

Drone use, incidents on the rise

Air-Medical Programs Must Engage in UAS-Related Topics, Education

2015 has already been a busy year of news about drones. A drone crashing on the White House grounds, the capture of a drone over-laden with illicit drugs attempting to sneak over the border, and some high-profile near-misses with medical helicopters and airliners have begun to increase the awareness that drones present a problem that is almost certain to get worse before it gets better.

It is important that all air-medical programs increase their awareness of drone-related topics as their recreational use continues to soar and as rules for commercial use are developed.

Here are some important drone-related topics and links where you can find more information:

Report Drone Encounters

The FAA is requesting that when a drone is encountered, not only Air Traffic Control be notified, but also local law enforcement. ATC may not always contact law enforcement, and in order to follow up the FBI requires law enforcement documentation.

Pilots also must maintain separation from the drone as well, and should not follow it to try to identify its origin.

FAA Proposes Rules for Commercial Use

Operation of small drones (UAS) are currently lim-



ited to recreational and hobbyist use with a handful of specific exceptions. Various industries have been clamoring for the ability to use drones commercially, and the FAA recently responded with proposed rules for the commercial use of Unmanned Aerial Systems. The proposed regulations would provide operational requirements for commercial operators of small UAS under 55 pounds. They do not address “microdrones” under 4.4 pounds.

Among the uses permitted under the current FAA draft are crop monitoring/inspection, research and development, educational/academic uses, power-line/pipeline inspection in hilly or mountainous ter-

Continued Next Page

Our thoughts and prayers are with the family, friends, and co-workers of the pilots lost, and with the entire ARCH and EagleMed programs.

Ronald Scott Rector

3-6-2015



Matt Matthews

3-12-2015

Continued from Page 1

rain, antenna inspections, aerial photography/news gathering, and wildlife nesting area evaluations, among others.

As proposed, small UAS would be limited to day-light-only operations, confined areas of operation, and visual-line-of-sight operations.

These rules would not apply to the hobby or recreational operation of small UAS, which are not governed by the FAA.

[Click here to view the complete document and provide comments to the Notice of Proposed Rule Making.](#)

The FAA docket number is FAA-2015-0150.

The deadline for public comment is April 24, 2015.

Privacy concerns under consideration

The National Telecommunications and Information Administration (NTIA) is seeking comment on the development of best practice for privacy, transparency and accountability for commercial and private drone use. **The comment period ends April 20, 2015.**

The NTIA docket number is 150224183-5183-01

[Press release about developing privacy best practices Request for comments form](#)

Public Education About Drone Safety is Critical

Drones were among the most searched holiday gift items in 2014. Technology makes flying them fairly simple – in fact, most of them can be charged up and flown right away. But because of this, many people don't take a training course, don't take the time to learn how to control UAVs safely, and don't know the laws about when and where it's safe and legal to fly them.

As a result, inexperienced or unsafe recreational drone users may pose the greatest risk to manned aircraft.

Hobby UAS are not regulated by the FAA, but their guidelines for use were established in federal law by Congress in Public Law 11-95 and in the Academy of Model Aeronautics Safety Code.

We encourage you and your program to become familiar with the rules that exist for drone use by hobbyists, and to work with local law enforcement,



fire departments and EMS, hobbyist clubs and local media to help raise public awareness.

Here are just some of the rules regarding the use of drones:

- Without exception, a UAS operator is always required to give way and remain well clear of a manned aircraft
- They must be flown in sight of the pilot/operator
- They must see and avoid people and property
- Aircraft may not fly higher than 400 feet above the ground
- They must not be operated within 5 miles of an airport or hospital helipad without notifying and getting permission from the Air Traffic Control Center and/or the hospital
- They must comply with all Temporary Flight Restrictions (TFRs) and Notice to Airmen (NOTAMs).

For more information and guidelines for operating UAS safely, visit <http://knowbeforeyoufly.org>, a user-friendly site that promotes safe UAS operation. It was created by drone manufacturers with input from recreational associations and the FAA.

Another good resource is the Academy of Model Aeronautics, whose [Code of Conduct](#) is integrated into the federal law governing recreational use of UAS.

When the most recent UAS rules were adopted in 2012, congress felt that the AMA safety code and existing law were all that were necessary to ensure safe operation. The proliferation and impact of the recreational/hobbyist market was vastly underestimated, though, and the rate of drone-related incidents is renewing interest in improved regulation.

Register Now for Spring Conference

April 14, 2015 • Penn's View Hotel • Philadelphia, PA

Integrated Healthcare: Early Lessons in Tearing Down Silos

The evolution of mobile integrated healthcare and community paramedicine is challenging the structures of medical delivery. Are there lessons for CCT act as a catalyst to provide increased resources to communities?



– Brent Myers, MD, MPH, FACEP
Medical Director, Wake County, NC

The Top 10 Innovations to Change Your Practice

– Brent Myers, MD, MPH, FACEP

Workforce and Technology: Strange Bed Fellows

Using technology to improve productivity at once creates a safer and more efficient environment and can put us at odds with our workforce. Achieving a balance point in faster, better, and the bottom line is both a cultural and organizational challenge.



– Gregg Lord
Vice President, Intermedix

EMS Innovations: Challenges and Solutions

The EMS Agenda for the Future is reaching its 30th Anniversary. Dr. Kevin Munjal from Mt. Sinai in NYC is a Principal Investigator of the Promoting Innovation in EMS Project working on outlining the barriers to innovation and creating a National Framework for overcoming those challenges to transforming the EMS System.



– Kevin Munjal, MD, MPH
Mt. Sinai (NYC) Assistant Professor,
Emergency Medicine, Health Evidence & Policy
Associate Medical Director of Prehospital Care,
Mount Sinai Medical Center &
Founder, NY Mobile Integrated Healthcare Association
Medical Director, Trek Medics International

Signs and Symptoms—a Medical Detective Story at the SCOTUS

King vs. Burwell has been presented to the Court with a ruling expected in June. Lisa called the first surprise round with the Court and the ACA. Lisa will offer her thoughts and prognostications of the path for healthcare policy as it unfolds in Congress and the Court.



– Lisa Tofil, Esq.
Partner, Holland and Knight

Roundtable Discussion: Always & Never Events

A facilitated discussion about sentinel events in a critical care environment.

[Click here to register](#)

The registration fee for the education meeting is \$150 per person.

Hotel Information:

The Education Meeting will be held at the Penn's View Hotel, Front & Market Streets, Philadelphia, PA 19106. The discounted room rates are \$150.00++ for a standard room (limited availability) and \$180.00++ for a premium room. All rates include a complimentary European style breakfast (served in the hotel restaurant) and wireless internet. All reservations must be confirmed with a valid credit card, no later than Tuesday, March 24th, 2015. Any reservations received after this date, will be subject to space availability and rates. Make your reservation by calling (215) 922-7600 and using group code ACCT.

Board creates 2015 Strategic Plan

In late January, the ACCT Board of Directors came together for a retreat. The purpose was to engage in a strategic planning meeting to reaffirm ACCT's mission, vision and values, and to develop a strategic plan to guide the association's future efforts. Together they created the below document as a template for guiding 2015 initiatives.



(Click below to download a PDF version)

2015 Strategic Plan

Mission: Transform Critical Care Transport to achieve the best interests and needs of critically ill or injured patients.

Vision: Achieve a fully functioning integrated Critical Care Transport (CCT) system that revolves around the needs of patients.

Values: ACCT embraces Quality, Accountability, Integration, Safety, Commitment to Change, Responsiveness and Value.

Quality & Innovation

Strategic Objectives

- Patient Care/Safety
- Standards/Best Practices
- Measurement/Data
- Advocacy

Key Initiatives

- Create a second standards paper regarding patient safety
- Finalize metrics and medical oversight sections of the standards paper
- Operationalize the always and never events
- Develop and define measurements beyond clinical

Memberships & Partnerships

Strategic Objectives

- Improving Population Health

Key Initiatives

- Working with associate members to develop technologies of the future
- New affiliate member recruitment
- Expand international membership
- Recruitment/retention
- Lay the groundwork for new strategic partners
- Incorporating patients into the membership
- Develop relationships in health information space

Education

Strategic Objectives

- Leadership
- Workforce Development

Key Initiatives

- Futures of healthcare curriculum
- Mentorship and succession planning
- Networking/sharing best practices
- Curriculum development for critical care "boot camp" academy

Stewardship

Strategic Objectives

- Value-Based Accountable Care Delivery

Key Initiatives

- Development in process

Association of Critical Care Transport



Standards Retreat Scheduled for April 15 in Philadelphia

The Standards Committee will hold its retreat the day after ACCT's annual Spring Education Meeting. The retreat will be held at AgustaWestland's facility in Philadelphia. There is no cost to participate in the retreat, but registration is required. [Click here to register](#)



WASHINGTON UPDATE

ACCT Applauds Committee's Passage of Trauma Reauthorization Bills

ACCT congratulates the House of Representatives Energy and Commerce Committee on its action to approve "The Trauma Systems and Regionalization of Emergency Care Reauthorization Act (HR 648)" and "The Access to Life-Saving Trauma Care for All Americans Act" (HR 647) for consideration by the House of Representatives.

"The Trauma Systems and Regionalization of Emergency Care Reauthorization Act" would among other provisions, reauthorize the Trauma and Emergency Care Systems Grants through 2020. These programs are essential to improvement of trauma systems and piloting regionalized systems of emergency care to create greater efficiency of emergency medical care and transport, as called for by the IOM.

"The Access to Life-Saving Trauma Care for All Americans Act" would among other provisions reauthorize the Trauma Care Center Grants and The Trauma Service Availability Grants through 2020. These programs would provide grants to prevent further trauma center closures and address shortfalls in trauma services and improve access to and the availability of trauma care in under-served areas.

These programs are critical to ensure the coordination of trauma care delivery among trauma centers, ambulances, helicopters, state and local governments as well as implement and evaluate innovative models of regionalized emergency care systems.

Thanks to the leadership of Dr. Burgess and Rep. Green and the tremendous efforts of ACCT and the trauma and EMS community this vote is the first step in the 114th Congress toward improving trauma care. ACCT and our advocacy partners submitted support letters to the committee in advance of the mark. To view the letters, please visit the links below:



[Trauma Coalition Support letter Parts A-C 2015 MF](#)



[Trauma Coalition Support letter Parts D, F and H 2015 MF](#)

Share Your Program's News

Do you have something exciting happening? Please share your news with ACCT.

E-mail mdaugherty@lifeflighteagle.org. We hope to create a member news section in each newsletter to highlight the great things happening in the association's member programs.

GAO Releases Report on Shortages of Controlled Substances

ACCT worked diligently with the American College of Emergency Physicians (ACEP) to ensure the Government Accountability Office (GAO) conducted a study on the number of factors that may be contributing to the drug shortage issue, as there is debate over the reasons.

CCT providers administer life-saving care, often through the use of specialized equipment or drug therapies, while transporting a patient from the scene to a medically appropriate receiving hospital or between hospitals, typically moving patients to a higher tertiary care facility. If patients do not have access to these drugs within a very short time window, it can mean the difference between life and death or serious disability.

ACCT called for an investigation of the root causes of the shortages through congressional outreach. The report was requested by Senators Grassley (R-Iowa) and Whitehouse (D-Rhode Island). Accordingly, GAO conducted a study to examine the cause of drug shortages and provide recommendations on how to alleviate such shortages. The report may be viewed [here](#).

Supreme Court Hears Oral Arguments for King v. Burwell

On March 4, the Supreme Court heard oral arguments for King v. Burwell, a case challenging the subsidies available to individuals on federally-facilitated ACA health insurance exchanges. This challenge is not about a violation of the Constitution; it is about how to interpret a law created by Congress.

This case hinges on five words: exchange established by the state. The petitioners (or challengers) believe that the Patient Protection and Affordable Care Act (ACA) only permits subsidies for exchanges established and run by the state.

When the ACA was implemented, sixteen states created their own exchanges. There is no dispute that consumers who purchase health insurance in those states are eligible for subsidies. However, the other thirty-four states chose not to set up an exchange and, under the ACA, the federal government set up exchanges for each of those states. The petitioners' view is that subsidies are not available to those thirty-four states because Congress said what it meant - "established by the state". The Supreme Court is expected to deliver its decision by the end of June.

White House Releases FY 2016 Budget Proposal

On February 2, 2015, President Obama released his Fiscal Year (FY) 2016 Budget. The President's budget proposal would use federal savings and revenues to reduce the deficit, replace sequestration of Medicare and other federal programs for 2016 through 2025, and pay for new spending priorities.

The President's fiscal blueprint, for the budget year that begins Oct. 1, 2015, proposes spending \$4 trillion and projects revenues of \$3.53 trillion, leaving a deficit of \$474 billion. The budget request exceeds the spending caps established in 2010 by \$74 billion spread evenly between military and non-military discretionary spending. The Administration is proposing offsets to cover some of the expanded spending (\$1.8 trillion over a 10-year period). To view the health and CCT provisions in the budget, please click the links below.



[FY 2015 President's Budget Proposal EMS.pdf](#)



[FY2016 President's Health Budget FINAL.pdf](#)

Implementation of ICD-10 is on Track

The House Energy and Commerce Committee Subcommittee on Health held a hearing last week to discuss a Government Accountability Office (GAO) report that outlines the progress and activity of the CMS in preparing to implement the tenth revision of the International Classification of Diseases (ICD-10) on October 1, 2015. The vast majority of committee members were supportive of transitioning to ICD-10 on the current schedule.

All medical claims submitted by health care providers to payers, both public and private, for reimbursement have an ICD code. Currently, the ninth revision is in use in the United States. The transition to the 10th revision is scheduled to take effect on October 1, 2015, after twice being delayed for one year. ICD-10 provides more specificity in labeling patient diagnoses and in categorizing inpatient procedures.

The Washington Update is prepared by Miranda Franco, Senior Public Affairs Adviser for Holland & Knight

Recap of HAI Industry/Government Meetings

On January 27 and 28, a group of FAA part 135 Operators and other government and industry representatives met in Alexandria, VA, to discuss the new proposed FAA rules. ACCT board member Greg Hildenbrand attended the meetings on behalf of his program, LifeStar of Kansas. Greg graciously agreed to share his notes from the meeting with ACCT members:

Industry Pre-meeting, January 27, HAI offices, 1300-1700

This was a gathering of about 30-35 industry representatives impacted by the new FAA Rule. The purpose of this meeting was to identify issues and formulate questions for the Thursday meeting with the FAA and NTSB representatives. Areas addressed in the rule were reviewed and include the following:

- Reinforcing IFR usage in HAA (April 22, 2015)
- All legs of HAA transports conducted under part 135 rules (2015)
- Increased VFR weather minimums to 800/2 day and 800/3 night (2015)
- Instrument rating for all HAA pilots (2017)
- Flight data monitoring systems installed (2019)
- HTAWS installed (2017)
- Radar altimeters installed (2017)
- Operational Control Center (OCC) and OC Specialist (OCS) changes (2016)

Industry/Government Meeting, January 28, Westin Hotel, 0830-1630

This was a gathering of about 120 industry representatives present in person and another 100 or so estimated to be tuned into the live stream. The format was for an FAA representative to speak for 20-30 minutes, followed by questions from the audience. Following is a summary of each section:

1. Rotorcraft Directorate Reorganization and Introduction of the Delegated Systems Certification Office (DSCO), by Lance Gant, FAA
 - a. This presentation described the reorganization that is currently being done in the FAA's southwest region.

2. Unmanned Aerial Systems (UAS) Regulatory Overview, by Bill Crozier, FAA
 - a. UAS's fall under two distinct categories: commercial and model/hobby. Commercial UAS's are regulated by the FAA, and the FAA continues to develop more targeted regulations for safely integrating them into the national airspace.
 - b. Hobby UAS's are not regulated by the FAA, but their guidelines were established in law by Congress. To operate legally, hobby UAS's must:
 - (1) Fly below 400'
 - (2) Remain more than 5 miles from the nearest airport
 - (3) Fly in daylight only
 - (4) Remain in direct line of sight of the operator
 - (5) Weigh less than 55 lbs
 - (6) Yield to manned aircraft
 - c. The FAA's primary focus on hobby UAS's is educational – educating users on the rules for safe use. The FAA encourages contacting local law enforcement for those using hobby UAS's in unsafe or illegal ways.
 - d. Commercial UAS's are regulated by the FAA and operate under one of several exemptions, usually a “see and avoid” exemption under 91.113.
 - e. NOTAMS should be issued in the areas of operation. A licensed pilot must operate a commercial UAS, although the pilot does not have to be licensed for rotorcraft.
 - f. The FAA is working on “detect and avoid” and “command, control, and communications” regulations for UAS's and intend to issue an NPRM on UAS's later this year.
 - g. The president has requested the FAA's work on UAS regulations to be expedited, in light of the drone crash on the White House lawn, although that particular UAS is in a class that would not have been regulated by the FAA, anyway.
 - h. What can operators do to avoid commercial UAS's? Check NOTAMs, report any unsafe operations to local ATC, and maintain vigilance.
 - i. Privacy laws vary from state to state and complicate UAS regulations. The FAA is working with several other agencies regarding privacy issues, again for commercial drones.
 - j. Questions were asked about whether public and private heliports (i.e., hospital helipads) are considered “airports” for the 5 mile restriction on hobby UAS's; if a HAA is landing at the scene of an accident, does that scene qualify as an “airport”; liability insurance requirements for UAS operators; maintenance, inspection, and airworthiness of UAS's. The FAA agreed to review the issues and provide answers.
 - m. “Near mid-air collisions” are treated more seriously by the FAA than simple sightings of UAS's, so if you're making a report on a UAS, make certain to identify if it created a near mid-air collision.
3. Overcoming the Regulatory Obstacles to Meet the Equipage Mandates of the New Helicopter Safety Rule and ADS-B, by John Duncan and Lance Gant, FAA.
 - a. ADS-B Out is required for helicopters in 2020, but installations are not occurring at a rate to meet that mandate. There needs to be 5-6 installations per day, starting today, to meet the mandate, which is not happening. There are 5000 rotorwing to be equipped.
 - b. Clarification was requested on the Flight Data Monitoring System requirement. The rule only specifies installing systems “capable” of gathering the specified information and does not specify that anything be done with the information nor that it be reported to the FAA.

4. Helicopter Safety Rule FAA Overview, Designated Pilot Examiner Program Update, FAA Consistency and Standardization Initiative (CSI), by John Duncan and Les Smith, FAA.
 - a. In March 2015, the guidance for POI's to use in checking operators against the rule changes will be issued. That guidance should clarify most of the confusion and uncertainty of application over the rule.
 - b. It was clarified that the preflight risk assessment (RA) can be an electronic document, as determined by the operator, so a pilot receiving a flight request prior to completing a flight does not have to land to physically sign off on another RA.
 - c. John emphasized that he expects his FSDO's to be talking to each other (consistency) and to think critically and work interdependently. John wants to know whenever operators experience FSDO's not operating in that manner.
 - d. A question was asked about the necessity for both HTAWS and radar altimeter and wouldn't HTAWS alone be sufficient. The answer is that Congress mandated both, so the FAA had no flexibility. In addition, the NTSB issued a recommendation for both.
 - e. Several questions were asked about the IFR departure rules, transitioning onto an IFR flight path. The FAA assured everyone that there is not intent to strand a helicopter at a hospital because the rule prevents them from reentering an IFR flight path.
 - f. A concern was expressed over the reduction in duty time for OCS's from 12 to 10 hours. The FAA is looking at moving that back to 12.
5. NTSB 2015 Most Wanted List, by Earl Weener, NTSB member
 - a. The "Most Wanted List" was created as an "arm-twisting" mechanism for the NTSB, since they have no regulatory powers.
 - b. Six of the 10 items for 2015 are aviation related, including:
 - (1) Disconnect from distractions, i.e., Personal Electronic Devices (PED's)
 - (2) Fitness for duty: pilots must self-assess fitness between exams
 - (3) Impairment: primarily substance impairment. In the period from 1990-1997, 11% of the pilots involved in fatal accidents had potentially impairing substances in their bodies. That percentage went up to 23% in the period from 2008-2012.
 - (4) Procedural compliance: operators need to develop good procedures, train to them, and monitor compliance.
 - (5) Prevent loss of control: LOC accounted for 40% of GA accidents from 2001-2011.
 - (6) Public RW aircraft.
6. Public Aircraft Operations, by Carl Johnson, FAA
 - a. Public aircraft are governed by law (Congress), not by regulation (FAA). The FAA cannot write public aircraft regulations, except as directed by Congress.
7. Strategic Overview of 14CFR27/29 Rewrite Initiative, by Jonathon Archer, GAMA
 - a. An initiative to rewrite the parts 27 and 29 rotorcraft certification regulations so they become less prescriptive and more performance or outcome based.

Thank you to our members, whose support makes ACCT's mission possible:

Platinum Associate Member



ACCT Website Sponsor



Gold Associate Members

