



Ridgeview Ambulance Service is in opposition to the proposed Bill HF2736 | SF2691. It is our position that the proposed changes will have a disproportionately negative impact on rural EMS and will likely create areas within the state where providing ambulance service will no longer be financially feasible.

Ridgeview Ambulance Service began in 1977 providing a hospital-based ambulance service in a largely rural Carver County. In that first year we responded to approximately 350 calls for service. We have since grown to providing Advanced Life Support (ALS) services for all of Carver County, in addition to portions of Hennepin, Le Sueur, McLeod, Nicollet, Scott, Sibley, and Wright counties. Our PSA has expanded to over 950 sq/miles of a suburban/rural landscape, and we now respond to over 17,000 calls annually. The only reason we've been able to provide that level of service in largely suburban/rural communities is due to the current PSA law and the operational efficiency it provides.

The financial reality is as follows. It costs Ridgeview Ambulance Service approximately \$750,000 annually in benefits and wages to operate one ALS unit 24/7/365. We currently operate 10 fully staffed ALS units at our peak. Couple that with the vehicle cost (\$330,000/ambulance), non-disposable equipment (\$100,000/unit), disposables, fuel, maintenance etc. and we can easily surpass a cost of over \$1,000,000/ALS unit annually.

In our suburban areas with a favorable payer-mix, we collect on average \$0.48 per dollar billed producing an average of approximately \$1200 per transport. In our more rural areas with a less favorable payer mix, that number shrinks to \$0.32 per dollar billed producing an average of only \$855 per transport.

Assuming a cost of approximately \$1,000,000/ALS unit, even at that higher reimbursement rate Ridgeview would have to transport 833 patients/unit to break even. Out of the 27 municipalities we currently serve including their surrounding townships, only three produce enough volume to financially support ALS ambulance services. Out of the remaining 24 municipalities, 14 (60%) produce less than 200 calls annually or approximately a quarter of what would be required to cover the costs associated with a single ALS unit. Our high-volume areas directly subsidize our ability to provide that same level of service in communities that we otherwise could not afford to do so. That is only made possible by the structure of our current PSA law. With the current PSA changes being proposed, a small percentage of municipalities may realize minimal benefit, whereas the vast majority would not, and ultimately risk losing ambulance coverage unless heavily subsidized at the local level.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Anderson", written over a light blue horizontal line.

**Mark Anderson | Ambulance Director**  
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