

Good morning Chairman Hackett, Vice Chair Hottinger, Ranking Member Craig and members of the Ohio Senate Insurance committee. Thank you for letting me discuss my concerns about the inclusion of emergency ambulance services in HB 388.

My name is Julie Rose. I am the founding CEO of Community Care Ambulance, a not for profit EMS/ambulance service in Northeast Ohio solely created to serve. I also serve as the Past President of the Ohio Ambulance Association, Treasurer of the American Ambulance Association and a Board member of the State of Ohio Emergency Medical Fire and Transportation Board. CCA serves over 10 rural & suburban communities as their primary EMS provider employing over 200 fine citizens of Ohio. Thirty years ago, I chose to support the amazing Paramedics & EMTs that serve their communities as my vocation. And that is why I drove 3 hours to be here- even though this is the worst time to be here. I apologize in advance as I am not my best - I imagine you have seen the many news stories that indicate our state of affairs- EMS systems are on the brink. And so my ask of you is- please recognize and respond to my plea: this is not the time to include us in this Bill.

Why? I hope you will consider my reasons.

1. We were not included in the original bill and therefore not included in the discussions- and now untimely thrown in while we are totally focused on the Public Health crisis and how to maintain critical service to our communities; unable to give the time and attention to meaningful suggestions, unable to get away to come to this hearing. There would be many more people here but they are all doing double duty such as on the front lines replacing quarantined staff
2. We are different and shouldn't be swept up with everyone else - everything we do is unanticipated and emergent - we cannot ask the caller on the 911 line if they are in or out of network - and you wouldn't want us to- but we are still obligated to respond and transport regardless of their ability to pay.
3. Insurance companies do not seek to include EMS providers in their networks because they have no incentive to negotiate when EMS is already required to treat the patient and transport to the closest hospital. They usually don't negotiate with the public providers and will strong arm private providers for discounted rates to capture the non 911 transports putting private providers at a disadvantage.
4. The average out of pocket payment for patients for our services is \$158.00. We consider patient's financial health in our practices - we provide charity care for patients who are unable to pay and will negotiate fair balances for those who can pay their fair share. I believe the bill's intent is to address gross patient bills that are much greater than what our patients are at risk for. Including us at this time without careful dialogue will put our ability to respond to those patients when in need at risk - it doesn't seem that the benefit you are seeking for the patient is worth the risk of not having emergency services for the patient.
5. We must give very serious consideration to the unintended consequences of this action that can likely harm EMS systems' financial security; which are already compromised from below cost

reimbursement from Medicare & Medicaid that make up 70% of our funding. The impact of this Bill has not been vetted well enough to assure it does not leave us with failed EMS systems and harm our ability to serve our communities. The GAO has validated that Medicare rates are below cost- and yet it is one of the comparators for this bill. The other comparator- out of network rate is a Unicorn for ambulance providers - you aren't sure if it exists and you certainly don't know how to get what it is. Thereby allowing the prevailing to be what the insurance companies desire - and their control mechanism - their in network cost that may have no relationship to the cost of the service.

Please consider carefully that this issue impacting Ohio's critical emergency response frontline infrastructure has not been measured well enough and allow us the time to come back to you with dialogue and suggestions on how we can protect both the emergency care and financial care of our patients.

Please pass the amendment that will allow us the time to do so.

Chairman Hackett, Vice Chairman Hottinger and all members of the committee thank you for considering my comments and I am happy to answer any questions.