COMMONWEALTH OF PENNSYLVANIA
HOUSE OF REPRESENTATIVES

VETERANS AFFAIRS AND EMERGENCY
PREPAREDNESS COMMITTEE PUBLIC HEARING

STATE CAPITOL
HARRISBURG, PA

IRVIS OFFICE BUILDING
ROOM G-50

WEDNESDAY, FEBRUARY 26, 2014
9:30 A.M.

PRESENTATION ON
HR 315 (2012) REPORT

BEFORE:
HONORABLE STEPHEN BARRAR, MAJORITY CHAIRMAN
HONORABLE MARK GILLEN
HONORABLE JOSEPH HACKETT
HONORABLE LEE JAMES
HONORABLE KATHY RAPP
HONORABLE RICK SACCONE
HONORABLE ROSEMARIE SWANGER
HONORABLE WILL TALLMAN
HONORABLE MIKE TOBASH
HONORABLE CHRIS SAINATO, MINORITY CHAIRMAN
HONORABLE BRYAN BARBIN
HONORABLE RYAN BIZARRO
HONORABLE PATRICK HARKINS
HONORABLE WILLIAM KORTZ

* * * * *

Pennsylvania House of Representatives
Commonwealth of Pennsylvania

I N D E X

TESTIFIERS

* * *

PROCEEDINGS

* * *

MAJORITY CHAIRMAN BARRAR: Good morning. Good morning, everyone. Could we get you to take your seats. I would ask everyone if they would to silence their cell phones so they're not disruptive during the hearing. We are being streamed out on live video so watch what you say.

Good morning. I'd like to call this public hearing to order. My name is Steve Barrar, I'm the Majority Chairman of the House Veteran's Affairs Committee. I would like to ask Dick Gibbons if he would lead us in the Pledge of Allegiance.

(Pledge of Allegiance is recited.)

MAJORITY CHAIRMAN BARRAR: Okay. Before we get started, I would like to ask the Members and staff if they would first introduce themselves, starting with Representative --

REPRESENTATIVE KORTZ: Good morning, everyone. My name is Bill Kortz, 38th District, Allegheny County.

REPRESENTATIVE SACCONE: Good morning. I'm Rick Saccone, 39th District of the Southern Allegheny and northern Washington Counties.

REPRESENTATIVE BARBIN: Bryan Barbin. I represent Cambria

County.

REPRESENTATIVE BIZARRO: Good morning, Ryan Bizarro. I represent the 3rd District Erie County.

REPRESENTATIVE HARKINS: Good morning, Pat Harkins, I represent the 1st District in Erie.

REPRESENTATIVE JAMES: Good morning. My name is Lee James, I represent Manago County and part of northern Butler County, District 64.

REPRESENTATIVE BROWN: Hi, Representative Rosemary Brown from Lebanon County, House District 102. I'll be retiring in November.

REPRESENTATIVE RAPP: Good morning, Kathy Rapp, 65th District. I represent Warren, Forest and McKeon Counties.

MR. HARRIS: Shawn Harris, Majority Research Analyst.

MR. O'LEARY: Good morning, Rick O'Leary, Executive Director for Chairman Barrar.

MINORITY CHAIRMAN: Chris Sainato. I'm the Democratic Chairman of the Committee.

MS. BRITTON: Good morning. I'm Amy Britton, I'm Executive Director for Representative Sainato.

REPRESENTIVE HACKETT: Good morning, Joe Hackett, Delaware County.

REPRESENTATIVE GILLEN: State Representative Mark Gillen, Southern Berks County.

MR. FEINBERG: Larry Feinberg, Staff attorney, Joint State

Government Committee Commission.

MR. HERMAN: Jack Herman, Public Policy Analyst, Tr-State Government Commission.

MR. PASEWICZ: Glenn Pasewicz, Executive Director, Joint State.

MS. VORAS: Elizabeth Morris, I'm a project manager for the Legislative Budget and Finance Committee.

MR. DURGIN: I'm Phil Durgin, Executive Director of the Legislative Budget and Finance Committee.

MAJORITY CHAIRMAN BARRAR: Thank you. We're here today to discuss the House Resolution 315 Report, House Resolution 315 charged the Legislative Budget and Finance Committee and the Joint State Government Commission to examine the financial administrative effectiveness of our Emergency Medical Service System.

I want to thank the Legislative Budget and Finance Committee and the Commission for being here today to go over their findings with this Committee. I know your time is valuable and we appreciate your participation here today as well we have an expert panel from the EMS community and EMS Director Dick Gibbons with us today. And I say Welcome to all of you. I would remind everyone today's proceedings are being videotaped and I would ask to please place your cell phones on silent.

Chairman Sainato, any comments?

MINORITY CHAIRMAN SAINATO: Thank you, Chairman Barrar. I

too would like to welcome everybody here today. This is an important hearing. We look forward to hearing your testimony and we thank everyone. I thank the members who came from all across the state. One thing about our Committee, we always get a lot of members to participate because every issue we deal with public safety and veterans, we think are top priorities, so thank you.

MAJORITY CHAIRMAN BARRAR: Thank you, Chairman Sainato. Representative Causer, the prime sponsor of House Resolution 315 had a scheduling conflict today in his district today and could not be here. He asked that I extend apologies to the panel.

Okay. Also with us today is our intern, Mr. Trevor Monk, who has been assigned as the Bipartisan Management Commission Legislative Fellow Intern for the Spring. Where is he? Stand up, say Hi.

MR. MONK: Hello.

MAJORITY CHAIRMAN BARRAR: Trevor is a senior at the University of Pitt at Johnstown and has had previous intern experience in Representative Barbin's District Office, welcome, Trevor, glad to have you aboard.

At this time, the first panel is seated and I would ask them to go ahead and begin with their testimony.

MS. VORAS: Do you have a preference, Mr. Chairman, as far as who would go first, either the Commission or us?

MAJORITY CHAIRMAN BARRAR: Why don't the Legislative Budget and Finance Committee go first.

MS. VORAS: Okay. I'm going to -- oh, go ahead.

MR. DURGIN: I'm going to -- thank you, Mr. Chairman. We released this report in October of last year. We're going to turn the presentation over to Elizabeth Voras, who is the project manager for the study.

MS. VORAS: I'm going to dispense with my first paragraph because the Chairman already said that. So I'm going to move right in with Paragraph 2, I believe you have our testimony in front of you.

Pennsylvania's EMS system as you may know receives financial assistance from the Commonwealth through an annual special fund appropriation from what's known as the EMSOF. The EMSOF receives its funding from a $10 fine assessed in all traffic violations and a $25 fee assessed on all ARD disposition admissions. The Pennsylvania Department of Health's Bureau of Emergency Medical Services is responsible for administering these funds, which are used to support the Commonwealth's 15 regional councils and the Pennsylvania Emergency Health Service Council, otherwise known as PEHSC. The regional councils, whose creation and duties are found in the state statute, are either nonprofit organizations or units of local government. Exhibit 9 on page 54 of our reports shows the current configuration of our regional council boundaries. At this point, there are no General Funds utilized for EMS purposes in Pennsylvania except for funding the operation of the Department of Health's Bureau of EMS.

During the course of this study, we found that EMSOF funding for the Commonwealth's EMS system has been declining in recent years, from $11.3 million in fiscal year 2007-2008 to $10.0 million in fiscal year 2011-2012. This decline is primarily attributable to a decline in the revenues generated by the fines on traffic violations and the fees on the ARD admissions due to a steady erosion on the payment of fines by those on whom they have been assessed, particularly at the Common Pleas level. If no remedial action is taken, we anticipate that expenditures will continue to exceed revenue for the foreseeable future, and the portion of the EMSOF fund available to emergency medical services will be nearly depleted by fiscal year 2016-2017. Several options for increasing EMSOF funding are discussed in our report, including raising the fines and fees, and establishing professional credentialing and ambulance inspection fees as many other states have done.

Our report also addresses how the EMSOF funds are allocated to the various regional councils. Although Act 37 of 2009 requires the Department of Health to consider the availability of other funds and the priorities set forth in the statewide EMS plan when making the EMSOF funding allocation decisions, we found that this is not done. Instead, the department allocates EMS funding solely on the basis of total population, which is 50 percent of the allocation, rural population, which is 30 percent of the council's allocation and the EMS region's square milage,

which accounts for 20 percent of the allocation. This formula has resulted in a per capita allocation for the rural areas of the state that are three or four times that of their urban counterparts.

While there is widespread recognition that rural areas need relatively more financial assistance for emergency medical services than urban areas, we recommend the department work with its advisory council to incorporate additional factors into regional council allocation decisions. We also recommend that the department consider -- reconsider imposing restrictions on the use of income from the regional council's secondary activities, such as conferences and communications centers, as a way to help ensure that EMSOF-related funding is used only for emergency medical service purposes.

We also found that the current statewide EMS Plan, although required in statute and intended to be used to help drive funding allocation decisions, is of limited use because it does not include specific timeframes to accomplish objections, often does not identify the parties responsible to achieve the objections and does not include cost estimates to achieve the plan's priorities. We recommend that the DOH and PEHSC add greater specificity; timeframe, accountability, and cost estimates to the state EMS plan.

Since 1998, when we did our last review of the EMSOF, the regional councils have become much more dependent on EMSOF funds

to cover their expenditures. Although this varies significantly from council to council, EMSOF funding now covers an average of 59.3 percent of the regional council is expenditures, compared to only 29.6 percent of those same expenditures back in 1998.

We also found that the percentage of EMSOF funds used for pre-hospital provider equipment -- meaning the equipment used by ambulance companies -- has decreased from 23.5 percent in fiscal year 1997-1998 to about 15 percent in fiscal year 2011-2012. The impact of this decrease may not be particularly significant, however, because state EMSOF funds comprise only a small fraction of total PA ambulance company revenues estimated at $461 million statewide.

In fiscal year 2011-2012, the Pennsylvania Emergency Health Services Council expended $491,000, almost $492,000 or about 4.5 percent of the total spent from the EMS portion of the EMSOF account. PEHSC is designated in law as the state's official EMS advisory council, although in recent years the department has used them primarily to help prepare the statewide EMS plan.

We found that the Bureau of EMS still maintains a manual filing system for regional EMS council records and this lack of automation makes it difficult to monitor EMS council expenditures. We recommend that the Bureau work to computerize EMS records, which would not only improve their ability to monitor the regional councils, but would also allow regional council staff to submit paperwork more efficiently through

electronic documents. At the meeting when we released this report, Mr. Gibbons did agree on the need to computerize these files and indicated it was one of their higher priorities.

We also found that the Department of Health does not evaluate the performance and the effectiveness of the regional EMS councils on a periodic basis again as required by departmental regulations. The Bureau does however appear to be doing a good job in monitoring and communicating with the regional EMS councils. We recommend that the Bureau systematically perform an in-depth review of each of the regional council's efficiency and effectiveness, perhaps on a rotating basis. The department does have the right to contract with another entity if a council's performance is deemed unsatisfactory, so this would be a meaningful exercise.

Resolution 315 specifically asked us to perform an analysis of the total compensation packages, including benefits, provided to employees of the regional councils and PEHSC. We found that for the most part the salaries and benefits the regional councils and PEHSC offer their employees appeared reasonably in line with what might be expected if they were Commonwealth employees. However, there is quite a bit of variation among councils, and due to the decreasing revenue in the EMSOF fund, we recommend that the Department establish parameters on the use of EMSOF funds for EMS council and PEHSC salaries and benefits, which now comprise about 55 percent of the council's EMSOF expenditures,

which is up from 43 percent of that same money in 1998.

Thank you for your attention. I would welcome any questions you may have at this time or if you prefer to wait until Joint State is done.

MR. PASEWICZ: Good morning. Thank you, Mr. Chairman for inviting us here this morning to talk about our report. I'll say what's been said a few times, Resolution 315 directed us to conduct a staff study of the administrative effectiveness of the Emergency Medical System in Pennsylvania. We gathered information from a number of resources, including groups and individuals who represent the spectrum of responsibilities from the top administrators to physicians to all the way down to probationary EMT's. We spent an awful lot of time going out and meeting with people, many different areas, many different regions from PEHSC, we met with the providers, rode along on ambulances, a whole broad exposure that we had through this.

What we found was that dwindling government fiscal support for services, leaves providers in a continual state of uncertainty and burdens to balance with limited resources against their core missions. A loosely organized system of regional councils allows for local control over local conditions, which I think everybody would agree is important that they have that ability because of the geographic widespread geographic disparities across the Commonwealth. However, leadership communications, evaluations and feedback between the Department

of Health, councils and providers lacked clarity and direction. Poor cooperation and communications between the department PEMA, lead to inefficiencies and confusion. Regional councils are contracted to inspect their own members. Regional councils also appear to compete with local providers for resources.

So we recommend that the available EMS grants should focus more closely on the core mission of EMS, eligibility criteria for the grant should be standardized for all applicants. The EMS advisory board should be reconstituted so as to resemble the structure of similar advisory bodies in the state. The EMS plan ought to be redrafted for clarity and purposes of strategic planning. The department needs to strengthen performance evaluation and feedback for providers with respect to that plan. The number of regional councils ought to be reduced from 15 and the single-county councils ought to be merged. Potential conflicts of interests must be addressed. Cooperation and collaboration within the department and with PEMA ought to be a priority. And the full report is on our website.

MAJORITY CHAIRMAN BARRAR: Thank you. Thank you. I'm sure limiting the number of regional councils can be very easy for us to accomplish so as you play the politics. I would ask the members if they have questions and to let Rick O'Leary know if you have a question. Representative Saccone?

REPRESENTATIVE SACCONE: Thank you, Mr. Chairman. Thank you for your testimony. Thank you for coming here today. This is

for Ms. Voras. I was reading your testimony and listening to you and two things struck me, you said that 55 percent of the cost of EMSOF is their employees benefits and salaries and pensions. Is that right? How many paid employees are there in the EMSOF?

MS. VORAS: As far as the regional councils, I don't recall off the top of my head, but I would say, again, it's one of those things that each regional council has what they deem to be an accurate number. It's really not something that the department weighs in on at this point.

REPRESENTATIVE SACCONE: Okay.

MS. VORAS: So to correct it, it's 55 percent of their allocation, it's given out by formula so within that, they get a certain amount. And when we did the study before, it was 43 percent about and then when we did it this time, that total amount of what they got, they had to spend on salaries and benefits to stay in business, basically.

REPRESENTATIVE SACCONE: Okay. And my other question is, you said here the fund, the EMSOF funding is going down because of the erosion of payments of fines and particularly those assessed for ARD admissions. Now, I'm not sure how that works, so someone who wants ARD, they have to pay a certain fee to do that. Is there any -- I'm assuming they're not collecting that fee and that's why we're getting a reduced amount?

MS. VORAS: It's not just the ARD admissions, it's actually the moving violations as well. When we worked with the

associated -- I mean, the Administrative Office of Pennsylvania Courts, we really found that this is happening across the board in Pennsylvania. All kinds of fines and fees that are supposed to be assessed on various things, folks are just not paying them as readily as they used to. And again, if there aren't consequences to that, folks learn that they don't have to pay them time after time after time, so they say that this phenomenon that we saw, which was quite marked actually, when you looked at the last, you know, five fiscal years as far as what's been happening, is fairly, fairly, I don't want to say common, but it's definitely happening a lot more today than it used to even five years ago.

REPRESENTATIVE SACCONE: The Judiciary just testified in the Appropriation Committee the other day, I sat in on about how much their collecting and so forth and we didn't even address anything about the ones that aren't collected, which I think we should be addressing that and we've overlooked that. But on the ARD side, I can understand the fines. Moving violations people go and they, but on the ARD, you shouldn't receive your ARD if you haven't paid your fee. That should be an easy one to collect. That should be -- you know, that should be contingent upon you paying the fee. There shouldn't be any. It should be zero non collections for ARD if I'm understanding this right. Why are there some that aren't being collected? Do you know? Do you have any idea?

MS. VORAS: Again, more than likely has to do with the fact that you're right. I mean, when you get admitted to the program, you should have to belly up to the bar right there and pay, pay the fee, but it's not happening. Folks are still going through the program and then there in the end, still not paying the amount owed. If you go on the judicial system that's online, you can even see where it will say, you know, if it's still open, if it's an active case or a closed case and folks haven't paid, it's still listed as active, but it's a matter of someone deciding that it's worth pursuing.

MR. DURGIN: It does look like they get quite a bit more. The percentage --

MS. VORAS: ARD.

MR. DURGIN: Yeah, the ARD was 70 percent collected whereas the $10 fine was only 34 percent collected, so it's better, but it's not perfect.

REPRESENTATIVE SACCONE: Okay. Thank you very much.

MAJORITY CHAIRMAN BARRAR: Where can we find that information of what's outstanding at this point? Is there --

MR. DURGIN: Well, it's --

MS. VORAS: We have a chart in our -- it's not going to be 13-14, fiscal year 2013-2014, but we do have it up through -- you just passed --

MR. DURGAN: 11-12.

MAJORITY CHAIRMAN BARRAR: Who is responsible for tracking

that amount?

MS. VORAS: I know that --

MAJORITY CHAIRMAN BARRAR: Is it the Courts?

MS. VORAS: -- we went to the Pennsylvania Courts, the Administrative Office of Pennsylvania Courts, but again, they have the data, but statutorily, they're not required -- you know, they're not the party that's supposed to be doing it. They're the repository for all the information coming up through the system, so they're the ones we went to to get the data.

MAJORITY CHAIRMAN BARRAR: Then who is responsible for the collection? The counties?

MS. VORAS: I would say if you go to the magisterial district, you have a traffic violation and you go in and you're assessed, you know, and a fine and a fee and you either pay it right then, you plead guilty and you pay it and then it goes away or you plead not guilty and then you go to court and you're either found okay or not okay. And again, you either pay it or you don't.

As far as who's responsible, it is at the local level, I mean, the local and county level that those things are supposed to be, because the repercussions of it is supposed to be that a warrant is issued.

MR. DURGIN: But at the magisterial district level, they are collecting it, at least these fines, a high percentage, like 93 percent are being collected at the magisterial district level.

At the Common Pleas level, it's where it sort of falls apart.

MAJORITY CHAIRMAN BARRAR: The guys on the Joint State Commission, do you have any comments on the questions that Representative Saccone asked?

MR. PASEWICZ: Just one. In our report with regard to the number of people that are employed at the councils, pages 16 and 17, we have a table that lists the number of board members and the staff at each council, so I can read those off.

MS. VORAS: I believe that some are around 110 statewide, is that what I'm --

MR. PASEWICZ: It's not -- I don't have a total here, but --

MS. VORAS: I think it's about 110 when you add in all the regional councils.

MR. PASEWICZ: In terms of staff, it varies from four people to 13 people. And in terms of board members, from 38 down to 9.

MAJORITY CHAIRMAN BARRAR: That report is available to everyone on the Board here if you would like copies of it, we can get them for you, just let our Executive Directors know.

REPRESENTATIVE SACCONE: Chairman, I just have one more question since you mentioned that, so those fines were collected, for example, the 30 percent, it was 100 percent collected in ARD, how much would that -- how much is that? How much money are we talking about?

MR. DURGIN: Well, let's see, it's 30 percent is -- the assessment was -- let's see if I can do this. The assessment

amount was -- this is just for the $10 fine, this is $618 million and they collected $209 million. So that's many -- $400 million. And then for the ARD, the assessment was $636 million and they collected $444 million roughly, $200 million.

MAJORITY CHAIRMAN BARRAR: And I know this is a legal question, maybe, I think maybe the legal counsel with the Joint Commission might be able to answer, can your ARD be completed without paying your fine? Can you receive your ARD and the benefits that come with pleading without paying the fine?

MR. FEINBERG: I'll have to look at that. I really don't know.

MAJORITY CHAIRMAN BARRAR: I think that's a good question for us to know whether if these people are getting the benefits to pleading to an ARD offense that there's -- can they -- do they get the benefit without paying the fine? That's where we have to close that door. Yes.

MS. VORAS: I might add that, you know, it's coming back to me now, when we met with AOPC and I talk to them a lot because it wasn't easy to go through all of this. I actually had to help them figure out how to make sure we weren't double counting and triple counting because, again, a new phenomenon probably not new as in last year, but folks pay $10 here, $10 there, and as long as you pay you're -- just like paying a doctor's office, they always say if you can't pay the whole bill, at least try, you know, give us something every month and I believe a lot more of

that is happening with fines and fees today, because we had to make sure when they first gave me the numbers, nothing was working and I said, Something's up here, we got to figure out what it is. And it's because the system was double counting for folks that made a payment over five years to pay off a fine. And many of them are taking five and six and seven and eight years. And let's just say they get three years into it and they decide, well, I'm just not paying anymore. So there's a lot of --

MAJORITY CHAIRMAN BARRAR: But our concern is that the ARD should not be taking place that benefit that you get by pleading into an ARD, the program should not take -- until you're paid. Just like we do with other funds. So there are certain fines if you don't pay, you would lose your license until you've paid your fines. I think that's something we really need to look into.

If you're okay, I'm going to go Representative Tallman for questions.

REPRESENTATIVE TALLMAN: Thank you, Mr. Chairman and thank you folks for being here. Right out front, I'm a volunteer firefighter and former EMT. We will talk about the former here in a minute.

Did Ms. Voras, did I understand correctly that you said you like to see a fee assessed for ambulance rescue units?

MS. VORAS: One of the things that we typically do, the LB and FC, we're looking at programs is we try to compare Pennsylvania program and how we do things here with other states.

We try very hard to find states that are comparable to ours, you know, so it's a fair comparison. And when we did that and we looked at how do other states fund their EMS programs, we found that many states have gone towards a fee for either credentialing of individuals or credentialing of ambulance services in Pennsylvania. I mean, again, we try to look at, well, the constitution of our ambulance services in recognition of the rural nature of this state and that. You don't want to make something so burdensome that folks in rural PA don't have an ambulance service, but at the same time in Pennsylvania, we have a lot of for-profit ambulance companies. So there's a phenomenon in Pennsylvania, there is a little bit different than some of the other states, but many of the states have gone to charging or credentialing fee for both individuals and for ambulance companies.

MR. DURGIN: I believe our recommendation was that they consider the legislature consider a charge the second time they go out to license an ambulance, because oftentimes the first time the ambulance doesn't pass, so this would give the ambulance companies an incentive to have the ambulance ready to go the first time and then pass rather than to have to do the repeat inspections that costs a lot of money for the regions, but don't generate any revenue.

REPRESENTATIVE TALLMAN: Well, my concern is the volunteer verus services in Pennsylvania is already under a lot of stress.

I just heard last night a fire department in Adams County is doing fundraisers essentially every night. And our EMS unit, we're credentialed and fees -- fees which strike me at the heart of being able to generate funds. And just one thing for most members here, the payments -- and this is back in the 70's, I didn't do this, Mr. Chairman, but $100 fine, payment schedules, that's been around since the 70's and I found it ridiculous even back then that you would allow someone to pay $5 a month on a $100 fine, so if we could find out something on that, staff, that would be interesting because what Mr. Saccone has brought up is a huge issue for we need to get that money is where it's supposed to be. Thank you.

MR. DURGIN: It used to be a problem. They collected pretty well six or seven years ago. It's just the last six or seven years that it's fallen off, assuming our numbers are right, which I believe they are. But like Liz said, it's not an easy area to get to.

MAJORITY CHAIRMAN BARRAR: I agree. I think it's definitely an area of investigation that we will be doing in the future to find out more about it, so, Representative Swanger -- Oh, I'm sorry.

MR. FEINBERG: I just wanted to comment on Representative Tallman's statement. We actually did address some of those same issues in our recommendations and we heard some of the similar comments to what Budget and Finance Committee heard in terms of

the reinspection issue and that there is essentially an unlimited amount of inspections that could be done and in dealing with the staff time allocations that that speed that we would recommend that we would only apply to the reinspection issue. But we also looked at a potential for fees from non-emergency transport vehicles, which are used at both the for-profit and in some cases, non-profit services because those are a more reliable source of income from the standpoint of a non-emergency transport is scheduled. If there's a specific fee that you're going to get for that as opposed to getting called out in an emergency where you don't know if you're going to get reimbursed at all or at what level and so.

And then the last point I would make is that we had looked at some of those inspection fees as well as the civil penalties that are currently allowed under EMSOF that when they go back into EMSOF, even if they come from the ambulance inspection side, right now, they would be spread across the CAT fund and EMSOF. I think that's maybe a loophole that we want to look at correcting to make sure that any fees or fines that come in are actually directed to the emergency services side of that fund. Thank you.

MAJORITY CHAIRMAN BARRAR: Representative Swanger for questions.

REPRESENTATIVE SWANGER: Thank you. And thank you to the LBFC for all the work you've put into this report. We really appreciate it. I'm wondering what's the feasibility of

reimbursing ambulance services for costs associated with uncompensated care of trauma patients from the catastrophic, medical and rehab fund?

MS. VORAS: Do you want me to answer?

MR. DURGIN: Go ahead.

MS. VORAS: I would say as my thoughts the older Senator Kormin used to say, Don't ever forget we write the laws here. So I would say that it's something you have to look in my mind from a public policy, those funds that you spoke of, what are they being used for. They are necessary for that purpose. And I would say that to go in and look at that fund and say how healthy is this. You're talking about the other percentage that's not EMS as far as how much money is in that pot. We did look a little bit at that and if you look at our report, when we did the financials for EMSOF we gave the financials for both pots of money, both the money to EMS and the money going to catastrophic. I do know that the non -- you know, the unreimbursement or the non-reimbursement to the ambulance companies is a big -- big issue for them. I know that part of that has to do with how the insurance companies actually are dispensing are getting that money to the ambulance services, which is something that is brewing.

So again, I would never say it could happen or it couldn't happen. I would just say that you folks write the laws and I would say look at the health of that part of the fund because

both Ted and I early on looked at how is the EMS portion matching up and what's happening with the money and we did find that the funds in the other -- I mean, pot, are fairly healthy. Partially that's because for years there were some issues, I believe, with regulations that they couldn't -- I mean, Rick may remember those days, but there was something in some years that kept some money because I inquired about that, why is this pot growing and growing and growing. And it was because there was some regulation hold-up or something and the money just was there. So all the financials are here for both sets of money out of the EMSOF so you can look to see about the health of each of those pots.

REPRESENTATIVE SWANGER: Do you know how much money is in that fund, the catastrophic medical rehab fund?

MS. VORAS: I had a feeling you were going to ask me that. It's on Table 30. You probably don't have a report in front of you.

REPRESENTATIVE SWANGER: No, I don't.

MS. VORAS: Our financials that we did went clear from 2002-3 out to 11-12 and if you look at -- we've got the beginning balance, we've got the revenue going in to both of them. We've got what they've done with the money, the prior year lapses again. That's how they started narrowing because the prior lapses. And then we've got total funds available and it is broken down.

MR. DURGIN: About 10 million EMS portion and about 3.3 million for the head injury that's in there now. I will say --

MS. VORAS: As of 11-12.

MR. DURGIN: As of 11-12, right. I will say about a week after we released the report, I did get someone from the head injury side calling me to see what could be done to get a resolution introduced to us to look at the need to increase the money for the head injury side, so, you know, I don't know what that says, but I guess they're feeling the pinch, too.

REPRESENTATIVE SWANGER: Okay. Thank you.

MR. VORAS: That may be something, Representative, that the department may be able to address when they're up here. They do administer that program as well.

REPRESENTATIVE SWANGER: Okay. Thank you.

MAJORITY CHAIRMAN BARRAR: I'm pretty sure when people find out there's a pool of money that's not being spent, there will be a thousand different proposals to help we could spend it, so keep it under your hat. Turn the mikes off. Representative Gillen?

REPRESENTATIVE GILLEN: Thank you, Mr. Chairman. Down here at this end, 25 year emergency medical technician, thank you all for your distinguished service as well as your testimony.

Currently, I only run on our 41 and a half acre farm, but I have five daughters, so I'm plenty busy pulling thorns, things of that nature. Response time is excellent. I run out to the field, find out what the problem is.

Ms. Voras, just very briefly you had mentioned in your testimony as I recall quite a bit of variation amongst the councils with regard to personnel costs. Is that accurate assessment in your testimony? Could you share with us why that is? Is there distinctive and responsibilities, does it reflect regional costs variations, costs of living? And maybe you could amplify to the point of what are the salary ranges?

MS. VORAS: Again, in this study, we were asked to look at the expenditure of EMSOF money. One of the things you have to remember when you're looking at the regional councils that many of them and I did mention that, do have secondary sources of revenue. And so when you look at the overall amount that is going to an individual, you have to remember how much of that is from the EMSOF pot and we have that in our report and how much of it is from the other source. And you, sir, from Delaware County -- well, Delaware County is a perfect example where because the regional councils, and I don't want to say have been allowed to, but have grown over time to be slightly different creatures in each of their areas. Some of them are pretty much for all intent and purposes melded into the county. I mean, you can't even really distinguish between a regional council and a county. And Delaware County is a perfect example. We don't -- I would imagine, we don't want to dissuade counties from helping financially because many of them like Delaware County have in a large way. And so those salaries in Delaware County and those

benefits in Delaware County are purely being paid for by the taxpayers of Delaware County, which is something that you didn't want to say that that's such a bad thing if those salaries are X, Y or Z compared to this gentleman over here because it's all being paid for with the taxpayers' dollars from Delaware County.

We believe from a discrepancy perspective in light of the dwindling dollars, the EMSOF portion of what's going, you know, when the department does the formula and the amounts are given out that there should be some parameters on the use of the EMSOF money for salaries and benefits because there are some examples. One of them I'll use and you folks, you know, are aware of this, when you retire or you leave service, you get a certain amount of your sick leave, unused sick leave paid, a certain amount of unused vacation, annual leave, you know, reimbursed to you. There's no -- there's no parameters at all from the department for that because these are regional councils are local and so you saw a wide variance just on that issue alone of when someone disengages from that service on what they're going to get reimbursed for. Some it was quite astounding to us as far as how much they're allowed to get.

It's those kinds of things to me as far as the solution to the problem is that the department should engage a little bit more in the oversight of those things because quite effectively when I look at it, I think, okay, if these councils went away tomorrow, where would these folks work. Well, they would quite

frankly work for the Commonwealth because you still to have licensing done and you still have to have inspection done. The job that they do still would have to get done. And I'm not suggesting anything by that. I'm just saying they would be Commonwealth employees because the work would have to get done, so I tried to look at it from a Commonwealth employee perspective and I believe the department does have the obligation and the right to weigh in on those things.

REPRESENTATIVE GILLEN: Thank you for that answer. Could I use that as a segway because it strikes the heart of what maybe Mr. Durgin had asserted with regard to merging into single county councils?

MR. DURGIN: That wasn't me.

REPRESENTATIVE GILLEN: I know. I'm sorry.

MR. DURGIN: But I do have some --

REPRESENTATIVE GILLEN: Let me just finish my thought here because it sounds like there's extraordinary variation within the personnel cost.

MR. DURGIN: I have some numbers here. I can give you some if you want them, but --

REPRESENTATIVE GILLEN: That's fine. You could do it now or later, if you'd like.

MR. DURGIN: Whatever you please.

REPRESENTATIVE GILLEN: Okay. So the single county councils being Philadelphia, the collar counties as well as Chester

County, which as you could pull that off merging them and getting them to cooperate to that level, you ought to be appointed the czar. All right. Because that looks like a pretty heavy lift and I'm not saying it's a good or a bad idea, just practically and it sounds like there's extraordinary variation within the personnel package there. And maybe someone could amplify on what the plan is to get that done and efficaciously what would that produce if, in fact, they were merged?

MR. DURGIN: Okay. Well, just to give you some numbers, for example, the licensing, the average was about $48,000 per year for a license, across all the regions that would have a high of $66,000 for Philadelphia and the low of $34,600, $35,000 in some of the others, so I don't know if that's extraordinary, but it's --

MS. VORAS: What he means is that anybody that would be engaged because we classified them but do they do, do these folks educate, do these folks license the ambulances, is this the executive director, you get all those specifics, so anybody that would be engaged to do the licensing function. That's the range that exists out there as far as the salary for an individual. The average salary for an individual to do that job function ranges, the ranges that he just gave.

MR. DURGIN: $35,000 to $66,000.

MS. VORAS: So it's twice to do that exact same job.

REPRESENTATIVE GILLEN: Well, I thank you very much.

MR. DURGIN: I'm not sure we even answered your question. It's a lot of numbers.

REPRESENTATIVE GILLEN: I appreciate that. We could follow up after. Thank you, Mr. Chairman.

MAJORITY CHAIRMAN BARRAR: Thank you. We have been joined by Representative Tobash, has joined us. And next up is Representative Barbin.

REPRESENTATIVE BARBIN: Thank you, Mr. Chairman. I have a couple questions and I'll direct this one to you, Mr. Durgin first. What additional factors should be in the formula if the formula isn't working as well as it should be working?

MR. DURGIN: Well, the statutes that were -- the statute identifies like nine different factors that should be --

REPRESENTATIVE BARBIN: What additional factors should we have in it?

MR. DURGIN: We did not try to identify, you know, which three or four additional factors, you know, that seemed a bit much, but we do recommend that they -- that the department go through and --

MS. VORAS: Well, the secondary income -- the statute is pretty clear as far as regulations that other ways that these folks are able to make money should be considered in how much money they get from the Commonwealth.

MR. DURGIN: So the financial ability of the region.

REPRESENTATIVE BARBIN: Isn't that a situation where some

fire departments do better than others because they do fundraising better -- or they have -- aren't you penalizing somebody that's doing a good job?

MS. VORAS: Exactly. You're correct. You don't want to penalize good behavior, which is folks out beating the bushes, you know, making their own way. But the only thing I would say to that when you have a pot of money that it is what it is and it's actually dwindling, then you have to think about, okay, what's the best use of this money so we can keep all of Pennsylvanians safe.

REPRESENTATIVE BARBIN: Okay. Let me ask you this question then: What is the cost of the automation that is suggested to streamline these regional councils? Is it one software that everybody uses and is headquartered somewhere in Harrisburg and what is that cost?

MS. VORAS: We do not know that. I'm sure Mr. Gibbons probably does know that because he did at our hearing suggest that they are -- he had only been on the job a few short weeks and he had already read the report and he was saying that they were going to be looking into that --

REPRESENTATIVE BARBIN: Do you have an estimate for that?

MS. VORAS: -- immediately. Mr. Gibbons?

MR. GIBBONS: Not at this time, I do not.

MR. DURGIN: I think we were just talking about the bureaus computerization not necessarily the regional councils within the

bureau.

MS. VORAS: Out to the councils, how they communicate --

REPRESENTATIVE BARBIN: Cost savings, that would make sense. We had this problem with firemen. We let every fire company buy their own communications, none of them worked with each other and now we have a huge billion dollar problem, so it doesn't make sense to not have one standard protocol for all emergency service.

Last question is and this is for anybody, how many councils would you suggest if we have 15 now, how do we -- what number do we need to get to to make it cost effective, given these cost pressures that we seem to be having? Anybody?

MR. FEINBERG: I don't think our approach was to look at identifying a specific number of councils that would make it efficient from that standpoint. I think as a cost benefit, as Representative Gillen started to get to with the individual county councils, you know, if there's a -- if there's a need to make those more directly linked to the state versus the county, you know, I think there's going to be costs that here to be absorbed because certainly if they're not single county regions, the counties aren't going to not want to continue to pay for that, but we've already seen an example of that happening in Chester County where Chester County Commissioners have scaled back their funding and there's been, you know, layoffs down there and the thing that we noted was there was nothing in the county

code that requires counties to be funding the service. It's the state that's required to do it and the municipalities to make sure that services are available to cover those municipalities so the county is kind of a grey area here and that's under a contractual relationship that that takes place, you know. If next year when these contracts are up, and the county decides it doesn't want to do it, it can do that now. You know, so there's no safeguard to keep that from happening.

REPRESENTATIVE BARBIN: Anybody else have a number? I'm trying to get to we need to make corrections to the law as a result of your study, does anybody have any suggestions about what the appropriate number is for a state the size of Pennsylvania?

MR. FEINBERG: I will tell you that in discussions that we had with the bureau of EMS, they had looked at that, they had a working group that was trying to address that. And I think that's appropriate place for that to be addressed. You may want to ask your questions to Mr. Gibbons, but I know that some of the information they shared with us was there was, you know, a wide range of things that they had looked at and historically those numbers have varied very widely. At one point in time, back in the 80's the southeast region was one and it got split up.

MR. PASEWICZ: The other thing I might add is I believe that the number of councils is determined by the department. That is not necessarily a legislative remedy that -- it has the power to

change it as it is.

REPRESENTATIVE BARBIN: I do have one comment. I do think we need to consolidate and if you have any further information about how we change this Exhibit 9 to make it more cost effective, I think all of us would appreciate seeing any kind of suggestion.

The other thing I want to mention just because I want to put it on the record, I read some testimony yesterday from the judiciary and the fact of the matter is the judiciary collects over $430 million worth of fines every year and operates its own branch of government for $200 and some million, about the cost of the legislature. Chief Justice Castille also indicated that they have gone to an e-pay system which collects, which is a collection system, which allows people instead of paying $5 a month to pay it online, which also allows for closer watching that things are done. The only testimony that I heard that could help us in this situation is that maybe have a law, change the law that would make ARDs, you couldn't get your ARD, your charges dropped until all your fines were paid. That might help, but we're faced with the same thing that every other citizen is faced with and that's the recognition that we've been in recession for five years, so this is no surprise. It's not a -- we're not trying to collect the money. This is because for the last five years, we've been in a recession and people that get fined for whatever offenses have a hard a time as paying their taxes as

they do paying their fines. So it's not a -- that's a problem. We're in an economic downturn, so what we need is a solution to the economic downturn and maybe that means we should consolidate these councils. Thank you, Mr. Chairman.

MAJORITY CHAIRMAN BARRAR: I'm sure consolidation is going to get a lot more conversation in the future. That's something that we've all looked at. We would all like to see more this money be taken away from, I guess, you would say, personnel costs and administrative costs and see what we can drive back towards the EMS programs that they were designed for.

Representative Rapp?

REPRESENTATIVE RAPP: Thank you, Mr. Chairman. Thank you for your testimony. I, too, was curious about the merging of the councils as we have a current map and I was wondering if you have a map that you're working on as far as the merger. I think that would be a concern to a lot of us in the rural areas. I'm from Warren County and I was just kind of curious. I know these are one council counties in the southeast so can you elaborate a little bit more and I know you've talked about that somewhat, but do you have a sample map, I guess, or a number that you're working on to reduce the councils to?

MR. PASEWICZ: To answer about the map, no, we don't. But I think a caution would be that if there is a merger that you don't reduce the ability of the people, the local people, to meet to the local conditions because the situations like Warren and that

would be my caution is that you can't consolidate too far because then you don't have people with the experiences and the knowledge of how to serve a particular area right there. Some of the -- some of those issues would come down to very operational situations where an ambulance service is required to take people to the care center that they want to go to. And if you have somebody in Warren County who says I really want to go the trauma center in Altoona or wherever it may be, they have to -- they're required to drive -- to transport them there, which then takes that unit offline for however many hours.

So there are a number of issues that the rural areas face, which are very different than the urban areas face and that would be my caution about consolidations is that you don't reduce the level of service in the effort to make things maybe a little more administratively efficient.

REPRESENTATIVE RAPP: Thank you. I appreciate your reply. Also on the fines from the ARD and Representative Barbin mentioned to the tough economic times and I don't know this to be factual or anything, but I would just assume that we have many people who are entering into that program who quite frankly just don't have the means to pay. And this is why if you can, you know, respond to that, but I would speculate that that is probably why people are paying $5 here and there and whenever they simply don't have the means to pay the cost.

MR. DURGIN: It's six or seven years ago, I mean the rates

are much higher than, I mean I understand the economic stuff, but --

REPRESENTATIVE RAPP: Well, I don't know the answer. I'm asking.

MR. DURGIN: Yeah, why would it be much slower now than it was six or seven years ago.

REPRESENTATIVE RAPP: I don't have the answer, so --

MR. DURGIN: We don't either, but --

REPRESENTATIVE RAPP: Thank you.

MAJORITY CHAIRMAN BARRAR: Representative Saccone? Sorry, I have one more question, you said in your testimony we also recommend that the department reconsider imposing restrictions on the use of income for regional councils secondary activities such as conferences and communication centers. Is that an area that you see abuse or is it just taking a lot of money away from other activity?

MS. VORAS: I can tell you that --

MAJORITY CHAIRMAN BARRAR: Move that a little closer to you, will you?

MS. VORAS: A few years ago, I can't remember exactly how many, but it was tracked and it was -- the information was collected. The department knew, because everybody was required to submit. I don't remember if it was quarterly or how often, but the department did know what the councils and PEHSC were doing in the way of conferences and how much money was coming

into the kitty from that. In fact, it was fairly clear that any money that they did earn had to go back into the function of the regional council. They weren't allowed to do anything else with it. And then at some point, the information stopped being required. I mean, the department just stopped asking for it. I do think part of it was because, again, you don't want to penalize good behavior and the fact that these folks were out trying to earn money and were more successful at earning money for the councils mission is a good thing, right?

MAJORITY CHAIRMAN BARRAR: Yes.

MS. VORAS: But we still believe that the department should know. I mean, they should be tracking that because quite frankly the disparity in income salary levels, sorry, between executive directors, quite frankly, was quite marked, from one council to another council. And I can't tell you that it was all just based on the secondary income that that council is bringing in because his was higher anyway. And that's why I believe in the end with regards to Representative Rapp, there's always different ways to over a hill and to solve a problem and this is one of those age-old things in Pennsylvania where we are so disperate across the state and we do have rural and we do have urban, we have everything in between. And there was the push, you know, years ago to get it out to the locals because locals have said they do know their people the best. But then you run the risk if you have don't have parameters in Harrisburg to monitor that activity

then you have these things, you know, where folks don't really know what's going on out there.

So I'm not 100 percent sure that consolidation is something that you have to do to solve issues. I think Harrisburg can still solve issues without consolidating because I think if you set parameters, you solve the problem that way. If folks know that if we get X amount of money, but we can only spend X percent of that on salaries and benefits, the benefits are a little dicey again because the councils don't control that. Those words don't control that. It is what it is for all of us. So it is one of those things that I would encourage you to look at it from lots of different perspectives and ferret everything out and think about it all together and take it apart and put it back together about who is best suited to do this job. Because in the end, the job is an important one. You want to make sure that ambulances are licensed, that they have everything they're supposed to have and you want to make sure that the folks that are riding in those ambulances providing the service are credentialed. You know, I'm an insulin-dependant diabetic. I've been in the back of an ambulance more than enough times, so it matters.

And so I think you have to really think about what is the most cost-effective, but efficient way to get this done.

MR. DURGIN: Isn't secondary income -- that's in the law. Right? That that provision --

MS. VORAS: Exactly.

MR. DURGIN: So I mean, that's a legal issue.

MS. VORAS: And actually, if I recall it's even still in the law. The law was rewritten as you know in 2009. And I think it's still in there. I mean, you know there are different branches of government in the Commonwealth and the legislature often, often have things in statute that the Executive Branch, you know, doesn't -- doesn't do and if no one calls them on it, I just think that the laws should be upheld. And --

MR. DURGIN: Okay. I think --

MR. FEINBERG: I mean, Liz and I sat in a lot of the same meetings and heard, you know, a lot of the same things as far as secondary income. And I think the most overriding feeling that we had was that there was an accountability factor and not that that secondary income should be, you know, done away with, but that making sure that if, you know, and let's be frank, a lot of times monies that are used to come in from the EMSOF fund are used to raise some of these funds whether it be from conferences or what have you and then it's actually held in one of these secondary income funds by the regions and it's not that we behoove that because of, you know, certainly want the regions to be awarded to a certain extent but the parameters by which the regions operate in terms of even distributing EMSOF funds are different. And so if there's going to be that money there to make sure it gets back to the services to make sure that it's used consistently across the regions and you want that, you know,

15 parts of one entity as opposed to 15 different entities doing it 15 different ways, I think at the end of the day, that's, you know, that's what would probably be our biggest overriding concern that some of that standardization with the terms of distribution of the monies.

MAJORITY CHAIRMAN BARRAR: Great. Thank you. Les, chance for questions. Anyone? Any of the reps? Okay. Well, thank you for your testimony and that's for being here and taking the time. The Department of Health, right? Okay.

Our next panel is Director Richard Gibbons, Director of EMS with the Pennsylvania Department of Health Bureau of EMS. You get on the hot seat. You're all by yourself. Nobody to hide behind. All right. You can start your testimony when ready.

MR. GIBBONS: Thank you very much. Chairman Barrar, Chairman Sainato and other members of the Veterans Affairs and Emergency Preparedness Committee, I am Richard Gibbons, Director of the Bureau of Emergency Medical Services within the Department of Health. Thank you very much for giving us the opportunity to provide testimony today on the report resulting from House Resolution 315 of 2012.

I would like to begin today by discussing the recommendations in the report that the Bureau is working to address. Additionally, I would like to take this opportunity to clarify some information in the report and then end with some thoughts about our system in general.

The issue of inconsistencies between regional councils across the Commonwealth is identified in both reports in varying degrees. There are areas such as licensure, employee orientation and testing where we should be consistent. It should not matter whether you are in Erie, Philadelphia or anywhere in between; the process and the standards should and must be the same. We have taken several steps to identify and correct these issues including, for example, for licensure, we've identified a "lead" regional councils that are reviewing current standards and processes with stakeholders and the Bureau staff. Our expected outcome is a manual to outline the licensure process. And when these manuals are completed they will be shared with all the regions, their licensure coordinators and, importantly, the regulated community.

Recognizing that among the root causes of inconsistencies within the system is employee turnover both within the regional councils and the Bureau, we plan to develop an employee orientation processes to assist everyone from licensure coordinators to regional directors who are new to our state emergency medical management system. The proposed orientation process will include check-off sheets that will identify critical knowledge and skill areas individuals must complete in order to be successful in their new roles.

In response to a recommendation contained in the Legislative Budget and Finance Committee report, and to make doing business

with the Department of Health and the Bureau as easy as possible, we are also revising our on-line processes to be more intuitive for the users and to help agencies make informed decisions. The Bureau's leveraging technology to aid the agencies when completing such tasks as licensure applications, individual applications and re-registering within our system. Another proposed change will result in a reduction in the amount of information that agencies have to enter into our system.

An additional recommendation that is common among both reports is that the Bureau increase monitoring and evaluation of regional councils and their respective activities as it relates to compliance with their grants and use of Emergency Medical Services Operating Fund (EMSOF) dollars.

The Department of Health is working to improve monitoring in the following ways: When new grant language is developed, there will be additional reporting required. Projects even now when being considered at the regional level include requirements with the initial proposal include such things as a project overviews, goal statements that focus on expected outcomes, a line item budget for the project and quarterly reporting requirements to the Bureau.

Submitted quarterly reports must include a progress statement that identify with critical benchmarks identified and the amount of funds expended to date. We're also instituting changes to the way requests for EMSOF equipment and expenditures

are managed.

We have also instituting a tracking system within the Bureau to monitor key deadlines and other time-sensitive requirements that are placed upon the councils. This provides the ability to objectively evaluate some of the key performance areas for our regional council partners.

Furthermore, the new EMS regulations, which fully take effect on April 10 of this year, will require a comprehensive annual oversight of regional councils. To cite specific examples in the Department's regulations, 28 Pa Code§ 1021.62 requires regional councils to conduct an audit of the regional EMS systems per the terms of the grants that are entered into between the Department and the individual regional councils. Section 1021.103 requires that a regional council's governing body post its annual report on the regional council's website no later than 30 days after the end of the fiscal year, which is the same time frame imposed by the grant agreement for regional councils to submit annual reports to the Department.

Discussion of the regional council system leads to the discussion of another recommendation that was specific to the Joint State Government Commission report, the recommendation that the number of regional councils be reduced and perhaps aligned with the six State Health Districts. As we evaluate the potential for this to occur, we believe it is imperative that we make it a data-driven process with careful thought to what the final

product may look like. If we are going to consider any form of regional consolidation we must take into account such things as the number of licensed agencies, the number of certified personnel, and the number of licensed vehicles, as well as square mileage of the region.

All of these factors have the impact on what any particular regional office can manage and should be more predictive of success than arbitrary lines on a map.

There is a recommendation that the State EMS Plan be re-worked, not only to make it clearer but also to include fiscal impact and timelines. The Bureau has conducted preliminary discussions with the advisory council about incorporating this in the required annual review of the document. We plan to more fully outline this project work with the Pennsylvania Emergency Health Service Council within the next 60 to 90 days. Our goal is to have a document that ultimately will focus on clearer strategic goals with objectives, tasks, appropriate timelines, fiscal impacts and responsibilities assigned.

The Bureau of EMS with our partners in regional councils, our advisory council and other key stakeholders such as the Ambulance Association of Pennsylvania as well as the thousands of EMS professionals and agencies work very hard every day to make this system the absolute best that it can be. We also recognize that no matter how good a system is, we can always learn, grow and develop into an even better system by

careful analysis and a willingness to change.

I would however be remiss if l didn't point out the fact there are some inaccuracies in the reports. For example, there is a statement that says EMS agencies must submit their data to the regional councils for reimbursement. There is no such requirement. There is a recommendation that the data submissions be standardized to the NEMSIS data standards across the commonwealth. Those standards are set and have been for several years and all vendors must comply.

Please know my goal is not to be critical of the reports. It is simply to ask that if you have questions, feel free to reach out to the Department of Health for clarification.

Both reports identify that our system needs more funding. While it is true that the system is underfunded, there are several considerations about funding that should be addressed. First, "what is the current intent of the EMSOF funding?" When the initial EMS Act of 1985 was passed, the intent at that time was to fund basic equipment for ambulances. In 1985, fewer ambulance agencies billed for their services than we find today when nearly every agency bills for services. The EMS system has changed greatly. The need for basic, minimum equipment no longer exists as it did at the time. The question becomes, is the EMSOF funding better utilized for funding individual equipment needs for ambulances or is it better focused on more system development projects such as leadership development programs for our

agencies and regional or state-wide patient or provider safety initiatives?

The recommendation of the Joint State Government report suggests EMSOF grants should be and I quote, "focused on regional initiatives and collaboration, emergency response coordination, strategic planning and recruitment and retention", end quote. Targeting available funding on more global initiatives, such as making certain that 12-lead EKG capability exists to help shorten door to heart catheterization time for patients suffering critical cardiac events is a better use of the funding than buying individual backboards. Helping to support recruitment projects such as EMS scholarship programs that help lower the cost of training and testing new personnel has a more global impact than purchasing an individual suction unit.

The Bureau and the Department of Health for many years have urged the EMSOF grants be focused on larger regional initiatives. We will continue our attempts to focus on the larger, broader projects that have potential for system improvements for patients.

We all hear from time to time that the EMSOF dollars support the regional system, but not the providers. While the regional council system does rely on the EMSOF dollars, their existence, as pointed out in the reports, is necessary in order for us to coordinate and maintain the system as economically and effectively as we do.

April 10, 2014, will bring to a close approximately 14 years' worth of work on overhauling the legislation and regulations that oversee the Commonwealth's EMS system. The new Act and regulations provide the Department with flexibility to make changes to the EMS system as it evolves. The Department is confident that with the updated law and regulations, the Commonwealth's EMS system will continue to strive to be one of the premier EMS systems in the nation.

I thank you for your time today, your continued support of our EMS system, and I will be happy to try to answer any questions you may have.

MAJORITY CHAIRMAN BARRAR: Thank you. You're going to stay for questions, Stan, right? After 14 years and millions of dollars spent, what would you say is or are several of the great accomplishments of the councils?

MR. GIBBONS: We have a very coordinated statewide system from the standpoint of we are one of the few entities in the nation that have statewide EMS protocols and treatment expectations and the expectations for the agencies and the care that we deliver is uniform across the Commonwealth. I think we, the regions bring to the table a great ability to help us identify local issues and understand local politics and local patient care and flow patterns and particular issues with agencies. They know their regions generally and they help us understand the system in a much better fashion than we could

without them. And I do believe that they deliver that service rather economically. And I know that I want to address one of the questions that's come up about the disparity between as an example between executive director salaries.

It's true there's a fairly wide range of salary range, but I will tell you most of you -- the job that I had just before I came to Harrisburg was as a regional director at a small regional council up around the Danville area. And it was five counties, about 32 ambulance agencies, which is about the same number as in Erie County. And when you look at my salary, which was probably be the lowest salary in the Commonwealth and one of the higher salaries. The higher salary was actually a better deal for the Commonwealth because when you looked at the number of agencies that that director oversaw, the cost per agency was actually lower for that individual than it was for my salary.

So I sat here as being on depending on how you look at it, one of the -- probably one of the least bargains that we were getting as far as a regional director went, at least when we looked at those salaries. So while it's true there is some disparity when we look at and that's why I talk about the fact that there are many things we have to look at when we're talking about the potential for consolidation because the number of agencies that any one given area has to oversee does have an impact.

MAJORITY CHAIRMAN BARRAR: So as part of the consolidation

effort, you wouldn't recommend a uniformed salaried structure that we're going with that?

MR. GIBBONS: Well, you know, I don't know that a uniformed salary structure is the answer. The department has had parameters and I don't know if they were written down, but I've been regional director twice in my life and both times we were given parameters as far how much of an increase we were allowed to provide as far as salary increases and those were always consistent with whatever I believe was going on in Harrisburg at the time and everything there. So we were told, you know, there's no percentage increase this year or you're allowed to do a 3 percent increase in this budget, that sort of thing.

So there has been some structure to it, but I don't know that we can because again the cost of living across the different areas across the Commonwealth are varied and I just don't know what that would look like at this point in time.

MAJORITY CHAIRMAN BARRAR: Right. Okay. Representative Swanger for questions.

REPRESENTATIVE SWANGER: Thank you. One of the high schools in my district offers a training course for students, you know, the emergency medical responders and there was a little glitch in offering the course when the certified instructor was retiring and we needed to get another instructor certified. I'm wondering is this a common thing for high schools to do or is this out of the ordinary just at the high school level?

MR. GIBBONS: I wouldn't say that it's common. It does happen in high schools across the Commonwealth, but I wouldn't say that it's common. We wish it was more common because obviously it's a great recruiting tool.

REPRESENTATIVE SWANGER: Yes.

MR. GIBBONS: To at least to get young folks interested in the program and into the EMS history. But, no, I wouldn't say it's common, but it does happen and I can think of a handful of places in my career that I've dealt with. I've actually served on the board of one of the schools that provided that program at one point in time.

REPRESENTATIVE SWANGER: It's very successful in Lebanon County. I'm glad that we were able to continue it. Thank you.

MAJORITY CHAIRMAN BARRAR: Representative Saccone.

REPRESENTATIVE SACCONE: Thank you, Mr. Chairman. What I'm hearing from you is that we are not necessarily comparing apples with apples when we're discussing the salary disparities. And a little bit different from what Ms. Voras testified just a few minutes ago. It was a different job classification that we are saying that there's a great disparity in salaries based on people doing exactly the same function was her words. So when it comes to executive directors or regional directors, you're saying they have different functions and they supervised different numbers of agencies so how -- then that would explain some of the disparities. How -- what is your recommendation then for us to

look at whether a salary is justified or not and how these funds should be expended based on these different regions which may have different really duties assigned within the same job classification.

MR. GIBBONS: Certainly. Well, the first thing we need to look at is actually, I think, some of the driving factors are the number of agencies and the number of certified personnel and how big the region is. We go all the way from EMS high which is the Allegheny County in the southwestern part of the world, which is a ten-county region, which is our largest region by all accounts, by square miles, by population, by number of licensed agencies to some comparatively some small regions. We have consolidated one -- two regional councils so far. We've gone from 16 to 15. But the Susquehanna has merged with northeastern and there in the regional council that I left at Susquehanna and Seven Mountains are currently working on merging. So we are looking at those voluntary merging, but to go back to your question, we need to look at those around the same parameters that I think we need to evaluate if we're going to look at consolidation; how many agencies, how many certified personnel, whether the square milage of those regions and then you do have to look at the job functions because a licensure coordinator in one region may not be the same as in another region. EMS might have three people that do licensure coordination as a part of their job. Seven Mountains may have one person that does licensure coordination

and two other jobs just because there are much smaller regional council in example.

So it's not just this simple as looking at the disparities in dollars.

REPRESENTATIVE SACCONE: Thank you.

MAJORITY CHAIRMAN BARRAR: Representative Tallman.

REPRESENTATIVE TALLMAN: Thank you, Mr. Chairman. Thank you for being here and --

MR. GIBBONS: Thank you.

REPRESENTATIVE TALLMAN: In all -- just to answer, Representative Swanger's Gettysburg School District was going to do an EMT class and lack of participation, they could not. So that's what I know from Adams County, so...any ways, in your testimony, you talked about recruitment.

MR. GIBBONS: Yes.

REPRESENTATIVE TALLMAN: And I'm not sure if you participated two years ago, Representative Gillespe had folks from the Department of Health and --

MR. GIBBONS: No, I didn't.

REPRESENTATIVE TALLMAN: Because we're changing ours for EMT's --

MR. GIBBONS: Yes.

REPRESENTATIVE TALLMAN: And Representative Gillespe, he represented part of York County. I represent parts of York and Adams and we all had EMS captains and fire chiefs saying, Hey,

don't do this because we're going to lose EMT's. And yet you guys moved forward. Even Representative Gillespe and I had all kinds of questions on and because of those, me just happening to do the recertification and then doing this job, I am no longer certified, just couldn't put those hours in. So I think you went against, yeah, you're going to provide a scholarship, but you're going against the retention or recruitment because you're increased the requirements.

MR. GIBBONS: Okay. Two issues, the recertification requirements did not change. The initial education hours did change, but the recertification hours and the current hours are exactly the same as they had previously been. There was no change to that.

REPRESENTATIVE TALLMAN: Okay. I thought they were all incorporated because the proposal was to change that also.

MR. GIBBONS: I'm sure there was probably a proposal on the table again. Just for clarification and not to pass the buck, but I've been here for about seven months, so some of those decisions I can't speak directly to as to how they occurred, but -- but we did stay with the national standard, the educational standards which really aren't completely focused on ours now. It really is focused on competency. But the most of the community colleges are offering the education have upped the number of hours in anticipation that they are going to need to have more hours to reach the compentencies, but the reeducation, the

continuing education standards as far as hours has not changed between the old act and our new act now, so...

REPRESENTATIVE TALLMAN: Just another real quick question.

MR. GIBBONS: Sure.

REPRESENTATIVE TALLMAN: The scholarships, if I'm going to recertify or I took my initial one way back in the 70's, I took -- they do this through HACC and I pay my money and upon successful completion, my department reimburses the costs, so how do you see that -- is that scholarship going to -- now how many departments do that? I know some do not. How do you see that scholarship working if the department is going to reimburse me, does the money go to the department or --

MR. GIBBONS: The way the one program that I -- and actually I am going to be talking about this a little bit more on tomorrow when I testify, the one program that is looking pretty successful is one up in EMCO west and the others, but EMCO west is the one that it's in the upper northwest corner of PA. They're allowing the agencies to apply for reimbursement and then upon -- or paying the funding back to the agencies directly at this point in time in that particular program. There could be several different models, but generally speaking the EMSOF dollars go to the agencies, so the agency would have to apply and then reimburse the individual.

REPRESENTATIVE TALLMAN: Thank you.

MR. GIBBONS: You're welcome. Thank you.

MAJORITY CHAIRMAN BARRAR: Since most of us aren't EMTs here, his -- one of his comments he made was that to certify the training hours were increased from what to what?

MR. GIBBONS: I really don't because they're not set in stone. We no longer say back when -- back when I took an original program, they said, you know, you have to do 120 hours of education. The number of hours of education now are varied depending upon the education institute because it is based up -- it's a competency based education. In other words, if I have five people in a class and I can get them through that class in 50 hours, them theoretically I have met the requirements of the education. But I think most programs are looking at around, I believe and I will clarify this for you and get you the exact -- more exact answers, but I believe most of the programs for EMTs are running between 160 and 220 hours. And if you permit me to just turn around and look at a couple of the regional council directors in the back of the room, they'll tell me whether or not I'm close on that or not. Close? So...

MAJORITY CHAIRMAN BARRAR: And you said that change was proposed because of the national association standards changed?

MR. GIBBONS: Yeah, the national education standards. We went from -- Pennsylvania has always tried to follow the national education standards. It used to be the national standard curriculum, but national standards so that we have the ability to when we talk about an EMT from New York or Ohio or some place,

we're comparing apples to oranges. When our folks go some place or we can accept people into the Commonwealth, it makes it much easier to accept people into the Commonwealth when we're all talking about the same basic education.

MAJORITY CHAIRMAN BARRAR: Do they take in -- do the national standards take any consideration that the majority of our EMTs are volunteers, which is harder to meet that hourly standard than, you know, if they are being paid that's one thing, I'll go to all the training you'll send me and pay me to take.

MR. GIBBONS: Sure. It's a consensus document that's developed on behalf of the national highway safety administration, so no, there is no inherent, they look at the competencies and frankly what the job requires now. And again, our EMS system is a very complex system. It's grown the demands that are placed upon the individual EMTs are great, again, part of what -- I might as well just give my testimony tomorrow. Part of the thing that we always have to balance is protecting the public and making sure that the individuals that are going out there are prepared to handle those patients versus we understand that there's a certain population that the volunteered paid, it's tough to keep up with those hours. And I will have some more comments about what I think that new -- there are some bright spots with the new educational standards that enable people to bridge into things that I'll speak for because I dont' want to give it all away today.

MAJORITY CHAIRMAN BARRAR: Okay. Yes. In case you're not aware, tomorrow is our hearing on retention or recruitment of volunteer firefighters and emergency responders.

Representative Rapp for questions.

REPRESENTATIVE RAPP: Thank you, Mr. Chairman. And thank you for being here today. I'm glad this topic of the educational standards came up. I wanted to talk and ask you a little bit about the role of the councils, how they changed with the regarding the educations standards at community college.

I had a constituent in my office, it was probably about a year ago, so this was kind of refreshing my memory of the conversation. And yesterday, we had an education hearing regarding the fact that there are no community college for 11 counties in the northwest area of Pennsylvania. Actually, north of 80, basically west of Highway 15. My constituent's concern was the fact that Butler Community College was supposed to provide a training in a brick and mortar classroom an hour and a half away from my constituent's residence in Warren County. So there was -- drove an hour and a half to the class only to find that the class was cancelled because there weren't enough participants and these are volunteers, so he lost three, four hours of his precious time in a day.

And are you looking at those situations, you know, in rural Pennsylvania, as you well know, we have some barriers that may be other parts of the state don't face as far as access and

affordability to education, but when something like this happens to a constituent, who took the time to come in and talk to me about this specific situation and the fact that, I'm assuming, that this community college in Butler is receiving some type of funding to provide those services. And I -- and my constituent didn't appreciate the time loss of his day and are you looking at -- are you hearing any other stories like this? What would you do to correct this with the community colleges? So that's --

MR. GIBBONS: There are several issues there. The first one is we are having serious discussions both internally and with our regional councils about the need to probably redirect more of the EMSOF funding. We talk about those the projects and the global impact that we recognize that we may have to divert some of that, more of that money towards education.

Two, I mentioned the some of our change initiative as far as technology goes. One of the changes that we will -- that we had on the books to make in the next six months to a year is preregistering for classes so that theoretically that individual wouldn't have had to make that drive.

Real importantly, we don't provide any funding directly to the department of Education for the community colleges. That was a process that changed, I'm going to speculate about 15 to 20 years ago. Now, I don't know this for fact, but what I've been told is that the funding structure within the Department of Ed changed so that it somehow affected the public safety programming

so that there are no longer -- there is not as much incentive, if you will, for the community colleges to hold EMS related and public safety related classes. Now, I don't know that, although I saw Shawn shaking his head. Maybe he's got some more insight into that, but that's what I've been told over the years. So but obviously, we do not -- we have not to date, at least in my short tenure, work with the Department of Education and community colleges to address any of those issues specifically, but I believe it is purely, primarily one of funding.

REPRESENTATIVE RAPP: Thank you. I appreciate your answer.

MAJORITY CHAIRMAN BARRAR: Thank you. Representative James.

REPRESENTATIVE JAMES: Thank you, Mr. Chairman. Mr. Gibbons, thank you for coming in today. I just one have question. I've seen two panels now. I wonder how would you characterize your relationship with the 911 service across Pennsylvania?

MR. GIBBONS: I think we have a very good -- very good rapport even in our early going with the 911 system and with the PEMA in general. As a matter of fact, in your home area of Venango County, I was there about a month and a half ago to meet with your 911 system. They're actually going to be one of our test pilots for a sort of CPR dispatcher training to and monitoring to help us, help us get more people doing CPR prior to the arrival of EMS. And as the 911 system and the dispatchers are the truly the first responder and I had a relationship there

already. We've reached out to them to be a primary -- a primary test sight for that, so...

REPRESENTATIVE JAMES: So you're satisfied, no recommendations for improval?

MR. GIBBONS: Not currently. Again, I'm pretty new at this role and but from the relationship that we have right now with PEMA and the 911 system and everything, I don't have any input at this point in time that --

REPRESENTATIVE JAMES: Okay. Good news. Thank you very much.

MR. GIBBONS: Thank you.

MAJORITY CHAIRMAN BARRAR: Great. Thank you, Dick, for your testimony. Were there any other questions? I'm sorry. Representative Saccone. Sorry.

REPRESENTATIVE SACCONE: Thank you, Mr. Chairman. It's more of a comment, but I'm worried about these standards that keep increasing. It's the same as fires with EMS. I understand the need to achieve a certain level of professionalism and there's a desire out there to achieve a certain level of professionalism, but increasing these standards, I'm worried that is it really necessary to keep increasing these things because it does drive up the costs and it does drive away volunteers. And so we get a shrinking pool of people and because they just can't keep up and maybe we're certifying to a level that's not really necessary in every place.

So do you have any comment on that?

MR. GIBBONS: Well, the national standard documents and those decisions have been scientifically driven over the last two updates. They look at what the patient -- what the demands have been on the system, what the needs are as far as what the patients have required and used that data to help provide the educational process. So there really has been some good science put to the foundation. That's not to say that it is a very difficult balance when we're looking at standards and we're implementing changes in the system. I completely agree that it is a fine wire act whenever we do it and we share that concern, but the standards have been based upon here's what our system has been called upon to do, here are what the needs are in the system. So if the need exists, we've got to educate people to that level.

REPRESENTATIVE SACCONE: Thank you.

MAJORITY CHAIRMAN BARRAR: Representative Tobash.

REPRESENTATIVE TOBASH: Thank you, Mr. Chairman. Thank you for your testimony. To Representative Saccone's point, do you see -- if there a correlation between the increases of the standards and then the shrinking of the pool that we have available of people that are responding?

MR. GIBBONS: I see both of those things, but I don't know that it's fair to tie them directly because there are lots of things that are going on in society. You know, no matter what we

talk about, anybody that's relying upon a volunteer pool, it's dwindling. And that's not to say there is a correlation. I just can't say that there is a direct one. I know that gets pointed out a lot, but I don't know that it -- there are bigger societal issues and certainly everything we put on that, then does weigh into that. But I think it's a bigger societal issue than just to say we either increase standards and therefore there aren't as many people in the system.

REPRESENTATIVE TOBASH: It's a little too simple, so we're going to be talking about that tomorrow, I know, but let's face it, it's a big concern that if we downsize some off the loop, the less knowledge than no one at all showed up to those calls, so we'll discuss it tomorrow I'm sure. Thank you.

MR. GIBBONS: Yes. And I do think we have that opportunity again given the new educational standards that I'll respond to tomorrow, too.

MAJORITY CHAIRMAN BARRAR: Yeah, I think some of this is for discussion for tomorrow, but of course, it's of interest with this topic here.

MR. GIBBONS: Sure.

MAJORITY CHAIRMAN BARRAR: So Dick, thanks for you expert testimony. We appreciate you being here and taking time for us.

MR. GIBBONS: Thank you, Mr. Chairman.

MAJORITY CHAIRMAN BARRAR: Okay. We're going to call up our next panel. Our next panel is Ms. Janette Swade with the

Executive Director and Mr. David Jones, President of Pennsylvania Emergency Health Services Council.

Thank you for being here with us today and as soon as you're seated, you can begin your testimony.

MR. JONES. Thank you. And good morning,Representative Barrar and members of the Veterans Affairs and Emergency Preparedness Committee.

Thank you for this opportunity to comment on the House Resolution 315 reports.

My name is David Jones, and I am the President of the Pennsylvania Emergency Health Services Council here in after referred to the abbreviation is PEHSC. I am a practicing Paramedic and the EMS Manager for the Pennsylvania State University in State College. I am here today with other members of our Executive Board, our Executive Director, Janette Swade and Council staff.

PEHSC was established by collaborative efforts between the Pennsylvania Department of Health and the Pennsylvania Legislature to establish an objective advisory body. Our rich history is important to understand as we continue to make internal enhancements to meet the needs of the EMS system in Pennsylvania through our commitment to support the Pennsylvania Department of Health as the lead agency.

Dr. H. Arnold Muller, Pennsylvania's Secretary of Health from 1979-1987, assembled a group of emergency medicine and

emergency medical services professionals for the first organizational meeting of what would become the Pennsylvania Emergency Health Services Council. Dr. Muller was a recognized national expert in emergency medicine and was acutely aware of the need to support government in their role of promoting improved healthcare to the citizens of Pennsylvania. The creation of the PEHSC was modeled, in part, on the National Academy of Sciences/National Research Council as a way to provide expert consultation to the Pennsylvania Department of Health. The founders of the PEHSC recognized that Pennsylvania had numerous international and national leaders in emergency medicine and EMS within the borders of Pennsylvania.

While the Department of Health has been the lead agency for Pennsylvania's EMS system improvement and enhancement, government could not, and cannot employ the level of expertise that is available within the population of our stakeholders. With rapidly changing clinical and system development needs, access to these experts to review and provide advice via the PEHSC continues to be critical to the success of those charged with the improvement of Pennsylvania's EMS system.

The core of PEHSC's structure is based on the components of an EMS System as identified by the federal government. These system components have been documented in State and Federal legislation as a way to establish a baseline for improving this country's system of emergency medical care. A key component of

PEHSC involves the development of an expert committee structure designed to help government build consensus around recommended practice standards and to facilitate the implementation of national recommendations.

Emergency medicine and EMS stakeholders involved in these committees represent Pennsylvania's public graduate research and educational institutions, the Hospital and Healthcare Association of Pennsylvania, Pennsylvania Medical Society, the Pennsylvania Chapter of American College of Emergency Physicians, the Emergency Nurses Association, the Pennsylvania Trauma Systems Foundation, the Ambulance Association of Pennsylvania, specialty rescue organizations, community colleges, public secondary schools, and representatives from the EMS professionals charged with improving and managing Pennsylvania's EMS system components.

PEHSC was incorporated in 1979 and was included in Pennsylvania's first EMS law in 1985 to serve as the official advisory body to the Pennsylvania Department of Health. The Council is a non-profit 501(c)(3) organization and hence does not lobby. This organizational structure was selected so that PEHSC could act as the voice of the grassroots field providers and so that its advisory role would meet the intent of the pending EMS law. Subsequently, with the passage of the revisions to Pennsylvania's EMS Systems Act in 2009, Act 37, the Council was reauthorized to continue in this capacity although the law was strengthened to identify PEHSC's Board of Directors

as the official advisory board. While intended to serve in an advisory capacity, PEHSC was frequently asked to perform -- excuse me -- provide additional contractual services to the Department of Health in order to perform tasks beyond the capability or resources of the Department.

The structure of the PEHSC was intentionally organized so that EMS system development and enhancement would be more easily accomplished with the involvement of the medical and EMS professionals operating across all EMS system components so that concepts and concerns could be shared with the Pennsylvania Department of Health prior to implementation. This model also gave the legislature relief from significant constituent concerns which, depending on the issue, could be overwhelming. To reinforce this concept, the Council was recently contacted by a member of the Pennsylvania General Assembly for input on an issue.

Members of the General Assembly see the Council as a direct resource for global field input on issues that have been brought to their attention. The approach used by Pennsylvania became a model for other states, as every state government faced the same challenges as they sought to implement improvements in emergency medicine and EMS system design based on national recommendations or required by statute. The Pennsylvania model continues to save the Commonwealth money as ideas are vetted and developed to meet diverse standards -- excuse me --

statewide needs by utilizing the volunteer expert committee members and a small staff to prepare the detailed recommendations. The Council structure consists of over 100 statewide organizations involved in emergency health issues and grassroots regional and local organizations.

The structure of the PEHSC is considered to be cutting edge by other similar advisory boards in the United States. We are participating in meetings with other similar state advisory boards and have found that the Pennsylvania model is most desired by other providers who are seeking an official relationship with their lead EMS agency. Once again, Pennsylvania can be proud that our system continues to be a leader in the country through our ability to cost-effectively promote quality and efficiency in the Commonwealth's EMS System.

The Council's Board of Directors appointment and nominating process assures geographic and system component representation through a system that annually rotates a third of the board seats, which is up to a total of ten. This successful process is now a component of Pennsylvania's EMS Act and continues to ensure that PEHSC represents the best possible mix of EMS experts, who are geographically representative of the stakeholder population. Our Board of Directors is comprised of 30 organizations who are elected from the Council, and an ex-officio member representing the Pennsylvania Secretary of Health. The Board is composed of volunteer, professional and paraprofessional

organizations involved in EMS.

As identified in Act 37, the Board is representative of provider organizations such as EMS providers, firefighters, regional EMS councils, physicians, hospital administrators and other health care providers concerned with EMS. A list of our members and current board of directors is attached to our testimony.

The role of the Council's Board of Directors is to review the volunteer expert, field-based recommendations from our committees and task forces for appropriateness so they can be effectively implemented if approved by the Pennsylvania Department of Health.

Since 1985, the Council has provided hundreds of official and non-official recommendations for system enhancements to the Pennsylvania Department of Health. The advice is generated from a grassroots system; currently we have nearly 900 volunteer EMS experts who have dedicated their time in 2013 to support the development of recommendations for state consideration. As previously mentioned, in recent years, PEHSC has contributed value outside of our advisory role. The Council has been involved with other statewide projects and has provided technical assistance. This has supported the growth of Pennsylvania's EMS system. These projects include the development of provider level resources for data input for patient care records; the dissemination of volunteer recruitment and retention training

materials; the development of a public recruitment website explaining how to become an EMS provider in Pennsylvania; revisions to the rescue programs in Pennsylvania; the addition of specialized rescue resources, such as swift water rescue to meet the needs of Pennsylvania's primary hazard type; a critical care paramedic program; revisions to Pennsylvania's Good Samaritan law; a state EMS Flag; the administration of a federal EMS for Children program; a statewide communications plan; coordination of the Commonwealth's Critical Incident Stress Management teams; a Line of Duty Death Manual and funeral supplies and the review of the Pennsylvania Trauma System Foundation's initial Level IV trauma center standards and standards for all trauma centers. The Council not only advises the Department of Health, but acts as a trusted, good faith partner to meet system needs.

The specific intent of the HR 315 reports was to provide an overview of the financial state of the system and the organizational structure in regard to the counter-terrorism task forces. The reports were also to consider the use of existing government and private sector EMS programs including those of colleges and universities to enhance the system. The organizational structure of PEHSC consists of experts in many of the areas that were identified for examination. The Council remains available to provide recommendations to either the Pennsylvania Department of Health or the legislature in

regard to these areas.

Respectfully, I would like to focus our comments on a few key areas of the fundings -- excuse me -- findings that were found in both the Legislative Budget and Finance Committee audit and Joint State Government Commission study.

For System Finance, The Legislative Budget and Finance Committee audit was focused on the financial aspects of the system in regard to the Emergency Medical Services Operating Fund. Based solely on the results and what most system leaders will tell you, the system is faced with limited resources. Certainly, we all can agree that system-wide efficiencies will help. However, we know that the fine surcharge amount remains the same as it was when the fund was established in 1985; therefore, yearly revenue inflows to the fund are solely based the number of citations issued. As you will see from the audit, our ability to meet the needs of ambulance services is inadequate. The State Plan offers some strategies in this regard which may lead us to a proper resolution.

As identified in HR 315, in an effort to move the system forward and to conserve funding, the Joint State Government Commission report was charged with considering system consolidation models and linkages to other sources. These concepts should be studied, as is the practice in any business model, so that any decisions that are made in regard to structure or outsourcing are based in fact, supported by data and reviewed

by the system leadership prior to plan development.

Overall, when considering the funding of the EMS system in Pennsylvania as an industry, it is important to study its life cycle. The life cycle is no longer in a development phase yet it remains in the growth phase for most of the rural and volunteer services. However, other areas of the Commonwealth, specifically the suburban and urban areas may be entering a maturity phase. The growth of "community paramedicine" where an EMS service offers other medically based services to their communities has pushed most of the maturity phase providers back into growth mode. Based on this view of the industry, efforts to maintain the quality care will most likely require additional funding for direct support to the services.

Further study of Pennsylvania's EMS system needs must be properly analyzed, discussed and considered.
Considering data, the Joint State Government Commission report notes, "Act 37 expanded Pennsylvania Department of Health's powers and duties, permitting it to make major policy decisions related to EMS, and assigned the department responsibility for EMS performance. The Act amended revisions to the statewide comprehensive plan, standardization of data collection and reporting, and the use of data and plan objectives for contracting and grant purposes." Looking at the funding associated with data at the regional level as found in the Legislative Budget and Finance Committee audit, we can

conclude that the data essentials to improve performance are underfunded. Although the data collection is occurring the use of the data to make decisions will require additional resources for interpretation and benchmarking, including a data analyst/statistician. There is general acknowledgement that all levels of the system require data to make decisions and to perform clinical reviews.

Further, the PEHSC process would be enhanced significantly with the ability to secure system data to formulate our comprehensive recommendations and to make clinical recommendations using an evidence-based medical model. Hence a focus on increased support to the data system will give Pennsylvania the required information to maintain our cutting edge clinical goals.

In reference to the State Plan, in general, the current state plan template was provided to the PEHSC by the Bureau of Emergency Medical Services. This template was prepared by several national partners so that all states would be working toward common goals for benchmarking. The actual preparation of the planning documents for regional education and the subsequent development of regional annual work plans to match the identified goals were also as identified by the Bureau of Emergency Medical Services. The Joint State Government Commission identifies the established priorities on page 37 of their report. These areas, when clearly explained and thoughtfully considered, do reflect

current and future system enhancements. The development of the state plan detail -- excuse me -- the development of the state plan details involves hundreds of volunteer hours. The established committee consists of all levels of the EMS system from the administration to regions to local level providers. When viewed in its entirety, the State Development Plan can be an overwhelming document for a lay person and even for field providers to understand. The Plan includes an assessment piece that was accomplished via the regions using local level providers. The details of the plan were then written to reflect the scoring so within each indicator, system improvements could occur.

In summary, this project stemmed from a national initiative and involved all levels of Pennsylvania's EMS system for its development. The detail and goals provided in the plan is a useful blueprint to meet system needs. We do acknowledge that the presentation of the details may be confounding. Of course, we would be remiss if we did not recognize that two of the criticisms of the State Plan were the cost of implementation and the ability to measure outcomes.

Clearly the Council understands these concerns. We believe both concerns could be resolved with the assistance of system level data and discussions regarding available resources within the Commonwealth's system for cost estimation.

Finally, as cited in the Joint State Government Commission

report, "the Commonwealth is, however, in the lower half of states in its level of state regulatory enforcement. Pennsylvania also lags others in data collection, funding, training grants, and participation of providers in planning and development." This 2011 Assessment is a benchmarking study comparing state systems to other state systems. Therefore, these areas should be the focus of our efforts to improve our existing high-quality system for the future.

I think it's important to note that the release of the report from the Joint State Government Commission comes after a change in leadership has occurred at the Bureau of Emergency Medical Services. Based on recent meetings with Director Gibbons it is clear to me that he has identified system needs based on his long standing history and leadership within Pennsylvania's EMS system and with the support of current system leaders including the PEHSC, the Ambulance Association of Pennsylvania, and the Pennsylvania Fire and Emergency Services Institute.

On behalf of the Executive Committee and Board of Directors of the Pennsylvania Emergency Health Services Council, we appreciate the opportunities afforded to us to provide information and member comments to both the Legislative Budget and Finance Committee and the Joint State Government Commission during this process.

Thank you, we are happy to answer any questions.

MAJORITY CHAIRMAN BARRAR: Take a deep breath.

MR. JONES: I'm trying to get back on track.

MAJORITY CHAIRMAN BARRAR: You're great. I first looked and I went six pages of -- we're going to be here until noon.

MR. JONES: Mine's 11, so mine's a little longer.

MAJORITY CHAIRMAN BARRAR: Thank you. Who do we have? Representative Saccone for questions.

REPRESENTATIVE SACCONE: Thank you, Chairman. I always worry when we focus on consolidation to solve our problems as opposed to focusing on best practices and then also, you know, implementing minimum standards in some places and let the local areas decide whether or not they need to, you know, advance to a certain degree or some sort. I'm hoping we're looking at that because consolidation isn't always the answer.

My questions is this: You testified that in the lower half of the states at the level of state regulatory enforcement, what regulations are we not enforcing?

MS. SWADE: That came from a report from the federal government that was conducted in 2011. I would have to go back and research exactly what enforcement pieces that they looked at and the study itself. And we used that reference basically for the section of it, not just four parts. That was in total.

REPRESENTATIVE SACCONE: So it's ready for enforcement and training and all the other things?

MS. SWADE: Right.

REPRESENTATIVE SACCONE: But do you think there are

regulations were not enforcing in the state? Why would that be?

MS. SWADE: I don't believe that the council believes that there's regulations were not enforced. We think as brought up previously that there are situations where that maybe there is some consistency issues.

REPRESENTATIVE SACCONE: Do you have any examples of that?

MS. SWADE: I would say as Director Gibbons had mentioned, some education, maybe new staff coming into the region, should be the enforcement responsibilities, there may be some areas that that need improvement.

REPRESENTATIVE SACCONE: Okay. Thank you.

MAJORITY CHAIRMAN BARRAR: Were there any other questions from the members? How about one -- I'm sorry. I don't want to jump ahead of them.

On consolidation, if that's a sitting on the councils', is that necessarily -- I probably disagree with them. I think consolidation is normally a good thing.

MR. JONES: Consolidation is something you can look at. I'm involved right now as Director Gibbons knows, I'm one of the board members of Seven Mountains EMS Council and we're involved with consolidation with our council with Susquehanna next door. And it produces a lot of issues that we have to very seriously examine and some of that is staffing issues. How can we still provide the same level of service to the constituents and those nine counties that we are previously providing with two separate

councils. If we're going to look at, for instance, cutting staff, there some things you can do with consolidation, you can get some efficiencies out of it. Unless you were to adjust the funding models, unless you were to take into account some other items, just putting two councils together is not going to save you a lot of money except for maybe an executive director's salary. Some of the money might be able to then load to providers, but then it's unless you look at how you're going to adjust your funding, it's not going to help a lot.

And I just know from our two councils trying to merge, we have two totally different schools of thought on how things should be run and it is being a little problematic right now. I think we can work through it and I think we can be done by July, but it can be problematic.

MAJORITY CHAIRMAN BARRAR: I just know so much of the revenue for this is being eaten up just by salaries and benefits. And is that necessarily, you know, a good thing?

MR. JONES: Well, just for my history on the regional council, when we were -- I was president at the time when the insurance costs went through the roof, workers' compensation costs went though the roof. And there's not a lot you can do about those costs. We cut where we could, but still the forming was -- it's very high when you're looking salaries, salaries is not necessarily the large part of this anymore, the benefits and all the other costs you have associated with employees is much,

much greater. And if you still want to provide the same level of service to providers, licensing, training, inspection type issues, you're still going to have to provide people to do those functions whether you can use two instead of three, might be where you get some of those efficiencies, but again, most of these regions are very, very large. Large number of service providers, we might have to do inspections at one end of the region and then the afternoon to do inspections at the other end of the region. So you have to be very careful when you say we can just save money by making these regions larger and cutting staffs.

MAJORITY CHAIRMAN BARRAR: So besides collection then if we can't increase the collection rate, then I guess you're solution would be some type of a fee increase?

MR. JONES: There are other funding mechanisms we've looked at through either -- and we'll talk more about that tomorrow --

MAJORITY CHAIRMAN BARRAR: Okay.

MR. JONES: Janette will address those tomorrow.

MAJORITY CHAIRMAN BARRAR: Any other questions? Members? Thank you for your testimony. Appreciate it.

Our next panel is Heather Sharar, Executive Director, Mr. Don Dereamus, Legislative Committee Chairman with the Ambulance Association of Pennsylvania. Thank you for being here.

MS. SHARAR: Thank you.

MAJORITY CHAIRMAN BARRAR: I butchered your name, didn't I?

MS. SHARAR: That's ok. I'm not talking today, he is. I'll talk tomorrow.

MAJORITY CHAIRMAN BARRAR: It's like my last name. Everyone butchers my last name.

MR. DEREAMUS: I'm saving you for today.

Chairman Barrar, Chairman Sainato and members of the House Veterans Affairs and Emergency Preparedness Committee, my name is Donald DeReamus and I am a Board Member and the Legislative Chair of the Ambulance Association of Pennsylvania. Accompanying me today is Heather Sharar, our Executive Director. This is my volunteer job. I should have a real job. More importantly, I am a Senior-level manager with Suburban EMS of Palmer Township and a command authorized practicing Paramedic.

The AAP is a member organization that advocates the highest quality patient care through ethical and sound business practices,advancing the interests of our members in important legislative, educational, regulatory and reimbursement issues. Through the development of positive relationships with interested stakeholders, the AAP works for the advancement of emergency and non-emergency medical services delivery and transportation and the development and realization of mobile integrated healthcare in this evolving healthcare delivery environment.

Our nearly 250 members are based throughout the Commonwealth and include all delivery models of EMS including not-for-profit, for-profit, municipal based, fire based,

hospital-based, volunteer and air medical. Our members perform a large majority of the patient contacts reported to the Department of Health.

Thank you for the opportunity to discuss the findings of the House Resolution 315 study conducted by both the Legislative Budget and Finance Committee and the Joint State Government Commission. The AAP looks at the LBFC and JSGC reports as an indispensable and welcome appraisal of all aspects of Pennsylvania's EMS System. As a truly independent organization whose members participate in many aspects of the EMS System and whose Board advocates for those members to their local, state and federal governments, their associated bureaucracies and other stakeholders; the AAP may be the only group who truly does not have a "dog in the fight" regarding the recommendations of these reports other than improving our EMS System. Therefore, short of individual member parochialism or exuberance for local or state administrative aspects of the EMS System they may participate in, our Board accepts these reports and commends LBFC and JSGC on their candor, diligence and independent assessment of our EMS System.

Personally, I must be getting old because I can recall similar reports and Resolutions including SR 60, HR 92, the "Porter Report", the previous LBFC report, the NHTSA Assessment and multiple White Papers over the decades. Many themes and recommendations in the LBFC and JSGC reports are consistent with

those from reports from decades past. The success or failure from the toil of these two independent agencies will be seen in the results, if any, from the many recommendations and research they have afforded us. Consequently, the Board of the AAP respectively suggests that this Committee utilize members of the General Assembly coupled with members of the EMS stakeholder community, as was employed in the EMS Act revision and Regulatory process, to further explore and analyze the thirty plus recommendations of both the reports and develop any regulatory, statutory or policy changes deemed essential to fulfill those recommendations.

While these reports covered a large scope from administrative structure to operations to an audit of the EMSOF, there are areas of Pennsylvania's EMS System that need to be evaluated along with these recommendations. The EMS System needs the General Assembly's assistance with insurance reimbursement issues, adequate Medicaid reimbursement, securing parity and sources of grant and EMS System funding, reimbursement for uncompensated trauma care and the inclusion -- that is very important -- of mobile integrated healthcare in community healthcare funding and planning. We're kind of behind the eight ball on your healthcare planning on the state level with your healthcare clinics have gone out already.

With the Committee's indulgence, I will cover some of these. The EMS System deals with insurance reimbursement issues daily. We have been honored to stand with Representative O'Neill

in this fight for nearly a decade to gain "direct pay" for non-participating providers. We look forward to working with Chairman Barrar as he introduces HB 2001 to permit EMS providers to gain payment for medical evaluation or treatment without the transportation component requirement consistent with the majority of EMS reimbursement. But perhaps the most looming reimbursement issue facing the EMS provider community is the cost shifting of payments from insurers through co-payments and increasingly larger deductibles to patient payments with the passage of the Patient Protection and Affordable Care Act.

Medicaid payments for ambulance treatment and transportation is inadequate at best, well below the cost of providing ambulance services and less than half of what Medicare reimburses. Medicaid rates have been adjusted twice in the last three decades when ambulance certification was voluntary in the state as compared to annual adjustments afforded physicians, hospitals and other healthcare facilities. Governor Corbett has stated in his *Healthy Pennsylvania* 1115 Demonstration Application that Pennsylvania Medicaid provides payment rates for most services that are lower than Medicare or commercial payers, causing some providers to forego participation in the program and others to cross subsidize their Medicaid patients by charging more to private insurers and that happened. Unfortunately as an ambulance provider, we can't opt out of Medicaid. We have no ability to do that.

EMS, compared to the fire service and police, receives no parity

in the awards for grant funding.

As reported by Joint State, EMS receives 12 percent of the earmarked funds under the Fire Company, and Volunteer Ambulance Service Grant Program and on the federal level EMS receives 3 percent out of $340 million allocated under the Assistance to Firefighter's Grant program.

The basis for current EMS System funding is centered on a vehicle code violation. Our whole system is based on a violation of the vehicle code. Any downturn in the economy or the potential to decrease actual receipts of payments for fines or any fluctuation in the number of citations written negatively impacts the EMSOF. EMS routinely loses compensation for the treatment of trauma patients whose auto and health insurances are frequently exhausted by the cost of hospital care. There should be a mechanism through the Catastrophic Medical and Rehabilitation Fund to assist with some of the lost reimbursement to EMS agencies relative to uncompensated trauma care.

Mobile Integrated Healthcare or community paramedicine is showing great promise in other parts of the country with demonstrated results in saving countless healthcare dollars through improving patient satisfaction, reducing hospital readmissions of individuals with chronic disease, reducing repetitive patient Emergency Room visits and promoting treatment without transport or transport to alternative destinations.

The General Assembly and the Administration needs to create a dialogue with the EMS Community to include the acknowledgement and reimbursement of these programs in the Commonwealth's Community Healthcare plans moving forward.

Again, we thank you for this opportunity to address the Committee regarding these reports. While It appears that we may be dysfunctional, it is truly a reflection on our fellow EMS providers and the Joint State Government Commission recognizes and it's their quote, "Pennsylvania's EMS system works." "From the top down, Pennsylvania's decentralized EMS system allows first responders throughout the Commonwealth to provide the best care regardless of the local conditions". Just think what we can be going forward.

We are pleased to answer any questions you may have.

MAJORITY CHAIRMAN BARRAR: Representative Saccone.

REPRESENTATIVE SACCONE: Thank you. I'm a relative newcomer in all this. I've seen your testimony that there was a time that certification, the ambulance services was voluntary?

MR. DEREAMUS: At one time in the original Act, there was some voluntary ambulance service certification programs.

REPRESENTATIVE SACCONE: Okay. So we went to that from a highly bureacratized certification process which requires a lot of fees. Is that right? Is that what we're calling voluntary to what we have now? What would you characterize what we have now?

MR. DEREAMUS: There's a license, an ambulance service

licensure program, it's not -- there's no fees attached to that.

REPRESENTATIVE SACCONE: Okay. No fees to the license?

MR. DEREAMUS: No fees for the license.

REPRESENTATIVE SACCONE: Okay. Thank you. I just wanted to --

MR. DEREAMUS: And that voluntary ambulance service certification still exists in the Medicaid code, so it's listed in the Medicaid manual as a certification.

REPRESENTATIVE SACCONE: But we don't have any in Pennsylvania that are voluntary --

MR. DEREAMUS: Not since 1985, no.

MS. SHARAR: Medicaid does have some outdated policies.

MR. DEREAMUS: A little bit.

REPRESENTATIVE SACCONE: Thank you.

MAJORITY CHAIRMAN BARRAR: Representative Barbin.

REPRESENTATIVE BARBIN: Thank you, Mr. Chairman. In your testimony, you have -- there's some testimony about the Chairman's House Bill 2001 that would permit payment for medical evaluation and treatment without transportation and then I'm wondering, is that related to this concept of community paramedicine where, you know, what you're trying to do is to stop the repetitive emergency room visits and save money through --

MR. DEREAMUS: There's a muriad that goes in what they call mobile grey health care. We really can't use the community paramedicine because it's a trademark term in one part of the

country.

REPRESENTATIVE BARBIN: But are you not being paid by Medicaid now for the -- those type os --

MR. DEREAMUS: Medicare and Medicaid unless you're dead requires a transportation component for paramedicine.

REPRESENTATIVE BARBIN: Right. So if there's no transportation component no matter what you do at the place where you're providing emergency services, you're not going to get paid through federal government.

I'm assuming -- is this your bill?

MR. O'LEARY: Yes.

REPRESENTATIVE BARBIN: And is that the purpose of the bill?

MR. O'LEARY: Yes. Mainly, when ambulances show up and they provide triage at a vehicle accident scene, they will pull glass from your face, you know, check you out, make sure you're not concussed, whatnot. If you then say as a patient, look, I do not want to go to the hospital, I don't have five hours to wait at a emergency room, if you sign the paper and say, I do not need to be transported, the ambulance service cannot bill you. And they just provided, you know, a half hour, an hour worth of triage. They were dispatched by 911, taken offline for an hour. So the Chairman's legislation won't allow you do that.

MR. DEREAMUS: If I could elaborate, there's other factors involved in that with evidence-based medicine, we're finding that we can resolve a diabetic emergency as the lady from the

Legislative Budget and Finance Committee, if she's home with an individual, we can resolve her diabetic emergency in her house, talk to a physician and release her to whoever she's with and not ever transport her to the hospital. So we're taking care of her condition and she's gotten adequate care. She's got follow-up with somebody being at her residence with her. There's no reason that she has to go to the emergency room because all they're going to do is give her a meal, watch her, check her blood pressure and send her back home.

REPRESENTATIVE BARBIN: Yeah, I'm surprised that you're not -- that's not covered because both my parents were in Hospice treatment. They recently passed away, but in the last months of their care at home, they Akron City Police had to be called three different times just because they would -- they weren't strong enough to get back into the chair or they weren't strong enough to be moved out of the bathroom. And from what you're telling me, that isn't compensated.

MS. SHARAR: No, it's not.

REPRESENTATIVE BARBIN: Although I know just in my case alone with my mother and my father, they were there at least three times in the last month of their lives, so the place that I see this really hurting is my parents made a decision not to go into hospital care at the end of their life, which is a personal decision, but it's also a decision that saves us incredible amounts of money from the taxpayer standpoint if Hospice care

does that as opposed to the cost of being in a hospital for the last month of your life. So this is something we really should close and if, Chairman, I'll be happy to work with you to help close it because you are providing services and not only are you providing services, you're providing services that makes sense to the taxpayer. These are the ones that keep the bill that has to be paid from the state or the federal government from being $4,000 a day. And we're not even paying $100 for you to go out and provide that lifesaving service.

So anyway, I thank you for your testimony.

MR. DEREAMUS: Thank you, sir.

MAJORITY CHAIRMAN BARRAR: We will be talking a little bit more about that tomorrow with our retention recruitment hearing that we have. Are there other questions from the members? Anyone? Thank you for your testimony today and being here.

And just a last comment, the wellness of our state EMS system is of great importance to this committee and we would use this report and its findings to make necessary adjustments to our EMS act. Chairman Sainato, any closing remarks?

CHAIRMAN SAINATO: Just Chairman Barrar, I think this was a very good hearing. I sat back and absorbed as much of this as I could, I think the good questions by many of our members helped many of us understand some of these issues because as we move forward some of these things are very complicated and we want to do what's best for the taxpayers as well as the safety and the

health of our residents and constituents. So thank you all, Chairman Barrar for this successful hearing.

MAJORITY CHAIRMAN BARRAR: Thank you, Chairman Sainato. In a way of announcements, the Committee will convene again tomorrow in this room at 9:30 a.m. to discuss recruitment and retention incentives for our volunteer emergency responders. Anyone else for the good of the order.

Hearing none, this meeting is now adjourned. Thank you.

(Hearing adjourned at 11:37 a.m.)

CERTIFICATE

I hereby certify that the proceedings are contained fully and accurately in the notes taken by me from the video file of the foregoing cause and that this is a correct transcript of the same.

Denise M. McCartney

Denise M. McCartney, Reporter

Notary Public in and for the Commonwealth of Pennsylvania

My commission expires
April 17, 2016.