

Framework and Menu of Bill Options for Air Ambulances
7.14.16

Overarching Themes:

- ✓ Shift Air Ambulances from Suppliers of Transportation Services to Providers of Health Care Services
- ✓ Improve Accountability, Transparency for Safety and Quality of Aviation and Health Care Services
- ✓ Clarify regulatory oversight between DOT, HHS and States – DOT is responsible for “air” and HHS and States are responsible for “ambulance”

Menu of Bill Options:

❖ Commerce Committee

- Carve out “helicopter air ambulance” from “air carriers”
- Create new statutory definition of “helicopter air ambulance” something like – “a provider of mobile medical services by helicopter”
- Subject helicopter air ambulances to all the FAA requirements that already exist for Part 135 certificate holders authorized by the Administrator to conduct helicopter air ambulance operations
- Add new statutory requirements that meet all NTSB Standards
- Require the Secretary to affirmatively undertake economic regulation of any helicopter air ambulances not participating in Medicare
- Require safety transparency – publishing of safety investments and record
- Build out aviation infrastructure for rotor wing flights

❖ Finance Committee

- Under Medicare, shift air ambulances from “suppliers” to “providers” – and mimic the same definition something like “provider of mobile medical services by helicopter or fixed wing aircraft”
- Subject to COPs and quality requirements that integrate with rest of health care delivery (trauma, stroke, cardiac)
- Require cost reporting, including details around clinical capability and aviation investments, and commensurate pricing transparency, but ensuring contextual information (such as hospital subsidies)
- MEDPAC and MACPAC study (following establishment of cost reporting) on

- Payment for IFR
- Payment for verified critical care level of services
- Uncompensated care
- Limitations on balance billing patients
- Payment for non-transport

❖ HELP Committee

- Require essential health benefits to include air ambulances such that insurers have to pay reasonable charges but only if the air ambulance provider participates in Medicare and Medicaid and is subject to quality, COPs, and agrees not to balance bill non-Medicare patients beyond XYZ amount/percentage.
- Require HHS regulation over the economic aspects of interstate air ambulance services and unfair or deceptive trade practices.
 - Include requirement to prohibit bad practices (marketing, payment to EMS ground, etc)
 - Membership programs
 - Potentially need for services (look at NAM report which starts to address this in trauma center world)
- Clarify State regulation over patient care, scope of practice, etc and EMS dispatch and protocols to enable appropriate functioning of the EMS system and potentially CON (depends on how to divide between State and Federal economic regulation)
- Incentivize state recognition of licensure/certification of personnel in other states (not sure how)