Hearing Testimony

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Good afternoon, thank you Chairman Smith and the House Ways and Means Committee for inviting me to testify at this field hearing examining the challenges and opportunities surrounding recent investments in emergency care services and how to strengthen access to emergency care in America.

My name is Matt Zavadsky, and I'm the Chief Transformation Officer for the Metropolitan Area EMS Authority, the public utility model EMS agency for the city of Fort Worth, and 13 other municipalities that are part of the EMS Authority, we are also known as MedStar Mobile Healthcare. I am also the South Central Regional Director, and past president of the National Association of Emergency Medical Technicians.

I have been an EMS provider for the past 44 years and learned early in my career that a lot of the patients who call 911 for EMS do not need to be treated in an ER, but CMS payment policy is such that we are incentivized to transport every 911 patient to the ER because that is the only time we get paid. Having the opportunity to advocate for the improvement of EMS models and payments in Texas and in the nation is an honor. Ambulance services are a vital component of our local and national health care and emergency response systems and serve as lifelines of care for a wide range of individuals, including seniors who rely on Medicare in urban, rural, and super rural settings.
Thankfully, innovative EMS agencies such as MedStar, Global Medical Response, Dallas Fire Department, and others have initiated patient centric programs designed to prevent 911 calls, and even when 911 is called, navigate patients to the most appropriate care setting.

In 2009, MedStar launched one of the nation's first Mobile Integrated Healthcare/Community Paramedic (MIH/CP) programs in the country. One of our programs is a 'High Utilizer Group' program (HUG), designed to help frequent 911 callers learn how to better manage their health conditions, and connect them to community resources. Since 2013, 22,000 patients have been enrolled in this program, and those patients reduced their 911 use by 51.2%, enhancing their perception of their health status by 27.1%, improving their experience of care, and reducing healthcare expenses related to ambulance, ER and inpatient care use by over $20 million.

On the 911 response side, we have been working with Congress to sponsor legislation to provide EMS the flexibility to navigate patients to the right care, at the right time, and in the right setting through Treatment in Place (TIP) and Transport to Alternate Destinations (TAD). Currently, the EMS economic model incentivizes transport to an emergency department since these benefits are not covered by Medicare or Medicaid. A recent study by RAND published in Health Affairs Journal found that about 15% of Medicare patients brought by ambulance to the ER could be safely treated in another setting, saving the Medicare program over $550 million annually in prevented ER payments.
Ambulance services across the nation, especially in rural areas, are facing unprecedented challenges. The pandemic further strained our workforce, placed significant new demands on their services and generated enormous competition for healthcare personnel.

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Medicare currently provides temporary 2% urban, 3% rural and "super rural" add-on payments for ambulance services.

These add-on payments are essential to ensuring access for all patients for vital emergency and non-emergency care, but they still do not bring payment rates up to a level that covers the full cost of providing many services. Years of below-cost Medicare reimbursement have hampered efforts by ambulance services to hire new staff, update equipment, and continue to provide life-saving services in their communities. Ambulance services have closed their doors or been forced to lengthen response times because of the stresses on their system. These payments expire at the end of the year.

Ground ambulance services are currently providing their revenue and cost data to CMS which will help Congress determine how to reform the Medicare ambulance fee schedule. However, reform is likely several years away, and ground ambulance service organizations cannot wait that long for additional relief.

Extending the Medicare add-on payments is essential to ensure access for all patients for vital emergency and non-emergency care.

Again, thank you for the opportunity to testify on the challenges and opportunities for EMS to ensure accessibility and quality care to our patients in Texas and the nation. I look forward to continuing my work with your Committee.

Sincerely,

Matt Zavadsky, MS-HSA, NREMT
Chief Transformation Officer