

COMPREHENSIVE ALTERNATIVE RESPONSE FOR EMERGENCIES (CARE) ACT

H.R. 2538 / S. 3145

This bill would create a pilot program within CMS to evaluate EMS treatment-in-place reimbursement models.

Background

Under current Medicare policy, Emergency Medical Services (EMS) providers are generally reimbursed only when a patient is transported to a hospital emergency department. When EMS personnel are able to assess, treat, and resolve a patient's condition on scene without transport, no reimbursement is provided.

This reimbursement structure affects fire service-based EMS systems that routinely respond to 9-1-1 medical calls where transport may not be medically necessary. Additionally, transporting patients unnecessarily contributes to emergency room backlogs across the country.

Medicare beneficiaries make up about 40% of all patients treated by EMS. The legislation authorizes the Centers for Medicare and Medicaid Services (CMS) to evaluate treatment-in-place payment models by gathering data on cost, utilization, and patient outcomes.

Ask



Cosponsor H.R. 2538 / S. 3145.

Talking Points

- ▶ **Taxpayers benefit from reduced Medicare spending.**
Treatment-in-place models are estimated to save Medicare between \$1.2 to \$1.5 billion annually.
- ▶ **Treatment in place improves patient outcomes.**
Studies show patients receiving at-home care experience lower hospital readmission rates and reduced long-term care admissions compared to in-hospital treatment.
- ▶ **Fire Serviced-Based EMS providers need proper reimbursement.**
Fire departments are currently unable to get reimbursed for patient care that doesn't involve transport, harming fire department budgets and threatening the existence of emergency services, especially in rural areas.
- ▶ **The bill helps ensure the right care, at the right time, in the right place.**
By gathering the proper information on models for reimbursing for treatment in place, the bill aims to help align payment with patient-centered, cost-effective care.

