



TESTIMONY

**TO THE
HOUSE VETERANS AFFAIRS AND
EMERGENCY PREPAREDNESS**

**Subcommittee on Security and
Emergency Response Readiness**

**PUBLIC HEARING
HOUSE BILL 1282**

of

**J.R. Henry,
President**

**PENNSYLVANIA EMERGENCY
HEALTH SERVICES COUNCIL**

August 18, 2005

Good Morning. Chairman Bastian, Chairman Solobay and members of the sub-committee, thank you for this opportunity to comment on House Bill 1282 as it relates to potential restructuring of the lead EMS agency within the Commonwealth.

I am J.R. Henry, President of the Pennsylvania Emergency Health Services Council (PEHSC). I am here with my fellow Executive Committee members, John Glass, Richard Patrick and Charles Stutzman. Also, allow me to introduce our Acting Executive Director, Janette Kearney.

I have been involved in emergency services for over 25 years. I have previously served as the Executive Director of Ross/West View EMS Authority in Pittsburgh for 20 years. During which time, I also served as a frontline Paramedic and Supervisor. Currently, I am a national management consultant focused on issues facing emergency service providers. I have traveled extensively across the country assisting EMS and fire department organizations with strategic planning, financial and operational issues. I have personally been involved with the development of Pennsylvania's EMS system at the local, county and state level through my activities with the Council since 1987, currently serving as the representative for the SouthWest Ambulance Alliance.

My colleagues also have extensive EMS backgrounds. Mr. Glass is a paramedic for the Rescue Division of the City of Pittsburgh EMS; he is also the Chair of the Council's Rescue Task Force. Mr. Patrick has been involved with EMS for 28 years and was the Chief of EMS for Lebanon city. He is currently the Director of EMS Programs for VFIS in York. Mr. Stutzman is the Administrative Director of the Pre-Hospital Services at Susquehanna Health System in Williamsport and is a long time paramedic provider. Ms. Kearney has functioned as both an EMS Administrator and field provider since 1990. She continues to provide prehospital care to her local community.

Since 1985, the mission of the Pennsylvania Emergency Health Services Council, as defined in Act 45, is to provide expert advice to the Department of Health on EMS and other health related issues. The Council, through its 30 member Board of Directors and other members, represent the leaders in emergency services and those who are truly vested in the daily operations of EMS throughout the Commonwealth. Many of our members are statewide organizations like the Ambulance Association of Pennsylvania and Hospital & Healthsystem Association of Pennsylvania. For your reference, we have supplied you with a comprehensive list of our current Board members.

Throughout its history, the Council has served as one of the only forums where field providers have the opportunity to discuss and have input into policy decisions. We also have attempted to provide organizations with timely and useful information regarding current and future emergency medical system issues.

Over the years, the Council has faced a number of organizational challenges. This year, the Council has elected a new Executive Committee and, in cooperation with our staff, has been working on a number of important changes. We fully recognize that the Council must change and move forward in a direction to meet the needs of our stakeholders. We are confident that these changes will result in a more efficient and effective Council. The Council's commitment to these changes will grant us new opportunities to foster partnerships with the Department of Health, the regional EMS Councils, and other organizations to assure the provision of quality prehospital care in Pennsylvania.

As you are aware, tomorrow is the beginning of the formal portion of the Pennsylvania's EMS conference at this facility (Penn Stater Conference Center). Therefore, it is fitting for us to comment on this legislation as we wait for the arrival of hundreds of EMS providers from across the Commonwealth.

When my colleagues and I began our respective EMS careers, prehospital care was significantly different than it is today. Ambulance requests were not necessarily

processed and dispatched through a 911 communications center; EMS training and equipment standards were just being initiated. Most providers were generally volunteers, who waited at home to respond to emergency calls. In those days, most often you would receive a request for an ambulance through a rudimentary, often uncoordinated radio alert system, which did not provide any significant patient information to the responders. You simply had no idea what you would find until you arrived at the scene. The patient received basic treatment from the crew and then was transported to an emergency room.

In 2005, response to a typical EMS call in Pennsylvania is quite different. Today, requests for EMS assistance are typically received by well trained 911 dispatchers who employ innovative, interconnected technology which helps bystanders begin immediate treatment and provides responders with updated information on the patient's condition. Many areas now have either full-time or part-time compensated crews to supplement the dwindling number of volunteers. However, "all-volunteer" services still remain in many communities throughout Pennsylvania. EMS providers are now better trained and stand ready to respond immediately to emergency medical calls with sophisticated, yet expensive, medical equipment.

In stark contrast to the past, we were once known as ambulance companies, now we known as professional EMS organizations. Once, our ranks consisted mostly of dedicated - well meaning volunteers – now we have grown into a profession of both paid and non-paid providers. Once - we were known as only "ambulance drivers", a term which no longer depicts our role as professional EMT's and Paramedics.

These evolutionary changes have improved and enhanced the quality of emergency medical services to the residents and visitors of the Commonwealth.

As we have discussed, the EMS system in Pennsylvania has undergone many dramatic changes, as it has continued to grow and expand. As we all know, change is inevitable, and often is met with resistance. The Council believes that with input from all stakeholders and the cooperation and concurrence of the Legislature, change, can and will result in many positive outcomes.

Today, the Department of Health, the Council and others are engaged in one of these landmark changes, which includes the drafting of major revisions to the current Act 45, often referred to as the EMS Act. These changes are needed to update sections of the Act to meet today's standards and, in turn, to improve patient outcomes.

The EMS system in Pennsylvania has been built on the fundamental belief that medical treatment and transport of patients must be done by trained health care professionals. Further, these trained professionals, and the organizations they represent, must also meet standards to ensure that each and every resident of the Commonwealth is afforded the same level of high quality pre-hospital care.

Act 45 has given the authority to ensure these beliefs are delivered to the public through the Department of Health. The Department has served in this capacity under many leaders, and the day to day operations have been managed at the Department level under several different structures.

On a daily basis, the Commonwealth's EMS providers respond to a variety of unique situations. We do not solely manage medical and trauma patients, we also respond to fire calls, police incidents, and standbys at large public gatherings. EMS personnel, on a daily basis, interact with hospital Emergency Department physicians, nurses, firefighters, police officers, patients, family and bystanders.

The unique nature of EMS activities, which are both health care and public safety in nature, lends itself to the belief that EMS should have its own model structure. Because of this uniqueness, I am certain we all can agree that EMS does not fit easily into any existing model.

The battle wages as whether EMS is health care or public safety, or both. Today, with this version of House Bill 1282, some are suggesting that EMS be made a completely separate agency. For years, others have suggested that EMS should be placed under PEMA's leadership. Others have suggested that EMS should stay within the Department of Health but be elevated. Which model is the best? Which is the most appropriate? These are key questions which require careful consideration and deliberation.

While we are supportive of examining the EMS system and alternatives, the Council's review of House Bill 1282 and the proposed creation of a new EMS Agency has generated many significant questions including, but not limited to:

- What essential functions within the Department of Health and; or within other state related agencies could be disturbed or disrupted during a transition?
- Will the existing EMSO, Regional Council and PEHSC staff positions remain intact? How will their respective roles and responsibilities be handled or altered?
- How will the new agency relate to the Governor's Office?
- How will contracts be handled during a transition?
- What is the impact on EMS field providers and services?
- What impact will the transition have on EMSOF funding?
- Will patients or overall patient care be impacted by the transition?

- What fundamental bureaucratic processes will be eliminated or improved with this model?
- What is the overall fiscal impact of the transition?

Based on the lack of this crucial information and the numerous other concerns, the Pennsylvania Emergency Health Services Council, at this time, supports the concept of elevating the EMS office within the government structure, perhaps to a Department of Health - Bureau level or higher. It is our belief that the elevation of this office would provide the proper recognition for the numerous overlapping health care and public safety functions that EMS performs, as well as eliminating some unnecessary bureaucracy.

The specific model to accommodate this elevation remains unanswered for us at this time.

In an effort to expedite the answers to support the model structure for EMS, we would like to offer the assistance of our organization. The specific mission of the Council lends itself to help facilitate the important discussions needed to resolve and answer some of these crucial questions. The Pennsylvania Emergency Health Services Council has provided this type of support whenever significant system changes have been contemplated in the past. We would be pleased to work together with other stakeholders to perform an assessment of the system needs and to recommend a model lead agency structure for EMS in the Commonwealth.

This is an opportune time for the Council to help facilitate these discussions as we are now establishing plans to perform a comprehensive review of the current draft of the Act 45 changes.

We would like to stress that revisions to Act 45 are of paramount importance at this time. A significant amount of time has been spent to develop these draft changes. The Act, like other parts of the system, must change in order to provide support to the activities of the ambulance services

As with House Bill 1282, the EMS Act revisions will most certainly generate significant comments and debate. The Council is prepared and is planning to serve as the facilitator for this important forum for discussion by EMS providers and stakeholders at all levels.

Finally, we would be remiss if I did not speak about on the relationship between the Council, the Department's EMS Office and the regional EMS Councils. Over the past year, under Director Schmider's leadership, the EMSO and the regional councils have accomplished real and tangible change.

The responsiveness to the Council's needs and questions, as well as, those of the grassroots providers, has been met with supportive and logical means. Many of the EMS "veterans" in this room today have been looking forward to this type of positive and supportive leadership from the EMSO. We are looking forward to working together with Director Schmider, and his staff.

Mr. Chairman, we are in support of a new model structure for EMS. However, we believe that are many unanswered questions and other issues which are not comprehensively address in this version of House Bill 1282. Again, the Council looks forward to serving as the facilitator to help explore which model would be best suited to meet the needs of the EMS provider community and the patients that we serve.

On behalf of the members of the Pennsylvania Emergency Health Services Council, I again, thank you for the opportunity to provide you with our input.

This concludes our testimony. We welcome any questions or comments you may have.