HJR 29 – Air Ambulance Study Findings: Survey

The Economic Affairs Interim Committee Recognizes: (choose which ones you like and recommend others):	**Yes**	**No**
A. That Montana has a need for air ambulances across the state, especially in rural areas, and a need for the services that they provide.	A	A
B. That pricing and service area problems need to be resolved at the federal level and the state has few options.	B	B
C. That the solution is primarily between insurers and air ambulances but legislation may provide incentives to cooperate.	C	C
C. That incentives may include: 1. require binding arbitration (takes insured patients out of the middle).	C1	C1
2. options benefiting hospital-linked services? (for example, provide a narrow definition of medical provider in relation to medical lien laws that eliminate private, nonhospital affiliated air ambulance providers)	C2	C2
3. requiring insurers to address adequate networks that include sufficient air ambulance reimbursements?	C3	C3
4. provide definitions of "emergency" services that are compatible with federal and state definitions (to guide billing practices)?	C4	C4
5. increase the cost of air ambulance licenses (currently $35 every 2 years) to provide state special revenue account for use as state share of Medicaid once revenue in the account reaches a certain level?	C5	C5
D. That communications are important and that the State Auditor or the Department of Public Health and Human Services or both ought to promote transparency among insurers and air ambulance providers so that patients can see costs and whether their insurance covers certain air ambulance costs.	D	D
E. That certain air ambulance providers might have more certifications and perhaps costlier service, so that having different licensing types might be a way to differentiate among providers and recognize training and types of service levels.	E	E
F. That insurance companies have a responsibility to inform policyholders/clients of potential out-of-network air ambulance costs as compared with in-network costs.	F	F
G. That membership reciprocity ought to be: i) regulated more; ii) ended; iii) retained as is.	G(i) G(ii) G(iii)	G(i) G(ii) G(iii)
H. Other?	H	H
I. Other?	I	I

Deliverables listed in work plan:

- Briefing papers providing background information on costs, operational data regarding membership or subscription services, insurance-related information, regulation, and health care industry impacts plus research from other states.
- Panel presentations indicating:

- legal concerns related to regulating air ambulances;
- pros and cons of various regulations, and by whom, as perceived by stakeholders;
- hospital issues regarding costs of affiliation with air ambulance services and their responsibilities vis-a-vis patients when transfers are needed or may be needed;
- insurers' perspectives of membership-based services and how best to recognize and deal with them as a noninsurance, separate product or in another manner;
- differences between membership-based and other types of ambulance services from the perspectives of ambulance providers, consumers, and emergency room personnel who may be calling for transport to a larger hospital. Is a list of preferred providers a possibility or too complicated in an emergency situation?