

116TH CONGRESS  
1ST SESSION

# H. R. 4938

To amend title XVIII to strengthen ambulance services furnished under part B of the Medicare program.

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## IN THE HOUSE OF REPRESENTATIVES

OCTOBER 31, 2019

Ms. SEWELL of Alabama (for herself, Mr. NUNES, Mr. WELCH, Mr. MULLIN, and Mr. BLUMENAUER) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To amend title XVIII to strengthen ambulance services furnished under part B of the Medicare program.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the  
5 “Medicare Ambulance Access, Fraud Prevention, and Re-  
6 form Act of 2019”.

7 (b) TABLE OF CONTENTS.—The table of contents for  
8 this Act is as follows:

Sec. 1. Short title; table of contents.

**TITLE I—PROTECT ACCESS TO HIGH QUALITY AMBULANCE CARE**

Sec. 101. Reform to the Medicare ambulance fee schedule.

Sec. 102. National expansion of prior authorization model for repetitive scheduled non-emergent ambulance transport.

**TITLE II—REDUCE ADMINISTRATIVE BURDENS TO EXPAND  
PATIENT CARE**

Sec. 201. Elimination of duplicative paperwork requirements in the Medicare ambulance benefit.

**TITLE III—LEVERAGE AMBULANCE SERVICES TO PROTECT  
ACCESS TO CARE IN RURAL AMERICA**

Sec. 301. Protecting access to ambulance services in rural and low population density areas.

1 **TITLE I—PROTECT ACCESS TO**  
2 **HIGH QUALITY AMBULANCE**  
3 **CARE**

4 **SEC. 101. REFORM TO THE MEDICARE AMBULANCE FEE**  
5 **SCHEDULE.**

6 (a) IN GENERAL.—Section 1834(l) of the Social Se-  
7 curity Act (42 U.S.C. 1395m(l)) is amended by adding  
8 at the end the following new paragraph:

9 “(18) INCREASE IN CONVERSION FACTOR FOR  
10 GROUND AMBULANCE SERVICES.—In the case of  
11 ground ambulance services furnished on or after  
12 January 1, 2020, for purposes of determining the  
13 fee schedule amount for such services under this  
14 subsection, the conversion factor otherwise applica-  
15 ble to such services shall be increased by—

16 “(A) with respect to ground ambulance  
17 services for which the transportation originates

1 in a qualified rural area, as identified using the  
2 methodology described in paragraph  
3 (12)(B)(iii), 25.6 percent;

4 “(B) with respect to ground ambulance  
5 services not described in subparagraph (A) and  
6 for which the transportation originates in a  
7 rural area described under paragraph (9) or in  
8 a rural census tract described in such para-  
9 graph, 3 percent; and

10 “(C) with respect to ground ambulance  
11 services not described in subparagraph (A) or  
12 (B), 2 percent.

13 “(19) INCREASE IN MILEAGE RATE FOR  
14 GROUND AMBULANCE SERVICES.—In the case of  
15 ground ambulance services furnished on or after  
16 January 1, 2020, for purposes of determining the  
17 fee schedule amount for such services under this  
18 subsection, the payment rate for mileage otherwise  
19 applicable to such services shall be increased by—

20 “(A) with respect to ground ambulance  
21 services for which the transportation originates  
22 in a qualified rural area, as identified using the  
23 methodology described in paragraph  
24 (12)(B)(iii), 3 percent;

1           “(B) with respect to ground ambulance  
2 services not described in subparagraph (A) and  
3 for which the transportation originates in a  
4 rural area described under paragraph (9) or in  
5 a rural census tract described in such para-  
6 graph, 3 percent; and

7           “(C) with respect to ground ambulance  
8 services not described in subparagraph (A) or  
9 (B), 2 percent.”.

10 (b) STUDY AND REPORT.—

11           (1) STUDY.—The Secretary of Health and  
12 Human Services shall conduct a study on how the  
13 conversion factor applicable to ground ambulance  
14 services under the ambulance fee schedule under sec-  
15 tion 1834(l) of the Social Security Act (42 U.S.C.  
16 1395m(l)), as adjusted under paragraph (18) of  
17 such section (as added by subsection (a)), should be  
18 modified, if at all, to take into account the cost of  
19 providing services in urban, rural, and super-rural  
20 areas. In determining such costs, the Secretary shall  
21 use the data collected through the data collection  
22 system under paragraph (17) of such section.

23           (2) REPORT.—Not later than January 1, 2022,  
24 the Secretary of Health and Human Services shall  
25 submit to Congress a report on the study conducted

1 under paragraph (1), together with recommenda-  
2 tions for such legislation and administrative action  
3 as the Secretary determines appropriate.

4 **SEC. 102. NATIONAL EXPANSION OF PRIOR AUTHORIZA-**  
5 **TION MODEL FOR REPETITIVE SCHEDULED**  
6 **NON-EMERGENT AMBULANCE TRANSPORT.**

7 (a) IN GENERAL.—Section 1834(l)(16) of the Social  
8 Security Act (42 U.S.C. 1395m(l)(16)) is amended—

9 (1) by redesignating subparagraphs (B) and  
10 (C) as subparagraphs (C) and (D), respectively; and

11 (2) by inserting after subparagraph (A) the fol-  
12 lowing new subparagraph:

13 “(B) PERMANENT EXPANSION.—

14 “(i) If by July 1, 2019, the Secretary  
15 has not already expanded to all States the  
16 model of prior authorization described in  
17 paragraph (2) of section 515(a) of the  
18 Medicare Access and CHIP Reauthoriza-  
19 tion Act of 2015, by January 1, 2020, the  
20 Secretary shall expand the prior authoriza-  
21 tion model to all States using notice and  
22 comment rulemaking, regardless of wheth-  
23 er or not the expansion meets the require-  
24 ments described in paragraphs (1) through  
25 (3) of section 1115A(c).

1           “(ii) If the Secretary expands the  
2 model of prior authorization under this  
3 subparagraph—

4           “(I) the prior authorization shall  
5 be limited to ambulance services con-  
6 sisting of non-emergency basic life  
7 support services involving transport of  
8 an individual with end-stage renal dis-  
9 ease for renal dialysis services (as de-  
10 scribed in section 1881(b)(14)(B))  
11 furnished other than on an emergency  
12 basis; and

13           “(II) in making the prior author-  
14 ization determination with respect to  
15 a service and individual, the Secretary  
16 shall evaluate the medical necessity of  
17 the service by determining—

18           “(aa) whether the individual  
19 is unable to get up from bed  
20 without assistance, unable to am-  
21 bulate, and unable to sit in a  
22 chair or wheelchair;

23           “(bb) whether the individual  
24 has a medical condition that, re-  
25 gardless of bed confinement, is

1 such that transport by ambulance  
2 is medically necessary; or

3 “(cc) whether the individual  
4 meets other criteria as deter-  
5 mined appropriate by the Sec-  
6 retary.”.

7 **TITLE II—REDUCE ADMINISTRATIVE BURDENS TO EXPAND**  
8 **PATIENT CARE**

10 **SEC. 201. ELIMINATION OF DUPLICATIVE PAPERWORK RE-**  
11 **QUIREMENTS IN THE MEDICARE AMBULANCE**  
12 **BENEFIT.**

13 Section 1834(l) of the Social Security Act (42 U.S.C.  
14 1395m(l)), as amended by section 101, is further amended  
15 by adding the following new paragraph:

16 “(20) REDUCING ADMINISTRATIVE BURDEN.—  
17 No later than July 1, 2020—

18 “(A) The Secretary shall through notice  
19 and comment rulemaking eliminate the fol-  
20 lowing requirements to reduce the burden on  
21 ambulance services providers and suppliers:

22 “(i) The vehicle section and the  
23 ‘extra’ practice locations for emergency  
24 medical services section of the 855B Am-  
25 bulance Enrollment Form required under

1 section 424.505 of title 42, Code of Fed-  
2 eral Regulations (or successor regulations).

3 “(ii) The requirement that individuals  
4 sign ambulance service claims under sec-  
5 tion 424.36 of title 42, Code of Federal  
6 Regulations (or successor regulations),  
7 when other documentation establishing  
8 that the individual received the ambulance  
9 services is available.

10 “(B) Not later than July 1, 2020, the Sec-  
11 retary shall through notice and comment rule-  
12 making—

13 “(i) require ambulance providers and  
14 suppliers to update the 855B Ambulance  
15 Enrollment Form required under section  
16 424.505 of title 42, Code of Federal Regu-  
17 lations (or successor regulations), no more  
18 than once a calendar year; and

19 “(ii) establish a process to take into  
20 account inaccuracies in Social Security  
21 records or other official death records be-  
22 fore revoking billing authority for ambu-  
23 lance providers and suppliers under section  
24 424.535 of title 42, Code of Federal Regu-  
25 lations (or successor regulations).”.



1 **TITLE III—LEVERAGE AMBU-**  
2 **LANCE SERVICES TO PRO-**  
3 **TECT ACCESS TO CARE IN**  
4 **RURAL AMERICA**

5 **SEC. 301. PROTECTING ACCESS TO AMBULANCE SERVICES**  
6 **IN RURAL AND LOW POPULATION DENSITY**  
7 **AREAS.**

8 Section 1834(l)(12) of the Social Security Act (42  
9 U.S.C. 1395m(l)(12)) is amended by adding at the end  
10 the following new subparagraphs:

11 “(C) EXCEPTION FOR RURAL AND QUALI-  
12 FIED RURAL AREAS.—The Secretary shall deem  
13 an area designated as a rural or qualified rural  
14 area under this paragraph that would otherwise  
15 no longer receive such designation to retain its  
16 previous designated status if there are 1,000 or  
17 fewer individuals per square mile in the area.

18 “(D) RIGHT TO APPEAL RURAL AREAS  
19 AND QUALIFIED RURAL AREAS.—The Secretary  
20 shall establish an administrative appeals proc-  
21 ess to allow ambulance services providers and  
22 suppliers to seek reconsideration of a change in  
23 a ZIP code’s status as a rural or qualified rural  
24 area during the first 12 months after the Sec-

1           retary finalizes a change in the designation  
2           made under this paragraph.”.

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