

H.R. 3780, the Air Ambulance Quality and Accountability Act

Reps. Richard Hudson (R-NC), Ron Kind (D-WI), Lynn Jenkins (R-KS), Joe Kennedy (D-MA)

When someone is critically injured, first responders deal in minutes, not hours, to get them the care they need. The first hour after injury is called the golden hour because those first 60 minutes can mean the difference between life and death or full recovery and permanent disability. When the most critical patients are in dire need of quick access to care, often the only solution for them is an air ambulance.

It is important to ensure patients receiving care from an air ambulance provider can be confident they are getting the best possible care. Despite the Centers for Medicare and Medicaid Services (CMS) having oversight of these programs through their payment programs, there is no significant data being reported, either on the quality or cost of these flights.

Right now, Medicare's reimbursement model does not account for the quality of care provided nor is data available to determine effective payment rates. The model used today has not been updated since the 1980s, and air ambulance transport has evolved significantly since then.

Medicare has no standards of care or quality valuations. Medicare pays all air ambulance agencies the same regardless of the quality of care they provide. Additionally, there is no mandatory cost reporting to evaluate whether Medicare payments are adequate. This must change.

H.R. 3780 ensures that all patients in need of air medical services throughout the nation have access to high quality care and patient safety regardless of which air ambulance agency transports them. This legislation protects critically ill and injured patients by addressing the variability in quality of care and clinical capability. It mandates cost-reporting which will enable a thorough evaluation by the Medicare Payment Advisory Commission (MedPAC) to assess the adequacy of access, Medicare reimbursement and the need for future payment reform prior to providing any increases in payment.

H.R. 3780 would accomplish the following:

- **Establish minimum standards for air ambulance providers and suppliers.** The legislation requires the Secretary of HHS to establish minimum standards which air ambulance agencies would be required to satisfy as a condition of participation under Medicare. Air agencies accredited by an approved accrediting body would be deemed in compliance with the standards.
- **Establish a robust air ambulance quality reporting program.** The Secretary will establish, in consultation with relevant stakeholders, a quality reporting program that yields meaningful performance payment adjustments. Measures will address over-triage, patient safety and clinical quality.
- **Require cost reporting by air ambulance providers and suppliers.** The legislation establishes a mandatory cost reporting program. Data will be collected on geographic factors, type of aircraft, maintenance of aircraft, maintenance of equipment medical supplies, employee expenses, training expenses, and building expenses.
- **Require a MedPAC study based on that cost reporting.** MedPAC will evaluate the adequacy of current payment to ensure access to high quality care. It will provide recommendations on whether payment increases are appropriate, and whether they should be narrowly tailored based on the higher costs of serving geographically isolated areas, greater investments in aviation safety, and a higher clinical capability to serve the sickest patients.