

118TH CONGRESS
2D SESSION

S. 5400

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

NOVEMBER 21, 2024

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

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.

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