

New Castle County Fire Service Strategic Planning Committee
Wednesday, March 25, 2026, at 2:00pm
Location: Government Center – Executive Conference Room
87 Reads Way, New Castle, DE 19720

MEETING MINUTES

Present Voting Members (In-Person or Virtual): Co-Chairman Kenny Dunn, Co-Chairman Dennis Godek, Kevin Cowperthwait, Dan Burris, Gordon Edwards, Fran Williams, John Adams, Dave Del Grande, Bruce Pinkett, Joe Day, Lynn Wells, Councilman Brandon Toole, and Councilman Kevin Caneco.

Non-Voting Members present: Staff Person Stephanie Warren, County Solicitor Karen Sullivan, Councilman John Cartier, and members of the public.

1. Call to Order and Roll Call

- a. The meeting was called to order at 2:02pm by Co-Chair Dennis Godek.

2. Approval of Minutes

- a. Meeting Minutes from March 11, 2026, were reviewed and discussed.
- b. **Motion:** To approve the minutes of March 11, 2026, meeting:
 - i. Moved by: Fran Williams
 - ii. Second by: Gordon Edwards
 - iii. Vote: In favor – Unanimous, Opposed – None.
 - iv. Motion carried

3. Fire Service Statement

- a. Co-Chair Godek read an official statement regarding a recent New Castle County social media post:
 - i. A Facebook post explaining county tax spending was deemed offensive to the fire service.
 - ii. Fire Service leadership expressed significant concern regarding its tone and implications.
 - iii. Co-Chair Godek contact Deputy Chief Administrative Officer Dunn requesting immediate removal.
 - iv. The post was removed, and an apology was issued on behalf of County Executive Marcus Henry.
 - v. The Fire Service reaffirmed its commitment to achieving appropriate respect and recognition for providing fire, rescue, and EMS services.

4. BLS Billing Discussion

a. Inclusion in Operational Study

- i. The Committee revisited whether the BLS billing should be included in the operational study.
- ii. Prior consensus was reaffirmed.
- iii. BLS billing will **not** be included in the operational study.

b. Sussex County RFP for Ambulance Billing Services

- i. Participation is voluntary.
- ii. Sussex County would cover vendor percentage fees.
- iii. Fire Companies may opt in or retain existing billing providers.

c. Key Concerns Raised

- i. Billing company performance varies significantly and may impact revenue.
- ii. Risk of reduced collections if a lower-performing vendor is selected.
- iii. Early termination penalties may apply for existing contracts.
- iv. Lack of discussion in Sussex County regarding potential revenue loss.

d. Insurance Payment Practices

- i. Medicare Parts A and B are primary payers for ambulance services.
- ii. Supplemental plans often provide minimal reimbursement.
- iii. Despite laws requiring direct payment to providers, insurance companies frequently send payments directly to patients, who may retain funds instead of paying fire companies.
- iv. This practice persists despite enforcement actions and fines.
- v. Fire Companies must decide whether to pursue collections.

e. Legislative Limitations

- i. Only 5-10% of insurance plans allow full balance billing.
- ii. Restrictions on Medicare, Medicaid, and self-funded plans limit revenue recovery.

f. Collection Rates & Demographics

- i. Reported collection rates: 29%-35% for some companies.
- ii. High Medicare/Medicaid populations reduce reimbursement potential.
- iii. Many companies cannot cover personnel costs through EMS billing alone.

- iv. Ethical concerns remain about deterring emergency calls due to billing.

g. Operational Impact of EMS Billing

- i. Fire Companies often maximize ambulance availability to generate revenue.
- ii. This creates operational tension by keeping ambulances in service generates income and staffing fire apparatus may be reduced as a result.
- iii. Some companies reduce ambulance availability during lower-demand hours (e.g., overnight) to manage staffing.
- iv. Committee discussion highlighted the need for data in determining how many ambulance runs would offset lost fire response capacity and evaluating whether financial tradeoffs justify operational decisions.
- v. A broader concern was emphasized – if companies do not receive sufficient funding to fully staff operations, they are forced to choose between maintaining service levels or remaining financially solvent.
- vi. This creates fundamental dilemma – operate beyond financial means and risk insolvency or reduce service capacity due to lack of funding.

h. Regulatory Burdens

- i. Ongoing mandates introduce new costs without funding support for medications, training requirements, overtime, compliance and storage standards.
- ii. The Fire Commission establishes requirements but does not fund them.

i. Equipment Cost Increases

- i. Lucas CPR Devices: \$14k – \$20k
- ii. Stretchers: \$10k – \$24k, plus maintenance
- iii. Ambulances: \$150k – \$300k+
- iv. Some equipment was encouraged or required, then later deprioritized, leaving companies with costly investments.

j. Centralization & Structural Considerations

- i. Discussion included potential centralized EMS billing or system consolidation

- ii. Potential benefits: efficiency, revenue stabilization, stronger funding justification.
- iii. Challenges: local autonomy, cost of implementation, need for consensus across companies.
- iv. Legal limitations: Fire Companies cannot collectively set uniform billing rates (antitrust concerns).

5. Fire Service Operations and Staffing

a. Staffing Model

- i. Dispatch prioritizes staffed units.
- ii. Cross-staffing is common.
- iii. No universal staffing mandate exists.

b. Data and Accountability Challenges

- i. Limited tracking of staffing levels missed responses (“scratches”), performance metrics.

c. Structural Constraints

- i. Funding limitations directly impact staffing capacity.
- ii. A “Catch-22” exists – insufficient funding means reduced staffing; reduced staffing means reduced service capability.

d. Public Understanding

- i. Fire and EMS services involve significant technical expertise, training and operational complexity.
- ii. Public perception often underestimates the professionalism and resources required.
- iii. These misunderstanding impacts policy and funding discussions.

6. RFP for Operational Study

a. Procurement Update

- i. A draft RFP was presented.
- ii. Timeline and submission requirements.
- iii. Evaluation criteria.
- iv. Confidentiality provisions.
- v. Compliance with County and legal standards.

b. Procurement Options

- i. Issue new RFP with 3–6-month timeline.
- ii. Piggyback on existing contracts.

- iii. Utilize cooperative purchasing networks

c. Committee Action

- i. **Motion:** Procurement to research alternative vendors and return with options
- ii. Moved by: Kevin Cowperthwait
- iii. Second by: Joe Day
- iv. Vote: In favor – Unanimous, Opposed – None.
- v. Motion carried

d. Key Procurement Notes

- i. Strict confidentiality rules apply
- ii. Evaluation committee required
- iii. Potential for vendor interviews
- iv. Contract process involves multiple approvals

7. Public Comment

- a. Tom DiCristofaro discussed that Claymont Fire Company billed \$4.7M and only \$1.2M was collected (roughly 25%) – the fire service must accept this practice, where no other business does or would. Mr. DiCristofaro raised concerns about insurance reimbursement models, balance billing limitations and cross-state insurance inconsistencies – the current system is financially unsustainable.

8. Adjournment

- a. Co-Chair Godek adjourned the meeting at 3:34pm