

APPLICATION AND LICENSURE

Section	Title	Key Words	Clarity Needed	Existing Resources	Gaps	Due Date
1.1	General Provisions	Application, forms, investigations or discipline, identification of personnel, renewal, inspection				
1.2	Exceptions	Government, public safety, no transport and no payment for services				
1.3	Deemed Status	Accredited, updates inspection and reaccreditation < /= 3 yrs, multidisciplinary board, surveyors, standards (with public input), corrective, insurance				
1.4	Insurance	Medical Professional Liability, workers compensation	As a general rule, professional liability coverage does include unintentional damage to property. Described by the National Association of Insurance Commissioners: "Economic damages" means objectively verifiable monetary losses, including medical expenses, loss of earnings, burial costs, loss of use of property, cost of replacement or repair, cost of obtaining substitute domestic services and loss of business or employment opportunities.	http://www.naic.org/store/free/MDL-77.pdf ; https://www.dol.gov/owcp/dfec/regs/compliance/wc.htm		
1.5	Base Locations	Security of medical equipment and pharmaceuticals, state license, DEA, required documentation, post accident incident plans	License and credentialing requirements apply to <u>medical crew only</u> ; DEA requirements are currently evolving. Ambulance services are currently able to register as "mid-level practitioners" with the DEA, however, what ambulance services registered as mid-level practitioners are able to do is up to each state. Many ambulance services obtain and administer controlled substances through their EMS medical director's DEA number.	https://www.deadiversion.usdoj.gov/drugreg/practitioners/index.html		
1.6	Number and Type of Air Ambulances	List	List of medical compliance components for inspection has been requested by the industry	FAA Registry - web site provides ability for state to verify info provided by applicant at http://registry.faa.gov/aircraftinquiry/acftref_inquiry.aspx		
1.7	Capabilities of Medical Communications	Patient tracking, state telecommunications plans, interoperability, emergency plan, base station, disasters	Patient tracking capabilities, available through many EMS software systems, enables the air ambulance service to coordinate with receiving facilities to determine "diversion status" due to fluctuations of facility capacity, availability of specialty services, or equipment related issues. (This element differs from flight following tasks, which are required and regulated by the FAA.)	AC_135-14B https://www.faa.gov/documentLibrary/media/Advisory_Circular/AC_135-14B.pdf		
1.8	Coordination of Medical Communications	EMD, clinical guidelines, PSAP, medical facilities, QA review		http://www.tandfonline.com/doi/abs/10.1080/10903120390936923#.Vdt6PvIviko ; http://nasemso.org/Projects/ModelEMSClinicalGuidelines/index.asp		
1.9	Personnel Qualifications	Medical Training				
1.1	Prearrival and Hand Off Communications to Receiving Personnel/Facilities	Components and documentation		http://www.tandfonline.com/doi/full/10.3109/10903127.2014.883001 ; https://www.ampa.org/wp-content/uploads/2016/05/Safe-Handoff-of-Care-in-Air2.pdf		
1.11	Data Collection, Submission, Call Volume	NEMIS, documentation	Vendor specification is not implied.	http://nemsis.org/support/stateProgressReports/ http://nemsis.org/supportV3/stateProgressReport		
1.12	Spare or Replacement Air Ambulance	Permits				

MEDICAL OPERATIONS

Section	Title	Key Words	Clarity Needed	Existing Resources	Gaps	Due Date
2.1	Policies and Procedures	Manuals, policies, procedures	As identified by the licensed agency and described to the state	http://www.tandfonline.com/doi/abs/10.1080/10903120390936923 ; http://www.tandfonline.com/doi/full/10.3109/10903127.2013.804139#.VdtkvlViko ;		
2.2	Medical Transport Plans	Interagency coordination				
2.3	Integration with State EMS Plan	Medical oversight, patient care coordination				
2.4	Medically Related Dispatch Protocols	Integrated response				
2.5	Air Medical Response Criteria	Medical necessity		http://www.tandfonline.com/doi/full/10.3109/10903127.2013.804139#.VdtkvlViko		
2.6	Procedures for Handling Time Sensitive Conditions	Field triage, specialty centers	Use term interventional therapy, rather than thrombolytic; evidence reviews indicate benefit at longer intervals; suggest EMS Transport Officer be tasked for coordinating with facilities in disaster	http://www.tandfonline.com/doi/abs/10.1080/31270400108x ; http://www.tandfonline.com/doi/abs/10.3109/10903127.2013.844872		
2.7	Ethical Practices and Conduct	Availability, outreach, safeguards				
2.8	Quality Improvement Program	Patient care, personnel				

MEDICAL CREW REQUIREMENTS

Section	Title	Key Words	Clarity Needed	Existing Resources	Gaps	Due Date
3.1	Staffing	Medically qualified, competency, proficiency				
3.2	Air Ambulance Personnel Qualifications	RN, paramedic, other health professionals	Specifically add transport physician or AHP sufficient??			
3.3	Air Ambulance Personnel Training Requirements	Program orientation, credentialing	Add infusion pumps			

MEDICAL DIRECTION

Section	Title	Key Words	Clarity Needed	Existing Resources	Gaps	Due Date
4.1	AAS Medical Director Qualifications	Licensing, Board Certification, experience, access to consultants, DEA, Credentials		http://www.tandfonline.com/doi/abs/10.1080/10903120290938139#.Vdt8HPiViko		
4.2	AAS Medical Director Training	Patient conditions				
4.3	AAS Medical Director Roles and Responsibilities	Medical oversight of patient care and clinical credentialing of personnel		https://www.ampa.org/wp-content/uploads/2016/05/position_statements_med_control.pdf		

PATIENT COMPARTMENT

Section	Title	Key Words	Clarity Needed	Existing Resources	Gaps	Due Date
5.1	General Standards	Patient care	Climate control: mitigate instead of prevent?			
5.2	Medical Equipment	Patient care	Duplication of equipment carried by ground ambulances	https://www.facs.org/~media/files/quality%20programs/trauma/publications/ambulance.ashx		

To avoid the possibility of Federal preemption, these model rules should be interpreted and applied in a manner that would confine their scope to matters solely related to medical care, and not construed in a way that could constitute regulation of aviation safety or economic matters.

1. In consultation with legal counsel, including the Office of General Counsel at the US Department of Transportation, the NASEMSO Air Medical Model Rules (AMMR) document is intended to provide a regulatory framework to help describe the elements of air ambulance and medical personnel licensure that fall within the States authority.

2. States are encouraged to consider variances for rotor- vs fixed wing aircraft that were not specified in the NASEMSO AMMR document, Version 1.0, September 2016.

3. With regard to including specific references to accreditation standards in state regulation:

a. "Deemed Status" is outlined at §1.3. A service can be encouraged to apply for deemed status by submitting to a voluntary recognition process conducted by an accredited national or international standards setting organization that is recognized by the state and intended to streamline the application and licensure process.

b. It is within the state's authority to exceed voluntary accreditation standards but only within the scope of matters pertaining to medical care.

c. Wording in NASEMSO's AMMR document was carefully crafted with input from legal counsel to minimize risks of federal preemption.

d. The guidelines outline opportunities for state regulations to be developed that address outcomes related to:

- Quality of emergency medical care provided to patients
- Requirements related to the qualifications and training of air ambulance medical personnel
- Scope of practice and credentialing
- Maintenance of medical records, data collection, and reporting
- Medically related equipment standards
- Patient care environments
- EMS radio communications
- Medically related dispatch requirements
- Medical transport plans including transport to appropriate facilities
- Other medical licensing requirements

4. The NASEMSO AMMR document is not intended to reflect or interpret any matter related to aviation or aviation safety as such matters are strictly regulated by the FAA.