2017 NASEMSO AIR MEDICAL COMMITTEE MEETING RECORD – NOVEMBER 28, 2017

Name	State or Org	Present	Name	State or Org	Present	Name	State or Org	Present
Joe House, Chair	KS	X	Charles Lewis	NC				
Dale Adkerson	OK	X	George Lindbeck, MD	VA				
Noreen Adlin	AZ	X	John Liqua	NJ				
Martin Arkus	Associate	X	Steve McCoy	FL				
Jeanne-Marie Bakehouse	CO		Tom McGinnis	CA	X			
Gary Brown	VA		Tom Mitchell	NC				
David Bump	Associate		Grace Pelley	OK				
Robert Byrd	Associate		Tim Perkins	VA	X			
Guy Dansie	UT		Veronica Seymour	OR				
Wayne Denny	ID		Dudley Smith	Associate				
Jim DeTienne	MT	X	Tina Smith	NV				
William Doyle	Associate	X	James Sweeney	NJ				
John Englert	PA		Peter Taillac, MD	UT				
Jack Fleeharty	IL		Donna Tidwell	TN	X			
Andy Gienapp	WY	X	Ken Williams, MD	RI				
Brett Hart	TX		Stephen Wilson	AL				
Greg Hildebrand	Associate	X	Gary Wingrove	Associate				
Lance Iverson	SD							
Mary Sue Jones	DE		Kathy Robinson	Staff	X			
			Gamunu Wijetunge	NHTSA	X			

THE COMMITTEE'S WEB SITE IS http://nasemso.org/Projects/AirMedical/. All documents referenced in this draft are posted!

TOPIC	DISCUSSION	ACTION	RESPONSIBLE PERSON/S	STATUS OPEN	STATUS CLOSED
Call to Order @ 1500 hrs.	Chairman House welcomed the group; The meeting record of October 11, 2017 was reviewed and approved with a spelling correction.	Attendance was recorded.	KR		11/28/17
Liaison Reports/Program Updates	ACCT – provided that they have been focused upon legislative efforts behind supporting H.R. 3780. M. Arkus mentioned that he was no longer on the AAMS Board, but he did want to add that ACCT and AAMS are trying to work collectively to resolve the differences between the two bills as best as they can. He also mentioned that he knew that AAMS was looking for a vehicle to help with either 3378 and/or 2121.	N/A			

Committee Workplan	It was asked if there were any other states (other than Colorado and Utah) on the call that had looked at the Model Rules and whether they had encountered any issues or areas where things needed better explanation. D. Adkerson had mentioned that they had just revised their rules and that it would be a while before they were able to make more revisions; however, he felt that Oklahoma was fairly aligned with the Model document. J. DeTienne had mentioned that their air medical committee had just finished reviewing and that they are now trying to find out how best to implement these into Montana regulatory language. He has not yet received feedback of areas that may need additional attention from their air medical committee. J. House had mentioned that next steps moving forward were to look at enhancing the section upon quality improvement and to find quality performance measures for the air medical side that would assist states in ensuring that air ambulances continue to provide quality patient care. It was thought that perhaps these quality measures could be used, either in conjunction with or as an alternative to, the quality measures being requested of the air medical industry in the bills earlier mentioned (3780, 3378, and 2121). Those on the call assented to this process and would look forward to some ideas at the next meeting.	J. House and K Robinson will review the current workplan and highlight areas for priority discussion for the next meeting.	JH/KR	12/26/18	
Forum	J. House mentioned that S. 2121, a companion bill to H.R. 3378, was introduced within the Senate on November 14, 2017. J. House noted that H.R. 304 was signed by the president, but it was not readily available what the effective date of this legislation will be. Among other things, H.R. 304 legalizes the current practice of the usage of controlled substances by EMS. G. Hildenbrand (ACCT) asked if he could discuss some of the differences found in Rep. Hudson's bill (3780) that ACCT supports. He was acknowledged and proceeded to identify that both bills agreed upon Cost Reporting and Quality Reporting needing to be done; however he noted that the difference was: • Conditions for Participation / Minimum Standards. He added that he felt this set the floor for which each state could build upon. He does not think that this replaces the state's authority, but rather makes all air medical services start at a uniform platform if they wish to receive Medicare reimbursement. He noted that even ground medical services have minimum standards set within the Medicare reimbursement/benefit policy. He mentioned that the Secretary would need to convene a group of interested stakeholders to determine these standards, but strongly felt that state regulators should be included as part of that stakeholder group. • Money- 3780 allows for 3 years of cost reporting to occur prior to any adjustment being made to the current reimbursement rate	N/A			

	for air ambulance service providers/suppliers. He noted that this does not require an expenditure of federal funding, but rather makes the study to ensure that any adjustment has strong foundation for being done. In contrast, he shared that 3378 asks for an immediate 12% increase, subsequently followed by a 20% increase the next year, and another 20% increase the next year. Mr. Hildenbrand allowed for Mr. Arkus to offer his perspective upon the differences. Mr. Arkus expanded upon the reference to 3378 by wanting to make sure that folks understood that this was not a cumulative increase (not 52% over 3 years) and that the funding for the increased reimbursement is from the penalties being paid into the system, not a request for additional federal funding. The floor was opened for any questions: J. House asked that if there was a concern over there not being a level playing field on the minimum standards piece and why it was thought that this needed to be included within federal legislation? It was mentioned that minimum standards and all states having the same base rules were what the model rules were designed for and that NASEMSO had spent a considerable amount of time working on that product. Mr. Hildenbrand answered again that this was not intended to revisit work that had already been performed, but were some overarching requirements to ensure that there was proper oversight of an air ambulance service. He mentioned that now, the only requirements are a Part 135 waiver and state licensure/permit. This would ensure that all services meet a minimum standard. D. Adkerson asked if the conditions of participation would result in a change in the payment status of the air services from Supplier to Provider. Mr. Hildenbrand answered that he did not believe that this would make a change and air ambulance services would remain suppliers. J. House asked if there would be any impact to the air medical industry for waiting 3 years for an adjustment to Medicare reimbursement? Mr. Hildenbrand stated that he thought that a quicker solution would be appreciated, however MedPac does not have enough cost reporting information to make an informed decision and that there is some concern that an immediate increase in Medicare reimbursement will cause an increase in the number of air ambulance services, thereby increasing the cost further. Mr. Arkus stated that he believed that a 3-year wait would cause base closures in more rural areas (the areas that are unable to perform the number of flights necessary to break even on cost vs expenditure). He did state that some metro areas are also currently saturated enough that there may be closures in these areas as well.				

Next Meeting	December 26, 2017 (4th TUESDAY AT 3PM ET)	We will distribute call in information with the agenda in advance.			
Adjourn	The meeting was adjourned at 1600 hrs.				