

United New York Ambulance Network  
(UNYAN)

Alan D. Lewis Sr.  
(Chair)

Partnership for Coverage Hearing

Presented in Buffalo New York

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My name is Alan D. Lewis Sr. Chair-person of the United New York Ambulance Network. Thank you for allowing time on your busy agenda to hear my testimony regarding Universal Healthcare.

The United New York Ambulance Network (UNYAN) is a not-for-profit membership organization representing New York's Proprietary Ambulance Industry. UNYAN was established in 1998 to advance the highest standards of training and care in the medical and emergency medical transportation industry. UNYAN has forged a common resolve to lead the industry toward providing reliable, cost effective approaches to high quality medical and emergency transportation services.

The UNYAN member companies are private ambulance services that provide 911 ambulance services in 22 of the 25 largest cities in New York State and 53 of the 62 counties. UNYAN members employ nearly 7,500 Paramedics, Emergency Medical Technicians and related personnel, ensuring emergency medical care and ambulance services to over 14 million urban, suburban and rural New Yorkers.

Our member companies own and operate 1300 ambulances, 32 % of New York States available ambulances, and provides over 78 % of all non-emergency calls, the majority of interfacility transfers and nearly one half of all 911 calls in NYS. Of the 1.6 million ambulance calls in the state outside of New York City UNYAN member companies respond to a majority of those requests for emergency services.

I am here before you today to share a historic perspective regarding insurance payments for ambulance services in an attempt to ascertain history

doesn't repeat itself when discussing universal healthcare for all New York residents. And, while we believe the current reimbursement for ambulance services is woefully inadequate, creating universal health care without inclusion of and recognition of the services our member companies provide could be even more disastrous.

Emergency Medical Services (EMS) unlike law enforcement and fire service is a relatively new entity and as such was left out of key legislative initiatives involving medical insurance coverage for individuals and families. Programs like Healthy New York, Family Health Plus, and Child Health Plus initially omitted ambulance coverage and the Medicaid Reimbursement program today remains totally unrelated to the cost of ambulance services and continually presents financial stability challenges to the ambulance industry.

Since formation of UNYAN our member companies have aggressively sought support for State Medicaid Ambulance Rate Reform and passage of the Prudent Lay Person Law. Our leadership has collaborated with our elected officials and key State Agencies illustrating the omissions and inequity of reimbursement by Medicaid, HMO's and other payors that is adversely impacting the viability of proprietary ambulance providers across the state.

And, while UNYAN is very grateful for the support we have received from our elected officials much more needs to be done regarding Medicaid Ambulance Rate Reform.

UNYAN has also advocated with our elected officials and the Department of Health for "Treat and Release" and "Alternate Destination" programs to save Medicaid dollars through physician guided protocols that direct low acuity patients to clinics and physicians offices rather than add to the already burdened hospital emergency department over crowding. Monroe County and possibly others are planning pilot programs to study these new approaches to pre hospital care and UNYAN member companies are partnering with local health departments, as our industry is often times utilized as initial access to primary care by these types of patients.

All ambulance companies in NYS today provide patient care as is prescribed by area physicians and they routinely mandate new medications and equipment to our regiment of supplies carried on every Ambulance. These new patient care modalities, while appropriate treatment, are unfunded

mandates that often times cost our providers more than they receive for the entire ambulance transport, but we have no option as we are caught in the middle between new technological advancements that improves pre hospital care and all inclusive ambulance rate structures. Unfortunately government funded programs and third party payers will not reimburse our member companies for these life saving services. Validation of our below cost reimbursement and unfunded costs is born out in the American Ambulance Association and Government Accounting Office Ambulance Industry Study Survey results research released in July of this year and we encourage this body to include these recent national studies in all deliberations regarding ambulance services reimbursement.

UNYAN Member companies employ a sizable segment of the best life saving EMS providers in the state and they are dependant on our company's payroll to support their families. Currently they are paid a fraction of their worth because of an inadequate reimbursement system. Subsequently the EMS System is very fragile and in danger to sustain a strong BLS and ALS presence in many communities which is directly driven by inadequate reimbursement.

Students in college today focus on salaries when they look for job opportunities. According to recent occupational surveys EMS is not viewed favorably due to lower wage scales and as a result the availability of Paramedic's is dwindling near the point of crises proportion. That crisis is directly attributed to inadequate reimbursement and a continual stream of unfunded care being provided without opportunity for recovering those costs.

Our member companies provide Advanced Life Support to seriously ill or injured patients throughout the state, from Long Island and New York City to Buffalo, Watertown, Jamestown, and Herkimer. Every day, our Paramedics make split second assessments; start IV's to infuse fluids and medications, splint broken bones, control bleeding, and start-stopped hearts. In large Upstate Urban areas like Rochester and Buffalo the 911 Ambulance providers have experienced a dramatic increase in uninsured and underinsured patients transported and that trend further exacerbates the already underpaid and undercapitalized Ambulance Industry.

Different from most other service providers, our member companies are mandated responders. We cannot pick and chose who we serve. Patients

call, we respond – regardless of insurance or ability to pay. There is no charity care share pool for us to tap into to cover services provided for the uninsured or underinsured and the number of uninsured patients is growing daily, and as these numbers grow so do our losses.

At a time when we are constantly reminded of the man made and natural threats to our state and national security and the increased need for well trained first responders and ambulance crews. It is imperative when dialogue and planning occurs regarding Universal Health Care our industry must not be forgotten as we maintain EMS availability to millions of New Yorkers across the state.

We are all aware of the volunteer recruitment and retention problems existing across our great state. Many communities are experiencing tremendous challenges to maintain availability of there volunteer ambulance responders. UNYAN members partner with most if not all volunteer agencies and back them up when they cannot respond. But, as our revenues continue to decline it impacts the availability of our safety net to those volunteers served that are often times located in rural areas.

While we agree the current healthcare system is inadequate and desperately needs a complete overhaul, I appeal to this body, the legislature and Governor Spitzer to include EMS Services reimbursement coverage in all discussions regarding universal health care and remember that ambulance services today are no longer simply a transportation entity, EMS is a key component of access to healthcare and our member companies deliver patients to Article 28 Facilities stabilized and often times they can be discharged, thus saving healthcare dollars, as a direct result of EMS intervention in the back of ambulances before arriving at a local hospital.

Respectfully submitted by:

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