



Association of Connecticut Ambulance Providers

Aetna Ambulance :- Ambulance Service of Manchester :- American Ambulance Service
Campion Ambulance Service :- Hunter's Ambulance Service

Testimony of the Association of CT Ambulance Providers

Senators Osten, Representative Walker, Senator Formica, Representative Lavielle and Distinguished Members of the Appropriations Committee: The Association of Connecticut Ambulance Providers (ACAP) appreciates the opportunity to offer testimony on the Department of Public Health budget as part of **H.B. No. 5005 AN ACT ADJUSTING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2021.**

First, we want to express thanks to the legislature, the Public Health Committee leadership and the Department of Public Health for supporting PA 19-118 An Act Concerning the Department of Public Health's Recommendations for Various Revisions to the Public Health Statutes and in particular their work in developing a process for implementation of a Mobile Integrated Health (MIH) program in CT.

Mobile Integrated Health can enhance the quality of care and outcomes for patients, avoid costly care in inappropriate settings and deliver care that is truly person centered. As you know, mobile integrated health care does not replace or encroach on health services provided by other providers. A functioning mobile integrated health system expedites appropriate services delivered in the most appropriate setting, it informs and involves the members of the health care provider team that serve the patient, it identifies unmet needs of the patients being served and assists in connecting patients to these services, and it is a value added service which reduces the overall cost of healthcare for patients and payors.

Over 100 MIH initiatives have been implemented in over 33 states with an overwhelming rate of success. Medicare has also recognized the overall value of MIH initiatives and has provided opportunities for EMS providers and other health systems providers to participate. As part of a multi-payer alignment strategy, the CMS Innovation Center is encouraging Emergency Triage, Treat and Transport (ET3) participants to partner with additional payers, including state Medicaid agencies, to provide similar interventions. While there is clear support for MIH initiatives in CT we don't want to lose our momentum or delay the MIH opportunities to enhance the patient experience with the right treatment at the right time and the right place when EMS is called by the patient or delay the cost savings for the state, the insurers and most of all the patients.

In order for the Department of Public Health to move forward with critical processes such as the creation of the necessary protocols and the development of the details of the application process including the selection and authorization of Mobile Integrated Health programs (MIH), they need a

dedicated staff position. We clearly understand that the Department has multiple priority issues but we also understand that the administration and the legislature are determined to lower the overall costs of healthcare and enhance the quality of care in CT. MIH has met these goals and objectives in other states and communities. The return on investment with MIH person-centered care has been proven. A continued delay of hiring a dedicated staff person for MIH will continue unnecessary high cost care, will continue care that has been identified in inappropriate settings, will continue utilization of unnecessary EMS transports and may have a negative impact on the ability of Medicare EMS providers to move forward with Medicare ET3 activities and opportunities for federal funding.

Thank you,

David Lowell, President

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