

106TH CONGRESS
2^D SESSION

H. CON. RES. 320

Expressing the sense of the Congress that the Health Care Financing Administration should consider current systems that provide better, more cost-effective emergency transport before promulgating any final rule regarding the delivery of emergency medical services.

IN THE HOUSE OF REPRESENTATIVES

MAY 9, 2000

Mr. FRELINGHUYSEN (for himself, Mrs. ROUKEMA, Mr. LoBIONDO, Mr. SAXTON, Mr. FRANKS of New Jersey, Mr. HOLT, Mr. SMITH of New Jersey, Mr. ANDREWS, Mr. ROTHMAN, Mr. PASCRELL, Mr. MENENDEZ, Mr. PAYNE, and Mr. PALLONE) submitted the following concurrent resolution; which was referred to the Committee on Ways and Means, and in addition to the Committee on 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

CONCURRENT RESOLUTION

Expressing the sense of the Congress that the Health Care Financing Administration should consider current systems that provide better, more cost-effective emergency transport before promulgating any final rule regarding the delivery of emergency medical services.

Whereas the State of New Jersey developed and implemented a unique two-tiered emergency medical services system nearly 25 years ago as a result of studies conducted in New Jersey about the best way to provide services to State residents;

Whereas the two-tiered system established in New Jersey includes volunteer and for-profit emergency medical technicians who provide basic life support and hospital-based paramedics who provide advanced life support;

Whereas the New Jersey system has provided universal access for all New Jersey residents to affordable emergency services, while simultaneously ensuring that those persons in need of the most advanced care receive such care from the proper authorities;

Whereas the New Jersey system currently has an estimated 20,000 emergency medical technicians providing ambulance transportation for basic life support and advanced life support emergencies, over 80 percent of which are handled by volunteers who are not reimbursed under the medicare program under title XVIII of the Social Security Act;

Whereas the hospital-based paramedics, also known as mobile intensive care units, are reimbursed under the medicare program when they respond to advanced life support emergencies;

Whereas the New Jersey system saves the lives of thousands of New Jersey residents each year, while saving the medicare program an estimated \$39,000,000 in reimbursement fees;

Whereas when Congress requested that the Health Care Financing Administration enact changes to the emergency medical services fee schedule as a result of the Balanced Budget Act of 1997, including a general overhaul of reimbursement rates and administrative costs, it was in the spirit of streamlining the agency, controlling skyrocketing

healthcare costs, and lengthening the solvency of the medicare program; and

Whereas the Health Care Financing Administration is considering implementing new emergency medical services reimbursement guidelines that would destabilize or eliminate the two-tiered system that has developed in the State of New Jersey: Now, therefore, be it

1 *Resolved by the House of Representatives (the Senate*
 2 *concurring)*, That it is the sense of the Congress that the
 3 Health Care Financing Administration should—

4 (1) consider the unique nature of the emergency
 5 medical services deliver system in New Jersey when
 6 implementing new reimbursement guidelines for
 7 paramedics and hospitals under the medicare pro-
 8 gram under title XVIII of the Social Security Act;
 9 and

10 (2) promote innovative emergency medical serv-
 11 ice systems enacted by States that reduce reimburse-
 12 ment costs to the medicare program while ensuring
 13 that all residents receive quick and appropriate
 14 emergency care when needed.

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