

Thank you for the opportunity to testify in front of her committee. I have been asked to outline that my statements represent myself and my service to Central Vermont, and do not represent the opinions of the six employers that I work for. Thank you for taking the time and dedication to improve Vermont EMS as then essential service and Public Safety in Vermont.

I would like to take a quick moment to introduce myself. My name is Scott Bagg and for 32 years I have been a proud responder in Central Vermont for both fire and EMS. I started my journey as most to by earning my first responder certification and by dispatch in my local agency. Over the years, I have excelled and exceeded to become a well-rounded paramedic and EMS educator. I currently serve the town of Northfield as well as the Champlain Valley Exposition in Essex. But more importantly, I serve as the training coordinator for Vermont EMS District 6, which is a conglomerate of ambulance services and fast squads serving Central Vermont in both Washington and Orange counties. I have been fortunate to teach hundreds of EMS responders over the years and was recognized as the Vermont EMS educator of the year in 2022. Unfortunately, due to a work-related injury, I have been sidelined for a few months. But normally I served my local community by giving 24 to 30 hours of volunteer service every week.

I will take only one minute to discuss the regional EMS coordination report. I am limiting my comments to one minute because I feel it is best to look forward and not focus on what could have been or what should have been in this report.

The report process left us disappointed and frustrated immensely. I was fortunate enough to be selected to represent rural EMS services as part of the EMS Study Committee and I thank those that selected me. I recognized how important this study was and how it could start significant and necessary change for Vermont EMS. I went all in encouraging participation by attending in-person sessions, contributing to surveys, and encouraging participation.

But it became apparent early on that both the contracted agency that was publishing the report, and the leaders of the Department of Health had their own agenda and plans. This was further complicated by meetings late on Wednesday evenings that sometimes lasted until 10 pm, the sparse number of those meetings without planned agendas, and the fact that the individual running the meeting and who was in charge of the study spent more time talking than listening.

As we worked through the charges of the legislature to identify issues with costs of service and existing funding models, coordination across agencies, and EMS district structure and configuration, it became apparent that a decision on how these would be tackled had already been made. I quote a chief of one of the busiest services in Vermont, “I did not feel it was a productive conversation, and I wasn’t expecting to spend so much time in a meeting going through those points individually. I left the meeting after an hour or an hour and a half because I felt my time was better spent putting my kids to bed!”

By November, many members became very irritated with the purpose and the direction of the study committee, with many giving up and walking away. For example, an EMS District leader said, “I’m having a hard time understanding the role of the committee. Have we identified the top issues or problems that came out of the regional meetings?” And then in mid-November, everything stopped. The committee was not supplied with a draft of the report or even the points or tenants that would be recommended. Attempts to reach out to Travis or DOH about the report were met by refusal to discuss or participate further. Many members felt their only way forward was to demand a public records request.

Finally, the report was finally distributed by the Division Chief of DOH on Friday, less than seven days before this testimony.

As you can see, this is not the way to treat leaders of Vermont EMS who were dedicated and enthusiastic about the potential of this report could

finally deliver. And to have a twelve-page document that costs tens of thousands of dollars and has a minimal amount of actionable recommendations that could make significant change is unfortunate! If I were to characterize the report as published, I would describe it as a huge miss and a colossal wasted opportunity. And I wonder if those who prepared this report should be held accountable.

Moving forward, I must emphasize that rural EMS in Vermont IS IN CRISIS, period! The reports list that we have 79 licensed ambulance services with one ambulance per 8,290. What it does not emphasize is the rural landscapes of most of Vermont. A single volunteer ambulance may respond to just a couple hundred incidents annually using volunteer forces. That community recognizes if the service were to close its doors, the next closest ambulance could be dozens of miles away. This would increase response times and incident times, thus directly harming those in the most rural regions of our state.

Recently, I witnessed an ambulance service with nearly fifty years of dedicated service give up and gobbled by a regional agency. Ultimately, this did not save money, this did not improve response on average, and it decimated the volunteers that had given their lives to serving their neighbors.

Some in the Department of Health think regionalization is the answer to all things in Vermont. The fact is that is patently not true, and I would encourage those to run in rural Vermont to get a taste of how trying it is to maintain ambulance availability on top of the two or more jobs that EMS providers maintain.

I am the lowest-paid paramedic in Washington County. There are members of the public who can get hired at local fast-food restaurants and start making more than I do. For me, it has never been about the money, as I am committed to serving my community and my neighbors. But I am fortunate to have a primary career as an emergency department nurse. If my primary

career was in EMS, I would have been required to leave Vermont and seek employment in EMS somewhere else to make a sustainable living. EMS providers make less than those that are serving hamburgers. Think about that for a moment... The person who has your life in their hands on the very worst medical day of your life has chosen to make less and work more. Many of my EMS colleagues work at two or more ambulance services to make ends meet. Locally, officers and responders of my local ambulance have been forced to join larger services just to pay for groceries and rent. In Vermont, there are very, very few services that pay enough to sustain a family and the impact it must ensure that the responder is available all hours of the day. And the age of community neighbors serving each other is a dying breed. My volunteerism is a thing of the past and the newer members of EMS are making that hard decision to work many jobs, or just get out of EMS altogether.

The cost of EMS education further complicates this situation and strains our system. During one of the meetings, a local Advanced EMT described how she was forced to attend a paramedic program outside of the state because it was more than half less than what our current collegiate program charged.

As an EMS provider struggling to make financial ends meet, she inquired about EMS educational funding and the \$1-million dollar allocation in 2023. She was denied. Because she went to a cheaper program that had a higher success rate and better matched her career requirements, she was not allowed to seek financial assistance.

She is going to be bogged down with loan payments for years, even while a million-dollar allocation was out of reach.

We have asked and have not been provided a copy of where these funds have been distributed. However, I know that they did not go to the local responder who is attempting to improve their licensure level in educational programs. And that fact is a downright shame!

EMS education, both for initial entry licensure programs and advanced licensure programs, should be free for Vermont EMS responders. We are an essential service. Vermont law enforcement has the Police Academy. Vermont firefighting has the Vermont Fire Academy. Students at both of these schools do not pay a dime for their training. So, why is it acceptable that we are asking local responders, some in their young twenties, to shell out thirty to forty thousand dollars to become paramedics and burden them with these loans? Is it surprising that in-state programs have not been the primary path for education?

And is it surprising that many paramedic students, once they complete their licensure process that can take nearly 2,000 hours, leave for other higher-paid services both in-state and out-of-state?

This brings me back to one of the primary purposes of this report. Specifically, issues related to the cost of service and existing funding models. EMS has relied on reimbursement funding models along with local funds, using through taxation and municipal budgeting, to sustain its operations. Unlike other essential services such as law enforcement and firefighting, EMS has been forced to struggle for pennies to make things meet. Bake sales, donations, and fundraising have all become essential for many services. Ambulances are struggling with how to keep equipment up-to-date, train responders, pay personnel, and keep the lights on. How and why, this was not emphasized in the report is surprising. Looking at the recommendations on funding from this report, short of closing shop and regionalizing everyone, it does not provide workable, acceptable, or actionable items.

One of the common themes heard at almost every meeting session was that local EMS leadership needs help. My local EMS chief does not have the bandwidth or comprehension to develop a reasonable strategic plan. She is directly assigned to emergency response for each of our hours and must drop what she is doing for any incident. She struggles with meeting the daily needs of an organization and is little available to move past that to think or

plan. In our public meeting, multiple Central Vermont EMS heads of services stated they needed the Vermont Department of EMS to provide help and do it now. They need technical help in messaging, budgeting, leadership, quality improvement, and strategic planning. Furthermore, regional district leadership needs this help even further. Our local physician contributes to medical oversight and quality control independently.

She does not have any support locally to review or keep up on quality trends. She struggles to provide her various ambulance services and fast squad due to not having technical help. District leadership is completely volunteer and usually consists of overburdened and overtaxed leaders of local services. It has been extremely disappointing to watch the Department of Health not provide personnel and technical support. As a matter of fact, DOH leaders indicated that these were “local problems that required local solutions from the individual select board”. Many of our services left the various meetings feeling unsupported, unrecognized, and as one chief described it, “drowning without a life ring from the EMS office!”

Finally, the EMS Chief many times in various meetings has demonstrated that her office does not have nearly enough staff to accomplish all that is needed. This was one of the primary recommendations I repeatedly made during this process. I was shocked that it did not get included in the report. In comparison to other New England EMS office staffing, or similar, Vermont is dead last and the smallest. The EMS Chief has stated that she is unable to process vouchers or issue educational grants due to a lack of staffing. She has explained that she is greatly limited in what could be accomplished.

Her staff, which work tirelessly, are stretched thin and unable to meet certain needs. So, my first strong recommendation is to look at the staffing of the EMS office and develop positions of employees that can be regional technical support for local EMS needs by local EMS districts and agencies. Next, I would like to strongly advocate that the Vermont EMS Advisory Council be elevated and empowered as a governmental Board. This body

would have authority and oversight of the EMS office and be able to tackle some of the issues that have been building and engrained in Vermont EMS for decades.

Currently, the recommendations of the Vermont EMS Advisory Council have seen little acceptance or action by the Department of Health. Furthermore, this council has struggled with both transparency and collaboration. It has been suggested at multiple meetings that the Advisory Council is “advisory only”. This has limited its ability to enact and made use powerless to address systemic issues. Elevating this Council to a Board, and ensuring it has authority and accountability for sustaining and improving EMS in Vermont, will allow for dedicated individuals to finally enact processes for real change.

Next, I would recommend that we update the statute 24 VSA 2657 governing EMS districts. Over the past decade, the ability for districts to operate and the empowerment by statute has been withdrawn by the Department of Health. Even though it allows districts to “make recommendations” on local services and personnel, Vermont EMS has publicly stated that districts have no power and or authority on licensure. They had stripped the ability for districts to function and gradually made many districts insolvent. Then, EMS leadership blames local services in the reports when a few are “less than active or positive”. But, it is the lack of recognition or support by the Vermont EMS office that has created this problem. I recommend that authority for the districts, accountability for their work as prescribed in statute 2657, and encouragement to address local and regional issues be supported. Specifically, the Vermont EMS office be directed to send technical help to get many of the flailing districts back up to speed and on par with the few positive districts that exist. I am fortunate to be a part of a thriving EMS district and resist the strong push to remove the district in its entirety.

I do want to share that this report should be compared with reports in Maine and New York. I acknowledge that the time frame and rapid turnaround

were a barrier, but it should not be used as an excuse. The “Plan for a Sustainable EMS System in the State of Maine” and the “New York State 2023 Evidence Based EMS Agenda for Future” are both great examples of groundbreaking work that has directly impacted EMS in their states for the near and broad future. There is no reason why Vermont should not expect a similar product. To achieve this goal, I recommend that the Vermont EMS Board which I recommended earlier develop a technical action group to develop and publish such a plan. Numerous points in the Maine report and its rural EMS struggles are very similar to Vermont and could be a boilerplate to start. This technical action group should be comprised of leaders in EMS in Vermont equally along with providers who are boots on the ground and know the local challenges they are facing. I submit both papers as part of my testimony here today and would encourage these committees to compare them to the report that we received one week ago. Finally, I want strongly to support and advocate for House Resolution 622. Representative Katherine Sims participated in our EMS study and has been a strong ally for Vermont EMS this session. Numerous sections of this legislation will positively impact Vermont EMS. And it will finally allow Vermont EMS to start tackling the issues, barriers, and challenges that we have been facing for decades. Please strongly consider supporting and voting for House 622.

I want to thank this committee for the opportunity to speak today. I want to thank all those in EMS in Vermont who have supported me to come here and share my opinions and journey. I want to recognize all those hard-working EMS providers who faithfully service their communities today, especially in Central Vermont. Finally, I want to thank all those members of the Vermont Regional EMS Study Committee Members that diligently participated in the meetings.

A list of those individuals is provided as a part of this testimony. I especially call out Representative Katherine Sims and her tireless work to improve EMS in Vermont through the support of House Resolution 622. I hope that this brings recognition that EMS is an essential service in Vermont and it

desperately needs funding, technical support, recruitment, and retention to sustain and grow for the challenges of the future.

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