

112TH CONGRESS  
1ST SESSION

# H. R. 1117

To recognize and clarify the authority of the States to regulate the medical aspects of intrastate air ambulance services pursuant to their authority over health care services, patient safety and protection, emergency medical care, the quality and coordination of medical care, and the practice of medicine within their jurisdictions.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 16, 2011

Mrs. MILLER of Michigan (for herself and Mr. ALTMIRE) introduced the following bill; which was referred to the Committee on Transportation and Infrastructure, and in addition to the Committee on Energy and Commerce, 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

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## A BILL

To recognize and clarify the authority of the States to regulate the medical aspects of intrastate air ambulance services pursuant to their authority over health care services, patient safety and protection, emergency medical care, the quality and coordination of medical care, and the practice of medicine within their jurisdictions.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Air Ambulance Patient  
3 Safety, Protection, and Coordination Act”.

4 **SEC. 2. CLARIFICATION OF STATE AUTHORITY OVER THE**  
5 **MEDICAL ASPECTS OF AIR AMBULANCE**  
6 **SERVICES.**

7 (a) IN GENERAL.—Chapter 401 of title 49, United  
8 States Code, is amended by adding at the end the fol-  
9 lowing:

10 **“§ 40130. Clarification of State authority over the**  
11 **medical aspects of air ambulance services**

12 “(a) CLARIFICATION OF STATE AUTHORITY.—Pursu-  
13 ant to a State’s authority over the licensure and regulation  
14 of health care services within its borders, a State may pre-  
15 scribe licensing and other regulatory requirements related  
16 to the medical aspects of intrastate air ambulance services  
17 in the same manner that it regulates other health care  
18 services within its borders and may integrate such services  
19 into the State’s emergency medical services system, includ-  
20 ing by establishing requirements related to the following:

21 “(1) The quality of emergency medical care  
22 provided to patients by air ambulances, including—

23 “(A) the medical qualifications and med-  
24 ical training of medical personnel;

25 “(B) medical records and data collection  
26 and reporting;

1 “(C) outcome and proficiency measures;

2 “(D) affiliation with health care institu-  
3 tions for medical oversight, critical care medical  
4 education, and clinical experience in critical  
5 care settings;

6 “(E) participation in patient safety and  
7 quality control initiatives, such as peer review,  
8 utilization review, and error reporting;

9 “(F) medical accreditation;

10 “(G) licensing of personnel including scope  
11 of practice and credentialing; and

12 “(H) medical oversight.

13 “(2) The availability of air ambulance services  
14 provided to patients with emergency medical condi-  
15 tions, including—

16 “(A) service during specified hours and  
17 days to ensure the availability of life-saving  
18 medical services as part of the State’s emer-  
19 gency medical services system; and

20 “(B) coordination of services, agreements,  
21 and flight requests for patients with emergency  
22 medical conditions being transported from the  
23 scene at which the patient’s injury or accident,  
24 or other event resulting in the need for medical  
25 services for the patient, occurred.

1 “(3) Communication between—

2 “(A) emergency medical and public safety  
3 agencies and hospitals; and

4 “(B) the flightcrew and air ambulance  
5 medical personnel to the extent that the com-  
6 munications do not interfere with the safe oper-  
7 ation of the flight.

8 “(4) The accessibility of emergency medical  
9 care provided by air ambulances and the incorpora-  
10 tion and integration of air ambulance services into  
11 State emergency medical services systems, includ-  
12 ing—

13 “(A) access to air ambulance services in  
14 regions of a State;

15 “(B) the provision of services to all per-  
16 sons for whom such services are medically nec-  
17 essary and appropriate regardless of ability to  
18 pay;

19 “(C) the proffer of gifts of monetary value  
20 to referring entities;

21 “(D) medical criteria, based on the pa-  
22 tient’s medical need for transport from the  
23 scene at which the patient’s injury or accident,  
24 or other event resulting in the need for medical

1 services for the patient occurred, for deter-  
2 mining the appropriate—

3 “(i) mode of transport (ground versus  
4 air) utilizing evidence-based triage criteria  
5 to the extent available;

6 “(ii) air ambulance to be utilized to  
7 transport a patient in accordance with its  
8 capability to meet the patient’s medical  
9 need; and

10 “(iii) medical institution to receive the  
11 patient.

12 “(5) The acceptability of air ambulance services  
13 to ensure the adequate and appropriate provision of  
14 medically necessary emergency medical care provided  
15 by air ambulances to protect critically ill and injured  
16 patients, including—

17 “(A) medical equipment, devices, and sup-  
18 plies to be carried on board or affixed to the air  
19 ambulance;

20 “(B) sanitation and infection control;

21 “(C) licensing of the air ambulance agency  
22 or program;

23 “(D) licensing of the ambulance vehicle;

24 “(E) truth in advertising requirements;

1           “(F) physical attributes of the air ambu-  
2           lance necessary for the provision of quality  
3           medical care, including—

4                   “(i) permanently installed climate con-  
5                   trol systems capable of meeting specified  
6                   temperature settings;

7                   “(ii) a configuration that allows ade-  
8                   quate access to the patient, medical equip-  
9                   ment, and medical supplies by the medical  
10                  personnel;

11                  “(iii) the use of materials in the air  
12                  ambulance that are appropriate for proper  
13                  patient care;

14                  “(iv) sufficient electrical supply to  
15                  support medical equipment without com-  
16                  promising the ambulance power; and

17                  “(v) the ability of the air ambulance  
18                  to transport a patient a certain distance  
19                  without refueling within the State.

20           “(6) Physical attributes of the air ambulance  
21           necessary—

22                   “(A) for the protection of the ambulance,  
23                   ground, and emergency response personnel; and

24                   “(B) to ensure that the air ambulance has  
25                   no structural or functional defects that may ad-

1           versely affect such personnel, such as by requir-  
2           ing the provision of tailrotor illumination for  
3           loading patients at night or external search  
4           lights.

5           “(b) APPLICABILITY OF FEDERAL AVIATION SAFETY  
6 AUTHORITY.—No State health-related regulation estab-  
7 lished pursuant to this section shall supersede or be incon-  
8 sistent with any Federal operating requirement with re-  
9 spect to aviation safety.

10          “(c) LIMITATIONS.—

11           “(1) IN GENERAL.—State requirements and  
12 regulations prescribed pursuant to this section must  
13 be in accordance with objective, competitive, and  
14 transparent processes designed to ensure the highest  
15 quality of emergency medical care and patient safe-  
16 ty, best outcomes, and access to life-saving emer-  
17 gency medical services as part of an integrated  
18 emergency medical services system.

19           “(2) PRICES.—This section shall not be con-  
20 strued to allow State regulation of the prices  
21 charged by air ambulances for their services.

22           “(3) PROVIDERS LICENSED IN MULTIPLE  
23 STATES.—If an air ambulance is licensed to provide  
24 services in more than one State and the regulations  
25 established pursuant to this subsection by the States

1 are inconsistent, the provider shall comply with the  
2 most stringent of such regulations.

3 “(4) NONDELEGATION REQUIREMENT.—A  
4 State may not delegate authority provided under this  
5 section to a political subdivision of the State.

6 “(d) INTERSTATE AGREEMENTS.—In regulating the  
7 provision of air ambulance services pursuant to this sec-  
8 tion, a State shall, if necessary, establish regulations or  
9 negotiate mutual aid agreements with adjacent States or  
10 air ambulances to ensure access to air ambulance services  
11 across State borders.

12 “(e) DEFINITIONS.—

13 “(1) AIR AMBULANCE SERVICES.—The term  
14 ‘air ambulance services’ means the transport by an  
15 air ambulance of a patient, in both emergency and  
16 nonemergency situations, as well as the medical  
17 services provided to such patient in the course of  
18 transport by such air ambulance.

19 “(2) FEDERAL OPERATING REQUIREMENTS.—  
20 The term ‘Federal operating requirements’ means  
21 requirements under part A of subtitle VII of title  
22 49, United States Code, and Federal aviation regu-  
23 lations set forth in title 14, Code of Federal Regula-  
24 tions.

1           “(3) REFERRING ENTITIES.—The term ‘refer-  
2           ring entity’ means any entity that dispatches or pro-  
3           vides a referral for a provider of air ambulance serv-  
4           ices, such as a medical institution, an agency pro-  
5           viding emergency medical services, or a first re-  
6           sponder.”.

7           (b) CONFORMING AMENDMENT.—The analysis for  
8           such chapter is amended by adding at the end the fol-  
9           lowing:

          “40130. Clarification of State authority over the medical aspects of air ambu-  
          lance services.”.

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