

From: [David Patterson](#)
To: [CityRecorder](#)
Subject: Written testimony for 3/25 Council meeting - Item 5.b. 24-116
Date: Wednesday, March 20, 2024 5:01:53 PM
Attachments: [image001.png](#)
[Falck Letter to Salem City Council Regarding Ambulance Takeover March 25 meeting.pdf](#)
[Falck Q&A - Salem Fire Ambulance Takeover.pdf](#)

Greetings,

I am submitting two PDF files as written testimony related to the 3/25 City Council meeting, Item 5.b regarding ambulance service in the City of Salem.

Thank you,

David Patterson
Regional Managing Director



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March 20, 2024

Salem City Council
555 Liberty Street SE Room 220
Salem, OR 97301

Regarding the City of Salem Fire Department proposal to assume ambulance service

Dear Council members:

The Council has a very big decision and one that should not be made without having all the facts. A decision to insource ambulance service transfers significant risk to the City – risks that are currently held by Falck. As your partner in emergency medical services, I would like to provide the following data and facts to ensure that you have considered these risks and operational elements before deciding to insource ambulance service.

Considering the discussion at the City Council meeting of March 11, 2024 for Salem Fire to takeover ambulance service, it is important to note the following information:

Response Times and Service Delivery

While paramedic staffing has been challenging in the post-COVID environment across the country for EMS systems both public and private as noted in the attached Oregon State Ambulance Association Position Statement, the representations regarding Falck's inability to staff the 1,030 unit hours per week does not tell the full story. Beginning in January of this year, following months of request for a Basic Life Support (BLS) trial project and finally receiving Salem Fire approval, Falck has been staffing approximately 168 BLS unit hours per week. **This number is not included in the staffing unit hour count**, as the MOU between Falck and Salem Fire for this pilot specifically excludes those hours. However, it is important to note and reflect those Falck ambulance resources being deployed in Salem **are in addition to** the advanced life support (ALS) hours reported. To illustrate, the week prior to the March 11 City Council meeting, Falck staffed 840 ALS unit hours and 168 BLS unit hours for a total of 1,008 for the week. These hours do not include any that were provided by Salem Fire Department. Falck is responding to and transporting the majority of patients who call 911 in Salem.

At the March 11 City Council meeting (according to an article in the Salem Reporter on March 13) it was represented that over the past two years, there was a delay in 3,823 patient transports in Salem. However, when the City was queried via Open Records Request to provide a definition of what this delay meant, no answer was received. According to the same article, a 6.5 minute response time is the definition that was

used. It should be noted that nowhere is a 6.5 minute response time part of Falck's Agreement with Salem.

Despite current staffing challenges, the current Falck Salem EMS model staffs (at peak call demand times) up to 10 ambulances - more than the AP Triton/Salem Fire ambulance model proposed at eight ambulances. Instead of static staffing, Falck utilizes time of day, day of week historical call demand to schedule peak staffing when demand is the greatest. The City loses that advantage with the proposed static staffing model, and the proposed Fire-based model actually provides fewer ambulances on duty at peak times than the current model.

It should be reiterated that Paramedic wages need to be competitive to recruit sufficient staff to provide service. A rate increase request submitted to Salem Fire in December 2023 is pending with City Council. As a result of the March 11 Council meeting, it is clear there is universal support for this rate increase in July, so Falck has taken the calculated risk of adopting the new paramedic wage scale in partnership with our Union. This will be a major solution to Paramedic staffing and is recommended by Salem Fire and AP Triton, along with our Union. It is important to note that it appears the AP Triton model does not account for these increased wages in their proposed economic model for Salem Fire.

Another critical question not mentioned in the AP Triton report is how urgent patient transports from Salem Health to Portland will be handled. There are regular patient care needs that require specialized services only available in Portland. This is a frequent occurrence. These patient transports easily take three hours or more before the crew returns in service to Salem. How will this be handled with only 7-8 ambulances, especially emergency transfers required to be completed by the 24-hour ambulance crew in the 18th hour of their 24-hour shift?

Falck is proud to be operational with CAHOOTS-style programs in California and Colorado. As suggested separately by both AP Triton and Falck previously, this is a critical need in Salem. This program, along with community paramedics and PSAP caller navigation need to be considered as a priority in Salem, and not delayed for years until Salem Fire is able to generate sufficient extra revenue. We should collectively provide the right response to the right patient at the right time, and it is imperative that systems evolve to respond to community needs. A public/private partnership provides that flexibility and opportunity. Unfortunately, we have never been asked to participate in these innovations in Salem.

Financial Concerns of the Proposal

Falck is providing over \$1 million per year (\$932,900 base payment) in fees and revenue to the City of Salem – and additional in medical supplies. Those revenues and cost offsets will disappear if Salem Fire takes over, and that is not accounted for in the AP Triton model.

AP Triton mentioned in the March 11 Council meeting that the seven 24-hour ambulances and one 12-hour ambulance had the ability for a variety of shift length, personnel scheduling, and staffing. However, this is incorrect based on their proposal that 42 field staff are needed to staff the proposed model. 42 full time employees are the minimum needed to staff seven ambulances working 24-hour shifts. There are no full-time staff designated in the AP Triton report for the 12 hour a day, seven day a week ambulance and there is no flexibility with the full-time proposed staff to schedule anything outside of 24-hour shifts. To staff 12-hour shifts, you would need two additional full-time personnel for each ambulance – or 14 more full time staff at additional and material cost. **This is a critical cost driver to note, in addition to the fatigue issues related to 24-hour shifts.**

In the March 13 article in the Salem Reporter on this issue, a spokesperson for the Salem Fire Department said: “The plan would require onboarding 50-70 personnel as single-role paramedics and EMT Basics. If a medic unit is ever understaffed, the department would have the flexibility to assign dual-role firefighters trained as paramedics to fill in.” The AP Triton financial model calls for 42 EMTs and Paramedics to be hired for the Salem Fire Department system. **If Salem Fire hires “50-70 personnel”, it dramatically changes the operational expenses compared to the 42 that are proposed in the AP Triton report. Additionally, the use of “dual-role firefighters” for staffing ambulances is more expensive, especially if they are in overtime, and this expense is also not included in the AP Triton report either.** Indeed, it appears Salem Fire’s staffing approach for ambulances is already deviating to a more expensive model versus what is recommended in the AP Triton report before this change is even approved by City Council.

The Chief’s comments related to the financial approach to pay for the startup expenses was lacking detail. He mentioned at the March 11 Council meeting that it would take (paraphrasing) “2-3 years” to pay off the loan to pay for the capital needed. More detailed and exact analysis and prediction of this major capital investment implication is needed. **With the initial capital costs, when would this proposed system return the excess revenues projected of \$2M/year?**

The Chief mentioned \$3M in overtime costs to staff ambulances today, however, this doesn’t include the revenue offset the Fire Department receives for ambulance service from billing of patients. The net cost today for the City to staff the supplemental ambulances is nowhere near the \$3M represented due to the revenues the City receives for providing this fee-for-service.

The AP Triton study and the Fire Chief cite the GEMT model that provides public providers with a higher reimbursement rate doesn’t tell the full story. Oregon has approved the “Quality Assurance Fee” (a program already in place in Washington and California) that provides non-public ambulance providers with additional Medicaid reimbursement. This program was placed into Oregon Administrative Rules permanently on July 1, 2023, and the program has just received approval from the Center for Medicare and Medicaid Services (CMS). Regardless, if the City sees a

revenue generation advantage with GEMT, why not consider the Consultant's "Alliance" model that allows the City to capture the system revenues and control, while outsourcing the operational risks and liabilities to a private partner while the City retains potential excess revenues?

Falck has a fleet of 16 ambulances with 80 employees in Salem. It is noted that 12 ambulances would be procured by the Fire Department. What is the plan for reserve fleet for maintenance issues, accidents, and disaster/surge response?

AP Triton is not without controversy regarding their financial projections in their consulting studies. Please see the attached Statement regarding work they completed in Pflugerville, Texas.

EMS Professionals Currently Serving Salem

If City Council approves this change, what will happen to the current and dedicated EMS professionals serving Salem? How will a hiring, selection, and onboarding process work? What is the wage scale the City is prepared to offer this talented and experienced team? Will this include PERS retirement, and what is that cost to the City?

There remains little information from AP Triton's report on the costs and methods to recruit adequate EMS professionals. Additionally, the cost of personnel turnover in this model is not fully accounted for. This is cited as a major risk in the recommended model on Page 115: "The task of onboarding 42 new employees and the constantly high turnover rate expected for this class of employees is a significant undertaking."

At the March 11 City Council meeting, AP Triton's presentation on Slide 20 references a Paramedic and EMT pay rate (only one each) with only a 44 cent per hour differential, which is not the reality of the current EMT and Paramedic workforce. Details are a must and should be provided to those EMS professionals prior to a decision of this magnitude being made that impacts their lives. If City Council moves forward with this decision, it is imperative to note that it will have a significant impact on the EMTs and Paramedics currently working in the system.

Finally, if Salem were to make this decision to change 15 months before the contract term, it would have devastating effects on our ability to recruit and retain EMS professionals in Salem during this unprecedented 15-month "lame duck" period.

Alternatives

There are many different models of EMS provision. Four of the five models proposed by AP Triton are different ways of total insourcing and only one option of a public/private contracting. There are many more public/private partnership models to consider. Falck has experience in multiple jurisdictions with various models. We are willing to discuss those models with the City to truly build the next generation EMS system in the City of

Salem. There is no doubt that the Salem EMS system needs to evolve, but the AP Triton report is limited in the options presented.

Competition is healthy to ensure the best solutions are presented for consideration. Should Salem Fire want to be the primary ambulance provider, would they be required to bid and compete for the ambulance contract via a request for proposal (RFP) process conducted independently at the appropriate time? This would ensure the best service solution is selected for the community. The selection panel would need a firewall between Fire and City Departments but could utilize community members and outside subject matter experts. This is a common practice in other communities.

Conclusion

Falck is committed to providing the best service to Salem and we continue to want to be your partner.

I respectfully recommend that the City Council delay a vote on this decision to seek additional information, clarity, details, and alternatives to ensure the best EMS delivery model possible for the Salem community.

Thank you for your consideration, and I am happy to meet and discuss further and answer any questions you may have.

Respectfully,



David Patterson
Regional Managing Director

attachments





Oregon State Ambulance Association

Position Statement: EMS Workforce Crisis

Purpose

Workforce shortages in the EMS system is threatening public health and jeopardizing the ability to respond to healthcare emergencies on a timely basis. This statement articulates the OSAA position regarding the critical need for collaboration between EMS providers, healthcare delivery systems and state and local government officials in understanding and addressing the urgency of the unprecedented EMS workforce crisis in our state.

Statement

EMS providers, healthcare delivery systems and state and local government officials have a shared responsibility to ensure community access to a well-trained and adequate ground ambulance services workforce that includes underserved, rural and Tribal areas, and addresses health disparities related to accessing pre-hospital ground ambulance healthcare services, including critical care transport.

Pre-hospital EMS service providers are at a breaking point because there are not enough paramedics (ALS providers) to meet the increasing demands for EMS services and inter-facility medical transports. As a result, EMS providers are experiencing decreasing availability to respond to 911 calls and increasing response time. The strain on these EMS services is also compounded by workforce shortages among hospital and skilled nursing facility partners with increasing handoff times between EMS and Emergency Department and hospital and nursing home staff.

As stewards of community health, safety and well-being, EMS providers, healthcare delivery systems and state and local government officials must work collaboratively to develop real-time strategies that proactively address the critical challenges facing communities in light of the EMS workforce shortage. These challenges include:

- Pandemic-driven loss of 1-2 years of paramedic school cohorts
- Decreasing enrollment in paramedic education programs
- Increasing labor costs due to premium pay, incentives, higher wages to address staffing shortages and pay equity laws that require retention bonuses for existing staff when recruitment incentives are offered
- Increasing fuel, supply, and equipment costs
- Supply chain issues that are impacting EMS providers' ability to meet community needs and regulatory compliance due to unreasonably long waits for new equipment and supplies including ambulance chassis (18-24 months) and other critical medical equipment such as gurneys and monitors (6 months to 2 years). The current 200,000 milage cap on ambulance vehicles is exacerbating this challenge as EMS providers experience much longer wait times for new chassis.
- Changes in fire department employment parameters (more relaxed testing requirements and criteria, increased compensation, early retirement programs, migration of paramedics from small fire departments and private ambulance companies to larger metropolitan areas)
- Increasing demand for hospital paramedic positions which is drawing from the available workforce pool
- FEMA and AARP incentives that make it difficult for small, rural, and special district agencies to compete with recruitment
- Public payer reimbursement that is below the cost to provide care
- Workforce burnout

The above challenges have an impact on an agency's ability to provide timely responses to healthcare emergencies.

According to the U.S. Bureau of Labor Statistics, Employment Projections program, the 2020-2030 workforce forecast shows that EMTs, paramedics and health technologists/technicians are projected to leave their professional employment between 2020 and 2030 at a higher rate than all occupations in the US economy:

- 11% for EMTs and paramedics
- 9% for health technologists and technicians
- 8% total for all occupations

As these professionals exit the EMT/Paramedic workforce (to largely pursue different occupations and/or retire), there will be an anticipated 20,700 job openings for these positions each year over the decade (2020-2030).

In Oregon, based on a survey by OSAA and the Oregon Fire Chiefs, Oregon's private and public EMS agencies are experiencing a 50 – 75% decrease in paramedic applicants since the beginning of the pandemic. In addition, both initial and renewal EMS licensure trends were relatively flat between 2019 and 2022, yet the demand for paramedics – and other EMS providers -- is increasing with volume escalations. This is a cause for great concern given the projected demand for these professionals over the next 10 years.

Impact

The critical nature of the current EMS workforce crisis is impacting service to patients, as well as health outcomes. As response times for 911 emergency medical care increase, regulatory compliance for EMS providers declines, creating barriers for EMS providers working to deliver care and services. The increases in staffing costs (without reimbursement rates increasing) and resources dedicated to recruitment are simply not financially sustainable for private or public sector providers.

Among OSAA's greatest concerns is the fact that communities are losing their ALS emergency pre-hospital services due to the EMS workforce shortage. This loss is particularly devastating to small, rural communities that already have fragile healthcare systems.

EMS Provider Actions to Date

To address the critical need for more paramedics, EMS providers have been working diligently to implement creative solutions, including:

- Developing scholarships to support education for EMTs who pursue paramedicine degrees
- Incentivizing paramedic staff with premium pay to recruit, retain and provide additional coverage (including hiring bonuses)
- Working collaboratively with healthcare organizations within the delivery system to address operational challenges and infrastructure designs
- Working collaboratively with community colleges to streamline paramedic degree program application processes and completion pathways.

Policymaker Actions

To ensure access to a well-trained and adequate ground ambulance services workforce, OSAA is calling on legislators to:

- Support legislation to join the EMS Compact, which allows licensed EMTs and paramedics from compact States to practice in Oregon quickly and effectively

- Assist with workforce development initiatives
- Support flexibility for hiring and retention bonuses
- Review regulatory relief of financial penalties and punitive adverse actions in relation to Ambulance Service Area compliance metrics (specifically response times and 200,000 milage cap on ambulance vehicles)
- Support expanded access for temporary international EMS providers (Australia)
- Offer tax relief for paramedic student tuition
- Advocate for easier, more accessible EMS education pathways:
 - online training
 - more community college access points
 - modification of AA requirements (provisional license for paramedics with 2 years to get AA)
- Establish an Emergency Services task force, bringing together experts from across Oregon to evaluate the current state of the EMS system and make recommendations for improvements
- Make strategic state investments to:
 - Paramedic Students + all provider types
 - Earn to Learn programs
 - Fifth year senior programs
 - Future Ready Oregon grants directed at EMS Industry
 - Medicare/Medicaid reimbursement increases
 - Innovation projects to redesign delivery of pre-hospital EMS services
 - Interfacility Non-Emergent Transport Reimbursement

Healthcare Delivery Systems Action

As partners in community health, OSAA is asking healthcare delivery systems to recognize how hospital and skilled nursing facility capacity constraints and workforce shortages are affecting the EMS sector performance and viability.

ABOUT Oregon State Ambulance Association

For nearly fifty years, the Oregon State Ambulance Association has promoted high standards of ambulance and emergency medical services (EMS). OSAA members provide air and ground emergency ambulance service throughout Oregon. The OSAA mission is to help members do the best possible job of protecting the public and saving lives. [Members](#) of the Oregon State Ambulance Association (OSAA) are private and public organizations that provide 9-1-1 emergency ambulance service and transportation throughout Oregon.

Contact: Sabrina Riggs (sabrina@daltonadvocacy.com), Amanda Dalton (amanda@daltonadvocacy.com)

Pflugerville (TX) Fire Department / Travis County Emergency Services District 2
"District Rebuttal Analysis of the AP Triton Report"

Retrieved March 17, 2024 from:

<https://www.pflugervillefire.org/district-rebuttal-analysis-of-the-ap-triton-report/>

Friday, September 10th, 2021

The Board of Commissioners directed staff to perform a comprehensive review of the AP Triton Fire & EMS Assessment Service Options for the City of Pflugerville report.

District staff reviewed the report with the assistance of three recognized experts in the fields of municipal financial advising, data science consulting, and emergency medical care.

The analysis of the report identified 34 significant errors, inaccuracies, and omissions. The three most critical errors are:

1. AP Triton consultants used outdated financial data and completely omitted capital outlay plans of any kind in their forecasts.
2. AP Triton consultants used overly simplistic population and call volume estimates that do not follow actual historical trends, and therefore provide invalid estimates for policy level decision making.
3. Inaccurate conclusions seem to form the basis for the options and recommendations in the AP Triton report and therefore should be re-evaluated.

Decisions for funding for emergency fire and medical services to the community we serve must be based on sound and complete data that is analyzed with integrity. It is our assessment that the AP Triton report does not provide local officials accurate and unbiased information needed to determine a long-term strategic plan to provide adequate funding for advanced life support and ambulance transport service in our community.



Salem Fire Proposal to Takeover Ambulance Service Omits Critical Information – Q&A

1. Why has Falck not met their contractual obligations to provide sufficient service hours?

- Falck's recent inability to meet its service hour obligations is due to challenges recruiting Paramedic staff. This is a problem across the State, as well as nationally, and not specific to Falck or Salem. See attached report from the Oregon Ambulance Association.
- Falck began a Basic Life Support (BLS) trial project with approval and in cooperation with Salem Fire Department in January that has increased ambulance hours. In the first week of March, Falck provided 1,008 hours (less than 3 percent below contract requirements). However, the BLS hours are not reflected and do not count during the pilot phase per Salem Fire.
- Falck continues to aggressively recruit for new paramedics with its national talent acquisition team.
- Based on AP Triton and Salem Fire support, Falck is moving forward with a dramatically improved Paramedic wage scale that relies on the July rate increase pending before City Council. **Allow this wage increase and the BLS pilot program to be effective before making a risky and drastic decision for Salem.**

2. Has Falck failed to meet their contractual obligations for response times?

- The AP Triton analysis of Falck's response times is misleading, as AP Triton uses a different calculation than Falck's Agreement with Salem. Falck is meeting its contractual requirements for response times.

3. Is Salem Fire really subsidizing Falck?

- Salem Fire is taking EMS calls, but they are also billing for these services and have been breaking even on the cost according to the Fire Chief's comments at the March 11 City Council meeting. The Fire Department payroll cost of overtime to staff these ambulances is offset by revenues received.
- Falck is providing over \$1 million per year to Salem Fire in revenue sharing from the EMS system per the terms of our Agreement. This is eliminated in the proposed AP Triton model.



Falck

4. Can Salem Fire provide better service than Falck?

- If Salem Fire moves ahead with their proposed model, they will have the same difficulty recruiting civilian paramedic staff as Falck. Falck is not meeting service requirements due to staffing shortages of civilian paramedics. Salem Fire will have the same problem.
- Salem Fire's proposed delivery model will be 24 hour shifts rather than 12 hours. This could create an undesirable work situation for EMTs and Paramedics compared to Falck. It could also create hazardous work situations when EMTs and Paramedics need to transport individuals to Portland hospitals, which can take more than three hours and can happen at any time during a shift – even at hour 22 of a shift.
- Salem Fire is proposing a static staffing model. This means that they will be overstaffed during slow times and understaffed during busy times. This will result in increased costs during slow times and poor service during busy times.
- Falck is currently scheduling more ambulances at peak hours than is proposed in the AP Triton model by Salem Fire. The AP Triton proposal will reduce the number of ambulances available to Salem during peak times compared to the current model.
- If Salem Fire cannot staff sufficiently, they will continue to use more expensive sworn firefighter/paramedics to supplement their civilian EMTs. Importantly, in the March 13 article in the Salem Reporter, a spokesperson for the Salem Fire Department said: **“The plan would require onboarding 50-70 personnel as single-role paramedics and EMT Basics. If a medic unit is ever understaffed, the department would have the flexibility to assign dual-role firefighters trained as paramedics to fill in.”** The AP Triton financial model is for 42 EMTs and Paramedics to be hired for the Salem Fire Department system. If Salem Fire hires “50-70 personnel”, it dramatically changes the operational expenses compared to the 42 that are proposed. Additionally, the use of “dual-role firefighters” is more expensive, especially if in overtime, and this expense is also not included in the AP Triton report. Indeed, it appears Salem Fire's staffing approach for ambulances is already deviating from the AP Triton report before it is approved by City Council.

5. Can Salem Fire really make money from ambulance services?

- AP Triton has not accounted accurately and fully for the expenses of running ambulance services.



- i. What will be Salem Fire's cost for staffing ambulance services? What will the employee pay and benefits be? Will that be sufficient for recruitment? If they must increase their wages to recruit, can they afford it? Will the medics be represented? By which Union? What will their Union contract be? Would they be IAFF members? Would they re-form a Union and under what entity? Public employees are typically more expensive than private employees.
- ii. Salem Fire has not accounted for all the liability costs, staff turnover, staff training, vehicles, and supplies needed.
- iii. Falck has a fleet of 16 ambulances with 80 employees in Salem. Salem Fire proposes 12 ambulances. What is the plan for reserve fleet for maintenance issues, accidents, and disaster/surge response?
- iv. For services Salem Fire is currently providing, they are billing the patient, but they are frequently re-stocking their ambulances for free from Falck's inventory. Have they accurately accounted for these expenses?
- v. Salem Fire has said they will likely need to take out loans to fund both ambulances and staffing. What size will the loan be? What will the rate be? How long will it take to pay it back? What if Salem Fire is not able to produce the revenue as projected? How will they pay back the loan?

6. Salem Fire is relying on a best-case scenario revenue model that is unrealistic.

- i. AP Triton's financial model provides a \$2M profit. Falck currently pays Salem Fire \$1M for the ability to provide service. That means Salem Fire is only projecting to be \$1M ahead of where they are currently, but they assume all the costs and liabilities of EMS service. Remember that they are currently breaking even for providing supplemental service for Falck.
- ii. Salem Fire is relying on a congressional funding allocation to GEMT that is authorized on a year-by-year basis to claim that they will generate revenue. They project the revenue from GEMT based on the number of projected transports for individuals on Medicaid. The number of transports and the number of individuals on Medicaid can change over time. Their estimates are not guaranteed and subject to change annually.

7. Because Falck can't access GEMT, why should the City leave revenue on the table?

- GEMT revenues are just estimates based on projections for how many Medicaid patients receive transports and are not guaranteed.
- There is a new program called the Quality Assurance Fee (QAF) that Oregon has already approved and is only awaiting approval by CMS. It will provide



Falck

supplemental payments for Medicaid patients to private medical transport like Falck. This is the non-public provider approach to the public's GEMT reimbursement system.

8. What will happen to Falck's current and dedicated unionized EMS professionals if Salem Fire moves forward with their proposal?

- Details should be provided to EMS professionals prior to a decision of this magnitude that impacts the lives of so many dedicated first responders in our community.
 - i. How will the hiring, selection, and onboarding process work?
 - ii. What are the wage scales the city is prepared to offer this talented and experienced team?
 - iii. Will these professionals receive PERS and what is the cost to the City?
 - iv. Wage information presented by AP Triton are lacking detail and realistic differential between EMTs and Paramedics for today's market.
 - v. Will this workforce of non-sworn Salem Fire professionals be unionized? Would that happen under IAFF? Or some other union?

9. If Salem Fire can generate revenue from EMS, doesn't that provide a revenue stream for programs we have been wanting to do, like CAHOOTS?

- Bringing EMS in-house to Salem Fire is not the only way to run a CAHOOTS program. In fact, Falck sees the need for this program in Salem, and has experience running CAHOOTS programs in other states, including California and Colorado. Falck has never been approached about how to partner to bring CAHOOTS to Salem. Falck is interested in a public/private partnership that could result in CAHOOTS being operationalized in Salem in the near term.



Oregon State Ambulance Association

Position Statement: EMS Workforce Crisis

Purpose

Workforce shortages in the EMS system is threatening public health and jeopardizing the ability to respond to healthcare emergencies on a timely basis. This statement articulates the OSAA position regarding the critical need for collaboration between EMS providers, healthcare delivery systems and state and local government officials in understanding and addressing the urgency of the unprecedented EMS workforce crisis in our state.

Statement

EMS providers, healthcare delivery systems and state and local government officials have a shared responsibility to ensure community access to a well-trained and adequate ground ambulance services workforce that includes underserved, rural and Tribal areas, and addresses health disparities related to accessing pre-hospital ground ambulance healthcare services, including critical care transport.

Pre-hospital EMS service providers are at a breaking point because there are not enough paramedics (ALS providers) to meet the increasing demands for EMS services and inter-facility medical transports. As a result, EMS providers are experiencing decreasing availability to respond to 911 calls and increasing response time. The strain on these EMS services is also compounded by workforce shortages among hospital and skilled nursing facility partners with increasing handoff times between EMS and Emergency Department and hospital and nursing home staff.

As stewards of community health, safety and well-being, EMS providers, healthcare delivery systems and state and local government officials must work collaboratively to develop real-time strategies that proactively address the critical challenges facing communities in light of the EMS workforce shortage. These challenges include:

- Pandemic-driven loss of 1-2 years of paramedic school cohorts
- Decreasing enrollment in paramedic education programs
- Increasing labor costs due to premium pay, incentives, higher wages to address staffing shortages and pay equity laws that require retention bonuses for existing staff when recruitment incentives are offered
- Increasing fuel, supply, and equipment costs
- Supply chain issues that are impacting EMS providers' ability to meet community needs and regulatory compliance due to unreasonably long waits for new equipment and supplies including ambulance chassis (18-24 months) and other critical medical equipment such as gurneys and monitors (6 months to 2 years). The current 200,000 milage cap on ambulance vehicles is exacerbating this challenge as EMS providers experience much longer wait times for new chassis.
- Changes in fire department employment parameters (more relaxed testing requirements and criteria, increased compensation, early retirement programs, migration of paramedics from small fire departments and private ambulance companies to larger metropolitan areas)
- Increasing demand for hospital paramedic positions which is drawing from the available workforce pool
- FEMA and AARP incentives that make it difficult for small, rural, and special district agencies to compete with recruitment
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The above challenges have an impact on an agency's ability to provide timely responses to healthcare emergencies.

According to the U.S. Bureau of Labor Statistics, Employment Projections program, the 2020-2030 workforce forecast shows that EMTs, paramedics and health technologists/technicians are projected to leave their professional employment between 2020 and 2030 at a higher rate than all occupations in the US economy:

- 11% for EMTs and paramedics
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Impact

The critical nature of the current EMS workforce crisis is impacting service to patients, as well as health outcomes. As response times for 911 emergency medical care increase, regulatory compliance for EMS providers declines, creating barriers for EMS providers working to deliver care and services. The increases in staffing costs (without reimbursement rates increasing) and resources dedicated to recruitment are simply not financially sustainable for private or public sector providers.

Among OSAA's greatest concerns is the fact that communities are losing their ALS emergency pre-hospital services due to the EMS workforce shortage. This loss is particularly devastating to small, rural communities that already have fragile healthcare systems.

EMS Provider Actions to Date

To address the critical need for more paramedics, EMS providers have been working diligently to implement creative solutions, including:

- Developing scholarships to support education for EMTs who pursue paramedicine degrees
- Incentivizing paramedic staff with premium pay to recruit, retain and provide additional coverage (including hiring bonuses)
- Working collaboratively with healthcare organizations within the delivery system to address operational challenges and infrastructure designs
- Working collaboratively with community colleges to streamline paramedic degree program application processes and completion pathways.

Policymaker Actions

To ensure access to a well-trained and adequate ground ambulance services workforce, OSAA is calling on legislators to:

- Support legislation to join the EMS Compact, which allows licensed EMTs and paramedics from compact States to practice in Oregon quickly and effectively

- Assist with workforce development initiatives
- Support flexibility for hiring and retention bonuses
- Review regulatory relief of financial penalties and punitive adverse actions in relation to Ambulance Service Area compliance metrics (specifically response times and 200,000 milage cap on ambulance vehicles)
- Support expanded access for temporary international EMS providers (Australia)
- Offer tax relief for paramedic student tuition
- Advocate for easier, more accessible EMS education pathways:
 - online training
 - more community college access points
 - modification of AA requirements (provisional license for paramedics with 2 years to get AA)
- Establish an Emergency Services task force, bringing together experts from across Oregon to evaluate the current state of the EMS system and make recommendations for improvements
- Make strategic state investments to:
 - Paramedic Students + all provider types
 - Earn to Learn programs
 - Fifth year senior programs
 - Future Ready Oregon grants directed at EMS Industry
 - Medicare/Medicaid reimbursement increases
 - Innovation projects to redesign delivery of pre-hospital EMS services
 - Interfacility Non-Emergent Transport Reimbursement

Healthcare Delivery Systems Action

As partners in community health, OSAA is asking healthcare delivery systems to recognize how hospital and skilled nursing facility capacity constraints and workforce shortages are affecting the EMS sector performance and viability.

ABOUT Oregon State Ambulance Association

For nearly fifty years, the Oregon State Ambulance Association has promoted high standards of ambulance and emergency medical services (EMS). OSAA members provide air and ground emergency ambulance service throughout Oregon. The OSAA mission is to help members do the best possible job of protecting the public and saving lives. [Members](#) of the Oregon State Ambulance Association (OSAA) are private and public organizations that provide 9-1-1 emergency ambulance service and transportation throughout Oregon.

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