

119TH CONGRESS
1ST SESSION

H. R. 3443

To amend title XI of the Social Security Act to create a model, and to direct the Medicare Payment Advisory Commission to carry out a study and report with respect to Medicare payment for emergency medical services.

IN THE HOUSE OF REPRESENTATIVES

MAY 15, 2025

Mr. HUDSON (for himself and Mrs. DINGELL) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, 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 amend title XI of the Social Security Act to create a model, and to direct the Medicare Payment Advisory Commission to carry out a study and report with respect to Medicare payment for emergency medical services.

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 “When Minutes Count
5 for Emergency Medical Patients Act”.

1 **SEC. 2. CMI EMERGENCY SERVICES PAYMENT MODEL.**

2 Section 1115A of the Social Security Act (42 U.S.C.
3 1315a) is amended—

4 (1) in subsection (b)(2)—

5 (A) in subparagraph (A), in the third sen-
6 tence, by inserting “, and shall include the
7 model described in subparagraph (B)(xxviii)”
8 before the period at the end; and

9 (B) in subparagraph (B), by adding at the
10 end the following new clause:

11 “(xxviii) The When Minutes Count for
12 EMS Patients Model described in sub-
13 section (h).”; and

14 (2) by adding at the end the following new sub-
15 section:

16 “(h) WHEN MINUTES COUNT FOR EMS PATIENTS
17 MODEL.—

18 “(1) IN GENERAL.—For purposes of subsection
19 (b)(2)(B)(xxviii), the When Minutes Count for EMS
20 Patients Model described in this subsection is a
21 model that provides supplemental payment for
22 ground and air ambulance services under title XVIII
23 of the Social Security Act (42 U.S.C. 1395 et seq.)
24 for specified life-sustaining EMS medications and
25 blood products that require immediate administra-
26 tion by EMS professionals to individuals with emer-

1 gency medical conditions (as defined in section
2 1867(e)).

3 “(2) APPLICATION AND SELECTION OF ELIGI-
4 BLE ENTITIES.—

5 “(A) APPLICATION.—

6 “(i) IN GENERAL.—To be eligible to
7 participate in the model described in para-
8 graph (1), an eligible entity shall submit to
9 the Secretary an application in such form,
10 at such time, and containing such informa-
11 tion as the Secretary may determine ap-
12 propriate, which shall include at least the
13 information described in clause (ii).

14 “(ii) INFORMATION DESCRIBED.—For
15 purposes of clause (i), the information de-
16 scribed in this clause is such information
17 as the Secretary determines necessary to
18 demonstrate that the eligible entity will be
19 able to provide sufficient data for the Sec-
20 retary to be able to perform the analysis
21 required for the report required under
22 paragraph (5), including—

23 “(I) data that encompasses qual-
24 ity of care and the outcomes of indi-
25 viduals receiving emergency medical

1 services (as defined in 303(k)(13)(C)
2 of the Controlled Substances Act);
3 and

4 “(II) discrete data elements asso-
5 ciated with emergency department
6 and inpatient services, including ICD-
7 10 and National Emergency Medical
8 Services Information System
9 (NEMESIS) dispositions (NEMESIS 3.5
10 elements: eOutcome 0.1, eOutcome
11 0.2, eOutcome 10, and eOutcome 13).

12 “(B) SELECTION.—The Secretary, in ap-
13 proving applications under this subparagraph—

14 “(i) shall select not less than 1 eligible
15 entity in each HHS region (as determined
16 by the Secretary); and

17 “(ii) to the extent feasible, shall select
18 at least 1 of each type of emergency med-
19 ical services agency (as such term is de-
20 fined for purposes of section
21 303(k)(13)(D) of the Controlled Sub-
22 stances Act).

23 “(3) SUPPLEMENTAL PAYMENT ADJUST-
24 MENTS.—The Secretary shall set payment rates for
25 services furnished under the model described in

1 paragraph (1) and shall make such payments in ad-
2 dition to any payments that eligible entities partici-
3 pating in the model receive for such services under
4 section 1834 of this title. Such payment rates
5 shall—

6 “(A) be calculated based on the total costs
7 of—

8 “(i) maintaining a sufficient supply of
9 specified EMS medications to minimize
10 EMS medical directors having to routinely
11 change protocols for administration of such
12 medications due to their persistent short-
13 ages (which shall constitute at least double
14 the amount of average actual acquisition
15 for such medications in the first year of
16 the model, as determined necessary by the
17 Secretary to ensure such sufficient supply);

18 “(ii) blood products (calculated sepa-
19 rately for each type of product used in the
20 provision of emergency medical services,
21 taking into account the cost of the acquisi-
22 tion, storage, maintenance, transport by
23 ground and air, and administration of
24 blood products; and administrative costs

1 associated with blood and blood product
2 usage and storage, including wastage;

3 “(iii) maintaining a sufficient supply
4 to serve all patients requiring the adminis-
5 tration of specified EMS medications and
6 blood products in the eligible entity’s pri-
7 mary service area (which shall not be
8 based on the actual administration of such
9 medications and blood products to Medi-
10 care beneficiaries); and

11 “(iv) maintaining software and data
12 integration necessary for the reporting re-
13 quirements described in paragraph (2)(A);
14 and

15 “(B) be paid to participants as a lump
16 sum on a monthly or quarterly basis.

17 “(4) SCOPE OF MODEL.—The Secretary shall
18 implement the model in a manner that will provide
19 for a sufficient number of participants in all HHS
20 regions (as determined by the Secretary) and in
21 varying types of geographic areas (including rural,
22 frontier, suburban and urban) to assess and evaluate
23 the reporting components required in the report
24 under paragraph (5).

1 “(5) REPORT.—Not later than 1 year after the
2 termination of the model under this subsection, the
3 Secretary shall submit to Congress a report that in-
4 cludes an analysis of the following:

5 “(A) Whether supplemental payments for
6 ground and air ambulance services under the
7 model under this subsection increased the utili-
8 zation of blood and blood products and lessened
9 the adverse effects of the specified medications
10 in shortage.

11 “(B) The impact of providing such speci-
12 fied medications and blood products on the
13 quality of care provided, and patient outcomes
14 including Medicare and Medicaid patient mor-
15 bidity and mortality.

16 “(C) Whether such increased utilization of
17 specified medications and blood products im-
18 proved the quality of care and saved lives for
19 traditionally underserved demographics and
20 rural communities.

21 “(6) DURATION.—The model described in para-
22 graph (1) shall be carried out for a period of not
23 less than 5 years.

24 “(7) DEFINITIONS.—In this subsection:

1 “(A) SPECIFIED LIFE-SAVING EMS MEDI-
2 CATION.—The term ‘specified life-saving EMS
3 medication’ means the following drugs that
4 have the meaning given the term ‘life-saving’ in
5 section 356(a)(1) of the Food, Drug and Cos-
6 metic Act:

7 “(i) Epinephrine.

8 “(ii) Lidocaine.

9 “(iii) Calcium.

10 “(iv) 0.9 percent saline solution.

11 “(v) Lactated Ringers solution.

12 “(vi) Albuterol.

13 “(vii) Midazolam.

14 “(viii) 10 percent dextrose solution.

15 “(ix) Fentanyl.

16 “(B) BLOOD PRODUCT.—The term ‘blood
17 product’ means any therapeutic substance de-
18 rived from human blood, including whole blood
19 and other blood components for transfusion,
20 and plasma-derived medicinal products.

21 “(C) ELIGIBLE ENTITY.—The term ‘eligi-
22 ble entity’ means an emergency medical services
23 agency (as defined in section 303(k)(13)(D) of
24 the Controlled Substances Act).”.

1 **SEC. 3. MEDPAC REPORT; EMTALA GUIDANCE.**

2 (a) MEDPAC REPORT.—

3 (1) IN GENERAL.—Not later than 2 years after
4 the date of the enactment of this Act, the Medicare
5 Payment Advisory Commission (in this section re-
6 ferred to as “MedPAC”) shall submit to Congress a
7 report on payment for emergency medical services
8 under title XVIII of the Social Security Act (42
9 U.S.C. 1395 et seq.). Such report shall include—

10 (A) with respect to EMS medical directors,
11 the evaluation described in paragraph (2);

12 (B) with respect to emergency medical
13 services professionals, the evaluation described
14 in paragraph (3);

15 (C) with respect to quality assurance, the
16 recommendations described in paragraph (4);
17 and

18 (D) with respect to emergency medical
19 services, the analysis and recommendation de-
20 scribed in paragraph (5).

21 (2) EMS MEDICAL DIRECTOR EVALUATION.—

22 (A) IN GENERAL.—For purposes of para-
23 graph (1)(A), the evaluation described in this
24 subsection is, with respect to EMS medical di-
25 rectors and the 1-year period preceding the date
26 of the enactment of the When Minutes Count

1 for Emergency Medical Patients Act, an evalua-
2 tion of the key roles and responsibilities of phy-
3 sician medical directors in ensuring the highest
4 quality of emergency medical services furnished
5 to a Medicare beneficiary and shall include the
6 following information:

7 (i) An analysis of the extent to which
8 payment under title XVIII of the Social
9 Security Act to emergency medical services
10 agencies as providers or suppliers of
11 ground and air ambulance services during
12 such period was sufficient to enable such
13 agencies to reimburse EMS medical direc-
14 tors for the roles and responsibilities of
15 medical direction and oversight services
16 identified by the sources of information in
17 subparagraph (B).

18 (ii) Consider how modernization of
19 EMS services that allows an emergency
20 medical services agency that is an ambu-
21 lance provider or supplier under title
22 XVIII of the Social Security (42 U.S.C.
23 1395 et seq.) to treat a patient in place
24 and not transport the patient to a hospital,
25 or to transport the patient to an appro-

1 priate clinical setting that is not a hospital,
2 may increase the necessity and intensity of
3 physician supervision to ensure patient
4 safety and quality of care of patients with
5 emergency medical conditions not being
6 transported to a hospital.

7 (iii) Recommendations as to potential
8 models of payment under title XVIII of the
9 Social Security Act for services furnished
10 by EMS medical directors, including—

11 (I) any recommended difference
12 in payment for online and offline med-
13 ical direction; and

14 (II) recommendations as to
15 whether separate payment under such
16 title XVIII for medical direction and
17 oversight would be justified to ensure
18 high quality of emergency care pro-
19 vided to Medicare beneficiaries and
20 how such separate payment could be
21 implemented.

22 (B) SOURCES OF INFORMATION.—In con-
23 ducting the evaluation under subparagraph (A),
24 MedPAC shall consider the following sources of
25 information with respect to the role of EMS

1 medical directors in the provision of emergency
2 medical services:

3 (i) The official position statement
4 with respect to EMS medical director com-
5 pensation of the National Association of
6 EMS Physicians.

7 (ii) The Health Resources and Serv-
8 ices Administration Guide for Preparing
9 Medical Directors.

10 (iii) The National Highway Traffic
11 Safety Administration Guide for Preparing
12 Medical Directors.

13 (iv) The United States Fire Adminis-
14 tration Handbook for Medical Directors.

15 (v) The supervision requirements
16 under section 303(k) of the Controlled
17 Substances Act.

18 (vi) The Medicare Ground Ambulance
19 Data Collection System established under
20 section 1834(l)(17) of the Social Security
21 Act (42 U.S.C. 1395m(l)(17)).

22 (vii) The American College of Emer-
23 gency Physicians policy statement entitled
24 “Physician Medical Direction of Emer-

1 gency Medical Services Education Pro-
2 grams”.

3 (viii) Any other relevant information.

4 (3) EMERGENCY MEDICAL SERVICES PROFES-
5 SIONAL EVALUATION.—For purposes of paragraph
6 (1)(B), the evaluation described in this subsection is,
7 with respect to emergency medical services profes-
8 sionals and the 1-year period preceding the date of
9 the enactment of the When Minutes Count for
10 Emergency Medical Patients Act, an evaluation of
11 the key roles and responsibilities of emergency med-
12 ical services professionals who provide care and
13 treatment to Medicare beneficiaries, and shall in-
14 clude the following information:

15 (A) An analysis of the shortage of EMS
16 professionals since 2020 and the impact of such
17 shortage on access by Medicare beneficiaries to
18 emergency medical services, including causes
19 and potential solutions.

20 (B) An analysis of the extent to which pay-
21 ment under title XVIII of the Social Security
22 Act impacts such shortage, and whether EMS
23 agencies require additional payment under such
24 title XVIII to attract and retain capable EMS
25 professionals.

1 (C) An analysis of how modernization of
2 EMS services described in paragraph (2)(A)
3 may impact the staffing of professionals to pro-
4 vide such services.

5 (D) Recommendations on any changes that
6 should be made to ensure a sufficient and capa-
7 ble EMS professional workforce to provide the
8 highest quality of care and transport for Medi-
9 care beneficiaries with emergency medical con-
10 ditions.

11 (E) Any other relevant information on the
12 current and potential future role of such profes-
13 sionals in the provision of emergency medical
14 services, community paramedicine, and mobile
15 integrated health care services.

16 (4) QUALITY ASSURANCE RECOMMENDA-
17 TIONS.—For purposes of paragraph (1)(C), the rec-
18 ommendations described in this subsection are rec-
19 ommendations with respect to mechanisms that may
20 be used by Congress to ensure the highest quality of
21 emergency medical services furnished to Medicare
22 beneficiaries, such as the use of quality measures or
23 conditions of participation under title XVIII of the
24 Social Security Act (42 U.S.C. 1395 et seq.). In

1 forming such recommendations, MedPAC shall take
2 into consideration—

3 (A) the uniqueness of the emergency med-
4 ical services delivery model; and

5 (B) different types of emergency medical
6 services agencies, as described in section
7 303(k)(13)(D) of the Controlled Substances Act
8 (21 U.S.C. 823(k)(13)(D)).

9 (5) EMERGENCY MEDICAL SERVICES DEFINI-
10 TION ANALYSIS AND RECOMMENDATION.—For pur-
11 poses of paragraph (1)(D), the analysis and rec-
12 ommendation described in this subsection are the
13 following:

14 (A) An analysis of the consequences of
15 amending section 1861 of the Social Security
16 Act (42 U.S.C. 1395x) to add a definition of
17 the term “emergency medical services” that is
18 consistent with the definition of such term in
19 section 303(k)(13)(C) of the Controlled Sub-
20 stances Act (21 U.S.C. 823(k)(13)(C)).

21 (B) A recommendation as to whether the
22 term “provider of services” under section
23 1861(u) of the Social Security Act (42 U.S.C.
24 1395x(u)) should be amended to include an

1 emergency medical services agency. Such rec-
2 ommendation shall include—

3 (i) an evaluation of any changes to
4 payment under title XVIII of such Act
5 that would result from such an amend-
6 ment;

7 (ii) an evaluation of any other poten-
8 tial benefits or obligations under titles
9 XVIII and XIX of such Act that would re-
10 sult from such an amendment; and

11 (iii) any other relevant information.

12 (b) EMTALA GUIDANCE AND REPORT.—

13 (1) GUIDANCE.—Not later than 1 year after
14 the date of enactment of this Act, the Secretary of
15 Health and Human Services shall issue guidance to
16 hospitals that have a hospital emergency depart-
17 ment, regarding the obligation of such hospitals to
18 address wall time pursuant to section 1867 of the
19 Social Security Act (42 U.S.C. 1395dd).

20 (2) REPORT.—Not later than 1 year after the
21 date on which the guidance is issued under para-
22 graph (1), the Secretary shall submit a report to
23 Congress that includes an evaluation of whether
24 such guidance has decreased the incidences of wall
25 time during the such year, and any recommenda-

1 tions for legislation that the Secretary believes Con-
2 gress should consider enacting to eliminate wall
3 time.

4 (c) DEFINITIONS.—In this section, the following defi-
5 nitions apply:

6 (1) EMERGENCY MEDICAL SERVICES.—The
7 term “emergency medical services”—

8 (A) has the meaning given such term in
9 section 303(k)(13)(C) of the Controlled Sub-
10 stances Act (21 U.S.C. 823(k)(13)(C)); and

11 (B) includes ambulance services (whether
12 ground or air) covered under section 1834(l) of
13 the Social Security Act (42 U.S.C. 1395m(l)).

14 (2) EMERGENCY MEDICAL SERVICES AGENCY.—
15 The term “emergency medical services agency” has
16 the meaning given such term in section
17 303(k)(13)(D) of the Controlled Substances Act (21
18 U.S.C. 823(k)(13)(D)).

19 (3) EMERGENCY MEDICAL SERVICES PROFES-
20 SIONAL.—The term “emergency medical services
21 professional” has the meaning given such term in
22 section 303(k)(13)(E) of the Controlled Substances
23 Act (21 U.S.C. 823(k)(13)(E)).

24 (4) EMS MEDICAL DIRECTOR.—The term
25 “EMS medical director” has the meaning given the

1 term “medical director” in section 303(k)(13)(H) of
2 the Controlled Substances Act (21 U.S.C.
3 823(k)(13)(H)).

4 (5) MEDICARE BENEFICIARY.—The term
5 “Medicare beneficiary” means an individual entitled
6 to benefits under part A of title XVIII of the Social
7 Security Act (42 U.S.C. 1395 et seq.) or enrolled
8 under part B of such title.

9 (6) WALL TIME.—The term “wall time” means
10 the amount of time beyond 30 minutes of patient
11 hand off from EMS professionals to hospital clinical
12 personnel able to provide care to the patient at a
13 hospital emergency department or freestanding
14 emergency department.

15 (7) SPECIFIED DRUG.—The term “specified
16 drug” has the meaning given the term “specified
17 life-saving EMS medication” in section 1115A(h)(7)
18 of the Social Security Act, as added by section 2 of
19 the “When Minutes Count for Emergency Medical
20 Patients Act”.

○