Good morning. My name is Sean Gibson. I am the President of the North Carolina Air-Medical Association representing the eight trauma center-based rotor wing programs in our state, consisting of 20 helicopter air ambulances.

I greatly appreciate the opportunity to share our thoughts and concerns regarding the proposed changes to 10A NCAC 13P.204. We strongly support the continued affiliation requirement between air ambulance providers and our state's level I & II trauma centers.

This regulation helps to strengthen North Carolina's position as one of the premier providers of air medical services in the nation and, more importantly, ensures that our citizens will continue to receive high quality care while being accountable to our sponsor trauma centers.

The hospital affiliation requirement ensures quality patient care that is only available through a trauma center that provides for an intense orientation process under medical direction and ongoing education through highly specialized physicians and content experts. The affiliation requirement establishes a coordinated and orchestrated system for rapid patient movement which has been proven over the past 30 years in our State.

Additionally, the cost to our patients for providing this service is significantly lower by our ~~not-for~~ Non-profit health systems such as Mission Health, UNC Healthcare or Carolina's Health System.

Several years ago, Montana and North Dakota made similar changes to their regulations. Today, both are seeking methods to reverse course because of the exorbitant cost of care that for-profit air ambulances providers bill their patients.

The Montana state auditor's office reported that in 2015, it received more than 20 complaints for patients receiving bills of over $100,000.00 from for-profit helicopter air ambulance providers verses an average of $27,000.00 for hospital-based programs. that are non-profit

The helicopter air ambulance industry is one of the few healthcare services where the patient, who is most vulnerable, does not get to choose who provides their care. Instead, it is made by local EMS or a physician who are not aware of the immense cost, but yet the patent is still responsible for the bill.

We owe it to the patients, who are experiencing a life-threating condition, to protect them from the high cost of care provided by for-profit air ambulance providers, in addition to maintaining the accountability of the

high quality of care provided by our current air medical programs sponsored by a level I or II trauma center.

Competition is alive and well in North Carolina. Each trauma center that has an air ambulance program allows for ~~completion~~ Competition through the RFP process. Just because one vendor is chosen over another does not mean fair completion does not exist. In fact, it is just the opposite, ~~vendors that are part of the RFP process~~ it demonstrates competition at work.

In closing, before making a decision that will impact those most at risk, I ask that you reach out U.S. Senators Jon Tester of Montana and John Hoeven of North Dakota to see how a rule change such has this has impacted their states negatively.

Thank you.