

Congress of the United States

Washington, DC 20515

September 18, 2026

The Honorable Mehmet Oz, M.D.
Administrator
Centers for Medicare & Medicaid Services (CMS)
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Dr. Oz,

As the Administration continues its important efforts to combat fraud, waste, and abuse in the Medicare program – particularly with respect to Non-Emergency Medical Transports (NEMT) – we write to highlight a separate and distinct category of service that is often mistaken for NEMT: the Non-Emergency Ambulance Transport (NEAT). Unlike NEMT, a NEAT requires the presence of a qualified healthcare professional to provide medical care during transit.

Non-Emergency Ambulance Transports, which commonly include hospital-to-hospital transfers, hospital discharges to a rehabilitation facility or skilled nursing facility, and other similar transfers, play a critical role in ensuring patient safety by providing sophisticated clinical care in transit when medically necessary. Under current Medicare guidelines, CMS covers only ambulance-based transportation and requires a Physician Certification Statement (PCS) to establish medical necessity to bill the Medicare program for NEAT transports. This PCS form is not applicable for a NEMT, as it is non-ambulance transportation and not covered under the program. However, unlike a prescription for medication, the PCS is not treated as a formal, prescribed, provider-issued order.

Our offices have heard from the ambulance community that establishing the PCS as a prescribed order – signed by a physician, nurse practitioner, or physician assistant – would increase compliance, strengthen the integrity of the Medicare program, better ensure that Medicare beneficiaries receive the most appropriate level of care, and reduce the risk of improper utilization. Further, by requiring a prescribed PCS to authorize ambulance transport, beneficiaries who do not medically require that level of care could instead be routed to more appropriate, lower-cost modes of transportation. These alternative transportation options are currently covered under state Medicaid programs but remain unavailable under Medicare.

Two states have passed similar prescribed PCS form legislation for their Medicaid programs: [Louisiana](#) (Louisiana Administrative Code Title 50, Part XXVII, Chapter 5, Subchapter D, 707 B) and [Illinois](#) (Illinois Public Act 100-0656 (SB 1851)). This legislation provides valuable models that could inform potential federal Medicare policy.

We note that numerous stakeholders in the ambulance community submitted detailed comments to CMS's recent Comprehensive Regulations to Uncover Suspicious Healthcare (CRUSH) Request for Information, identifying this issue as a priority area for review in the ongoing fight against fraud and abuse.

We respectfully urge CMS to examine this matter closely and consider whether regulatory or sub-regulatory changes could improve compliance, protect taxpayer dollars, and ensure beneficiaries receive the right care in the right setting.

Thank you for your leadership and attention to this important issue. Our offices stand ready to assist in any way possible.

Sincerely,



Joni K. Ernst
United States Senator



Jim Banks
U.S. Senator for Indiana