Side-by-Side Comparison of H.R. 3780 and H.R. 3378

	H.R. 3780 *"Air Ambulance Quality and Accountability Act"* **Sponsors: Reps. Hudson, Kind, Jenkins, Kennedy**	H.R. 3378 *"Ensuring Access to Air Ambulance Services Act of 2017"* **Sponsors: Reps. Walorski, DelBene, Johnson (OH), Ruiz, Sessions**
I. Establishment of minimum standards	No later than 2 years after enactment, the Secretary shall establish, with input from relevant stakeholders, minimum standards which air ambulance providers and suppliers would be required to satisfy as a condition of participation in the Medicare program. The legislation sets forth a set of minimum standards the Secretary must establish with respect to: 1) Scope of practice, training and clinical capability of medical personnel; 2) Medical equipment; 3) Vehicle attributes to support needed care; 4) Documentation Standards; 5) Medical direction and physician medical oversight; 6) Reporting of always events; 7) Reporting of never events; 8) Patient safety and infection control; 9) Physician directed clinical quality management and clinical performance improvement programs and 10) Standards relevant to particular populations like those on balloon pumps.	Not addressed in H.R. 3378
I (a). Deemed status for meeting minimum standards via accreditation	Air ambulance providers and suppliers that are accredited by an accreditation organization approved by the Secretary that has standards that meet or exceed the Secretary's standards will be "deemed" to be in compliance with the standards requirement discussed above.	Not addressed in H.R. 3378
II. Cost reporting program	Beginning at least 1 year after the date of enactment, requires each supplier or provider of air ambulance services to report cost data to CMS.	Establishes a Data Reporting Program. Beginning in 2019, requires each supplier or provider of air ambulance services to report cost data to CMS.
II (a). Cost data	Cost data reporting will relate to the following: 1) Geographic location factors; 2) Type of aircraft; 3) Maintenance of aircraft; 4) Maintenance of equipment; 5) Medical supplies; 6) Employee expenses; 7) Training	Cost data reporting will include the following: 1) Maintenance of aircrafts; 2) Medical supplies and equipment; 3) Fuel; 4) Employee expenses; 5) Recurring training relating to Aviation; maintenance; communication and clinical; 6) Rent and utilities; 7) Communications; 8)Travel; 9) Hull and aviation liability

	expenses; 8) Building expenses; and 9) Any other costs as specified by the Secretary.	insurance, life insurance, and professional malpractice insurance; 10) Marketing; 11) Supplies and equipment; 12) Overhead support; 13) Aircraft ownership expenses; 14) Depreciation; 15) Safety enhancement capital costs; and 16) Safety enhancement recurring costs.
II (b). Consequence for failure to report cost data	In the 2nd year of reporting, providers and suppliers that fail to report will have their fee schedule payments suspended until they are in compliance with the reporting requirements.	There is no penalty for failure to report cost data at any time. Failure to report cost data during 2019 and 2020 precludes suppliers and providers from the temporary 12% and 20% increases in payment.
III. Quality reporting and performance program	Establishes an air ambulance Quality Reporting Program under which a supplier or provider of an air ambulance services will receive payment based on performance. A reduction in reimbursement for failure to report takes effect the 6th year after date of enactment, which is the 1st consequence year. Changes in reimbursement based on performance take effect the 9th year after date of enactment, which is the 4th consequence year.	In 2020, each supplier or provider of air ambulance services shall report quality data to CMS. In 2024, the Secretary shall establish a value-based purchasing program and establish a nationwide performance benchmark, composite score and performance payment percentage adjustment to the annual update for a provider or supplier of air ambulance services.
III (a). Quality data	Quality measures are not specified in the statute, however, measures will be developed in the following areas: i) Over-triage measure; ii) Patient safety measures (established by the Secretary in consultation with providers and suppliers of air ambulance services); and iii) Clinical quality measures (established by the Secretary in consultation with providers and suppliers of air ambulance services). In the 1st through 3rd consequence years, suppliers and providers must report on i) over-triage measure; ii) 2 of at least 3 patient safety measures; and iii) 2 of at least 3 clinical quality measures. Starting in the 4th consequence year, suppliers and providers must report on i) over-triage; ii) 4 of at least 6 patient safety measures; and iii) 4 of at least 6 clinical quality measures.	The quality measures that must be reported on are specified in statute as follows (no authority to add or update such measures is provided): 1) Mechanical ventilator use in patients with advanced airways; 2) Interpretation of 12-lead electrocardiogram documented on patient care record for those transported with primary cardiac diagnoses; 3) Continuous waveform capnography for mechanically ventilated patients; 4) Advanced airway established without newly developed hypoxia or hypotension; and 5) Tracheal intubation verified with capnography and direct visualization, chest radiograph, or symmetric breath sounds. For each performance period, beginning 2024, the Secretary shall determine the performance of each supplier and provider with regard to each specific quality measure described above, based on performance benchmarks for each measure (average of all performance scores on each measure). These will be used to determine an overall composite performance quality score. Each

		provider or supplier will be ranked based on the composite quality performance score. Failure to submit required data will be treated as a composite performance quality score of zero.
III (b) Consequence for failure to report quality data and adjustments based on quality performance	In the case that a supplier or provider does not submit a quality report in the 1st through 3rd consequence years, a 2% percent reduction in the annual update percentage increase in payments under the fee schedule will occur. Beginning in the 4th consequence year, adjustments to the rate of the annual update percentage increase for providers and suppliers will be increased up to 5% or decreased up to 5% based on their relative performance. Providers and suppliers that fail to report will be considered to have had the lowest demonstrated performance. Payment changes are assessed annually (noncumulative application is specified). The bill specifies that adjustments may result in an update of less than 0, meaning a reduction in actual payment.	There is no penalty to report quality data prior to 2024. Failure to report quality data during 2020 only precludes suppliers and providers from the temporary increase in payment. The bill does not otherwise address failure to report quality data as a condition of receiving rebased base rates implemented by the Secretary in 2021. Beginning in 2024 in order to fund the performance adjustment increase in the annual update based on a value-based purchasing program: (i) if a provider or supplier of air ambulance services does not submit to the Secretary the specified quality data, a reduction of 10% percent of the annual update percentage increase will be enforced with 50% of such savings redirected to the performance adjustment and 50% of such savings to the Medicare Trust Fund; (ii) after determining the annual update percentage increase -- adjusting for the productivity adjustment, data reporting adjustment (including 10% cut in update for failure to report quality data), and Secretarial rebasing of the base rate in 2021 -- any annual update percentage increase for all providers and suppliers will be cut by 2%. Payment adjustments are assessed annually. The bill does not specify that the cut may reduce payments below 0, meaning that if any percentage reduction is greater than the annual update percentage increase, it does not result in a reduction in actual payment. The percentage increase that a provider or supplier may receive for a performance payment is funded by the 2% cut to the update for all providers and suppliers, and 50% of any savings from the 10% cut in the annual update to those who failed to report quality data.

IV. Reporting for new Medicare providers and suppliers	New Medicare suppliers and providers would not be subject to cost or quality reporting their first year.	Not addressed in H.R. 3378
V. Reports	Within 3 years after the Cost Reporting Program is initiated, the Medicare Payment Advisory Commission (MedPAC) will submit a report to Congress with an evaluation of the costs of air providers and suppliers. The evaluation will be derived from the reported cost data and differentiate to recognize variation or higher costs of instrument flight rules (IFR), critically ill or injured patients, provision of services in geographically isolated areas, and caring for uninsured. MedPAC must provide recommendations on whether reimbursement to suppliers and providers should be made including with regard to: (i) whether payment is sufficient to ensure access, and whether it should be higher for higher levels of clinical capability and IFR; (ii) whether uncompensated care impedes access; (iii) the degree of variation in utilization, including whether the undersupply or oversupply of air ambulances affects access, volume and adequacy of payments; (iv) the degree to which membership programs sustain operations, reduce costs, and whether they are beneficial for beneficiaries; (v) the degree of subsidization from private insurers or hospitals occurs to cover inadequate payments under Medicare or Medicaid and enable reasonable profitability; (vi) the ratio of charges to Medicare payment and impact on beneficiary cost sharing of cost, utilization and variation in services; (vii) appropriate incentives for utilization of ground critical care transport; (viii) the degree to which a quality performance program should be used in determining value based payment; and (ix) any other information deemed relevant by MedPAC.	No later than July 1, 2021, the Secretary will submit a report to Congress on the cost and quality data mentioned above. Additionally, by the same date, the Comptroller General (GAO) will submit a report to Congress that includes an analysis of cost variation by geography and provider or supplier status and a recommendation on adequate reimbursement.

VI. Temporary increase in payment for air ambulance services	Not addressed in H.R. 3780.	In 2018, the Secretary will provide a 12% increase in the base rate of the air ambulance fee schedule. In 2019 and 2020, the Secretary will provide a 20% increase in the base rate of the fee schedule. There is no temporary increase for providers or suppliers that do not report cost and quality data.
VII. Rebasing of air ambulance base rate	Not addressed in H.R. 3780.	Through rulemaking, the Secretary will update the base rate of the fee schedule for air ambulance services for all providers and suppliers starting in 2021 consistent with the cost data reported.