



Good afternoon.

My name is Mike Addario and I am the general manager of Rural/Metro Medical Services in Syracuse, NY. I am speaking on behalf of Rural/Metro and the United New York Ambulance Network – a statewide ambulance association whose members provide emergency medical services in 22 of New York’s 25 largest cities and 50 of New York’s 62 counties.

The emergency medical services system in New York State is comprised mainly of independent ambulance services. Most of these organizations provide emergency medical services to the communities they serve with no direct cost to the municipalities that receive these services. Their costs are paid for by insurance carriers, Medicare and Medicaid, and many times written off as bad debt.

Increased training and newer technologies are advancing EMS and giving emergency medical professionals the tools necessary to make life saving differences each day in the communities they serve.

These advancements come at a time of immense pressure.

- In urban areas across New York State Medicaid recipients make up as much as 40% of the 911 calls responded to by EMS organizations. In many instances, Medicaid reimbursement has remained relatively unchanged over the last *two* decades.
- There is a growing uninsured population in New York that relies on our Emergency Medical Services system. The costs associated with providing care to this population are often written off as bad debt. According to a cost study by the American Ambulance Association, bad debt in EMS is nearly double that of hospitals and physicians.
- The EMS industry faces a staffing shortage proportionate to that of the nursing shortage in New York State. There are not enough individuals entering the EMS career field to fill the current void and this void will continue to grow as the medical demands of an aging population increase.



- According to the Bureau of Labor Statistics, the EMS profession is among the lowest paying job categories in the healthcare category. Individuals who have the talent and skill sets for EMS are opting for careers in other fields.
- At the same time our industry faces declining reimbursement from the federal government. A recent report by the General Accounting Office (GAO – Report 07-383) revealed that Medicare currently pays emergency medical services organizations 6% less than the cost of doing business. The Medicaid gap in New York is even larger.

The industry realizes New York State recognizes the negative impact current Medicaid rates are causing for its EMS safety net. In fiscal years 2006 and 2007 New York State provided Medicaid supplemental payments to EMS organizations across the state as a stop gap measure and we do truly appreciate this support. However, this is a stop gap measure only and New York State's Emergency Medical Services safety net needs a permanent Medicaid cure.

I understand the Department of Health is proposing that New York State change the Medicaid fee schedule to reflect the Medicare fee schedule. I urge the State to implement this recommendation in its 2008 budget. New York State's Emergency Medical Services organizations make up a cost effective Emergency Medical Services system capable of bringing lifesaving care to New York State citizens around the clock, twenty-four hours each day, every day. We are your emergency medical safety net but we need additional funding to continue doing what we do so well and keep this safety net intact.

Thank you.