



**2017 NASEMSO AIR MEDICAL COMMITTEE
MEETING RECORD – OCTOBER 11, 2017**

Name	State or Org	Present	Name	State or Org	Present	Name	State or Org	Present
Joe House, Chair	KS							
Dale Adkerson	OK							
Martin Arkus	AMGH							
David Bump	IBSC							
Robert Byrd	AMGH							
Guy Dansie	UT							
Jim DeTienne	MT							
Charles Lewis	NC							
George Lindbeck, MD	VA							
Steve McCoy	FL							
Tom McGinnis	CA							
Grace Pelley	OK							
Donna Tidwell	TN							
Ken Williams, MD	RI							
Stephen Wilson	AL							
Dave Zaiman	ImageTrend							
Ernie Doss	GA							
Jay Bradshaw	Staff							

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	CLOSED
Call to Order @ 0715 hrs.	Chairman House welcomed the group and self-introductions were conducted.	Attendance was recorded via sign in sheet.	JB		10/11/17
Liaison Reports/Program Updates	<p>Chairman House reported on the recent GAO Report: Air Ambulance Data Collection and Transparency Needed to Enhance DOT Oversight, July 2017 and the 4 GAO recommendations to DOT:</p> <p>1) DOT should communicate a method to receive air ambulance-related complaints including those regarding balanced billing through a dedicated web page. 2) Based on data collected through this public portal, DOT should make pertinent aggregated complaint information publicly available for stakeholders, such as the number of complaints receive by provider on a monthly basis 3) DOT should assess available</p>	Request that NASEMSO help make the compliance 800# more widely disseminated.	Staff	In progress	



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	<p>federal and industry data and determine what further information could assist in the evaluation of future complaints or concerns regarding unfair or deceptive practices 4) DOT should consider consumer disclosure requirements for air ambulance providers, which could include information such as established prices charged, business model and entity that establishes prices, and extent of contracting with insurance.</p> <p>The DOT has added the term “air ambulance operator service” to its consumer complaint page at https://www.transportation.gov/airconsumer/air-travel-consumer-reports and it’s also been added to the NASEMSO web site and announced in WU.</p> <p>In a letter to Congress, the National Conference of Insurance Legislators (NCOIL) has urged leaders to “take legislative action and exempt matters properly governed by the McCarran-Ferguson Act from the scope of the Airline Deregulation Act of 1978” to authorize states to regulate air ambulance billing. Their position paper is posted on our web site.</p> <p>State officials reported that they receive relatively few concerns regarding air ambulances, but acknowledge sometimes those concerns are expressed passionately.</p> <p>Industry members support the open compliance transparency.</p> <p>Director DeTienne reported that MT has been working on balanced billing and the appropriate use of air transport by hospitals. Legislation has been introduced which Mr. Byrd reported that AMGH (now called Newco) supports.</p> <p>Director Adkerson reported that OK has had issues with air ambulance services receiving Medicaid payment and then seeking patient reimbursement. OK is also working on rules to require real time availability reporting.</p> <p>Consensus among attendees that balance billing discussion should be between insurance companies and air ambulance services, and that patients should be held harmless and not receive bills after insurance payments. However, this is not an issue with which the Air Ambulance Cmte needs to become involved.</p> <p>There was also consensus that Medicare reimbursement needs to e</p>				
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	<p>significantly revised and that both ground and air ambulances need to be a part of that discussion.</p>				
<p>Committee Workplan</p>	<p>Technical assistance has been provided to several states on a one-to-one basis since the Spring meeting, which has enabled us to start to identify common needs for moving forward. (For example, almost all states need help with the “deemed status” section.) It is noted that CAMTS has become fully accredited as a standards setting organization by ANSI. We have also verified that CAMTS: 1) provides accreditation for no more than 3 consecutive years without an updated inspection and reaccreditation 2) has a multidisciplinary Board representing medical transport organizations 3) uses trained site-surveyors with experience in medical transport accreditation 4) has processes in place that identifies and tracks deficiencies for corrective action 5) has an open process for revising accreditation standards 6) provides full transparency to the public on its standards, process, and operating procedures and 7) maintains the appropriate level of insurance. These elements make them currently the only organization to be fully compliant with the Air Medical Model Rules. A few states are looking at implementing individual sections of the AMMR. Because NASEMSO worked closely with DOT and their Office of General Counsel to describe the model rules in a way that would avoid federal pre-emption issues, states are discouraged from straying too far from the proposed language although it is certainly within any state’s purview to do so.</p> <p>CO has introduced legislation based upon AMMR; UT made minor adjustments to the CO bill, which will be introduced. Director Dansie reported that initially there were concerns when the process started, but as the interested parties met and discussed the bill, those concerns faded. Other states working on legislation include: KS, TX, and MT.</p>	<p>None to report.</p>			
<p>Request to Review HR 3780 and HR 3378</p>	<p>The Government Information Committee attempted to review HR 3780, the Air Ambulance Quality and Accountability Act (from ACCT) and HR 3378, Ensuring Access to Air Ambulance Services Act (from AAMS) but deferred any further action, suggesting the Air Medical Committee would be better suited to analyze these Bills and make recommendations for NASEMSO action. A comparison chart of both bills (courtesy Holland and Knight) was distributed to the committee in September. In the interim, the National Conference of Insurance Legislators (NCOIL) has provided preview language they hope to have introduced in the current session. All related materials were distributed to the committee via email.</p> <p>Consensus that 3378 looks a lot like the AMMR regarding minimum</p>	<p>MOTION: To recommend to the Government Information Committee that NASEMSO support HR 3378. DeTienne (MT); second by Wilson (AL). Unanimous</p>			



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	<p>standards. There were some concerns about the federal government being involved with establishing medical standards; however, GA pointed out that CMS has similar requirements in place for ground services and doesn't see this as a conflict.</p>				
<p>Cost reporting</p>	<p>CMS is considering changing the category of EMS from "Transporting" to "Provider", which will enable reimbursement for non-transport. As such, cost reporting would become mandatory.</p> <p>UT is required to provide an annual report on the median cost and the cost range, which is posted on their web site.</p> <p>KS has had minimal reporting for 25 years and distributes a spreadsheet to services for this purpose. There have been concerns about the burden this places on small services. Chairman House agreed that while cost is important, they are not convinced that it should not be put into law and put upon the state EMS office. KS provides on-on-one technical assistance to services upon request.</p> <p>Director Tidwell reported that TN used an outside contractor to collect cost information. This provided a benefit in terms of getting information through service firewalls and enabled information to be collected and protected from a Freedom of Access request. The state office only gets aggregated information which addresses a concern from private services about competitors accessing what would otherwise be proprietary data.</p> <p>Director Adkerson said that services should include volunteer services as income because while there may not be a current out of pocket expense for same, with the change of a few members this could become a significant cost issue for smaller services.</p> <p>The consensus of the membership is to not pursue collecting cost data without a mandate in state statute.</p> <p>Quality Reporting and Performance Reporting</p> <p>Consensus is that it's an important responsibility of the state office.</p> <p>There was support for the development of quality, validated metrics for air ambulance services, and those contained in 3378 are taken from CAMTS</p>	<p>Information only. No actions to report.</p>			



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	and NAMTA accreditation standards. There was minimal concern about problems of air services as a result of 3378. Anecdotal experience of several members is that as the number of air ambulance services is consolidated, there has been a corresponding positive improvement and coordination.				
Next Meeting	November 28, 2017 (4 th TUESDAY AT 3PM ET)	We will distribute call in information with the agenda in advance.			
Adjourn					

Location: Oklahoma City, OK
Chairperson: Joe House (KS)
Staff: Leslee Stein-Spencer & Jay Bradshaw