

BREITBART EXCLUSIVE: House Bill Will Restore Vital Emergency Medical Coverage for Seniors, Says Rep. Arrington

A bill pending in the U.S. House of Representatives would restore Medicare coverage for seniors utilizing freestanding emergency centers. The Medicare coverage for these facilities expired on May 11 with other Covid-related regulations. U.S. Representative Jodey Arrington (R-TX) filed a bill to restore this coverage that is vital for seniors, especially those who live in rural communities.

Rep. Arrington filed H.R. 1964, the <u>Emergency Care Improvement Act</u> to re-establish Medicare and Medicaid coverage for services provided by freestanding emergency centers earlier this year. These services were covered during the COVID-19 era but were dropped on May 11, 2023. These types of freestanding emergency centers provide critical care — especially in rural areas where traditional hospital-connected emergency rooms may be hours away.

"Growing up in a small town, I appreciate rural America's contribution to our nation's food and fuel supply and the necessity of providing critical care to these hardworking families," Congressman Arrington told Breitbart Texas on Wednesday. "Our farmers, ranchers, and small businesses need access to health care in order to put food on the tables and clothes on the backs of Americans across the country."

"The <u>Emergency Care Improvement Act</u> will make sure patients can visit Freestanding Emergency Centers (FECs), which provide high-quality emergency care often at a lower cost than hospital-based ERs, creating more patient choice for care, spurring much-needed competition in our healthcare system, and driving down costs for patients and taxpayers alike," the Texas Republican added.

During the COVID-19 era Medicare allowed for patients' health benefits to provide coverage for services carried out in free-standing emergency centers. Arrington said that this temporary program provided coverage for millions of Texas seniors and others who received Medicaid and Tricare benefits. This coverage ended on May 11. The North Texas representative added that the act will "allow seniors to continue using low-cost, high-quality FECs, spurring much-needed competition in our healthcare system.

Arrington sponsored the legislation along with co-sponsor Rep. Vincente Gonzalez (D-TX). Seven other members of the Texas congressional delegation signed on to the bill as co-sponsors.

When the bill was introduced, Rep. Gonazalez explained, "A person's access to high-quality health care should not be determined by their home address. This bipartisan piece of legislation ensures Medicare, Tricare, and Medicaid beneficiaries may access the high-quality medical treatment provided by free-standing emergency centers – expanding access and lowering (the) cost for South Texans and patients across the country."

<u>According to</u> the Congressional Research Service, more than 42 percent of the American population covered by health insurance in 2021 receive benefits from Medicare, Medicaid, and Tricare. This accounts for about 138,000,000 people across the United States.

Representative Troy Nehls (R-TX) also signed onto the bill as a co-sponsor. A majority of his congressional district encompasses rural Texas communities including farmers, ranchers, and coastal workers.









"It only makes sense to provide this benefit to those who are geographically displaced from emergency medical services provided in major cities," Nehls told Breitbart Texas on Thursday.

"Oftentimes, hospital-based emergency rooms are hundreds of miles away from rural seniors. This provides them with access to what could be life-saving treatments that are convenient and cost-effective."

Other co-sponsors include Michael Cloud (R-TX), Dr. Michael Burgess (R-TX), Pete Sessions (R-TX), Lance Gooden (R-TX), Dan Crenshaw (R-TX), and August Pfluger (R-TX).

Congressional staffers provided the following background on the bill:

- FECs are fully licensed emergency departments that are staffed by both Emergency Medicine trained physicians and registered nurses who are on-site 24 hours a day, seven days a week and possess licensed pharmacies, clinical labs, and advanced imaging services. FECs are state-licensed and adhere to the same standards and provide the same level of care as Hospital Based Emergency Rooms (HBER), including state Emergency Medical Treatment and Labor Act (EMTALA) regulations on treating all patients.
- To expand provider capacity during the COVID-19 pandemic, the Centers for Medicare and Medicaid Services (CMS) issued a waiver in April 2020 to allow FECs to enroll as Medicare-certified hospitals and receive Medicare reimbursement for the duration of the Public Health Emergency.
- Over 110 FECs, mostly located in Texas, enrolled and have been providing high-quality emergency services for all kinds of emergency conditions, at a significant savings to the Medicare program, to thousands of Medicare beneficiaries.
- <u>An actuarial study</u> of Medicare claims data found that FECs did not increase overall utilization of emergency care services and actually saved Medicare programs 21.8% in lower emergency care payments for patients of similar acuity in hospital emergency departments.

Approximately 60 percent of FECs nationwide enrolled in the temporary program authorized in April 2020 by the Centers for Medicare and Medicaid Services, according to the <u>National</u> <u>Association of Freestanding Emergency Centers</u>. The organization reported that during the time the benefit was provided to Medicare and Medicaid beneficiaries, taxpayers benefited from a 22 percent reduction in costs for these services.

Dr. Gillian Schmitz, president of the American College of Emergency Physicians added that this legislation will provide recognition of freestanding emergency centers "so that they can continue to fully serve those patient populations and thereby increase access to care, particularly in rural and underserved areas."

H.R. 1694 is currently assigned to the House Energy and Commerce Subcommittee on Health. The bill was also referred to the House Ways and Means Committee.

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