

Good morning. Thank you to the Committee Chairs, Senator Brooks and Hayward, as well as the Committee members for scheduling this hearing and allowing our collective EMS voice to be heard. I am Heather Sharar and I am the Executive Director of the Ambulance Association of Pennsylvania. I know you have heard of the change in leadership at the Bureau. We have heard this as well. While this is step in the right direction, there is more to be done and the EMS community is ready to take on the issues and work collaboratively with the Department, the Bureau and other stakeholders to improve the EMS system.

A little bit of background on the AAP:

- We are a statewide trade association with over 200 members comprising approximately 80% of all emergent and non-emergent transports in the Commonwealth. We

receive no money from the Bureau or any entities other than our members.

- We absolutely agree with compliance (state and federal laws). In fact, this is a part of our mission statement. We have brought issues forward either directly to the Bureau or to the Legislature along with solutions.
- We absolutely agree with accountability. However, based on the recent actions of the Bureau staff, they are creating barriers to care and a detriment to public safety.
- We have been a cooperative partner with the Bureau AND the Department of Health for many years to move the system forward; however, within the last year, the Bureau has become adversarial and has been lacking in communication.
- Section 8105 of the EMS Act Duties of the Department states: a) It shall be the duty of the department to assist in

the development of local EMS systems; plan, guide and coordinate the development of regional EMS systems into a unified statewide system; and coordinate systems in this Commonwealth with similar systems in neighboring states.

- b) Authority – The Department is authorized to:
- COORDINATE A PROGRAM FOR PLANNING, DEVELOPING, MAINTAINING, EXANDING, IMPROVING AND UPGRADING EMS SYSTEMS IN THIS COMMONWEALTH.
- There are 13 other duties BEFORE you arrive at number 14 and 15 – which are related to investigations.

My rule has always been: if I hear from 1 member, it could be an anomaly, 2 members could be coincidence, but when I start hearing from 3, 4, 5 and many more members experiencing the same or similar issues AND I start to hear from legislators or

legislative staff, I am under an obligation to investigate. I have to investigate what is truth and what is rumor. Then I share the information with my board of directors so they have a situational awareness of the issue or issues so that we can advocate on behalf of our members.

I will share with you the results of my investigation that highlight several issues that still need to be addressed, regardless of who is in the Director position. I also want to note.....I am also aware, through the course of my investigation, that I have 4 members who have not had issues with the Bureau or have expressed a different opinion than what my investigation has gleaned.

January – during legislative hearings and meetings with legislative staff, we started to hear rumblings of the heavy handedness of Bureau/staff and with each discussion – you

should talk to “so and so” and reach out to “this person” and at the same time, the abandonment portion of the draft protocols were called to our attention.

February – met with Aaron and Dr. Bledsoe and we specifically discussed the abandonment protocols. Aaron told me this language in the protocols came directly from “legal”. I did indicate that this change was detrimental to the EMS agencies in the Commonwealth.

March – requested a meeting with Acting Secretary Bogen via Aaron and Deputy Secretary Wendy Braund. No response or acknowledgement except a verbal discussion with Aaron to let me know that Faith Heussler was no longer at the Department. (I have a print out of my email request). My investigation started to heat up and more and more individuals started coming forward with stories.

April – presented my findings to the Board and I was asked to obtain a legal opinion on the abandonment portion of the draft protocol (causing an expense to reiterate the position of the AAP and others on the adverse affect these changes would have). My Board also asked me to set up a meeting with Aaron to discuss the primary issues and to find ways for him to be an advocate for EMS vs an adversary. And that is what I told Aaron. On April 27, we met with Aaron who also brought along Jay Taylor: (it has been a long standing procedure for my board to reach out to discuss issues first with someone before we move to seek legislative or other remedies. All of the following items were discussed and all are factual with back up).

1) Conditional Temporary Licenses: 61 conditional temporary licenses across the state. How many are because they do not have staff to get out the door for 95% of their calls (reference EMS Info Bulletin 2017 -01). [EMSIB 2017-01 County - Broader Level Response Plans.pdf \(pa.gov\)](#) - Aaron confirmed

that all of them are due to lack of staffing.

This info bulletin is a policy (not statute or regulation) and can be changed. What is the Bureau doing to help these services? Where did the 95% come from? - Aaron stated the 95% was from Dick Gibbons (a previous Bureau Director) and they work with the agencies on a "corrective action plan."

### **§ 1027.12. Conditional temporary license.**

When an EMS agency or an applicant for an EMS agency license does not provide service 24 hours-a-day, 7 days-a-week, and does not participate in a **county-level or broader level EMS response plan**, the Department will issue the EMS agency a conditional temporary license, subject to terms the Department determines to be appropriate, if the Department deems it is in the public interest to do so (I will explain why I have shared this excerpt from the regulations shortly).

[28 Pa. Code Subchapter F. Regional Ems Councils](#)  
[\(pacodeandbulletin.gov\)](#)

(17) Assisting EMS providers, other persons and EMS agencies operating in the regional EMS system to meet the licensure, certification, registration and continuing education requirements established under the act and this subpart, and assisting the Department in ensuring that those requirements are met.

My next question to Aaron:

How are you including the Regional Councils so they can assist or educate providers? - Aaron stated that he is "reeducating" the regions to cooperate better with the Bureau. Side note, that did not even answer my question.

Over the course of the conversation:

1) There are only 5 county wide or broader plans in PA

2) Aaron stated that if a service participates in the county wide or broader plan and still cannot get out 95% of the time, they will NOT be issued a conditional temporary license. This was confirmed in Lehigh County.

3) The Bureau requires the PSAPs to provide information/data to the Bureau in order for the Bureau to approve any county wide or broader plan. PSAPs don't have the staff/time/resources to provide what he needs and their regulatory responsibilities fall under the PEMA. Because the PSAPs won't or can't provide the info, the Bureau will not approve a plan - the Bureau is ultimately hurting these EMS agencies. This conditional temporary license is perceived as negative by many. I learned recently that Huntingdon and Perry counties have tried to develop county wide plans but the Bureau has not approved them. So, an agency cannot find the staff to cover their community 24/7, they attempt to comply with the regulations to create a county wide or broader plan ONLY to have the Bureau deny the plan – therefore, keeping these agencies on conditional temporary licenses.



4) We brought up that the Regional Councils are no longer involved in the investigation process. Aaron stated that the regions are, in fact, included - whomever their lead investigator is UNLESS there is a conflict of interest, such as a board member. I brought up Tim Reitz and his punitive behavior toward providers from his former region. In fact, recently, EHSF was told the Bureau was taking over an investigation, when asked why, the Bureau staff just said, the Bureau is taking over the investigation.

5) We brought up that he is not utilizing the regions to be able to identify problems in their regions, allowing them to make a plan (this is part of their responsibility under the EMS Act) to assist the providers/agencies.

6) I brought up that the Info Bulletins only go back 6 years on the website. Aaron stated they are in the process of reviewing all Info Bulletins to see if they should be rescinded and they would be putting together one big document. Asked when this would happen, he did not have a time frame. I also shared with him, information from the Bureau's website page refers to ambulance attendant. That term is no longer used and as of yesterday, this has not been fixed.

7) Info Bulletin 2017-01 that has states the "goal" should be a 95% response rate is also being "looked at." Again, no time frame.

8) This same Info Bulletin states that regional EMS councils will work with agencies to facilitate the creation and

implementation of the plan, again, he is not using the Regional Councils to help agencies.

9) We also brought up the lack of communication (for example, EMS Compact passed last year but no direction has been given – the Bureau is working through data issues) across the board with the Bureau/Regions/Agencies.

The next item discussed was the Minimum staffing/agreements with other agencies to assist with staffing: [EMSIB 2017-06 Minimum Staffing.pdf \(pa.gov\)](#)

Agencies are being told they are out of compliance with the rules because they have not provided all of this information PRIOR to using the outside staff. Why are agencies required to send all of this information to the Bureau? The last sentence says that the department recognized that situations may arise that will require the use of personnel from different agencies without prior agreement.

Aaron stated that this is in legal to determine how to comply with the Act and PEHSC has a concept for consideration that is also be reviewed by legal.

Protocols Section 201 on patient abandonment - opinion letter from Page, Wolfberg & Wirth was provided. PEHSC and their MAC have opposed the language and offered suggestions that have not been accepted or responded to by the Bureau yet. - Aaron stated that he is aware of their opposition and, again, the protocols are in "legal" review. I asked him to share the Page, Wolfberg & Wirth opinion letter with "legal."

I received no response or update on any of these issues. In addition, I requested information through the Right to Know Law for information on the number of investigations since 2019 to back up or dispel rumors. On May 5, DOH Legal sent a response they would need until June 5<sup>th</sup> to provide the information. Late yesterday afternoon, I received info but I am not sure that I understand it fully except there is an increase in the number of investigations from 2021 (69) to 2022 (117).

May – we participated in meetings regarding the protocols with Senator Pittman’s staff (and AAP members), as well as continued discussions with members. I continue to hear stories daily and as I peeled back the layers of the onion, I continued to discover more and more, which Greg, Art and Gary will provide additional details from their perspective.

I have also heard Bureau staff state, “we need to protect the public from providers” which has now changed to “we need to protect the public.” This is insulting to the many good EMS agencies and providers in the Commonwealth. There is a disconnect between the Bureau, the Regions, and the EMS agencies. Case and point: The Bureau has determined that spot inspections are to take place and all agencies are aware of this mandate. For EMS Week, the Bureau staff traveled around the state to deliver cookies and have requested “tours” of the stations. EMS agencies FEARING retribution and retaliation, are afraid to say no while at least one, said – no – we have calls to answer. The fear is these request for tours will turn into disciplinary actions or “gotchas”? The system has lost trust in the Bureau. And that is now the perception by many in the EMS community based on the cease and desist letters and other

disciplinary actions against providers and agencies that the Bureau has issued.

I am sad that we are here, at this juncture, to discuss these issues when EMS is facing such hardships with lack of workforce, lack of sustainable funding and low reimbursement. That is the real crisis in EMS – the Bureau and several of the Bureau staff are contributing to the crisis vs improving the system. There are ways to improve the system via collaborative efforts with all stakeholders vs. edicts and disciplinary letters.

The next Bureau Director will need to be an advocate for moving the system forward and a consensus builder.

Senator Casey recently released a report on the nursing homes staffing crisis and said, “Enforcement alone will not transform America’s nursing home. If we truly want to improve care, then we need policymakers to prioritize, support, and invest in our

nation's most vulnerable and their caregivers....” You could replace nursing home with EMS into that statement and it would ring true. We need the Commonwealth to invest in EMS from the state AND local levels before we don't have an EMS system to serve the citizens.

Thank you for the opportunity to bring these issues to the forefront. I am happy to answer any questions or provide further details after my colleagues' testimonies.