# Emergency Medical Services Task Force

### Minutes of the<MeetNo1> 2nd Meeting

### of the 2022 Interim

### <MeetMDY1> August 16, 2022

**Call to Order and Roll Call**

The<MeetNo2> 2nd meeting of the Emergency Medical Services Task Force was held on<Day> Tuesday,<MeetMDY2> August 16, 2022, at<MeetTime> 3:00 PM, in<Room> Room 171 of the Capitol Annex. Senator David P. Givens, Chair, called the meeting to order, and the secretary called the roll.

Present were:

Members:<Members> Senator David P. Givens, Co-Chair; Representative Ken Fleming, Co-Chair; Senators Donald Douglas, Brandon J. Storm, and Robin L. Webb; Representatives Mark Hart, Michael Meredith, and Lisa Willner.

Guests: Kelsie George, Health Program Policy Associate, National Conference of State Legislatures; Kelly Hughes, Health Program Associate Director, National Conference of State Legislatures; Paul Phillips, Regional Director of Operations, Global Medical Response; Terence Ramotar, Regional Director of Government Affairs, Global Medical Response Southeast; Joe Baer, President, Kentucky Professional Fire Fighters; and Chris Bartley, State Policy and Legislative Representative, International Association of Fire Fighters.

LRC Staff: DeeAnn Wenk and Logan Schaaf.

The July 2022, meeting minutes were approved.

**Overview of State Emergency Medical Services**

Kelsie George, Health Program Policy Associate, National Conference of State Legislatures (NCSL) and Kelly Hughes, Health Program Associate Director, NCSL, provided an overview of emergency medical services in Kentucky, with comparisons to other states on issues of workforce, certificate of need, and reimbursement.

Other states have lowered licensure age requirements for emergency medical technicians, funded career pathway programs for high school students, provided income tax credits to compensate volunteer EMS clinicians, made volunteers eligible for health insurance and retirement benefits, and provided mental health resources.

Thirty five states, including Kentucky, and the District of Columbia operate a certificate of need (CON) program. However, only three states have CON for ambulances. Ambulances are often not reimbursed for services, unless a patient is transported to a hospital. Some states have supplemental payment programs to ambulance providers.

Responding to questions from Senator Givens, Ms. George explained the issue of maldistribution of clinicians. A state may have an overall shortage of EMS clinicians, but there may also be disparities within states. Ms. George also noted that funding and workforce issues are receiving the most attention.

Responding to questions from Representative Fleming, Ms. George said that collection of EMS data is often difficult. She also discussed the efforts of other states to collect data on EMS workforce issues and recommended contacting the Kentucky Board of Emergency Medical Services for similar efforts in Kentucky.

Responding to a question from Representative Hart, Ms. George noted that EMS providers have said that the adoption of interstate licensure compacts helped during both the COVID-19 pandemic and wildfire response efforts.

**State Emergency Medical Services – Challenges for Ambulance Services Providers**

Paul Phillips, Regional Director of Operations, Global Medical Response (GMR) and Terence Ramotar, Regional Director of Government Affairs, GMR, provided an overview of the work of Global Medical Response and some of the challenges they face in reimbursement, access, and workforce.

EMS is paid for transportation and not necessarily for treatment. This creates a system of limited or no reimbursement for readiness, response, treatment without transport, and patient refusals of care. Kentucky Medicaid ambulance transport rates have remained the same for over ten years, while the cost of providing ambulance service has risen significantly, especially in the areas of fuel, vehicles, medications, physical infrastructure, and wages.

Access challenges include long transport times to definitive care and a lack of level one trauma centers. Transfers from rural areas to a trauma center can take an ambulance out of service for four to eight hours. In areas with a limited number of ambulances, this can significantly damage readiness capabilities. The lack of reimbursement for non-medical transports is also an issue.

Workforce challenges include unsustainable turnover, a lack of quantitative workforce data, reduced applicant pools, lack of career advancement, and an inability to increase wages. GMR is exploring solutions for the expansion of reimbursement, improved recruitment and retention for EMS personnel, and alternatives to the traditional EMS model in Kentucky.

Responding to questions from Senator Webb, Mr. Phillips discussed non-medical transports, which often involve mental health issues.

Responding to comments from Representative Meredith, Mr. Phillips discussed some of GMR’s transportation solutions.

Responding to a question from Representative Hart, Mr. Phillips provided an overview of recruitment and retention efforts in rural and urban areas. A lack of universal connectivity to the internet can make social media recruitment more difficult in rural areas. Recruitment through newspapers and partnerships with local governments can be more successful in these areas.

Responding to questions from Senator Douglas, Mr. Ramotar discussed solutions to workforce issues.

**International Association of Fire Fighters**

Joe Baer, President, Kentucky Professional Fire Fighters, and Chris Bartley, State Policy and Legislative Representative, International Association of Fire Fighters, discussed the role of firefighters within emergency response and some of the challenges they face. Mr. Bartley also covered the history of EMS and fire services in the United States.

Fewer people are interested in EMS work today. The COVID-19 pandemic exacerbated recruitment and retention efforts, and many paramedics have gone to work in hospitals for higher pay and benefits. When EMS organizations close, fire services often fill the gap. Counties and districts are merging to maximize services to citizens.

Fire-based EMS is the predominant system in the United States. Nearly all fire fighters have some level of EMS training, and the fire-based system is versatile. Other advantages include the lack of profit motive, rapid response times, high standards, low turnover rates, and unity of command.

Innovation efforts in fire-based EMS include treatment in place, allowing on-scene treatment without transport, telehealth, transportation to alternative destinations, and community paramedicine.

Responding to a question from Senator Givens, Mr. Bartley emphasized the not-for-profit structure of fire-based EMS.

Responding to a question from Senator Webb, Mr. Baer said that rural fire-based EMS tries to do the best they can with what they have, but it is always a challenge. Mr. Bartley highlighted a program he is working on in Arizona to improve funding.

Responding to questions from Representative Fleming, Mr. Bartley estimated about 40 percent of fire-based EMS runs are non-emergency.

With no further business before the committee, the meeting was adjourned at 4:45 PM. The next meeting of the Emergency Medical Services Task Force will be September 20, 2022 at 3:00 PM.