

Report Highlights

A Performance Audit of the Emergency Medical Services Operating Fund

House Resolution 2012-315 called on the LB&FC, in conjunction with the Joint State Government Commission, to study the financial and administrative effectiveness of Pennsylvania's emergency medical services system. Under HR 315, the LB&FC was responsible for reviewing the financial aspects of the Emergency Medical Services Operating Fund (EMSOF).

We found:

- **Funding for the Commonwealth's EMS system has been declining in recent years, from \$11.3 million in FY 2007-08 to \$10.0 million in FY 2011-12.** This decline is primarily due to a decline in the revenues generated by the fines on traffic violations and fees on ARD admissions which fund the EMSOF. If new sources of revenue cannot be found, allocations to the regional EMS councils will need to be reduced over the next several years.
- **Act 2009-37 requires the Dept. of Health to consider the availability of other funds and the priorities set forth in the statewide EMS plan when making EMSOF funding allocation decisions, but this is not done.** EMS regulations reiterate the factors found in Act 37 and list several others (e.g., financial need of the applicant) the DOH is to consider when allocating funds. However, the DOH allocates EMS funding solely on the basis of total population (50%), rural population (30%), and the EMS region's square mileage (20%).
- **The extent to which the 15 regional EMS councils rely on EMSOF funding varies significantly.** Relative dependency on EMSOF funds varies from an 11% of total funding (Chester) to 93% (EMMCO East). Since 1998, the overall dependency on EMSOF funds for regional council expenditures has risen from 29.6% to 59.3%, statewide.
- **The percentage of EMSOF funds used for pre-hospital provider equipment has decreased from 23.5% to 14.6% since FY 1997-98.** The impact of this decrease may not be particularly significant, however, because EMSOF funds comprise only a small fraction of PA ambulance company revenues (estimated at \$461 million statewide).
- **The PA Emergency Health Services Council expended \$491,949, or about 4.5%, of the total spent from the FY 2011-12 EMS portion**

of the EMSOF's account. PEHSC is designated in law as the state's EMS advisory council.

- **The current statewide EMS Plan is of limited use because it does not include specific time frames to accomplish objectives, often does not identify the parties responsible to achieve the objectives, and does not include cost estimates to achieve the plan's priorities.**
- **Lack of automation makes it difficult to monitor EMS council expenditures.** The Bureau of EMS still maintains a manual filing system for regional EMS council records.
- **DOH does not evaluate the performance and effectiveness of the regional EMS councils on a periodic basis as required by DOH regulations.** BEMS does, however, appear to be doing a good job in monitoring and communicating with the regional EMS councils.
- **For the most part, the salaries and benefits the regional EMS councils and PEHSC offer their employees appeared reasonably in line with what might be expected if they were Commonwealth employees.**

We recommend:

- DOH establish parameters on the use of EMSOF funds for EMS council salaries/benefits.
- DOH and PEHSC add greater specificity (e.g., timeframes and cost estimates) to the state EMS plan.
- DOH, together with PEHSC, incorporate additional factors, as found in statute and regulation, into EMS funding allocation decisions.
- BEMS work to computerize EMS records.
- BEMS review the performance of the regional councils as required by regulation.
- The General Assembly consider options to bolster EMSOF revenues. Several options are discussed in the report.