



# Representative Greg Walden

## Serving the People of Oregon's Second District

### **Ensuring Access to Emergency Care in Rural Oregon**

#### **Problem: Uncertainty over Medicare reimbursement rates threatens rural ambulance service**

- Medicare's rates to reimburse ambulance service providers are significantly below the cost of delivering services in places like Eastern Oregon
- To address this shortfall, Congress regularly is forced to pass legislation giving Medicare ambulance providers short-term relief
  - Urban areas receive a 2% payment increase
  - Rural areas receive a 3% payment increase
  - "Super rural" and extremely remote areas receive a bonus payment
- Two separate studies by the Government Accountability Office (one in 2007, another in 2012) have found that without these extensions, many ambulance providers transporting Medicare beneficiaries would be reimbursed below cost
- Every time this temporary relief is about to expire, it threatens the availability of ambulance services nationwide
- Ambulance providers and the communities they serve deserve dependable payment policies from Medicare—not uncertainty, instability, and short-term "fixes"

#### **Solution: Medicare Ambulance Access, Fraud Prevention, and Reform Act of 2014**

- Walden wrote and introduced the Medicare Ambulance Access, Fraud Prevention, and Reform Act of 2014 (H.R. 5460) on September 11, 2014
- This bill would make the add-on payments for urban and rural transports as well as the super rural relief payment adjustment permanent, instead of temporary patches
- **This certainty will ensure the continued availability of high-quality ambulance services in rural and super rural regions like most of Oregon's Second District**
- H.R. 5460 pays for itself, addressing an established abuse of ambulance services relating to the transport of Medicare beneficiaries with end-stage renal disease (ESRD)
  - The bill builds on existing CMS prior authorization programs for repetitive, non-emergent ambulance transports already in place in New Jersey, Pennsylvania, and South Carolina
  - It expands these programs nation-wide, and requires 60-day advanced authorizations for ambulance service providers to transport ESRD patients to and from dialysis facilities
  - The CMS Inspector General released a report in September 2013 highlighting the significant increase in these transfers and their vulnerability for abuse and fraud
  - Dialysis Advocates, a national dialysis patient advocacy group, has even alerted its members to dangers of this fraud and abuse
- The Medicare Ambulance Access, Fraud Prevention, and Reform Act was introduced with bipartisan support