

May 2, 2014

The Honorable Donald C. White  
Senate of Pennsylvania  
Senate Box 203041  
Harrisburg, PA 17120-3041

Dear Senator White:

The Ambulance Association of Pennsylvania (AAP) is a member organization that advocates for the highest quality patient care through ethical and sound business practices, advancing the interests of our members in important legislative, educational, regulatory and reimbursement issues. Through the development of positive relationships with interested stakeholders, the AAP works for the advancement of emergency and non-emergency medical services delivery and transportation and the development and realization of mobile integrated healthcare in this evolving healthcare delivery environment.

Our nearly 250 members are based throughout the Commonwealth and include all delivery models of EMS including not-for-profit, for-profit, municipal based, fire based, volunteer, and air medical. Our members perform a large majority of the patient contacts reported to the Department of Health.

We are encouraged by Senator McIlhinney and your Committee's interest in assisting the medical community by examining the "fairness" of the co-payment structure and access to medical care. However, the limitation of this bill, as amended, to include only the Physical Therapists, Chiropractors and Occupational Therapists is exclusionary and detrimental to the most vulnerable of patients...those in the midst of a medical emergency or those who cannot transport themselves to medical necessary care and treatment.

EMS Agencies are the ONLY provider that are required by law as a public safety service to respond to an emergency call, regardless of a patient's ability to pay. This is a governmental mandate under 35 Pa CS 8142 (a)(9) and 28 Pa Code 1027.3 (g) (4).

The public has been educated that a call to 911 when they believe they are having an emergency, such as a heart attack, will result in the appropriate dispatch and timely arrival of a fully equipped Advanced Life Support Ambulance and fully trained medical crew. When the crew arrives on scene, their primary focus is to clinically manage the patient and transport them to the hospital for further evaluation and medical care. As noted above, insurance information is never collected until after service is rendered.

It would be incredibly inappropriate and a violation of the law for an EMS provider to say, "I'm sorry Mr. Jones, I know you are having a heart attack but I need to collect the \$250 co-pay prior to providing any medical care and transporting you to the hospital." Or once they have arrived at the hospital, "Mr. Jones, we will release you to the ER for that lifesaving surgery once we swipe your credit card for the \$250 co-payment."

Senator Donald C. White  
May 2, 2014  
Page 2

The medical treatment and care is always the priority.

Following the emergency, the EMS Agencies' billing staff will send out a request for medical insurance information if this information was not obtained during the incident, so the patient's medical insurance can be billed. There are times when the requests are ignored or when the patient receives a bill for the \$250 co-pay, they are confused and say they have already paid that to the hospital. The patient views their emergency as one incident but there are, in fact, many providers care that must be accounted for and co-payments and deductibles may apply to all of them.

Some patients never pay the co-payment and this amount goes into bad debt.

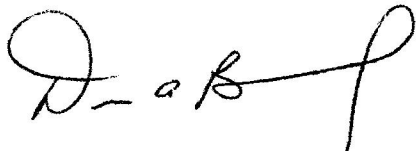
For those patients who need medical treatment away from their home or in another facility, EMS Agencies offer non-emergent medical transportation, including paratransit services, and many insurers offer this as a benefit to their insureds. However, in the case of wheelchair van transportation, the contracted benefit reimbursement is \$54.00; however, the co-payment is \$50! The patient cannot drive themselves to medically necessary care and many times, the patient will need to be transported multiple times so their co-payments for EACH transport starts to add up quickly. When does a medical "benefit" cease to be a "benefit" and a cost shift back to the beneficiary?

In the case above, this patient will certainly think twice about continuing his care because of the high co-payment and will end up in an ambulance, back in the emergency room, and costing the insurers more in health care benefits. And in the case of a true emergency, a patient may not access the 911 system because of the prohibitive copayment.

We understand the concept of co-pays and the expected result, however, the dramatic increases and cost to the patient population has become financially prohibitive resulting in reduced access to care.

Thank you for allowing the AAP to provide information on the EMS communities' experience with the high dollar co-payments. We hope that you will reconsider language to include EMS Agencies in this important legislation.

Sincerely,



Dean A. Bollendorf  
President

Cc: Senator Charles T. McIlhinney, Jr.  
Senate Banking and Insurance Committee  
Pennsylvania Chiropractic Association  
Pennsylvania Physical Therapy Association  
Pennsylvania Occupational Therapy Association