

116TH CONGRESS
2D SESSION

H. R. 5727

To provide for a study by the National Academy of Medicine on ambulance diversions, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 30, 2020

Mr. RUSH (for himself, Mr. THOMPSON of Mississippi, Mrs. WATSON COLEMAN, and Ms. BARRAGÁN) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To provide for a study by the National Academy of Medicine on ambulance diversions, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Research Empirical
5 Solutions to End Ambulance Reversals from Closed Hos-
6 pitals Act of 2020” or the “RESEARCH Act of 2020”.

1 **SEC. 2. STUDY ON AMBULANCE DIVERSIONS.**

2 (a) STUDY.—The Secretary of Health and Human
3 Services shall seek to enter into an agreement with the
4 National Academy of Medicine under which the National
5 Academy agrees to conduct a study on ambulance diver-
6 sions, including—

7 (1) whether the number of such diversions have
8 increased over the last 10 years, including whether
9 the number of such diversions have increased at the
10 national, regional, State, and local level;

11 (2) what steps, if any, have been taken to re-
12 duce the number of such diversions;

13 (3) whether such diversions disproportionately
14 impact medically underserved communities (as de-
15 fined in section 799B of the Public Health Service
16 Act (42 U.S.C. 295p)); and

17 (4) what actions the Federal Government
18 should take—

19 (A) to reduce the number of ambulance di-
20 versions; and

21 (B) to improve the health and safety of pa-
22 tients affected by ambulance diversions.

23 (b) CONSULTATION.—The agreement under sub-
24 section (a) shall require the study under such agreement
25 to be conducted in consultation with—

1 (1) the Assistant Secretary for Planning and
2 Evaluation of the Department of Health and Human
3 Services;

4 (2) the Assistant Secretary for Preparedness
5 and Response of the Department of Health and
6 Human Services; and

7 (3) the Director of the Office of Emergency
8 Care Research of the National Institutes of Health.

9 (c) REPORT.—The agreement under subsection (a)
10 shall provide for—

11 (1) the submission to the congressional commit-
12 tees of jurisdiction, not later than 24 months after
13 the date of enactment of this Act, of a report on the
14 results of the study under such agreement; and

15 (2) the inclusion in such report of recommenda-
16 tions on actions the Federal Government should
17 take—

18 (A) to mitigate the occurrence of ambu-
19 lance diversions; and

20 (B) to improve the health and safety of pa-
21 tients affected by ambulance diversions.

22 (d) DEFINITION.—In this section, the term “ambu-
23 lance diversion” means the temporary closure of a hospital
24 emergency department to incoming ambulances.

1 **SEC. 3. HOSPITAL REPORTING REQUIREMENT.**

2 (a) REPORTING REQUIREMENT.—A hospital shall re-
3 port to the Secretary of Health and Human Services, in
4 the case the hospital implements an ambulance diversion
5 on or after January 1, 2021—

6 (1) how long the diversion was in effect;

7 (2) the reason for the diversion; and

8 (3) the number of ambulance calls the hospital
9 diverted while the diversion was in effect.

10 (b) ENFORCEMENT.—

11 (1) HOSPITALS.—Section 1886(d)(5) of the So-
12 cial Security Act (42 U.S.C. 1395ww(d)(5)) is
13 amended by adding at the end the following new
14 subparagraph:

15 “(M)(i)(I) In the case that the Secretary determines,
16 with respect to a calendar quarter occurring in the period
17 beginning with 2021 and ending with 2024, that a hospital
18 has complied with the provisions of section 3(a) of the RE-
19 SEARCH Act of 2020 with respect to each ambulance di-
20 version (if any) that occurred during such quarter, the
21 Secretary shall increase, by the percentage specified in
22 subclause (II) for such quarter, the amount otherwise pay-
23 able to such hospital under paragraph (1)(A) for dis-
24 charges occurring in the succeeding quarter.

1 “(II) For purposes of subclause (I), the percentage
2 specified in this subclause is, with respect to a calendar
3 quarter occurring in—

4 “(aa) 2021 or 2022, 1 percent; or

5 “(bb) 2023 or 2024, 0.5 percent.

6 “(ii)(I) In the case that the Secretary determines,
7 with respect to a calendar quarter occurring in 2025 or
8 a subsequent year, that a hospital has failed to report an
9 ambulance diversion occurring during such quarter to the
10 Secretary in accordance with section 3(a) of the RE-
11 SEARCH Act of 2020, the Secretary shall reduce, by the
12 percentage specified in subclause (II) for such quarter, the
13 amount otherwise payable to such hospital under para-
14 graph (1)(A) for discharges occurring in the succeeding
15 quarter.

16 “(II) For purposes of subclause (I), the percentage
17 specified in this subclause is, with respect to a calendar
18 quarter occurring in—

19 “(aa) 2025, 1 percent; or

20 “(bb) 2026 or a subsequent year, 2 percent.

21 “(iii) In this subparagraph, the term ‘ambulance di-
22 version’ has the meaning given such term in section 2 of
23 the RESEARCH Act of 2020.”.

24 (2) CRITICAL ACCESS HOSPITALS.—Section
25 1814(l) of the Social Security Act (42 U.S.C.

1 1395f(l)) is amended by adding at the end the fol-
2 lowing new paragraph:

3 “(6)(A)(i) In the case that the Secretary determines,
4 with respect to a calendar quarter occurring in the period
5 beginning with 2021 and ending with 2024, that a critical
6 access hospital has complied with the provisions of section
7 3(a) of the RESEARCH Act of 2020 with respect to each
8 ambulance diversion (if any) that occurred during such
9 quarter, the Secretary shall increase, by the percentage
10 specified in clause (ii) for such quarter, the amount other-
11 wise payable to such hospital under paragraph (1) for
12 services furnished during the succeeding quarter.

13 “(ii) For purposes of clause (i), the percentage speci-
14 fied in this clause is, with respect to a calendar quarter
15 occurring in—

16 “(I) 2021 or 2022, 1 percent; or

17 “(II) 2023 or 2024, 0.5 percent.

18 “(B)(i) In the case that the Secretary determines,
19 with respect to a calendar quarter occurring in 2025 or
20 a subsequent year, that a critical access hospital has failed
21 to report an ambulance diversion occurring during such
22 quarter to the Secretary in accordance with section 3(a)
23 of the RESEARCH Act of 2020, the Secretary shall re-
24 duce, by the percentage specified in clause (ii) for such
25 quarter, the amount otherwise payable to such hospital

1 under paragraph (1) for services furnished during the suc-
2 ceeding quarter.

3 “(ii) For purposes of clause (i), the percentage speci-
4 fied in this clause is, with respect to a calendar quarter
5 occurring in—

6 “(I) 2025, 1 percent; or

7 “(II) 2026 or a subsequent year, 2 percent.”.

8 (c) DEFINITION.—In this section:

9 (1) The term “ambulance diversion” has the
10 meaning given to such term in section 2.

11 (2) The term “hospital” means a subsection (d)
12 hospital (as defined in section 1886(d)(1)(B) of the
13 Social Security Act (42 U.S.C. 1395ww(d)(1)(B))),
14 or a critical access hospital (as defined in section
15 1861(mm) of such Act (42 U.S.C. 1395x(mm))), en-
16 rolled under section 1866(j) of such Act (42 U.S.C.
17 1392cc(j)).

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