August 31, 2021

The Honorable Chiquita Brooks-LaSure Administrator Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore, MD 21244

Re: Requirements Related to Surprise Billing; Part I

Dear Administrator Brooks-LaSure,

On behalf of the National Association of Emergency Medical Technicians (NAEMT), thank you for the opportunity to comment on the Requirements Related to Surprise Billing; Part I Interim Final Rule (IFR). NAEMT has worked closely with Congress as it developed the No Surprises Act that the Interim Final Rule seeks to implement. We also look forward to working with the Administration as they convene the Ground Ambulance Advisory Committee that Congress established in lieu of applying the requirements of the No Surprises Act directly to ground ambulance.

Formed in 1975 and more than 72,000 members strong, NAEMT represents the professional interests of all emergency and mobile healthcare practitioners, including emergency medical technicians, advanced emergency medical technicians, emergency medical responders, paramedics, advanced practice paramedics, critical care paramedics, flight paramedics, community paramedics, and mobile integrated healthcare practitioners.

Often, ground ambulance service personnel are the first medical professionals to interact with individuals in need of health care. Ground ambulance services also serve as the health care safety net for many small communities, especially those located in rural areas where other providers and suppliers have reduced their hours of operation or left the community altogether. As such, these organizations play a critical and unique role in the country's health care infrastructure.

NAEMT agrees in principle that greater transparency is needed when individuals interact with the health care system. Our members have experienced first-hand as health care practitioners, as well as health care consumers, the confusion that can unfold when the scope of an insurance plan's coverage is not clear. In the case of ground ambulance services, Congress recognized that a one-size-fits-all approach will simply not work. Unlike other health care services, ground ambulance services, including response times, are defined at the local and/or State level based on anticipated population health needs, as well as geographic concerns.

As part of the "No Surprises Act," the Congress established an Advisory Committee to make recommendations on ground ambulance services and patient billing. As Congress expressly *excluded* ground ambulance organizations from the statute that the IFR seeks to implement, NAEMT opposes the language included in the IFR that seeks to expand the scope of the No Surprises Act and its implementing regulations to include ground ambulance services.

This IFR is inconsistent with the express requirements of the No Surprises Act and the intent of Congress. It exceeds the delegated authority, and would eliminate the option for notice and consent that the Congress established as an option for out-of-network entities by assuming without exception that any patient needing post-stabilization services is incapable of consenting to receiving such services from an out-of-network provider or supplier. That assumption is simply not true for all patients under the scenario described in the IFR. This policy in the IFR needs to be modified to clarify clear that ground ambulance services are not included.

Should this problematic language remain, many communities will lose access to interfacility ambulance transports. Some commercial insurance plans do not cover these transports at all. Many plans that cover ground ambulance transports refuse to allow ground ambulance services to be part of their networks and send an amount of their choosing to the ambulance service with a "take it or leave it" approach. In some instances, the insurance company sends whatever amount they want to pay directly to the enrollee and then expects the ground ambulance service to bill the patient to be reimbursed. This arrangement is happening more and more. Prohibiting ground ambulance services from billing the enrollee will result in no reimbursement for the ground ambulance service.

Without adequate reimbursement, ground ambulance services cannot provide the health care services and transports required for patients transferring from one facility to another. The Administration should wait for the recommendations of the Advisory Committee before issuing rules about ground ambulance services as Congress asked it to do.

The No Surprises Act is clear that ground ambulance services are not subject to the requirements outlined in the statute. Instead, Congress established an advisory committee to make recommendations to Congress for future legislation action. NAEMT requests that a final rule and additional guidance clearly state that ground ambulance organizations are not subject to this rule particularly as CMS is currently conducting a Cost Study to determine if current Medicare reimbursement for ground ambulance services is appropriate.

We look forward to working with you and your team to address the recommendations in this letter and as part of the Advisory Committee process to ensure that efforts to protect consumers also protect the ground ambulance services that are essential to our country's EMS and public health infrastructure.

In the interim, should you have any questions, please contact NAEMT's Director of Government Relations, Kim Champi Krenik at 202.365.8342 or <a href="mailto:kim.krenik@naemt.org">kim.krenik@naemt.org</a>.

Thank you for your consideration.

Sincerely,

Bruce Evans, CFO, SPO, NRP, MPA

President, NAEMT