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(Original Signature of Member)

119TH CONGRESS  
1ST SESSION

**H. R.** \_\_\_\_\_

To amend title XI of the Social Security Act to require the Center for Medicare and Medicaid Innovation to test a comprehensive alternative response for emergencies model under the Medicare program.

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IN THE HOUSE OF REPRESENTATIVES

Mr. CAREY introduced the following bill; which was referred to the Committee  
on \_\_\_\_\_

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**A BILL**

To amend title XI of the Social Security Act to require the Center for Medicare and Medicaid Innovation to test a comprehensive alternative response for emergencies model under the Medicare program.

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 “Comprehensive Alter-  
5 native Response for Emergencies Act of 2025” or the  
6 “CARE Act of 2025”.

1 **SEC. 2. REQUIRING THE CENTER FOR MEDICARE AND MED-**  
2 **ICAID INNOVATION TO TEST A COMPREHEN-**  
3 **SIVE ALTERNATIVE RESPONSE FOR EMER-**  
4 **GENCIES MODEL UNDER THE MEDICARE**  
5 **PROGRAM.**

6 (a) IN GENERAL.—Section 1115A of the Social Secu-  
7 rity Act (42 U.S.C. 1315a) is amended—

8 (1) in subsection (b)—

9 (A) in paragraph (2)(A), in the third sen-  
10 tence, by inserting “, and, beginning not later  
11 than the date that is 2 years after the date of  
12 the enactment of the CARE Act of 2025, shall  
13 include the Comprehensive Alternative Re-  
14 sponse for Emergencies Model described in sub-  
15 section (h)” before the period at the end; and

16 (B) in paragraphs (3)(B), by striking “The  
17 Secretary” and inserting “Except in the case of  
18 the model described in subsection (h), the Sec-  
19 retary”; and

20 (2) by adding at the end the following new sub-  
21 section:

22 “(h) COMPREHENSIVE ALTERNATIVE RESPONSE FOR  
23 EMERGENCIES MODEL.—

24 “(1) IN GENERAL.—For purposes of subsection  
25 (b)(2)(A), the Comprehensive Alternative Response  
26 for Emergencies Model described in this subsection

1 is a model under which payment is made under part  
2 B of title XVIII for treatment services furnished to  
3 an individual enrolled under such part by a provider  
4 or supplier of ground ambulance services (as de-  
5 scribed in section 1834(l)), or by an entity under ar-  
6 rangement with such a provider, when such serv-  
7 ices—

8 “(A) include the dispatch of a ground am-  
9 bulance vehicle but do not include a cor-  
10 responding transport payable under such sec-  
11 tion;

12 “(B) are so furnished in response to an  
13 emergency medical call (as specified by the Sec-  
14 retary) made with respect to such individual;  
15 and

16 “(C) are so furnished in accordance with  
17 State and local licensure requirements and pro-  
18 tocols (which may include online medical direc-  
19 tion through the use of audiovisual tele-  
20 communications technology).

21 “(2) PAYMENT.—

22 “(A) IN GENERAL.—The Secretary shall  
23 set payment rates for services furnished under  
24 the model described in paragraph (1) in a man-  
25 ner that generally aligns such payments with

1 the payments that would have been made for  
2 such services had such services resulted in a  
3 transport payable under section 1834(l).

4 “(B) ORIGINATING SITE FEE.—In the case  
5 of a telehealth service payable under section  
6 1834(m) that is furnished in conjunction with  
7 treatment services furnished under the model  
8 described in paragraph (1), the site where the  
9 individual receiving such telehealth service is lo-  
10 cated shall be treated as an originating site that  
11 is described in paragraph (4)(C)(ii)(V) of such  
12 section for purposes of applying paragraph  
13 (2)(B) of such section.

14 “(3) DURATION.—The model described in para-  
15 graph (1) shall be carried out for a period of 5  
16 years.”.

17 (b) REPORT.—Not later than 4 years after the date  
18 on which the Comprehensive Alternative Response for  
19 Emergencies Model (as described in section 1115A(h) of  
20 the Social Security Act, as added by subsection (a)) is im-  
21 plemented, the Comptroller General of the United States  
22 shall submit to the Committee on Ways and Means of the  
23 House of Representatives and the Committee on Finance  
24 of the Senate a report that, taking into account stake-  
25 holder input and to the extent data is available—

1           (1) analyzes various aspects of Medicare bene-  
2           ficiaries' access to emergency medical services, in-  
3           cluding an evaluation of the impact of such model on  
4           beneficiary outcomes and resource utilization;

5           (2) compares beneficiary outcomes under such  
6           model with beneficiary outcomes using traditional  
7           emergency transportation;

8           (3) assesses the impact of regional variations  
9           and demographics on the availability of emergency  
10          medical services;

11          (4) identifies best practices and potential chal-  
12          lenges in implementing such model; and

13          (5) includes recommendations for improving  
14          emergency medical services.