February 27, 2020

The Honorable Robert C. Scott  
Chairman  
Committee on Education and Labor  
2176 Rayburn House Office Building  
Washington, DC  20515

The Honorable Virginia Foxx  
Ranking Member  
Committee on Education and Labor  
2101 Rayburn House Office Building  
Washington, DC  20515

Dear Chairman Scott and Ranking Member Foxx,

On behalf of the members of the Academy of International Mobile Healthcare Integration (AIMHI), American Ambulance Association (AAA), International Association of Fire Chiefs (IAFC), International Association of Fire Fighters (IAFF), National Association of Emergency Medical Technicians (NAEMT), and National Volunteer Fire Council, we are writing to express our concern with the ground ambulance services provision contained in Section 5 of the Ban Surprise Billing Act (H.R. 5800). We appreciate the Amendment in the Nature of a Substitute (AINS) which adjusted Section 5 of H.R. 5800 by removing subparagraph 5(f) which would have authorized the Secretaries of Labor, Treasury, and Health and Human Services to issue regulations, without Congressional review or analysis, related to balance billing by ground ambulance agencies. However, we remain concerned by Section 5 of H.R. 5800 as this section would lead to the loss of authority of local governments to determine the appropriate standards and rates for their emergency medical systems.

Our organizations represent nearly all providers of pre-hospital emergency ambulance service as well as the paramedics, emergency medical technicians and other emergency medical service personnel who provide pre-hospital emergency medical care in their communities. While we appreciate the Committee’s recognition that ground ambulance services differ from other health care providers and suppliers, our members remain concerned with Section 5 of H.R. 5800 as was reported out by the House Committee Education and Labor on February 11.

As you know, Section 5 of H.R. 5800 would lead to the establishment of an Advisory Committee on Ground Ambulance and Patient Billing (Advisory Committee). After reviewing the proposed committee purpose and structure, our organizations have several concerns:

1) **Loss of Local Control:** Emergency pre-hospital ground ambulance service primarily is a function of local government. As such, local government set the rates for this service based on the standards and costs of providing such services. Our organizations fear that the establishment of this federal advisory committee will shift oversight to the federal government and away from the local governments which provide this service to their communities. Emergency pre-hospital ground ambulance service is a service provided exclusively by local governments. As such, local governments should be able to retain authority to set their rates and availabilities.

2) **Committee Structure:** The three primary federal agencies that regulate and support EMS systems are the U.S. Departments of Health and Human Services (HHS), Homeland Security (DHS), and Transportation (DOT). However, Section 5 of H.R. 5800 requires several federal agencies to be represented which are neither stakeholders, regulators, nor providers of ground ambulance service. The committee would include the Secretaries of Treasury and Labor, or their designees, even though neither secretary has any EMS oversight roles nor even serves on the Federal Interagency Committee on EMS. The exclusion of the DHS and DOT Secretaries, or their designees, from this advisory committee is equally troubling given the strong leadership roles that DHS and DOT provide to EMS agencies.
3) **Lack of Relevant Data:** In 2018, Congress passed legislation, P.L. 115-123, which directed the Centers for Medicare and Medicaid Services (CMS) to conduct a multi-year data collection process for ground ambulance suppliers and providers. CMS’ data collection process begins this year and will gather cost, revenue, and utilization data from all ground ambulance agencies that bill for service. Once completed, this will be the most comprehensive data set on ground ambulance agencies’ costs and revenues. Our organizations fear that an analysis of ground ambulance billing may be misinformed without complete data on the cost, revenue, and utilization trends facing ground ambulance agencies.

4) **Scope of Committee:** Section 5(d)(1-3) of H.R. 5800 calls on the Advisory Committee to provide recommendations on best practices as well as state and Congressional actions to prevent balance billing by ground ambulance agencies. However, Section 5(d) fails to direct the Advisory Committee to consider the primary drivers of balance billing which is the refusal of commercial and governmental insurers both to provide any reimbursement for the costs of medications and medical supplies as well as the preconditioning of any payment on the requirement that patients be transported to an emergency room. Allowing ground ambulance agencies to be reimbursed without transporting a patient to a hospital is not an unfounded concept. Later this year, the Center for Medicare and Medicaid Innovation will launch a program to demonstrate the ability of EMS agencies to save costs and improve the quality of care by either treating patients in place and or transporting them to an alternative destination such as a primary care provider’s office or urgent care clinic.

Our organizations welcome the opportunity to further discuss with you our concerns as well as the unique aspects of ground ambulance services that have led all other committees of jurisdiction to exclude ground ambulance services from their balance billing packages.

Thank you very much for your consideration of this matter.

Sincerely,

Chip Decker, President  
Academy of International Mobile Healthcare Integration

Aarron Reinert, President  
American Ambulance Association

Chief Gary Ludwig, President  
and Chairman of the Board  
International Association of Fire Chiefs

Harold Schaitberger, General President  
International Association of Firefighters

Matt Zavadsky, President  
National Association of Emergency Medical Technicians

Steven W. Hirsch, Chair  
National Volunteer Fire Council