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| |  |  | | --- | --- | | **For Immediate Release**:  November 14, 2017 | **Heller:** [Megan Taylor](mailto:Megan_Taylor@heller.senate.gov), 202-224-6244  **Bennet**: [Samantha Slater](mailto:Samantha_Slater@bennet.senate.gov), 202-510-7014  **Gardner**: [Casey Contres](mailto:Casey_Contres@gardner.senate.gov), 202-224-0355 | |  |  | |

**Senators Introduce Bill to Ensure Rural Communities Have Continued Access to Emergency Air Medical Services**

**Washington, D.C**. – U.S. Senators Dean Heller (R-NV), Michael Bennet (D-CO), and Cory Gardner (R-CO) today introduced the Ensuring Access to Air Ambulance Services Act, bipartisan legislation that will improve access to emergency air medical services. Companion legislation has been introduced in the U.S. House of Representatives by Rep. Jackie Walorski (IN-02).

Medicare reimbursements for air medical transportation are significantly below the costs of providing care, especially in rural areas. Additionally, air and ground ambulance providers are among the few providers that do not currently report cost data to the Centers for Medicare & Medicaid Services (CMS).

The Ensuring Access to Air Ambulance Services Act requires air medical providers to report cost data to the CMS, where Medicare air medical reimbursements would be rebased in accordance with the cost of data submitted. This legislation also establishes a value-based purchasing (VBP) program, which uses quality data from air medical providers and distributes incentive payments to those who provide the highest quality care.

“Access to emergency care should never be out of reach, regardless of where you live,” **said Heller.** “In order to ensure that Nevadans living in rural communities continue to have access to emergency air medical services, we must update and modernize Medicare’s reimbursement system for air medical services. By updating this payment system, our bipartisan legislation will ensure air medical providers are reimbursed based on the actual cost of care and access to emergency care is protected.”

“Emergency air medical services are critical in Colorado, especially in rural communities,” **said Bennet**. “Establishing a value-based purchasing program will align emergency air medical services with a health care system that is moving toward quality-based reimbursement.  This bipartisan legislation is a step forward for both the patients who rely on these vital services and the providers who strive to deliver life-saving emergency care.”

“This bipartisan, commonsense legislation will make sure Coloradans living in rural communities have continued access to life-saving air emergency services,” **said Gardner**. “Rural Coloradans should not fear help will be delayed because of where they choose to live. Revising Medicare reimbursements to adequately cover emergency air services will give rural communities across Colorado and the United States the peace of mind they deserve.”

“Thank you to Senator Heller and Senator Bennet for their leadership in introducing the ‘Ensuring Access to Air Ambulance Services Act’ which is so important for rural America and states like Nevada. As we see every day in Nevada, air ambulance services are critical links to emergency trauma care for those who live in rural and remote parts of the state. Plus with over 70% of all air transports being Medicare, Medicaid, or self-pay/no insurance patients, this bill will ensure we can continue to provide the quality and timeliness of service Nevadans have come to expect and deserve,” **said Temple Fletcher, Care Flight Manager, REMSA / Air Medical Representative for the Nevada EMS Advisory Committee.**

The legislation is supported by the following organizations: Save Our Air Medical Resources (SOAR), American Nurses Association (ANA), American Medical Women’s Association (AMWA), Association of Air Medical Services (AAMS), Consumer Action, Consumer Health Coalition, Epilepsy Foundation, International Association of Flight and Critical Care Paramedics (IAFCCP), Mothers Against Drunk Driving (MADD), National Association of State EMS Officials (NASEMSO), and the National Stroke Association.

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