

THE CURRENT EMERGENCY MEDICAL SERVICES (EMS) CRISIS & NEED FOR CONVERSATION & CHANGE

Chris Bradbury, Rye Brook Village Administrator
August 17, 2021

Dear Municipal Colleagues:

EMS systems throughout the county and state are currently facing a crisis and they need our help as municipal leaders.

For many years, EMS services have suffered with lack of career opportunities, low compensation, and a lack of benefits and that resulted in difficulty recruiting and retaining providers. These and other issues have often resulted in insufficient staffing forcing EMS agencies to routinely rely on mutual aid to cover certain calls. In many cases, these mutual aid calls have gone to several agencies before one is available which can cause a significantly delayed response.

I know we all agree that one of the primary roles of municipal leaders is to assure the health and safety of our citizens. In New York, many people would be shocked that EMS has not been deemed an “essential service” and first responder like police and fire departments. This excludes them from receiving many forms of State Aid. In fact, as of 2020, only eleven (11) states in the U.S. (including Connecticut) have designated EMS as an “essential service” or first responder. In 2019, the federal government established SIREN grants as an alternate resource for EMS agencies. Unfortunately, this grant is currently funded at only \$5.5M annually for the entire nation with eligibility limited to rural communities.

EMS service is provided in many types of organizational models. There are municipal EMS departments, private (for profit) companies, volunteer agencies, hospital-based services, and independent not-for-profit agencies. Unless employees are part of a local government, most EMS professionals have no traditional retirement system, receive no retirement pay and have little or no benefits. Many employees must pay high health insurance contribution costs for more expensive health plans on limited salaries. The typical EMS provider works for 2-3 different EMS agencies and often 60 to 80 hours a week to pay their bills. Private ambulance companies notoriously provide low pay compared to other EMS agencies. In areas served by volunteer EMS personnel, it has also been increasingly difficult to recruit volunteers, especially as a result of COVID. Many EMS workers leave this profession as soon as they can obtain positions as police officers, firefighters, or nurses because the working conditions are better and the pay and benefits are far superior.

The COVID pandemic has pushed an already tenuous system to the brink of enormous crisis. Experienced EMS workers are leaving the profession due to the increased occupational risks and better pay and benefits. This has also caused a gap in senior leadership coupled with a lack of qualified candidates to fill positions. The EMS workload has also changed and is on the rise from an increasing number of stand-alone medical facilities, skilled nursing facilities, and senior living residences. This lack of available EMS staff, combined with the increased workload, has made it common for dispatchers to have to reach out to multiple agencies before finding a crew to respond to a call. This practice results in delayed response times that effectively leave another area uncovered. It is not unusual for some areas of Westchester County (both north and south) to experience response times approaching an hour. It should be noted that a patient suffering a Cardiac Arrest starts suffering irreversible brain damage at about 6 minutes. It is frustrating that all the

progress made by hospitals in treating time sensitive medical conditions like heart attacks and strokes is negated in some cases by the inability to transport these patients to a hospital in a timely fashion.

As if those are not enough challenges, over half of most EMS agency revenues come from insurance payments or Medicare billing for transporting a patient to a hospital or medical facility. Even when a patient has Medicare or private insurance, these payments to the EMS agencies are woefully inadequate. In other words, even if a service bills \$1,500 for a call, Medicare may only allow half that charge. With some limited exceptions, most EMS agencies do not receive any compensation or reimbursement for providing medical care (only transportation). In other words, if they respond to a call and provide medical treatment, most cannot bill for this call unless they transport a patient to a hospital. As a result, if a patient refuses medical attention (RMA), the EMS agency does not receive any payment from an insurance company or Medicare which is their primary source of revenue to pay for staff and other expenditures. During COVID, many people were avoiding hospitals, which also resulted in a severe loss of revenue for transport and made it difficult to pay their employees. It is also not unusual for some members of the public to not call for an ambulance or refuse medical attention because they cannot pay for the ambulance which reportedly can vary from \$500 to \$3,000 per transport if they do not have insurance. A new practice emerging is for some people suffering a medical emergency to call an Uber for a ride to the hospital to avoid the high costs of these transports.

When you take the sum-total of these challenges it is not hard to understand why EMS systems are struggling to survive all over this county, state, and nation.

What can we do to start to effectuate change?

EMS agencies do not have a standardized approach among and between agencies, and do not currently appear to be very unified among their peers. They need the leadership of the local municipal leaders to assist them to change the downward course before it becomes worse.

Some suggested action items:

- 1) Consider a municipal resolution supporting state legislation designating EMS as an essential service and a first responder and contact your state representatives to support this legislation. These essential workers play a vital role in terms of response for community health emergencies, disaster and mass casualty events, and are our “hospitals on wheels” until patients can get more care, especially with many hospitals closing over the years. State legislation has been introduced in the past several years and has continually stalled in committee. As was demonstrated during COVID, the EMS workers are essential workers and first responders. Consider challenging anyone who would disagree with that statement. A copy of the most recent proposed state legislation is attached to this report.
- 2) Municipal leaders must become more informed about the EMS agency or agencies serving their communities. Some questions each of us should ask the EMS agencies serving our communities:
 - a) What are their average response times for ‘Priority One’ calls?
 - b) What was the longest response time in the previous three (3 months) to a “Priority One” call?
 - c) How many times in the past three (3) months did a call for service in your municipality go to another EMS agency? What were the reasons they needed mutual aid (i.e. staffing, on other calls, etc.)?

- d) How many times in the past three (3) months did the EMS agency serving your municipality go to a mutual aid call in another jurisdiction? Where did they go?
 - e) How many EMS calls did the agency go on in each of the past three (3) years?
 - f) Who dispatches EMS calls and sends/receives calls for mutual aid?
 - g) How many ambulances are available on each shift?
 - h) How many FT, PT, and active Volunteers work for their EMS agency?
 - i) How many ambulance crews provide Basic Life Support (BLS), and how many are available to provide Advanced Life Support (ALS)? (*Note: BLS ambulances are usually staffed by EMTs. ALS ambulances must be staffed by at least one paramedic.*)
 - j) What is the percentage of EMT's vs. Paramedics in your EMS agency?
- 3) Consider other areas where short-term change can occur. For instance:
- a) Seek ways that you could assist in supporting a long-term pay or benefit plan to encourage recruitment and retention.
 - b) Request that NYS consider a change in *The Empire Plan (NYSHIP)* requirements that would allow EMS workers to select this health plan. Many agencies are not eligible for NYSHIP because at least 50% of their funding must come from municipalities, not insurance payments. As a result, they often pay very high premiums for expensive health plans with less coverage due to their small pool of employees.
 - c) Work with your EMS agency to come up with service levels and response standards that are appropriate for your municipality and see if your level of financial support can sustain that level of service. If they are not volunteers or a private company, review the salaries and benefits of these workers to determine what is appropriate. Examine the overall municipal financial support provided to EMS and compare how that expense compares to the other emergency providing agencies in your jurisdiction as the results may be of interest.
 - d) Consider bringing more awareness and discussions within your municipalities, the public, and municipal leagues, and associations. Perhaps bring in some EMS professionals as well who can provide more information and facts than provided in this report. Perhaps a county-wide group of municipal leaders and seasoned EMS professionals could help with this endeavor.
 - e) The easiest change you can make is to make sure EMS workers are invited to any employee and community events – they are an essential part of the team that is often left out of these functions.

The only way the current EMS crisis gets better is by working together as municipal and EMS leaders, becoming more aware of these issues, and more informed so that we can match the service desired with the ability to pay for those services. Solutions are needed and we should begin a wider conversation on these matters.

If you do not already receive regular reports on response times, number of calls, and mutual aid calls, it is strongly suggested that this information be obtained on a regular basis (i.e. quarterly) and that a follow-up dialog occurs with the EMS administrators that provide EMS service to your community.

If you would like to discuss these issues further, please do not hesitate to contact me at (914) 939-0634 or cbradbury@ryebrook.org

Thank you for your time and attention on this important matter.

Christopher J. Bradbury
Rye Brook Village Administrator

Additional Resources:

National Association of Emergency Medical technicians (NAEMT): <https://naemt.org/>

NAEMT Position Statement: [Recognition of EMS as an Essential Public Function](#)

Stalled [Proposed Legislation](#) Establishing EMS as First Responders (*also see below*)

STATE OF NEW YORK

Proposed NYS legislation: AO1582 & S01381

2019-2020 Regular Sessions

January 15, 2019

Referred to the *Committee on Local Governments* (*no further action*)

AN ACT to amend the general municipal law, in relation to classifying emergency medical services provided by municipalities as essential services for the purposes of applying for and receiving state aid

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Section 122-b of the general municipal law is amended by adding a new subdivision 6 to read as follows:

6. Emergency medical services provided for pursuant to subdivision one of this section shall be deemed essential services for the purposes of applying for and receiving state aid.

§ 2. This act shall take effect immediately.

/CJB

Rev 09/13/2021