June 27, 2018

Office of the General Counsel

Department of Public Health

250 Washington Street

Boston, MA 02108

**RE: Proposed Amendment to 801 CMR 4.02(105)**

To Whom It May Concern:

Please accept this testimony relative to the proposed amendment to **801 CMR 4.02(105)** on behalf of American Medical Response (AMR), a national ambulance services provider with a strong longtime presence in Massachusetts. The amendment proposes a fee structure for the Department’s Mobile Integrated Health Care program pursuant to **105 CMR 173.000: *Mobile Integrated Health Care and Community EMS Programs***. One-time application fees would be set at $1,000 or $2,000, while biennial initial approval and renewal fees would be set at $30,000 or $40,000.

First, we would like to thank the Baker Administration and the Department of Public Health for their efforts to establish a Mobile Integrated Health Care (MIH) program in Massachusetts. We at AMR at excited at the prospect of a robust MIH program in the Commonwealth. This is an approach that AMR has successfully implemented in other states, and we are looking forward to the prospect of hospitals, health care organizations, and ambulance service providers coordinating on a similar program here. We are deeply concerned, however, at how costly these fees, particularly the biennial renewal fees, will be for applicants. These fees may deter applicants, discourage innovation, and hamstring what should be a flourishing MIH program in this state.

For a provider, there are serious costs associated with developing and implementing MIH. At the same time, reimbursement mechanisms are still unclear. In this climate of uncertainty, that $40,000 fee might well discourage potential applicants. We would also like to point out that this fee structure strikes us as out of step with other states, where modest application fees are common, but high renewal fees are almost unknown.

We would suggest that the department reconsider its rate structure. One avenue to explore may be a sliding scale rate structure that takes into account factors like the number of patients expected to be served by the applicant. We would encourage the department to keep financial barriers to entry low, so that there can be many successful applicants, and the potential for substantial systems-wide savings.

Again, our thanks to the department for their extended work on this issue.

Please feel free to reach out with any questions.

Sincerely,

Alfred Della Valle

Fred Dellavalle

East Region Vice President of Government Relations