Statutory Requirement

SB74, Air Ambulance Revisions (Sen. W. Harper) from the 2019 General Session requires the following:

Effective 5/14/2019

26-8a-107. Air Ambulance Committee -- Membership -- Duties.

(6) The Air Ambulance Committee shall, before November 30, 2019, and before November 30 of every odd-numbered year thereafter, provide recommendations to the Health and Human Services Interim Committee regarding the development of state standards and requirements related to:

(a) air medical transport provider licensure and accreditation;
(b) air medical transport medical personnel qualifications and training; and
(c) other standards and requirements to ensure patients receive appropriate and high-quality medical attention and care by air medical transport providers operating in the state of Utah.

(7) The committee shall prepare an annual report, using any data available to the department and in consultation with the Insurance Department, that includes the following information for each air medical transport provider that operates in the state:

(i) which health insurers in the state the air medical transport provider contracts with;
(ii) if sufficient data is available to the committee, the average charge for air medical transport services for a patient who is uninsured or out of network; and
(iii) whether the air medical transport provider balance bills a patient for any charge not paid by the patient's health insurer.

(b) When calculating the average charge under Subsection (7)(a)(ii), the committee shall distinguish between:

(i) a rotary wing provider and a fixed wing provider; and
any other differences between air medical transport service providers that may substantially affect the cost of the air medical transport service, as determined by the committee.

Recommendations for Development of State Standards and Requirements

The development and adoption of administrative rule R426-10 contains language that specifically outlines air medical transport provider licensure and accreditation, air medical transport medical personnel qualifications and training, and other standards and requirements to ensure patients receive appropriate and high-quality medical attention and care by air medical transport providers operating in the state of Utah.

The current effective rule language was primarily based on the National Association of EMS State Officials Air Ambulance Model Rules. The Model Rules were vetted through federal agencies for compliance with the Airline Deregulation Act for compliance. They also represent a work of air ambulance experts, state EMS directors, and air ambulance stakeholders.

The administrative rules allow an air ambulance provider to obtain a license in Utah if they are accredited by the recognized accreditation vendor. Utah has a current list of recognized accreditation vendors. Currently the Air Ambulance Committee is working with the Department of Health’s Bureau of EMS and Preparedness to evaluate air ambulance accreditation vendors’ compliance with the criteria established in administrative rule R426-10-400 (see https://rules.utah.gov/publicat/code/r426/r426-010.htm#T4). Current air ambulance accreditation vendors will be required to provide supporting evidence to demonstrate their ability to meet the criteria.

A recommendation will then be submitted to the Department of Health to recognize a qualified vendor as an official accreditation body for a period of four years. All air ambulance accreditation vendors will then be reevaluated on a four year cycle except in the case of a significant change to the vendor’s status, federal regulations, or other dramatic change to the industry, in which case the vendor would be reevaluated at that time.

Other current projects include air ambulance disaster planning and coordination, future air ambulance training for rural EMS providers, and air ambulance activation guidance development.

Air Ambulance Rates and Billing Report Update

The Air Ambulance Committee and the Utah Department of Health’s Bureau of EMS and Preparedness have the mandate to report on air medical transport provider insurance and financial data. The only data publicly available is from the All Payer Claims Database (APCD). The APCD only contains insurance payments and does not include air ambulance charges or balance billing information. In order to provide a more accurate report of air medical provider billing, the Committee and the Department have developed a questionnaire to allow licensed air
ambulance providers to volunteer financial data related to insurance provider contracts, usual billing rates, and balanced billing practices. The questionnaire will also allow for providers to affirm, amend, or dispute Department data from the APCD. The questionnaire responses and the APCD data will be compiled by the Air Ambulance Committee and shared, as required, by the Department with all EMS providers and hospitals. We anticipate the report will be finalized by March 1, 2020.

Sincerely,

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