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March 27, 2020

The Honorable Seema Verma Administrator Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore, MD 21244

Dear Administrator Verma,

On behalf of the members of the <u>National Association of Emergency Medical Technicians</u> (NAEMT), I write today to ask for your help to support our ground ambulance service providers in their COVID-19 pandemic response.

In states and municipalities coping with the largest outbreaks, government and public health officials have asked ground ambulance service providers to transport patients to alternative destinations that are not hospital emergency departments, to free up hospital beds as much as possible. Under current Medicare regulations, ground ambulance service providers cannot be reimbursed for the care of these patients if they are beneficiaries, unless the beneficiary is transported to the nearest hospital, critical access hospital, or skilled nursing facility.

We ask that CMS waive this regulation in areas where public health or government officials have asked ground ambulance service providers to transport patients to other locations, such as free-standing emergency centers, hospitals specializing in the provision of emergency services, ambulatory surgical care centers, hospital-outpatient departments, or other healthcare or authorized facilities. In some instances, we anticipate that a patient may be more appropriately treated in their own home, without the need for transport to an emergency department. This would also enhance hospital capacity bringing patients to the hospital who can be appropriately treated with a referral to their PCP, or other resources. In these cases, we ask that CMS allow reimbursement for the response and treatment of a Medicare beneficiary when 9-1-1 or an equivalent emergency call is initiated, and the beneficiary is appropriately not transported to an emergency department.

Given the unique nature of this pandemic, we also ask that CMS deem COVID-19 transports as Advanced Life Support (ALS). The need, and the skyrocketing cost of following strict isolation protocols, the required engagement of paramedics, and decontamination procedures make the cost of medical care and transports involving suspected COVID-19 patients similar to existing ALS procedures.

It is critical that ground ambulance service providers on the frontlines of the pandemic are reimbursed for the care they are providing during this crisis to ensure that they can continue to operate.

Another aspect of the COVID-19 outbreak is the quarantining of patients in their home. While the vast majority of patients, especially those under the age of 60, will not require monitoring or care during the quarantine period, the most vulnerable patients (which includes Medicare beneficiaries) may need inhome treatment options. CMS has already piloted "treatment in place" models and is about to begin another one that incorporates additional onsite (either in-person or through telehealth services) health care providers.

Many commercial and state Medicaid plans already reimburse for treatment in place without a physician or similar health care provider's direct oversight, if there is an approved medical protocol written by the Medical Director of the ambulance service provider or supplier and approved by the local or state governing bodies in place. The value of these services has been proven.

For example, local public health bodies are already asking ground ambulance service providers to assist with medical assessments and testing of patients suspected of having contracted the virus. Such tests may be performed at home or through mobile units set up in the community to provide patients with an alternative to seeking testing in their local hospital or through a physician's office where there are others in close proximity that could be exposed to COVID-19.

We recommend that in light of the COVID-19 public health emergency that Medicare allow ground ambulance service providers to be reimbursed for treating patients with confirmed cases of COVID-19 and quarantined in their homes. The treatments would be under an approved protocol, and be limited to the scope of practice under which the ground ambulance personnel already operate, or those that the local or state government agency has instituted as a result of the pandemic.

We ask that these treatments be reimbursed at the ALS level, because of the intensity of the services and the unique nature of caring for confirmed COVID-19 patients.

Thank you very much for your consideration. On behalf of all of the members of NAEMT, please accept our deepest gratitude for your efforts to ensure that Medicare beneficiaries have access to the medical services they need during the COVID-19 pandemic. Please do not hesitate to contact me directly to discuss further.

Sincerely,

Matt Zavadsky, MS-HSA, NREMT

President, NAEMT