

March 20, 2024

Dear Madam Chair and Members of the Committee:

Please accept this written testimony regarding HF4849.

I support the intent of this legislation, which offers additional options and flexibility to ambulance services with regard to staffing hardships. Specifically, it allows a BLS ambulance service to apply for a staffing hardship variance and utilize a firefighter to drive the ambulance. Recruitment, retention and reimbursement have been identified repeatedly over the years as posing significant challenges to ambulance services - particularly those in small, rural communities. Those challenges have brought us to a point where the system is not sustainable under the strain of increased costs of personnel, supplies, equipment and ambulances, inadequate reimbursement from Medicare and Medicaid, and the often overlooked indirect subsidy provided by volunteer workers. As this legislation highlights, we have resorted to shoring up the safety net that an ambulance service provides by modifying (reducing) staffing requirements. As we consider the bigger picture, I think we need to ask ourselves, "While this may be helpful, is it really addressing the problem?"

Critical patients, such as a cardiac arrest victim, interfacility transfers, mass casualty incidents and other types of ambulance calls may be able to be appropriately managed with a modified staffing model such as that proposed by HF4849. For BLS and ALS services alike, utilizing a firefighter, police officer or other qualified individual to drive the ambulance would seem reasonable in these situations. While this is not the goal of what a day to day ambulance operation should look like, we all learned during the Covid pandemic that sometimes special circumstances dictate unique solutions to the challenges we face.

HF4849 certainly is one way to provide additional options to our rural communities to ensure that an ambulance is available to respond. To that end, I support giving all ambulance services greater flexibility in their efforts to provide services to their communities. However, I would urge the committee to consider this legislation through a lens that sees the bigger picture, and the underlying issues that have brought us to this point. The industry and our communities can't continue to expect volunteers to subsidize ambulance operations. We can't expect our ambulance services to continue to provide services without recognizing and funding the essential service and readiness that ambulance services and the EMS professionals that staff them (paid and volunteer alike) provide.



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