

114TH CONGRESS
1ST SESSION

H. R. 822

To amend title XVIII of the Social Security Act to require reporting of certain data by providers and suppliers of air ambulance services for purposes of reforming reimbursements for such services under the Medicare program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 10, 2015

Mr. SESSIONS (for himself, Mr. MEEKS, Mr. YOUNG of Indiana, and Mr. JOHNSON of Ohio) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, 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 amend title XVIII of the Social Security Act to require reporting of certain data by providers and suppliers of air ambulance services for purposes of reforming reimbursements for such services under the Medicare program, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. FINDINGS.**

4 The Congress finds the following:

1 (1) Air medical critical care transport is an es-
2 sential component of the healthcare system.

3 (2) The presence of air medical services in rural
4 areas provides tens of millions of rural Americans
5 with access to critical care within an hour of injury.

6 (3) As an emergency responder, air medical
7 providers must maintain readiness 24 hours a day
8 and 7 days a week.

9 (4) Air medical providers transport all emergent
10 patients for which they are dispatched regardless of
11 insurance status or ability to pay.

12 (5) The air ambulance fee schedule under the
13 Medicare program was first implemented in 2002
14 and developed through negotiated rulemaking, which
15 required the new fee schedule to be created in a
16 budget neutral manner. As such, the Medicare air
17 ambulance fee schedule has never reflected true
18 costs.

19 (6) Since the implementation of the air ambu-
20 lance fee schedule under the Medicare program, re-
21 imbursements have only been adjusted by infla-
22 tionary updates averaging 2.2 percent a year.

23 (7) Operational readiness and safety enhance-
24 ment costs have grown at a far faster rate than the
25 Medicare inflationary updates, creating a funda-

1 mental imbalance within the air ambulance fee
2 schedule.

3 (8) It is imperative that balance be restored to
4 the air ambulance fee schedule to preserve access to
5 timely care for tens of millions of Americans.

6 **SEC. 2. AIR AMBULANCE DATA REPORTING PROGRAM.**

7 Section 1834(l) of the Social Security Act (42 U.S.C.
8 1395m(l)) is amended—

9 (1) in paragraph (3)(B), by striking “subpara-
10 graph (C)” and inserting “subparagraph (C) and
11 paragraph (16)”; and

12 (2) by adding at the end the following new
13 paragraphs:

14 “(16) AIR AMBULANCE DATA REPORTING PRO-
15 GRAM.—

16 “(A) REDUCTION IN UPDATE FOR FAILURE
17 TO REPORT.—

18 “(i) IN GENERAL.—With respect to
19 air ambulance services furnished by a sup-
20 plier or provider of air ambulance services
21 during 2017 or any subsequent year, in the
22 case the supplier or provider does not sub-
23 mit data to the Secretary in accordance
24 with subparagraph (C) with respect to
25 such year, after determining the percent-

1 age increase under paragraph (3)(B), and
2 after application of paragraph (3)(C), the
3 Secretary shall reduce such percentage in-
4 crease for payments under the fee schedule
5 under this subsection during such year by
6 2.0 percentage points.

7 “(ii) SPECIAL RULE.—The application
8 of this subparagraph may result in such
9 percentage increase being less than 0.0 for
10 a year, and may result in payment rates
11 under the fee schedule under this sub-
12 section for a year being less than such pay-
13 ment rates for the preceding year.

14 “(B) NONCUMULATIVE APPLICATION.—
15 Any reduction under subparagraph (A) shall
16 apply only with respect to the year involved and
17 the Secretary shall not take into account such
18 reduction in computing the payment amount
19 under the fee schedule under this subsection for
20 a subsequent year.

21 “(C) SUBMISSION OF DATA.—For 2017
22 and each subsequent year, for purposes of this
23 paragraph, each supplier or provider of air am-
24 bulance services shall submit to the Secretary
25 data specified under subparagraph (D) for the

1 reporting period (specified by the Secretary) for
2 the year. Such data shall be submitted in a
3 form and manner, and at a time, specified by
4 the Secretary for purposes of this subpara-
5 graph.

6 “(D) DATA.—For purposes of reporting
7 data for air ambulance services furnished dur-
8 ing a year, the data described in this subpara-
9 graph are cost data on the following:

10 “(i) Maintenance of aircrafts.

11 “(ii) Medical supplies.

12 “(iii) Fuel.

13 “(iv) Employee expenses.

14 “(v) Recurring training relating to
15 aviation, maintenance, communication, and
16 clinical.

17 “(vi) Rent and utilities.

18 “(vii) Communications.

19 “(viii) Travel.

20 “(ix) Hull and aviation liability insur-
21 ance, life insurance, and professional mal-
22 practice insurance.

23 “(x) Marketing.

24 “(xi) Supplies.

25 “(xii) Overhead support.

1 “(xiii) Aircraft ownership expenses.

2 “(xiv) Safety enhancement capital
3 costs.

4 “(xv) Safety enhancement recurring
5 costs.

6 “(E) VOLUNTARY REPORTING ON QUALITY
7 MEASURES.—Not later than January 1, 2018,
8 the Secretary shall select no less than two qual-
9 ity measures with respect to which providers
10 and suppliers of air ambulance services may
11 voluntarily submit to the Secretary data. In se-
12 lecting such measures, the Secretary shall con-
13 sider the following:

14 “(i) Ventilator use in patients with
15 advanced airways.

16 “(ii) Blood glucose check for altered
17 mental status.

18 “(iii) Waveform capnography for ven-
19 tilated patients.

20 “(iv) First attempt tracheal tube suc-
21 cess.

22 “(v) DASH 1A-definitive airway sans
23 hypoxia/hypotension on first attempt.

24 “(vi) Verification of tracheal tube
25 placement.

1 “(vii) Medication errors on transport.

2 “(viii) Rapid sequence intubation pro-
3 tocol compliance.

4 “(ix) Unplanned dislodgements of
5 therapeutic devices.

6 “(x) Rate of serious reportable events.

7 “(xi) Medical equipment failure.

8 “(F) REPORTS.—

9 “(i) BY SECRETARY.—Not later than
10 July 1, 2019, subject to clause (iii), the
11 Secretary shall submit to Congress a re-
12 port on the data described in subparagraph
13 (E) submitted to the Secretary.

14 “(ii) BY COMPTROLLER GENERAL.—
15 Not later than July 1, 2019, subject to
16 clause (iii), the Comptroller General of the
17 United States shall submit to Congress a
18 report on the data described in subpara-
19 graph (D) and subparagraph (E) sub-
20 mitted under this paragraph. Such report
21 shall include a recommendation on the ade-
22 quate amount of reimbursement under this
23 title to providers and suppliers of air am-
24 bulance services for furnishing such serv-
25 ices that would reflect operational costs of

1 such providers and suppliers and preserve
2 access to critical air medical services and
3 such other recommendations as the Comp-
4 troller General deems appropriate.

5 “(iii) LIMITATION.—The reports sub-
6 mitted under subclauses (i) and (ii) shall
7 not include any information that the Sec-
8 retary or Comptroller General, respectively,
9 determines is proprietary.

10 “(17) INCREASE IN PAYMENT FOR AIR AMBU-
11 LANCE SERVICES.—In the case of air ambulance
12 services furnished on or after January 1, 2016, and
13 before January 1, 2020, the Secretary shall provide
14 for a percent increase in the base rate of the fee
15 schedule established under this subsection—

16 “(A) during 2016, by 20 percent; and

17 “(B) during 2017 through 2019, by 5 per-
18 cent.”.

○