

PECOS VALLEY PUBLIC SERVICES

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PROTECTING THE COMMUNITY WE SERVE



THIS DOCUMENT AND ASSOCIATED ITEMS, INCLUDING A PODCAST, ARE AVAILABLE AT :

<https://www.pecosvalley.org/community-ems/>





DISCLAIMER

Pecos Valley Public Services operates strictly within the limits set by law, state regulations, and protocols regarding the medical services we can offer. Our scope of care is restricted to minor wound treatment and stabilizing patients during life-threatening situations in preparation for transport to definitive care. We do not provide medical advice beyond recommending hospital transport or advising patients to see a physician as soon as possible.

As an EMS agency, we have a duty to respond when we accept stand-by assignments requested by third parties. We are also approved by our medical director to provide health checks and care as an EMS agency during significant weather events.

It is important to understand that all services described in this document are provided within the boundaries of what we are legally permitted to do.



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EXECUTIVE SUMMARY

We are sharing our experiences, ideas, and goals in establishing what we refer to as a "Community EMS" agency. Community EMS is distinct from community paramedicine, though both approaches address the same objective: improving public health while reducing associated costs. Therefore, collaboration between community EMS and community paramedicine should be encouraged whenever possible.

In this report, we will outline the key differences between traditional EMS, community paramedicine, and community EMS. We will discuss our experiences, the challenges we encountered, the origins of the initiative, ways to improve the overall service, and how the State of New Mexico can play a pivotal role in maximizing the positive impact of community EMS.

We will discuss key topics including funding, the replicability of our efforts, the advantages of early health screening and detection, special considerations for vulnerable populations, and our plans for expanding services in 2025 and beyond.

We are also addressing the challenge of attracting licensed medical professionals to the community EMS environment. To tackle this issue, we are introducing the "Community First Responder" (CFR) program, which will assist licensed EMTs in their volunteer duties.

Additionally, we are launching a "Advanced Care Free" initiative, that combines telemedicine on the street with vouchers for advanced checkups to individuals without an established primary care physician (PCP).

Overall, we are taking a comprehensive approach to offering free, volunteer-based "protective" community EMS services. Our goal is to build a more resilient, healthier community while significantly reducing healthcare costs.



PECOS VALLEY PUBLIC SERVICES

Pecos Valley Public Services is a 501(c)(3) volunteer driven community EMS agency. Unlike traditional EMS and community paramedicine services, our **community EMS** adopts a "protective" approach to out-of-hospital care. This means Pecos Valley Public Services typically does not respond to emergency or urgent medical calls. Instead, we embed ourselves in community events, with a focus on vulnerable groups such as the unhoused and elderly. In addition, we offer training programs (CPR, AED, Stop The Bleed) and conduct "pop-ups" at popular locations to educate the public on preventable medical issues that could otherwise escalate into life-threatening and costly emergencies.

Over the past year, Pecos Valley Public Services has actively participated in numerous community events, providing services upon request for organizations including the *Eastern New Mexico State Fair*, the *American Red Cross*, the *Salvation Army*, *Food Not Bombs*, and *Roswell Sertoma*, among many others. We also dedicated hundreds of hours to supporting Ruidoso fire evacuees and assistance during the recent flooding disaster in Roswell.

All of these services were provided free of charge. None of our directors or volunteers receives any financial compensation for his / her work.

The community EMS initiative was inspired by our participation in the state-funded "HOME" (Homeless Outreach Mobile Engagement) project, which highlighted the need for protective out-of-hospital services in public spaces to offer aid, guidance, and support before minor medical issues escalate into more serious conditions. We are the only former HOME project partner who is continuing and expanding services after the funding has ended.

Our approach has been met with overwhelming success. Now, we face the crucial question of how to move forward. Our current funding allows us to continue providing services on a limited scale, with the understanding that we cannot take on additional responsibilities, even if it means certain areas—particularly rural communities—will not receive the protective attention they need. Alternatively, if our model of out-of-hospital services is deemed innovative and impactful enough, state support could help us expand and replicate protective community EMS services in other regions.



MICHAELA MERZ

Michaela Merz is the Executive Director of Pecos Valley Public Services. She identified the need for a new approach to out-of-hospital services during her involvement with the HOME project and took decisive action to address it.

As a hands-on leader, Michaela pursued further education despite challenges with her previous German college credentials being unrecognized by ENMU Roswell, which required her to complete GED testing. She successfully obtained her Emergency Medical Technician (EMT) license in 2023 and her Intermediate Emergency Medical Technician license in 2024.

Her extensive experience as a business leader positions her well to guide our organization. Michaela's career includes:

- ✓ University of applied sciences, Fulda
- ✓ Founder, Free Software Association of Germany
- ✓ Guest lecturer University of Marburg
- ✓ Founder, developer "[Germany.Net](#)", one of Germany's leading Online Services
- ✓ CEO Polepositioner AG, Zurich, Switzerland
- ✓ Managing Director, Hermetos GmbH, Eisenach, Deutschland
- ✓ Member of the advisory board "Digital Entrepreneurs" and adviser to the German Vice Chancellor
- ✓ CTO Steyla Technologies Inc.
- ✓ CTO Rollofone LLC

Michaela's engineering expertise has already proven invaluable in making our operations more efficient. She developed a 24/7 phone system that routes calls based on urgency (free for our agency) and a mobile app that streamlines volunteer reporting, communication, location sharing, and more (also free for our agency). She previously created the "FindMe" service for Search & Rescue, which tracks individuals exploring wilderness areas and alerts volunteers if they fail to check in on time.

Michaela is not only behind the scenes but also actively on the streets, providing medical and other services alongside our volunteers, leading by example. Notably, she receives no compensation for her work.



BACKGROUND

The industrialization of healthcare, coupled with the diminishing relationships between primary care providers – or family doctors - and their patients, has led to a significant increase in healthcare costs. More and more individuals are turning to Emergency Medical Services (EMS) for non-emergencies and routine health checks, placing a growing economic strain on communities and insurance providers. Many people are afraid of costs to see a doctor or are just complacent with preventative medical care when they feel generally healthy. This often leads to preventable and expensive urgent or emergency situations with a possible bad outcome.

A key example is cardiovascular disease. During community event stand-by duty, Pecos Valley Public Services volunteers found that up to 55% of the individuals they screened had undiagnosed hypertension. We also identified early signs of possible pneumonia, diabetes, potential infectious diseases, and other conditions that typically require clinical evaluation. The majority of these individuals reported not having seen a doctor in several years.

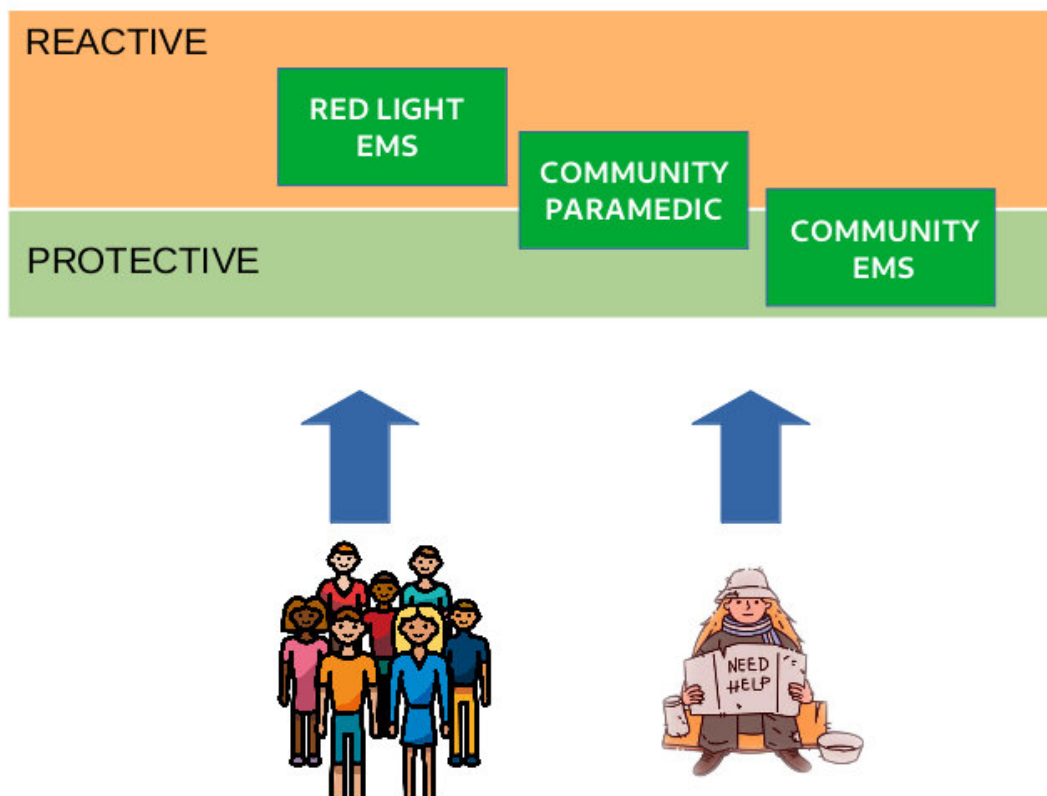
The situation is even more problematic when it comes to the vulnerable communities and the unhoused. Pecos Valley Public Services provides standby medical services in cooperation with the Salvation Army, Food Not Bombs and many other organizations. While those individuals generally suffer from the same medical issues like the general populations, their health is even more threatened by unsanitary living conditions, unhealthy food, drug abuse, STDs, and other conditions. We have seen patients with serious mite issues, allergic skin rashes, infected wounds, possible STDs, drug related problems and more.

Recent changes in federal leadership have also affected our agency. Since we provide all of our services free of charge, we don't require identification documents—we focus solely on the well-being of our neighbors, which is what matters most to us.

THE PROTECTIVE APPROACH

We believe the key to building a healthier community and reducing healthcare costs is early detection of potential medical conditions—a strategy we refer to as a "**protective**" approach. Unlike traditional EMS ("red light" EMS), crisis intervention teams and community paramedicine, which are more reactive, our **protective** approach focuses mainly on being proactively present. This involves trained medical personnel, primarily volunteers, being on standby at community events, homeless gatherings, shelters, or during health crises and disasters.

We believe that this **protective** approach is able to sustain itself even if clients or patients will not be asked to pay for the service. We are planning to negotiate with health insurance providers to provide funding which enable us to provide services. These funds will be provided in advance as "program service revenues" to our charity based on projected number of clients and a negotiated costs per client. The funds will not be used to pay directors or volunteers. We have proven that there are volunteers who are ready to take on the challenge and to provide medical services at no cost to the community or patients.





To illustrate the significant potential impact of our community EMS work, let's break down the numbers: A heart attack is not only a critical and life-altering event for the patient, but the associated emergency transport and treatment for a myocardial infarction costs approximately \$140,000. The same amount of money provided to our charity, would enable us to screen 2,800 individuals for hypertension or other potential medical issues. Based on our experience, we would identify on average around 550 people (20%) with undiagnosed high blood pressure and recommend they seek urgent medical care from a physician or community paramedicine. Even if this intervention prevents or significantly delays emergency care for just 6 of those individuals (10%), the health insurance savings would amount to nearly \$900,000. A portion of this savings would directly reduce Medicaid expenses covered by the State of New Mexico.


ACCOUNT DETAIL	
Service Description:	INPATIENT SERVICES
Total Charges	\$142,368.62
Insurance Payment	\$0.00
Patient Payment	\$0.00
Adjustment	-\$92,368.62
Balance Due	\$50,000.00
Amount Due	\$50,000.00
Due Date	UPON RECEIPT

Our participation in community events not only helps us identify potential health concerns, such as elevated blood pressure or early signs of illness that might otherwise go unnoticed, it also improves the overall health of the community and it strengthens trust within the community. With our EMTs being local residents and familiar faces, people feel more comfortable seeking medical advice or assistance. By offering immediate attention and check-ups, Pecos Valley Public Services plays a role in reducing healthcare costs by detecting issues early, preventing expensive emergency room visits, hospital admissions, or advanced treatments for conditions that could have been addressed sooner.

Let's also not forget emergencies: As trained professionals, we are fully equipped to handle medical emergencies, a critical factor in life-threatening situations like cardiac events, where every minute counts. Just a few weeks ago, a patient reported chest pain, believing it to be a back issue. However, our EMTs identified the early signs of a cardiac infarction. The patient was immediately transported to the hospital, resulting in only minor damage to the heart muscle due to the prompt intervention.



Reducing the cost of healthcare is a significant part of our approach - but the well-being of our community is the primary focus of our work. And that explicitly includes our vulnerable neighbors.



High blood pressure is a leading cause of cardiovascular disease and premature death worldwide.

QUICK FACTS:

In 2021, heart disease and stroke caused more deaths in the U.S. than cancer and chronic respiratory disease combined, with cardiovascular disease responsible for 931,578 deaths.

BLOOD PRESSURE CHECK HERE

We can check your blood pressure right here. We can also give you helpful information and suggestions. We are licensed EMTs but we cannot treat you or give you medications. This service is free of charge.

ABOUT US

We are a volunteer 501(c)(3) charity dedicated to the well-being of our community. We are a State Of New Mexico licensed EMS agency and a registered overdose prevention provider under NMSA 24-23-1 and NMAC 7.32.7.

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Our commitment goes beyond offering protective services at events or patrolling the streets during harsh weather conditions.

We believe that testing, education and awareness are vital components of community EMS care. As part of our holistic approach, we offer free CPR/AED and "Stop the Bleed" training, along with "Pop-Up" events at malls and other high-traffic areas to educate the public on critical health issues such as cardiovascular disease or STDs.

Our certified American Heart Association (AHA) instructors have trained many individuals in essential life-saving skills, such as CPR, AED use, choking assistance, and stopping severe bleeding.

By offering all of our services free of charge, we have eliminated a significant barrier, making it easier for people to seek assistance and training.

That is the power of a **protective** approach of community EMS.

COMMUNITY FIRST RESPONDER

The quality of services provided by a community EMS depends directly on the availability of trained volunteers. However, recruiting licensed medical professionals to offer their services for free may be challenging.

To address this issue, we are establishing a new class of trained individuals—Community First Responders (CFR). We have already launched a website (www.cfrinstitute.com), which serves as the foundation for CFR training. It is also meant to generate additional program service revenues, when used for out-of-state applicants.

The training is primarily first aid-based but includes extended skills such as AED usage and maybe even oxygen therapy. It also covers essential topics like roles and responsibilities, scene safety, communication, patient assessment, management of minor trauma, and the treatment of various medical conditions, including diabetes and strokes.



In addition, CFRs may receive training in skills not typically covered in public first aid courses, such as suction and the placement of oropharyngeal airways.

CFRs are trained to perform non-invasive assessments, such as taking blood pressure, provide essential stabilization in emergencies, and support licensed medical professionals during events, stand-bys, and patrols.

The CFR training program spans approximately 4–6 weeks and includes hands-on instruction, required pre-course certifications (such as FEMA courses), online coursework, and a final exam. Upon completion, CFRs are registered with the cfrinstitute and must participate in ongoing education to maintain their certification.

Community First Responders play a crucial role in delivering protective care in the field, easing the load on licensed medical professionals, strengthen to community to better help itself and enhancing the resilience and responsiveness of community EMS services.



ADVANCED CARE FREE

As it stands, we can only recommend that individuals seek a physician's care when we identify non-emergency medical conditions. Unfortunately, we have no way of knowing if or when they follow through with the recommendation, which is especially concerning in unhoused and vulnerable communities.

This need is the foundation of our doctor voucher program. We are currently in discussions with urgent care facilities to accept vouchers for more comprehensive physical exams. Since these facilities are typically closed at night, we also plan to approach local hospitals with the same concept.

MEDICAL EXAMINATION VOUCHER

Name of patient: Miller, Harold Age: 61 Sex: M

The patient has been referred to receive an an medical exam at your medical facility. Our medical providers have identified the following problem(s):
Fever, coughing, hypertension

The following documents are provided with the voucher:
Patient Care Report

Prepared by: _____ Received by: _____

Our goal is to offer prepaid exams to patients who lack health insurance, do not have insurance information readily available, or are concerned about costs. In these cases, we will provide vouchers that grant access to a free exam by a physician, without requiring additional personal information. Any further treatment or payment negotiations will be handled between the physician and the patient.

The vouchers would be paid from funding available to our charity. Initial talks indicate a range of \$50 - \$75 per patient and examination.

We are also evaluating potential liability risks for our volunteers who may provide transportation to and from the physician's office. If feasible, we will offer direct transportation services as well.

Future plans incorporate our own location with nurse practitioners or community paramedics who also can provide more detailed exams.



DOCTOR ON THE STREET

When we encounter patients whose symptoms may require a more in-depth and expedited evaluation, our current option is to call an ambulance for transport to the Emergency Room. This approach can be both costly and, in many cases, excessive.

To provide a more practical and cost-effective alternative, we are equipping our Emergency Response Vehicle (ERV) with telemedicine capabilities. This will allow patients to consult with a higher-level medical professional—such as a physician, nurse practitioner, or community paramedic—right on the scene, in real-time.

We would assist the remote physician by performing additional checkups, such as taking vital signs or conducting more advanced diagnostic tests on-site. This collaboration enables a more comprehensive evaluation of the patient's condition. Furthermore, we would be able to administer medications or carry out other interventions as prescribed by the physician.

The benefits to the community and patients are significant. First, telemedicine enhances the accessibility of advanced medical care. For patients in rural or underserved areas, this technology brings expert consultation directly to them, greatly improving response times and outcomes. By providing care locally, we help reduce cost and the strain on emergency services, which can then be allocated to more critical cases. Additionally, lowering the number of non-emergency transports cuts down on overall healthcare costs and improves the sustainability of emergency services.

As licensed medical professionals, we are obligated by protocol to ensure that patients in our care have access to a more qualified healthcare provider if needed. Currently, due to a lack of alternatives, we rely on calling an ambulance if the patient requests it or if we believe a more advanced evaluation is necessary. However, this is not always required. By utilizing telemedicine, we can avoid unnecessary emergency transports for non-critical situations, making care more convenient for patients.

This evolution in our service model not only enhances patient outcomes but also strengthens the entire healthcare system by optimizing the use of resources and reducing overall costs.



CHALLENGES FACED AND MASTERED

The state-funded HOME program shifted our focus toward providing healthcare on the streets, a responsibility we embraced within the scope of HOME. With the funding, we were able to purchase equipment and materials that has already saved lives and will continue to do so. It's important to note that Pecos Valley Public Services (PVPS) is the only HOME participant still providing these services after the funding ended.

However, continuing this work required organizational changes to meet regulatory requirements. Several of our volunteers pursued EMT and EMT-I certifications, while our organization successfully applied for a State of New Mexico EMS license. Additionally, PVPS became a registered overdose prevention provider under NMSA 24-23-1 and NMAC 7.32.7.

Despite our progress, we encountered several challenges. The EMS environment is not well-suited for NGO volunteers, which became apparent with expensive requirements such as equipment, medical oversight, insurances and more. Though we had some misunderstandings in the beginning, we would like to emphasize that the state EMS bureau chief has consistently been available to assist us, offering invaluable guidance and support to an organization like ours as we navigate the challenges of being "rookies" in the field.

But we also encountered resistance, particularly from established local first responders and city officials. For example, the Chaves County Medical Board, which provides medical oversight to other first responder agencies in the county, denied our request for membership. However, we were able to secure our own medical director and are now in the process of obtaining a pharmacy license. This will enable us to distribute emergency medications such as aspirin (for chest pain), albuterol (a bronchodilator), and epinephrine (for anaphylactic shock).

We understand that building trust with those who have been providing care for many years is essential. New approaches often take time to be accepted, and it's common for innovative ideas to face resistance. However, it is clear that "business as usual" is no longer sustainable. As the population's demands and expectations evolve, we must adapt to meet those changing needs.

There is one unsolved challenge that has some urgency: We are still working to persuade community decision-makers to grant us access to the public dispatch radio network managed by the *Pecos Valley Regional Communications Center*. Although our request is supported by many area non-profits, who have seen our dedication to providing medical services firsthand, we have yet to receive a response. To be clear: We are not asking for equipment (we already procured the required digital radios), we only ask to be allowed to use the radio network to request assistance from community paramedicine, “red light” EMS or law enforcement.



Our teams are on the streets multiple times a week, and the lack of dispatch access poses significant challenges. In harsh conditions—whether it's rain, cold, or while wearing gloves or dealing with fluids—using a phone to call for backup or assistance is nearly impossible. In tense situations involving combative individuals, pulling out a phone, dialing a number and talking to a dispatcher can escalate the conflict – affecting the safety of our volunteers. This is why we believe access to the radio dispatch network is crucial for the well-being of our volunteers and the effectiveness of our work.



DECISIONS TO MAKE:

Thanks to initial funding from the HOME grant, we were able to establish a solid foundation. Additional support from organizations like Albertsons, the Community Foundation of Southern New Mexico, and local groups has helped sustain our efforts, allowing us to continue offering limited services. However, to expand and enhance our services, as well as increase education and prevention efforts, we need more substantial funding.

State EMS funding is largely reserved for "dispatchable" services, but the City of Roswell has granted American Medical Response (AMR) an exclusive license for most medical services, preventing us from accessing those grants.

We are seeking approximately \$400,000 to support our growth, create a replicable model for other communities, and ensure long-term sustainability. This funding would enable us to purchase and equip two reliable SUVs for parallel services, maintain a backup vehicle, cover at least two years of operations during our negotiations with health insurance providers and key stakeholders to provide funding for a self-sufficient operation. It would also allow us to upgrade our EMS license, meet pharmacy board requirements, and further professionalize our agency. It would also give us the flexibility to occasionally pay EMTs if necessary to temporarily address shortages of volunteers.

Currently, none of our directors or volunteers receive compensation, allowing us to focus funding on equipment, supplies, and service expansion. Medical equipment is expensive, requires maintenance, and supplies need regular replacement due to expiration.

State funding is distributed among organizations addressing healthcare needs such as aid for the unhoused, overdose prevention, and STD testing. Our Community EMS could consolidate these efforts, using the same vehicles and equipment to manage these tasks, reducing the need for additional funding.

We continue to provide the same services offered during the HOME project, and we remain committed to delivering care, regardless of whether we receive public support.



SELF SUSTAINABILITY AND REPLICABILITY

A key component of this new service philosophy is ensuring that community EMS becomes self-sustaining, reducing reliance on ongoing public grant funding. To achieve this, we must establish "program service revenues" to cover expenses like supplies, insurance, and equipment.

We have identified two potential funding sources. First, as discussed earlier, we are negotiating with insurance providers to secure funding for our agency. This approach would not only lower costs for insurers but also simplify administration by bypassing the complexities of Medicare and Medicaid billing.

Alternatively, if the state recognizes the value of community EMS, it could provide financial support based on population coverage. A simple calculation could determine funding, with approximately \$400,000 per year allocated for each percentage of the population served. For example, if we were to serve 0.5% of Chaves County's 60,000 residents (around 3,000 people) through checkups, urgent care, and medical screenings, the state would provide \$200,000 annually.

Our innovative community-based "protective" EMS approach has attracted interest from organizations in New Mexico and Texas. Delivering medical services—and when necessary, emergency or urgent care—directly in the community, whether on the streets, at events, or in response to health crises and vulnerable populations, resonates with many communities. This new philosophy not only improves overall health outcomes but also substantially reduces costs, offering a win-win for health and financial efficiency.



SUGGESTIONS FOR LEGISLATIVE SUPPORT

Regulatory Support: Current regulations governing pre-hospital medical services are closely aligned with professional and governmental services, which makes it difficult and expensive for NGOs to obtain licensing. It would be very helpful to give the EMS Bureau greater flexibility in the licensing process for volunteer community EMS services, without compromising patient safety. For example, state EMS protocols and regulations could be adapted to include regulations for community EMS services. This could address insurance and other administrative issues, would allow properly licensed and trained personnel to dispense limited over-the-counter medications (e.g., NSAIDs) or provide vaccinations (e.g., flu, COVID-19).

The Statewide Digital Trunked Radio Communications System (DTRS): As current regulations stand, access to the Statewide Digital Trunked Radio Communications System (DTRS) is provided free of charge only to state agencies. Our organization would be required to pay \$20 per month per radio to access this network. Free access to this radio network would greatly help us and other volunteer first responder organizations with communications while being on duty – especially in more rural parts of our community.

Scope of operations in cities and counties: Volunteer Community EMS services should not be viewed as competition to traditional EMS services. Therefore, these services should be permitted to operate on a broader scale even in areas where another entity holds an exclusive service provider contract with a city or county, as long as the services are provided free of charge to the patient and/or community.

Volunteer Appreciation: Many volunteers serving as firefighters, law enforcement officers, or EMTs have undergone extensive training and education, yet they provide their services free of charge to their communities, often at great personal cost. As attracting volunteers becomes increasingly difficult, particularly in rural areas, organizations that depend on these volunteers have limited ability to make adjustments to become more appealing. State-level support, such as reduced state taxes or other forms of recognition, could offer some relief and provide volunteers with additional benefits and appreciation for their valuable services.



Green Lights: Some states, such as Indiana, have enacted laws allowing licensed medical technicians to use green flashing lights while on duty. These lights do not grant any special rights or privileges on the road. Pecos Valley Public Services has equipped its vehicles with green flashing lights, which are only activated when parked on scene. The "flashing green = we're on scene" concept has become a recognizable rhyme, helping the community easily distinguish between emergency first responders and our community EMS volunteers.

Community First Responder: The establishment of clear protocols is essential to defining the roles and responsibilities of Community First Responders (CFRs). The training program should prioritize volunteer laypersons, rather than licensed professionals, with patient safety at the core of the curriculum. It is important that the training acknowledges the unique needs and capacities of volunteers, providing a balance between practical skills and achievable expectations. Ideally, EMS agencies would oversee CFR training, ensuring that instruction is led by qualified educators with a minimum certification of EMT-Intermediate (EMT-I)



SUMMARY

A community EMS is a volunteer-driven organization dedicated to providing protective care in diverse settings—on the streets, at events, community gatherings, during inclement weather, and in response to disasters or health crises. This service operates in collaboration with traditional EMS providers and, where available, community paramedicine programs to strengthen public health and safety.

In 2024, Pecos Valley Public Services delivered over 800 hours of community EMS service. We regularly partner with local and national non-profit organizations, offering medical standby support multiple times each week. During these engagements, we often identify potential health concerns and encourage individuals to seek additional medical care when necessary. We also provide training to community members in vital skills such as CPR/AED, "Stop the Bleed," choking response, and Naloxone (Narcan) administration.

Our services are completely free of charge, making it easy for any community event organizer to request our presence. This allows us to offer health check-ups, provide urgent and emergency care when needed, and ensure that our community receives the high-quality care it deserves. Our community EMS approach also significantly reduces the number of ambulance calls, ER visits, and associated healthcare costs, leading to a dramatic reduction in healthcare expenses.

Community EMS can also capitalize on synergies by consolidating various state-funded health initiatives, such as those targeting special population groups, narcotic overdose prevention, and medical screenings (SDSs, etc.). By bundling these health-related projects, we can streamline services, maximize resource efficiency, and enhance the overall impact on public health.

Pecos Valley Public Services has faced numerous challenges but proudly stands as, to our knowledge, the first NGO charity EMS agency in New Mexico. From the start, our mission was not to become a traditional "red lights and sirens" EMS service. Instead, we've focused on embedding ourselves in the community, providing support during gatherings, events, inclement weather, in shelters and during disasters. We believe it's in these moments that our impact on the well-being of our neighbors is truly significant.



Our ability to serve is currently somewhat limited by existing EMS protocols, which provide little flexibility for community EMS agencies in the scope of services we can offer. Ironically, individuals without medical training often have more freedom to assist others than we do. We hope to collaborate with stakeholders to create more adaptable guidelines for community EMS services.

Benjamin Franklin once said, "An ounce of prevention is worth a pound of cure." Although he spoke these words in 1736, they are more relevant than ever in today's overburdened and costly healthcare system.

We strongly believe that, with the support and guidance of the State of New Mexico, we can provide that "ounce of prevention," enhancing the overall health of our community while reducing the need for the costly "pound of cure" that too often follows.

Thank you for your time, support, and cooperation.



TAKE AWAY

We believe the State of New Mexico should support and initially fund our community EMS service, because it is in the best interest for all stake holders – the government, the insurances, the community at large and the patients:

Preventative Care and Public Health Impact: Community EMS services that offer health screenings and out-of-hospital service and – if necessary – emergency or urgent care prevent medical emergencies before they escalate. By identifying and addressing health issues early, community EMS will reduce the burden on emergency rooms and 911 systems, improving overall public health and saving the state significant healthcare costs in the long run.

Community Education and Empowerment: Providing CPR and other health-related training programs, equips community members with lifesaving skills. When more people are trained to respond to emergencies, the likelihood of positive outcomes in critical situations increases. This community-wide education contributes to a safer and more resilient population.

Supporting the State’s Health and Safety Goals: Community EMS services align with broader public safety and health objectives, contributing to improved community well-being and reduced healthcare costs. Community EMS teams are already active on the streets and equipped with the knowledge and supplies to take on additional state-supported initiatives. By leveraging these synergies, the state can achieve its goals more efficiently while reducing overall costs.

Addressing Health Disparities: Vulnerable populations often face barriers to accessing healthcare. Community EMS services, with their focus on outreach and mobile services, can address these disparities by bringing healthcare directly to the streets, improving health equity and ensuring no one is left behind.

In summary, supporting our community EMS agency through grants and legislative action would not only improve community health and safety but also provide substantial long-term cost savings and increase the efficiency of the state’s healthcare system. Additionally, it would enable the collection of valuable data to develop blueprints for replicating community EMS models in other areas.



CALL TO ACTION:

Pecos Valley Public Services has launched a volunteer community EMS service in Roswell, NM. Our protective and proactive approach enhances public health, strengthens community resilience, and reduces healthcare costs by lessening reliance on traditional emergency services. We seek legislative support to sustain and expand our services, and to assist other communities in establishing similar programs.

- **Letter of support:** We request the DoH provides us with a letter of support we can use in our negotiations with stakeholders such as physicians. A draft is attached.
- **Licensing Flexibility:** Simplify the licensing process for volunteer EMS services and allow flexibility in administering care while maintaining patient safety.
- **Community First Responder Role:** Establish a basic "Community First Responder" level with protocols that consider the unique needs of volunteers.
- **Emergency Vehicle Lights:** Modify the "New Mexico Emergency Vehicle Light Statutes" to permit flashing green lights for community EMS providers en route or on scene.
- **Radio Communications Access:** Provide volunteer community EMS teams free access to the "Statewide Digital Trunked Radio Communications System" for better communication, especially in rural areas.
- **Operational Flexibility:** Permit volunteer community EMS providers to operate in areas where other (commercial or public) entities hold exclusive contracts with local governments.
- **Volunteer Support Incentives:** Offer reduced state taxes or other recognition to attract and retain first-responder volunteers.

Funding Request:

We seek initial funding to expand the reach of our agency, improve service reliability and flexibility and develop blueprints for replicating our volunteer EMS model in other regions. This support will strengthen our operations and foster growth in community EMS programs statewide.



DRAFT OF LETTER OF SUPPORT



To Whom It May Concern,

I am writing on behalf of the [State/County] Department of Health to express our full support for the development and implementation of the Community EMS Service initiative proposed by Pecos Valley Public Services. This innovative program represents a vital step forward in improving healthcare accessibility, reducing unnecessary emergency room visits, and ensuring a more efficient use of resources across our state's healthcare system.

As the Health Department, our primary mission is to safeguard the health and well-being of our residents. We firmly believe that this community-based EMS service aligns with the state's broader public health objectives by focusing on preventive care, improving health outcomes, and addressing healthcare disparities, particularly for our most vulnerable populations.

The benefits of this program are extensive:

1. Enhancing Preventive Care:

By offering mobile health screenings, telemedicine consultations, and out-of-hospital care, this service provides early intervention and reduces the likelihood of minor health issues escalating into emergencies. This proactive approach not only protects individual patients but also alleviates the burden on emergency departments and 911 services, allowing them to focus on more critical cases.

2. Empowering the Community:

Through educational programs, such as CPR and basic first aid training, this initiative equips residents with lifesaving skills, making our communities more resilient in emergency situations. By empowering individuals to act in critical moments, we collectively enhance public safety and health outcomes.



3. **Improving Health Equity:**

Mobile EMS services are uniquely positioned to reach underserved and at-risk populations, including rural residents and those facing socioeconomic barriers to healthcare. This outreach is essential to achieving health equity and ensuring that no resident is left behind in their access to quality healthcare.

4. **Supporting Healthcare Providers:**

The telemedicine capabilities within this service will allow healthcare providers, including physicians and nurse practitioners, to consult with patients remotely, ensuring timely medical advice and appropriate care decisions without overburdening hospital facilities. This creates a more efficient continuum of care and enhances coordination among all stakeholders, including healthcare facilities, first responders, and public health officials.

The Department of Health is committed to supporting the implementation of this program, and we see this initiative as an essential part of our efforts to achieve long-term cost savings, improve patient care, and enhance the overall health of our communities. We are confident that by partnering with healthcare providers, emergency services, and public officials, this community EMS model will become a cornerstone of New Mexico's healthcare system.

We look forward to collaborating with Pecos Valley Public Services and other key stakeholders to ensure the success of this project. Should you have any questions or require further information, please feel free to contact our office.

Thank you for your consideration of this important initiative, and we strongly encourage your support and participation.

Sincerely,

[Name]

[Title]

[Department of Health]

[Contact Information]