NAEMT Position Statement
EMS Reimbursement Reform

Statement:

NAEMT believes that the EMS industry should work in a spirit of cooperation with congressional leaders to pass legislation that supports quality patient care, the ability of EMS to provide this care, and is financially sustainable. To achieve these outcomes, NAEMT supports

- making the Medicare ambulance reimbursement "add-ons" permanent;
- paying for these add-ons through reductions in payments for non-emergent, repetitive BLS transports, which have been cited by MedPAC as vulnerable to fraud;
- cost reporting by all ambulance providers in a format that will demonstrate to congressional leaders and regulators that the industry is supportive of being held to the same measures as the rest of the healthcare system;
- incentivizing providers to begin reporting on performance and outcome measures;
- offering opportunities for providers to be reimbursed for innovations that improve patient care and reduce healthcare costs, such as mobile integrated healthcare and community paramedic programs, and referring or arranging for alternative patient care.

Background:

Prehospital emergency medical services (EMS) originally developed as an emergency transportation service to deliver sick and injured patients to a hospital. Reimbursement models were created in response to this historical role. Since its early years, however, EMS has evolved into an essential, patient-centered public service. Quality EMS is proven to save lives in all types of emergency medical crises — from trauma, to cardiac arrest and stroke. In every community in our nation, EMS is expected to deliver quality emergency medical care to their residents on a 24/7 basis, as part of a continuum of health care services provided to all patients suffering with emergency medical conditions. High-quality prehospital emergency medical care is essential in improving patient outcomes, increasing efficiency, and reducing costs for patients with expensive medical conditions.

Unfortunately, the financial reimbursement model used by our federal government is based on the 1960's model of emergency transportation – rather than today's EMS model of delivering patient care. Using an old model for reimbursement inhibits our country's further evolution of EMS into a mobile integrated healthcare system that supports improved patient outcomes and lower costs. In short, the current reimbursement model does not support effective medical care.

We believe that our nation's elected leaders, working collaboratively with all stakeholders, should develop a reimbursement strategy that reimburses for patient care, is less costly, includes outcome-based targets, and promotes the "right patient care, at the right time, and in the right setting." Numerous studies recently published by AHRQ, NCSL, RAND, UC-Davis and JAMA support this transition.

The EMS community understands the need to develop and implement new models of healthcare delivery – which improve patient outcomes and reduce costs – and is committed to develop real solutions for our country's healthcare challenges. Community-based paramedics, participating in CMS-funded innovation grant programs, are making a difference in their select cities by treating patients and ensuring that they are directed to the most appropriate healthcare facility. These innovations can be extended nationwide with the support of an appropriate reimbursement model.

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