

May 23, 2018

The Honorable Dean Heller
324 Hart Senate Office Building
Washington, DC 20510

The Honorable Tim Scott
717 Hart Senate Office Building
Washington, DC 20510

Dear Senators:

We are writing to express our strong support for your efforts to preserve and protect access to high-quality and life-saving air medical care through S. 2121/H.R. 3378, the Ensuring Access to Air Ambulance Services Act. This legislation is critically important for communities across the country to maintain access to air medical services, most especially in rural areas, which continue to see a concerning trend of closures.¹

As you know, 90 percent of air medical patients are transported because they have suffered serious cardiac, stroke or other traumatic events. Trauma doctors 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. Unfortunately, roughly 115 million Americans live more than an hour from a Level 1 or Level 2 trauma center if driven by ground ambulance. Air medical transport ensures that all Americans get the definitive care they need - when and where they need it.

Air medical crews are available 24 hours a day, seven days a week, 365 days of the year. They deploy only when they are called in by a first responder or attending physician who has determined it medically necessary, and regardless of a patient's ability to pay. When deployed, they provide a high level of life-saving care to patients— expert care that involves highly-trained pilots, paramedics, nurses, and other medical professionals, as well as state-of-the-art medical equipment.

Operating an air medical base costs an average of \$3 million dollars annually. Unfortunately, communities that rely on air medical transports for timely access to emergency medical care are at risk because Medicare vastly under-reimburses providers for this service. In fact, the median Medicare reimbursement is about 59 percent² of actual transport costs.

Medicare reimbursement rates for air medical services have not been updated in two decades. What's more, when the fee schedule was first developed in 1998, it was not based on actual provider costs. Meanwhile, in the last 10 years, costs for providing air medical services have more than doubled to maintain the most comprehensive and advanced aircraft, care and services available, and the percentage of patients transported by air medical services who are Medicare patients has grown to more than 35 percent.

This significant reimbursement shortfall is threatening access everywhere to emergency air medical services. Medicare's extreme under-reimbursement makes it hard for bases to remain open, particularly

¹ Huffington Post, "[A Hospital Crisis Is Killing Rural Communities. This State Is 'Ground Zero,'](#)" Lauren Weber and Andy Miller (9/22/17).

² Xcenda, "Air Medical Services Cost Study Report" (3.24.2017).

in the rural areas where there is a higher percentage of Medicare beneficiaries, and where they remain, costs are unduly shifted to the 30 percent of patients who have private insurance. This is not sustainable.

We are grateful that S. 2121/H.R. 3378, the Ensuring Access to Air Ambulance Services Act, would address this reimbursement shortfall, preserve access to air medical services, and bring more rationality to the payment system. We thank you for your dedication to this important issue.

Sincerely,

Save Our Air-Medical Resources (SOAR) Campaign

American Academy of Pediatrics (AAP)

American Nurses Association (ANA)

American Medical Women's Association (AMWA)

Epilepsy Foundation

Mothers Against Drunk Driving (MADD)

National Stroke Association

Brain Injury Association of America (BIAA)

Consumer Action

Consumer Health Coalition

International Association of Flight and Critical Care Paramedics (IAFCCP)

The Association of Air Medical Services (AAMS)