



National Association of Emergency Medical Technicians
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April 21, 2020

The Honorable Seema Verma
Administrator, Center for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

RE: CMS-1744-IFC

Dear Administrator Verma:

On behalf of the National Association of Emergency Medical Technicians ([NAEMT](http://www.NAEMT.org)) and our over 72,000 members, thank you for providing EMS with the flexibility to do the right thing for our patients and communities, while minimizing the financial impact to ambulance suppliers and providers through your recently announced "Temporary Expansion Sites" for ambulance destinations.

Ambulance suppliers and providers are being dramatically impacted by the COVID-19 pandemic, due to the goal to limit ambulance transports to hospitals to help preserve hospital capacity. Overall, the new CMS rule is exceptional and provides welcome relief to ambulance supplier and providers who are working collaboratively with their local partners to preserve scarce healthcare resources.

Please accept these comments and questions regarding the interim final rule.

Physician Support for Telehealth Services

Is it a correct interpretation of the expanded telehealth provisions that they would allow a contractual relationship between a physician and an ambulance supplier or provider to perform telehealth services as 'auxiliary' personnel, and that the reimbursement for such services by the ambulance supplier or provider would be between the ambulance supplier or provider and the physician?

Origin and Destination Requirements Under the Ambulance Fee Schedule

Is it a correct interpretation of the proposed expanded covered destinations that it would apply to any beneficiary, not only beneficiaries experiencing a COVID-19 related clinical presentation?

Beneficiary's Home Listed as an Appropriate Alternate Destination

In the list of expanded destinations, the beneficiary's home is listed as an appropriate alternate destination. Since medically necessary ambulance transportation to a beneficiary's home is already a covered destination, does including the beneficiary's home as an appropriate alternate destination mean that a clinically appropriate 'Treatment in Place' determination as contemplated in CMS' Emergency Triage, Treatment and Transport (ET3) payment model, where the beneficiary can be appropriately managed in the home, without ambulance transport, is a covered benefit?

The vast majority of enhanced protocols implemented already, or being implemented by ambulance service medical directors across the country, include the extensive use of treatment in place, with referral to alternate medical care such as the patient's medical home, PCP, etc. It would seem that this clinically appropriate, patient centered disposition reduces demand on both the emergency care setting, as well as urgent care settings.

We strongly encourage that the final rule promulgated by CMS be clarified to allow specifically for coverage for Treatment in Place services provided when a transport capable ambulance arrives on the scene, but no transport is provided due to a locally approved, no-transport protocol put in place as part of the PHE mitigation strategy.

Once again, thank you for your exceptional foresight by allowing ambulance suppliers and providers to become a valuable part of the local healthcare system through this rule change. We are more than happy to further discuss these comments with any member of the CMS team at any time.

Respectfully,

A handwritten signature in blue ink, appearing to read "Matt Zavadsky". The signature is fluid and cursive, with a large loop at the end.

Matt Zavadsky, MS-HSA, NREMT
President, NAEMT