

## HJR 29 Study Options

Meeting Dates	Proposed Panel Discussions/Presentations		Briefing Papers	Actions	
Aug 31/Sept. 1	<ul style="list-style-type: none"> <li>Legal concerns related to membership and nonmembership insurance transport services:               <ul style="list-style-type: none"> <li>when does EMTALA (the Emergency Medical Treatment and Active Labor Act) apply?</li> <li>what is required by the Affordable Care Act in terms of in-network and out-of-network coverage in emergency/nonemergent situations?</li> <li>what does the Airline Deregulation Act (and various legal opinions) say about billing by air ambulances? Does the law allow a distinction about billing v. pricing or air carrier v. airline?</li> </ul> </li> <li>-- Panel of insurer representatives; an attorney at the Dept of Public Health and Human Services, and representatives of air ambulance services -- one freestanding and one hospital-affiliated</li> </ul>		<p>June 2015 briefing papers on:</p> <ul style="list-style-type: none"> <li>air ambulances in Montana</li> <li>overview of issues</li> </ul> <p>August 2015 briefing papers on:</p> <ul style="list-style-type: none"> <li>potential impact from various laws</li> </ul>	<ul style="list-style-type: none"> <li>Decide what components of study to undertake and if legislation is needed.</li> <li>Decide whether all air ambulances are to be reviewed or only membership-based services.</li> <li>Decide whether to poll air ambulance providers on:               <ol style="list-style-type: none"> <li>Areas of service</li> <li>Agreements with hospitals</li> <li>Price lists</li> <li>Staffing arrangements</li> <li>Terms of reciprocity</li> <li>Certifications held</li> <li>If memberships, how many, to whom sold, flight/membership %?</li> </ol> </li> </ul>	
<b>Approaches for future meetings, with possible legislation</b>	<b>Hospitals</b> <ul style="list-style-type: none"> <li>Require compilation of preferred provider lists, like North Dakota</li> <li>Provide patients with price lists and time frames for ground and air transports for emergent/nonemergent scenarios</li> <li>Disallow use of lien laws to hospitals or providers who call high-cost air ambulances that balance bill. (71-3-1112, MCA)</li> </ul>	<b>State Insurance</b> <ul style="list-style-type: none"> <li>Require offer of air ambulance memberships to state employees</li> <li>Require state to negotiate for air ambulances to serve Medicaid population</li> <li>Limit public plans to relative-based, relative value scale pay</li> </ul>	<b>Other Insurance</b> <ul style="list-style-type: none"> <li>Require notice of potential balance billing on policies</li> <li>Allow contracts by insurers to provide group benefit of membership-based air ambulance service</li> </ul>	<b>Medical Requirements*</b> <ul style="list-style-type: none"> <li>Require to carry blood products</li> <li>Define flights as emergent or nonemergent. Emergent is in-network with no balance billing. Nonemergent may balance bill.</li> <li>Certify med crews</li> </ul>	<b>Air Ambulance Requirements</b> <ul style="list-style-type: none"> <li>Post prices</li> <li>Define reciprocal terms</li> <li>Let out-of-state history count to 2 yrs requirement</li> <li>Remove exemption from insurance for billing</li> </ul>

Dec. 1-2	Medical/Air Ambulance Requirements, Poll Results	Briefing paper: summary of poll	
Feb. 4-5	Hospital Issues - Costs of Affiliation, Decisionmakers regarding Transfers	Briefing paper: Who decides re: who pays	Possible legislation
April 20	Insurance Issues**-- Informational re: transport costs Offering memberships In-network obstacles	Briefing paper: options for payment, memberships	Possible legislation
June 23	Review possible legislation, make changes		Revise legislation language
Aug. 30	Decide on committee legislation or not		

\*Other options for medical requirements might include:

- access onboard to ongoing critical patient care, including access to live intubation;
- telecommunications capability between medical crews on flight and receiving hospital;
- medical controls related to flights -- who describes the protocols?
- protocols for emergency and nonemergency flights and determinations by whom as to when the next provider is called if the first provider is busy or incapable of landing at either the pickup site or the dropoff point (provider being the air ambulance)? These protocols might include determinations of when fixed wing is used, when a patient is delivered to a critical care access hospital for secondary pickup by a fixed wing aircraft, and who determines payment order if a patient is stabilized at the critical access hospital, meaning the Affordable Care Act may not apply to the second air ambulance, which could be treated as out-of-network. In other words, if a helicopter retrieves a patient in a difficult-to-access location but cannot make the flight to a tertiary care hospital without first landing and refueling, then is that down-time for the patient preferable to the cost of two ambulance flights with potential stabilization of the patient at a critical care access hospital?

\*\*Insurance considerations relate to both the public and private sectors. Different sections of law relate to insurance and benefits offered through political subdivisions (Title 2) as compared with private-sector insurance (Title 33).

#### BASIC QUESTIONS:

- Should the state be involved in setting parameters that may mean some providers are unable to service the patient because of patient safety concerns? For example, what are the risks of saying certain medical procedures may not be done in air or excluding service in a helicopter for certain patients (high-risk pregnancies) if only a helicopter is available or only an out-of-network provider is available?
- Should the state challenge interpretations on various federal laws that indicate preemption of state laws is likely? Specifically, this would relate to prohibiting balance billing in emergency cases, or perhaps in nonemergent cases as well.