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

Kathryn Salmon, Professional Staff Member
House Appropriations Committee Labor, Health and Human Services, Education and Related Agencies Subcommittee

Alex Keenan, Subcommittee Staff Director
Senate Appropriations Committee Labor, Health and Human Services, Education and Related Agencies Subcommittee

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

Laura Friedel, Subcommittee Clerk
Senate Appropriations Committee Labor, Health and Human Services, Education and Related Agencies Subcommittee

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

I

117TH CONGRESS
2D SESSION

H. R. 8841

To require the Secretary of Health and Human Services, in coordination with single State agencies, to assist certain dual eligible individuals participating in the RSNAT model with accessing non-emergency medical assistance benefits under the Medicaid program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 15, 2022

Mr. CARTER of Georgia (for himself, Mr. CÁRDENAS, and Mr. BISHOP of Georgia) introduced the following bill; which was referred to the Committee on Energy and Commerce

---

A BILL

To require the Secretary of Health and Human Services, in coordination with single State agencies, to assist certain dual eligible individuals participating in the RSNAT model with accessing non-emergency medical assistance benefits under the Medicaid program, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Access to Critical Non-Emergency Transportation Services Act".

NEWS · PRESS RELEASES

September 15, 2022

Cárdenas Introduces Bipartisan Access to Critical Non-Emergency Medical Transportation Services Act

WASHINGTON, D.C. – **Congressman Tony Cárdenas** and Reps. Earl L. "Buddy" Carter (R-GA) and Sanford D. Bishop, Jr. (D-GA) today introduced The *Access to Critical Non-Emergency Transportation Services Act*, which expands access to non-emergency medical transportation (NEMT) for vulnerable dual-eligible Medicare and Medicaid patients.

Currently, Medicare beneficiaries must obtain prior authorization before accessing ambulance rides to dialysis or diabetes wound care services, threatening patients' access to regularly scheduled health care services critical to their health. This bill will require the Secretary of Health and Human Services to coordinate with states to ensure low-income Medicare patients dually enrolled in Medicaid and Medicare who are denied ambulance NEMT are able to access Medicaid NEMT with appropriate modes of transportation. It would also make sure Medicare beneficiaries that qualify as partial dual-eligible beneficiaries are given assistance to enroll in Medicaid and have access to Medicaid transportation benefits.

"No one on Medicare and Medicaid should be forced to wait just to access lifesaving healthcare," **said Congressman Cárdenas.** "Our bill will help vulnerable individuals who need recurring care like dialysis or wound treatment by making non-emergency medical transportation services more widely available to those who need it most. Part of our job as Members of Congress is to ensure that no one is harmed by unintended negative consequences from legislation, and that's what we've done with the *Access to Critical Non-Emergency Transportation Services Act*."

"This is a common-sense move that will increase patients' access to health care, particularly for elderly, low-income, and diabetic patients," **said Congressman Carter.** "This bipartisan bill will ease the burden of transportation for the most vulnerable Americans nationwide. I thank my Democrat colleagues for supporting this legislation. Unnecessary bureaucracy should never be a barrier to high-quality medical care."

"Providing access to nonemergency medical transportation for dual eligible individuals will make a significant difference in improving health outcomes and reducing avoidable hospitalizations. These benefits will be especially welcome for those with end-stage renal disease that struggle now to get transportation to life-saving dialysis treatment," **said Congressman Bishop.**

Read more in Medpage Today.

Read the full bill text here.

BACKGROUND: This bill adjusts the Repetitive, Scheduled, Non-Emergent Ambulance Transport (RSNAT) model originally developed by the CMS Centers for Program Integrity and for Medicare and Medicaid Innovation and expanded nationally as part of the Medicare Access and CHIP Reauthorization Act. The RSNAT model is an important program integrity initiative that uses prior authorization to ensure appropriate use of ambulance services in Medicare. However, the evaluation of the RSNAT model expansion showed that nearly half of the beneficiaries who lose their ambulance service are disproportionately low-income, frail, disabled, and elderly. The overwhelming majority are accessing kidney dialysis or diabetes-related wound care.

###

PREVIOUS ARTICLE NEXT ARTICLE

ABOUT TONY CONTACT ME SERVING YOU NEWS PRIVACY ESPAÑOL

Rep. Carter pushes for more access to non-emergent medical transportation

by Anna Hughes
Friday, September 16th 2022
https://fox28media.com/news/local/rep-carter-pushes-for-more-access-to-non-emergent-medical-transportation

SAVANNAH, Ga. (WTGS) — Rep. Buddy Carter (R-D1) introduced a bill to the U.S. House of Representatives this week that would improve accessibility to non-emergency medical transportation.

The Access to Critical Non-Emergency Transportation Services Act is a bipartisan bill that would expand access to vulnerable, dual-eligible Medicare and Medicaid patients.

Currently, Medicare recipients need prior authorization before accessing an ambulance ride, which is concerning for vulnerable individuals that need regular and critical health care services.

Carter said that this bill is common sense legislation, especially for people who are suffering from kidney disease, diabetes and other medical conditions that need recurring transportation.

“It’s going to help those who need it the most," Carter said. "Because we really are talking about, albeit a, you know, a small part of the population, but it is a population that needs this medical transport.”

Chatham Emergency Services CEO Chuck Kearns said that some of the weakest and most vulnerable patients were not getting approval for transportation, and he’s seen the effects of that firsthand.

“We’ll sometimes, from time to time, get a 911 call from somebody who’s fallen very ill because they weren’t able to get the prior approval," Kearns said.

Carter’s team said an evaluation of the previous model showed that nearly half of the recipients who lose their ambulance service are low-income, frail, disabled and elderly.

“If we can, you know, keep people healthy it actually saves us. And not only that, but the quality of life of these individuals improves as well," Carter said.

Carter thanked his democratic cosponsors in a press release and said, “Bureaucracy should never be a barrier to high-quality medical care.”

OVERVIEW OF THE REPETITIVE, SCHEDULED NON-EMERGENT AMBULANCE TRANSPORT (RSNAT) PRIOR AUTHORIZATION MODEL

- The RSNAT model began in 2014 as a CMS Office of Financial Management (now the Center for Program Integrity) prior authorization initiative in three states with high non-emergency ambulance improper payments and usage (NJ, PA, SC) and was expanded in 2016 (DC, DE, MD, NC, VA, WV) with authority for the demonstration split with the Center for Medicare and Medicaid Innovation (CMMI).

- The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) (Pub. L. 114-10) requires that the Secretary expand the RSNAT model nationally to all states if certain statutory requirements were met including not reducing access to Medicare services.

- On September 22, 2020, CMS announced that it would expand the RSNAT model nationwide, as it met expansion criteria under MACRA, but expansion was delayed due to the pandemic. The current timeline for expansion announced on August 27, 2021, is complete at the end of July 2021. (See attached timeline.)

UNINTENDED CONSEQUENCES DURING IMPLEMENTATION

- RSNAT impacts particularly vulnerable populations with end-stage renal disease (ESRD) and wound care treatment needs, accounting for 85% of all RSNAT claims.

- 40% of the Medicare beneficiaries impacted by the RSNAT demonstration were dually-eligible for Medicare and Medicaid.

    - RSNAT has resulted in a shifting of transport service to Medicaid Non-Emergency Medical Transportation (NEMT) for full dual eligibles. Transportation provider data shows increased spending for Medicaid stretcher and wheelchair van transports immediately following the implementation of RSNAT.
    - However, Medicaid NEMT is only available to full dual-eligible beneficiaries; it is not available to partial dual eligible beneficiaries who make-up about a third of all duals.

- While Medicaid NEMT can fill in gaps for the full dual eligibles impacted by RSNAT, partial duals and other highly vulnerable beneficiaries are still in need of assistance.

- Many of the beneficiaries who lose ambulance service are vulnerable – low-income, frail, disabled or elderly, and facing barriers related to social determinants of health including lack of transportation. In the RSNAT evaluation, beneficiaries reported needing to choose between medical transportation and rent or food.

PROPOSED SOLUTION

- Congress should amend the RSNAT model to fill gaps when full and partial dual eligibles lose access to Medicare ambulance NEMT and lack other means of transportation due to the new prior authorization requirement for ambulance NEMT.

- Retain all current Medicare savings and current law with respect to Medicaid benefits for partial duals except for providing low cost Medicaid NEMT to participants in the RSNAT model.
- Provide navigation services to full dual eligibles to ensure they are enrolled in Medicaid aware of their entitlement to a Medicaid NEMT benefit.
- Provide navigation services to partial dual eligibles to ensure they are enrolled in Medicaid.
- Require MACs to notify states of Medicare beneficiaries denied coverage of ambulance NEMT.
- Require states to provide an NEMT benefit to partial duals participating in the RSNAT demo and lacking alternative transportation.
- Note that, in 2022, the Medicare reimbursement/cost for Medicare BLS ambulance round trip is $790 according to Fair Health. The Medicaid average cost of an NEMT ride is $76.86 according to ModivCare, the largest Medicaid NEMT manager/broker – or less than one-tenth the cost.

States with RSNAT Implementation Dates

State	Date RSNAT Commences	State	Date RSNAT Commences
Alabama	2/1/2022[1]	Montana	8/1/2022
Alaska	8/1/2022	Nebraska	4/1/2022
American Samoa	2/1/2022	Nevada	2/1/2022
Arizona	8/1/2022	New Hampshire	6/1/2022
Arkansas	12/1/21	New Jersey	Commenced 12/2/2020
California	2/1/2022	New Mexico	12/1/21
Colorado	12/1/21	New York	6/1/2022
Connecticut	6/1/2022	North Carolina	Commenced 12/2/2020
Delaware	Commenced 12/2/2020	North Dakota	8/1/2022
District of Columbia	Commenced 12/2/2020	Northern Mariana Islands	2/1/2022
Florida	4/1/2022	Ohio	8/1/2022
Georgia	2/1/2022	Oklahoma	12/1/21
Guam	2/1/2022	Oregon	8/1/2022
Hawaii	2/1/2022	Pennsylvania	Commenced 12/2/2020
Idaho	8/1/2022	Puerto Rico	4/1/2022
Illinois	4/1/2022	Rhode Island	6/1/2022
Indiana	6/1/2022	South Carolina	Commenced 12/2/2020
Iowa	4/1/2022	South Dakota	8/1/2022
Kansas	4/1/2022	Tennessee	2/1/2022

[1] For all states set to commence 2/1/2022 and later, RSNAT will commence *no earlier* than the corresponding date.

Kentucky	8/1/2022	Texas	12/1/21
Louisiana	12/1/21	U.S. Virgin Islands	4/1/2022
Maine	6/1/2022	Utah	8/1/2022
Maryland	Commenced 12/2/2020	Vermont	6/1/2022
Massachusetts	6/1/2022	Virginia	Commenced 12/2/2020
Michigan	6/1/2022	Washington	8/1/2022
Minnesota	4/1/2022	West Virginia	Commenced 12/2/2020
Mississippi	12/1/21	Wisconsin	4/1/2022
Missouri	4/1/2022	Wyoming	8/1/2022

I. THE RSNAT PROCESS AND IT'S IMPACT ON FULL AND PARTIAL DUAL ELIGIBLES