

Board of Directors

Deborah Boudreaux, MSN, RN, CCRN, C-NPT, LP, CMTE
Chair and Region IV Director
Teddy Bear Transport

Rene Borghese, MSN, RN, CMTE
Vice Chair and Director-At-Large
Duke Life Flight

Susan Rivers, RN, BSN, MBA, CMTE
Secretary and Region VI Director
Carilion Clinic Life-Guard

Frankie Toon, RN, CFRN, CMTE, MBA, MSN
Treasurer and Director-At-Large
AirMed

Douglas Garretson
Immediate Past Chair
STAT MedEvac Center for
Emergency Medicine of Western
PA, Inc.

Mike Griffiths, RN, CFRN, CEN
Region I Director
Life Flight Network, LLC

Dustin Windle, RN, CMTE
Region II Director
Guardian Air Transport

Sherri Dean
Region III Director
PHI Health, LLC

Anthony Pellicone
Region V Director
Northwell Health/ Southside
Hospital

Russell MacDonald, MD, MPH, FRCP
Region VII Director
Ornge

Graeme Field
Region VIII Director
NSW Air Ambulance Service

Christopher Hall, CMTE
Director-At-Large
PHI Health, LLC

Martin Arkus, CMTE
Director-At-Large
Global Medical Response

Guy Barber
Director-At-Large
Air Methods Corporation

Edward Eroe, LFACHE, CAE, CMTE
Public Member

Denise Treadwell, CRNP, MSN, CFRN, CEN, CMTE
CAMTS Representative
AirMed International, LLC

Cameron Curtis, CMM, CAE
President and CEO
Association of Air Medical
Services

ASSOCIATION OF AIR MEDICAL SERVICES



April 17, 2020

The Honorable Mitch McConnell
Majority Leader
United States Senate
S-230
The Capitol Building
Washington, DC 20510

The Honorable Charles Schumer
Minority Leader
United States Senate
S-221
The Capitol Building
Washington, DC 20510

Dear Leader McConnell and Leader Schumer:

On behalf of the nearly 300 emergency air medical transport providers defending our nation from the ongoing COVID-19 pandemic, the Association of Air Medical Services (AAMS) extends our gratitude for the recognition of the tremendous efforts that health care providers and first responders have made to address to this crisis and appreciate the ongoing support of Congress for the healthcare community.

Emergency air medical transport services are experiencing a significant threat to the sustainability of air ambulances across the United States; this includes both rural and urban, for-profit and non-profit operations. While some services are experiencing a surge in transport volume due to the increased need for transport of COVID-19 patients, the majority are experiencing a significant drop in volume due to mandatory stay-at-home orders and statewide bans on non-essential travel and work. In addition to that loss in volume, the patients that do require transport are increasingly uninsured or underinsured by government payers such as Medicare and Medicaid at significantly lower reimbursement rates. While the newly unemployed seek continuation of insurance coverage via COBRA provisions, those uninsured or underinsured patients combine to form a dramatically increasing percentage of the patients that we are transporting.

In order to ensure the readiness necessary to meet the emergency healthcare needs of the communities air ambulances serve now and once the crisis lifts, air medical services need support to ensure their sustainability for the duration of this public health emergency, These communities are counting on the uninterrupted access to emergency air medical services now and in a post-COVID-19 world.

To meet these needs, AAMS requests that Congress consider the following for the next legislation addressing the COVID-19 pandemic:

- Appropriate \$815,920,000 in additional Public Health and Social Service Emergency Fund (PHSEF) grants specifically for air ambulance providers to cover the 40% average loss in patient volume our members are currently experiencing and anticipate will continue over the next 6 months of this crisis.
- Direct CMS to implement a temporary increase of 65% in the Medicare Fee Schedule for rotor and fixed-wing air ambulance to help cover the loss of revenue associated with the uncompensated care due to rising numbers of individuals losing employer-based health coverage. AAMS anticipates this payor mix deterioration to continue for the duration of the crisis and would ask that this increase be in place for the duration of the declared national emergency.

Air Ambulances are Critical Resources for COVID-19 and Rural Healthcare Response

Emergency air ambulance providers are a critical component of the response to COVID-19, as well as an essential component of our nation's emergency medical system. To date, air ambulances have already transported over a thousand COVID-19 infected patients, while continuing to maintain our readiness and response to the continuing emergency medical needs of the communities we serve. Like other healthcare providers, our members are experiencing this crisis in many different ways, but our moral and legal duty to respond has not changed.

While some air ambulances near the current epicenters of COVID-19 outbreaks are experiencing a surge in the need for their services and the need for highly skilled personnel to care and transport these critically ill patients, others, especially those in rural areas, are experiencing dramatic decreases in air medical transports due to the impact of mandated stay-at-home orders and massive business closures. Regardless of location, air ambulances have to ensure that they maintain an uninterrupted readiness to respond, and must prepare for the imminent possibility that this pandemic will spread to under-resourced rural communities. Many of those communities are already experiencing diminished healthcare services and may see the need for critical care transport increase significantly.

Need for Increased Support Due to Flight Volume Losses

The air ambulance industry continues to expend additional resources to combat the ongoing and predicted challenges of the COVID-19 pandemic (including investing significant resources for PPE) as well as experience tremendous losses of revenue due to decreased transport volumes from mandated stay-at-home orders. Our members currently report an average of 40% reductions in flight volume; AAMS estimates, based on available data, that approximately 400,000 patients per year are transported in both rotor and fixed wing air ambulances. Using data gathered per a 2017 independent study of the industry¹ to approximate lost revenue, the decrease in flight volume for the year would total \$1,631,840,000 over the course of 1 year, or \$815,920,000 for 6 months.

AAMS anticipates this decrease in volume for a minimum of six months, when society might adjust to more normal behaviors. In order to ensure the sustainability of air ambulance access through the duration of the national emergency, AAMS requests that Congress appropriate \$815,920,000 in any additional funding to the Public Health and Social Services Emergency to support for air ambulance services. AAMS believes that these funds will sustain the existing emergency air medical transport infrastructure and allow for the continued operation of air ambulances. This is especially critical in rural areas where emergency air ambulance transport is relied upon as the fundamental means of transporting the most critically ill and injured patients to more advanced healthcare facilities.

Need for Increased Support Due to Increased Uninsured and Underinsured Population

AAMS has always served as an advocate for patients in need of air ambulance services, most of whom are uninsured or underinsured through government payor programs. A 2017 independent study of the air medical industry found that, of the patients transported by helicopter air ambulances, 37% are insured by Medicare, 26% commercial insurance, 24% Medicaid, 10% are uninsured, and 2% receive insurance through some other government program.

As increasing numbers of individuals lose employer-based coverage due to unemployment, AAMS anticipates a change to the payor mix due to the rapid increases in uninsured and Medicaid patients. Early reports indicate air ambulances are already transporting a larger group of uninsured patients due to rising unemployment. Reports indicate that the unemployment rate may reach 20% during the COVID-19 pandemic, which represents an increase of approximately 16% from pre-COVID-19 rates. Using 16% as the market shift from commercial to uninsured, we estimate that a 65% increase to the current Medicare Fee Schedule for rotor and fixed-wing air ambulance may bridge those losses during this crisis. Additionally, we feel that Medicare is a proven vehicle to provide financial relief to healthcare providers and would be the simplest approach.

AAMS Supports Continued Negotiation on Balance Billing Solutions

In addition to these requests, we implore Congress to do no harm to critical health care resources by inserting surprise billing provisions into coronavirus relief legislation. AAMS fully supports removing patients from the threat of balance billing, including as a condition to receiving support from the Public Health and Social Services Emergency Fund. AAMS strongly supports balanced proposals that remove patients from the middle without harming the healthcare and

¹ Xcenda, Amerisource Bergen (published March 24, 2017) *Air Medical Services Cost Study Report* <https://aams.org/wp-content/uploads/2017/04/Air-Medical-Services-Cost-Study-Report.pdf>

emergency medical services systems. We strongly oppose, however, legislation designed to allow insurers to dictate to physicians what healthcare interventions are correct for their patients, especially in emergency medical situations. Nor can AAMS support insurance company-supported legislative proposals to set mandatory payments for healthcare providers that would significantly diminish the emergency healthcare capacity of the United States during this most critical time. We welcome a deliberative approach to this issue that protects patients while preserving access to emergency air medical services.

AAMS stands ready to answer further questions regarding the unique contributions of air medical services in responding to this crisis and managing the ongoing medical needs of the communities we serve from over 1,050 bases utilizing over 1,400 helicopter and fixed wing aircraft.

Sincerely,



Cameron Curtis, CMM, CAE
President & CEO
Association of Air Medical Services



Deborah Boudreaux, MSN, RN, CCRN, C-NPT, LP, CMTE
Chairman and Region IV Director, AAMS
Teddy Bear Transport, Cooks Children Medical Center