November 11, 2025

Mr. Abe Sutton, JD
Deputy Administrator and Director
Center for Medicare & Medicaid Innovation
Centers for Medicare & Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Deputy Administrator Sutton,

As organizations that strive to provide patients with the right care, in the right place, at the right time, and in the most cost-effective manner, we are writing in support of an improved model to test and evaluate emergency medical services (EMS) Treatment in Place (TIP) care delivery as outlined in H.R. 2538/S. 3145, the Comprehensive Alternative Response for Emergencies (CARE) Act. This bipartisan legislation is sponsored by Representatives Mike Carey (R-OH), Lloyd Doggett (D-TX), Carol Miller (R-WV), Pat Ryan (D-NY), and Senators Susan Collins (R-ME) and Peter Welch (D-VT). Our organizations urge you to support this proposal and work with Congress to assess the benefits of TIP to reduce overall Medicare costs, promote patient outcomes, and allow patients the freedom to receive care on their own terms.

Under current policy, the Medicare Ambulance Fee Schedule (MAFS) contradicts the efficiency that TIP can achieve by only reimbursing EMS agencies for the most expensive outcome – emergency ambulance transportation to an emergency department (ED). With average ED costs of up to $1,082 per visit[1], the MAFS forces Medicare to maintain 911 call dispositions which are five times more expensive than allowing EMS agencies to provide TIP.

Unfortunately, Medicare does not reimburse EMS agencies for TIP – even when it is a more appropriate level of care for the patient. This policy results in EMS agencies absorbing the cost of non-transport outcomes. The expectation to provide emergent patient assessment and treatment without reimbursement is placed on no other healthcare practitioners. This outdated payment structure does not reflect the advancements in pre-hospital care and protocols in which paramedics and EMTs are well-positioned to provide care at the scene instead of high-cost trips to the ED, to the detriment of patients and providers.

[1] Gary Pickens, Mark W. Smith, Kimberly W. McDermott, Amanda Mummert, Zeynal Karaca, Trends in treatment costs of U.S. emergency department visits, The American Journal of Emergency Medicine, Volume 58, 2022

We urge CMMI to establish a nationwide pilot program based on the framework laid out in H.R. 2538/S. 3145, the CARE Act of 2025. Specifically, the program should pilot a payment and delivery model that allows Medicare Part B reimbursement for treatment-in-place and non-transport in response to emergency medical calls provided by licensed ground ambulance service providers or their partners, even when no transport occurs while following their local protocols or online medical direction. EMS agencies that provide TIP must have active oversight by an EMS medical director to ensure safe and high-quality patient care.

The pilot should set payment rates that generally align with what would have been paid had the patient been transported under current Medicare ambulance rules. In cases where telehealth services are furnished alongside treatment-in-place, the patient's location should be recognized as an originating site for Medicare reimbursement purposes. CMMI should run the pilot for five years, with an independent evaluation at year four to assess beneficiary outcomes, resource utilization, and regional and demographic variations, while identifying best practices and challenges for extending the model permanently.

Many patients who call 911 have low-acuity medical conditions that, with recent advancements in prehospital care, can be appropriately managed on-scene. Medicare beneficiaries represent 40% of patients treated by EMS. Of these patients, approximately 16.2% involve medical conditions that could be treated solely by paramedics or EMTs under medical protocols or with physician guidance using telehealth services and do not require a hospital ED visit.[2] An estimated 2.2 to 2.8 million ED visits by Medicare beneficiaries each year could be eligible for TIP, potentially saving Medicare up to $2 billion annually. Given the year-over-year growth in demand for EMS, these savings would likely increase further each year.

From 2021-2023, the Center for Medicare and Medicaid Innovation (CMMI) operated the Emergency Triage, Treat, and Transport (ET3) Model which reimbursed pre-hospital EMS agencies for providing TIP via telehealth to Medicare beneficiaries. During the period of the COVID-19 public health emergency, CMS also issued a waiver to reimburse ground ambulance services for treating patients on scene and not transporting them to a hospital when directed to do so by local protocols and medical direction. These opportunities empowered EMS responders to navigate patients to the right care in the right setting. The results realized Medicare savings and boosted patient satisfaction. The ET3 Model Final Evaluation Report[3] identified lower Medicare Parts A & B spending by 15% to 50% for patients who were treated in place instead of being

[2] "Giving EMS Flexibility in Transporting Low-Acuity Patients Could Generate Substantial Medicare Savings," *Health Affairs* December 2013, https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2013.0741
[3] EMERGENCY TRIAGE, TREAT, AND TRANSPORT (ET3) MODEL: Final Evaluation Report, January 2025 https://www.cms.gov/priorities/innovation/data-and-reports/2025/et3-model-final-eval-rpt

transported to a hospital. ET3 model test data indicated an average net savings of $537.51 per patient.[4]

While CMMI terminated ET3 early, the data collected nevertheless establishes the legitimacy for further Medicare investment in TIP. CMS already recognizes that the lessons from ET3 should be used in the "development of potential future initiatives."[5]

As CMMI hones its focus towards policies that give patients greater control of their care, TIP presents an innovative care delivery model to realize these goals. Reimbursing EMS agencies for TIP remains a cost-effective, patient-centric protocol for patients who use the 9-1-1 system for conditions that can be more easily and more appropriately treated on scene, with potential referral to the patient's existing primary care provider. This flexibility is especially important for people with chronic conditions, disabilities, and mobility limitations.

Furthermore, TIP provides strong benefits to struggling EMS agencies and crowded ED. By allowing patients to more appropriately receive care on-scene in lieu of transportation to a hospital, CMS can lessen the burden placed on EMS providers struggling with workforce shortages as well as decompress overcrowded hospitals and ED.[6][7]

We appreciate your review and consideration of pursuing a TIP model that will provide documentable Medicare savings and improve EMS operations and financial sustainability in the constantly evolving pre-hospital care environment.

Sincerely,

Aberdeen Advanced Care Ambulance	Agate Fire Protection District	Ambulance Association of Pennsylvania
Acute Rescue and Transport, Inc.	Alabama Association of Ambulance Services	American Ambulance Association (AAA)
Ada County Paramedics	Alcester Ambulance	Arlington Ambulance

[4] Presentation to the CMS ET3 Model Quality Workgroup Session #2: Development of Performance-Based Payment (PBP) Eligibility and Methodology, March 21, 2023; https://www.naemt.org/docs/default-source/advocacy-documents/et3-imc_quality-workgroup-session-2_final_04042023-57.pdf?sfvrsn=c095f093_1

[5] Emergency Triage, Treat, and Transport (ET3) Model. *Center for Medicare and Medicaid Services*. https://www.cms.gov/priorities/innovation/innovation-models/et3

[6] Daniel B. Gingold, Benoit Stryckman, Yuanyuan Liang, Erinn Harris, William L. McCarren, David Marcozzi, Analysis of an Alternative Model of Definitive Care For Low-Acuity Emergency Calls: A Natural Experiment, The Journal of Emergency Medicine, Volume 62, Issue 1, 2022,

[7] Rebecca A. Schaefer, Thomas D. Rea, Michele Plorde, Kraig Peiguss, Paul Goldberg, John A. Murray, An emergency medical services program of alternate destination of patient care, Prehospital Emergency Care, Volume 6, Issue 3, 2002

Armour Ambulance

AVEL E Care EMS

BJC Healthcare

Butler County EMS/Rescue Squad

Butte County Ambulance

California Ambulance Association

Carthage Ambulance

Centerville Ambulance

Charleston County EMS

Charlestown Ambulance-Rescue Service (RI)

Chester County EMS Council, Inc.

Cheyenne County Ambulance

City of Yuma Ambulance Service

Congressional Fire Services Institute (CFSI)

Corsica Ambulance

Coshocton County EMS

Crested Butte Fire Protection District

Critical Care Science Services (CCSS)

Custer Ambulance

Deuel County Ambulance

Eagle County Paramedics

ECPI University

Faith Ambulance

Flandreau Ambulance

Florida Ambulance Association

Florida Association of EMTs and Paramedics

Florissant Valley Fire Protection District

Grand County EMS

Greenport Rescue Squad

Hand County Ambulance

Highland Rescue Team Ambulance District

Highmore Fire and Ambulance

Hoven Ambulance

Indiana EMS Association

Indiana Fire Chief's Association

International Association of EMS Chiefs

International Association of Fire Chiefs (IAFC)

International Association of Fire Fighters (IAFF)

Jerauld County Ambulance

Kakoka Ambulance

Kansas EMS Association

Kentucky Ambulance Provider's Association

Keystone Ambulance

Kimball Ambulance District

Lake Norden

Lennox Ambulance

Leola Ambulance

LifeCare Ambulance Service

Limon Ambulance Service

Lincoln EMS

Linn County Ambulance District

Louisiana Ambulance Alliance

Louisiana Association of Nationally Registered EMTs

Louisiana Public Health Association (LPHA)

Marion Ambulance

Michigan Association of Emergency Medical Technicians

Midland Area EMS

Missouri Ambulance Association

Missouri EMS

Missouri Rural Health Association

Missouri State Advisory Council

Missouri Valley Ambulance

Mitchell Fire and Ambulance

National Association of Emergency Medical Technicians (NAEMT)

National Association of EMS Educators

National Association of EMS Physicians (NAEMSP)

National Association of Mobile Integrated Healthcare Providers

National Association of State EMS Officials (NASEMSO)

National EMS Management Association (NEMSMA)

National EMS Quality Alliance

National Registry of EMTs (NREMT)

National Rural Healthcare Association

North Dakota EMS Association

North Mo EMS

Northwest Ambulance District

NYS Volunteer Ambulance and Rescue Association

Oakwood Fire and Rescue

OHIO EMS Chiefs

Oklahoma Non-Profit EMS Association (ONE)

Parker Ambulance

Patient Care EMS Sioux Falls

Pettis County Ambulance District

Plains to Peaks Regional Advisory Council

Plankinton Ambulance

Platte Ambulance

Professional Ambulance Association of Wisconsin

Putnam County EMS

Rapid City Fire Department

Richmond Ambulance Authority

Ridgefield Fire Department

Rosebud Sioux Tribe Ambulance

Sandusky County EMS

Scotland EMS

Selby Volunteer Ambulance

Smiths Station Fire Protection District

South Carolina EMS Association (SCEMSA)

South Dakota Ambulance Association

South Dakota EMS Association

Southeast Colorado Hospital Ambulance

Southeast Colorado Hospital Ambulance Service

Southwest Regional Emergency & Trauma Advisory Council (SWRETAC)

Southwest Teller County EMS

Spearfish Ambulance

Spink County Ambulance

Standing Rock Ambulance

Stickney Ambulance

Stoddard County Ambulance District

Stratford EMS

Susquehanna Regional EMS

Telluride Fire Protection District

Tennessee Ambulance Service Association (TASA)

Tennessee Association of EMS Providers (TAEMSP)

Tennessee EMS Education Association (TEMSEA)

Texas EMS Alliance

The Academy of International Mobile Healthcare Integration (AIMHI)

The Emergency Medical Association of Colorado (EMSAC)

The Louisiana Rural Ambulance Alliance

The National Volunteer Fire Council (NVFC)

Trinidad Ambulance District

Tripp County Ambulance

Union Ambulance District

United New York Ambulance Network (UNYAN)

UPMC Prehospital Care

Ute Pass Regional Health Service District

Virginia Ambulance Association

Wagner-Lake Andes Ambulance District

Washington Ambulance and Chair EMS

Washington Ambulance Association

Washington County Ambulance District

Watertown Fire Rescue

West McPherson Ambulance

White Lake Ambulance

Wisconsin EMS Association

WV EMS Coalition

Yankto County EMS