EMS IN CRISIS

Financial Woes, Staffing Shortages **THREATEN THE FUTURE** of Emergency Medical Services

BY **AMY BOBB** / ASSISTANT EDITOR

DIAL 9-1-1 TO REPORT A MEDICAL EMERGENCY, and you expect an ambulance to arrive quickly. In a crisis, after all, seconds count, but what if your local ambulance service can no longer afford to stay open? It's a question more communities are wrestling with as emergency medical services, struggling with funding and manpower shortages, face an increasingly difficult predicament: Find a solution soon or close their doors for good.


AMBULANCE

Gregg Township in Centre County was among a group of municipalities caught off guard last year when Penns Valley Emergency Medical Services (EMS) first sounded the alarm.

The ambulance service, which has provided emergency medical response for more than 30 years to the valley, was in financial trouble. For the past few years, it had been operating with a $140,000 annual deficit, and its reserve monies were drying up.

At a public meeting last fall, EMS chief Jason Brooks laid it on the line: the service was losing money and without immediate financial assistance, would be forced to close its doors by July 2019.

"The EMS is far too valuable to our community to lose," Keri Miller, chair of the Gregg Township Board of Supervisors, says. "Residents were concerned about the longer response times that could occur if Penns Valley had to close."

Not wanting to lose their local ambulance, Gregg Township and the other communities served by the EMS have stepped up with one-time contributions from their general funds while officials meet to see if they can provide more sustainable financial support. With conversations still ongoing, time will tell what the final strategy will be, but for now, Penns Valley has survived another year.

Closures and mergers

Across Pennsylvania, other services have not been so fortunate with many forced to close or merge in recent years. The number of EMS agencies in Pennsylvania has shrunk dramatically from 2,000 in the late '80s and early '90s to between 900 and 1,000 today, says Don DeReamus, the manager of performance improvement and risk management for Suburban EMS in Northampton and Monroe counties.

"Without enough volunteers to run an EMS anymore and without the call volume to support a paid staff, more services are closing," Heather Sharar, executive director of the Ambulance Association of Pennsylvania, says. "We are seeing a lot of EMS providers going out of business."

Between 2012 and 2016, the state has lost around 150 basic life support services and at least 11 advanced life support providers, she notes, and the number of closures and mergers is only expected to increase.

"You have most of the agencies living on borrowed time in the county," Kraig Nace, the operations chief for Duncannon EMS in Perry County, told Penn Township supervisors at a meeting last year in which he and other providers explained how services in the county were falling behind in funds needed to remain open. Neighboring New Bloomfield EMS estimated that unless something changed, it would be

"Many years ago, we were viewed as strictly a transport service. **Today, we are a health care provider."**

forced to close its doors in less than five years.

This same fate is threatening many EMS companies around the state and nation. As volunteers dwindle, paid personnel become harder to come by, and insurance reimbursements only partially cover expenses, the EMS crisis has reached a tipping point in many communities.

"The reality is that ambulance services are experiencing a severe financial crisis," says Stephen Bobella Jr., the executive director of both the Northern Berks EMS and the Elverson-Honey Brook Area EMS, which serves municipalities in Berks, Chester, and Lancaster counties.

Without enough revenue to cover their expenses, EMS agencies are scrambling for help, often asking their municipalities for support. If solutions don't come soon, more local services may end up closing their doors, a move that could bring longer emergency response times and put residents at risk.

A manpower shortage

Circumstances have not always been so dire for EMS providers. For decades, ambulance services thrived. Buoyed by low operating expenses and more than equitable reimbursements from patients' insurance companies, many organizations had built a nest egg of savings.

"Without enough volunteers to run an EMS anymore and without the call volume to support a paid staff, **more services are closing."**

"We had in the ballpark of a million dollars socked away at one time," David Braucht, a Penn Township supervisor and president of the Penns Valley EMS board of directors in Centre County, says.

He calls it the "golden age of reimbursement," when insurance checks covered expenses. For decades, volunteers were an integral part of this successful formula. Many volunteer ambulance corps began as a natural extension of the local fire company, and community members readily stepped up to serve.

"When EMS started, it was about neighbors helping neighbors," Scott Rhoat, chief of Bellefonte EMS and the president of the Centre County Ambulance Association, says. "It's almost impossible today for volunteers only to run an EMS system."

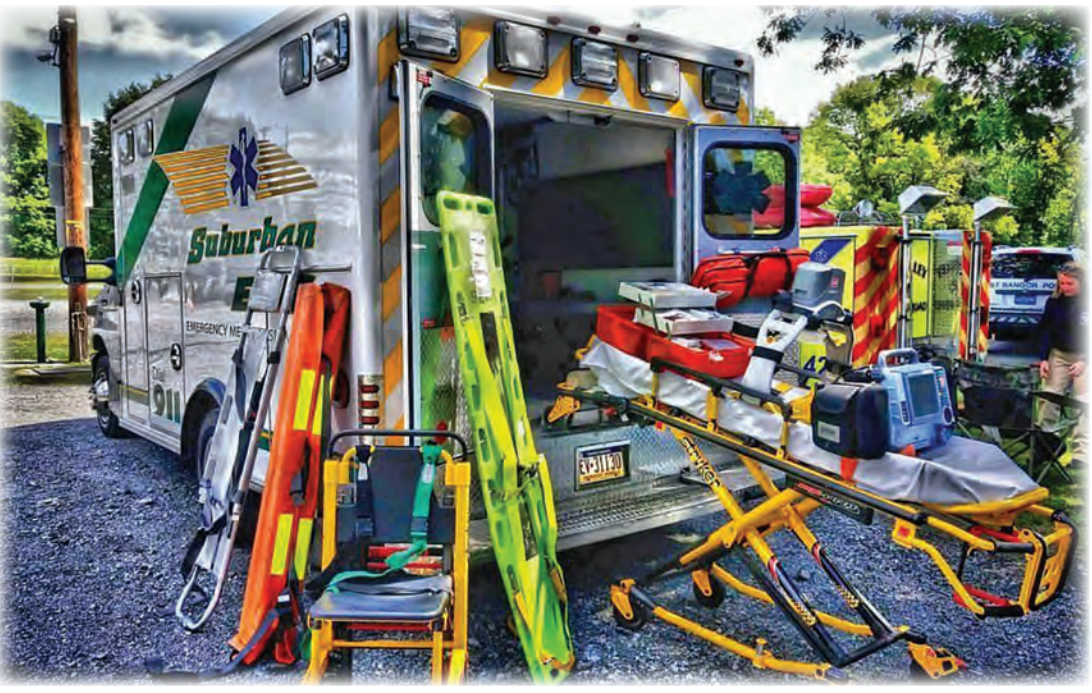
Following passage of Pennsylvania's first EMS law in 1985, emergency services became more regulated, and many agencies started the shift from volunteer to paid personnel who could better provide round-the-clock EMS coverage. Around this time, agencies also began to separate from their volunteer fire companies to become independent organizations.

Over the years, EMS has expanded its scope of practice and treatment.

"Many years ago, we were viewed as strictly a transport service," Bobella says. "Today, we are a health care provider."

With well-equipped ambulances and highly trained staff, today's EMS providers take the emergency room out to the community and into living rooms, where minutes matter when you're saving lives. *(See the box on page 12 for a look at today's EMS delivery system.)* However, better care brings higher expenses, and the consequences of this shift in services — from volunteer to paid staff, from transport only to advanced health care — have taken a financial toll on EMS operations.

For starters, the equipment needed



THE EVOLUTION OF EMS

Ambulance services began mainly in the 1950s with community volunteers transporting the sick and injured as quickly as possible to a hospital. Today, emergency medical services (EMS) are highly regulated, and skilled personnel administer emergency care both on-site and throughout transport. *(Photos courtesy of Suburban EMS.)*

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to deliver basic and advanced life support is expensive. A well-outfitted ambulance, for example, can cost close to a quarter million dollars, Bobella says.

Paying for a career staff also greatly increases EMS budgets. Staffing a basic life support ambulance 24 hours a day, seven days a week, costs $550,000 a year on average, according to the Ambulance Association of Pennsylvania. An ambulance with an advanced life support team, which includes a more highly trained paramedic, runs around $800,000 a year.

"Close to half of our $600,000 budget goes to payroll, taxes, and health care, all things we didn't have to cover when we had volunteers," Braucht, president of the Penns Valley EMS board, says. DeReamus estimates that 60 to

Today's EMS delivery system

• **Quick response service (QRS) —** Certified personnel, including police officers and firefighters, providing basic medical care until an ambulance arrives. QRS helps to ensure that medical care begins as soon as possible and can be especially helpful in rural areas, where ambulance response times can be longer.

This care is ***not*** eligible for reimbursement under Medicare, Medicaid, or commercial insurance.

• **Basic life support (BLS) —** A licensed ambulance, staffed by emergency medical technicians (EMTs), carrying BLS equipment and providing assessment, basic medical care, and transportation to patients requiring EMS at or below the skill level of an EMT. Such care includes basic airway, bleeding control, CPR/AED, splinting, medication assistance, administering Naloxone for overdose victims, and using a continuous positive airway pressure (CPAP) unit.

Medical care is eligible for reimbursement under Medicare, Medicaid, or commercial insurance if the patient is transported.

• **Intermediate advanced life support (IALS) —** A licensed ambulance, staffed by advanced EMTs (AEMTs), carrying BLS and limited ALS equipment and providing assessment, basic or limited advanced medical care, and transportation of patients. Because certification to become an AEMT is less demanding than that of a paramedic *(about seven months of training compared to two years for a paramedic),* this intermediate level of care may help to fill the gaps, especially in rural parts of the state, where advanced life support care is not readily available.

Medical care is eligible for reimbursement under Medicare, Medicaid, or commercial insurance if the patient is transported.

• **Advanced life support (ALS) —** A licensed ambulance, staffed by a paramedic or pre-hospital registered nurse (PHRN), carrying BLS and ALS equipment and providing assessment, basic or advanced medical care, and transportation. Such care consists of all basic plus advanced care, including advanced airway, intravenous lines, drugs, electrocardiography (ECG), defibrillation, pacing, cardioversion, needle thoracostomy, and cricothyrotomy.

Medical care is eligible for reimbursement under Medicare, Medicaid, or commercial insurance if the patient is transported.

• **Air ambulance —** A licensed rotorcraft, staffed by a paramedic or PHRN, carrying BLS, ALS, and critical-care equipment and providing assessment, basic or advanced medical care, and critical-care transportation.

Medical care is eligible for reimbursement under Medicare, Medicaid, or commercial insurance if the patient is transported.

• **Squads and rescue services —** Licensed non-transportation vehicles, staffed by certified providers, carrying BLS or ALS equipment to the scene of an emergency for assistance with care, in concert with a responding transporting unit.

Response and medical care are ***not*** eligible for reimbursement under Medicare, Medicaid, or commercial insurance.

Source: *Ambulance Association of Pennsylvania*

70 percent of Suburban EMS's budget is devoted to payroll.

Despite the professionalism brought to the EMS field, pay for first responders remains low, making it difficult to attract candidates to the job. The increased level of training requirements can be a deterrent, too. To become an EMT takes 200 hours and costs upwards of $1,000. The training for a paramedic is even more intense, requiring a multi-year and multi-thousand-dollar investment in time and money. Consequently, between 2012 and 2016, Pennsylvania has lost more than 10,000 individual responders — 6,252 emergency medical technicians (EMTs) and 4,186 paramedics, according to the Ambulance Association of Pennsylvania.

"If we were able to pay a good wage, people wouldn't have to work two to three jobs and could make a decent living," Rhoat says, "but when an EMT starts at $9.50 an hour and is making maybe $18,000 a year, it's hard to convince people to go into this career."

In rural areas, where the population pool is smaller, paramedics and EMTs are even harder to find. Attracting and retaining qualified personnel remains a constant challenge at the Jefferson County EMS, which staffs four advanced life support ambulances in two stations.

"Three days this week, we were short-staffed where we could only run three ambulances," Chuck Cressley, director of operations, says.

Yet these units' life-saving services are especially essential in a region where trauma and critical-care centers are hours away.

"In an urban or suburban area, you are maybe 15 minutes from a trauma center," Cressley says, "but we are one-and-a-half to two hours away from one, so how we manage our time is much

"The EMS is far too valuable for our community to lose."

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different. We may be with some patients for 40 minutes or more until we can hand them off to a trauma center or air transport."

The Jefferson County EMS provides advanced life support to about 90 percent of the county. It also provides back-up coverage in communities with basic life support ambulances when volunteers struggle to respond to even 30 percent of their calls.

"In rural Pennsylvania, a 9-1-1 dispatch may have to go to three, four, or five services before it can get a response," he says. "That, too, adds to what can be a long response time."

Not keeping pace

Saving lives is the goal of EMS providers so when a 9-1-1 call comes in, they respond first and deal with money issues later.

"EMS is the best example of socialized medicine, where we are required to respond and transport and can't refuse service," Rhoat says, "and those who can pay make up for those who can't."

While the scope of emergency medical services has evolved over time, the system that finances it has not. Reimbursements from insurance, particularly Medicare and Medicaid, have not kept pace with escalating costs, only paying 20 to 80 cents on the dollar.

To get a basic life support ambulance, staffed with two EMTs, out the door costs around $600 per call on average, according to the Ambulance Association of Pennsylvania, yet EMS agencies receive reimbursements that are 6 to 17 percent below cost for Medicare patients and 60 to 70 percent below cost for Medicaid patients.

"We are mandated to carry certain supplies and provide a certain level of care, yet no one wants to pay what it's worth or what it costs," Sharar of the Ambulance Association of Pennsylvania says.

In a recent victory for EMS, the state budget passed in June included funds that will increase reimbursement of ambulance transportation for Medicaid patients, the first time in 14 years and only the third increase in 40 years, Sharar says. Beginning January 1, 2019, the Medicaid reimbursement will rise from $120 to $180 per loaded trip for basic life support transport and from $200 to $300 per loaded trip for advanced life support.

"It's a tiny step forward, but it doesn't solve the problem," Rhoat says.

Keep in mind that an ambulance doesn't make money until it's out the door, Sharar says, and even then, it must physically transport a patient to the hospital to receive reimbursement. If EMS shows up to provide emergency care but doesn't transport the patient, the service receives no reimbursement at all.

"The problem is that we are providing life-saving skills in the home yet are still reimbursed as a transport business," Bobella says.

In 2016, for example, EMS agencies in Centre County responded to 20,505 calls, about 56 per day, yet 35 percent of them did not result in a patient transport and were therefore not covered by reimbursement. The Medicare philosophy, Rhoat says, is that an ambulance is merely the provider of transportation so overhead and administrative costs are not included in the reimbursement calculation.

"If we actually collected what we

DIFFICULT WORKING CONDITIONS

With low pay, many EMTs and paramedics must work two or three jobs to make ends meet. Long hours can lead to fatigue, which can create safety and risk issues. The work of an emergency responder can also be difficult and troubling, taking a psychological toll on EMTs and paramedics. EMS personnel increasingly encounter dangerous situations, such as responding to incidents with active shooters or reviving overdose victims who may wake up disoriented and violent. "Unfortunately, PTSD [post-traumatic stress disorder] and suicides are on the rise among EMS personnel," Heather Sharar, executive director of the Ambulance Association of Pennsylvania, says.

Top photo courtesy of Suburban EMS. Photos at left and above courtesy of Northern Berks EMS.

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billed, we would be in a much better situation," he says.

The world of insurance is difficult to navigate, and most EMS agencies contract their billing out to third-party companies that must stay abreast of the ever-changing rules and regulations. As health care evolves, EMS reimbursements are further threatened. Several years ago, ambulance providers started seeing denials from Medicare that they had never experienced before.

"Suddenly, certain things were no longer 'medically necessary,'" Rhoat recalls.

Even private insurance, which had long provided equitable reimbursement and helped to make up some of the deficit from Medicare and Medicaid, has become problematic since the Affordable Care Act took effect.

"Third-party insurance used to pay the full charge," DeReamus of Surburban EMS says, "but they're not doing it anymore. Now, they're paying closer to the Medicare rate."

The Affordable Care Act also ushered in high-deductible, high-copay insurance plans that make it more challenging for EMS companies to collect from patients, particularly if the EMS is an out-of-network provider and the check goes directly to the patient, requiring the service to track down payment.

The need for sustainable funding

Currently, EMS has no sustainable funding mechanism, DeReamus says. With reimbursements below cost for all payers, EMS agencies must raise the remaining funds through municipal contributions, membership programs, donations, fundraisers, and grants.

When Rhoat arrived at Bellefonte EMS, the Centre County service, which covers three boroughs and portions or all of seven townships, was a few months shy of bankruptcy. Under the leadership of Rhoat and a new board, the service became more efficient, maximizing revenue and minimizing expenses, and over the past 10 years or so, has had a balanced budget. Part of its service expansion has included routine transports of patients to medical appointments and facilities.

"Our non-emergency paratransit van has been the saving grace for us to diversify income and balance our budget," Rhoat says.

At Northern Berks EMS, insurance reimbursements cover about 60 percent of the budget. The remaining revenue comes from other sources, including memberships that provide discounted services to joining households. Historically across the state, only a small percentage of residents take advantage of EMS subscriptions, and Bobella estimates that just 17 to 20 percent of households in his service areas have become members.

"If we had a 100 percent membership rate, we probably would not be near the crisis we are in now," he says.

Because EMS has been self-sufficient for so long, communities simply take their emergency services for granted.

"For 30 years, EMS had been delivered to the valley for nothing," Braucht of Penns Valley says.

Those days are over, EMS officials say, and it's time for communities to understand the true cost of emergency life-saving care.

Since taking its case public last year, Penns Valley EMS has been spreading the word about funding needs through social media, ads in the local paper, and letters to the residents. Of the 5,500 households served by the Penns Valley EMS, typically 1,500 to 2,000 become members.

"If we could get 3,000, that would cover the deficit and take care of this crisis," Miller of Gregg Township says.

Seeking solutions

Ask DeReamus, who serves as legislative committee chair for the Ambulance Association of Pennsylvania, about solutions to the EMS crisis, and his first response is, "Good question."

He and other EMS officials have been trying to bring public awareness to the issues. They hold out hope that the state's Senate Resolution 6 Commission, tasked last year with finding possible remedies to the first responder crisis, will uncover some real, feasible solutions to relieve the burden on EMS, as well as volunteer firefighters. A report is due out in November. *(See the article on page 24.)*

Members of the Ambulance Association of Pennsylvania have been participating in the commission, lobbying legislators in Harrisburg, and talking to municipalities and other stakeholders about the looming problems.

"The more people who hear from us the better," Sharar says.

They want municipalities to become

How townships can help EMS

Many township supervisors perform the roles of communicators, fundraisers, public relations specialists, and grassroots advocates, all areas that can help keep EMS organizations running. Here are some ways townships might be able to assist their local EMS providers:

- **Find out what they need —** Meet with your EMS providers on a regular basis to find out their needs and how townships can help.
- **Consider funding options —** Make a regular contribution to EMS from the general fund or collect an emergency services tax to provide an annual source of income. Townships may also dedicate up to half a mill of township taxes to such services.
- **Support ambulance memberships and fundraisers —** Become a member of your EMS subscription service and encourage your residents to do so, too. Support any community fundraisers that would benefit the local EMS and fire companies.
- **Check out state contracts and in-kind options —** Help EMS providers secure emergency medical equipment and other items through statewide contracts. Tell the EMS provider how the system works and what state and federal government surplus programs are available. In-kind contributions can also be invaluable, Don DeReamus says, noting that Suburban EMS saves money by piggybacking on municipal fuel purchases at a lower rate. DeReamus is the manager of performance improvement and risk management for Suburban EMS in Northampton and Monroe counties
- **Help with grant searches and grant writing —** Use your township's experience with grants to show EMS providers where to look, such as the state Department of Community and Economic Development (DCED) and other state and federal agencies, and offer pointers on how to write successful proposals.
- **Recruit volunteers —** Put out the call for EMS volunteers and provide incentives to volunteers, whether it's offering free membership to the community pool or implementing tax credits. Act 172 of 2016 allows townships to offer earned income and local property tax credits and rebates to qualifying, active volunteer firefighters and EMS providers.
- **Contact your legislators —** Alert your legislators to the problems facing EMS agencies and advocate for legislative changes that will improve their plight. Examples include allowing EMS providers to bill Medicaid, Medicare, and third-party insurers for medical assessment and treatment even if no transport occurs *(Senate Bill 1003)* and increasing the cap on the dedicated ambulance real estate tax from .5 to 1.5 mills before a referendum is required *(PSATS Resolution 18-5, but no legislation has been proposed to date).*
- **Become an EMS champion —** Be an advocate for EMS, cheering on the invaluable service it provides to your community and spreading the word about its needs. Also, be sure to share with PSATS any concepts and suggestions for helping first responders that could possibly be included in the SR 6 Commission report. *(See the article on page 24.)*

Join EMS officials in their fight for legislative changes. *(Photo of members of the Ambulance Association of Pennsylvania gathering at the state Capitol building in June to rally for reimbursement expansions.)*

"People don't think about us until they need us, and when they do need us, **we are the biggest thing in their life at that moment."**

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"If we actually **collected what we billed,** we would be in a **much better situation.**"

better educated about the crisis, too, in the hopes that they will become partners and work with local EMS to find solutions. *(See the box on page 17 for some ways that townships can help EMS.)*

"It's much simpler and cheaper to fix a weak system now than to rebuild it after it collapses," Rhoat says. "It would be far easier for municipalities to kick in a little before their EMS system is in shambles."

Holly Fishel, PSATS policy and research manager, advises EMS and township officials to talk before a crisis occurs. She recommends that elected officials meet with their service providers at least annually.

"It's a safety issue addressed in the Township Code," she says, referring to language added to the code in 2008 requiring townships to consult with their volunteer fire and EMS providers to determine appropriate levels of service, funding, and other assistance.

While the code doesn't mandate that townships provide a minimum level of financial support, Fishel says, the language is meant to encourage dialogue between townships and emergency service organizations to ensure that public safety needs are met.

"If you ignore it and your service shuts down, it could endanger the safety of your residents, as well as affect other communities that will have to pick up the slack and respond to calls in your area," she says.

It's a complicated issue, Fishel admits, and there are no simple answers, but a conversation is a good place to start.

"A lot of EMS and municipalities don't reach out to one another until it's too late," DeReamus says.

Communicate early and often

West Nantmeal Township in Chester County learned this lesson in 2009 when its ambulance service, Elverson EMS, came to township officials nearly bankrupt.

"They told us they needed money, but there had been no communication before that," Gary Elston, chair of the West Nantmeal Township board of supervisors, recalls.

An advisory board was formed, with one representative from each municipality served by the EMS, and tasked with finding ways to recover the situation.

"I didn't know the EMS field at the time so the first thing we did was hire a good executive director to manage it," he says. ➤

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"The problem is that we are providing **life-saving skills in the home** yet are still reimbursed as a **transport business.**"

That person was Bobella, and he helped to get the service back on track by cost-cutting and sticking to a budget.

"How do we sustain ourselves?" he asks. "It's all in budgeting and planning. We are doing it successfully for the moment, but it's scary."

Municipal contributions have helped. The 12 municipalities served by the service, which merged in 2015 to become the Elverson-Honey Brook EMS, are asked to contribute their fair share of funds based on call volume and square miles. West Nantmeal pays its $15,000 annual contribution through a quarter-mill EMS tax and franchise fees it receives from its cable television company, Elston says.

"The EMS has recovered financially where we are now on a break-even basis," he says, attributing some of this success to improved communication between the EMS and its municipalities.

"Most township officials are not knowledgeable in the EMS field and don't understand the cost of operation and the problem of low reimbursements," he says. "It's important to educate them."

Having an elected official serve as the champion for EMS can be helpful, too. When a meeting was first called to look at the financial problems with the Elverson ambulance service, Elston was disappointed when several municipalities did not show up.

"I went to them and made a presentation at their public meeting," he says. In the audience were residents who did not want to lose their local EMS, and they helped to sway their municipal officials to act to ensure its survival.

Not giving up

Given the current EMS situation across Pennsylvania, solutions must come soon.

"People don't think about us until they need us," Bobella says, "and when they do need us, we are the biggest thing in their life at that moment. When they want us, they want us immediately."

It's an important point to remember. If a community loses its local ambulance service, what would happen when 9-1-1 is called and how much longer would it take for help to arrive?

Faced with this reality, the tight-knit, rural community served by the Penns Valley EMS has rallied around its ambulance service. Last year, each of the affected municipalities donated the equivalent of what a half-mill real estate tax would bring in. A committee is currently looking into more sustainable options, including enacting local services and EMS taxes. A newly created EMS auxiliary has raised $1,500 to date. The local Legion donated $10,000. Even Amish farmers, worried about losing their local ambulance service in the event of a farm accident, have stepped up, one guy donating proceeds from sales at his chicken stand.

"This issue has built community spirit and brought people together," Miller, chair of the Gregg Township Board of Supervisors, says.

Will the support be enough to close the deficit and sustain the EMS into the future? This month, everyone is scheduled to sit down and evaluate where things stand with the service's finances.

"We are hopeful that a permanent solution will be reached by the municipalities, but that remains to be determined," EMS chief Jason Brooks says. "Am I confident? No, but I'm cautiously hopeful. Elected officials don't like to raise taxes, and we have an uphill battle

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to fight, but much is at stake. If we lose our service, that would leave a large rural area with a low call volume without any local EMS provider."

Chuck Cressley of Jefferson County EMS understands how the challenges facing EMS right now can feel overwhelming.

"But we're not giving up," he says. "If we don't work through this, then essentially, we would have to go back to a time when the local funeral director provided emergency transport in a community, and that is untenable."

The cure won't come from any one place. It will take community involvement, local government support, and legislative action. With so many agencies struggling, what tomorrow holds for EMS remains to be seen, but Miller of Gregg Township feels confident the future is bright.

"We just need to figure out how to overcome the hurdles we're facing," she says. "If we can do that, then our EMS will be here for a long time to come." ✦

"We are mandated to carry certain supplies and provide a certain level of care, yet **no one wants to pay what it's worth or what it costs."**

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