



Legislative Talking Points - Establishing an EMS Commissioner -2025

The House of Representatives in the 2025–2026 Pennsylvania legislative session proposes comprehensive reforms to the state's Emergency Medical Services (EMS) system. These changes aim to enhance EMS operations by amending Title 35 (Health and Safety) of the Pennsylvania Consolidated Statutes. Specifically, establishing an EMS Commissioner and a change to the EMS Advisory Board including appointments made by the Governor.

The proposal to establish a Pennsylvania Emergency Medical Services (EMS) Commissioner and a change to the advisory board represents a significant shift in how EMS is governed and supported at the state level. While the legislation presents potential benefits, it also raises important questions regarding implementation, cost, and alignment with existing structures.

Key Talking Points

EMS is Essential. EMS is a vital public function that uniquely bridges the disciplines of healthcare and public safety. It is a critical component of Pennsylvania's healthcare, public safety, and disaster response infrastructure. Yet, EMS often lacks the visibility, influence, and responsiveness needed to effectively address system-wide challenges. Establishing a direct reporting relationship between the state's EMS leadership and the Governor would elevate EMS to a strategic level of policymaking and resource allocation—on par with other essential public services.

Support for Deliberative and Equitable Vetting. We recognize the importance of the proposed legislation and its potential impact on the EMS system. To ensure that any bill achieves its intended goals effectively and sustainably, we strongly support a comprehensive vetting process of all key provisions and implementation details to ensure that all stakeholders are adequately and equitably represented in the review of the provisions.

Board Composition Must Reflect System Realities. Effective governance and oversight of the Emergency Medical Services (EMS) system require input from individuals who understand the clinical, operational, and community aspects of emergency care. Comprehensive representation guarantees that policies are informed by practical expertise, reflect the complexity of EMS delivery models, and address the needs of all stakeholders. It fosters credibility, transparency, and system-wide buy-in, which are critical for sustainable improvements in EMS quality, access, and workforce support.

Considerations

* A direct reporting relationship between EMS and the Governor is not just a symbolic change—it is a structural shift that enables faster action, better coordination, and more effective leadership for a system in crisis. It reflects the essential, life-saving role EMS plays in every community across the Commonwealth

* While the concept of a changed advisory body warrants long-term discussion, Pennsylvania's emergency medical services system faces immediate operational challenges that demand timely, pragmatic solutions. Prioritizing immediate reforms will allow the Commonwealth to stabilize and strengthen EMS without the delays, costs, and structural uncertainties that are associated with launching an entirely new state agency or advisory construct. Furthermore, Pennsylvania already possesses well-established EMS advisory frameworks, including the Pennsylvania Emergency Health Services Council (PEHSC) and the Ambulance Association of Pennsylvania (AAP), that are positioned to provide immediate, informed guidance. These organizations bring decades of experience, diverse representation, and proven engagement with stakeholders across all facets of the EMS continuum. Their strategic input can be instrumental in both addressing today's challenges and helping to lay a thoughtful, evidence-based foundation for future governance models that ensure the long-term viability and evolution of EMS in the Commonwealth. Effective governance and oversight of Pennsylvania's EMS system requires that any advisory body established reflect the full spectrum of stakeholders whose lives and work are directly impacted by EMS policy. We strongly recommend that the composition of any EMS Advisory Board includes, at minimum, representation from:

- **Board-certified EMS physicians** who serve in medical direction roles and bring critical clinical and regulatory expertise;

- **EMS agency leadership**, representing both paid and volunteer providers across the diverse geographies of Pennsylvania's communities including rural, suburban and urban areas and service models such as non-profit, for-profit, municipal and fire-based;
- **EMS field personnel**, including paramedics, EMTs, and emergency dispatchers, whose frontline experience is essential to crafting feasible and impactful policies;
- **Hospital and health system partners**, including emergency physicians and nurses who interface with EMS at the point of care;
- **Specialty Care**, including pediatric care, air medical services and special operations such as critical care, tactical and wilderness providers
- **Public health and public safety peers**, ensuring alignment across multi-faceted responses

This inclusive and multidisciplinary board structure ensures that EMS policy decisions are informed, equitable, and grounded in the operational realities of service delivery across Pennsylvania. It fosters trust, transparency, and buy-in from those tasked with carrying out the mission of EMS: to provide timely, compassionate, and clinically sound care to all who call for help.

Recommendations

1. The legislation should focus solely on the addition of an EMS Commissioner with a direct reporting structure to the Governor.
2. Any further changes proposed in legislation to the structure of the EMS system should be supported by an evaluation of the current system and should focus on:

The cause-and-effect relationships of existing EMS governance and support structures.

The potential need for a changed advisory board, or identified changes to the existing advisory board to improve coordination, stakeholder representation, the delivery of recommendations to the Department of Health, oversight, funding and sustainability.

2. An effort should be initiated by the General Assembly requesting the Department of Health to engage key stakeholders in the preparation of a summary report with specific policy reform recommendations to support the long-term viability of EMS services

Conduct a review of current EMS-related policies, and procedures with the goal of identifying bureaucratic barriers, unnecessary administrative burdens, outdated requirements and unnecessary enforcements.

Prioritize regulatory flexibility in general with a focus on staffing innovation, response issues, treatment-in-place programs, community paramedicine, disciplinary actions and alternative transport models.

For more information – contact the Pennsylvania Emergency Health Services Council (PEHSC) at 717-795-0740 or via email to Executive Director (Janette Swade) jswade@pehsc.org