reduction in providers in the county in a relatively short amount of time. The number of EMTs and paramedics is more dismal than that.

Fast forward to 2020 when the global pandemic strikes, EMS is already facing a staffing challenge. The providers that remained in the EMS system completed work that was nothing less than extraordinary. EMS services anticipated mass vacancies and call offs and worried about the health and well being of employees and their families. Despite illness and even loss of life, staff members stepped up at an incredible level. Despite unknown risk, worry and concern, they worked countless hours, distant from families and full of unknowns that are difficult to imagine.

Coming out of the pandemic, as life gets back to normal the EMS system has learned many valuable lessons. Most importantly is that EMS provides a level of care that is far beyond what was originally thought. Certainly, not every patient needs to go to the emergency room for care.

The skills and abilities of the EMS system today are unbelievable compared to the 1970s. EMTs and paramedics today provide unmeasurable lifesaving skills and techniques that cannot be compared to EMS systems around the world. From the most basic CPR and bandaging, all the way through IV access medication administration, advanced airway procedures, Defibrillation, cardiac pacing and more, our EMT's and paramedics are nothing short of extraordinary.

Regardless of their tireless hours and commitment, EMS providers only generate revenue if a person is placed on the stretcher and taken to the hospital. One out of every four patients on average will not be transported to the hospital. This number varies by EMS agency across Pennsylvania. On average 75% of the 911 calls pay for 100% of the readiness of EMS.

Considering the advancement of EMS, the payment process is considerably flawed. With protocols that encourage us to treat on the "X", provide more care in the home, terminate efforts in the field, encourage alternative care options like community paramedicine or mobile integrated health, our very system is incredibly flawed.

We want to do what is right for the patient, the decision to transport them should not be influenced by their ability to pay the bill or revenue into the EMS system.

Going forward, EMS should be funded by federal, state, county and certainly local initiatives. The idea that payment should influence care or transportation, is severely flawed. The care rendered should be driven by what is best for the patient.

The EMS system must be funded by multiple avenues that include Federal, State, County, Local municipal and citizen funding.

In closing, thank you for your time and attention on our EMS system. Your dedication and work to support us is appreciated more than you know. I would be happy to answer any questions you may have.

EMS Bureau

My name is William Miller. I am the Executive Director and Chief of McKeesport Ambulance Authority, a position that I have held since 1997. I have been involved in public safety since 1989 starting as a volunteer firefighter and EMT.

McKeesport Ambulance Authority provides emergency EMS coverage for the Cities of McKeesport and Duquesne and the Boroughs of Dravosburg, Glassport and Port Vue. We respond to nearly 10,000 emergency requests per year, as well as 2500 requests for non-emergency services.

EMS agencies across the State of Pennsylvania rely on the Bureau of EMS for coordination and pertinent guidelines. The Bureau is tasked with supplying EMS agencies with information, education, regulations and protocols, as well as licensing requirements.

We, as EMS agencies, appreciate the time and work that goes into these different areas to help keep our staff's current with new policies and trends in EMS. During the Covid-19 pandemic we received variances in protocols, staffing standards were adjusted as well as paramedics being trained to nasal swabbing for testing purposes and the administration of Covid-19 vaccines. EMS was the frontline throughout the pandemic.

Until recently, I am not sure that most of us (EMS) understood the hierarchy of the Pennsylvania State Health Department and where EMS fall in that line. It was during a recent meeting with Representative Nick Pisciotto that we were told that the EMS Bureau is actually about three levels below the Secretary of Health, as far as report to levels. If one were to look the Department of Health's Executive Leadership web page, there is not even a mention of the EMS Bureau or its Director.

In comparison to the EMS Bureau, the fire service in Pennsylvania has its own Office of the State Fire Commissioner who is tasked with similar jobs as they relate fire training. Since there is not a listing on the EMS Bureau pages of employees, we are going what we believe to be true that there are six employees in the Bureau (four of which are vacant). The State Fire Commissioner's Office has

listed on their web page twenty five employees with one vacancy. These employees are listed by name with contact information and for the specialty that they cover. Under Title 35 of the Pennsylvania Consolidated Statutes, the Fire Commissioner reports directly to the Governor of the State, meanwhile the Director of the EMS Bureau has to report to at least the Secretary of Health for the State.

Furthermore, for the last full years that information was readily available, there is a very large difference in the number of calls that each public safety sector has responded to. For the year end of 2021, the fire departments in Pennsylvania that report through Penn FIRS (the Pennsylvania Fire Information Reporting System) shows that there were 224,979 responses reported, of which, approximately 38% were EMS related. For the year ending 2020, there were 2,204,969 EMS responses reported across the State.

This is not meant to take anything away from the job the fire departments do across this State. But is meant to show the disparity in how each is handled at the State level. While a completely separate EMS Commissioners Office may or may not be the answer EMS feels that we should have a clearer line of communication and representation and at a higher level.

Good Morning,

Thank you for having me here today and allowing all of us to provide you an overview of Emergency Medical Service in South Western Pennsylvania.

My Name is Todd Plunkett and I am the Chief of Baldwin Emergency Medical Service. Baldwin EMS is the provider of EMS to 4 communities in Allegheny County. Baldwin, Pleasant Hills, West Mifflin, and Whitaker along with numerous other communities that we assist daily via mutual aid. Our response area amounts to 25 square miles with 70,000 residing residents and a large daily commercial visitor traffic. In this geographical footprint, Baldwin EMS responds to 11,000 dispatched 911 calls and requests for emergency medical services. I have been in EMS since 1989 and have seen the changes and the amazing things EMS has done and the challenges that are ahead of us. I hope that today is a start of more dialogue and potential solutions.

Today my colleagues and I are going to provide you a snapshot of the current EMS systems, our successes and some of our areas of improvement. Today I am going to talk to you about recruitment, retention and staffing. Every year EMT's and Paramedics in Pennsylvania respond to over 2.1 million calls for 911 EMS. State of the art technology, lifesaving techniques and some of the highest trained EMS providers anywhere in the world provide this care every day. EMS continued to provide care throughout the pandemic. EMS by its nature is a physically and demanding career. More and more it is becoming more difficult to recruit and retain personnel.

Today you will hear a common problem plaguing the areas of EMS that we feel are in crisis. That common problem is funding. Without a competitive pay capability EMS loses quality EMS providers to all other sectors of health care, police and fire. In many cases we are unable to attract new personnel into the field due to the lower wages, hard work, difficult and dangerous situations, and the knowledge that the EMS industry does not have a sustainable models for financial stability. Many EMS providers have to work multiple jobs to pay the bills. Leaving one job and driving directly to the next.

For years, EMS has visited schools, colleges and vocational program to help recruit personnel into the profession but we are over shadowed by other jobs making much more for better schedules and less fatigue and mental health impacts.

Currently it is believed that there are over 40,000 listed EMS providers in Pennsylvania but only 12,000 of those function in emergency medical services. We are losing the younger population to the higher paying medical professions.

Over the past 10 years the training institutions have shrunk and it is harder for a young person to find an EMT or paramedic program without traveling great distances. In most cases attending this training does not guarantee them a job. The enrollment numbers are down and the cost of programs are up. Very small scholarships are available but none that are enough to cover costs. And in many cases, to go to paramedic school you have to commit to two years of training and decide to attend and work full time at the same time as school or simply try to live on little to no income. This then sets up this new workforce for an uphill battle for success once they become certified.

The low pay, hard working conditions, and the unknown financial stability for EMS organizations do not produce a favorable view for someone entering the job force.

Each day, there is a shortage of EMS units on the streets. The pandemic exposed this crisis even more but the pandemic alone did not create these problems. EMS in South Western PA is predominately a career force compared to 30 years ago where most EMS agencies were volunteer. There is no longer a safety net in the EMS industry and our ability to surge major emergencies is no longer available.

In 2020 the Department of Health's, Bureau of EMS published a report detailing many of the mentioned issues related to recruitment and retention. Numerous levels of local, regional and state groups have created task forces, committees and other work groups to talk about recruitment and retention but the same outcomes are found. We must find a sustainable model of financial support to bring in new EMS providers and to maintain and retain our current work forces.

In conclusion, EMS providers do an amazing job every day to protect and care for the residents and visitors to Pennsylvania, but we need help to do that.

Thank you for your time and I would be happy to answer any of your questions.

Todd Plunkett

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 long 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:

Bobb, A. (2018, September). EMS in Crisis. *PA Township News*, 1(1).

[http://psats.org.s97340.gridserver.com/ckfinder/userfiles/files/Township%20News/EMS%20crisis%20\(lower%20res\)%20-%20PTN%20Sept%2018.pdf](http://psats.org.s97340.gridserver.com/ckfinder/userfiles/files/Township%20News/EMS%20crisis%20(lower%20res)%20-%20PTN%20Sept%2018.pdf)

National EMS Advisory Council (2020, February 14). *EMS funding and reimbursement*. P 2.

Retrieved from: https://www.ems.gov/pdf/nemsac/NEMSAC_Advisory_EMS_System_Funding_Reimbursement.pdf

Supporting Testimony – EMS Finance & Reimbursement Challenges

Helping the Helpers: Supporting EMS in PA

Wednesday, April 20, 2022

First, thank you for the opportunity to be here today and discuss the current challenges facing Emergency Medical Services in Pennsylvania. My name is Eric Schmidt, and I am currently the Chief of Shaler Hampton EMS, serving 3 suburbs north of Pittsburgh. and have been so for a little more than 3 years. I am also the current Chair of the Allegheny County EMS Chief's, a component of the Allegheny County EMS Council. I have been an EMS provider since 1982, first as an EMT, but now and for the vast majority of those years as a Paramedic. I am honored to sit with several of my colleagues from other Allegheny County EMS agencies and collectively tell our story.

Although much of the data that I present today will be specific to Allegheny County, I believe that it translates well to much of the Commonwealth, with the exception of rural Pennsylvania EMS, who face the same challenges illustrated today, but to a much more significant degree. In total, the approximately 800 EMS agencies in Pennsylvania respond to more than 1.6 million emergencies each year, more than 4,300 per day.

In March of 2022 the Allegheny County EMS Chiefs conducted a survey of municipal funding to the 35 EMS agencies that currently provide emergency response to the 130 municipalities in Allegheny County, with 32 agencies responding (91.4%), representing 128 of 130 municipalities in the county (98.4%). Of the 32 responding agencies, 9 agencies (29%) that serve 44 communities (33.8 of the municipalities in Allegheny County), receive zero funding whatsoever from the communities that they serve. Below are two additional tables looking at per capita and percent of operating budget municipal contributions for Allegheny County, these funds are provided in both cash and services in kind, using a variety of different formulas.

Per Capita Municipal Contribution			% of Operating Budget Covered by Municipal Contribution		
Amount	# of Serv	%	Amount	# of Serv	%
0	9	29.0%	0%	9	29.0%
.01 - \$2.00	7	22.6%	.01-5%	10	32.3%
\$2 - \$5.00	7	22.6%	6-10%	6	19.4%
\$5.01 - \$10	5	16.1%	11-15%	3	9.7%
\$10 - \$20	2	6.5%	16-20%	0	0.0%
>\$20	1	3.2%	>20%	3	9.7%
	31	100.0%		31	100.0%

Clearly illustrated is the wide disparity in EMS funding practices within the county. Although a recruitment and retention issue also, from a financial perspective we clearly lose EMS providers to two significant areas, to become police officers and nurses, where the additional training is not that significant, but the increases in income are significant, and while they change careers, they still are able to take care of people. In the following examples I will use comparisons to our public safety partners in the police service, due to comparative data that is readily available. *I also want to be very clear that in no way is this meant to disparage police officers, they are valued partners in providing public safety and deserve what they earn.*

In our first example is a comparison between the starting and 5 year pay as an average for police from 3 communities, as compared to the pay for the EMS staff that serve the same three communities;

	Police Average	Medic Average	EMT Average
Starting	\$45,667	\$39,520	\$33,072
Year 5	\$86,174	\$52,000	\$39,520

As another means of comparison, the per capita contributions made by the 3 communities to their EMS agency is \$4.18, while the average per capita contribution to their 3 police departments is \$172.86, a multiple of more than 40. Bear in mind that by comparison this highlighted EMS agency receives a very high level of support from the 3 communities that they serve. Imagine the comparison to those municipalities that provide zero level funding to EMS, but almost universally have full time police departments that are 100% locally funded?

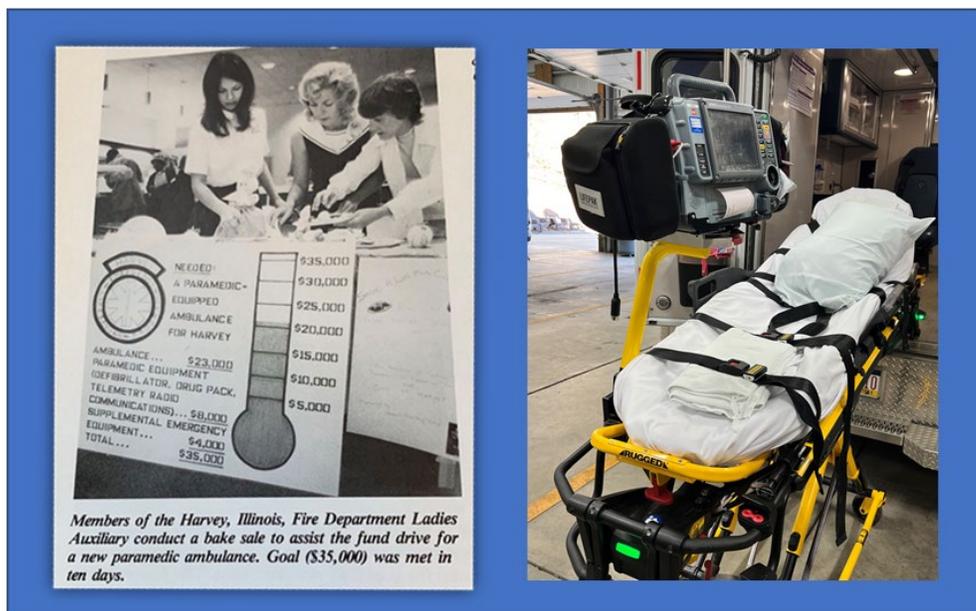
A common reason cited by municipal officials for not providing funding to EMS is because “EMS bills insurance and get paid.” The table below, is one year of actual data from one EMS agency, I would encourage any of you to please inquire with the EMS agencies in your legislative district to see how their numbers compare;

A 1 Year Billing Analysis for a Suburban PA EMS Agency
Total Dispatched Calls (12 Months) = 5,707
Total Billable Calls (12 Months) = 4,312
Calls without any revenue = 1,395
Average Payment from Insurance = \$343
Cost to put an ambulance out the 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 the average NET from Medicare, Medicaid & Self Pay of \$253.

Figure 1 - Out the door cost = annual budget divided by total calls

Detail for the above data is attached to this report. The highlighted agency has the benefit of providing emergency service only, due to strong community support, while many (24 of 32 in Allegheny County or 75%), actively provide non-emergency transports to supplement their bottom line. But what happens when that agency is on a non-emergency transport and an emergency occurs in their service area? The answer is that the patient waits longer for care, maybe a few minutes, often more. In the “best case” scenario this means that maybe they just suffer pain longer than needed, or a senior citizen lays on the floor longer – in the “worst case” maybe the effects from their stroke are more severe, or their heart more damaged, or they die. At our core we are all care providers, and these are the things that keep us awake at night. Also of significant note are the 1,395 calls without any resulting revenue, these are fire standbys, community festivals, weather standbys, etc, that all create wear and tear on our equipment and staff, use gas, etc, with zero dollars returned. As one example. the #1 cause of firefighter deaths is cardiac arrest – we want to be there, we need to be there, but there is an underlying cost.

Certainly not to be forgotten is the expense side of the equation. We have just endured the 2 most extraordinary years in the 40 years that I have been in EMS due to the pandemic, and the expense increases have been substantial. Supplies previously used occasionally (masks, gowns, decon equipment, etc) we have used on every call and acquisition costs are many multiples of what they used to cost for already stretched budgets. Fuel costs per gallon have doubled for vehicles that get 10 miles per gallon or less. Capital costs have certainly grown as well with many unfunded mandates for expensive but necessary technology. Consider the pictures below, on the left is a fundraiser to buy a fully equipped advanced life support (ALS) ambulance (late 70's early 80's) for \$35,000 including the vehicle and all equipment, and on the right is a current cardiac monitor and a stretcher system, just 2 components of a modern-day ALS ambulance, each valued at \$35,000, total cost of acquisition including the vehicle and all required equipment can easily exceed \$300,000 per ambulance.



Members of the Harvey, Illinois, Fire Department Ladies Auxiliary conduct a bake sale to assist the fund drive for a new paramedic ambulance. Goal (\$35,000) was met in ten days.

Solutions

Most of the challenges discussed today can at least be partially tied to EMS finance, so the solutions are improved financial support. Focus in this area will not only improve the long-term viability of the system, but also positively help to address recruitment and retention issues. The fastest and most logical solution is for local elected officials to recognize the vital service provided by EMS, and their ability to help build a robust EMS system for their communities, as their constituents are the direct beneficiaries of a quality EMS system. If you look at municipal budgets and tax dollars you will see significant funding for parks, roads, trash pickup, police, code enforcement, etc, with most of these services funded at 100%. Our needs are comparatively modest because we do derive significant income from insurance payments already. The days of EMS being provided at no cost to the communities that we serve must be behind us. There is also a need for state legislation to create a local funding mechanism or develop a state mechanism, but my concern is that this solution will take too long. All too often change comes only after a tragedy, and this has certainly already occurred in the Commonwealth, but with your assistance we can prompt change now to avoid future tragedies.

In closing, what we do best is care for the sick and injured, and we are certainly adept at stretching a dollar. We ask for and welcome your assistance in addressing the real and growing financial crisis facing the EMS system in Pennsylvania. Thank you!

A 1 Year Billing Analysis for a Suburban PA EMS Agency

Total Dispatched Calls (12 Months) = 5,707

Total Billable Calls (12 Months) = 4,312

Calls without any revenue = 1,395

Average Payment from Insurance = \$343

Cost to put an ambulance out the 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 the average NET from Medicare, Medicaid & Self Pay of \$253.*

All tables below are based on 4,312 Billable Calls in 12 Months

Medicare (13.9% of Calls)			
	Amount	Calls	Total
BLS	\$371	238	\$88,298
ALS	\$467	344	\$160,648
ALS 2	\$638	6	\$3,828
TNT/Lift Assist	\$78	10	\$777
Total Calls		598	\$253,551
Avg Per Call		\$424.00	

Medicare HMO (42.1% of Calls)			
	Amount	Calls	Total
BLS	\$310	489	\$151,590
ALS	\$395	1098	\$433,710
ALS 2	\$534	20	\$10,680
TNT/Lift Assist	\$55	208	\$11,440
Total Calls		1815	\$607,420
Avg Per Call		\$334.67	

Medicaid & Medicaid HMO (11% of Calls)			
	Amount	Calls	Total
BLS	\$180	148	\$26,640
ALS	\$300	219	\$65,700
ALS 2			\$0
TNT/Lift Assist	\$45	109	\$4,905
Total Calls		476	\$97,245
Avg Per Call		\$204.30	

Self Pay (13% of Calls)			
	Amount	Calls	Total
BLS	\$14	37	\$522
ALS	\$137	51	\$6,987
ALS 2	\$909	4	\$3,636
TNT/Lift Assist	\$36	469	\$16,884
Total Calls		561	\$28,029
Avg Per Call		\$49.96	

All Other Payors (20% of Calls)			
	Amount	Calls	Total
BLS	\$547	170	\$92,917
ALS	\$909	537	\$488,364
ALS 2	\$781	13	\$10,159
TNT/Lift Assist	\$83	142	\$11,766
Total Calls		862	\$603,206
Avg Per Call		\$699.77	