

# Massachusetts is currently ranked 48<sup>th</sup> Nationwide when it comes to Funding for EMS System Development

## What a Loss in Funding Means to EMS in Massachusetts

- 1) **Less effective EMS System Coordination** – The Regional EMS Councils have been an integral part in bringing together the disparate parts of the healthcare system (EMS, hospitals, and public health) for planning, training, and coordination. The Regional EMS Councils operate the Central Medical Emergency Direction Centers (CMED), radio communications centers, which play an integral role in the coordination and flow of patients during everyday events as well as during large scale disasters like the 2013 Boston Marathon Bombing. **Less funding means less coordination that ultimately impacts the well-being, health and safety of residents and visitors to the Commonwealth.**
- 2) **Less effective Training, Education, Recertification Oversight** – Massachusetts made great strides in the past two years to improve education, training and recertification for all EMS providers in the Commonwealth in response to many education scandals. The Commonwealth worked to align the EMS providers training, education, and recertification with National Education Standards and practices. By aligning the standards of Massachusetts with the National standards we are increasing the competency and skills of the EMS providers that serve the Commonwealth. Local oversight by the Regional EMS Councils ensures that the improvements to the EMS education system are applied in standardized fashion across the state. Regional EMS Councils also review and approve appropriate continuing education for EMS provider. They conduct monitoring programs that ensure that the courses being taught to providers are meeting the national standards and meeting the needs for training. The Regions also serve as the training officers for all EMTs who do not work in the field and approve their applications for recertification. **Less funding means that Regional EMS Councils will not have the staffing to adequately ensure that the 9,000 education programs that are approved annually meet the National Training Standards nor will they be able to actively monitor courses as they are presented to ensure proper content and appropriateness. Additionally the regions will not have the staffing to review and approve the 2,000 unaffiliated EMS providers for recertification each year. Finally, they will not be able to provide assistance in the form of teaching and guidance to the call and volunteer services to meet the education standards.**
- 3) **Less participation in the development of the EMS system** – As EMS has developed in the Commonwealth there has been a shift to using more and more volunteers, assisted by the Regional Offices, to accomplish program and protocol development and performance improvements with regards to the EMS system. OEMS relies heavily on its Emergency Medical Care Advisory Board (EMCAB) and its subcommittees to deal with issues and develop solutions. If Regional office participation decreases due to loss of funding more burden will be placed on these volunteers (doctors, nurses, Ambulance service directors, hospital administration, fire chiefs, EMS providers, consumers, etc.) to perform duties for which the Commonwealth should be paying. **Less funding means that there will be a marked decrease in coordinated EMS system improvement, coordination and uniformity across the Commonwealth. It will also mean solutions to problems will take longer to develop and implement. This decrease in uniformity and problem solving will lead to lower**

and /or differing standards of care across the Commonwealth. As coordination and collaboration decreases so will care to the public. No longer will we be ranked 48<sup>th</sup> in the nation for EMS system funding. We may be ranked dead last.

## **Regional EMS Councils**

The five Regional Councils were designated by DPH to coordinate the delivery of emergency medical services within five distinct geographic areas of the state. The Councils work to coordinate, maintain and improve the EMS system on a statewide level collaboratively, but also at a local level in each region. Under M.G.L. Chapter 111c, the DPH/OEMS through its EMS regulations, defines and develops the EMS system within the Commonwealth. The regional councils work to help implement those regulations and systems.

While each Region is geographically and demographically diverse, they all share a common core of EMS activities that focus on quality patient care; continuing education; unaffiliated EMT recertification, education course monitoring, informational and educational resources; the coordination and operation of the Central Medical Emergency Direction (CMED) radio and communication system, which provides coordination between EMS field providers and area hospitals; statewide EMS treatment protocol development; disaster response; operational and preparedness planning, and support .

Notably, the Regions provide disaster coordination via CMED to coordinate response to major hurricanes, tornadoes, and terrorist bombings with local EMS services and local hospitals. CMED play an instrumental role in the coordination of patients during the events of the Boston Marathon in 2013.

## **What is EMS?**

In Massachusetts, EMS is a coordinated and collaborative effort between many public health and public safety entities. It is a collaborative combination of public, private, 3rd service, call/volunteer, college, healthcare and public safety professionals. They provide mobile healthcare on an emergent and non-emergent basis to the citizens of the Commonwealth in an integrated manner throughout the continuum of the entire healthcare system. EMS is the bridge between public health and public safety.

The Regions work intimately and directly with many of the partners of the healthcare system on a more granular level and are able to affect greater change and coordination through partnerships and coordination of all the various EMS components.