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118TH CONGRESS
2D SESSION

H. R. 8977

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 HOUSE OF REPRESENTATIVES

JULY 10, 2024

Mr. CAREY (for himself, Mr. DOGGETT, Mrs. MILLER of West Virginia, Mrs. DINGELL, and Mr. RYAN) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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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.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Improving Access to Emergency Medical Services Act of 2024".

SEC. 2. REQUIRING THE CENTER FOR MEDICARE AND MEDICAID INNOVATION TO TEST AN EMERGENCY MEDICAL SERVICES TREATMENT-IN-PLACE MODEL UNDER THE MEDICARE PROGRAM.

(a) IN GENERAL.—Section 1115A of the Social Security Act (42 U.S.C. 1315a) is amended—

(1) in subsection (b)(2)—

(A) in subparagraph (A), in the third sentence, by inserting ", and shall include the model described in subparagraph (B)(xxviii)" before the period at the end; and

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

"(xxviii) The Emergency Medical Services Treatment-in-Place Model described in subsection (h)."; and

(2) by adding at the end the following new subsection:

"(h) EMERGENCY MEDICAL SERVICES TREATMENT-IN-PLACE MODEL.—

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

by a provider or supplier of ground ambulance services (as described in section 1834(l)) when such services—

"(A) are not associated with a corresponding transport payable under such section;

"(B) are so furnished in response to an emergency medical call (as specified by the Secretary) made with respect to such individual; and

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

"(2) PAYMENT.—The Secretary shall set payment rates for services furnished under the model described in paragraph (1) in a manner that aligns such payments with the payments that would have been made for such services had such services resulted in a transport payable under section 1834(l).

"(3) DURATION.—The model described in paragraph (1) shall be carried out for a period of 5 years.".

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

cial Security Act, as added by subsection (a)) is implemented, the Comptroller General of the United States shall submit to the Committee on Ways and Means of the House of Representatives and the Committee on Finance of the Senate a report that, taking into account stakeholder input—

(1) analyzes various aspects of Medicare beneficiaries' access to emergency medical services, including an evaluation of the impact of such model on beneficiary outcomes, resource utilization, and overall health care system efficiency;

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

(3) assesses the impact of regional variations and demographics on beneficiary access to emergency medical services;

(4) identifies best practices and potential challenges in implementing such model; and

(5) includes recommendations for improving emergency medical services.

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