



## **Please Support EMS Reimbursement for Treatment in Place (TIP)**

NAEMT has long advocated for providing EMS agencies the flexibility to navigate patients to the right care in the right setting through federal and state reimbursement of Treatment in Place (TIP). Neither Medicaid nor Medicare currently cover TIP; because EMS is not reimbursed for care unless a patient is brought to the hospital, the current EMS economic model incentivizes transportation to a hospital emergency department, even when a less expensive level of care is appropriate.

Reimbursing EMS agencies for TIP will save Medicare billions of dollars on unnecessary emergency department visits, shorten task times for EMS agencies struggling with workforce shortages, help decompress overcrowded hospitals and emergency departments, and meet patients' needs without long waits at the hospital. Many hospitals hold EMS personnel for hours waiting for an available bed in the emergency department, keeping EMS responders from getting back into service and ready for the next emergency in the community.

### **Request**

Please support H.R. \_\_\_\_, the Improving Access to Emergency Medical Services Act, soon to be introduced by Representative Mike Carey (R-OH) and others, that would create a pilot program to test and evaluate the TIP model under the Center for Medicare and Medicaid Innovation (CMMI).

NAEMT also supports S. 3236/H.R. 6257, the Emergency Medical Services Reimbursement for On-scene Care and Support Act (EMS ROCS) introduced by Senators Peter Welch (D-VT) and Bernie Sanders (I-VT) in the Senate and Representative Becca Balint (D-VT) in the House. This bill would provide Medicare reimbursement for care provided by EMS when no transportation to the hospital is provided.

### **Background**

CMS issued a waiver for ambulance services to allow for treatment reimbursement in lieu of transport during the COVID-19 public health emergency, and Medicare paid for TIP during the ET3 demonstration program. These opportunities gave EMS the flexibility to navigate patients to the right care in the right setting, and the results were very promising.

Many patients who call 9-1-1 have non-emergency medical conditions that do not require transport to the emergency department and could be more appropriately managed on-scene, with referral to the patient's primary physician or a non-emergency setting like an urgent care center. TIP will allow the ambulance service to be paid for care without transport, and Medicare will achieve savings by avoiding the cost of an expensive emergency department visit. The hospital emergency department is one of the most expensive places to receive care, with recent estimates of \$2,500-\$5,000 per visit, many times the amount it would cost to treat non-emergent patients in place.

Medicare beneficiaries make up about 40% of patients treated by EMS and between 12.9-16.2% of Medicare-covered 911 transports involve medical conditions that do not require a hospital ER visit.<sup>1</sup> Using those figures, NAEMT estimates between 2.17 and 2.82 million emergency department visits by Medicare beneficiaries each year would be potentially eligible for TIP, saving Medicare between \$1.5 and \$1.95 billion annually.

Payment for TIP will allow EMS agencies to implement patient-centric protocols for patients who use the 9-1-1 system but have conditions that can be treated in the comfort of their home. This is especially important for people with disabilities and mobility limitations whose lives are upended when they have to go to the hospital.

TIP can facilitate referral of care to the patient's own caregivers, who know the patient and their medical history, as opposed to emergency department staff who typically do not know much about the patient.

The goal of all healthcare should be to provide patients with the right care, at the right time, and in the most cost-effective manner. The historical payment model for EMS contradicts this goal by only reimbursing EMS if the most expensive means of response and transport is utilized – an ambulance – to take patients to the most expensive setting – the emergency department. Reimbursement for TIP would support better patient care and save both hospital and EMS resources, both of which are in short supply.

To learn more about the Improving Access to Emergency Medical Services Act or to become a cosponsor, please contact Emily Graeter in Representative Carey's office at [Emily.Graeter@mail.house.gov](mailto:Emily.Graeter@mail.house.gov).

To learn more about S. 3236 or to cosponsor, please contact Thifeen Deen in Senator Welch's office at [Thifeen\\_Deen@Welch.senate.gov](mailto:Thifeen_Deen@Welch.senate.gov) or Ian Bachand in Senator Sander's office at [ian\\_bachand@sanders.senate.gov](mailto:ian_bachand@sanders.senate.gov), or Sarah Callander in Representative Balint's office at [sarah.calander@mail.house.gov](mailto:sarah.calander@mail.house.gov).

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<sup>1</sup> "Giving EMS Flexibility In Transporting Low-Acuity Patients Could Generate Substantial Medicare Savings," *Health Affairs* December 2013, <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2013.0741>