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**THE FINAL REPORT OF
THE SENATE STUDY COMMITTEE ON EMS RECRUITMENT,
RETENTION, AND TRAINING IN GEORGIA**

COMMITTEE MEMBERS

Senator Jeff Mullis, Chairman
District 53

Senator Ronnie Chance
District 16

Senator John Douglas
District 17

Senator Johnny Grant
District 25

Senator Steve Thompson
District 33

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COMMITTEE FOCUS, CREATION, AND DUTIES

The Senate Study Committee on EMS Recruitment, Retention, and Training in Georgia was created pursuant to Senate Resolution 403. The Resolution directs the Committee to examine various issues, including training and compensation, to determine if legislative action is required to ensure that Georgia retains an adequate number of qualified EMS professionals.

Senator Jeff Mullis of the 53rd was appointed as the Committee's Chairman. The other members serving on the Committee were: Senator Ronnie Chance of the 16th, Senator John Douglas of the 17th, Senator Johnny Grant of the 25th, and Senator Steve Thompson of the 33rd. The Committee met on September 19, 2007 at the Athens Regional Medical Center; October 22, 2007 at the Newton Medical Center; and December 13, 2007 at the Georgia Public Safety Training Center in Forsyth.

The Committee heard testimony from the following individuals and organizations: Don T. Cargile, EMS Director of the Athens Regional Medical Center; Courtney Terwilliger, Chairman of the Board of Directors for the Georgia Association of Emergency Medical Services (GAEMS); Marty Billings, Director of the State Office of EMS/Trauma (OEMS/T); Becky Hill, EMS Program Director for the DeKalb Technical College; Bill Myers, Assistant Chief of Operations for the Gwinnett County Fire and Emergency Services; Joey Thompson of the South Georgia Emergency Medical Services, Inc.; Pete Quinones, CEO and Vice President of MetroAtlanta Ambulance Service; Lisa Beck, Curriculum Program Specialist for Nursing and Public Health and Safety for the Georgia Department of Technical and Adult Education (DTAE); Dale Mann, Director of the Georgia Public Safety Training Center; Huey Atkins, Director of Operations at National EMS; Shane Garrison, Vice President of Puckett EMS; Dr. Charles B. Gillespie, M.D.; and Ernie Doss, Public Safety Director for Lincoln County; Steve McNure, President of the Educators Division of GAEMS.

COMMENTS FROM STUDY COMMITTEE MEMBERS

Chairman Jeff Mullis:

"Serving as Chairman of the Senate Study Committee on EMS Recruitment, Retention, & Training was a great honor, and I'm thankful to the Lt. Governor for being given the opportunity. The service that our EMS community provides is invaluable to the safety and well-being of the citizens of Georgia.

EMS provides vital and life saving pre-hospital care, and this study committee provided the legislature an opportunity to understand the industry and the problems it is facing. There is a severe crisis in terms of the decreasing amount of EMS personnel in the State of Georgia, and we must reverse this trend to continue to ensure the safety of the public. It is evident that this problem is rooted not only in the lack of people being brought into the EMS industry, but also the aging population of the current EMS community.

As a former volunteer fire chief, I understand how real the crisis is that the EMS community is facing. Action will need to be taken to increase the recruitment of younger personnel, streamline the training process, and provide incentives to encourage people to continue working in EMS. We must improve the situation of the EMS community in order to ensure the health and safety of everyone."

Senator Ronnie Chance:

“I would like to thank Lt. Governor Cagle and Senator Mullis for providing me the opportunity join the effort to look into the issues facing the EMS industry. I also would like to thank the emergency medical technicians (EMT), paramedics and other EMS personnel who provide vital services to our state.

We are deeply indebted to the EMS community for their dedication in providing life-saving services throughout our state. Therefore, it was with great disappointment that I learned how difficult our state Medicaid and federal Medicare systems have made basic reimbursement for providing emergency services. Indeed, I was shocked to learn that the standard rates that are applied to pre-hospital care do not even meet the cost of the EMS services providing emergency care. If we ask for these dedicated men and women to be available for our communities 24 hours a day, 7 days a week; we should expect to provide them with adequate resources to do their job.

It is my desire for the State of Georgia to help develop the offices, programs and funds necessary to meet the increasing needs of our EMS community. Specifically I would like to urge the state to provide the staff and financial support needed to create a position of the Georgia Public Safety Training Center (GPSTC) to design an agenda to provide specialized training to EMS personnel across the state.”

Senator John Douglas:

“The service that EMTs and Paramedics in the State of Georgia provide is indispensable to the safety of the public. Their dedication to pre-hospital care saves lives in our state everyday.

Learning about some of the problems that the EMS industry is facing is not necessarily different from other healthcare and public safety workforces, but the severity of some of the issues they are facing was astounding and at times appalling. From the oppressive over-regulations put on the industry to the decreasing number of EMS personnel on the streets, the problems facing EMS will need to be addressed to avoid an impending crisis.

Increased pay and benefits will provide some assistance, but the problems facing EMS will require a change to how the industry is regulated, reimbursed from programs like Medicaid, and the requirements we are putting on the services and personnel who selflessly ensure our safety.”

Senator Johnny Grant:

“Serving as a member of the Senate Study Committee on EMS Recruitment, Retention, and Training was an honor and it provided a great opportunity to learn about the issues involving the EMS community here in Georgia.

Over the duration of the three meetings we held to look into the problems facing the EMS industry, it became obvious that the burden these services bear vastly outweighs what they are reimbursed through programs such as Medicaid and Medicare. In addition, the license fees that ambulance services pay into the Indigent Care Trust Fund fail to produce a significant benefit for emergency medical services.

EMS is a fundamental aspect to our health system and this study committee has helped all of us to gain a better understanding of the life saving services they provide.”

Senator Steve Thompson:

“It was a distinct privilege to be a part of this study committee and to hear the problems facing this fundamental sector of our health and public safety.

Many of us here at the legislature were unaware of the severity of the crisis that has been developing in the EMS industry. It is appalling to learn of the disparity in what it costs EMS services to provide their services and what they are reimbursed by Medicaid and Medicare. Licensing fees that ambulance services have to pay are excessive, particularly for larger services, and the lack of return they receive for paying these fees is disappointing.

Furthermore, additional options need to be provided for EMS services so that they can have more success in recruitment efforts. The fact that many EMTs, who are licensed so by the state's Department of Human Resources, under the age of 21 are not able to drive ambulances because of an inability to be insured is absurd. There must be a solution to this problem, such as additional driver training options or a program for those in this age range, so that services are not hurt in recruiting new EMTs and paramedics.

We must address these issues facing EMS. Not doing so will jeopardize this industry, and ultimately the health and public safety of everyone in the State of Georgia."

BACKGROUND

There are approximately 14,000 licensed EMS personnel in the State of Georgia. Georgia's Office of EMS & Trauma, based in the Division of Public Health in the Department of Human Resources, oversees the certification and licensing of EMTs and Paramedics, as well as the licensing of EMS services.

EMS personnel are licensed at four different levels of certification:

1. EMT - Basic (EMT-B);
2. EMT - Intermediate (EMT-I);
3. Cardiac Technician (CT) (new licenses for this certification are no longer given); and
4. EMT - Paramedic (EMT-P).

The EMS industry in Georgia is made up of approximately 280 licensed services providing emergency services care and utilizing over 1800 ground and air ambulances. These services are a mix of private- and public-based services including fire service-based, hospital-based (both private and public), public-based third services that are funded by local governments, private-based services that provide emergency care to the public through contracts with local governments, and private-based services that do not provide emergency care.

State Office of Emergency Medical Services/Trauma

The State Office of Emergency Medical Services/Trauma (OEMS/T) was created by statute in 1978 when Chapter 11 of Title 31 of the Georgia Code was enacted. Administratively, the Office is embedded within the Department of Human Resources and, beyond its regulatory responsibilities, is responsible for a broad set of goals. The Office's goals and responsibilities for the EMS and Trauma include:

- Providing and maintaining support for regional planning, development, expansion and improvement to each of the ten EMS regions;
- Providing statewide coordination of training programs;
- Providing technical support within each EMS region for the establishment of region-wide medical control of the EMS system;
- Providing for an annual assessment of regional planning and development of each EMS region;
- Assuring continued system development and quality improvement;
- Incorporating the special needs of children in EMS system development; and

- Providing an integrated EMS Information System for local, regional, and state planning and evaluation of system development.¹

Georgia Association of Emergency Medical Services (GAEMS)

In addition to OEMS/T, EMS in Georgia is facilitated by the Georgia Association of Emergency Medical Services (GAEMS), a nonprofit organization dedicated to helping Georgia’s EMTs and Paramedics.

GAEMS’s goals and responsibilities include:

- Informing and educating Georgians regarding the quality and availability of EMS in Georgia;
- Promoting continuing education among EMS workers;
- Initiating federal and state legislative actions that improve the EMS system in Georgia;
- Supporting quality, availability, and delivery of EMS in Georgia; and
- Initiating special projects that will have a positive influence concerning the practice of out of hospital care in Georgia, while promoting out-of-hospital care as a career option to all Georgians, with special emphasis toward the youth in Georgia.²

RECRUITMENT AND RETENTION

In the Face of a State Labor Shortage

The EMS industry is currently facing a crisis in recruiting and retaining skilled personnel. Recruitment strategies commonly involve encouraging young people to become interested in the profession, and finding and training the “right” people. Retention commonly involves finding ways to better equip managers to understand the human resources side of the EMS business and how the working environment can be modified to keep skilled people

Georgia is currently facing a shortage of EMS personnel with the number of filled positions decreasing annually. In December 2005, there were 13,927 total EMS personnel employed in Georgia, by September 2006, the number had dropped to 13,186 – a drop of 741 total licensed EMS personnel or 5 percent.³ As of October 1, 2007 this number had increased to 14,446 licensed personnel. However, 81 paramedics did not renew their licenses, and 101 EMT-I level personnel did not renew their certifications. Additionally, some of the increases at the EMT-I and Paramedic levels were current personnel upgrading their certification level.

The current breakdown of EMS personnel is as follows:

EMT-B	547
EMT-I	8,135
CT	82
Paramedic	5,682

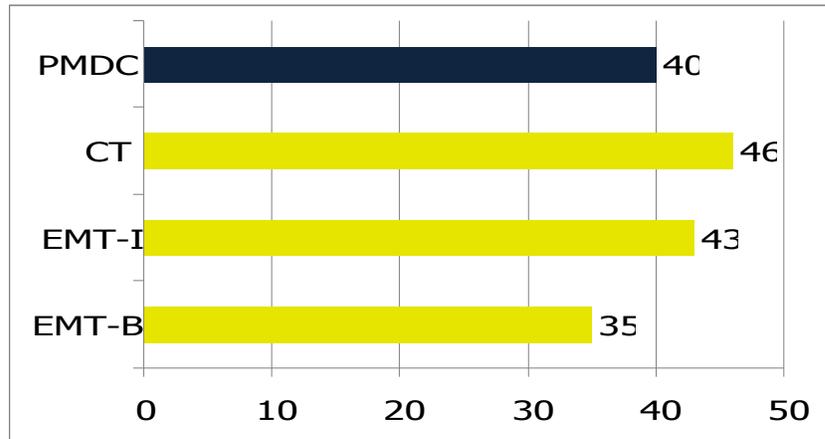
Total	14,446
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¹ Office of Emergency Medical Services/Trauma Operating Report, 2006; pages 11 and 12.

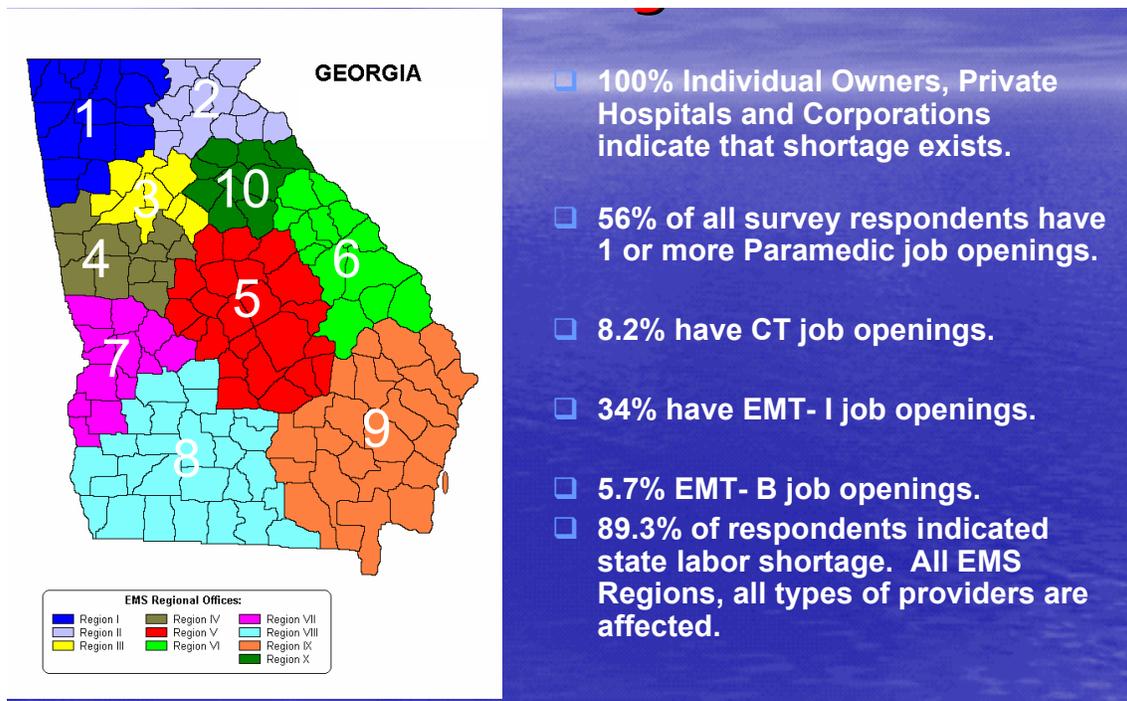
² Article II of GAEMS Bylaws.

³ Testimony Presented by Courtney Terwilliger, Chairman of the Board of Directors for the Georgia Association of Emergency Medical Services (GAEMS); and Marty Billings, Director of the State Office of EMS/Trauma (OEMS/T); September 19, 2007.

The aging EMS population, coupled with the lack of younger personnel to replace them, is one source of the current shortage. The average age for EMS personnel is 41 years old, with the following breakdown by certification level (with the average age noted at the end of each bar):⁴



The following charts, provided by GAEMS and OEMS/T further illustrate the EMS labor shortage facing Georgia.



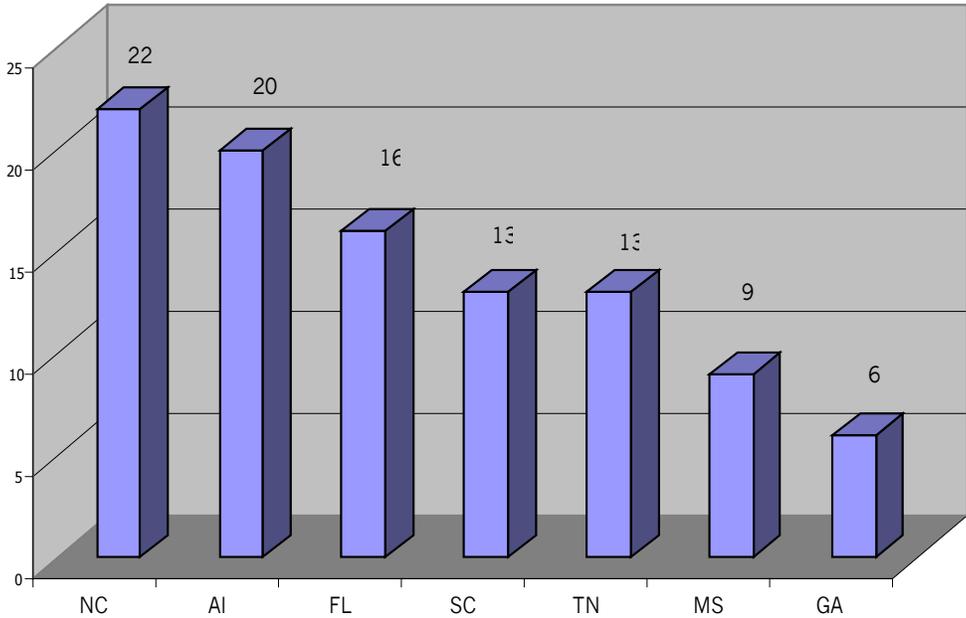
Although not illustrated above, Region VI has a 33 percent vacancy rate for Paramedics.⁵

The Following graph shows the disparity between the numbers of EMS providers serving the population of Georgia, versus other southeastern states:

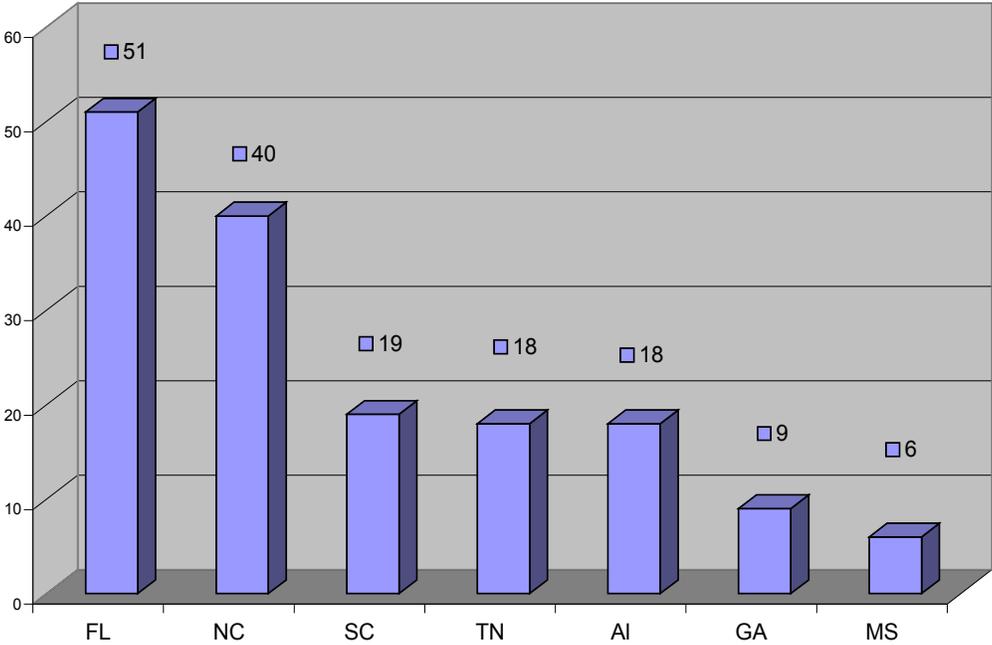
⁴ Testimony presented by Marty Billings, Director of the State Office of EMS/Trauma (OEMS/T); October 22, 2007.

⁵ Testimony presented by Courtney Terwilliger, Chairman of the Board of Directors for the GAEMS; October 22, 2007.

EMS Providers Per 10,000 Population

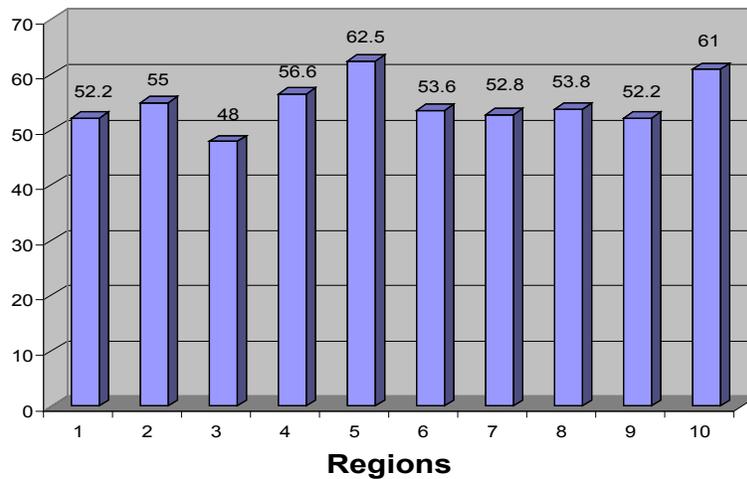


EMS Providers Per 100 Square Miles



The increased workload, work hours, and noncompetitive salaries are a major concern and directly lead to worker burnout, attrition, and the personnel shortage.

Hours Worked Per Week (Paramedics)

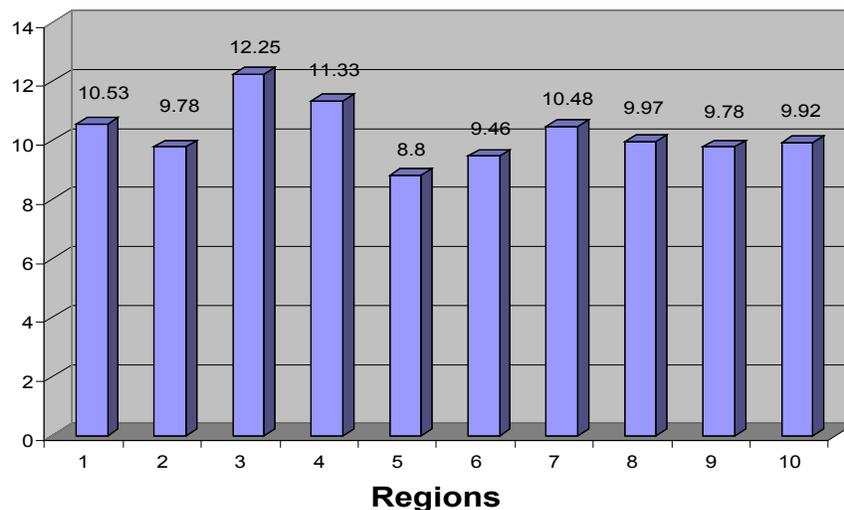


Most EMS providers utilize some form of 24-hour schedule:

- 24/48;
- 24/72; or
- 24/48– Kelly Day.

The above numbers can be misleading since most personnel work more than one job; leaving one EMS job and going directly to another EMS/fire job with a different employer. The relatively low salary for EMS work causes many workers to seek more hours.⁶ The Committee learned that the overworking of EMS personnel can lead to a dangerous work environment. Individuals who have been awake for 17 consecutive hours function similarly to those with a Blood Alcohol Content of 0.05 percent. Individuals who have been awake for 24 consecutive hours function similarly to those with a Blood Alcohol Content of 0.10 percent. This leads to an increased risk to the medic, patient, and citizen on the street. Moreover, cumulative sleep loss, the sum of partial and total sleep loss, cannot be repaid hour for hour and usually requires two nights of “normal sleep.”

Pay Rate (EMT-I)



⁶ Testimony presented by Courtney Terwilliger, Chairman of the Board of Directors for the GAEMS; September 19, 2007.

A Closer Look: The Private Industry

The Committee heard testimony from Mr. Pete Quinones of the MetroAtlanta Ambulance Service. Mr. Quinones offered some insight into how a private EMS entity can serve as a blueprint for resolving the attrition issue that is currently affecting publicly provided EMS. The Committee learned that the national EMS attrition average is currently at 16.8 percent whereas MetroAtlanta's attrition rate is far below, at 6.48 percent.⁷ Mr. Quinones demonstrated the following formula for determining the attrition rate:

$$\frac{(C + D + E + F) * 100}{(A + G) / 2}$$

A = Yearly Start Headcount
C = Employees Promoted
D = Lateral Movement of Employees
E = Voluntary Attrition
F = Involuntary Attrition/Termination
G = Yearly End Headcount

MetroAtlanta Ambulance Service credits its low attrition rate for certain steps it takes to combat worker burnout and turnover. These steps include:

- Viewing other providers and studying their deficits and successes;
- Surveying employees to research their needs;
- Establishing a work schedule that meets demand, yet meets the needs of today's single and young family;
- Offering a 401K;
- Offering comprehensive health care (medical, dental, life, vision);
- Offering profit sharing tied to key performance indicators;
- Offering opportunities for extensive, ongoing training;
- Partnering with local technical colleges;
- Providing Scholarships; and
- Providing State-of-the-Art equipment.

A Closer Look: Gwinnett County

With its 437 square miles and its diverse population of 800,000, Gwinnett County can serve as a microcosm for how EMS issues are affecting the entire state.

Gwinnett EMS Profile

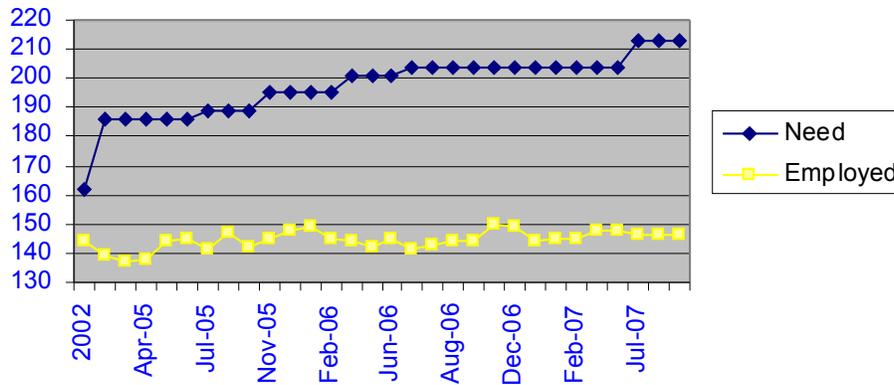
- 735 Personnel;
- 27 Stations;
 - 27 ALS equipped Engine Companies;
 - 7 ALS equipped Truck Companies;
 - 21 ALS Medic Units (adding 1 unit per year);
 - 2 ALS Squads; and
- Over 60,000 Incidents per year;
 - Increase in transports from 50 percent to 61 percent since 2000.⁸

⁷ Testimony presented by Pete Quinones, CEO and Vice President of MetroAtlanta Ambulance Service; September 19, 2007.

⁸ Testimony presented by Bill Myers, Assistant Chief of Operations for the Gwinnett County Fire and Emergency Services; September 19, 2007.

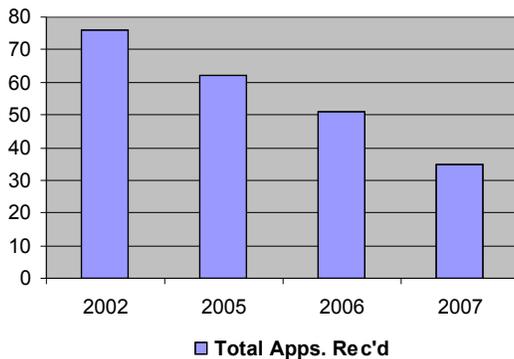
The Study Committee examined the Paramedic situation in Gwinnett County as it relates to the labor shortage and the county's needs.

Pmdc Needs vs. Employed Pmdcs

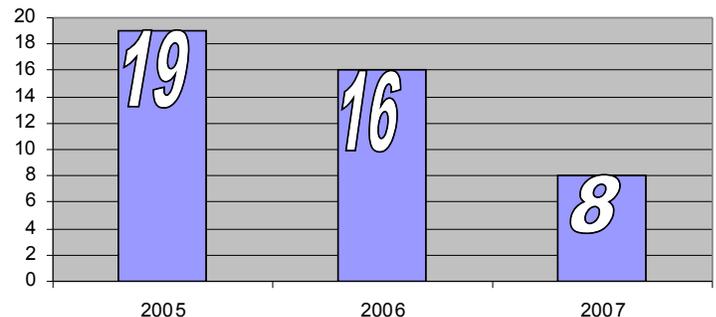


Since 2002, Paramedic staffing requirements have increased by nearly 50 positions. Between 2000 and 2007, Gwinnett experienced a loss of 80 Paramedics, including those promoted, while adding 61 Paramedics – resulting in a net loss of 19 Paramedics.

Pmdc Applications per Year



Total Paramedics Hired



In an effort to retain skilled EMTs and encourage them to seek paramedic certification, Gwinnett carried out a series of recruitment and retention initiatives involving increasing pay ranges for Paramedics; increased pay for previous paramedic experience; and recruiting outside of Georgia. In 2002, 91 percent of the hired paramedics were recruited from Georgia. By 2007, 63 percent of the paramedics were hired from other states.

Training and certification incentives include a \$10,000 bonus to current employees to obtain paramedic certification; having the county pay for education; offering the county's own on-duty paramedic program; and, effective January 2011, employees must be a Paramedic before becoming eligible for promotion to Lieutenant.⁹

⁹ *Ibid.*

TRAINING OF EMS PERSONNEL

Background

EMS personnel are trained at Georgia's technical colleges, private training academies, and at EMS services that have set up their own training programs.

There are approximately 85 training programs approved by the Department of Human Resources, in both the Department of Technical and Adult Education (DTAE) and non-technical college-based programs.

The breakdown of EMS educational facilities is as follows:

- 77 Technical/State College Based;
- 30 Fire/EMS Service Based; and
- 17 Private Based.

Georgia tests about 3258 EMT/Paramedics each year; two-thirds are trained in technical colleges, while the other one-third are trained outside of technical colleges (service-based or private training academies). There are currently 435 Active Licensed Instructors (All Levels).¹⁰

EMTs and paramedics in Georgia are certified using the National Registry exam created by the National Registry of Emergency Medical Technicians (NREMT), a non-profit and non-governmental independent certification agency. The State of Georgia began using this exam in 1994, and as of 2001 it has been the only exam used for the certification of EMTs and Paramedics.

Between July 1, 2006 and October 1, 2007 the dropout rate for all levels of certification was approximately 38 percent of those students that enrolled. On average, for every three students that entered either an EMT-B, EMT-I, or EMT-Paramedic program, only one would ultimately become licensed for that certification level.

EMT-Basic Level (EMT-B)

- 66% that start the course complete
- 58% are licensed that complete the course
- 39% are licensed that start the course
- Only one in 2.6 candidates who start the course are ultimately licensed

EMT-Intermediate Level (EMT-I)

- 69% that start the course complete
- 55% are licensed that complete the course
- 38% are licensed that start the course
- Only one in 2.66 candidates who start the course are ultimately licensed

EMT-Paramedic Level (EMT-P)

- 68% that start the course complete
- 50% (.496) are licensed that complete the course
- 38% are licensed that start the course
- Only one in 2.9 candidates who start the course are ultimately licensed

¹⁰ Testimony presented by Becky Hill, EMS Program Director for the DeKalb Technical College; October 22, 2007.

In 2003, Georgia had a 51.7 percent pass rate for first-time takers

- National Average 55.9 percent

In 2004, pass rate increased to 53 percent for first-time takers

- National Average 55 percent¹¹

EMS & the Department of Technical and Adult Education (DTAE)

DTAE encompasses 33 technical colleges, and their associated satellite campuses, and four University System Colleges. For EMS programs, DTAE offers the following:

- EMT-B = Certificate (15 credit hours; 2 quarters)
- EMT-I = Certificate (24 credit hours; 3-4 quarters)
- Paramedic = Diploma (79 credit hours; 5 quarters)
- Paramedic = Degree (104 credit hours; 6 quarters)

From 2005 through 2007, 32 colleges awarded EMS students with the following degrees, diplomas, and certificates:

- 15 awarded EMT B certificates
- 31 awarded EMT I certificates
- 23 awarded Paramedic diplomas
- 3 awarded Paramedic degrees

Across our colleges: FY 2005-2007

(Not inclusive of continuing education programs)

Major	Tuition	Enrollment	Awards
EMT Intermediate	\$792	4830	2223
EMT Basic	\$495	722	880
Paramedic Diploma	\$2607	1973	481
Paramedic Degree	\$3432	78	6

Standard Tuition for EMS students is \$33/credit hour. Additional costs to EMS students are texts, supplies, uniforms, background checks, drug screenings, physical examinations, immunizations, etc. However, students enrolling in these programs at technical colleges are eligible for the HOPE Grant.¹²

EMS and Private-Based Training

The Committee heard from Steve McNure, President of GAEMS's Educators Division, on behalf of Carol Crockett Director of Education at Rescue Training, Inc. in Savannah. The profile of Rescue Training, Inc. helped present the perspective of a private training academy. Rescue Training, Inc. is a free standing teaching academy that specializes in EMS courses, and also serves as a satellite training center for the American Heart Association (AHA). The Committee learned that:

- All courses taught in accordance with rules and regulations set forth by DHR and the OEMS/T;
 - All instructors are Georgia Licensed EMS Instructors;
 - Rescue Training, Inc. teaches paramedic, EMT Basic & Intermediate, Life Support Courses (AHA), refresher courses, tactical emergency medicine, and several others;
-
- Average number of students graduated per year:

¹¹ *Ibid.*

¹² Testimony presented by Lisa Beck, Curriculum Program Specialist for Nursing and Public Health and Safety for DTAE; October 22, 2007.

- Paramedics – 35
- EMT Basic/Intermediates – 84
- Military Intermediates – 48
- 82% overall pass rate through January 2006 (10 percent of all registered students eventually drop-out).

Some of the self-described advantages of a private training academy are flexibility of scheduling around the needs of students and services, accessibility to labs and instructors, and one-on-one tutoring. However, a glaring disadvantage to students attending a private training academy is the inability for students to access a HOPE Grant.

EMS and Service Based Training

The Committee also heard additional testimony from Bill Myers of Gwinnett Fire and Emergency Services, as well as Huey Atkins, Director of Operations at National EMS, on the subject of the services providing their own EMT and paramedic courses.

Gwinnett Fire and Emergency Services provides their own paramedic training program, while National EMS provides their own EMT-B, EMT-I, and Paramedic training programs (as well as teaming with Rockdale Career Academy to train students in high school).

Both testified that their services took on these duties because of the lack of personnel, particularly paramedics, coming out of other programs. Additionally, having their own training programs allowed them to focus intensely on recruitment, as well as schedule the courses around their recruits' and employees' schedules and complete the programs in a shorter amount of time.

Continuing Education and the Georgia Public Safety Training Center (GPSTC)

Although GPSTC's current mission is to provide training to law enforcement, firefighters, and other public safety personnel, the Committee learned that since 2006, EMS personnel are eligible to seek continuing education training at the GPSTC.¹³ However, there is currently no curriculum, program for training, or any instructors geared towards EMS at the GPSTC.

DTAE technical colleges, GAEMS, and other EMS training academies currently provide continuing education opportunities to EMS personnel. However, with EMS's active involvement with the Georgia Emergency Management Administration (GEMA), homeland security, and the overall public safety, there are no centralized continued and advanced training opportunities for EMS personnel.

FUNDING OF EMS

Medicare and Medicaid

Shane Garrison, Vice-President of Puckett EMS, provided information to the Committee illustrating the typical expenses of an EMS service and also explaining the reimbursements to ambulance services by Medicaid and Medicare. Medicaid reimbursements are administered by the Department of Community Health (DCH). As displayed by the chart directly below, the majority of expenses are personnel related.

Average Provider Expenses

1. Personnel and Benefits	44%
2. Insurance	15%
3. Equipment	10%
4. Fuel	4%

¹³ Testimony presented by Dale Mann, Director of the GPSTC; October 22, 2007.

- 5. Buildings and Maintenance 10%
- 6. Fleet Maintenance 8%
- 7. Training and Preparedness 1%
- 8. Depreciation Expense 3%
- 9. Misc. (Radio, Cell Phone) 5%

The average cost to a provider to have one ambulance available 24 hours a day, 7 days a week, is \$500,000 per year. In 2004, the Government Accountability Office (GAO) reported that the average cost for providers per ambulance transport is \$415.

Accounting for up to 70 percent of reimbursements for transports by ambulance providers, Medicare and Medicaid are the major source of reimbursement for ambulance providers. Medicare accounts for up to 55 percent, while Medicaid makes up for 15 percent of the total reimbursements to ambulance providers. A 2007 report from the GAO states that the current Medicare Reimbursement for ambulance transports is 6 percent below ambulance provider transport cost and 17 percent below ambulance provider cost for Super Rural providers.¹⁴

Medicare operates off of a fee schedules for reimbursements. Medicare will pay 80 percent of the fee schedule amount or the actual charge, whichever is less. See below for an example of Medicare reimbursements to ambulance providers.

2007 Medicare Fee Schedule

	Base Rate	Mileage
BLS EMG	\$330.89	\$6.25/mi
ALS EMG	\$392.93	\$6.25/mi
Medicare Pays 80% of this Allowed Amount		

Medicare Payment Example

Actual Charge for Ambulance Service	\$525.00
Medicare Fee Schedule	\$330.89
Medicare Reimburses (80% of fee schedule amount)	\$264.69
Amount Owed by Patient	\$66.20

- The difference between the actual charge and the Medicare fee schedule is **\$194.11**
- This amount cannot be billed to any entity, and EMS services must write it off.
- The **\$66.20** owed by the patient cannot be collected if the patient is both a Medicare and Medicaid beneficiary.

Medicaid reimbursements also operate off of a fee schedule. The current Medicaid reimbursement rates in Georgia are 90 percent of the 2002 Medicare fee schedule. Moreover, ambulance providers are not reimbursed for the first 10 miles of transport by Medicaid. Again, the Department of Community Health (DCH) oversees and administers Medicaid reimbursements to EMS in Georgia.

2007 Medicaid Ambulance Fee Schedule

¹⁴ Ambulance Providers Costs and Expected Medicare Margins Vary Greatly; GAO, May 2007.

	Base Rate	Mileage
BLS EMG	\$255.72	\$4.92/mi
ALS EMG	\$303.67	\$4.92/mi
Mileage is only paid after the first 10 miles		

Medicaid Payment Example

Actual Charge for Ambulance Service	\$525.00
Medicaid Fee Schedule (ALS EMG)	\$303.67
Amount Paid to Ambulance Provider	\$303.67

The amount this costs the ambulance provider = \$221.33

The average cost to transport a patient = \$415.50
 If the Medicaid payment = \$303.67

The average cost to an ambulance provider = \$111.83

According to the 2007 GAO report, ambulances provide more uncompensated care than any other major healthcare provider groups:

- Ambulance 10.8%-16.5%
- Hospitals 5.6%
- Physicians 4.3%¹⁵

Additionally, since ambulances may never deny transport based on a patient's inability to pay, Georgia ambulance providers are forced to write-off 40-60 percent of billed services annually.

Ambulance License Fees

EMS services annually pay ambulance license fees to the state, the sum of which is paid into the Indigent Care Trust Fund (ICTF). In 1992, ambulance services began contributing to the ICTF through their license fees. Before 2001, all ambulance services were required to pay the same fee amount, regardless of their size. The purpose of this fee was to cover the cost of crossover payments between Medicaid and Medicare.

Starting in 2001, the fee structure changed to vary depending on the number of licensed ambulances a service had. Part of the reason for this change was to generate a greater amount of money for the ICTF, thus triggering an increased amount of a federal matching contribution for the fund. In return, ambulance services would receive an increase in their Medicaid reimbursement rates from these increased funds, and the goal was for these increases to be equal to Medicare rates. This ambulance license fee is currently \$2,500 as a base fee for each service, and then an additional \$1,400 for each licensed ambulance that the service owns. In Fiscal Year 2007, this fee raised a total of \$2.6 million that went into the ICTF.¹⁶

Since this took place in 2001, Medicaid reimbursements to ambulance services have decreased, along with crossover payments between Medicaid and Medicare. At the same time,

¹⁵ *Ibid.*

¹⁶ Georgia Department of Community Health.

ambulance services are still paying this high licensing fee, while not receiving the benefit that was the purpose for increasing the license fee.

Grants

Ernie Doss, Public Safety Director for Lincoln County, spoke to the committee concerning the availability of grants to EMS services. According to the Department of Homeland Security, there are 139 public safety grants, 9 of which are specifically geared towards EMS (there are a number of others for fire, law enforcement, public health, etc.). However, the Committee found that very few services were applying for and taking advantage of available grants, while at the same time other states were greatly capitalizing on the grants available to EMS.

Mr. Doss, and other EMS personnel, commented that the lack of knowledge among services as to how to write grants, and the lack of available resources to services for grant writing, was leading to services in Georgia lagging behind other states in writing and receiving EMS grants.

COMMITTEE RECOMMENDATIONS

Based upon the testimony given to the Committee on behalf of those involved in the EMS community and some of potential solutions those in the EMS community suggested. The Committee recommends the follow as solutions that can alleviate some of the causes of the decreasing amount of EMS personnel that are serving the citizens of Georgia.

PRIMARY RECOMMENDATIONS

Increase Medicaid reimbursement rates, and raise them to the current Medicare reimbursement rates

The Committee learned about the difficulty EMS services has with receiving appropriate reimbursements from Medicaid in Georgia. The cost EMS bears in providing services to Medicaid patients, and simultaneously being unable to deny service like others in the healthcare industry, far outweighs what they are reimbursed by Medicaid. EMS has to bear this burden of cost that is not reimbursed, and its effects are detrimental to the entire industry.

Providing an increase in Medicaid reimbursements will help services in providing better salaries, benefits, and services to their EMTs and paramedics. Given the mixture of public and private EMS services that provide care to Medicaid patients, providing an increase in Medicaid reimbursements will be a way to allow all services the ability to increase benefits for their employees.

Eliminate or reduce ambulance license fees

The Committee also learned of the ambulance license fees that EMS services must pay, and this money is entered into the Indigent Care Trust Fund (ICTF). The high cost of this licensing, particularly since it is assessed on each individual ambulance, is a large burden for EMS. This is especially true considering the lack of benefit for services are receiving for paying this costly fee.

Eliminating this fee all together, reducing the amount of the fee, or specifically allowing the funds in the ICTF to go to EMS services for reimbursement of ambulance services, will bring much needed relief to the EMS industry.

Establish a funding source for trauma care

EMS provides the pre-hospital care that is vital to sustaining the lives of trauma patients, and is the first line of care to treat the patient. The creation of the Georgia Trauma Care Network Commission was a great step in the right direction for setting up a functioning trauma care network. However, funding will be necessary to allow the implementation of this network, and funding allocated to the EMS industry will be necessary for EMS services to be better equipped to save the lives of Georgians across the state.

Create an alternative state certification exam for EMTs and Paramedics

As the Committee learned, currently in Georgia the only option for certification as an EMT or Paramedic is through the National Registry exam. While having this available to EMS is advantageous, it also presented problems to the industry. Particularly, the curriculum taught to EMS students does not necessarily correlate to the National Registry exam, and this is difficult to overcome with two separate entities developing the curriculum and the exam. Additionally, the revelation that National Registry is requiring everyone who uses their testing exams to obtain additional requirements, such as a national accreditation, creates additional burdens to training programs. Currently, only one technical college in Georgia has this accreditation, thus putting the burden on the rest to either obtain this accreditation or not teach these programs.

Therefore, it is the Committee's recommendation that funding be provided to the OEMS/T for the development of an alternative state certification exam. The Committee does not recommend replacing the National Registry, but rather create an alternative exam that EMTs and paramedics in Georgia can take to be certified in Georgia, and that can be geared towards the curriculum used.

Create a stand-alone Office of EMS/Trauma or re-organize the current placement and structure of the Office of EMS/Trauma (OEMS/T)

Throughout the testimony presented to the Committee, the complicated relationship that the EMS industry in Georgia has with state agencies that regulate and reimburse EMS became blatantly obvious. Currently, the OEMS/T is located in the Division of Public Health (DPH) of the Department of Human Resources (DHR) and administers the regulatory functions over the EMS industry. However, the current funding structure provided to the OEMS/T and its location embedded deep in the bureaucratic office of DHR lead to the office and its important duties being largely overlooked.

In order to provide the OEMS/T with the appropriate attention and acknowledgement for the office to carry out its duties, it is recommended that the office be separated from the current department it is under and established as its own stand-alone department, for the office to be re-located to a more suitable department within the state government, or for the office to given a higher profile designation within the current department or a new department in charge of regulating healthcare.

Furthermore, DCH oversees the reimbursement to EMS for such programs as Medicaid. The complicated nature of EMS being regulated by one department and simultaneously reimbursed by a separate department is the source of many the problems afflicting EMS and its relationship with the state. Changing this so that EMS is regulated and reimbursed by a single department will be a key improvement for the EMS industry.

Provide stable and permanent funding for the Office of EMS/Trauma (OEMS/T)

The OEMS/T receives the majority of its funding through a federal block grant that is currently in jeopardy, and has been for the last several years. If this grant were to no longer be available, the OEMS/T regional offices would no longer have funding available.

Creating a permanent stable funding from the state would provide the OEMS/T with ability to carry out its current duties, as well as provide updated technological resources, program

support and system development (not just creating more regulatory oversight for the office), and even develop some of the programs outlined in previous recommendations. Providing this funding to the OEMS/T would not exceed the cost of several million dollars.

Develop and provide full funding for EMS Instructor and EMS program for personnel at Georgia Public Safety Training Center (GPSTC)

Currently EMTs and paramedics have the ability to attend the GPSTC for some of the current programs at the center. However, in order to provide continued and advanced training for EMS, the committee suggests the creation of an EMS Instructor and EMS program that could be based and taught at the GPSTC. Such a program could offer specialized driver's training, tactical medic training, and water rescue training. Additionally, the Committee does not suggest creating these programs and placing them at GPSTC without the appropriate funding which should provide for a new instructor position and the necessary program.

Develop a director's program for human resources and leadership training

There are an invaluable number of quality EMS directors that efficiently run their services. However, there are many that are simply unknowledgeable when it comes to financial management, human resources and personnel management in their services.

Creating a human resources and leadership training program for current and future EMS directors can aid in shaping EMS directors that are able to appropriately run their services and address the issues of the personnel that work under them. In the long run, this would potentially help stop those EMTs and paramedics from leaving the industry because of the relationships with their employers.

Develop high school recruitment & training programs

Currently, some EMS services work with their local school systems to develop work shadowing programs or provide training courses to high school students that have an interest in EMS. Allowing the EMS industry to reach people when they are at the beginning of making career decisions, and offering them an opportunity to gain experience that is applicable to all health care professions, is invaluable to recruitment efforts of the industry. Reaching out to the youngest possible demographic will be essential to replacing those currently in the EMS profession, whose average age is over 40 years old.

These practices are great when done, but they are not widespread. Just as our state's technical colleges offer EMS courses at their schools around the state, so should Georgia's high schools. With the current emphasis from the state on the development of additional career academies throughout Georgia, the development of an EMS training program for high school students that would be available to students in career academies and high schools can boost the recruitment efforts of EMS.

Develop and provide insurance coverage for drivers between 18 and 21 years of age

EMS services are already limited in their ability to employ young people since EMTs must be at least 18 years of age. Furthermore, for many services it is difficult to obtain insurance coverage for their EMTs that are 18, 19, and 20 years old to drive ambulances. It becomes more difficult for EMS services to recruit and employ young EMTs when they are unable to let them perform their duties. These EMTs, despite their young age, receive the same training and are certified by the state's Department of Human Resources as capable of performing their life saving duties.

Providing for the coverage of these EMTs, so they may drive ambulances, will allow services to be in a better position to recruit and retain young individuals.

Develop a "mobile" retirement fund for EMS personnel

With the make up of the EMS industry being diverse as to the providing of emergency care by both public and private services, there are no across the board incentives to attract and retain qualified EMS personnel. The Committee heard from an overwhelming number of those testifying that the lack of a retirement fund for EMS personnel, and the existence of ones for other public safety services, is a major reason for the decreasing number of people that choose to stay in the industry. The ability for such a fund to be mobile as EMTs and paramedics move to different services throughout the state would also assist in keeping them in the industry.

SECONDARY RECOMMENDATIONS

Require grant writing assistance from the Department of Human Resources

The Committee learned how there are currently public safety grants available to EMS that are not being taken advantage of by the industry. One of the main reasons is the lack of experience in the grant writing process among EMS personnel. Further, DHR, which is the state agency that houses the OEMS/T, has staffed grant writers that are not used for EMS grant writing purposes. The Committee recommends directing DHR to use their currently available grant writing staff to assist the OEMS/T in developing grant writing assistance to EMS services.

Create an ongoing study of the retention problem

The Committee hopes that the problems brought to its attention by the EMS community can and will be addressed. However, the Committee also recognizes that just as EMS is facing problems today because of how the environment of our state has changed, it will continue to change in the future. There will be new challenges to EMS recruitment and retention efforts in the future, and therefore it will be necessary for the legislature or the appropriate state agency to further study these issues at points in the future. The hope would be that those with the ability to bring change can do so before the crisis is upon us.

Develop generic public relations tools for use by individual EMS Services

EMS services currently do their own promotion, but there is not a widespread, consolidated effort as a whole to push the EMS industry. The creation and funding of a generic public relations kit that the State Office of EMS/Trauma (OEMS/T) can use for promotion of the industry as a whole, as well as making it flexible so that services can tailor the public relations tools to their individual needs, will bring consistency and create a coordinated effort in informing the public on EMS career opportunities and the means with which to enter the profession.

Coordinate with other services, specifically fire, emergency management, nursing and hospitals to boost recruitment efforts for all areas

The EMS community realizes that recruitment and retention of personnel is an issue in additional realms of the public safety and healthcare world. It is recommended that the EMS community coordinate with other public safety and healthcare services to develop mechanisms for the recruitment in all sectors and to work with the state's higher education and technical colleges to enable the education between the different sectors of public safety and healthcare be transferable between every profession.

Development of programs to help increase the number of full-time instructors

The complexity of the education process makes it difficult for a part-time person to keep up with the new standards and to provide additional assistance to students outside of the designated course time. Additional full-time instructors will be able to focus on increasing initial exam pass rates by students and addressing the needs of a greater number of students.

Further develop or create continuing education and career development for EMTs and paramedics

Several of those that testified to the Committee cited other studies which found that career and education advancement was a key to keeping excellent people in the EMS profession, as people often times want to feel that there is a place for them to go as they further develop their career. Those that testified stated that there is a lack of career development and advanced education available in Georgia. The creation of an EMS director program on human resources and training, the development of an EMS program at the Georgia Public Safety Training Center (GPSTC) (both discussed previously in these recommendations), are potential examples of continuing education and career development that will advance EMS as a profession.

Improve regionalized system to ensure training courses in every part of the state

All EMS personnel throughout the state should have access to EMS education. While most areas of the state have suitable locations for the EMS training, the availability of it is lacking in other areas. Particularly in rural areas, there is a lack of available EMS programs available at local technical colleges or private programs. Increasing the availability of EMS programs at all technical colleges and allowing for distance learning for portions of courses that do not require labs can increase the availability of EMS education to everyone in the state.

Increase funding to the Department of Adult and Technical Education (DTAE) for EMS instruction and development

Providing additional funding to the DTAE will allow for the expansion of courses available statewide, funding for small and rural technical colleges and their smaller class sizes, and funding to increase the number of full-time instructors

Require background checks for EMT and Paramedics students

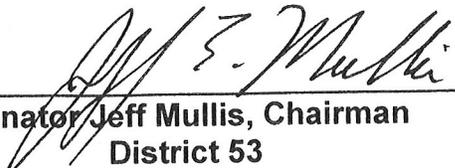
Some educational institutions already employ the practice of performing background checks before a student enters a training program. However, this practice is not universal. If potential students were screened before being allowed to train, it would save the trouble of having someone who is already trained of being unable to take the National Registry Test or to be employed by an EMS service because of their criminal background. Ensuring that students are employable before they even begin training will assist services in their recruitment efforts.

Establish an "Equipment Grant Program"

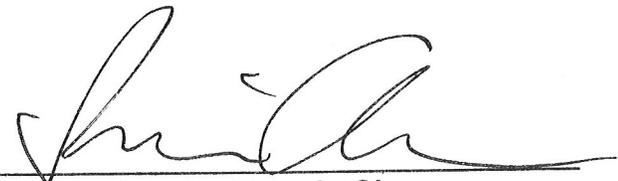
The funding problems involved in EMS include the lack of appropriate and up to date equipment. In different areas of the state, there are many hard working EMTs and paramedics that are working with aged and outdated equipment. The establishment of a grant program specifically targeting the equipment for EMS can provide further assistance in assuring that the care Georgians are receiving is truly the best available.

Respectfully Submitted,

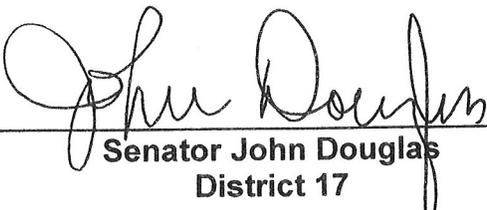
**THE SENATE STUDY COMMITTEE ON
EMS RECRUITMENT, RETENTION, AND TRAINING IN GEORGIA**



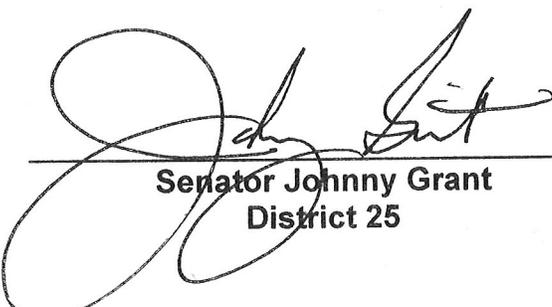
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District 53**



**Senator Ronnie Chance
District 16**



**Senator John Douglas
District 17**



**Senator Johnny Grant
District 25**



**Senator Steve Thompson
District 33**