



DELTA AMBULANCE CORP.

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**Testimony in Favor of
LD 1258**

An Act to Implement the Recommendations of the Stakeholder Group Convened by the Emergency Medical Services' Board Related to Reimbursement Rates for Ambulance Services by Health Insurance Carriers and to Improve Participation of Ambulance Service Providers in Carrier Networks

Senator Sanborn, Representative Tepler, and members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services.

My name is Tim Beals; I am the Executive Director of Delta Ambulance. Delta Ambulance is a not for profit organization based in Augusta and Waterville that provides 16 communities in Central Maine with 911 Emergency Ambulance service at the Paramedic level. Additionally we serve two hospital systems: Maine General Medical Center and Northern Light Inland Hospital with routine transfer and critical care transfer ambulance service.

As a member of the Stakeholder Workgroup, **I urge you to unanimously support LD 1258.** Our discussion was candid and robust in reaching these recommendations.

Ambulance services in Maine are required to respond at a moment's notice to render emergency care 24/7/365. While only a small component of the overall Healthcare System, we are vital to its success. Unfortunately the method of reimbursement for ambulance service is antiquated and has not kept pace with the cost of technology, medical supplies and most importantly the cost of workforce development. Additionally LD 1258 will direct Maine EMS to develop a system of review that carefully assesses the need for new ambulance service applications.

LD 1258 is a step in the right direction by creating a more equitable level of reimbursement, providing a streamlined method for network inclusion and extending patient claim filing deadlines.

I would encourage you to adopt the CMS Cost Reporting template as the means to develop ambulance cost reporting here in Maine. This process will not come as a surprise to our industry nor will it increase the workload, if we keep the templates similar. However, I would go one step further and suggest that ambulance services that do not participate in cost reporting receive the out of network rate.

Respectfully,
Timothy Beals