



National Association of Emergency Medical Technicians
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May 1, 2020

The Honorable Mitch McConnell
Majority Leader
United States Senate
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker of the House
U.S. House of Representatives
Washington, DC 20515

The Honorable Chuck Schumer
Minority Leader
United States Senate
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, DC. 20515

Dear Majority Leader McConnell, Minority Leader Schumer, Speaker Pelosi, and Minority Leader McCarthy,

On behalf of the National Association of Emergency Medical Technicians ([NAEMT](http://www.NAEMT.org)), and our 75,000 members, please accept our deep appreciation for the efforts of Congress to respond to the COVID-19 pandemic. We applaud your efforts to secure the economic relief and stimulus that is sorely needed for families and communities, along with funding for those fighting this devastating virus in our hospitals and public health departments.

Our nation's EMS agencies are serving on the frontlines of the war on this pandemic. We have responded to all 9-1-1 calls for help from the millions of people across our country with coronavirus symptoms. Some of these patients require emergency transportation to a hospital. However, many of these patients are receiving a timely response and treatment from paramedics and EMTs but are not being transported to a hospital or other healthcare facility. Following appropriate guidelines established by the CDC, these patients are being treated in their homes. Doing so has enabled our hospitals and other healthcare facilities to focus on those patients who require the most intensive interventions. EMS agencies providing "treatment in place" are instrumental in preserving precious healthcare resources needed for the most severely ill patients, and have saved the healthcare system a great deal of money. **Amazingly, however, CMS does not reimburse EMS agencies for this care.**

We have asked the Secretary of Health and Human Services and the Administrator of the Centers for Medicare and Medicaid to reimburse EMS agencies for this care. They have indicated that while they understand our dilemma, reimbursing EMS for this care would be "difficult," specifically referencing the complexity of determining codes for the additional coverage benefit. The EMS community simply does not understand this response.

There is already an established Healthcare Common Procedure Coding System (HCPCS) code for ambulance response and treatment, no transport, A0998. This code was established in 2006. Recently, several payers have begun paying this code as a way to encourage EMS agencies to help navigate patients who access EMS through 9-1-1 to the most appropriate care as opposed to always transporting patients to an emergency department just to qualify for reimbursement.

Further, since 2009, Medicare has reimbursed EMS for the non-transport of cardiac arrest victims who are pronounced dead on scene of a 9-1-1 call. The specific language from the current Medicare Manual states that coverage will be provided *‘when a Medicare Beneficiary is pronounced dead after dispatch and before beneficiary is loaded onboard ambulance. The provider’s/supplier’s BLS base rate, no mileage or rural adjustment is paid. The manual further provides guidance on coding for the non-transport by using the QL modifier when submitting the non-transport claim.’*

It would seem that the process for applying payment to these codes would be relatively simple for CMS. We are unaware of any other healthcare provider in our nation which is being requested by the federal government to provide healthcare service without reimbursement.

EMS agencies across our country have, and continue to incur, extensive additional expenses for personal protection equipment (PPE), overtime pay, and other medical equipment and supplies directly related to COVID-19 that are not covered by reimbursements from CMS or commercial insurers. EMS must respond to every 9-1-1 medical call prepared for a COVID-19 patient. However, EMS is still only reimbursed if the patient is transported to a hospital or another appropriate facility.

At the same time, many EMS agencies across the country are experiencing a sharp decline in 9-1-1 medical response and transports as Americans are reluctant to call 9-1-1 for non-COVID-19 medical emergencies, and as hospitals have cancelled all elective surgeries and related medically necessary transports. Our costs have increased exponentially to address COVID-19, while our total revenues are decreasing.

All EMS systems, whether they are public, private or a combination of both, are struggling. The additional burdens placed upon our EMS systems and personnel are challenging even for the strongest systems.

Currently, the health and medical community lifeline is destabilized and faces imminent disruption unless this situation is rectified as soon as possible by requiring CMS to reimburse all ground ambulance providers for performing protocol-driven treatments in place without transport during the COVID-19 pandemic response.

Thank you very much for your consideration of our request and for your leadership during this national and global health crisis.

Sincerely,



Matt Zavadsky, MS-HSA, NREMT
President, NAEMT