

Here are some notes from our conversation on Tuesday.

Short term – in S124 we had \$877K for EMS training. \$477K of that was what we thought was in the special fund for EMS training, \$400K in new funds from GF. That need has not gone away. Normally the system loses about 400 people per year – this year has been worse. People getting sick, needing to care for family members, vulnerable populations, etc. DOH is putting out an RFP for a modified online and in person training program. While this was being talked about before, COVID19 has accelerated that conversation. This is for training for EMTs. UVM has such a system, it is used somewhat by EMS but also serves other purposes, pre med school training, and others. Normal training for an EMT is 6 months, if accelerated this could be done in 6 weeks. DOH is talking with UVM. Money is still needed for this training. The cost is about \$1000 per student – this figure comes from Maine where they are in much the same position and have worked with some vendors. So we are asking for \$500K to train 500 EMTs.

This could come from CARES \$ as it is COVID related, is not in a passed budget and could be spent before Dec 2020. To justify the COVID relationship – many providers subsidized the training but with the loss of revenues to the providers they do not have that ability. And the lost revenue is directly related to COVID19 – fewer hospital to hospital transports, more calls but fewer of them being taken to hospital (the only ones that are paid for).

There are also 200 students in the current pipeline, some of whom could finish up if they had access to the online training. So 500 is a low estimate of the need.

They also have immediate one time needs related to COVID19. Decreased revenues mean they are less able to purchase supplies, provide on going CE, upgrade equipment (or even keep in the best shape), medical supplies are needed. So we are asking for another \$1M for those one time needs. We will have figures of how much has been lost. Just one example, Rescue, Inc is down right now \$152K, that does not include the Medicaid retention money and a direct amount from AHS – unclear whether these are loans, grants or advance reimbursements. Even assuming they are grants that will not need to be paid back they are short \$152K – multiple that be even 10 EMS providers and that is \$1.52M. We are asking for immediate funds to offset some of that.

There are longer term suggestions: change the way Medicaid pays so that all calls are paid for, not just those that transport (EMS used to be thought of as a transportation system but now we know it is really an extension of the hospitals and medical providers). If Medicaid did this the private insurers might follow. At the state level we can't affect Medicare but national organizations are working on that. There is also the ability to include EMS in the health care reform that is moving from a fee for service model. There will be other suggestions to follow but they are more long term.

Just a few thoughts to discuss tomorrow.
Jeanette