

House Bill 388 Opponent Testimony

Good morning Chairman Hackett, and members of the Senate Insurance Committee. Thank you for the opportunity to provide opponent testimony on House Bill 388 as it is currently written. My name is Ed Powers and I serve as a Regional Director of Operations in Ohio for Global Medical Response. GMR has operations in Akron, Youngstown, Dayton, and Cincinnati. I have been with GMR for 15 years and previously worked with TransCare Ambulance of Pennsylvania for the 15 years prior. I have worked in EMS leadership for the past 28 years and been a volunteer fire fighter / paramedic for the last 36 years. I am currently certified as a Nationally Registered Paramedic in the State of Ohio. I still staff the ambulance to help when on a regular basis in both Akron and Youngstown where we are EMS 911 providers. In Akron we are a back-up 911 provider for Akron Fire Department, and we are the contracted 911 Ambulance provider in Youngstown.

Our company transports ambulance patients each year in Ohio with an average out-of-pocket expense of \$204 for a privately insured Ohio patient. Compared to the national average of \$529/patient, our average patient bill for our services remains significantly lower here in Ohio, contrary to the headlines that give the impression that every patient transfer is tens of thousands of dollars. Our services are legally bound to respond to emergency calls regardless of a patient's ability to pay.

While we appreciate the sponsor's intent of the bill, in which the as-introduced version did not impact our industry, we were alarmed with a last-minute change to the bill that inserted ambulance services on the day of the vote without any communication, feedback or input from our industry or the impacts it would bring. Then, it was rushed to a full House vote immediately after on the very same day, again with no input from our industry. The legislative process should allow the chance for all impacted parties to weigh their concerns to avoid any unintended

consequences that would negatively affect healthcare access to rural Ohio residents. To date, we have not been invited to offer feedback since this bill has been in the Senate. In fact, this is the first opportunity we have had to express in a public setting the very serious policy implications this bill would have as it currently stands. We should not be punishing our first responders in an already difficult and stressful year. More importantly, this will seriously jeopardize very quickly, emergency transport access to many rural and urban Ohio residents where access is already difficult. It would be disingenuous for the committee to hear our concerns for the first time today publicly, on the same day the bill is scheduled for a vote. For an issue as important as this is in the middle of a healthcare crisis. I feel this is not the appropriate process to have when the outcome hurts patients, jobs, and access.

I have felt the pain of loss that this pandemic has had on many EMS organizations in Ohio and across our great Nation. Our Philadelphia PA Operation has had two LODD associated to corona virus. I must tell you there is nothing more painful than to see a provider lose his life trying to protect another. I have a very close relationship with all the providers I work alongside. In my 32 years of service I can not think of another time where I have seen providers fearful of doing their job. As a provider I have put self in harm's way many times during my 32 year of service, but the danger was tangible. You could see the danger you faced. The corona virus is an invisible. You cannot see it. You do not know you have been exposed until you start feeling symptoms. Providers are afraid of carrying the virus home to their families. I know because I have experienced this myself. Sometimes even when you take all the required precaution you still can be exposed. I continue to work on the front lines with my team-mates because I believe to be a good leader you must lead from the front. You cannot lead from behind the front lines.

In addition to my time in my normal operations I have spent 12 weeks on federal deployments with AMR in NY, NJ and Tx. On these deployments GMR provided additional EMS resources to support local 911 operations that were overwhelmed by increased 911 requests secondary to surging corona virus cases. I cannot recall another time at least in my lifetime where our healthcare system has been pushed to its absolute limits. On a typical day in NYC they run 4000 911 EMS responses. During the early corona virus surge in April that number rose to 6500-7000 request a day. There was a day where the EMS teams responded to over 350 cardiac arrests. Who would respond if EMS could no longer respond?

Our local operations are suffering due to staffing shortages and employees in quarantine at the same time responses are up and transports are down. EMS is a fee for service business. If we are not transporting patients, we cannot recover our cost of providing service. Our expenses have significantly increase due to increased PPE, increase time of sanitizing and fogging ambulances, and an increased time on task. It takes longer to complete a patient transport. The employees must don and doff ppe at each stage of transport which all takes time. When you arrive at the hospital you may or may not have a place to transfer your patient which means you may be waiting literally hours standing against a wall in the emergency room waiting for a bed. The crew remains out of service during this time. There have been times this year where we literally could not keep up with the demand created by the pandemic.

In conclusion, I want to make it very clear Global Medical Response wants the patient held harmless in these situations, and we pride ourselves in working with each patient on an individual basis. The Ambulance service is a very different business model than the average medical provider with much narrower profit margins. EMS provides emergency services 24/7 despite patients' ability to pay. When called we

must respond. Air Ambulance rates and routes are federally preempted under the Airline Deregulation Act – thus State Legislatures have no authority setting ambulance rates. Ambulance services should not be included in this legislation for several reasons. First responders are already severely strained as they serve the medical needs brought about by the COVID-19 pandemic. Additional financial burden on our industry at this time will only add to the strain being felt by our first responders. We respectfully request that the committee not vote out HB 388, unless it is amended to exempt ambulance services, as the bill was originally drafted.

Chairman Hackett, Vice Chairman Hottinger, Ranking Member Craig, and members of the committee, thank you for your time and I am happy to answer any questions you may have.