

Please Support the Protecting Access to Ground Ambulance Medical Services Act of 2021 (H.R. 2454, S. 2037)

Request

Please support H.R. 2454/S. 2037, Protecting Access to Ground Ambulance Medical Services Act of 2021. This legislation seeks to address two major problems related to Medicare reimbursement for ground ambulance services to ensure that when Americans call 9-1-1 or otherwise require the healthcare services provided by an ambulance that there will be one available. Without the extension of the ground ambulance add-ons and a technical fix to the policies determining rural and super-rural areas, many ambulance organizations will not be able to continue serving their communities.

Background

The COVID-19 pandemic has highlighted the essential healthcare services provided by ground ambulance organizations. It has also highlighted the difficulties faced by these organizations in providing the care that the public expects and needs within a framework of inadequate reimbursement policies.

The first problem addressed through this bill would extend the Medicare add on payments until CMS completes the analysis of the ambulance cost collection survey that is just commencing. Ambulance service providers and suppliers currently receive temporary 2% urban, 3% rural, and “super rural” Medicare add-on payments. These add-on payments are essential to ensuring access for all patients to vital ambulance services. In 2007 and 2012, the Government Accountability Office (GAO) determined that Medicare reimburses ambulance service providers below the cost of providing their services when the temporary add-ons are not taken into account.

Congress has extended the current add-ons through December 31, 2022, when it was expected that the review of the Medicare cost data collection survey and subsequent MedPAC analysis would be complete. However, the Centers for Medicare & Medicaid Services (CMS) has delayed the first two rounds of data collection because of the pandemic. Given the delay, we ask Congress to extend the add-on payments for an additional five years to allow the cost collection data to be collected and analyzed so that a long-term solution to the chronic underfunding of the ambulance fee schedule can be adopted.

The second problem the bill seeks to address is access to ambulance services in rural and low population density areas. The GAO has consistently found that the cost of providing ambulance services in rural and super rural ZIP Codes is higher, which is due in part to the lower volume of services. In recognition of this fact, Congress constructed the rural and super rural ZIP Codes category for Medicare reimbursements.

Changes in the fielding of the American Community Survey have negatively impacted the designation of rural and super-rural areas. As a result, hundreds of ZIP Codes considered rural (*e.g.*, Sequoia National Park in CA) were categorized as urban following the 2010 Census because of commuting patterns that are the basis for defining rural ZIP Codes in large urban counties. Thus, the costs remain as high as they are in other rural areas, but the reimbursement has been significantly reduced. CMS will be redesignating ZIP Codes again in the near future using the 2020 Census data.

To address this problem, the bill seeks to have Medicare provide an appeals process for reconsidering a change in a ZIP Code’s status as rural or super-rural. In addition, it would create a new exception under Medicare that maintains rural ZIP Codes in large urban counties as rural or super-rural, if there are 1,000 or fewer people per square mile in the ZIP Code.

Contact

To learn more about H.R. 2454/S. 2037 or to co-sponsor the bill, please contact Earl Flood in Representative Terri Sewell’s office at Earl.Flood@mail.house.gov or Casey Badmington in Senator Cortez Masto’s office at Casey_Badmington@cortezmasto.senate.gov.