

**Testimony of the  
Ambulance Association of  
Pennsylvania**

**Before the  
Senate Veterans Affairs and  
Emergency Preparedness  
Committee**

**Senate Bill 1236**

**September 6, 2006**



**Presented by Barry Albertson, Jr.  
and Charles Cressley**

Mr. Chairman, and distinguished Members of the Committee, my name is Barry Albertson, President of the Ambulance Association of Pennsylvania (AAP). Additionally, I am the Executive Director of an ambulance service that is the primary emergency medical service provider in six communities in Monroe and Northampton counties. Joining with me today is Mr. Charles Cressley, Secretary of the AAP and Director of Operations for Jefferson County EMS.

The AAP is a statewide advocacy organization that represents, and is the collective voice, for over two hundred and thirty ambulance services in Pennsylvania. Our membership is diverse and includes volunteer, non-profit, for-profit, municipal, air medical, hospital and fire based ambulance services that perform the vast majority of the emergency and non-emergency ambulance transportation in the Commonwealth.

Let me begin my testimony by commending Chairman White for including the Emergency Medical Services (EMS) provider community in Senate Bill 1236. The inclusion of the ambulance provider community in this Bill is an important step in moving the recognition of EMS forward as an essential vital public service.

In June of 2005, the Legislative Budget and Finance Committee released the report, "*The Feasibility of Regionalizing Pennsylvania's Volunteer Fire Companies*". Although the study was conducted solely on the Commonwealth's volunteer fire services, the report is a true reflection of what has already occurred and continues to plague the ambulance provider community. EMS in Pennsylvania currently faces significant challenges from a lack of personnel and financial resources. This has led to a number of critical EMS system issues revolving around recognition, recruitment, retention and reimbursement.

The concept of associations, mergers, consolidations, partnerships and regionalization is not new to the ambulance provider community and is more pressing now than ever before. Many ambulance services in the Commonwealth have been forced to consider these options based on the simple concept of organizational survival due to woeful rate-controlled reimbursement, decreases in workforce, disproportionate state and federal funding for grant programs and lack of direct support offered by local government.

Although only 40 years old, EMS providers, just like our emergency service colleagues in the fire service, have developed a strong tradition of service in Pennsylvania. Similar to fire services, the decentralized nature of Pennsylvania's commonwealth governmental structure has encouraged the proliferation of ambulance services. In the infancy of EMS development during the 1970's, local community leaders saw a need for quality EMS services and

acted accordingly. The effect of this was over saturation of services in some communities and counties. This duplication of service was inconsequential in the early evolution of EMS when the workforce was predominately volunteer based and EMS statutes, rules and regulations were non-existent. However, since to the passage of the Emergency Medical Services Act (Act of July 3, 1985, P.L. 164, No.45, as amended), EMS has transitioned from a predominately volunteer to a career workforce largely due the requirement for advanced life support (ALS) services to staff stations 24/7. While purely volunteer services still largely exist at a basic life support (BLS) level of service, the majority of services rely on career staff or a combination career and volunteer personnel.

It is important to realize that the majority of volunteer nonprofit ambulances opted for career staff and transitioned from volunteer to mostly paid services out of necessity due to the requirements of the EMS Act. Also affecting this issue is the technical aspect of delivering emergency medical care. The AAP endorses quality education for our personnel but with the advancements in emergency medicine, the training for paramedics and EMT's has become rather extensive. This time commitment, approximately two years for paramedic training plus additional yearly continuing education, has contributed to the decline of volunteerism. Consequently, these personnel shortages place a level of stress on EMS providers to staff ambulances in order to maintain critical access of the public to the 911 system. These services still maintain their nonprofit

corporate structures and charitable missions, but today provide their services with predominately career oriented or paid staff.

The acquisition of career staff paramedics and EMT's resulted in expanded operational budgets that increased payroll, payroll taxes, worker's compensation and healthcare insurance costs. As we speak, EMS providers within the Commonwealth located in areas where there is limited call volume, which is directly proportional to reimbursement; struggle to maintain their financial viability. All EMS providers are finding it difficult to recruit and retain adequate career or volunteer staff to respond to you or your constituent's request for emergency services. Limited staff and equipment translates into fewer ambulances in our communities and an access problem for 911 emergency responses. This access issue is non-discriminatory. It affects everyone from the insured to the un-insured, from the wealthy to the indigent and the young and old. Subsequently, forward thinking ambulance services looked toward consolidations and mergers to better utilize that workforce and increase the availability of services in a geographic area.

With the facts as just stated referencing the composition of the majority of ambulance services as a combination of predominately career with volunteer personnel, we would like to reflect on language and intent in the current Bill that raises some uncertainty. Specifically in Section 2, *Definitions*, language in the bill defines a "*Combination department*" as "Any volunteer emergency service

organization with a paid staff complement less than 20% of total active manpower complement". Later in this same Section, "*Volunteer emergency service organization*" is defined as "Any nonprofit chartered corporation, association or organization located in this Commonwealth which provides fire protection services, emergency medical services or rescue services and other voluntary emergency services within this Commonwealth". It is our belief that the intent of this Bill is to provide incentives for the vast majority of emergency services in this Commonwealth to better utilize available funding, resources, personnel and equipment. We would ask for clarification on this language because it is our belief that the inclusion of the definition "Combination department" and use of the term "Volunteer" may unintentionally deny the vast majority of nonprofit ambulance providers in this Commonwealth from participating in this grant program.

With this considered, we would humbly offer our assistance to the prime sponsors of the Bill and the Committee with the development of a definition, or additional language, that would mirror the prevalent corporate and personnel structure of the vast majority of nonprofit EMS ambulance services clarifying this concern consistent with what we believe the original intent of this Bill is.

Additionally, the number of licensed ambulance services in the Commonwealth has also been on the decline since the mid to late 1990's. In 1996, House Resolution 92, "*Report of the Health and Human Services*

*Committee*” reported 1,157 licensed ambulance services in the Commonwealth. Today, the Department of Health Bureau of EMS recognizes 983 licensed ambulance services. A portion of this decrease may be directly attributed to associations, consolidations, partnerships and mergers, however, the majority of this decline is the consequence of the lack of recognition for EMS as an essential public service from both a social and public policy perspective. It would be difficult to find a resident of the Commonwealth that would admit to consciously thinking of using the EMS system prior to the event that necessitated it.

From a public policy viewpoint, this bill does not deal with responsibility of local government for the provision of EMS. We appreciate that this was a recommendation included in the Senate Resolution 60 Commission Report and are actively involved with several members of the General Assembly in achieving that end. The AAP strongly believes that passage of House Bills 2312, 2313 and 2314 would complement Senate Bill 1236 in allowing local governmental entities to partner with their EMS services in the area of regionalization.

EMS is parochial and subsequently any discussion involving regionalization is not necessarily well received especially when finances are involved. Many informal discussions among the ambulance provider community end up coming down to diatribes between the haves and have-nots. This coupled with the lack of technical assistance, start-up capital and the legal costs associated with completing such consolidations was the death knell to many

good intentions. The inclusion of grant funds and its associated appropriation in Senate Bill 1236 is an important step to crossing this threshold allowing those services to continue meaningful dialogue.

The ambulance provider community has seen some clear success stories in the regionalization of EMS services born out of the reality of survival. Due to the diversity of the Commonwealth the concept of regionalization will not be welcome everywhere. For those ambulance services struggling to survive, this concept may be their only opportunity to continue a tradition of service to their community.

The AAP would support the intent of Senate Bill 1236. This bill has the potential to break down a multitude of EMS interagency barriers and bring EMS agencies together by providing a positive incentive to strengthen the EMS system from both a local and statewide perspective.

The AAP would like to thank the prime sponsor of this bill, Senator White, primary co-sponsor Senator Waugh and the Committee for their continued interest and support of the 911 EMS System in Pennsylvania. We acknowledge the hard work and effort that the members of this Committee have devoted to EMS System development and subsequent elevation in recognition for the thousands of EMS providers across the Commonwealth. This recognition of the value that the EMS system provides to the residents and visitors of the

Commonwealth is the responsibility of all the stakeholders of the system. In order for this to occur, the effort must start with you, our elected leaders, to create that environment for positive change. Your leadership role in the establishing this grant program and providing incentives to promote regionalization can only benefit the EMS system in the Commonwealth.

On behalf of the members of the Ambulance Association of Pennsylvania, I again thank you for the opportunity to comment on this important legislation. We will be happy to answer any questions the Committee members may have.