



September 27, 2017

House Energy and Commerce Committee
2125 Rayburn House Office Building
Washington, D.C. 20515

Dear Members of the Energy and Commerce Committee:

As you begin to develop Medicare extenders legislation, we are writing to request that air ambulance providers be afforded the same temporary Medicare payment increases in exchange for cost reporting as is being contemplated for ground providers.

Emergency air ambulance services are a critical element of the health care delivery system and an important link for millions of Americans to get access to high quality care and trauma care— particularly in rural areas of the country. Today, eighty-five million Americans can only get to a Level I or II trauma center within 60 minutes if they are flown by helicopter. And with increasing rural hospital closures, more beneficiaries will rely on air medical services.

Ninety percent of air medical patients are being transported because they have suffered serious cardiac, stroke or other traumatic events. Trauma physicians know that time is critical for these types of patients, and that the right kind of immediate medical care can lead to vastly better outcomes with regard to saving lives and preserving quality of life. Just like a fire station, air medical transport is a 24/7 operation in which flight clinical teams provides critical care, regardless of the patient's ability to pay or any knowledge of insurance coverage.

Unfortunately, communities that rely on air medical transports for timely access to emergency medical care – particularly in rural areas – are at risk in large part due to inadequate Medicare reimbursements for air ambulance services. In fact, a recent study found that Medicare pays just 59% of the cost of transporting a beneficiary via air ambulance. This puts tremendous pressure on the health care system given that 37% of air medical transports are Medicare beneficiaries. Moreover, as the population ages, the percentage of patients transported by emergency air medical services who are Medicare beneficiaries will continue to grow, putting even greater pressure on the health care system.

It has been almost 20 years since the ambulance Medicare payment system was updated or examined. Modernizing air ambulance Medicare reimbursement is necessary for the long-term sustainability of air ambulance services. However, neither ground or air ambulance providers currently report their costs to the Center for Medicare and Medicaid Services (CMS), making it very difficult to implement or even propose these needed reforms. The current policy under discussion for inclusion in the Medicare extenders bill would provide ground ambulance providers with five years of higher Medicare payments in return for reporting their costs to CMS. Unfortunately, air providers are not being given the same opportunity despite advocating for cost reporting for years, and facing tremendous cost pressures.

It is essential that Congress fix the Medicare reimbursement rate and we urge you to support Medicare extender legislation that would:



- Give air ambulance providers the same temporary percentage payment increases as ground ambulance providers; and
- Require collection of cost data across the ambulance sector – both ground and air - which will allow Congress and CMS to finally be in a position to accurately set ambulance reimbursement rates for both ground and air for future years.

This is an access issue for millions of Americans who depend on air ambulance services to ensure they can receive the critical care they need in a timely manner. We urge you not miss this opportunity that will finally allow CMS to accurately assess and properly reimburse both air and ground ambulance providers

Sincerely,

Save Our Air-Medical Resources (S.O.A.R. Campaign)

American Nurses Association (ANA)

Consumer Health Coalition (CHC)

Consumer Action

National Stroke Association

Epilepsy Foundation

American Medical Women's Association (AMWA)

International Association of Flight & Critical Care Paramedics (IAFCCP)