

RESCUING LOCAL EMS IN NYS:

AN OVERVIEW OF THE CURRENT STATE OF EMS IN NY

(AND THE REST OF THE COUNTRY...)



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IS THERE A CRISIS?

- The New York State EMS system has markedly deteriorated over the past several years due to declining volunteerism, lack of public funding to cover costs of readiness, inadequate staffing, rising costs, insufficient insurance reimbursement, rising call volumes, a lack of performance standards, poor understanding of the EMS system by elected officials and the public, NYS home rule, and lack of transparency and accountability for EMS agencies. (February, 2023 – NYS EMS Sustainability TAG)

IS THERE A CRISIS?

CONTINUED...

- In past 10 years, 237 EMS services in NYS have closed, merged, or have been taken over.
- Over 30 volunteer agencies closed in NYS during/after COVID.
- “EMS Deserts” forming in mostly rural areas (live more than 25 minutes from nearest ambulance).
- 51 of 62 counties in NYS (83%) have an “EMS Desert”.



“Lawmakers, EMS officials announce bill to establish rural ambulance task force as agencies risk closing its doors because of lack of staffing” (NY)

“No EMT arrives to help [municipality] resident after 911 emergency call” (Westchester, NY)

“EMS crisis in the Westchester County mutual aid system” (Westchester County, NY)

“EMS services warn of 'crippling labor shortage' undermining 911 system. “We’re not bleeding any longer — we’re hemorrhaging,” ... decade long worker shortage exacerbated by the pandemic... In 2020, nearly a third of the workforce left... after less than a year ... [sent a letter to Congress that] warned that “our nation’s EMS system is facing a crippling workforce shortage, a long-term problem that has been building for more than a decade. It threatens to undermine our emergency 9-1-1 infrastructure and deserves urgent attention by the Congress... “I’ve not seen it this bad in 41 years... adding that the increasing demands of the job have caused him great anxiety” (NBC News)

VIDEO: “*Honorable But Broken: EMS in Crisis*”

4 minutes

<https://vimeo.com/716475197>

HISTORY OF EMS PROVIDES CONTEXT

1865-68: Birth of EMS; NYC's 1st civilian ambulance service.

1930's-1940's: Hodgepodge of private EMS service.

Medics from WW2 (1939-1945); Korea (1950-1953)

1950's: Beginnings of "Modern EMS". Funeral homes almost ½ of ambulances.

1966-73: Start of movement from transportation to health care.

1973: Major shifts for EMS. EMS Systems Act: 300 EMS Systems established in U.S.

Moved from US Dept of Transportation to Dept. of Health, Education & Welfare.

i.e. "Emergency!" TV show ... From "Diagnose then Treat" to "Medical Care then Diagnosis".

1980's-1990's: EMS expansion; economy down/federal funds dried up. Lead fed agency abolished. State & locals took over EMS. Standardization suffered. Emergency Medical Director position created for local medical oversight.

1999: EMS Educational Agenda for the Future. Added certification of EMS Professionals.

2005: Enhanced 911 Act.

2007: National EMS Advisory Council created.

Present: More focus on EMS pre-hospital emergency interventions: acute respiratory distress, cardiac arrest, chest pain, etc. EMS is an integral part of the health care system.



COMMON EMS TERMS

- **Ambulance (bus, rig, truck)** – certified vehicle that meets specific regulations for equipment - brings first 20 minutes of care to patient and then takes them to hospital – (\$200 to 300k new, fully outfitted)
- **Fly Car/Quick Response Vehicle** – certified vehicle carrying specific equipment and EMS providers to the scene
- **Certified First Responder** – About 60 hours of training – CPR & AED, assessment, bleeding control, oxygen
- **Emergency Medical Technician** – 160 hours of training – CFR plus transport, splinting, basic medications, more detailed assessment
- **Advanced EMT** – 300 hours – EMT plus more advanced airway, IVs, basic cardiac monitoring, more medications (**Also AEMT- Critical Care level – being phased out**)
- **Paramedic** – 1,500 hours of education – A&P, cardiology, range of medications, advanced airways, ACLS, full range of prehospital care

COMMON EMS TERMS

- **Basic Life Support** – Essential level of EMS care – capable of managing 75% or more of EMS calls – EMT and CFR. Lift Assists, Abdominal Pain, Falls, General Illness, Most Trauma
- **Advanced Life Support** – Needed for the most serious of calls – Paramedic and AEMT/AEMT-CC – Stroke, Cardiac Arrest, Chest Pain, Allergic Reactions, Serious Trauma
- **Operating Certificate (aka CON)** – Issued by region and DOH defining where an ambulance can operate
- **Operating Territory** – The specific area where an ambulance or ALS service can primarily respond. Often but not always overlap in territories.
- **Mutual Aid** – When an agency is requested to respond to a bordering area to fulfill a temporary need
- **Emergency Medical Dispatch** – A process used by a trained dispatcher to identify the caller's problem to both potentially provide care and the right resources.

TYPES OF EMS COVERAGE

Most Types

Volunteers	Municipal (local gov't or county)
Not-For-Profit (NFP)	Special District
Private Company	Within Fire Department

Which Type Is Best?

Whichever Type The Local Municipal Leaders Decide!

CURRENT SITUATION

This is a National Problem- but focus today will be on NYS...

- EMS is not required in NYS.
- NYS does not define EMS an “Essential” service.
- Words are important... Police, Fire, and “other emergency services”.
- Major Recruitment and Retention issues (worse since COVID).
 - Too many agencies competing for a depleted pool.
 - High turnover rates.
- Lack of a “Career”- low pay, high insurance costs, no retirement.
- Most EMS work 2-3 jobs.
- Mutual aid strains. In some cases, federal EMS called in.
- Decreased revenues (Medicare/Medicaid focus on “transportation” – although recent Medicaid bump may help).
- Lack of federal and state grants.
- Too many agencies in some regions not working together.
- Inconsistent training, regional priorities, standards, policies.
- Lack of new volunteers (made worse from pandemic)
- High turnover among paid staff



REACTIONS TO STRUGGLING EMS SERVICES

- Counties adding EMS systems to replace declining volunteers (examples: Essex, Otsego, Chautauqua, Schoharie, Wayne, Westchester)
- Many volunteer services have switched to mostly paid staff – particularly at ALS
- Others contract for services
- Financial squeeze of higher costs, higher demand and minimal reimbursements
- Readiness Cost isn't supported by reimbursements
- Request for tax subsidies – mix of general fund and special districts
- Fewer volunteers to maintain the workload accelerates burnout
- Emphasis on engaging youth members to join
- Fire departments are moving to bill for services
- Exploring use of alternative destinations

WHAT IS NEEDED LOCALLY TO HELP EMS?

EMS must be defined as an ESSENTIAL SERVICE in NYS – Support proposed legislation

Essential part of the health care delivery system.

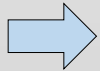
Provide early intervention health care.

Provide EQUAL access to EVERYONE.

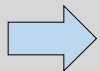
Treat employees as essential workers: Police, Fire & EMS. They are on the front line too.

EMS must be supported as a high-risk Career & Agency

As Employees

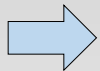


Better pay



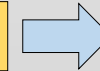
Better access
to healthcare
& retirement

Volunteers

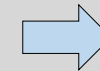


Recruitment &
State/local tax breaks

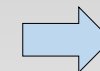
As Agency



Dedicated funding sources



More insurance reimbursement
for non-transport services



Regional mutual aid policies &
support for dispatching

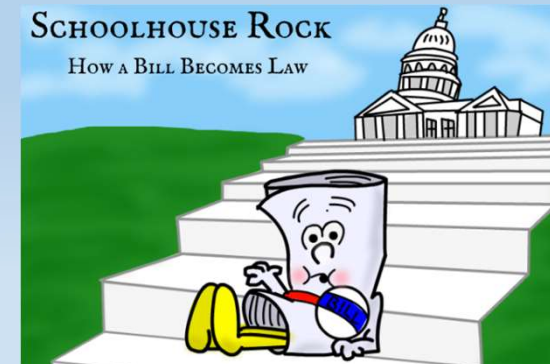
WHAT CAN I DO?

- 1) Ask questions of local EMS.
- 2) Educate the public.
- 3) Inform local, county, state & federal leaders and insist on local and legislative support.

Develop a work plan:

- 1) Local: Compare expenditures for EMS vs. Police & Fire. Is it equitable/fair?
- 2) Focus on a recruitment and retention plan.
- 3) County: Mutual aid plans, training, communication.
- 4) Federal/State: Medicare/Medicaid reimbursement beyond transport; EMS- specific grant funding.
- 5) State: support nonpartisan legislation; state & regional plans; training.

Comprehensive Priority State Legislation has been proposed



QUESTIONS TO ASK LOCAL EMS

- What type of service do you provide (ALS vs. BLS)?
- What share of calls in the district do you cover? (Goal of 80% or more)
- Who does your dispatching and do they use EMD? (Central vs. Police)
- Is your mutual aid sustainable (in/out)?
- How well do you respond?
- How many ACTIVE people can you count on?
- If paid, how many full time and PT? Their schedule?
- How has that number changed in last three years?
- What are your recruitment and retention efforts? Do they work?
- How are you funded? (Taxes, Billing, Donations- what share of each?)
- Do you have a sufficient reserve?
- What are your major expenses?
- What are your plans for replacing your ambulance and other capital equipment (heart monitors, stretchers, powerlift systems)?
- How can we help? (Purchasing, payroll, financial planning, HR, capital purchases, taxing for revenue)
- What is “good service” and can you meet it? (Example: cover 90% of calls and respond in 10 minutes 90% of time)

MORE QUESTIONS TO ASK LOCAL EMS

- How is there pay compared to other positions (police, fire, nursing, MEOs)?
- How is social media used to promote the EMS agency?
- What is the youth outreach strategy? (EMT in High School, Explorers, Junior Members)
- How many people do you have under the age of 30? How many are in leadership roles?
- Where do you get your training and is it meeting your needs?
- Does your service area make sense?
- How strong is your communication with fire departments, law enforcement and neighboring EMS?
- What happens when you can't respond?
- How likely will you continue to be in operation in 2030?

CASE STUDY: PORT CHESTER-RYE-RYE BROOK EMS

- Not-for-profit agency with over 6,000 calls/yr.
- Tri-municipal board COVID took its toll.
- COVID: Employees left... supervisors burned out... director retired.
- Compared salaries & benes to police/fire.
- Hired Consultant (Public Consulting Group) to review overall model vs goals.
- Goals: Maintain or improve on current service level, cost efficiency, long-term competitive compensation plan. Our goal is to make this the best EMS job in region.
- Simultaneous: Hired management consultant to help transition to new EMS Director.
- Outcomes: Smooth transition of mnmgt, municipal commitment, multi-year plan for better pay/benefits, more supervision. Considering EMS District or maintain NFP structure. Explorers program, working on social media.

2024 – TIME TO GET IT DONE!

NYS Gov. Hochul: Proposed Budget includes EMS Legislation.

Designates EMS as essential. Counties responsible to work with local municipalities to provide EMS. Develop regional and statewide plans. EMS providers to be reimbursed when they provide treatment to a patient following a call for service but don't end up transporting the patient to a hospital.

S.4020-B (Mayer) / A.3392-B (Otis): Special Taxing Districts & EMS Being Deemed an Essential Service Recognizes EMS as an essential service and provide reforms to the Emergency Medical Services Council. Comprehensive legislative package allows special taxing districts to be created to fund EMS services.

NYS Assoc of Counties (NYSAC): Legislative Priority: “Rescue Local EMS Campaign” supporting six legislative items involving EMS

NYCOM Legislative Priority: Establish General Ambulance Service as an Essential Service and Support State Funding for EMS Providers.

WMOA: Legislative Priority: EMS as essential & provide funding.

EMS Sustainability Alliance: “EMS as essential” campaign

2024 TRENDS IN EMS (SOURCE: ESO SOLUTIONS, INC.)

- Trend 1: Applicant pools will decrease while post-pandemic and tight labor force pressures persist.
- Trend 2: Increase in mobile health care (community paramedicine).
- Trend 3: EMS filling critical healthcare gaps through clinical innovations (whole blood vs blood components, vaccines, overdoses, mental health)
- Trend 4: Technology and data will drive improved patient outcomes

OTHER TRENDS...

- EMS agencies and hospitals closing... less EMS staff... greater distances to get to patients & then hospitals.
- Longs wait at hospitals – sometimes hours – leads to coverage problems (volunteer & paid)
- Beta: Health insurance companies testing transport reimbursement to urgent care facilities & telemedicine... expanding use of community paramedicine & telehealth.
- Callers being referred directly to non-emergency care by nurse triage
- ‘Community paramedicine’ ... community-based health care in which paramedics work outside their normal emergency response and transport roles.
- EMS Paramedics bridging the gap between patients and in-hospital care providers
- Half of New York Counties picking up some EMS service or helping with mutual aid.

QUESTIONS

EMS HAS ALWAYS BEEN THERE FOR US IN TIMES OF NEED...
WILL WE BE THERE FOR THEM?



Supporting resolutions and documents
available at www.ryebrook.org/ems

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