



The Hospital + Healthsystem
Association of Pennsylvania

Leading for Better Health

Statement of

The Hospital and Healthsystem Association of Pennsylvania

For the

**Veterans Affairs and Emergency Preparedness Committee
Pennsylvania House of Representatives**

submitted by

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Good afternoon, Chairwoman Boback, Democratic Chairman Sainato, and honorable members of the committee. Thank you for the opportunity to participate in this hearing today to consider the Emergency Medical Service crisis in Pennsylvania.

My name is Christopher Chamberlain and I serve as the vice president of emergency management for The Hospital and Healthsystem Association of Pennsylvania (HAP). HAP advocates for approximately 240 member hospitals and health systems across the commonwealth, as well as the patients and communities they serve.

In addition to my role at HAP, I am a 30-year certified Pennsylvania EMS provider, a former emergency department registered nurse and hospital EMS liaison, and a current member of the Executive Board of the Pennsylvania Emergency Health Services Council. You may be aware of the Council's good work and know that, like HAP, it is deeply concerned about the status of emergency medical services across the commonwealth.

You invited me to participate in my role with the hospital association and that is the perspective from which I will be speaking this afternoon.



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The most important thing you can hear today—and I am sure you will hear it loud and clear throughout all the panels—is that emergency medical services are an essential part of Pennsylvania’s continuum of care. Each EMS service flexes to meet the unique needs of each community it serves. EMS is a critical component of the safety net that protects the health of the commonwealth.

As hospitals, we rely on EMS in a variety of situations.

The ability to move patients is something that hospitals fundamentally rely on every day to ensure that Pennsylvanians can reach emergency, trauma, and post-acute services. We also rely on EMS providers to transport patients efficiently and safely from our hospitals to other appropriate care settings, freeing up beds so they can be used by others who need acute or specialty care.

However, while safe, stable transportation is essential, emergency medical services personnel are also indispensable in many other ways.

They are credentialed health care professionals who are capable of assessing complex illness and injury situations. Using medical protocols—and their talent—they make critical, rapid decisions in situations where a single mistake could mean that a patient ends up at the wrong facility, receives the wrong treatment, or worse. These individuals truly are health care providers, and they deliver this care under some of the most difficult conditions.

In many communities, EMS personnel regularly provide care outside the walls of the hospital. They do this through programs like community paramedicine, offering patients opportunities to remain healthy and well without the need to come to the hospital. Throughout the pandemic, we have seen EMS providers assist with vaccination clinics and testing sites, for example. They have provided critical public health support as hospital capacity has been stretched to the breaking point. These roles clearly demonstrate the critical nature of EMS and their role as front-line health care workers.

Speaking of which, if you will allow me to digress for a moment, now is a great time for me to pause and thank each of you on the Committee for your action a few weeks ago to reach across party lines and work in concert with the Governor to provide unanimous support to



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deliver \$225 million directly to front-line hospital workers. Then, critically and of importance to today's hearing, to also quickly act to provide another \$25 million to support the commonwealth's EMS programs.

I do not have to tell you that health care providers are exhausted. Additionally, violence and abuse against health care workers, including EMS providers, is on the rise. We thank you for coming together to show them that the state's leaders—and, by extension, Pennsylvania's citizens—see them, recognize their hard work, and support their sacrifice to keep us all safe.

As you well know, from town-to-town throughout Pennsylvania you will find varying ways that EMS programs exist. Some are part of the municipal government, alongside or working within police and fire departments. Some are part of a hospital or health system, or part of a regional EMS operating plan. Some are private, not-for-profit organizations that operate independently.

For this reason, it is extremely difficult to define exactly what emergency medical care looks like—or how an EMS provider intersects with its local hospital—in any given community across the commonwealth.

Some hospitals, for example, have dedicated professional staff to assist EMS in the emergency department—often called EMS liaisons. You may recall from my introduction, that I have served in that role. EMS Liaisons work “both sides of the ER doors” and provide that connection, both clinical and operational, between the hospital and the EMS communities. Within the bounds of the law, some hospitals strive to support their local EMS by replacing supplies that may have been used to attend to the patient's care. Some hospitals have tried to support their EMS in ways they support their own staff, providing meals if possible and appropriate, for example. Other hospitals do not have the staff or the resources for these types of supports.

Another challenging effect of the various ways EMS services are organized throughout the commonwealth is a lack of consistent or comprehensive financial support for this vital work.

Some communities provide for police and fire services, but contribute little or nothing to EMS. I have heard it asserted that, because EMS can bill for services, they do not need government or other sources for financial support. This is a dangerous misunderstanding.



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During this hearing, I presume that you will hear about how billing for services only recovers a small portion of the overall operating expense of an EMS agency. I just spoke about how transportation is only one of the essential services provided by EMS agencies, yet insurance reimbursements are often almost entirely based on transporting someone to a hospital. In many cases, if EMS does not transport someone somewhere, there is no way for them to get paid.

EMS organizations are also suffering from the health care workforce crisis that hospitals and the rest of the health care continuum are experiencing. EMS services are short-staffed as well, and in some instances, they have to wait longer in emergency rooms and receive less support from hospitals which have always valued and prided themselves in their EMS relationships.

HAP strongly encourages you to look for solutions to the health care staffing crisis as a whole. We thank the House of Representatives for passing House Bill 1868 to ease professional licensure for veterans and military spouses, which can assist in increasing the numbers of people qualified for EMS and other health care professions. We hope that you continue to urge your Senate colleagues to finish this important work.

We thank the General Assembly for its work to enter into a number of interstate licensing compacts—for nurses, for example—and urge the House to complete the Senate’s good work on Senate Bill 861 to authorize Pennsylvania to join the EMS compact. We also respectfully ask you to ensure that the compacts are fully operationalized as soon as possible.

We encourage you to continue to explore and promote opportunities for education, mid-career re-training, scholarships, loan forgiveness, and other incentive programs to recruit and retain health care providers into the workforce. And, as I have already noted, we believe that EMS professionals are essential parts of the health care workforce. Of course, HAP fully supports EMS professionals, but we also believe that it may be beneficial for the commonwealth to invest in building a responsive and flexible system that allows those who are interested to be able to pursue EMS employment as an entry into the health care workforce, with opportunities to potentially advance in both skill and financial security, if that is of interest.

To summarize, The Hospital and Healthsystem Association of Pennsylvania supports efforts to ensure that communities have strong, efficient, and sustainable emergency medical services.



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Finally, I would like to thank the hospital emergency medical services liaisons from several Pennsylvania hospitals and health systems who spent time with me in recent weeks to ensure that I had a clear and up-to-date understanding about the commonwealth's EMS situation so I could accurately share this testimony with you today.

Thank you for this opportunity to share HAP's perspective as it relates to Pennsylvania's EMS and, related, the state's overall health care workforce crisis. We appreciate the chance to offer our thoughts about some of the ways we believe you may be immediately effective in supporting all Pennsylvanians on this critical topic.

I am happy to respond to any questions you may have.