



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

Prepared by: Drew Hazelton

Report Date: December 30, 2018

Emergency Medical Services Advisory Committee

## Report for January 2019

### Table of Contents

<b>Executive Summary</b> .....	<b>3</b>
<b>Introduction</b> .....	<b>4</b>
<b>Committee Membership</b> .....	<b>4</b>
<b>Detailed Analyses</b> .....	<b>5</b>
<b>District Response Data</b> .....	<b>8</b>
<b>District Map</b> .....	<b>9</b>
<b>Priority List for 2019</b> .....	<b>10</b>



## Executive Summary

**As the third branch of the state's emergency response system and a critical part of our health care system, EMS responders from 174 licensed ambulance services and first response services answered more than 97,000 calls for service last year. This represents a 6% increase in call volume over the previous year. As part of the health care system, EMS professionals provide critical access to health care services, provide lifesaving procedures and provide medical transportation to a growing number of Vermonters. The current state of EMS in Vermont is critical. Changes in funding, education, testing and regulation are needed to attract new EMS providers and retain the current workforce.**

Specific ongoing issues include:

- **Workforce Development**
  - Eight out of ten services are currently reporting difficulty with recruitment and retention.
  - Access to educational programs and EMS testing sites is considered a contributing factor to poor workforce development.
- **System Utilization**
  - Increasing call volume and chronic workforce issues have already resulted in service closures.
  - Increased dependence on mutual aid puts additional strain on already fragile systems.
- **Education Funding**
  - Dedicated state funding for EMS education compared to other emergency response services is significantly less.
  - Paramedic education at Vermont Technical College is costly and in jeopardy of being discontinued.
- **Mental Health and Substance Abuse**
  - EMS providers are on the front lines of this epidemic every day and it continues to take a toll on services and providers that provide it.
  - The mental health issues and suicide rates of EMS workers continue to increase at an alarming rate.
- **Funding**
  - Reimbursement rates do not cover the service delivery costs resulting in cost shifting to other areas such as municipal budgets.
- **Credentialing**
  - Half of services report additional operational burden including cost and volunteer hours due to new statewide credentialing, with 30% of services reporting loss of responders as a direct result.
- **EMS Office staffing**
  - The VT EMS Advisory Committee is concerned with the turnover of personnel in the Office of EMS. This is most significant in the case of the Training Coordinator, which impacts several of the issues we are looking at, including education of personnel.



Introduction

The EMS Advisory Committee (EMSAC) was formed under authority in Act 155 of 2012 and revised by Act 202 of 2018. The committee makeup was changed in 2018 and additional work force information was requested. New EMSAC members met four times, focusing discussion on questions 3, 4 and 10 due to the short time frame to deliver this first report. Information on the health of our EMS system was gathered from direct questions to service providers from across the state. More than 50 surveys representing all sizes and types of service were reviewed by EMSAC, including concerns brought directly from stake holders and EMS districts. 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.

EMSAC Membership

Agency / District	Representative	Agency / District	Representative
EMS District 1	Leonard Stell	Vermont Ambulance Association	Drew Hazelton
EMS District 2	Adam Heuslein	Initiative for Rural EMS @ UVM	Pat Malone
EMS District 3	Leslie Lindquist	Professional Firefighters of VT	David Danforth
EMS District 4	Scott Brinkman	VT Career Fire Chiefs Association	Robert Plante
EMS District 5	Brad Reed	VT State Firefighters' Association	Brad Carriere
EMS District 6	Mark Podgwaite	VT Association of Hospitals	Michael Del Trecco
EMS District 7	Charlene Phelps	The Commissioner (or designee)	Dan Batsie
EMS District 8	Eric Hannet	VT League of Cities and Towns	Gwen Zakov
EMS District 9	Scott Cooney		
EMS District 10	Jim Finger		
EMS District 11	Aaron Sylvester		
EMS District 12	Forest Weyen		
EMS District 13	Mark Considine		



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 responses.**

The Committee did not complete research and discussion of this question to provide recommendations in this report, but will continue discussions in the coming year.

**Question 2: Whether the state should establish directives addressing when an agency can respond to a nonemergency request for transportation of a patient if doing so will leave the service area unattended or unable to respond to an emergency call in a timely fashion.**

The Committee did not complete research and discussion of this question to provide recommendations in this report, but will continue discussions in the coming year.

**Question 3: How the EMS system is functioning statewide and the current state of recruitment and workforce development.**

This question was discussed at length. We solicited information from service providers to evaluate trends. Workforce development is difficult with 79% of services reporting not having adequate staff, and 17% of services reported needing mutual aid for primary calls more than 10% of the time.

**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.**

**Ambulance Agency Averages in Minutes by District for FY2015 – FY2018**

	Unit Notified by Dispatcher to Unit En Route In Minutes	Unit Notified by Dispatcher to Unit Arrived on Scene In Minutes
District 01	4.4	11.0
District 02	4.7	12.3
District 03	2.5	8.3
District 04	6.8	16.3
District 05	2.5	11.2
District 06	3.6	9.4
District 07	4.0	12.6
District 08	2.1	15.4
District 09	2.5	9.9
District 10	1.9	10.7
District 11	6.0	12.1
District 12	3.5	10.3
District 13	1.6	9.2



EMSAC reviewed the data for the previous three state fiscal years. Considerations were made for data quality with some data being excluded. The committee identified average response notification to response times ranging from 2 minutes to 9 minutes depending on the EMS district. Two-year comparison is attached.

**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.**

While EMSAC did not have time to review all aspects of this question, funding was identified as a common difficulty. It was noted that Medicaid reimbursements for ambulance transports do not get annual increases to keep up with increasing costs. The cost to deliver care exceeds the Medicaid reimbursement. Action by the legislature in 2016 increased Medicaid rates to 80% of the federal Medicare rate. These rates have not been adjusted since. At this time Medicaid is paying at a rate of 77% of Medicare. DVHA states it would cost \$243,000 to maintain 80%.

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

Dispatching was not specifically discussed due to time constraints.

**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.**

The Committee did not complete research and discussion of this question to provide recommendations in this report but will continue discussions in the coming year.

**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.**

The State of Vermont takes direct responsibility for the training of law enforcement officers and fire fighters. Training for law enforcement is a coordinated effort with no direct costs to the individuals enrolled. As with law enforcement, fire service programs do not have a direct cost to fire departments or individuals.

The State of Vermont funds thirteen EMS districts with \$117,000 per year to support the delivery of EMS licensure courses, continuing education courses and licensure examinations. While this funding is appreciated, the annual \$9,000 dispersed to each district can cover only rudimentary infrastructure costs and does not commonly impact student tuition. Individuals seeking an EMS license most often pay up to \$1,000 for initial training to volunteer in their communities.

Education and training programs are delivered by state-licensed Instructor/Coordinators through local EMS organizations, hospitals and commercial vendors. Paramedic education (the final tier of advanced EMS training) is conducted only at Vermont Technical College. Unlike other critical healthcare programs such as nursing or dental hygiene, the paramedic program receives no state funding or cost offsets. Students pay roughly \$23,000 per year in many cases for an education needed to volunteer in their home communities.



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

The answer to this question is directly related to the problems addressed in Question 8, and research and discussion continues. It is agreed that solutions to problems regarding education and training is related to the quality and preparation of EMS Instructors. At the present time, the Vermont Department of Health issues licenses to qualified individuals to serve as Instructor/Coordinators for approved courses that lead to licensure.

Individuals must be licensed at the provider level to which they are teaching and demonstrate an ability to serve as an instructor through the successful completion of an instructor training program or similar educational experience. Continuing education requirements exist, but opportunities are limited and have not been enforced.

**Question 10: The impact of the States credentialing requirements for EMS personnel on EMS providers.**

EMSAC evaluated this question through a survey of service providers. 50 percent of providers reported a burden caused by the credentialing requirements with 30 percent reporting a loss of providers as a direct result. Based on survey response data, we estimate an average labor cost of \$3,300 and administrative cost of \$1,250 per service. Volunteer services report investing an average of 175 hours in additional volunteer labor.



EMS Response Times by District

**FY 2018**

	<b>Dispatched to Unit En Route In Minutes</b>	<b>Dispatch to Unit Arrived on Scene in Minutes</b>
District 1	3.8	11.0
District 2	5.3	13.5
District 3	2.9	9.3
District 4	6.3	16.9
District 5	3.1	11.7
District 6	4.5	10.5
District 7	4.4	13.0
District 8	2.2	17.1
District 9	1.9	8.1
District 10	1.7	10.5
District 11	8.7	14.8
District 12	4.0	11.1
District 13	1.7	9.2

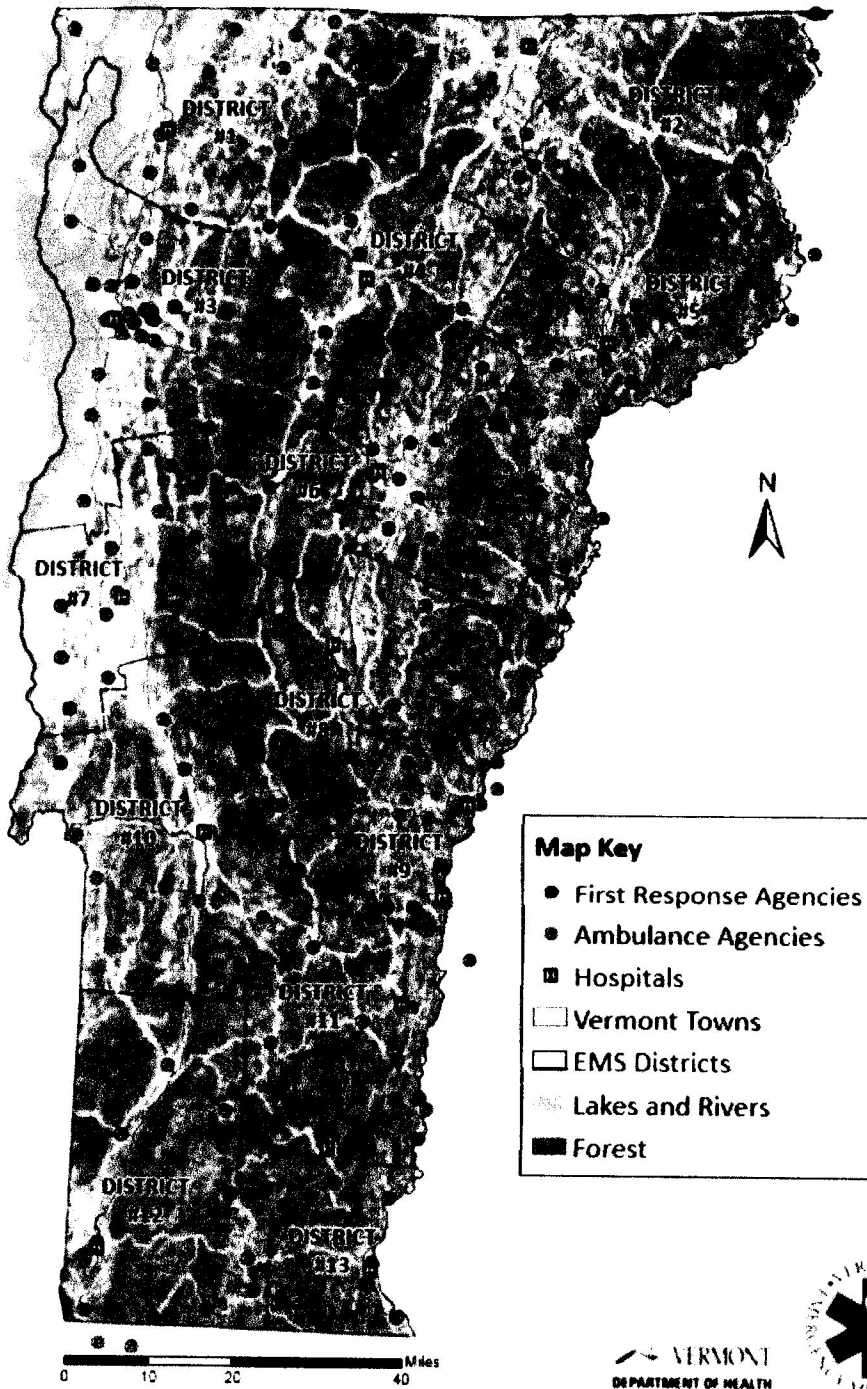
**FY 2017**

	<b>Dispatch to Unit En Route In Minutes</b>	<b>Dispatch to Unit Arrived on Scene in Minutes</b>
District 1	3.7	10.5
District 2	5.2	12.5
District 3	3.1	8.8
District 4	6.9	16.4
District 5	1.8	9.8
District 6	3.9	9.7
District 7	4.2	13.1
District 8	2.1	15.2
District 9	2.2	9.1
District 10	1.9	10.4
District 11	5.4	11.4
District 12	3.2	10.0
District 13	2.3	9.7





# Vermont Emergency Medical Services



Priority list for 2019:

- **Discussion around staffing at State EMS office – look for a comparison**
- **Barriers to recruitment and retention**
- **Education and cost: initial and con ed, paramedic program**
- **Funding: Medicaid and the provider tax**
- **Additional outreach to agencies**

