

September 7, 2018

House Committee on Ways and Means
1102 Longworth House Office Building
Washington, DC 20515

Dear Members of the House Committee on Ways and Means,

As steadfast supporters of preserving patient access to emergency air medical services, we are writing to express our opposition to problematic legislative proposals that would severely limit this access.

When emergencies happen, it is crucial that Americans have the ability to get life-saving, timely care. However, with 22% of rural hospitals shuttering in the last two decades and many more on the brink of closure, emergency care is becoming increasingly scarce.

Today, approximately 85 million Americans, or 1 in 4, can only reach a Level 1 or Level 2 trauma center during a time-sensitive traumatic injury like a stroke or heart attack if they are flown by an air medical helicopter. Ten percent of Americans live outside of an hour from these trauma centers regardless of the mode of transportation. With the ability to provide the highest level of care during transport, air medical services bring emergency care into reach and are often the only option for patients to get to the hospital quickly.

However, current proposals - Representative Rob Woodall's amendment (Section 412 (h) of H.R. 4) to the Federal Aviation Administration (FAA) Reauthorization Act and Senator Claire McCaskill's standalone bill, the Air Ambulance Consumer Protection Act (S. 2812) - would result in a patchwork of inconsistent regulations that would essentially create borders in the sky and make it more difficult for air medical providers to transport critically injured patients to the best and closest medical facility in an emergency.

As you are aware, for over 40 years, the Airline Deregulation Act (ADA) has governed all air transportation which has allowed for a stable and consistent federal framework for air medical services without excessive and conflicting state regulations. With 30 percent of transports traveling across state lines each day, carving air medical services out of the ADA would be devastating for patients and we urge you to oppose these proposals.

Fortunately, there is a legislative solution that would help preserve patient access to emergency air medical services while addressing patient costs. The Ensuring Access to Air Ambulance Services Act (H.R. 3378/S. 2121) would modernize the Medicare Air Ambulance Fee Schedule and require air medical providers to submit their cost data so Medicare can update its payment system to reflect the actual cost of providing care. As a result, air medical providers will be able to ensure patients are able to access this life-saving service and patient costs of air medical care will decrease.

We thank you for your dedication to this important issue and urge you to support H.R. 3378/S. 2121 to preserve emergency care for patients across the United States.

Sincerely,

Save Our Air Medical Resources (SOAR) Campaign

National Consumers League (NCL)

Brain Injury Association of America (BIAA)

The Epilepsy Foundation

American Medical Women's Association (AMWA)

International Association of Flight and Critical Care
Paramedics (IAFCCP)

Consumer Action

The Association of Air Medical Services (AAMS)