



November 11, 2025

Mr. Abe Sutton, JD
Deputy Administrator and Director
Center for Medicare & Medicaid Innovation
Centers for Medicare & Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Deputy Administrator Sutton,

As organizations that strive to provide patients with the right care, in the right place, at the right time, and in the most cost-effective manner, we are writing in support of an improved model to test and evaluate emergency medical services (EMS) Treatment in Place (TIP) care delivery as outlined in [H.R. 2538/S. 3145](#), the Comprehensive Alternative Response for Emergencies (CARE) Act. This bipartisan legislation is sponsored by Representatives Mike Carey (R-OH), Lloyd Doggett (D-TX), Carol Miller (R-WV), Pat Ryan (D-NY), and Senators Susan Collins (R-ME) and Peter Welch (D-VT). Our organizations urge you to support this proposal and work with Congress to assess the benefits of TIP to reduce overall Medicare costs, promote patient outcomes, and allow patients the freedom to receive care on their own terms.

Under current policy, the Medicare Ambulance Fee Schedule (MAFS) contradicts the efficiency that TIP can achieve by only reimbursing EMS agencies for the most expensive outcome – emergency ambulance transportation to an emergency department (ED). With average ED costs of up to \$1,082 per visit¹, the MAFS forces Medicare to maintain 911 call dispositions which are five times more expensive than allowing EMS agencies to provide TIP.

Unfortunately, Medicare does not reimburse EMS agencies for TIP – even when it is a more appropriate level of care for the patient. This policy results in EMS agencies absorbing the cost of non-transport outcomes. The expectation to provide emergent patient assessment and treatment without reimbursement is placed on no other healthcare practitioners. This outdated payment structure does not reflect the advancements in pre-hospital care and protocols in which paramedics and EMTs are well-positioned to provide care at the scene instead of high-cost trips to the ED, to the detriment of patients and providers.

¹ Gary Pickens, Mark W. Smith, Kimberly W. McDermott, Amanda Mummert, Zeynal Karaca, Trends in treatment costs of U.S. emergency department visits, The American Journal of Emergency Medicine, Volume 58, 2022

We urge CMMI to establish a nationwide pilot program based on the framework laid out in [H.R. 2538/S. 3145](#), the CARE Act of 2025. Specifically, the program should pilot a payment and delivery model that allows Medicare Part B reimbursement for treatment-in-place and non-transport in response to emergency medical calls provided by licensed ground ambulance service providers or their partners, even when no transport occurs while following their local protocols or online medical direction. EMS agencies that provide TIP must have active oversight by an EMS medical director to ensure safe and high-quality patient care.

The pilot should set payment rates that generally align with what would have been paid had the patient been transported under current Medicare ambulance rules. In cases where telehealth services are furnished alongside treatment-in-place, the patient's location should be recognized as an originating site for Medicare reimbursement purposes. CMMI should run the pilot for five years, with an independent evaluation at year four to assess beneficiary outcomes, resource utilization, and regional and demographic variations, while identifying best practices and challenges for extending the model permanently.

Many patients who call 911 have low-acuity medical conditions that, with recent advancements in prehospital care, can be appropriately managed on-scene. Medicare beneficiaries represent 40% of patients treated by EMS. Of these patients, approximately 16.2% involve medical conditions that could be treated solely by paramedics or EMTs under medical protocols or with physician guidance using telehealth services and do not require a hospital ED visit.² An estimated 2.2 to 2.8 million ED visits by Medicare beneficiaries each year could be eligible for TIP, potentially saving Medicare up to \$2 billion annually. Given the year-over-year growth in demand for EMS, these savings would likely increase further each year.

From 2021-2023, the Center for Medicare and Medicaid Innovation (CMMI) operated the Emergency Triage, Treat, and Transport (ET3) Model which reimbursed pre-hospital EMS agencies for providing TIP via telehealth to Medicare beneficiaries. During the period of the COVID-19 public health emergency, CMS also issued a waiver to reimburse ground ambulance services for treating patients on scene and not transporting them to a hospital when directed to do so by local protocols and medical direction. These opportunities empowered EMS responders to navigate patients to the right care in the right setting. The results realized Medicare savings and boosted patient satisfaction. The ET3 Model Final Evaluation Report³ identified lower Medicare Parts A & B spending by 15% to 50% for patients who were treated in place instead of being

² "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>

³ EMERGENCY TRIAGE, TREAT, AND TRANSPORT (ET3) MODEL: Final Evaluation Report, January 2025 <https://www.cms.gov/priorities/innovation/data-and-reports/2025/et3-model-final-eval-rpt>

transported to a hospital. ET3 model test data indicated an average net savings of \$537.51 per patient.⁴

While CMMI terminated ET3 early, the data collected nevertheless establishes the legitimacy for further Medicare investment in TIP. CMS already recognizes that the lessons from ET3 should be used in the “development of potential future initiatives.”⁵

As CMMI hones its focus towards policies that give patients greater control of their care, TIP presents an innovative care delivery model to realize these goals. Reimbursing EMS agencies for TIP remains a cost-effective, patient-centric protocol for patients who use the 9-1-1 system for conditions that can be more easily and more appropriately treated on scene, with potential referral to the patient’s existing primary care provider. This flexibility is especially important for people with chronic conditions, disabilities, and mobility limitations.

Furthermore, TIP provides strong benefits to struggling EMS agencies and crowded ED. By allowing patients to more appropriately receive care on-scene in lieu of transportation to a hospital, CMS can lessen the burden placed on EMS providers struggling with workforce shortages as well as decompress overcrowded hospitals and ED.^{6,7}

We appreciate your review and consideration of pursuing a TIP model that will provide documentable Medicare savings and improve EMS operations and financial sustainability in the constantly evolving pre-hospital care environment.

Sincerely,

Aberdeen Advanced Care
Ambulance

Agate Fire Protection
District

Ambulance Association of
Pennsylvania

Acute Rescue and
Transport, Inc.

Alabama Association of
Ambulance Services

American Ambulance
Association (AAA)

Ada County Paramedics

Alcester Ambulance

Arlington Ambulance

⁴ Presentation to the CMS ET3 Model Quality Workgroup Session #2: Development of Performance-Based Payment (PBP) Eligibility and Methodology, March 21, 2023; https://www.naemt.org/docs/default-source/advocacy-documents/et3-imc_quality-workgroup-session-2_final_04042023-57.pdf?sfvrsn=c095f093_1

⁵ Emergency Triage, Treat, and Transport (ET3) Model. *Center for Medicare and Medicaid Services*. <https://www.cms.gov/priorities/innovation/innovation-models/et3>

⁶ Daniel B. Gingold, Benoit Stryckman, Yuanyuan Liang, Erinn Harris, William L. McCarren, David Marcozzi, Analysis of an Alternative Model of Definitive Care For Low-Acuity Emergency Calls: A Natural Experiment, *The Journal of Emergency Medicine*, Volume 62, Issue 1, 2022,

⁷ Rebecca A. Schaefer, Thomas D. Rea, Michele Plorde, Kraig Peiguss, Paul Goldberg, John A. Murray, An emergency medical services program of alternate destination of patient care, *Prehospital Emergency Care*, Volume 6, Issue 3, 2002

Armour Ambulance	ECPI University	Kentucky Ambulance Provider's Association
AVEL E Care EMS	Faith Ambulance	Keystone Ambulance
BJC Healthcare	Flandreau Ambulance	Kimball Ambulance District
Butler County EMS/Rescue Squad	Florida Ambulance Association	Lake Norden
Butte County Ambulance	Florida Association of EMTs and Paramedics	Lennox Ambulance
California Ambulance Association	Florissant Valley Fire Protection District	Leola Ambulance
Carthage Ambulance	Grand County EMS	LifeCare Ambulance Service
Centerville Ambulance	Greenport Rescue Squad	Limon Ambulance Service
Charleston County EMS	Hand County Ambulance	Lincoln EMS
Charlestown Ambulance- Rescue Service (RI)	Highland Rescue Team Ambulance District	Linn County Ambulance District
Chester County EMS Council, Inc.	Highmore Fire and Ambulance	Louisiana Ambulance Alliance
Cheyenne County Ambulance	Hoven Ambulance	Louisiana Association of Nationally Registered EMTs
City of Yuma Ambulance Service	Indiana EMS Association	Louisiana Public Health Association (LPHA)
Congressional Fire Services Institute (CFSI)	Indiana Fire Chief's Association	Marion Ambulance
Corsica Ambulance	International Association of EMS Chiefs	Michigan Association of Emergency Medical Technicians
Coshocton County EMS	International Association of Fire Chiefs (IAFC)	Midland Area EMS
Crested Butte Fire Protection District	International Association of Fire Fighters (IAFF)	Missouri Ambulance Association
Critical Care Science Services (CCSS)	Jerauld County Ambulance	Missouri EMS
Custer Ambulance	Kakoka Ambulance	Missouri Rural Health Association
Deuel County Ambulance	Kansas EMS Association	
Eagle County Paramedics		

Missouri State Advisory Council	Northwest Ambulance District	Selby Volunteer Ambulance
Missouri Valley Ambulance	NYS Volunteer Ambulance and Rescue Association	Smiths Station Fire Protection District
Mitchell Fire and Ambulance	Oakwood Fire and Rescue	South Carolina EMS Association (SCEMSA)
National Association of Emergency Medical Technicians (NAEMT)	OHIO EMS Chiefs	South Dakota Ambulance Association
National Association of EMS Educators	Oklahoma Non-Profit EMS Association (ONE)	South Dakota EMS Association
National Association of EMS Physicians (NAEMSP)	Parker Ambulance	Southeast Colorado Hospital Ambulance
National Association of Mobile Integrated Healthcare Providers	Patient Care EMS Sioux Falls	Southeast Colorado Hospital Ambulance Service
National Association of State EMS Officials (NASEMSO)	Pettis County Ambulance District	Southwest Regional Emergency & Trauma Advisory Council (SWRETAC)
National EMS Management Association (NEMSMA)	Plains to Peaks Regional Advisory Council	Southwest Teller County EMS
National EMS Quality Alliance	Plankinton Ambulance	Spearfish Ambulance
National Registry of EMTs (NREMT)	Platte Ambulance	Spink County Ambulance
National Rural Healthcare Association	Professional Ambulance Association of Wisconsin	Standing Rock Ambulance
North Dakota EMS Association	Putnam County EMS	Stickney Ambulance
North Mo EMS	Rapid City Fire Department	Stoddard County Ambulance District
	Richmond Ambulance Authority	Stratford EMS
	Ridgefield Fire Department	Susquehanna Regional EMS
	Rosebud Sioux Tribe Ambulance	Telluride Fire Protection District
	Sandusky County EMS	
	Scotland EMS	

Tennessee Ambulance Service Association (TASA)	Washington Ambulance and Chair EMS
Tennessee Association of EMS Providers (TAEMSP)	Washington Ambulance Association
Tennessee EMS Education Association (TEMSEA)	Washington County Ambulance District
Texas EMS Alliance	Watertown Fire Rescue
The Academy of International Mobile Healthcare Integration (AIMHI)	West McPherson Ambulance
The Emergency Medical Association of Colorado (EMSAC)	White Lake Ambulance
The Louisiana Rural Ambulance Alliance	Wisconsin EMS Association
The National Volunteer Fire Council (NVFC)	WV EMS Coalition
Trinidad Ambulance District	Yankto County EMS
Tripp County Ambulance	
Union Ambulance District	
United New York Ambulance Network (UNYAN)	
UPMC Prehospital Care	
Ute Pass Regional Health Service District	
Virginia Ambulance Association	
Wagner-Lake Andes Ambulance District	