

February 14, 2022

The Honorable Rosa DeLauro
Chair, House Appropriations Committee,
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
2358-B Rayburn House Office Building
Washington, DC 20515-6024

The Honorable Patty Murray
Chair, Senate Appropriations Subcommittee
on Labor, Health and Human Services,
Education, and Related Agencies
156 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Tom Cole
Ranking Member, House Appropriations
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
2358-B Rayburn House Office Building
Washington, DC 20515-6024

The Honorable Roy Blunt
Ranking Member, Senate Appropriations
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
156 Dirksen Senate Office Building
Washington, DC 20510

Dear Honorable Chairs and Ranking Members:

The 56 undersigned advocacy and stakeholder organizations are writing in support of adding the following report language to the FY22 omnibus bill to delay further implementation of CMS' Center for Medicare and Medicaid Innovation (CMMI) Repetitive Scheduled Non-Emergent Ambulance Transport (RSNAT) model.

The Committee strongly urges the Centers for Medicare and Medicaid Services (CMS) to delay further implementation of the Prior Authorization of Repetitive, Scheduled Non-Emergent Ambulance Transport (RSNAT) because the model fails to provide appropriate alternative transportation to dialysis services and diabetes-related wound care for low-income beneficiaries with no other means of transportation.

The Committee further urges CMS to provide a report within ninety days to L,HHS Appropriations Subcommittee and the Energy and Commerce Committee on revisions to the model to ensure that the RSNAT model will not disproportionately adversely affect low income, minority and rural beneficiaries with end stage renal disease and wounds caused by uncontrolled diabetes.

The RSNAT model is a reasonable program integrity initiative that uses prior authorization to deny ambulance services to beneficiaries that do not meet Medicare's qualifying criteria. Without modifications, however, the model has the potential to leave vulnerable Medicare beneficiaries without access to lower cost NEMT to kidney dialysis and diabetic wound care services which account for a majority (85%) of beneficiaries accessing scheduled health services.

While we agree that ambulances are an expensive and inappropriate mode of transport to dialysis and wound care for almost all Medicare patients, RSNAT has highlighted the need for an

appropriate transportation alternative for low-income Medicare beneficiaries, both full and partial dual eligibles.

Nearly half of the Medicare beneficiaries who lost ambulance service in the model are dual-eligibles enrolled in both Medicare and Medicaid. RSNAT has resulted in a shifting of transport service to Medicaid NEMT for full dual eligibles (who will need navigation assistance to access Medicaid NEMT). However, the partial dual eligibles do not qualify for Medicaid NEMT and have no alternative transportation.

We thank you in advance for giving this request your fullest consideration.

Sincerely,

AIDS Action Baltimore
AIDS Alabama
AIDS Alabama South
AIDS Foundation of Chicago
Allies for Independence
American Academy of HIV Medicine
American Association of People with Disabilities
American Association on Health and Disability
American Federation of County and Municipal Employees
American Kidney Fund
American Network of Community Options and Resources
American Public Transportation Association
American Therapeutic Recreation Association
Amida Care
The Arc of the United States
Association of Programs for Rural Independent Living (APRIL)
Autistic Self Advocacy Network
California Dental Association
Center for Autism and Related Disorders
Center for Public Representation
Children's Health Fund
Community Transportation Association of America
Dialysis Patient Citizens
Disability Rights Education and Defense Fund
Easterseals
Equality NC
Families USA
First Focus Campaign for Children
Global Alliance for Behavioral Health and Social Justice
Greater WI Agency on Aging Resources, Inc. (GWAAR)
HIV Dental Alliance

HIV Medicine Association
Hudson Valley Community Services
Lakeshore Foundation
Los Angeles LGBT Center
Lutheran Services in America
Medicare Rights Center
Mental Health America
National Adult Day Services Association (NADSA)
National Association for Children's Behavioral Health
National Association of Area Agencies on Aging (N4A)
National Association of Nutrition and Aging Services Programs (NANASP)
National Council on Aging
National Healthcare for the Homeless Council
Nevada Disability Coalition
Pennsylvania Council on Independent Living
Schizophrenia and Related Disorders Alliance of America
SKIL Resource Center
The Michael J. Fox Foundation for Parkinson's Research
The Transportation Alliance
Treatment Action Group
Treatment Communities of America
United Spinal Association
WI Association of Mobility Managers (WAMM)
Wisconsin Aging Advocacy Network (WAAN)
Wyoming Patients Coalition

cc:

Stephen Steigleder, Clerk
House Appropriations Committee Labor, Health and Human Services, Education and Related
Agencies Subcommittee

Susan Avcin, Clerk
House Appropriations Committee Labor, Health and Human Services, Education and Related
Agencies Subcommittee

Becky Salay, Professional Staff Member
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Agencies Subcommittee

Ashley Palmer, Professional Staff Member
Senate Appropriations Committee Labor, Health and Human Services, Education and Related
Agencies Subcommittee