Congress of the United States
Washington, DC 20510

September 18, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Brooks-LaSure,

We write to you to ask you to review the proposal submitted by the West Virginia Office of Emergency Medical Services (OEMS) and the West Virginia Hospital Association (WVHA) along with a small coalition of emergency medicine physicians, EMS providers, and payers to explore a statewide, multi-payer demonstration to address the workforce challenges faced by West Virginia hospitals and Emergency Medical Services (EMS) providers. The Center for Medicare and Medicaid Innovation (CMMI), or "Innovation Center," was authorized under the Affordable Care Act (ACA) and tasked with designing, implementing, and testing new health care payment models to address growing concerns about rising costs, quality of care, and inefficient spending. We feel that the proposal submitted by the coalition of providers in West Virginia warrants a closer review by the Centers for Medicare & Medicaid Services (CMS) and CMMI.

During the Public Health Emergency (PHE), the Centers for Medicare & Medicaid Services (CMS) provided greater flexibility allowing EMS to treat certain conditions at the scene or transport patients to an alternative site of care. However, this flexibility appeared to have limited impact in West Virginia due to several factors such as in rural communities where there are no alternatives sites of care while in urban areas the alternatives sites were not prepared for an ambulance presenting at their facility. Beyond the CMS flexibilities, the Center for Medicare and Medicaid Innovation (CMMI) launched the Emergency Triage, Treat, and Transport (ET3) voluntary, five-year payment model to provide greater flexibility for Medicare Fee-for-Service (FFS) beneficiaries following a 911 call. West Virginia chose not to participate in the ET3 demonstration, and one barrier noted was the requirement to transport patients to an alternative site of care. However, Kanawha County West Virginia EMS did participate in the community paramedicine model allowing EMS to provide basic services in the community.

The treat-in-place option that the coalition is exploring is built upon an effort in western Pennsylvania that focused on three conditions that can be treated in place following a 911 call and following narrow protocols developed by EMS. The effort in Pennsylvania was unsuccessful

because only one payer participated, so EMS had to have different processes for patient's based on their insurance status. As a result, the coalition has focused on one model for EMS with a goal of securing most payers agreeing to participate in the treat-in-place option, so EMS has one statewide protocol and billing process.

Additionally, we are aware that CMS decided to end the ET3 Model on December 31, 2023, which is two years prior to the original agreement. We feel that a statewide model, such as the coalition is proposing, warrants review despite that lower than anticipated projected interventions from the ET3 Model. By utilizing a multi-payor state model, CMS would be best able to receive robust quantitative and qualitative date to review the models' efficacy.

After receiving initial support for the treat-in-place option from the coalition and three statewide payers (Highmark, Public Employee Insurance Agency (PEIA), and Medicaid) OEMS has started drafting protocols for three conditions:

- Diabetes – Hypoglycemia Evaluation
- Asthma/COPD Evaluation
- Seizure Evaluation

Based on preliminary data for these three conditions, about 15,000 patients sought care in West Virginia hospitals' emergency departments but were not admitted as inpatients in 2022.

Furthermore, EMS 2022 data shows that symptoms of these conditions prompted 64,777 calls of which 49,061 were transported for additional care, while 4,136 were treated at the scene or released for other transportation. It is important to note that the planned EMS services for the treat-in-place option is within the current scope of practice of EMS. In addition to the services provided by EMS, part of the protocol will be to advise the patient to follow-up with their primary care provider to ensure continuity of care.

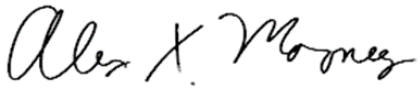
If Medicare would participate in this demonstration, West Virginia would be able to advance a statewide demonstration that all EMS providers could participate in while having the payers for approximately 75 percent of the patients that EMS treats included in the demonstration. This would be a major step forward in advancing an improved model that better utilizes limited EMS and hospital staff while ensuring quality patient care and saving approximately $3 million in unnecessary emergency room visits. Furthermore, this model could be replicated nationwide, especially in rural communities with limited health resources.

We appreciate your review of this matter, and look forward to hearing from you regarding your consideration of the coalition's proposal.

Sincerely,

Joe Manchin III
United States Senator

Shelley Moore Capito
United States Senator



Alex X. Mooney
Member of Congress

Carol D. Miller
Member of Congress

cc:
Liz Fowler, Deputy Administrator and Director, Center for Medicare and Medicaid Innovation