

Congress of the United States
Washington, DC 20515

February 15, 2023

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

Dear Secretary Becerra,

We are writing to bring your attention to language that was included in the Consolidated Appropriations Act, 2022 (P.L. 117-103) requesting a delay to the Center for Medicare and Medicaid Services' (CMS) nationwide expansion of the Repetitive, Scheduled Non-Emergent Ambulance Transport (RSNAT) model because low-income Medicare beneficiaries were being left with no transportation to dialysis and diabetes-related wound care. To date, CMS had not responded to the request. In fact, last year the agency proceeded to expand the RSNAT model across the nation despite our concerns.

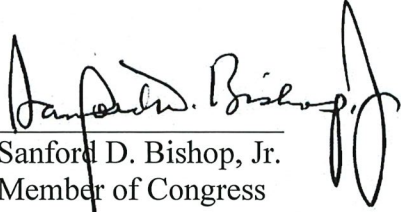
The recently enacted Consolidated Appropriations Act, 2023 (P.L. 117-328) includes report language which directs the agency to provide "a plan within 90 days of enactment ... to provide alternative transportation to the low-income Medicare-Medicaid full and partial dual eligibles who have no alternative transportation to dialysis and diabetes-related wound care services." As you may be aware, nearly half of the Medicare beneficiaries who have lost transportation are low-income minorities. Approximately two-thirds of these patients qualify for Medicaid non-emergency medical transportation (NEMT) as full dual eligibles but may not be enrolled or aware of the availability of the benefit. The other third of the patients, the partial dual eligibles, only qualify for help with Medicare cost sharing but not for any Medicaid benefits, including NEMT. In the short term, we look forward to seeing HHS' plan by April on how they intend to ensure vulnerable beneficiaries have sufficient alternative transportation options.

In addition to any administrative actions HHS may take, we also plan to reintroduce the Access to Critical Non-Emergency Transportation Services Act (H.R. 8841 in the 117th Congress) to statutorily address the needs of the full and partial dual eligibles harmed by the RSNAT prior authorization policy. The legislation would require state Medicaid programs to raise awareness about dual eligible benefits. In addition, the bill provides NEMT benefits to partial dual eligibles that lose their Medicare transportation. We request CMS' support of this policy and that you expeditiously provide the previously requested technical assistance on the bill's provisions.

Please contact our staff, Jack Ganter with Rep. Carter (R-GA) at Jack.Ganter@mail.house.gov, Jonathan Halpern with Rep. Sanford Bishop (D-GA) at Jonathan.Halpern@mail.house.gov,

and/or Mariah Philips with Rep. Cárdenas (D-CA) at Mariah.Philips@mail.house.gov, with any questions and to update us on the status of our bipartisan technical assistance request.

Sincerely,


Sanford D. Bishop, Jr.
Member of Congress


Earl L. "Buddy" Carter
Member of Congress


Tony Cárdenas
Member of Congress

CC:

Chiquita Brooks-LaSure
Administrator for the Centers for Medicare and Medicaid Services

Dara Corrigan, Dara.Corrigan@cms.hhs.gov
Deputy Administrator and Director, Center for Program Integrity Centers for Medicare and Medicaid Services

Liz Fowler, Liz.Fowler@cms.hhs.gov
Deputy Administrator and Director for Center for Medicare and Medicaid Innovation

Kirsten Jensen, Kirsten.Jensen@cms.hhs.gov
Director of Benefits and Coverage at Centers for Medicare and Medicaid Services

Connie Leonard, Connie.Leonard@cms.hhs.gov
Director of Provider Compliance, Center for Program Integrity Centers for Medicare and Medicaid Services

Michael Tankersley, Michael.Tankersley@cms.hhs.gov
Deputy Director of Benefits and Coverage at Centers for Medicare and Medicaid Services

Tim Engelhardt, tim.engelhardt@cms.hhs.gov
Director, Federal Coordinated Health Care Office