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Ohio House Finance Committee
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Substitute House Bill 33
Proponent Testimony

Chairman Edwards, Vice Chairman LaRe, Ranking Member Sweeney and members of the Ohio House Finance Committee, on behalf of the Ohio Ambulance and Medical Transportation Association, I want to extend our sincere appreciation for your work to ensure Medicaid reimbursement rates for ambulance services are brought to a level that will ensure a functioning healthcare system in the state.

Quality ambulance and medical transportation is essential to the continuum of care and achieving quality healthcare outcomes for the most vulnerable populations in the state. Our Association is a diverse organization of ambulance and medical transportation providers including companies, not for profits, and publics. Our members provide EMS to cities, villages and townships, certified Emergency Medical Dispatching for several of those communities and emergent and non-emergent, but still critical transports to hospitals & nursing facilities, including mobile intensive care units, nonemergency ambulances, and wheelchair vans.

The ambulance and mobile healthcare industry in Ohio has been under duress for the last 15 years. The extremely low medicaid reimbursement in conjunction with the expanding population of Medicaid patients has created an untenable financial situation for many providers. These rates have profoundly impacted the ability of the industry to maintain competitive salaries for highly trained individuals caring for vulnerable populations under stressful conditions, in turn leading to staffing shortages and longer wait times for medical transportation. All of these issues were only further exacerbated during the pandemic.

Most commercial ambulance companies in Ohio experience a payor mix that is 80% public payors – Medicare and Medicaid. As an industry, that puts us at an extreme disadvantage. Ohio's Medicaid ambulance reimbursement rate is currently paid at 33% of what Medicare currently pays for the same service. When coupled with the fact that Medicare reimbursement has been validated by the Federal Government as far below the actual cost of providing this essential service, this figure should be alarming. Ohio currently ranks in the bottom 15% of all 50 states in Medicaid ambulance reimbursement. The Medicaid rate increase included by the House in the Sub Bill will help us to correct course as a state on this problematic statistic.

I want to take this opportunity to thank this committee and the Subcommittee for Health and Human Services for their thoughtful consideration of the current state of ambulance services in Ohio. Your efforts in this area will significantly strengthen the state's healthcare industry to protect your constituents and the patients we serve everyday. All too often patients with critical time sensitive diagnosis are waiting hours or even days to be transported by well trained and equipped professional providers; patients are waiting to get into the ER because a bed is taken up by someone needing to be moved, patients are waiting in a costly floor bed to get discharged to home or rehab, or to a mental health facility to recover, or patients are losing their bed because they could not be transported in time are all symptoms of this problem. You all have addressed the number one solution that will impact each of these issues through a meaningful reimbursement increase that addresses the actual cost of providing these essential services. Thank you for your work and service to the state and its citizens and businesses.