



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: January 16, 2023

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 2022

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Executive Summary

The Emergency Medical Services (EMS) system 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.

The challenges seen across the United States with EMS services closing or States needing to intervene due to complete EMS system collapse is a reality. Vermont is struggling with similar staffing issues and needs a sustainable funding model to continue to provide high quality, equitable care across all our communities.

On average, Vermonters request an ambulance 326 times per day. While the public expects timely emergency response when they activate the 911 system, today more than ever before, 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:

- **Sourcing Sustainable Funding**
- **Workforce Development**
- **Education**

By statute, the system is organized into thirteen EMS districts, each EMS district is organized around a regional hospital whose emergency medicine physicians provide medical direction and receive patients. EMS is delivered by licensed (certified at the VEFR level) practitioners with some working as community-based first responders that treat and stabilize patients prior to the arrival of the ambulance; ambulance service personnel provide services that range from basic life support to critical care. EMS is structured across the State as municipal services, regional non-profit organizations, and for-profit companies.

Years of inadequate reimbursement for services rendered, unreliable levels of local, state and federal support, and the pressure of the global pandemic have pushed our fragile system and those who serve our communities to the point of crisis. **Not all areas in Vermont have access to adequate, equitable, and efficient emergency care and specialized transport, for those who suffer from a medical emergency or traumatic injury.**

Attrition along with increased demand for services have caused EMS workforce shortages across the state. During the last year, wages in some regions have had to increase more than 25% in order to compete with other health care providers and out-of-state ambulance service providers.

Vermont's 79 ground ambulance services, one air ambulance service, and 91 first response services continue to provide life-saving treatment and transportation during these challenging times. As a critical component of



Vermont's healthcare system, EMS responders have responded to 119,031 calls for service in 2022 an increase of 1.8% from 2021.

EMS has also continued to be on the front line of the state's pandemic response with 11 EMS services organizing hundreds of fixed and mobile vaccination clinics, making vaccines more readily available to the public and providing more than 50% of vaccine distribution during the first six months of 2022.

Specific issues include:

- **Funding**

- Direct funding needed to support licensed EMS organizations
- Vermont Medicaid currently reimburses only 71% of Medicare rates.
 - Inadequate Medicaid reimbursement contributes to rising municipal budgets and higher property taxes. This method of using property taxes to subsidize the Medicaid program fails to take advantage of federal matching funds.
 - The provider tax used to stabilize Medicaid rates years ago has lost its effectiveness due to static Medicaid rates since 2019.
 - **Immediate action** needs to be taken to bring Medicaid rates to at least 100% of Medicare
- Vermont has approximately one Ambulance service for every 6000 residents.
 - Our current delivery model creates operational inefficacy and contributes to increasing state-wide delivery costs.
 - In many cases, a cluster of small services in a hospital service area will fail to meet the need to transport patients between facilities.
 - **Immediate action** should be taken to place a moratorium on new ambulance service licenses.
 - **Immediate action** should be taken to incentivize towns and services to develop regional partnerships that will improve reliability and reduce costs

- **Workforce Development**

- Provider mental health
 - Mental health issues and suicide rates of EMS workers nationwide continue to increase at an alarming rate
 - Support services for EMS providers suffering from work-related mental health disorders are insufficient. Access to clinicians is difficult for many providers and funding for these services is inconsistent
 - Despite efforts we currently do not have an adequate system to support EMS provider mental health
 - <https://legislature.vermont.gov/assets/Legislative-Reports/2022-ESP-Wellness-Report-final.pdf>
 - **Immediate action** needs to be taken to provide equitable access to services for EMS providers
- EMS education and continuing education has historically been expensive
 - Recent use of EMS Special Funds for education has helped to overcome barriers but the funding was one-time and needs to continue
 - Updates are needed to the EMS education system to modernize



- Volunteers are asked to pay between \$800 and \$1,500 to take an EMT or Advanced EMT course
 - Additional required training for CPR, Pediatric Emergencies and Trauma adds to the time and financial burden
 - The cost and availability of all EMS education (and most specifically paramedic education), makes career development difficult
- Career Staffing Challenges
 - Inadequate reimbursement and unreliable funding for EMS services has resulted in low wages, limited benefits, or volunteer only positions
 - 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."
 - The cost of labor has increased by more than 25% in the last year causing many services to be operating on reserve funds and are now seeking additional municipal support
- Volunteer Staffing Challenges
 - Increasing demand for services
 - We are asking more from our volunteers every year. The scope of education, as well as the requirements to stay licensed, continue to increase every year.
 - The call demand has increased
 - **Immediate action** needs to be taken to incentivize new and existing EMS providers and employers.
- **Education**
 - State funding for EMS education is inadequate, needs to be brought in parity with national industry averages
 - Our current annual state-wide appropriation is \$150,000
 - this investment of \$0.23 a year for each resident served will not support modern EMS education
 - **Immediate action** needs to be taken to increase this appropriation to \$1,900,000 per year, committed for the next five years, to fund the current model and revamp EMS education to allow for additional advanced certification opportunities
 - During the last several years one time funding was used to ease the burden of cost from EMS education with great success.
 - Cost and access are barriers for paramedic education:
 - Paramedic programs are limited and are cost-prohibitive for most prospective students. The only paramedic program in Vermont costs \$23,547 for residents (<https://www.vtc.edu/tuition-fees/tuition-fees-2022-2023/#Paramedicine>) comparatively



the costs in neighboring states are lower (For example, New England EMS Institute in NH cost is \$14,000 and Greenfield Community College in MA costs \$8470)

- Non-credit programs are not eligible for federal student aid
- Funds should be available for out-of-state programs
- **Immediate action: State needs to support additional paramedic programs.**
- Hospitals decline to host EMS students -
 - A lack of hospitals willing to host EMS students for clinical training negatively impacts the student experience and increases travel and other associated expenses for students
- EMS education has changed
 - Multiple instructional methodologies without consistent psychomotor skills or summative evaluation processes
 - The State EMS office revamped the instructor guidelines and created levels of licensure among them. As of the end of 2022, the EMS office has licensed the following: 7 Senior Instructors and 22 Skills Instructors (with an additional 16 in process)
 - Limited organized training for service leaders on issues and solutions for retention and developing provider educational support systems. For 2023, the EMS office has partnered with an outside vendor to provide leadership training for current leaders and support the workforce development for future leaders.
- **System Utilization**
 - The number of requests for ambulance response have gone up -
 - The average number of requests for ambulance response during 2021 and 2022 was 4.3% higher than the two years leading up to the start of the pandemic
 - Hospital capacity, access to definitive and specialty care has had a major effect on EMS.
 - Hospitals going on diversion results in longer transport times
 - 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
 - **Immediate action** is needed to support our hospital partners



Detailed Analysis

Question 1: Whether every Vermont municipality should be required to have in effect an emergency medical services plan 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 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 includes not only a robust 911 response but also include basic and critical care level medical transportation to definitive care.

Question 2: Whether the state should establish directives addressing when an agency can respond to a nonemergency request for transportation of a patient and if doing so will 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, it is not a universal problem. 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 the EMS system is functioning statewide and the current state of recruitment and workforce development.

This question continues to be the primary topic of committee work. The creation of the Vermont Emergency First Responder (VEFR) certification level has improved recruitment. In the last year, 51 VEFR courses were held in Vermont. Adding 285 new VEFR providers into our EMS system. Additionally, 84 VEFR-certified providers decided to continue their education and have completed or are enrolled in EMT education programs.

*Initial EMS voucher program

The EMS office funded 2 initial EMS education voucher programs, both offered students attending courses beginning between 06/01/22-12/1/2022. Program 1 allocated \$2083.00 to each of the licensed EMS services in Vermont to be utilized to offset the cost of students attending EMR/EMT/AEMT courses. Program 2 provided EMT course funding to targeted service areas to that were predetermined to be underserved in EMS education opportunity due to location, or available instructors.

Program 1 funded 122 students from 64 different services in EMR/EMT/AEMT courses.

Program 2 funded 30 EMT students from 11 different services.

*Critical Care Program

As December 12, 2022. 43 paramedics from 17 ambulance services have enrolled in a critical care paramedic course, totaling \$46,250 in tuition vouchers

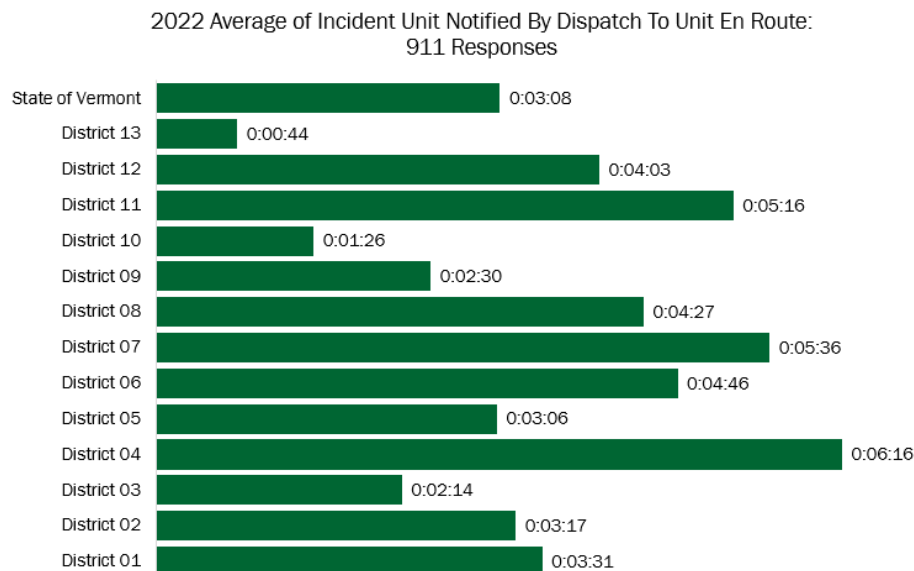
****These programs were funded with one-time special funds, not available going forward.***



Number of licensed personnel:

	1/7/2020	12/31/2022
VEFR		285
EMR	187	116
EMT	1442	1394
AEMT	752	740
Paramedic	377	392
CCP	77	52
Total	2758	2979

Question 4: Each EMS district's response times to 911 emergencies in the previous year, based on information collected from the Vermont Department of Health's Division of Emergency Medical Services.



Question 5: Funding mechanisms and funding gaps for EMS personnel and providers across the state, including the funding for infrastructure, equipment, and operations and costs associated with initial and continuing training, licensure, and credentialing of personnel.

Funding for EMS varies depending on the service delivery model for the town or region. Funding for first response services and ambulance service providers are different.

- Most of Vermont's first response services are volunteer services and depend on fundraising and small contributions from municipal budgets to operate. Career fire service based first response is funded through municipal appropriation.



- Vermont has several Ambulance agencies that continue to operate as completely volunteer services, providing medical treatment and transportation at no cost to patients. These services depend on fundraising and municipal contributions to operate.
- Most ambulance service providers are funded through a combination of insurance payments for services and municipal contributions. The exact formula varies widely.
- All services are struggling with the reality that payment received for services does not cover the cost of delivering those services.

Question 6: The nature and cost of dispatch services for EMS providers throughout the state and suggestions for improvement.

This committee has provided input to DPS on the effect of the proposal on the EMS system. Current plans for the elimination of state dispatch proposed by DPS will shift additional financial burden on small services and further fragment the states dispatch system. Our current dispatch system, as well as the proposed changes to our state-wide system fail to meet the needs of modern EMS. The current proposals for “regional” centers do not address the need for resource management, large incident coordination or data transfer. These new systems will not be able to support federal programs, designed to modernize EMS and reduce unnecessary emergency department transports. Lack of consideration for these needs will result in additional system stress and a financial burden for taxpayers.

DPS has published a report by the Regional Dispatch Work Group <https://legislature.vermont.gov/assets/Legislative-Reports/Regional-Dispatch-Working-Group-Report-12012022-Act-185-Section-E.209.1.pdf>

Question 7: Legal, financial, or other limitations on the ability of EMS personnel with various levels of training and licensure to engage in lifesaving or health preserving procedures.

Vermont’s mental health treatment program is struggling, many patients are turning to EMS and emergency departments for help. The increasing demands are further straining the EMS system that does not have adequate resources to support these patients. Additional work needs to be done to provide appropriate care to our growing number of mental health patients.

Question 8: How the current system of preparing and licensing EMS personnel could be improved, including the role of Vermont Technical College’s EMS program: whether the State should create an EMS academy and how such an EMS academy should be structured.

Structural changes have been made by ACT 166 to the way EMS education is being delivered in Vermont.

- VEFR- Vermont Emergency First Responder Certification
- Updates have been made to the instructor program.
- EMS moved from a time-based course structure to a proficiency model as demonstrated in part by the NREMT and EMS education guidelines removing the time requirements and adding terminology/expectations surrounding determining student competency and proficiency
- The EMS office has partnered with an outside vendor to provide leadership training for current leaders and supporting the workforce development for future leaders.
- In state Critical Care Paramedic programs were created in 2022

Vermont Technical College provides the only in-state paramedic training program. This program is far more costly than out of state programs. Additional access to paramedic education is needed in Vermont.



With recent improvements in instructor training programs and access to voucher-based funding, quality EMS education has been available in all regions of the state. Ongoing state funding for EMS education is necessary to support the system but a state-run academy is not needed and would likely result in a reduction of availability and an increase in cost.

Question 9: How EMS instructor training and licensing could be improved.

Act 166 created an EMS education council and three levels of instructor in Vermont. Implantation of the new instructor levels have begun and include ongoing education and performance criteria. We are confident that this system will work to provide quality education to Vermont EMS providers. We will continue to evaluate these changes in the coming years

Question 10: The impact of the State's credentialing requirements for EMS personnel on EMS providers.

The state credentialing requirement was eliminated by ACT 100. Agencies and districts continue to provide clinical oversight for field providers.

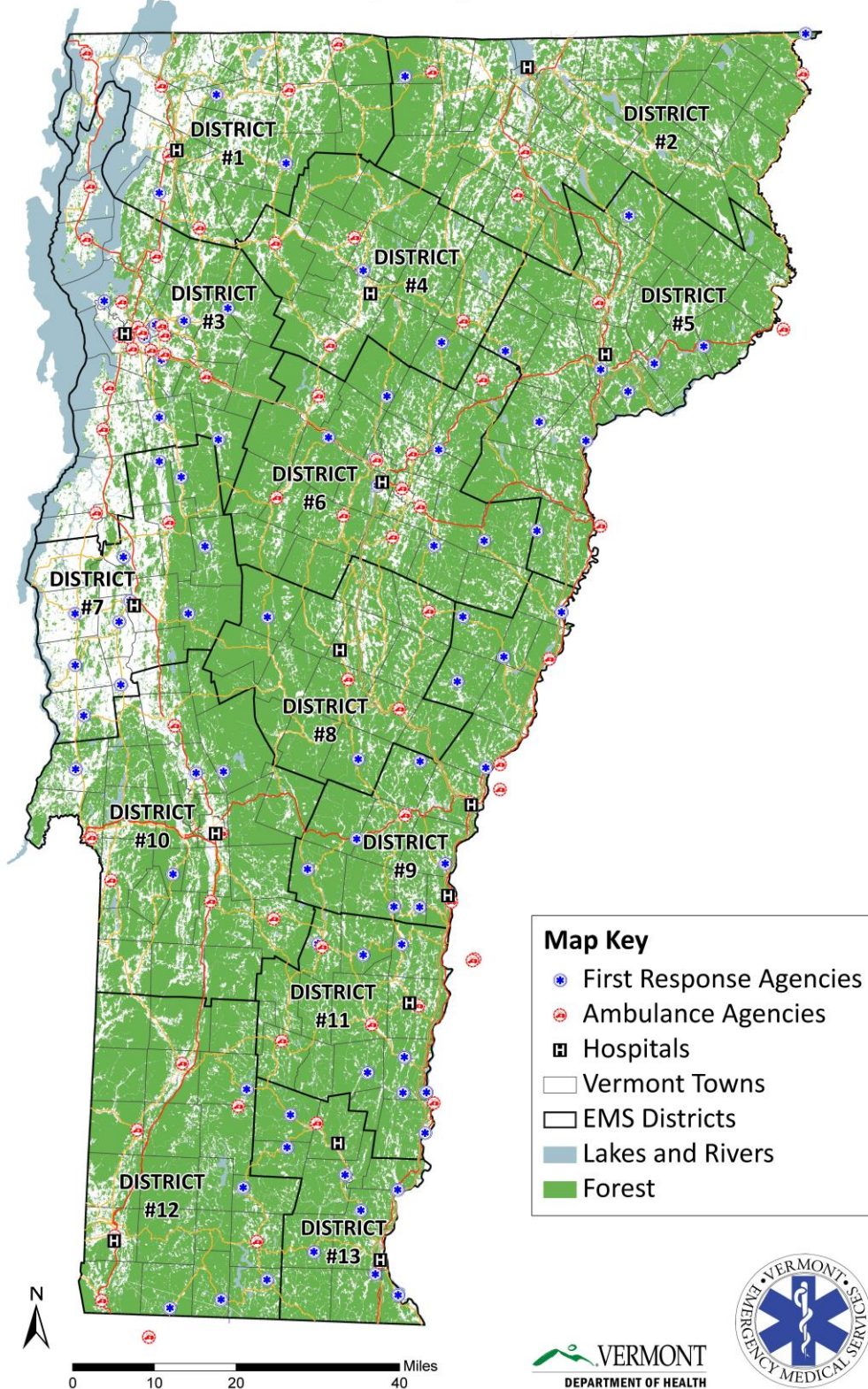


Committee Membership

Agency/District	Representative	Agency/District	Representative
EMS District 1 Franklin, parts of Grand Isle	Kathy Joachim	Vermont Ambulance Association	Drew Hazelton
EMS District 2 Orleans	Adam Heuslein	Initiative for Rural EMS at UVM	Patrick Malone
EMS District 3 Chittenden, parts of Grand Isle & Addison	Leslie Lindquist	Professional Firefighters of VT	David Danforth
EMS District 4 Lamoille	Scott Brinkman	VT Career Fire Chiefs Association	Aaron Collette
EMS District 5 Caledonia & Essex	Alissa Fontaine	VT State Firefighters' Association	Brad Carriere
EMS District 6 Washington County	Scott Bagg	VT Association of Hospitals	Michael Del Trecco
EMS District 7 Addison	Charlene Phelps	Department of Health Commissioner (or designee)	Will Moran
EMS District 8	Eric Hannet	VT League of Cities and Towns	Gwynn Zakov
EMS District 9 Orange	Allen Beebe		
EMS District 10 Rutland	Jim Finger		
EMS District 11 Windsor	Aaron Sylvester		
EMS District 12 Bennington	Bobby Maynard		
EMS District 13 Windham	Mark Considine		



Vermont Emergency Medical Services



EMS Agency Map

