

119TH CONGRESS
1ST SESSION

H. R. 3134

To amend titles XVIII and XIX of the Social Security Act to provide for coverage of certain services furnished by freestanding emergency centers.

IN THE HOUSE OF REPRESENTATIVES

MAY 1, 2025

Mr. ARRINGTON (for himself, Mr. VICENTE GONZALEZ of Texas, Mr. CRENSHAW, and Ms. VAN DUYNE) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend titles XVIII and XIX of the Social Security Act to provide for coverage of certain services furnished by freestanding emergency centers.

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 “Emergency Care Im-
5 provement Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) To expand provider capacity to respond to
2 the COVID–19 pandemic, in April of 2020 the Cen-
3 ters for Medicare & Medicaid Services issued a waiv-
4 er allowing freestanding emergency centers (FECs)
5 to enroll as Medicare-certified hospitals and receive
6 Medicare reimbursement for the duration of the
7 COVID–19 public health emergency.

8 (2) FECs are fully licensed emergency depart-
9 ments that are staffed by both Emergency Medicine
10 trained physicians and registered nurses who are on-
11 site 24 hours a day, seven days a week, and possess
12 licensed pharmacies, clinical laboratories, and ad-
13 vanced imaging services. FECs are State-licensed,
14 and adhere to the same standards and provide the
15 same level of care as Hospital Based Emergency
16 Rooms, including State EMTALA regulations on
17 treating all patients.

18 (3) Over 118 FECs, mostly located in Texas,
19 have enrolled and provided high-quality emergency
20 services for all kinds of emergency conditions at sig-
21 nificant savings to the Medicare program and to
22 thousands of Medicare beneficiaries.

23 (4) An actuarial study of Medicare claims data
24 found that FECs did not increase overall utilization
25 of emergency care services and saved the Medicare

1 program 21.8 percent in lower emergency care pay-
 2 ments for patients of similar acuity.

3 **SEC. 3. COVERAGE OF FREESTANDING EMERGENCY CEN-**
 4 **TERS UNDER MEDICARE AND MEDICAID.**

5 (a) COVERAGE UNDER MEDICARE PART B.—Section
 6 1832(a)(2) of the Social Security Act (42 U.S.C.
 7 1395k(a)) is amended—

8 (1) in subparagraph (I), by striking “and” at
 9 the end;

10 (2) in subparagraph (J), by striking the period
 11 at the end and inserting “; and”; and

12 (3) by adding at the end the following new sub-
 13 paragraph:

14 “(K) specified emergency services fur-
 15 nished by a freestanding emergency center (as
 16 such terms are defined in section 1861(nnn)).”.

17 (b) DEFINITIONS.—Section 1861 of the Social Secu-
 18 rity Act (42 U.S.C. 1395x) is amended by adding at the
 19 end the following new subsection:

20 “(nnn) FREESTANDING EMERGENCY CENTER; SPEC-
 21 IFIED EMERGENCY SERVICES.—

22 “(1) FREESTANDING EMERGENCY CENTER.—
 23 The term ‘freestanding emergency center’ means a
 24 health care facility that—

1 “(A) is an independent freestanding emer-
2 gency department (as defined in section
3 2799A–1(a)(3)(D) of the Public Health Service
4 Act);

5 “(B) is staffed 24 hours a day, 7 days a
6 week, with a physician (as defined in subsection
7 (r)(1)) available to furnish emergency services
8 (as defined in section 2799A–1(a)(3)(C)(i) of
9 the Public Health Service Act) in such facility
10 24 hours a day;

11 “(C) has arrangements with one or more
12 hospitals, having agreements in effect under
13 section 1866, for the referral and admission of
14 patients requiring inpatient services or such di-
15 agnostic or other specialized services as are not
16 available at such facility;

17 “(D) has established a governing body to
18 determine, implement, and monitor policies gov-
19 erning the total operation of the facility;

20 “(E) develops, implements, and maintains
21 an ongoing, data-driven quality assessment and
22 performance improvement program, and has
23 oversight and accountability for such program,
24 ensuring that facility policies and such program

are administered so as to provide quality health care in a safe environment;

“(F) is located—

“(i) in a metropolitan statistical area;

or

“(ii)(I) in the case of a facility established prior to 2022, in a rural county; or

“(II) in the case of a facility established on or after January 1, 2022, in a rural county that does not have a Medicare-certified hospital or a rural emergency hospital (as defined in subsection (kkk)(2)); and

“(G) meets all State requirements applicable to facilities that furnish emergency medical services to individuals but do not typically provide for stays in excess of 24 hours, and meets such other requirements as the Secretary may prescribe not in excess of the conditions of participation under this title that are applicable to off campus dedicated emergency departments of hospitals (as described in section 482.55 of title 42, Code of Federal Regulations (or any successor regulation)).

1 “(2) SPECIFIED EMERGENCY SERVICES.—The
 2 term ‘specified emergency services’ means emergency
 3 services (as defined in section 2799A–1(a)(3)(C)(i)
 4 of the Public Health Service Act) other than a serv-
 5 ice identified, as of the date of the enactment of the
 6 Emergency Care Improvement Act, by any of
 7 HCPCS evaluation and service management service
 8 codes 99281 through 99282.”.

9 (c) APPLICATION OF EMTALA.—Section 1867(e) of
 10 the Social Security Act (42 U.S.C. 1395dd(e)) is amend-
 11 ed—

12 (1) in paragraph (2), by—

13 (A) inserting “other than a freestanding
 14 emergency center (as defined in section
 15 1861(nnn))” after “a hospital”; and

16 (B) inserting “or a freestanding emergency
 17 center (as so defined) participating under this
 18 title” before the period at the end; and

19 (2) in paragraph (5), by inserting at the end
 20 the following new sentence: “Beginning on the date
 21 of the enactment of the Emergency Care Improve-
 22 ment Act, such term also includes a freestanding
 23 emergency center (as defined in section 1861(nnn)),
 24 and any reference to a hospital that has a hospital

1 emergency department includes such a freestanding
2 emergency center.”.

3 (d) PAYMENT UNDER MEDICARE.—Section
4 1833(a)(2) of the Social Security Act (42 U.S.C.
5 1395l(a)(2)) is amended—

6 (1) in subparagraph (G)(ii), by striking “and”
7 at the end;

8 (2) in subparagraph (H), by striking the
9 comma at the end and inserting “; and”; and

10 (3) by inserting after subparagraph (H) the fol-
11 lowing new subparagraph:

12 “(I) with respect to specified emergency
13 services furnished by a freestanding emergency
14 center (as such terms are defined in section
15 1861(nnn)), the amount that would have been
16 determined under subsection (t) if such services
17 had been covered OPD services,”.

18 (e) COVERAGE UNDER MEDICAID.—Section
19 1905(a)(2) of the Social Security Act (42 U.S.C.
20 1396d(a)(2)) is amended—

21 (1) in subparagraph (B), by striking “and” at
22 the end; and

23 (2) by inserting before the semicolon at the end
24 the following: “, and (D) specified emergency serv-

1 ices furnished by freestanding emergency centers (as
2 such terms are defined in section 1861(nnn))”.

3 (f) EXCLUSION FROM PROHIBITION ON PHYSICIAN
4 SELF-REFERRAL.—Section 1877(b) of the Social Security
5 Act (42 U.S.C. 1395nn(b)) is amended by adding at the
6 end the following new paragraph:

7 “(6) FREESTANDING EMERGENCY CENTERS.—
8 In the case of laboratory services and imaging serv-
9 ices furnished by a freestanding emergency center in
10 connection with specified emergency services (as
11 such terms are defined in section 1861(nnn)).”.

12 (g) EFFECTIVE DATE.—The amendments made by
13 this Act shall apply with respect to items and services fur-
14 nished on or after the date of the enactment of this Act.

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