

H.R. 3935, Protecting Patients Transportation to Care Act

As passed by the House of Representatives on September 21, 2020

| By Fiscal Year, Millions of Dollars | 2021 | 2021-2025 | 2021-2030 |
|--|------|-------------------------------------|---------------|
| Direct Spending (Outlays) | 0 | 0 | 0 |
| Revenues | 0 | 0 | 0 |
| Increase or Decrease (-) in the Deficit | 0 | 0 | 0 |
| Spending Subject to Appropriation (Outlays) | 1 | 1 | not estimated |
| Statutory pay-as-you-go procedures apply? | No | Mandate Effects | |
| Increases on-budget deficits in any of the four consecutive 10-year periods beginning in 2031? | No | Contains intergovernmental mandate? | No |
| | | Contains private-sector mandate? | No |

H.R. 3935 would amend current Medicaid regulations to include nonemergency medical transportation (NEMT) in the list of mandatory Medicaid benefits. The act also would require states to have in place a process for managing NEMT services under Medicaid and require the Department of Health and Human Services (HHS) to issue updated guidance and establish a working group of stakeholders to obtain input for improving program integrity for NEMT services. Regulations currently require states to ensure that eligible, qualified Medicaid beneficiaries have access to NEMT to take them to and from providers. Finally, the act would require the Government Accountability Office (GAO) and the Secretary of HHS to produce reports regarding NEMT services.

Because the act would codify current practice, CBO estimates that implementing H.R. 3935 would not affect direct spending in Medicaid. Based on the costs for similar reports and working groups, CBO estimates that the reporting requirements on GAO and HHS would cost \$1 million over the 2021-2025 period, subject to the availability of appropriated funds.

The CBO staff contact for this estimate is Lisa Ramirez-Branum. The estimate was reviewed by Leo Lex, Deputy Director of Budget Analysis.