

118TH CONGRESS
2D SESSION

S. _____

To amend title XI of the Social Security Act to require the Center for Medicare and Medicaid Innovation to test an emergency medical services treatment-in-place model under the Medicare program.

IN THE SENATE OF THE UNITED STATES

Mr. MANCHIN (for himself and Ms. COLLINS) introduced the following bill;
which was read twice and referred to the Committee on

A BILL

To amend title XI of the Social Security Act to require the Center for Medicare and Medicaid Innovation to test an emergency medical services treatment-in-place model under the Medicare program.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Improving Access to
5 Emergency Medical Services Act”.

1 **SEC. 2. REQUIRING THE CENTER FOR MEDICARE AND MED-**
2 **ICAID INNOVATION TO TEST AN EMERGENCY**
3 **MEDICAL SERVICES TREATMENT-IN-PLACE**
4 **MODEL UNDER THE MEDICARE PROGRAM.**

5 (a) IN GENERAL.—Section 1115A of the Social Secu-
6 rity Act (42 U.S.C. 1315a) is amended—

7 (1) in subsection (b)(2)—

8 (A) in subparagraph (A), in the third sen-
9 tence, by inserting “, and shall include the
10 model described in subparagraph (B)(xxviii)”
11 before the period at the end; and

12 (B) in subparagraph (B), by adding at the
13 end the following new clause:

14 “(xxviii) The Emergency Medical
15 Services Treatment-in-Place Model de-
16 scribed in subsection (h).”; and

17 (2) by adding at the end the following new sub-
18 section:

19 “(h) EMERGENCY MEDICAL SERVICES TREATMENT-
20 IN-PLACE MODEL.—

21 “(1) IN GENERAL.—For purposes of subsection
22 (b)(2)(B)(xxviii), the Emergency Medical Services
23 Treatment-in-Place Model described in this sub-
24 section is a model under which payment is made
25 under part B of title XVIII for treatment services
26 furnished to an individual enrolled under such part

1 by a provider or supplier of ground ambulance serv-
2 ices (as described in section 1834(l)) when such
3 services—

4 “(A) are not associated with a cor-
5 responding transport payable under such sec-
6 tion;

7 “(B) are so furnished in response to an
8 emergency medical call (as specified by the Sec-
9 retary) made with respect to such individual;
10 and

11 “(C) are so furnished in accordance with
12 State and local protocols (which may include
13 online medical direction).

14 “(2) PAYMENT.—The Secretary shall set pay-
15 ment rates for services furnished under the model
16 described in paragraph (1) in a manner that aligns
17 such payments with the payments that would have
18 been made for such services had such services re-
19 sulted in a transport payable under section 1834(l).

20 “(3) DURATION.—The model described in para-
21 graph (1) shall be carried out for a period of 5
22 years.”.

23 (b) REPORT.—Not later than 4 years after the date
24 on which the Emergency Medical Services Treatment-in-
25 Place Model (as described in section 1115A(h) of the So-

1 cial Security Act, as added by subsection (a)) is imple-
2 mented, the Comptroller General of the United States
3 shall submit to the Committee on Ways and Means of the
4 House of Representatives and the Committee on Finance
5 of the Senate a report that, taking into account stake-
6 holder input—

7 (1) analyzes various aspects of Medicare bene-
8 ficiaries' access to emergency medical services, in-
9 cluding an evaluation of the impact of such model on
10 beneficiary outcomes, resource utilization, and over-
11 all health care system efficiency;

12 (2) compares beneficiary outcomes under such
13 model with beneficiary outcomes using traditional
14 emergency transportation;

15 (3) assesses the impact of regional variations
16 and demographics on beneficiary access to emer-
17 gency medical services;

18 (4) identifies best practices and potential chal-
19 lenges in implementing such model; and

20 (5) includes recommendations for improving
21 emergency medical services.