

118TH CONGRESS  
2D SESSION

**S.** \_\_\_\_\_

To amend title XI of the Social Security Act to require the Center for Medicare and Medicaid Innovation to test an emergency medical services treatment-in-place model under the Medicare program.

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IN THE SENATE OF THE UNITED STATES

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Mr. MANCHIN (for himself and Ms. COLLINS) introduced the following bill;  
which was read twice and referred to the Committee on

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## **A BILL**

To amend title XI of the Social Security Act to require the Center for Medicare and Medicaid Innovation to test an emergency medical services treatment-in-place model under the Medicare program.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Improving Access to  
5       Emergency Medical Services Act”.

1 **SEC. 2. REQUIRING THE CENTER FOR MEDICARE AND MED-**  
2 **ICAID INNOVATION TO TEST AN EMERGENCY**  
3 **MEDICAL SERVICES TREATMENT-IN-PLACE**  
4 **MODEL UNDER THE MEDICARE PROGRAM.**

5 (a) IN GENERAL.—Section 1115A of the Social Secu-  
6 rity Act (42 U.S.C. 1315a) is amended—

7 (1) in subsection (b)(2)—

8 (A) in subparagraph (A), in the third sen-  
9 tence, by inserting “, and shall include the  
10 model described in subparagraph (B)(xxviii)”  
11 before the period at the end; and

12 (B) in subparagraph (B), by adding at the  
13 end the following new clause:

14 “(xxviii) The Emergency Medical  
15 Services Treatment-in-Place Model de-  
16 scribed in subsection (h).”; and

17 (2) by adding at the end the following new sub-  
18 section:

19 “(h) EMERGENCY MEDICAL SERVICES TREATMENT-  
20 IN-PLACE MODEL.—

21 “(1) IN GENERAL.—For purposes of subsection  
22 (b)(2)(B)(xxviii), the Emergency Medical Services  
23 Treatment-in-Place Model described in this sub-  
24 section is a model under which payment is made  
25 under part B of title XVIII for treatment services  
26 furnished to an individual enrolled under such part

1 by a provider or supplier of ground ambulance serv-  
2 ices (as described in section 1834(l)) when such  
3 services—

4 “(A) are not associated with a cor-  
5 responding transport payable under such sec-  
6 tion;

7 “(B) are so furnished in response to an  
8 emergency medical call (as specified by the Sec-  
9 retary) made with respect to such individual;  
10 and

11 “(C) are so furnished in accordance with  
12 State and local protocols (which may include  
13 online medical direction).

14 “(2) PAYMENT.—The Secretary shall set pay-  
15 ment rates for services furnished under the model  
16 described in paragraph (1) in a manner that aligns  
17 such payments with the payments that would have  
18 been made for such services had such services re-  
19 sulted in a transport payable under section 1834(l).

20 “(3) DURATION.—The model described in para-  
21 graph (1) shall be carried out for a period of 5  
22 years.”.

23 (b) REPORT.—Not later than 4 years after the date  
24 on which the Emergency Medical Services Treatment-in-  
25 Place Model (as described in section 1115A(h) of the So-

1 cial Security Act, as added by subsection (a)) is imple-  
2 mented, the Comptroller General of the United States  
3 shall submit to the Committee on Ways and Means of the  
4 House of Representatives and the Committee on Finance  
5 of the Senate a report that, taking into account stake-  
6 holder input—

7           (1) analyzes various aspects of Medicare bene-  
8           ficiaries' access to emergency medical services, in-  
9           cluding an evaluation of the impact of such model on  
10          beneficiary outcomes, resource utilization, and over-  
11          all health care system efficiency;

12          (2) compares beneficiary outcomes under such  
13          model with beneficiary outcomes using traditional  
14          emergency transportation;

15          (3) assesses the impact of regional variations  
16          and demographics on beneficiary access to emer-  
17          gency medical services;

18          (4) identifies best practices and potential chal-  
19          lenges in implementing such model; and

20          (5) includes recommendations for improving  
21          emergency medical services.