



DELTA AMBULANCE

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DeltaAmbulance.org

24-HOUR DISPATCH

Augusta Area: 207 623 4900 | Waterville Area: 207 861 4244

May 15, 2023

TO Health Coverage, Insurance and Financial Services Committee
FR Timothy Beals, Executive Director

RE Testimony in Favor of LD 1832 *An Act to Require Reimbursement of Fees for Treatment Rendered by Public and Private Ambulance Services*

Senator Bailey, Representative Perry and Members of the Health Coverage, Insurance and Financial Services Committee

My name is Tim Beals, I am the Executive Director of Delta Ambulance. Delta Ambulance is a regional not for profit community ambulance providing 13 towns in central Maine with emergency ambulance service. Delta also provides inter-facility transports to two hospitals and multiple nursing homes.

Ambulance services are operating on fixed incomes. It matters not how many actual patient transports an agency does, the level of reimbursement does not cover the cost of doing business. Even for Delta, one of the largest ambulance services in Maine, our reimbursement falls well short of the cost to provide service. As the Blue Ribbon Commission pointed out, there is a gap between what it costs and what we are paid.

LD 1832 will provide additional revenue for struggling ambulance services. It only makes sense that an ambulance service receive reimbursement for providing service to an insurance company's beneficiaries in a similar manner as other health care entities are reimbursed.

This bill by no means represents a windfall of profit for any ambulance service. The number of times we arrive on scene and provide treatment but do not transport is a small subset of our call volume. However, we do spend time on scene assessing the patient's condition, be it injury or illness, and frequently perform a task such as measuring blood sugar or acquiring a 12-lead EKG. In the case of an opiate overdose where Narcan is administered, often these patients refuse transport. By protocol, we must discuss the pros and cons of their refusal and thoroughly document our interaction. Further, in some cases we leave behind Narcan, which requires educating the patient and/or family members. Our time is valuable and our supplies expensive to replace.

Currently Medicare and MaineCare provide reimbursement for cardiac arrest and a hypoglycemic diabetic when treatment was performed. Anthem goes a bit further to cover any patient interaction when we treated and did not transport, in addition to the two situations above.



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These three insurances reimburse a BLS Emergency base rate, without mileage. It is my hope that you would require other insurances to do the same.

Please support LD 1832. This will continue to move ambulance reimbursement in the right direction.

Sincerely,

Timothy Beals