

For The Center for Rural Pennsylvania

KCAC

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Citizens' Ambulance Service

Senator Yaw, Senator White, Board Members of the Center for Rural Pennsylvania

and other state and local elected officials, We are here representing the

Paramedics and Emergency Medical Technicians of Citizens' Ambulance Service

(Citizens') who are affected on a daily basis by the Opioid Epidemic. Citizens' is a

unique organization in that we provide Emergency Medical Services to over 1,100

Sq. Miles of the Commonwealth within 3 Counties and 57 Municipalities. Our

service has had front row seats to the exploding Opioid crisis and it has affected

our organization in many ways.

Rural providers of Emergency Medical Care are facing an increasingly difficult time

continuing to provide EMS in an austere financial environment. The growing

Opioid crisis and the resources that have been required to respond these

emergencies only serve to exacerbate the problems. Citizens', to date through

August 2016, has nearly equaled the number of responses to drug and alcohol

related 911 emergency dispatches for that of the entire 2015 calendar year.

(Alcohol / Drug Related Responses 425-2015, 357- 2016 YTD, Drug Related Only 145-2015, 142- 2016 YTD, Responses requiring NARCAN administration 42-2015, 45-2016 YTD)

The “Safety Net” that EMS has become is repeatedly being stretched and strained due the Opioid crisis. Our crew’s safety and the safety for the 100,000 residents we serve are regularly placed in danger due to the nature of the drug related responses; potentially unstable combative patients and bystanders and unknown dangers from drug paraphernalia. The prevalence of the call frequency and severity of the calls also places the remaining residents we serve in jeopardy as resources are dedicated to Opioid overdose responses.

I have two recent examples of where the “safety net” that EMS has become in a response to this crisis became strained.

- During an 11P to 7A Supervisory Shift, 2 calls for Opioid Overdoses occurred within a 15 Minute time period which created the need to place 6 of the 8 available ambulances in motion, plus an EMS Supervisor and 2 First Responders. Crew’s located one patient, treated with NARCAN and subsequently did not transport due the patient refusing further treatment.

The second patient was ultimately found after two separate 911 dispatches, 15 miles from the first reported location. This patient also declined any medical treatment or transport.

- These were 2 of 10 responses over the course of a 72 hour period from a Friday to Monday that involved Drugs and Alcohol with 5 of the responses requiring the administration of NARCAN.

In addition, two weeks prior to the weekend described, 3 young people lost their lives in less than 24 hours due to Opioid related deaths. These deaths were only separated by a few miles geographically and occurred in our most rural communities.

Compounding the strained resources is the lack of adequate funding mechanisms in support of the EMS responses to Opioid related calls. Health Insurers (State and Federal funded and Commercial) provide reimbursement for services rendered only when the patient is transported. This is for those with health insurance coverage. The cost for an EMS responder to simply “roll wheels” easily exceeds \$400. In addition, the cost incurred during the treatment of these patients continues to escalate. A recent response to an Opioid overdose induced cardiac arrest resulted in over \$500 of medical supplies being used in addition to the

associated EMS personnel costs. The response to this patient who ultimately expired in the field and was not transported by EMS was over \$950 of unreimbursed expenses. EMS cannot sustain this financial drain. This dramatic example is not a singular event, but a growing trend as is the frequency of patients receiving NARCAN by EMS, Law Enforcement or bystanders that result in a patient refusing further treatment or transport. Citizens' has experienced an over 500% increase between 2015 and 2016 of this scenario. NARCAN in the public setting has saved lives, but has not addressed the increased demands placed on the "safety net".

The final facet I wish to bring forward is the enormous burden this has placed on the shoulders of our personnel. Our EMS personnel are group of individuals who care deeply about their profession and their responsibility to the care and treatment of the ill and infirmed. That dedication remains steadfast for those suffering from addiction. I would like to share with you reflections on the Opiod crisis from a Citizens' Paramedic, Adam Lightcap. His story reflects not only the impact this crisis has had on him professionally, but how his life has been changed because of his brother, who is an addict, and currently incarcerated in a state penitentiary. Excerpts from Adam include (complete document attached to this testimony):

- My brother was a starting lineman for his high school football team and had the potential to play college football. That all changed before his senior year, when he got into drugs.
- I have taken him in several times to live with me but it always ended the same way with him stealing from me and back on drugs.
- Two years ago, he had a son and I thought maybe that would turn him around, but I was wrong. Since the birth of his son, he has not spent a single Christmas with him because he has been in jail.
- Before this current incarceration I received a phone call in the middle of the night that my brother had overdosed and was being taken to the hospital.
- Professionally this epidemic has caused me many mixed emotions. The hardest part for me is dealing with the families of the addicts. Like myself, they did not choose to have an addict as a family member. One of the toughest moments in my career was when I had to tell a father, who I have known for a very long time, “I am so sorry but I have done everything I possibly can but he is dead.”

I applaud Adam for his willingness to provide his story. It is an example of the commitment and advocacy of our profession. They struggle with the situation at hand, but most importantly they have become in their own way a front row advocate for the patients they treat. They talk to their patients about options, inquire if they are in treatment and encourage them to change their path before it is too late. But when those efforts fail, as they often do, it is the senseless loss of life that affects them the most and resonates throughout our ranks. They grieve when a life is lost to addiction and question their efforts in providing assistance. They realize and understand the difficulties of addiction and frequency of these individuals being afflicted with a dual diagnosis of mental health issues and addiction.

Our personnel have become outspoken advocates for change. They have joined the District Attorney's Office at Local Drug Summits and coordinate our personnel in support of the local Reality Tour. Just recently in a collaborative effort with the Armstrong, Indiana, and Clarion Drug and Alcohol Commission, information packets have been developed and placed within the ambulances to provide these patients with a contact point to begin rehabilitation.

Our business is one of caring and compassion for those in need regardless of the cause. My hope is that this testimony will assist with putting an end to this crisis.

I would like to express my gratitude for engaging our Rural Community in this conversation.