

November 25, 2020

Mr. Jim Parker
Senior Advisor to the Secretary for Health Reform
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Additional Data Supporting Additional Funding for Ground Ambulance Suppliers and Providers during the COVID-19 Pandemic

Dear Mr. Parker:

Thank you again for talking with the American Ambulance Association (AAA) and our volunteer leaders. Our leaders spend their days taking care of patients in their communities who require ambulance health care services and ensure that there are efficient transitions of care when patients move between health care facilities or even their home. We appreciate all of the efforts the Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) have undertaken to support these front-line providers during the pandemic. Similar to hospitals and many skilled nursing facilities, ground ambulance service providers and suppliers since March have been serving their communities in a disproportionate manner to their traditional role in the Medicare program. Given the substantially heavier burden that AAA members are carrying during the pandemic, we reiterate our request for HHS to provide additional funding from the Congressionally allocated dollars for the Provider Relief Fund specifically to ground ambulance service providers to ensure the stability of these essential providers and suppliers as the country continues to battle the pandemic. In this letter, we have included some additional data points to support this request.

- Since the beginning of the pandemic, ground ambulance calls have **decreased by 16.7%**, while transports for which these providers and supplier can submit a claim to Medicare have been reduced by 2.7%. However, these are national number and do not account for the third surge. Individual organizations across the country have seen much greater changes.
 - For example, in hot spot areas, such as New Rochelle, New York, 9-1-1 medical responses that did not result in an ambulance transport **increased from 500 to 6,049** during the public health emergency compared to the same timeframe last year. **Their mandatory treatment in place without transport reduced their transport volume by 25 percent.**

- Medicare reimbursement for ground ambulance services in 2019 was less than one percent of total Medicare expenditures.
- Ground ambulance providers and suppliers received approximately \$350 million¹ or the maximum 2% of the total expenditures from the Provider Relief Fund. By comparisons:
 - **Skilled nursing facilities/nursing homes** have received **\$7.4 billion targeted specifically to these providers from the Provider Relief Fund.**
 - **Rural hospitals**, including rural acute care general hospitals and Critical Access Hospitals (CAHs), Rural Health Clinics (RHCs), and Community Health Centers, as well as certain specialty rural hospitals, have received **\$11 billion targeted specifically to these providers from the Provider Relief Fund.**
 - Safety net hospitals have received **\$14.4 billion targeted specifically to these providers from the Provider Relief Fund.** (HHS, CARES Act Provider Relief Fund: Data, <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/data/index.html>)
- Private ground ambulance services, which operate 28% of all emergency services nationwide as cited by the GAO, have received nearly zero funding from FEMA, SAFER (Staffing for Adequate Fire and Emergency Response) grants, and State and local funds to address increasing PPE and other costs related to the pandemic. According to NHTSA, EMS-only systems (those that do not also provide fire suppression services) provide overwhelming ambulance service transports. 59.7 percent of all responders who provide EMS transports are EMS-only services. The percentage in rural areas is more than 65 percent and more than 74 percent in wilderness areas in the United States. (Source: NHTSA, “Characterizing Local EMS Systems,” (Aug 2013)).
- The vast majority of private ground ambulance services are small, local businesses. 85 percent of ambulance services throughout the United States provide 2,500 or fewer transports, according to CMS claims data.

As you can see from these data points, there has been an increased burden on ground ambulance suppliers that few other providers have experienced. Without ground ambulance services, communities across the country would not be able to fight the pandemic. Yet, the federal government has not yet recognized the unique contribution nor provided adequate

¹Based on 2% of industry revenue of \$17.5 billion
<https://www.ibisworld.com/industry-statistics/market-size/ambulance-services-united-states/>

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funding to allow these essential businesses to address the financial instability caused by the pandemic.


To add to the problem, Medicare has refused to exercise the authority it has under the Social Security Act and the Section 1135 Waivers to reimburse ground ambulance services responding to a 911 or equivalent call for health care services provided at the scene when the patient is not transported, consistent with medical (*i.e.*, physician) online direction or written protocols.

As a result, the 911 emergency medical system throughout the United States is at a breaking point. Without additional relief, it seems likely to break, even as we enter the third surge of the virus in the Mid-West and West.

The AAA's ask for these essential health care workers is \$43,500 per ambulance or \$2.62 billion directed from the already Congressionally allocated funds from the Provider Relief Fund.

We appreciate your assistance and efforts to try to address the serious gap in funding and support from the Provider Relief Fund for the ground ambulance responders across the country.

Sincerely

A handwritten signature in black ink, appearing to read 'A. Reinert', is positioned above the typed name and title.

Aarron Reinert
American Ambulance Association
President