

# United States Senate

WASHINGTON, DC 20510

January 12, 2022

The Honorable Xavier Becerra  
Secretary  
Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, DC 20201

Dear Secretary Becerra,

On behalf of individuals in our states with disabilities, seniors, dialysis patients, and others who require regular transportation to health care services, we write to urge that access to low-cost, non-emergency medical transportation is strengthened nationwide.

Specifically, we are requesting your assistance to avoid unintended consequences that might occur as the Centers for Medicare and Medicaid Services (CMS) Center for Medicare and Medicaid Innovation's (CMMI) Repetitive Scheduled Non-Emergent Ambulance Transport (RSNAT) model began expanding nationwide last month. Unless there are modifications made to the model, this expansion could leave vulnerable Medicare beneficiaries without access to low-cost nonemergency medical transportation (NEMT). With CMS planning to expand the model to Georgia as soon as February 1, 2022, there needs to be a plan in place to assist these individuals with accessing lifesaving treatments, like dialysis and wound care services.

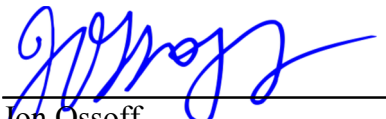
Since 2015, there has been a demonstration of the RSNAT model in eight states and D.C. along the East Coast. Currently, half of Medicare ambulance rides are nonemergency to dialysis or wound care services for patients are too ill or too frail to travel by means other than NEMT. These patients are using ambulances because there is no other option available. At least half of these Medicare beneficiaries who lose ambulance service are low-income, disabled, or elderly. These individuals tend to include the partial dual eligible individuals who make up almost 20% of the target population and who have incomes either between 75% and 135% of the federal poverty level or less than \$24,000 annually for a two-person household. They face many barriers related to these social determinants of health. In CMMI's own RSNAT evaluation, beneficiaries reported having to often choose between medical transportation and rent or food. They have no other mode of transportation available to them to access their medical needs.

To date, RSNAT has resulted in a shifting of transport service to Medicaid NEMT for full dual eligible individuals. Medicaid NEMT allows beneficiaries to access low-cost transportation to for essential health care services, including dialysis and wound care centers. In some states, the Medicaid NEMT benefit works in close coordination with other providers of federally-funded transportation options, which helps to maximize coordination, conserve taxpayer dollars, and ensure beneficiary access to a robust network of NEMT providers, in addition to partnering with other alternative forms of transportation, such as ride sharing companies. However, Medicaid NEMT is only available to full dual eligible individuals. Neither option is currently available to

partial dual eligible beneficiaries. In order to address the potential access issues this demonstration could create, CMMI should consider adding a low-cost NEMT benefit that can build off of the existing Medicaid NEMT benefit and other federally-funded transportation options to the RSNAT model prior to its national implementation to fill “gaps” when individuals lack other means of transportation. CMS could test whether this additional service could improve or maintain quality and produce savings for Medicare by improving access to important, lower-cost transportation services, including public transit options, where appropriate.

We appreciate your attention to this concern. We strongly urge that action is taken to address the potential gaps the RSNAT model could create prior to any national expansion.

Sincerely,




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Jon Ossoff  
United States Senator



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Sherrod Brown  
United States Senator



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Raphael G. Warnock  
United States Senator

cc: CMS Administrator, CMMI Administrator