

**House Bill 1728 Workgroup Meeting (Medevac)  
Virginia Office of Emergency Medical Services  
4240 Dominion Boulevard, Glen Allen, VA 23059  
June 29, 2017  
10:00 a.m.**

<b>Representatives Present:</b>	<b>Representatives Absent:</b>	<b>OEMS Staff:</b>	<b>Guests:</b>
<b>Julia Marsden</b> , Facilitator	<b>Bill Zeiser</b> , Transportation Unit Supervisor, Virginia Department of Medical Assistance Services (EXCUSED)	Tim Perkins, Technical Assistance Planner, VDH OEMS	Amanda Lavin, Office of Attorney General
<b>Lt. Jay Cullen</b> , Virginia State Police	<b>Derrick S. Ruble</b> , Director of 911 & Emergency Communications, Tazewell (EXCUSED)	Gary Brown, Director, VDH OEMS	Chris Shaffer, PHI Air Medical
<b>Deputy Chief Eddie Ferguson</b> , Goochland County Dept. of Fire, Rescue & Emergency Services	<b>George Lindbeck</b> , State Medical Director, Virginia Department of Health (EXCUSED)	Camela Crittenden, Trauma & Critical Care Manager	Susan Smith, Carilion Clinic Lifeguard
<b>James (Jim) Young</b> , Insurance Policy Advisor, Virginia State Corporation Commission		Wanda Street, Secretary Senior, VDH OEMS (Transcriptionist)	Jay Lovelady, VCU Health
<b>Kyle Shreve</b> , Virginia Association of Health Plans			Terry Austin, Air Methods
<b>Paul Davenport</b> , Vice President of Emergency Services, Carilion Clinic (representing VHHA)			Phyllis Errico, Virginia Association of Counties
<b>T.C. Jones, IV</b> , VDH Office of Licensure and Certification			Kate Challis, HCA/Johnston-Willis Hospital
<b>Paul Sharpe</b> , Director of Trauma Services, Henrico Doctor's Hospital (representing VHHA)			Kelly Keener, PHI Air Medical
<b>Ed Rhodes</b> , Rhodes Consulting Group			Chad Blosser, Central Shenandoah EMS Regional Council
<b>Rob Hamilton</b> , President, Med-Trans Air Medical Transport (representing medevac operators)			Gary Critzer, GAB Chair, Waynesboro EMS
<b>Anita Perry</b> , Medevac Committee Chair			Brian Solada, Air Methods
			Denise Baylous, Nightingale Air Ambulance
			Doug Gray, Virginia Association of Health Plans
			Robert Barata, Capital

<b>Representatives Present:</b>	<b>Representatives Absent:</b>	<b>OEMS Staff:</b>	<b>Guests:</b>
			Results

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>I. Call to order:</b>	The meeting was called to order at 10:06 a.m. by the facilitator, Julia Marsden.	
<b>II. Introductions/Opening Statements:</b>	Mrs. Marsden welcomed everyone to the third workgroup meeting and she asked everyone around the room to introduce themselves. Before the introduction, she read the language of House Bill 1728. As stated at the previous meeting, a report to the State Health Commissioner is due October 14 and the findings and recommendations are due to the Governor and the General Assembly by December 1, 2017.	
<b>III. Review of the June 8, 2017 meeting minutes:</b>	<p>A motion was made to review and approve the June 8 meeting minutes. On the next to the last paragraph on page 2, change Mr. Marsden to Mrs. Marsden. Susan Smith stated that in the Regulations report, she knows that Arizona and Montana were discussed, but does not recall if North Dakota was discussed. She will check with Dr. Lindbeck at the next meeting, if not before.</p> <p>Before moving to the workgroup session, Tim clarified that T.C. Jones will replace Erik Bodin on the workgroup.</p>	<b>The minutes were approved as amended.</b>
<b>IV. Review of House Bill 1728 Language:</b>	<p>Below is the House Bill 1728 language that Mrs. Marsden read to the workgroup:</p> <p><i>That the Department of Health (the Department) shall convene a work group composed of stakeholders, including representatives of law enforcement, emergency medical services providers, health insurance providers, and other interested stakeholders, to review the rules, regulations, and protocols governing use of air transportation services, also known as air ambulances, in emergency medical situations. The Department shall also review the rules, regulations, and protocols governing dispatch of air transportation services providers in response to emergency medical situations and develop recommendations for changes to such rules, regulations, and protocols that will address differences in procedures governing dispatch of air transportation services providers in emergency medical situations, differences in billing that may affect individuals involved in emergency medical situations during which air transportation services providers are dispatched for the provision of air transportation, and other issues related to the use of air transportation services in emergency medical situations. The Department shall report its findings and recommendations to the Governor and the General Assembly by December 1, 2017.</i></p>	
<b>V. Subgroup Work Session:</b>	The subgroups met for about two hours to discuss billing, regulations and dispatch issues and to start the framework for the report. Mrs. Marsden also asked them to review the current regulations and procedures that are currently in place and provide changes and think about what needs to be done to incorporate those changes. At the August meeting, a draft report will be presented and finalized at the September meeting.	<b>A draft report will be presented at the August meeting and will be finalized at the September meeting.</b>
<b>VI. Subgroup updates and next steps:</b>	<p>Before the updates were presented, Amanda Lavin explained the FOIA rules for the workgroup meeting.</p> <p>Each of the spokespersons for the three subgroups gave an update:</p>	

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	<p><b>Regulations – Ed Rhodes (George Lindbeck was not in attendance)</b> Ed reported that their recommendations or areas of discussion included the following:</p> <ul style="list-style-type: none"> <li>• The subgroup reviewed Montana and North Dakota’s legislation pertaining to air medical cost factors and how to work it into Virginia’s legislation. The biggest concern was transparency issues in regard to hospitals making information available to patients about in-network or out-of-network costs. This allows patients to make good decisions concerning their healthcare and finances.</li> <li>• They also discussed a study of Helicopter EMS costs from AAMS.</li> <li>• The subgroup also discussed regulation language changes. They will start working on the language and have a draft ready for the next meeting.</li> <li>• The also discussed educational opportunities to be assigned to the Medevac Committee to establish the language to go into the regulations.</li> </ul> <p><b>Dispatch – Jay Cullen</b> Jay reported the following information:</p> <ul style="list-style-type: none"> <li>• The subgroup agreed that currently dispatching across the state is adequate to dispatch the closest helicopter in a reasonable amount of time. Adding a centralized dispatch system has a couple of limitations to include 1) the Part 135 operators have an operating manual issued by the FAA that requires them to dispatch through their own dispatching system and 2) a centralized dispatch system would be an additional step in the process of getting a helicopter and would delay the actual request for a helicopter.</li> <li>• They felt that dispatch is not addressing the core issue that initiated this workgroup. There is a difference in how people are billed and receive helicopter service depending on where you are in the state.</li> <li>• The only recommendation that they feel would be helpful is a GIS system in conjunction with the guide that was distributed by the Office of EMS that has the resources for air medical services in the state. The GIS system would be internet-based or some other method which would locate bases for specific helicopters. They would put in the address of where the patient is located and it would give you the closest helicopter to that specific location.</li> </ul> <p><b>Billing – Kyle Shreve</b> Kyle reported that the workgroup had a lot of the same discussions as the other two as well as the following:</p> <ul style="list-style-type: none"> <li>• The subgroup discussed consumer billing and their options depending on type of insurance and what is their appeals process. It basically comes down to Medicaid and Medicare reimbursements. The point of friction then becomes the amount paid when it comes to in-network versus out-of-network providers and the barriers to that and there is no negotiation between the insured, the insurance company and the air ambulance provider.</li> <li>• They also discussed possible notification rules similar to what was discussed at the hospital level. They want to ensure the legality of it to make sure that the hospital or treating physician isn’t put in a position of breaking the law surrounding this.</li> <li>• They discussed the differences in hospital-to-hospital transfers and emergency situation transfers.</li> <li>• The next steps are to write up the process and recommendations for Tim in a report for the next</li> </ul>	

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	<p>meeting and decide as a group on the language and possible policy options.</p> <ul style="list-style-type: none"> <li>Paul Davenport reported that they also discussed an air medical caucus draft consisting of legislators who are educated in the air ambulances services. When issues arise, there will be a group of legislators who are well-educated on what is occurring in our state and are familiar with the current guidelines.</li> </ul> <p>Mrs. Marsden asked if anyone had any further questions about what was discussed.</p> <p>A question was posed to Tim and Amanda about how the draft paper will be compiled as far as the different recommendations and differing perspectives are concerned. Will all of the recommendations end up in the final report? Amanda stated that obviously there are going to be competing recommendations. All recommendations will be made public record; basically anything discussed and prepared for this workgroup meeting will be public record. Amanda will look into “working paper” exceptions to FOIA, if there are any. She does not think there are.</p> <p>Tim stated that he prefers that the findings and recommendations come forth to VDH as a consensus of the group.</p> <p>Kyle stated that some of the differing recommendations may require some back story or background information.</p> <p>Tim stated that background information would be included as necessary. He said that it would serve the group for Delegate Ranson and the rest of the General Assembly to see how much time and energy was expended during this process.</p> <p>Susan wanted clarification about billing regulations to avoid duplication and Ed stated that when the draft is compiled for the next meeting, everyone will be able to see what is recommended and we all can work from there.</p> <p>Mrs. Marsden stated that each of the groups have subjects that they’ve been working on for the past two meetings. Next month please bring your recommendations, procedures, protocols, etc. for the report. We all will need to agree upon what goes into the report. We will need to have a draft of the report at the August meeting.</p> <p>Ed Rhodes stated that once this report is completed, it will probably go to the Rules and Regulations Committee of the EMS Advisory Board and at that point he will ask that this topic have a special meeting and everyone in this workgroup will be notified of that date. You are all welcome to come and state your case and answer any questions that the committee may have.</p>	
<b>VII. Public Comment:</b>	None.	
<b>VIII. Adjournment:</b>	<b>Upcoming Meetings (Time and Location TBD):</b> July 20 – Office of EMS	

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	August 24 – Richmond Marriott Short Pump September 14 – Office of EMS  The meeting adjourned at approximately 1:55 p.m.	

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