



Ohio Senate Insurance Committee

HB388 Opponent Testimony

Ambulance services provide an essential, on-demand healthcare benefit to their communities. We, the America's emergency medical services (EMS) providers, share the deep frustration of our patients regarding ambulance transports left uncovered by commercial insurance.

Surprise in coverage of ground ambulance services, also known as balance billing, occurs when private insurers and ambulance providers are unable to agree about covering ground ambulance health care services and fair reimbursement rates.

At a time when insurance companies are posting record profits, ambulance services face skyrocketing costs, surges in demand for the health care services they provide, and inadequate governmental reimbursement. It is important to understand that these costs are typically driven directly by staffing, response time, and equipment requirements explicitly mandated by the communities that we serve—our costs of readiness are high as a result of our necessarily on-demand model.

Despite their understanding of the unique nature of 911 ambulance services, insurers, backed by their extraordinary wealth and clout, routinely attempt to strong-arm EMS into accepting contracted reimbursement rates far below the cost of providing this life-saving care. EMS providers have no choice but to reject these contracts as a matter of survival. To our deep regret, this unfortunately sometimes results in coverage surprises for the patients we dedicate our lives to serving.

Ambulance providers were not at the table for discussions on this legislation and we believe this bill as currently drafted will have unintended consequences that will negatively impact the industry and patients receiving emergency services. However American Ambulance Association and its members welcome collaborative dialogue with insurers directed at sustaining mobile healthcare and fairly expanding the current patchwork coverage network moving forward.