

## Top 20 Frequently Asked Questions Regarding S.1407

### **Q20: Why is S. 1407 needed?**

A: Medicare has quality reporting, conditions of participation or accreditation requirements for most health care providers but not for air ambulance providers. S. 1407 assures accountability for quality of care and patient safety during transport on an air ambulance for the Medicare patients they serve and to taxpayers that fund Medicare.

### **Q19: Will a program operating multiple air ambulances have them accredited at different levels?**

A: Yes, the accreditation level is determined by the capability of care aboard the air ambulance, not the program.

### **Q18: Are all air ambulances expected to be accredited at Level 1?**

A: No, the expectation is that most air ambulance will be accredited at Level 2. Level 1 is designed for specialty care transport programs.

### **Q17: Must Level I air ambulances meet all Level I requirements for all patients at all times?**

A: No, the requirements are capabilities to be selectively employed when needed for a specific patient, such as an Intraortic Balloon Pump (IABP) or a neonatal transport.

### **Q16: Does the bill require 3 caregivers for critical care patients?**

A: No, Level I air ambulances must have sufficient space and capability to utilize a third caregiver only if a third person is needed to maintain the level of patient care required for a high-acuity patient during transport.

### **Q15: What does S. 1407 mean in requiring Level I and II capability at the clinical level of a hospital ER or ICU?**

A: It does not mean that they must have every drug, piece of equipment and type of personnel in those settings at all times and for all patients. For example, physicians are not required on board the air ambulance. The Level I or II air ambulance must be capable of maintaining the level of care in the ICU or ER, respectively, so as to ensure clinical continuity of care during transport from one hospital ICU to another ICU or one hospital ER to a tertiary / trauma center.

### **Q14: Does the bill require all air ambulances to have climate control?**

A: Yes, just as with ground ambulances, to assure a medically appropriate patient care environment for unstable patients (such as cardiac or trauma) requiring either cooler or warmer air cabin temperatures depending on patient condition. How climate control is utilized will vary by region and climate.

### **Q13: Is reimbursement set by the acuity of the patient being transported on each flight or by the accreditation level of the responding air ambulance?**

A: Reimbursement is based on the accreditation level of the responding air ambulance regardless of the acuity of the specific patient being transported. This policy recognizes the higher fixed and operating costs of air ambulances capable of serving a wider range of patients with higher levels of acuity.

### **Q12: On what basis would reimbursement at each level be established?**

A: Revisions to the fee schedule are designed to better reflect relative cost differences for providing air ambulance services at higher levels of accreditation, promote quality care, and preserve timely access to existing air ambulance services and incentivize services in underserved geographic areas.

### **Q11: Will the bill affect access to air ambulance services?**

A: The bill will incentivize improved access in underserved areas by establishing a new payment for sole community air ambulances in remote rural areas. The Secretary must implement the accreditation and payment changes with the objective of preserving and enhancing access in underserved areas.

**Q10: What if a program doesn't currently meet a requirement?**

A: The Secretary must consider the technical and economic feasibility of requirements and provide for a reasonable transition period and payment floors during the transition. Air ambulances are exempted for 5 years from any requirement that would require them to replace their aircraft or that would impose an undue economic burden with respect to compliance costs.

**Q9: Might the bill be changed during the legislative process?**

A: Yes. The introduction of S. 1407 is the beginning and not the end of the legislative process. All bills are honed and amended during the legislative consideration.

**Q8: Does S. 1407 dictate the use of twin engine helicopters or that specific airframes be used?**

A: No, air ambulance programs are free to choose their aircraft. S. 1407 sets clinical standards based on the needed capability to provide patient care. Some single engine aircraft may meet all accreditation levels.

**Q7- Will FAA maintain sole authority over aviation?**

A: Yes, the bill will enable HHS to regulate patient care and set Medicare medical standards; it does not dictate aviation or safety standards nor does it alter FAA's exclusive authority over aviation.

**Q6: Does this bill impede state oversight in regulating air ambulance medical care?**

A: No, the bill sets a minimum standard for Medicare to assure quality care for all Medicare beneficiaries regardless of the state they live in. Some states have little or no regulations for air medical transport. States may set additional medical requirements above the minimum Medicare standards.

**Q5: Why does S. 1407 require programs to gather and report data on quality measures?**

A: To help assure both appropriate utilization and consistent quality of care for patients, air ambulance providers must report quality data. This is consistent with how CMS monitors clinical quality among hospitals, physicians and other providers.

**Q4: Why does the bill maintain budget neutrality rather than increase reimbursement?**

A: With Medicare cuts looming for health care providers to meet deficit reduction, rationalizing air ambulance reimbursement based on actual costs of varying levels of clinical capability and establishing accountability for quality and patient safety provides a stronger policy rationale against haphazard or across the board cuts.

**Q3: How does the bill address utilization?**

A: It requires states to implement FICEMS (Federal Interagency Committee on Emergency Medical Services) guidelines on use and mode of medical transport and requires the Secretary to establish standards for appropriate utilization and transport for air ambulances in states that don't otherwise impose such standards. The bill also includes a study to determine whether there are impediments to use of ground critical care transport when medically indicated and more cost-effective.

**Q2: Will 1407 improve quality of care and patient safety?**

A: Yes, it sets minimum standards across the United States for all Medicare patient transports. The standards will assure that the air ambulance has the personnel, equipment and capability to provide higher level care consistent with hospital level of care. The collection and review of data will help assure that air medical transport is being appropriately utilized and that patients are receiving appropriate care. These measures are consistent with CMS policies for all other areas of healthcare.

**Q1: Why should S. 1407 be supported?**

A: Because it is in the best interests of critically ill and injured patients whose lives are at stake and who don't get choose which air ambulance provider transports them.