



Testimony for Public Hearing

House Veterans Affairs and Emergency Preparedness Committee

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Good Afternoon, Chairwoman Boback, Chairman Sainato, and members of the committee. I am Dr. Aaron M. Rhone, Interim Director of the Bureau of Emergency Medical Services within the Pennsylvania Department of Health. I have been involved in Pennsylvania EMS for the last 20 years, and I have the distinct honor of serving as the Commonwealth's interim EMS Director. Thank you for the opportunity to provide testimony today related to the various areas of concern within the Emergency Medical Services System within the Commonwealth.

Before I begin my testimony today, I want to take a moment to recognize the tremendous work being performed by EMS providers across our Commonwealth. The Commonwealth's EMS professionals have remained dedicated and steadfast in their work despite the prolonged and trying circumstances presented by a global pandemic. Their dedication, bravery, and compassion for their fellow citizens is nothing short of remarkable and has the Department's heartfelt gratitude. I would also be remiss to not recognize and extend the Department's heartfelt gratitude to the family members of these professionals who have supported their significant others throughout this pandemic.

As most of you are aware, the Department of Health through the Bureau of EMS, serves as the lead agency for EMS in the Commonwealth. As part of those responsibilities, the Department conducts various activities related to education, certification, licensing, and coordination of the EMS system that includes 13 regional councils, approximately 1,300 licensed EMS agencies, and over 40,000 certified EMS providers. In 2021 alone, the Pennsylvania EMS system responded to over 2 million calls for service.

The current and future outlooks of the EMS workforce is a point of constant discussion by EMS leaders across the Commonwealth and around the nation, with a great deal of focus on recruitment and retention. While the Department certainly agrees that recruitment is an integral component to any workforce, today it is equally beneficial to focus on the area of retention.

Each year the Commonwealth's Bureau of EMS certifies between 2,000 and 2,300 new Emergency Medical Technicians or EMTs. This number of newly certified EMTs has stayed relatively consistent over the last decade, if not longer. However, the number of EMTs that allow their certifications to expire and

ultimately leave the profession continues to outpace those becoming certified within the Commonwealth. While there is a slight increase in the number of certified providers over the over the last two years this is attributed to a regulatory exemption that I will explain in more detail.

However, in calendar year 2020, 2,288 EMTs allowed their certifications to expire. Just one year later, in 2021, 2,606 EMTs allowed their certifications to expire. Of those EMTs who allowed their certifications to expire, 63% were under the age of 40, and 44% were under the age of 30. Yet, although the loss of clinically certified providers is of concern, when comparing data from year end 2020 to year end 2021, calendar year 2021 was the second straight year in which the number of certified EMTs was higher than the previous year. This is in part due to the regulatory exemption that allowed previously certified providers to reinstate their EMS certifications by completing continuing education and an application process.

When comparing the same data points for providers certified as Paramedics in 2021, 45% of those who allowed their certification to expire were under the age of 40. Those who allowed their certifications to expire under the age of 30 make up 19% of those expired providers. Thus, the rate of younger clinicians leaving the EMS profession is concerning at both the Paramedic and EMT levels. Over the last decade, the Commonwealth has seen nearly 36,000 certified EMTs either leave the EMS profession or declined to enter and actively practice within the EMS profession despite obtaining an EMT certification.

When we focus on the number of EMTs the Pennsylvania EMS profession has lost, not only are these EMTs that are not providing care to the citizens of the Commonwealth, but these were also potentially the next Advanced EMT (AEMT) or Paramedics to be certified within the Commonwealth. As a result, the lack of retention for EMTs in the prehospital setting causes a recruitment gap for the more advanced level of providers. As briefly introduced previously, in an attempt to reengage at least a portion of those that left the profession, the Bureau issued a regulatory exception to its lapse of registration process. This exception streamlined and simplified the process by which providers whose certification expired on or after February 1, 2010, could regain certification if they chose to do so.

From March of 2020 through January of 2021, the Department has processed 1,130 EMS applications for certification reinstatement under a regulatory exception. This represents an increase of 1200% in the number of reinstatements compared to calendar year 2019 and represented about 2% of those who were eligible under the terms of the regulatory exception. We are still currently working on the data for how many people reinstated their certification and how many of these entered the workforce to provide care.

Despite this influx of personnel from the regulatory exception from March 2020 to January 2021, only 223 of the individuals who were reinstated or what equated to about 20% appeared on a patient care record during the time of reinstatement data presented here. For clarity a patient care record is generated by EMS providers and would depict all members of the crew who treated a patient. While the number may seem relatively small compared to the total who reinstated, these 223 individuals collectively ran 20,531 calls supporting the health needs of the residents Commonwealth.

Based on currently available data, the predominate reinstatement location under this program was Northeastern Pennsylvania. Within the Northeastern portion of the Commonwealth, 28 % of those who were recertified under this regulatory exemption returned to the workforce and are providing EMS care in the Commonwealth.

The exemption process allowed, for the first time in the last two years, the Commonwealth's year end numbers of certified EMS providers to increase. Under the data currently analyzed, the number of EMTs increased just over 2%, and the number of Paramedics increased at a rate of approximately 7%. It is critical to note that this increase happened during a global pandemic that placed monumental challenges on the Department-approved EMS educational programs. As many programs were forced to adapt education thus slowing down some initial certification processes. Preliminarily, of the 67 counties within this Commonwealth, 47 counties saw an increase in the number of EMTs when comparing year end 2019 to year end 2020, and 55 counties saw increases in the number of Paramedics living in those counties.

While we are always focused on improving retention, the Commonwealth's EMS system also struggles with engagement of providers. Of the nearly 30,000 EMTs

that are certified by the Department, only half are reported to be affiliated with an EMS agency via their electronic licensure rosters. That means that there are approximately 15,000 EMTs that are trained and ready to serve, but, for one reason or another do not participate in the EMS profession.

Considering the challenges listed above, the Bureau of EMS worked with EMS stakeholders from across the Commonwealth and nation to expand the role and scope of practice for Advanced Emergency Medical Technicians or AEMT. The AEMT level of clinician requires more training and can perform more advanced interventions than an EMT. However, in comparison to Paramedics, an AEMT completes a much shorter training course. Currently, the Commonwealth only has 547 AEMTs, but the Department hopes to see this number continue to grow in the future, particularly in areas where Paramedics are in short supply.

From a financial perspective, prior to the pandemic, many EMS agencies were already struggling with day-to-day operational financing of an EMS system that includes the unreported costs of readiness. The cost of readiness is the cost of keeping an EMS vehicle staffed, supplied and ready to respond even if a revenue generating call is not received.

The pandemic had an immediate financial impact on, EMS agencies across the Commonwealth. For example, during the Spring of 2020, many EMS agencies saw drastic reductions in the number of EMS transports conducted. In certain areas throughout the pandemic, Pennsylvania EMS agencies saw reductions in patient transports as high as 65%, which ultimately puts already financially strained agencies into a greater financial deficit. Although the number of transports has begun to stabilize, each of these lost transports represents lost revenue to EMS organizations working to provide service to their communities.

In addition to the specific funding challenges faced by individual EMS agencies, EMS system funding has also faced significant reductions during the pandemic. The Emergency Medical Services Operating Fund (EMSOF), which the Department uses to fund the 13 regional EMS councils and the Pennsylvania Emergency Health Services Council, has suffered a significant reduction in funding. This operating fund is solely based on fees collected from traffic citations. While Act 93 of 2020 increased the underlying fees available for EMSOF, it has only generated a

monthly increase of approximately 30% over fiscal year 2018 to 2019, which was the most-recent normal collection period prior to the impact of the pandemic.

The \$25 million appropriated in Act 10 of 2022 will provide much-needed support to eligible EMS agencies. If all eligible agencies apply, it is estimated that these grants will result in approximately \$32,000 in funds to be disbursed to each EMS agency, which will of course have a proportionally larger impact on our smaller agencies.

While both Act 93 of 2020 and Act 10 of 2022 have been financially beneficial to the EMS system, they are one-time infusions of resources. Unless there is a timely and significant change to the collections associated with EMSOF fees, or another source of recurring funding identified for fiscal year 2022 to 2023, the Department, I cannot overemphasize the fiscal challenges that will be faced by the Department, the councils, the EMS system, and the community at large.

While 2021 continued to be incredibly busy year for the Bureau of EMS, we expect workload to continue to increase in this year and future years as we face the ever-changing health needs of the residents of Pennsylvania. However, as the Commonwealth's lead EMS agency, we stand at the ready to provide whatever assistance, support, and information needed to assist the General Assembly and this committee in ensuring that Commonwealth residents and visitors receive the highest quality EMS care available, as our provision of quality care and reflects the Commonwealth as an industry leader in the EMS profession.

Thank you again for the opportunity to testify before you today. I would be happy to take any questions you may have.