Pennsylvania Emergency Health Services Council
Your Voice In EMS

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EMS & Municipal Leaders – Meeting Outline Reference Document

1. Overview of EMS Role in the Community

- EMS is a 24/7 public safety service, operating alongside police and fire.
- Local operations: staffing model, call volume, and coverage area.
- EMS differs from other services: constant readiness, advanced medical capabilities, and patient transport responsibilities.
- Services provided: emergency, non-emergency, critical care, disaster management, community standby.
- Key facts: staffing levels, qualifications, hours of coverage, performance benchmarks.

2. Current Challenges (National & Local)

- Staffing Shortages – recruitment/retention, overtime reliance, burnout, volunteer decline.
- Funding Gaps – reimbursement rarely covers readiness costs; no payment for non-transport calls; flat rates.
- Call Volume Trends – increasing demand, aging population, and mutual aid reliance.
- Hospital Offload Delays – extended ER wait times reduce unit availability.
- Aging Equipment & Vehicles – replacement cycles misaligned with budgets.
- Training & Certification Costs – barriers for new EMS providers.

3. Impact on Public Safety & Health

- Turnout Time Trends – longer delays impact outcomes; response time no longer sole standard.
- Service Reductions – fewer staffed ambulances and gaps in coverage.
- Mutual Aid Strain – neighboring towns also under pressure.
- Resident Risk – delayed care in time-sensitive emergencies (cardiac arrest, trauma, stroke).

4. Financial Realities

- High cost of readiness (personnel, facilities, equipment).
- Gap between reimbursements and actual costs.
- Comparison: EMS often underfunded relative to police/fire.
- Solutions: shared services, cost-sharing agreements, or dedicated funding streams.

5. Opportunities for Partnership

- Municipal contribution models: budget allocations, cost-per-capita, service contracts.
- Grants requiring municipal sponsorship or matching funds.
- Joint planning with fire/police for integrated response.
- Community paramedicine & preventative health programs to reduce 911 burden.

6. Legislative & Regulatory Factors

- Acts 7, 8, 9 of 2008 – municipalities must ensure EMS coverage.
- Federal rules: Medicaid/Medicare reimbursement limitations.
- Pending or potential state legislation affecting EMS funding or authority.
- Local ordinances (e.g., EMS service fees) that can sustain operations.

7. Call to Action

- Identify short-term needs (staffing support, equipment replacement).
- Propose a working group or EMS advisory committee.
- Establish a timeline for funding and operational planning.
- Invite municipal leaders to observe EMS firsthand (ride-alongs).