Air Ambulance Quality and Accountability Act Section by Section

Sec. 1 Short Title

Air Ambulance Quality and Accountability Act

Sec. 2 Findings

Congress finds that patient access to high quality and essential air ambulance services can mean the difference between life and death and quality of survival for patients. Medicare should assure beneficiaries of high quality air ambulance services and patient safety.

Medicare has no requirements related to quality measurement and reporting, adherence to relevant standards as a condition of participating in Medicare, or robust cost reporting. Medicare currently reimburses all suppliers and providers of air ambulance services the same, regardless of clinical capability or investment in aviation safety that exceeds FAA requirements.

Because most patients in need of air ambulance services are unable to choose their carriage or carrier, Medicare payment policy must reflect the realistic costs of providing this life-saving transport service.

Sec. 3 Minimum Standards for Air Ambulance Providers and Suppliers

The Secretary shall, in consultation with relevant stakeholders, establish minimum standards for Air Ambulance providers to participate as providers under Medicare. The Secretary may also approve an accreditation organization as having appropriate standards for participation and grant deemed status to any provider within that organization.

The minimum standards will include at least the following:

- Medical Equipment
- Vehicle attributes to support care
- Documentation standards
- Medical Direction and Physician Oversight
- Reporting of always events
- Reporting of never events
- Patient safety and infection control
- Physician directed clinical management
- Standards relevant to particular patient populations

Sec. 4 Air Ambulance Cost Reporting Program

Each provider participating in the Medicare program shall submit cost data to the Secretary. Any failure to report will result in suspension of payment. New providers will not be penalized in first year of participation for not having reported previous year.

The cost data shall include the following:

- Geographic location factors
- Type of aircraft, such as fixed or rotary wing, visual flight or instrumented flight
- Maintenance of aircraft
- Maintenance of equipment, such as specialty clinical equipment

- Medical supplies
- Employee expenses
- Training expenses
- Building expenses

Sec. 5 Air Ambulance Quality Reporting Program

The Secretary will institute a Quality Reporting program beginning the 5th year after enactment in reporting on three different categories—Over-Triage in mode of transportation, Patient Safety Measures, and Clinical Quality Measures.

The measures for Quality Reporting shall be updated periodically by the Secretary in consultation with providers and suppliers. Quality Reporting will be required for the following:

- Over-triage in mode of transportation.
- Initially three Patient Safety Measures will be established in consultation with providers and suppliers of air ambulance services, providers will be required to report on at least 2. This will ramp up to 4 required Patient Safety Measures out 6 developed in the 4th year of the Quality Reporting Program.
- Three Clinical Quality Measures to be established in consultation with providers and suppliers of air ambulance services, providers will be required to report on at least 2. This will ramp up to 4 Patient Safety Measures out 6 developed in the 4th year of the Clinical Quality Program.

The first 3 years of the Quality Reporting Program will have a 2% penalty for non-reporting with no bonus or penalty assessed for quality of care. In year 1, initial reporting will begin. Year 2 will follow with confidential reporting. Year 3 will begin public reporting.

Beginning in Year 4, the Quality Reporting Program will shift to a bonus/penalty payment system with providers able to receive up to a 5% bonus for high quality care and down to a -5% penalty for low quality care. Non-reporting providers will be treated as lowest quality providers with a -5% penalty. New providers will not be penalized in first year of participation for not having reported previous year.

Sec. 6 MedPAC Study on Access, Costs, and Reimbursement

MedPAC will conduct a study and submit a report to Congress on whether any update in reimbursement amounts is warranted three years after beginning of cost reporting program.