Dear Representative <<NAME>>,

<<EMS AGENCY NAME>> is proud to provide ambulance service in your district. [Insert one sentence here about your agency; see below for some examples]. I’m writing to you today to ask you to support the service we provide and your constituents by supporting HB 24-1218.

Colorado passed legislation to protect consumers from receiving balance bills (bills equaling the difference between a health care provider’s billed charges and the amount that an insurance carrier unilaterally decides is “allowed”) in 2019. These protections prohibit private ambulance agencies from issuing balance bills for emergency transports. However, the vast majority of Colorado ambulance agencies (75%) are publicly funded fire or governmental agencies like that can still balance bill patients for emergency transports. Patients don’t have a say in who responds to their 911 call, and this confuses them. Also, patients who receive non-emergency ambulance service (such as transports between hospitals or transfers to rehab centers upon hospital discharge) are still subject to balance bills.

HB 24-1218 would require insurance carriers to pay the ambulance rates that cities, counties, and publicly accountable officials set for whatever agency is providing service in the community. Creating a reimbursement model would shield taxpayers, help protect community access to ambulance service, and prevent the need for balance billing, which would be prohibited by all ambulance agencies under HB 24-1218.

Creating a reimbursement model like this goes hand-in-hand with balance billing protections because of the unique ambulance funding model. Emergency ambulance service is funded almost exclusively through a mix of transport revenue and local tax subsidies that vary from community to community. Cities, counties, and other publicly accountable officials set, control, and approve ambulance charges with this funding mix in mind. When insurance carriers underpay ambulance claims, ambulance agencies have to increase taxpayer funding or cut service levels. In other words, when insurance carriers don’t pay locally set rates, they are making decisions that can directly impact local tax spending and access to high-quality ambulance service.

Colorado’s current balance billing “solution” isn’t a solution at all – for patients, taxpayers, or ambulance services. HB 24-1218 will change that. Insurance carriers will say this is going increase their costs, but reports issued by California, Louisiana, and Texas (states that passed similar legislation last year) prove otherwise.

Help us and help your constituents by supporting HB 24-1218.

**ABOUT YOUR SERVICE – EXAMPLE SENTENCES:**

“Last year, our team responded to nearly 2,300 calls from patients suffering traumatic injuries, respiratory problems, and other time-sensitive emergencies.”

 “We have a team of 24 incredibly dedicated EMTs and paramedics who are ready 24/7 to respond to your constituents’ emergency medical needs.”

“Our certified paramedics, along with basic and intermediate level EMTs, are proud to provide your constituents with some of the most advanced prehospital medicine allowed.”

“We serve our community 24/7/365, assuring every patient the emergency medical attention they need, when they need it.”