

**Act 78 (2023), Sec E.312.1 EMS Regional
Coordination Study**

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Legislative Testimony before a joint meeting
of the House Health Care and House
Government Operations and Military Affairs
Committees (01/19/2024)

Executive Summary

Act. 78 required the Department of Health to conduct a regional coordination study to identify issues and provide recommendations for legislative consideration to sustain and improve the provision of EMS for Vermonters. The study focused on the following three areas:

- issues related to costs of service and existing funding models.
- issues related to coordination across agencies; and
- issues related to EMS District structure and authority, including consideration of recommendations on the number and configuration of EMS Districts and their powers, duties, and authority.

The department contracted with Emergency Management Matters to design and implement the study processes, facilitate engagement with internal and external stakeholders, and provide direct support to develop the report. 673 Vermonters participated in this study by attending a public meeting, a focus group, providing direct feedback via the website, submitting comments by email, or answering questions on a survey.

EMS in the state of Vermont, like other states, is delivered by a diverse group of service types, which includes private not-for-profit, private-for-profit, fire department based, municipal EMS, and hospital-based services. Decisions regarding the type of EMS service provider, local readiness, staffing, deployment models, and financing, are made by community officials and voters at the local level.

Vermonters rely heavily upon the EMS system, with greater than 330 requests for EMS response made daily. No other healthcare entity provides unscheduled basic and advanced medical care to anyone, anywhere, at anytime of the day, and regardless of someone's ability to pay. In rural communities, EMS is often a substitute for primary and urgent care, as there is not a local clinic within a reasonable travel distance. As Vermont's population continues to age, it is safe to assume the annual number of requests for ambulance response will continue to increase.

Today, there are 3,277 certified and licensed EMS practitioners who are affiliated with one or more of the 168 first response and ambulance services across the state. Vermont EMS is rich in culture, history, community connection, and identity. Local control, local choice, neighbor helping neighbor, are inherent qualities of the Vermont EMS system.

EMS representatives have a tenacious appetite for community service and improving the health and wellness of Vermonters. During the COVID-19 pandemic when Vermonters were asked to remain at home, EMS practitioners staffed ambulances, performed testing, administered vaccine, and provided vital pre-hospital medical care at great personal risk. During the surge of pediatric and adult respiratory patients in the fall of 2022, a small group of EMS organizations once again stood up and partnered with the Department of Health to increase interfacility transport capacity

and capability. EMS services provided vital specialized transport and respiratory treatment for those patients moving between health care facilities.

From one community to the next, how EMS is delivered varies, and the challenges faced by each service differ. Some EMS representatives are concerned about their fiscal outlook, others report consistent community funding and support. Some EMS services report having a waiting list for folks wanting to join their organization; other EMS services are worried about a lack of EMS personnel in their region. While many EMS organizations are on stable ground, others are anxious about their short and long-term viability. The stresses on the EMS system are real and vary across the state. While many problems can be solved at the local level, others cannot, and more help is needed.

Over the last 50 years, many aspects of the Vermont EMS system have evolved. In the beginning, pre-hospital care was no more than basic first aid and a ride to the hospital in a hearse. Today, Vermonters are receiving pre-hospital medical and trauma care that is on the cutting edge of the EMS industry and are the essential component linking someone having a stroke, a heart attack, or who is critically injured, to the specialized systems of care they require.

EMS is considered an Allied Health profession, and Vermonters can expect to receive high quality and advanced medical and trauma care anywhere from the bedside to the roadside. This is all possible due to the collaborative relationship established with the medical community, and specifically the physician medical directors that are committed to advancing the knowledge, skills, and abilities of EMS practitioners. EMS is the point of entry to the healthcare system for 10s of thousands of Vermonters in need of medical care every year. Maintaining this vital community service will require solving issues that have gone unresolved for decades, such as sustainable, reliable, and affordable EMS system financing.

This essential service is provided by dedicated volunteers and paid staff. The legacy that EMS has today was forged on the backs of volunteers who for decades gave so much of their time, and of themselves, to serve their communities. While volunteerism has been and continues to be a proud component of the EMS workforce, across the EMS industry, EMS service representatives are reporting it is becoming increasingly difficult to recruit and retain volunteers. Many municipal governments are asked to give more, as EMS services supplement their volunteer workforce with a greater number of full and part-time staff. These communities are now grappling with the true cost of adequate EMS staffing. While it is assumed by the public an ambulance will always be available to respond, it is not a guarantee, and a greater investment is needed to sustain and grow the EMS workforce. Like other industries, there is an opportunity to create jobs, offer competitive wages, provide affordable benefits and a career path for Vermonters. EMS represents an opportunity for Vermonters to live and work, within the community they live in. Investments can be made to incentivize and create such opportunities.

Other aspects of the EMS system have not evolved as quickly, and are in need of change. Examples include EMS system financing, emergency communications, an overreliance on EMS personnel to voluntarily fill key positions, greater EMS service and community collaboration, and the EMS district model. While many EMS organizations need assistance, and aspects of the

EMS system need to evolve, a complete overhaul of the EMS system is not necessary. The EMS system would be better supported through targeted investments and system improvements. These include:

- Incentivizing regional coordination and collaboration.
- Rendering technical assistance and support to EMS leaders.
- Enhancing the use of data to support evidence-based decision making.
- Workforce development and sustainability investments.
- Establish and enforce EMS service performance requirements.
- The modernization of the emergency communications system
- Improving community and healthcare system preparedness and response
- Supporting the retention of EMS workers by ensuring they have access to mental health and wellness resources and support.

Regarding EMS districts, the department has developed a draft vision, conceptual framework, role, and responsibilities. EMS service representatives, personnel, and others have expressed an ongoing need for regional organization, communication, and coordination between EMS services, physician medical directors, and the state; the Department concurs.

I recognize and agree there is a need for greater EMS system accountability, regional coordination, collaboration, communication, and planning. It is in the public interest that we can say definitively, an ambulance is on the way, when requested. The EMS district model has not failed, it also needs to evolve. More opportunity is needed to collaborate with the EMS community to establish a consensus on the future of EMS districts. The department is committed to doing just that.