



MODERNIZING FIRE AND EMS
Presented by Kathi Cozzone, Chester County Commissioner and
President, County Commissioners Association of PA

Senate Democratic Policy Committee
Delaware County Community College
Media PA
October 3, 2019

Good afternoon. I am Kathi Cozzone, Chester County Commissioner and current President of the County Commissioners Association of PA. CCAP is a non-profit, non-partisan association providing legislative, education, insurance, technology, legal and research services for all of the Commonwealth's 67 counties.

Thank you for inviting me to appear before you today to discuss modernizing fire and EMS services here in the Commonwealth. The CCAP membership last year adopted a resolution, attached at the end of these remarks, calling on the Association to study the crisis in EMS services, make recommendations on legislative and operational solutions, and determine an appropriate role for counties in assuring the provision and sustainability of this critical service. To be very clear, the resolution does not call for counties to take over service provision, but rather to explore the supports we can provide.

To that end, outgoing CCAP President Dennis Stuckey (Lancaster County) and I created a task force of CCAP members, with diverse geographic and demographic representation, and asked them to take up the matter and report back to the CCAP membership at this year's Fall Conference. You will note the resolution does not deal with fire services. While we acknowledge that in many cases there is some overlap at the local level, the EMS system has more diversity in its structures and problems and has more ties back to other county emergency management and human services programs, and so seems to us to provide the greater opportunity for counties to be part of the solution.

I am a member of the Task Force, and I am pleased to report that the Task Force is on track to present that report, although I regret that it remains in draft form and until presented to, and adopted by, our membership I am not at liberty to share it with you. That said, I can provide you a brief review of its methodology and of the direction its recommendations are headed.

Methodology

In preparation of the report, the Task Force held a series of live meetings and conference calls, each exploring different perspectives of the issue. Given the scope and depth of the legislature's

SR6 report, the Task Force used it as its starting point. Meeting guests included staff to the SR6 report, representatives of stakeholders, including municipal governments, the state Department of Health, the state Department of Community and Economic Development, the Ambulance Association of Pennsylvania, consultants, and others. The Task Force also received in-person reports from other county and regional studies, and accessed other reports as well. Task Force work was also augmented by CCAP staff meetings with other agencies and stakeholders.

Topics

The CCAP member resolution recognizes the unique and distinct roles of municipalities, and the variations in EMS service delivery systems, whether by volunteers, career, private for-profit and non-profit, and hospital system-based providers. With that as perspective, the Task Force focused its SR6 review primarily on elements of the report which provide opportunities for county involvement, augmented by other outside recommendations and resources.

Topic areas reviewed by the Task Force included:

- Retention and Recruitment
 - Building a culture of service
 - Financial incentives
 - Dealing with demands on hours
 - Dealing with service fatigue

- Reimbursement Rates
 - Sufficiency
 - Frequency and manner of review
 - Treat no transport reimbursement

- Funding
 - Volunteer Loan Assistance Program (VLAP)
 - Local funding options and structures

- Service Coverage
 - Standards of cover

- Service Models
 - County authority or joint authority
 - County-wide or regional models

- Community Risk Reduction
 - Integration with social services
 - Emergency Triage, Treat, Transport (ET3)

- EMS Act and Regulations
 - Opportunities and impediments

- Technology Support
 - GIS, response databases, Next Generation 911, peer research
- ALS/BLS Training Requirements
 - Hours, flexibility, online, match against local resources
 - Alternate training delivery: Workforce development, vocational schools

Recommendations

Following are highlights of the recommendations now under consideration by the Task Force. As noted, the Task Force report is still in the discussion stage, and because it has not been adopted by the Task Force and will not be presented to the CCAP membership until our Fall Conference, the following is not yet CCAP policy. It is instead presented here only as a tentative outline.

- Develop statutory authorization for county or multi-municipal authorities that would be capable of county-wide or regional EMS service delivery, including paid staffing, optimization of service deployment and service areas, and dedicated funding sources.
- Examine the scope of municipal requirements for assurance of service delivery, including development of target service standards of coverage.
- Encourage each county to convene forums of municipal officials, EMS providers, health care providers, health systems and other appropriate stakeholders to review current coverage and coverage needs, supported by a branded CCAP strategy to help develop parameters, surveys, ideas, data sources, and other supports.
- Provide technology tools to counties and EMS providers to enable them to better assess current strengths and vulnerabilities, to improve dispatch efficiencies, and to plan for current and future needs. The strategy should explore eligibility to use the discretionary funding allocation under the 911 system, as well as other potential funding sources. While the review will focus on response studies, GIS tools, and statistical models, it also should take into account radio and dispatching systems.
- Work with the Bureau of Emergency Medical Services, PA Department of Health, to provide multi-tiered, risk based, community capacity-based, needs-based EMS training and staffing requirements for ALS, BLS and QRS, to recognize the varying staffing and recruitment capacities of different regions, particularly rural areas.
- Provide guides, guidelines and strategies for county involvement and support in education, recruitment, and retention.
- Develop, in conjunction with human services agencies and providers, community-based risk reduction programs, including Medicaid and insurance funding, that would better serve the needs of those who otherwise call for emergency transport. Consider incorporation of principles of the ET3 program (Triage, Treatment, Transport) now in pilot testing under the

Centers for Medicare and Medicaid Services. Services would be available as a dispatch alternative, as well as tied to after-care and preventive care, acknowledging the readmission penalties that should make this a priority for health care systems. Coordinate with state programming including mental health intervention and support services. Address regulatory impediments, financial conflicts, and jurisdictional conflicts.

- Address system funding needs that support the variety of service models in operation in the commonwealth

Conclusion

Thank you for the opportunity to participate in this discussion today. Counties have mounting concerns for the safety and security of our residents as the pressures on the EMS system increase. We are looking for the appropriate role counties can fulfill in helping our municipal partners and community providers meet this need. We look forward to furnishing our final report and recommendations to you once complete and adopted by our membership. In the meantime, we will be pleased to answer any questions you may have.

CCAP RESOLUTION IN SUPPORT OF EMS SERVICES

Adopted August 24, 2018

The Association supports an option for creation of a county authority with municipal participation or a fully multi-municipal authority to provide regionalized emergency response services on behalf of and in cooperation with all or part of the municipalities within a county, with the following parameters:

- a. Potential creation of an authority to provide and manage the service(s), either directly, by contract, in partnership with municipalities, or in some combination;
- b. Prioritize improving access to service and system efficiencies;
- c. Services may include fire and/or EMS (QRS, BLS, ALS);
- d. Services may be provided for all municipalities, or select municipalities based on criteria including among others demographics, fiscal capacity, regional contiguity, service response areas and expression of need;
- e. Development of the scope and nature of service in consultation with its municipalities;
- f. Determination on full time and part time, and volunteer staffing configurations, and whether provided directly or through a contracted third party;
- g. Alignment with other regional providers, including hospitals, trauma centers, police, State Police and others;
- h. Funding sources and methodologies, including among others direct payment by municipalities, authorization and allocation of dedicated municipal emergency services millages, authorization of a dedicated county emergency services millage or per capita levies, provider billing and payment, subscriptions, and state and federal funding sources;
- i. Provide for municipal agreement and participation by vote of the governing bodies of the municipalities in the county or, if less than countywide, in the service region; and
- j. The potential development of a partnership with local schools to offer entry level training for firefighters and EMTs to encourage our youth in career pathways and volunteerism of emergency response.

Counties recognize that their municipalities have varying capacities to organize, promote, or provide emergency services, and that the traditional reliance on volunteers and third party providers does not match current societal engagement. Other models may be available to assist municipalities, either regionally or countywide, in providing those services. The resolution promotes legislation to enable new models for providing those services, and grants significant flexibility on service, structure, funding, and related matters to be able to match local needs and circumstances. An additional emergency services millage or per capita levy is authorized. The concept has also been discussed as a part of the SR6 state review of emergency response services. In addition, (j) is intended to encourage volunteerism in emergency services beginning at a young age in the educational system.