

## SENATE CONCURRENT RESOLUTION NO. 35

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

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

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

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

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

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

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

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

NOW THEREFORE BE IT RESOLVED that the members of the Missouri Senate, Ninety-First General Assembly, Second Regular Session, the House of Representatives concurring therein, hereby urge Congress to redesign the ambulance fee schedule for Medicare reimbursement to take into

consideration current actual cost data and support of advanced life support emergency medical services because without these considerations, Missourians cannot be assured that they will receive the level of medical services they need in times of a medical emergency; and

BE IT FURTHER RESOLVED that the Secretary of the Missouri Senate be instructed to prepare properly inscribed copies of this resolution for the Missouri Congressional delegation.

Unofficial  
Resolution  
Copy