

# House Concurrent Resolution No. 9

## 91<sup>ST</sup> GENERAL ASSEMBLY

3977L.011

1 **Whereas**, under the Balanced Budget Act of 1997, Congress mandated that  
2 ambulance services be placed on a fee schedule for Medicare reimbursement; and

3 **Whereas**, to develop the fee schedule, Congress required that a Negotiated  
4 Rulemaking Committee be convened to establish certain policies of the fee schedule and  
5 implementation of the rule establishing this fee schedule is planned for April of 2002; and

6 **Whereas**, the fee schedule is based on four-year-old cost data, and additionally,  
7 Medicare will only pay 80% of the lesser amount of either the actual charge from the ambulance  
8 provider or the Fee Schedule Amount and the patient will be responsible for the remaining 20%;

9 **Whereas**, Ambulance services will no longer be able to bill the patient any amount  
10 beyond the 20% coinsurance and any unmet deductible, then ambulance services will have to  
11 absorb any cost over and above the fee schedule amount; and

12 **Whereas**, by requiring the Medicare schedule to be accepted as total payment,  
13 providers (including hospitals, public utility model systems and private operators) who have had  
14 low Medicare allowable charges will not be able to balance-bill the patients for the difference  
15 and the burden will be on the ambulance service to shoulder the reimbursement that is below  
16 today's costs or stop providing service, and the Schedule requires reimbursement at a basic life  
17 support rate for some procedures that are considered to be advanced life support measures; and

18 **Whereas**, although national practice standards and state training requirements  
19 mandate that some procedures be performed by paramedics, the Medicare program will only pay  
20 for the service at the basic EMT rate, thus, ambulance services will have to further supplement  
21 the cost of services by paying the higher paramedic salary for services that will be reimbursed  
22 at the lower EMT allowable cost, or discontinue offering the higher level of emergency care; and

23           **Whereas**, the revised fee takes effect immediately in April, 2002, and the federal  
24 Centers for Medicare and Medicaid Services will not allow a transition period for providers who  
25 in the past have billed runs at the paramedic (advanced life support) level on every call because  
26 of local ordinances that require advanced life support on every call; and

27           **Whereas**, local communities will have to decide if they are going to continue to  
28 require services to provide the advanced life support level of care, and since Medicare is  
29 reducing support for this higher level of care, communities may have to downgrade to a basic  
30 life support, thereby decreasing the level of emergency care available to Missourians:

31           **Now, therefore, be it resolved** that the members of the House of  
32 Representatives of the Ninety-first General Assembly, Second Regular Session, the Senate  
33 concurring therein, hereby urge Congress to redesign the ambulance fee schedule for Medicare  
34 reimbursement to take into consideration current actual cost data and support of advanced life  
35 support emergency medical services because without these considerations, Missourians cannot  
36 be assured that they will receive the level of medical services they need in times of a medical  
37 emergency.