H. R. 1117

To recognize and clarify the authority of the States to regulate the medical aspects of intrastate air ambulance services pursuant to their authority over health care services, patient safety and protection, emergency medical care, the quality and coordination of medical care, and the practice of medicine within their jurisdictions.

IN THE HOUSE OF REPRESENTATIVES
MARCH 16, 2011

Mrs. Miller of Michigan (for herself and Mr. Altmire) introduced the following bill; which was referred to the Committee on Transportation and Infrastructure, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

A BILL

To recognize and clarify the authority of the States to regulate the medical aspects of intrastate air ambulance services pursuant to their authority over health care services, patient safety and protection, emergency medical care, the quality and coordination of medical care, and the practice of medicine within their jurisdictions.

1 Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,
SECTION 1. SHORT TITLE.

This Act may be cited as the “Air Ambulance Patient Safety, Protection, and Coordination Act”.

SEC. 2. CLARIFICATION OF STATE AUTHORITY OVER THE MEDICAL ASPECTS OF AIR AMBULANCE SERVICES.

(a) In General.—Chapter 401 of title 49, United States Code, is amended by adding at the end the following:

“§ 40130. Clarification of State authority over the medical aspects of air ambulance services

“(a) Clarification of State Authority.—Pursuant to a State’s authority over the licensure and regulation of health care services within its borders, a State may prescribe licensing and other regulatory requirements related to the medical aspects of intrastate air ambulance services in the same manner that it regulates other health care services within its borders and may integrate such services into the State’s emergency medical services system, including by establishing requirements related to the following:

“(1) The quality of emergency medical care provided to patients by air ambulances, including—

“(A) the medical qualifications and medical training of medical personnel;

“(B) medical records and data collection and reporting;
“(C) outcome and proficiency measures;

“(D) affiliation with health care institutions for medical oversight, critical care medical education, and clinical experience in critical care settings;

“(E) participation in patient safety and quality control initiatives, such as peer review, utilization review, and error reporting;

“(F) medical accreditation;

“(G) licensing of personnel including scope of practice and credentialing; and

“(H) medical oversight.

“(2) The availability of air ambulance services provided to patients with emergency medical conditions, including—

“(A) service during specified hours and days to ensure the availability of life-saving medical services as part of the State’s emergency medical services system; and

“(B) coordination of services, agreements, and flight requests for patients with emergency medical conditions being transported from the scene at which the patient’s injury or accident, or other event resulting in the need for medical services for the patient, occurred.
“(3) Communication between—

“(A) emergency medical and public safety agencies and hospitals; and

“(B) the flightcrew and air ambulance medical personnel to the extent that the communications do not interfere with the safe operation of the flight.

“(4) The accessibility of emergency medical care provided by air ambulances and the incorporation and integration of air ambulance services into State emergency medical services systems, including—

“(A) access to air ambulance services in regions of a State;

“(B) the provision of services to all persons for whom such services are medically necessary and appropriate regardless of ability to pay;

“(C) the proffer of gifts of monetary value to referring entities;

“(D) medical criteria, based on the patient’s medical need for transport from the scene at which the patient’s injury or accident, or other event resulting in the need for medical
services for the patient occurred, for determining the appropriate—

“(i) mode of transport (ground versus air) utilizing evidence-based triage criteria to the extent available;

“(ii) air ambulance to be utilized to transport a patient in accordance with its capability to meet the patient’s medical need; and

“(iii) medical institution to receive the patient.

“(5) The acceptability of air ambulance services to ensure the adequate and appropriate provision of medically necessary emergency medical care provided by air ambulances to protect critically ill and injured patients, including—

“(A) medical equipment, devices, and supplies to be carried on board or affixed to the air ambulance;

“(B) sanitation and infection control;

“(C) licensing of the air ambulance agency or program;

“(D) licensing of the ambulance vehicle;

“(E) truth in advertising requirements;
“(F) physical attributes of the air ambulance necessary for the provision of quality medical care, including—

“(i) permanently installed climate control systems capable of meeting specified temperature settings;

“(ii) a configuration that allows adequate access to the patient, medical equipment, and medical supplies by the medical personnel;

“(iii) the use of materials in the air ambulance that are appropriate for proper patient care;

“(iv) sufficient electrical supply to support medical equipment without compromising the ambulance power; and

“(v) the ability of the air ambulance to transport a patient a certain distance without refueling within the State.

“(6) Physical attributes of the air ambulance necessary—

“(A) for the protection of the ambulance, ground, and emergency response personnel; and

“(B) to ensure that the air ambulance has no structural or functional defects that may ad-
versely affect such personnel, such as by requiring the provision of tailrotor illumination for loading patients at night or external search lights.

“(b) Applicability of Federal Aviation Safety Authority.—No State health-related regulation established pursuant to this section shall supersede or be inconsistent with any Federal operating requirement with respect to aviation safety.

“(c) Limitations.—

“(1) In general.—State requirements and regulations prescribed pursuant to this section must be in accordance with objective, competitive, and transparent processes designed to ensure the highest quality of emergency medical care and patient safety, best outcomes, and access to life-saving emergency medical services as part of an integrated emergency medical services system.

“(2) Prices.—This section shall not be construed to allow State regulation of the prices charged by air ambulances for their services.

“(3) Providers licensed in multiple states.—If an air ambulance is licensed to provide services in more than one State and the regulations established pursuant to this subsection by the States
are inconsistent, the provider shall comply with the most stringent of such regulations.

“(4) **NONDELEGATION REQUIREMENT.**—A State may not delegate authority provided under this section to a political subdivision of the State.

“(d) **INTERSTATE AGREEMENTS.**—In regulating the provision of air ambulance services pursuant to this section, a State shall, if necessary, establish regulations or negotiate mutual aid agreements with adjacent States or air ambulances to ensure access to air ambulance services across State borders.

“(e) **DEFINITIONS.**—

“(1) **AIR AMBULANCE SERVICES.**—The term ‘air ambulance services’ means the transport by an air ambulance of a patient, in both emergency and nonemergency situations, as well as the medical services provided to such patient in the course of transport by such air ambulance.

“(3) **Referring Entities.**—The term ‘referring entity’ means any entity that dispatches or provides a referral for a provider of air ambulance services, such as a medical institution, an agency providing emergency medical services, or a first responder.”.

(b) **Conforming Amendment.**—The analysis for such chapter is amended by adding at the end the following:

“40130. Clarification of State authority over the medical aspects of air ambulance services.”.