

April 24, 2026

Michael Chernew, PhD.
Chairman
Medicare Payment Advisory Commission
425 Eye Street, NW, Suite 701
Washington, DC 20001

Paul B. Masi, M.P.P.
Executive Director
Medicare Payment Advisory Commission
425 Eye Street, NW, Suite 701
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Re: Comments about Organizational Characteristics of Ground Ambulance Service Organizations

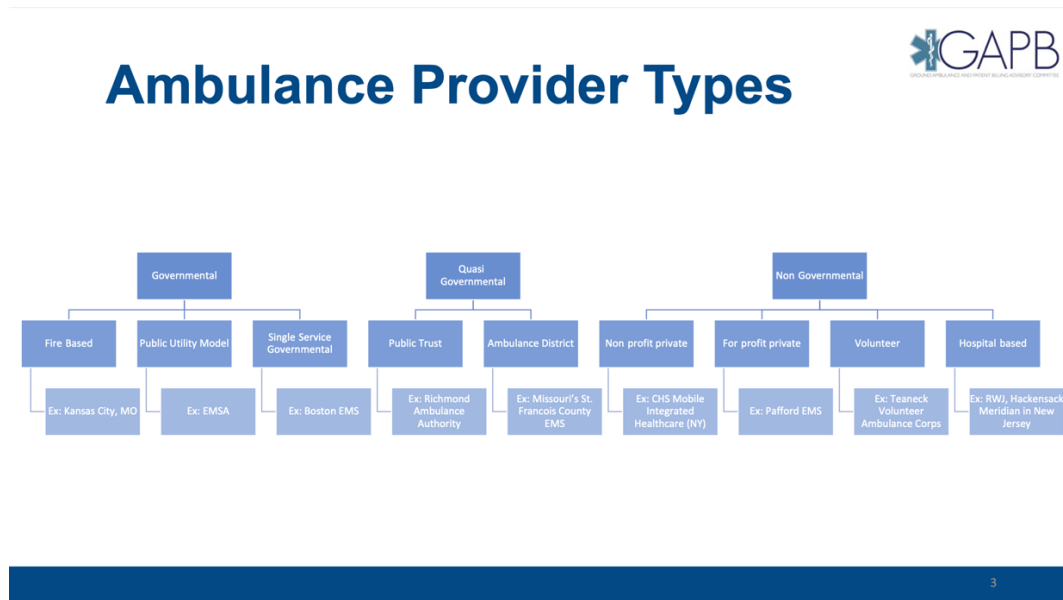
Dear Dr. Chernew and Executive Director Masi:

On behalf to the American Ambulance Association (AAA) and our members throughout the United States, I want to thank you, the Commissioners, and the staff of the Medicare Payment Advisory Commission (MedPAC or Commissions) for your thoughtful approach to the mandatory report on ground ambulance service. As the Commission moves closer toward releasing the written report, the AAA would like to provide some additional clarity with regard to statements made during the recent April Commission meeting about the types of ground ambulance service providers and suppliers providing emergency services. Ground ambulance service delivery is unlike any other aspect of the health care system or Medicare program. As such, we hope this letter provide the clarity Commissioners sought during the meeting.

As a threshold matter, it is not appropriate to assume that fire department-based and/or government entities provide the vast majority of emergency ground ambulance services in the United States, while independent or for-profit organizations provide the non-emergency services. The GADCS outlined below demonstrates that the majority of ground ambulance services provided by independent or for-profit organizations are emergency services, even though they make up a smaller percentage of the overall types of entities providing such services. The GADCS data show that fire department-based and government EMS entities rarely provide interfacility transports (which can be emergent or scheduled). It is important maintain a clear understanding of these critically important facts. We encourage the Commission to be precise in the written report with regard to the organizations—services and their varying roles in the delivery of ground ambulance services.

The confusion is understandable. There is no single set of definitions for ground ambulance organizations. Even the GADCS report which categorized organizations that provide ground ambulance services into six different categories ultimately used multiple

organization definitions (including non-profit and for-profit) within the report for its analysis. The figure below from the Ground Ambulance Patient Billing Advisory Commission's May 2023 meeting provides one of the more detailed overviews of the various structures associated with providing ground ambulance services.



Second, the services that the various types of ground organizations perform is equally complex. To a large degree, federal, state, and local governments control the entities providing traditional emergency service responses. The shift toward greater managed care and care coordination has led to the need for more interfacility transports. Bifurcating services into emergency and non-emergency is no longer a meaningful way to assess services. For example, there are many interfacility transports that require urgent responses and involved complex medical services during a ground ambulance medical transport. In addition, a significant portion of emergency services never involve a transport and are often excluded from publicly available data.

We encourage MedPAC to acknowledge the challenges associated with defining organization types and the types of services provided within the written report. This clarification is critical to help the Congress understand the complexities of this important area of health care as it seeks to reform the Medicare ground ambulance benefit.

We also recognize that the Congress mandated that the Commission provide an analysis of the Ground Ambulance Data Collection System (GADCS). Given that charge, we appreciate that the written report will evaluate ground ambulance organizations and their roles primarily using these data. Yet, even the GADCS public reports present their own complexities that we would like to highlight for the Commission.

As the staff have presented in the public meetings, GADCS divides ground ambulance service organizations into six categories of classification. There is no definition for these categories. The CMS Users Guide suggested that respondents “should select the response that you feel best describes your organization.”¹

- Fire department-based
- Government stand-alone EMS agency
- Police or other public safety department-based
- Independent organization primarily providing EMS services
- Independent organization providing non-emergency services
- Hospital or other Medicare provider of service

Using these classification categories, CMS found that fire department-based organizations more commonly provide EMS than other types of organizations; yet, in total percentage they represent less than half of the industry (42.3 percent). Independent organizations providing primarily EMS services represent 25.9 percent of the industry. Government EMS agencies comprised 19.2 percent.²

However, the 2025 GADCS report also analyzed the data to assess organizations routinely responding to emergency calls for service using additional classifications:

- Provider and supplier
- Low, medium, high, and very high volume
- Non-profit, for-profit/unclassified, and government
- Urban, rural, and super-rural
- Public safety and not public safety

Applying these classification groupings presents a slightly different picture. Both government EMS agencies and fire department-based entities ground ambulance services rarely (about 1 percent) respond to requests for ground ambulance services that are non-emergency (or scheduled). However, independent entities (both not-for-profit and for-profit) respond to emergency calls for services nearly 93.6 percent and 56.7 percent of the time, respectively.³

GADCS also found that organizations that identify as public safety entities (which includes fire, police, and other similar entities) essentially respond only to emergency calls. Yet, entities not classified as public safety entities respond to emergency calls 81.1 percent of the time.

¹CMS. “Medicare Ground Ambulance Data Collection System (GADCS) Frequently Asked Questions” 14 (Nov. 2, 2023) available at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AmbulanceFeeSchedule/Downloads/Medicare-Ground-Ambulance-FAQs.pdf>.

²CMS, GADCS. Table 2.1 (Dec. 2025).

³*Supra*, note 1 Figure 2.2.

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There are many reasons why certain entities respond to emergency call more frequently than others. The most basic reason is whether the organization has won the contract with the local government to provide these services. While there are some jurisdictions that do not limit ground ambulance services emergency call responses to a single entity, the vast majority do. Local governments take this approach to ensure consistent, reliable emergency care. Multiple organization would create fragmented, inefficient, and slow service. A single organization can manage costs through economies of scale, sets fixed performance standards, and assumes liability. This model enables centralized dispatch and consistent patient protocol as well.

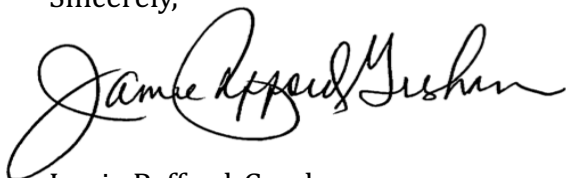
Moreover, very few organizations can maintain their business models relying solely on emergency calls. Fire department-based entities also receive revenues for fire prevention and often public safety services. Government EMS only agencies receive tax subsidies or rely on other funding streams, such as utility models. Many not-for-profits rely on volunteer labor to lower their overall costs, which creates its own set of challenges when there are fewer volunteers. For-profit entities obtain additional revenues from the market for scheduled transports that results from the use of provider networks (such as transporting patients from out-of-network to in-network facilities) or maintaining the continuum of care across different levels of providers.

We encourage MedPAC to recognize these important nuances when describing the organization characteristics of entities delivering ground ambulance services in its report.

Again, we want to thank the Commissioners and the staff for continuing to work with stakeholders as it reviews the GADCS data. We appreciate the open dialogue Commissioners have had and the challenges they have identified with the current Medicare benefit. We look forward to working with the Congress to build on the work of GADCS and the MedPAC analyses and recommendations to address the problems with the current Ambulance Fee Schedule.

Please do not hesitate to reach out to our counsel, Kathy Lester, if you have questions about our comments or would like additional information about the organizational structure of ground ambulance service organizations.

Sincerely,

A handwritten signature in black ink, reading "Jamie Pafford-Gresham". The signature is fluid and cursive, with the first name "Jamie" being particularly prominent.

Jamie Pafford-Gresham

President

American Ambulance Association