



Report to The Vermont Legislature Emergency Medical Services Advisory Committee (EMSAC)

In accordance with Act 155 (2012), Section 39, An Act Relating to Miscellaneous Changes to Municipal Government Law, to Internal Financial Controls, to the Management of Search and Rescue Operations, and to Emergency Medical Services.

Submitted to: House Committee on Government Operations
House Committee on Commerce and Economic Development
House Committee on Human Services
Senate Committee on Government Operations
Senate Committee on Economic Development, Housing, and General Affairs
Senate Committee on Health and Welfare

Submitted by: The Vermont EMS Advisory Committee
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Report Date: 1/8/2024

The EMS Advisory Committee (EMSAC) was formed under authority of Act 155 of 2012 and revised by Act 202 of 2018 and Act 166 of 2020. The committee makeup was changed in 2018 and additional work force information was requested. New EMSAC members met throughout the year, revisiting many of the questions and incomplete tasks from our last report. Information on the health of our EMS system was gathered through a survey, direct conversation with stakeholder groups and response data. The Health Department's Office of EMS participated in all the meetings providing statistical and historical information as requested. EMSAC recognizes the limitations of the available data and has worked to provide the most complete report possible.

Emergency Medical Services Advisory Committee
Report for 2023

Table of Contents

Executive Summary 3
Specific issues include: 4
Detailed Analysis 6
Committee Membership 10
EMS Agency Map..... 11



Executive Summary

The Emergency Medical Services (EMS) system in Vermont provides the public with emergency access to basic and advanced life support and ambulance transportation, 24 hours per day. EMS is a critical link for patients that need higher levels of care or need to be transported from one healthcare facility to another for continued care. **In many areas of the state, EMS services are struggling to meet even the basic needs of the community. Not all citizens in Vermont have access to adequate, equitable, and efficient emergency care and specialized transport.** Inadequate staffing in our volunteer and career departments is impacting access to timely, clinically appropriate, equitable care in parts of Vermont.

Vermont's 75 ground ambulance services, 1 air ambulance service, and 88 first response services continue to provide life-saving treatment and transportation every day, often relying on neighboring communities and mutual aid to meet the increasing demand for service.

On average, Vermonters request an ambulance 342 times per day. The public expects timely emergency response when they activate the 911 system today more than ever before, but timely, equitable access to pre-hospital emergency care and ambulance transportation is not a guarantee.

Despite efforts to stabilize the EMS system in Vermont during recent years, the system is failing. The greatest challenges to Vermont's EMS system that needs immediate legislative attention are:

- **Sustainable Funding**
- **Workforce Development**

Unreliable levels of local, state, and federal support have pushed our fragile system and those who serve our communities to the point of crisis. The attrition for licensed EMS providers in Vermont during 2023 was 14%, 390 providers did not renew their licenses. This along with increased demand for services has caused EMS workforce shortages across the state. During the last several years, wages in some regions have had to increase by more than 25% to compete with other healthcare facilities and out-of-state ambulance service providers. The cost of health insurance and the double-digit annual increases in premium prices make competitive benefit packages out of reach for most rural EMS providers.

As a critical component of Vermont's healthcare system, EMS responders have responded to 124,740 calls for service in 2023, an increase of 22% in the last five years. During the same period, the total number of licensed EMS providers has **decreased by 3%**. The introduction of the Vermont First Responder, an entry-level certification developed in 2020, has increased the total number EMS providers slightly but has not corrected the workforce shortage.



Specific issues include:

- **Funding**

- **Immediate action** needs to be taken to adjust Medicaid rates to cover the cost-of-service delivery.
- **Immediate action** should be taken to incentivize towns and services to develop regional partnerships that will improve reliability and reduce costs.
- The new Medicaid rate set in July of 2023 is helping with the funding gap, but unfortunately these new rates still do not cover the cost of delivering EMS.
- Using property taxes to subsidize insufficient Medicaid reimbursement fails to take advantage of matching federal funds. Years of inadequate reimbursement has contributed to rising municipal budgets and higher property taxes.
- Medicaid reimbursement rates need to account for rural areas and annual inflation.
- Increase the Medicaid “treat no transport” rate to a minimum of the BLS emergency rate.
- Small rural ambulance services need additional support.
 - Longer transport distance to a local community hospital increases out-of-service time and increases the overall cost of readiness.
 - Direct funding is needed to support strengthening EMS organizations.
 - In many cases, a cluster of small ambulance services in a hospital service area will fail to meet the need to transport patients between facilities. Interfacility transports from community hospitals is a burden to small rural services. As a result, patients are unable to get the care they need.

- **Workforce Development**

- **Immediate action** needs be taken to support affordable additional paramedic programs.
- **Immediate action** needs to be taken to add sustained annual funding of \$1,000,000 to the budget to support workforce development through EMS education.
- EMS education and continuing education continues to be a challenge to access.
 - EMS education and licensure has changed. Funding and training need to be available to help our current education programs meet the new education standards.
- Career Staffing Challenges
 - Inadequate reimbursement and unreliable funding for EMS services has resulted in low wages, limited benefits, or only volunteer positions.
 - The cost of labor has increased by more than 25% in the last few years causing many services to be operating on reserve funds. Services are now seeking additional municipal support.



- The cost of health insurance and the annual increases in premium prices make competitive benefit packages out of reach for most rural EMS providers.
 - **Immediate action** should be taken to allow access to state retirement programs for non-profit and regional EMS providers.
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- Regular EMS staff turnover as EMTs, advanced EMTs and paramedics pursue other health care career opportunities.
 - The American Ambulance Association published a 2022 EMS Industry Turnover Study, from the executive summary, "Voluntary and overall turnover increased for 2022, with the turnover rate being in the 20 to 36 percent range for EMTs and Paramedics, a 6% increase over the prior year... the primary reasons cited for turnover across all positions within EMS agencies is low pay and benefits, followed by a change in career."
- Volunteer Staffing Challenges
 - Increasing demand for time
 - We are asking for more from our volunteers every year with increasing call volume. The call demand has increased more than 21% in the last 5 years.
 - The cost and access of education continue to present obstacles to volunteers.
 - Hospital diversion shifts hospital staffing burdens onto EMS providers.
 - **Immediate action** needs to be taken to reduce costs and incentivize new and existing volunteer EMS providers and their employers.
- **System Utilization**
 - The number of requests for ambulance response have gone up -
 - The average number of requests for ambulance response during 2023 has **increased 22% in over the last five years.**
 - 79% of EMS utilization is 911 response. In 2023, 99,336 calls resulted in an emergency response.
 - Hospital capacity, access to definitive and specialty care has had a major effect on EMS.
 - Hospitals going on diversion results in longer transport times, results in longer response times and greater burden on our EMS system.
 - Overcrowded emergency departments have caused EMS crews to wait hours for the ability to turn patients over to hospital staff.
 - Local and regional facilities are unable to meet the patient demand which has required EMS to transport patients hundreds of miles out of state for services.
 - More than 25,000 patients required ambulance transport between healthcare facilities in 2023.
 - **Immediate action** is needed to support our hospital partners appropriately staffing local hospitals.



Detailed Analysis

Question 1: Should every Vermont municipality be required to have an emergency medical services plan in effect, providing for timely and competent emergency response?

No, a timely and competent emergency response is only part of EMS delivery in Vermont. EMS is also a critical part of healthcare, providing for medical transportation to definitive or specialty care for the sickest members of our communities. With a few exceptions, municipalities acting to only provide one leg of the service have contributed to the current system struggles. EMS plans need to be developed regionally and need to include not only a robust 911 response, large incident response but also include basic and critical care level medical transportation to definitive care.

Question 2: Should the state establish directives addressing when an agency can respond to a nonemergency request for transportation of a patient? And if doing so will this leave the service area unattended or unable to respond to an emergency call in a timely fashion?

This is a concern in some areas of the state, but it is not a universal problem. EMS systems that transport to UVM or DHMC are unlikely to experience the same needs for acute transport as systems that are served by community hospitals. Regionally operated EMS systems can maintain 911 coverage, at the same time they serve the needs of patients to receive higher levels of care.

Question 3: How is the EMS system functioning statewide? What is the current state of recruitment and workforce development? Funding

The COVID19 pandemic changed the stakes for providers entering the field. New challenges in uncertainty required a new heightened dedication, resiliency, and adaptability can be unique to find in even seasoned care providers.

The creation of the Vermont Emergency First Responder (VEFR) certification level in 2020 increased the total number of EMS providers in Vermont however **the total number of licensed providers (EMR through Paramedic) has remained stagnant in the last three years.**

Current Licensures	1/4/2021	1/5/2022	1/3/2023	1/3/2024
EMR	180	114	83	77
EMT	1396	1399	1399	1404
AEMT	718	650	741	751
PARAMEDIC	389	390	393	430
CRITICAL CARE PARAMEDIC	79	84	57	64
Total	2762	2637	2673	2726

Vermont Emergency First Responder	287	525
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