

**AIR MEDICAL COMMITTEE**  
**August 10, 2006**  
**3:00 P.M.**  
**Airport Hilton Hotel – Austin, TX**

**Call to Order – Shirley Scholz, Chair** - roll call will be accomplished by a sign in sheet.

**Office of EMS/Trauma Systems Coordination (OEMS/TS) Report – Steve Janda** provided an update to the committee.

**State EMS/Trauma Registry Report – Linda Jones** – provided an update to the committee. Data quality reports by RAC will be available on the website.

**Discussion Items**

- Draft Changes to DSHS rules in Title 25 of the Texas Administrative Code, Chapter 157: 157.12 Rotor-wing Air Ambulance Provider Licensure - *Handout provided by DSHS website*
  - A list of questions is being put together to send to the office of attorney general to get some answers to many questions that people have asked and we do not have answers for. We will get official answers from the OAG. Shirley placed questions on the overhead for the audience to review and have the opportunity to add questions.
  - If we write an alternate review process that includes standards that are covered by FAA, federal pre-emption, can we enforce them? The questions will go to the DSHS legal team before they go any further.
  - CAMTS has not been challenged and we want to make sure that what we are doing will not be for nil.
  - Questions were developed by Bill Bryant.
  - We will get answers and share.

**Motion:** Accept the questions and passed to DSHS for review and get answers back.  
**Seconded.**

**Discussion:** How long will it take to get answers back? It will take some time, but it will have to go through DSHS legal department. Can DSHS send them to the OAG. As a general rule, questions don't go to the OAG unless they come from the state. DSHS legal office (OGC) will attempt to answer the questions prior to going to OAG. The DSHS OGC may be able to answer the questions without it going to OAG. OAG takes several months. The OGC will have answers by November for anything they can answer. Dr. Simonson asked that a time frame be added.

**Friendly amendment:** Accept the questions and pass to DSHS for review and get answers back by the November scheduled meeting.

**Approved.**

We will continue to move forward with review of the rule as if we will have the capability of implementing standards.

- Line 133 to Line 153 – change to \$10 million for minimum. There is none of the new language added.
- Any previous language that we have come up with is not in this draft rule.- CAMTS, etc. is not included

- Lines 477 – 482 department approved process has been added.
  - Bill Waechter – issues that are not addressed in CAMTS that we have suggested
  - Dr. Simonson felt that we should send our draft document along with our questions to the OGC and OAG.
  - Kevin will pass the draft rule along with our questions to OGC and OAG
  - Bill asked that we go ahead add the draft language that we had previously proposed to the draft document for their opinion, especially the CAMTS requirement.
  - Shirley asked that a copy of the CAMTS standards also be provided.
  - We will table review of the draft rules until we get an opinion for OGC and/or OAG.
  - Shirley recommended that we go through the draft and make our notes of what needs to go and what needs to stay. Make your own additions and bring to the November meeting.
- EMS subscription plans – Shirley - we are continuing to work on new language. The new draft has additional language added. The documents are on the DSHS website.
- Liability insurance requirements/issues for air ambulance – Shirley Scholz provided an update of the combines EMS/Air Medical Provider meeting. Appointed a person to lead a workgroup to work through some of the issues and bring some recommendations back to our next meeting. Larry Palazzolo will be the leader of this group. The next combined meeting will have some recommendations.
- **Review of Governor’s Division of Emergency Management meetings with EMS Providers – Eric Epley**
    - MOA returns was very low and due to that result, the DSHS staff held a meeting and reworked the MOA that is structured to outline real costs. The AMP side has some flaws that need to be discussed today. You will be required to bill if you are deployed. The bill starts from the time that you leave until you get back. You will be the state for the difference between charges and collections up to a certain amount. The issue with the MOA is the financials for AMP. Issues:
      - Different sizes of aircraft
      - Start to stop is not addressed – it is based on a flight and not on standby time (it may be easier to do an hourly charge + a loaded miles fee)
      - Steve asked that we get some specifications on aircraft to DSHS for them to work with.
    - AMP were polled in the room if they like a per hour cost based – 8 agreed
    - If a patient is not transported, then there isn’t a bill that is denied, therefore you can’t bill the state either.
    - Fixed wings are not being addressed at this time
    - Steve asked that comments and specifications be sent to him to address.
    - Jan (TAAMS) – will be working on disaster planning and get the information to the state.
    - Send comments to Steve Janda or Maxey Bishop
    - Eric asked that TAAMS have a representative at the disaster task force.

- Shaun – every participant was very honest that they wanted to offer assistance and not make profit, but they can't afford to lose a lot of money. They would like to meet the state's needs.
- Dudley – ground EMS does not understand the cost of AMP service. Any advice for ground ambulance and emergency management providers would be helpful.
- August 22, 2006 will be the next Disaster Task Force in Austin
- Data Points to be collected
  - # of flights, patients, total flight hours (maintenance, etc.), scene vs. facility transports for the past 3 years.
  - TAAMS also discussed collecting data points, possibly through the RACs, to get good clean data and see where we are
  - Areas of coverage
  - IFR (Instrument Flight Rules) vs. VFR (Visual Flight Rules) - Hourly rate of each (night & day)
  - The AMC should come up with a standard reporting mechanism in a spreadsheet to go to every RAC Chair.
  - Hours flying with NVG (night vision goggles)
  - Do we need to collect fixed wing flight information?
  - Larry suggested that we put out the draft to the AMP for their input so we can get accurate, useful information.
  - What is being reported to AMS?
  - Maybe we should use CAMTS required reporting indicators.

**Motion:** We develop a process and form a subcommittee to look at a minimum of:  
 # of flights  
 Patients  
 Total hours flown  
 Number of scene vs. interfacility  
 Hours of NVG, IFR and VFR

**Repealed Motion** to establish a workgroup to have the data sets by November back the Air Medical Committee.

Shirley – who are we going to report that to and who is it going to be shared with, how is the process to be carried out.

**Motion:** Develop a workgroup to have the data set by November back to the Air medical Committee

**Second**

**Approved**

Work group members: Chair - Shaun Salter, Beverly Willis, Steve Bassett, Zach Zuddith, Dennis Hebner, Peggy Word, James Speier, Alicia Warren, Neil White, Al Vaiani, and Bill Waechter

**Open Forum**

- Clarification - 157.12 and 157.13 will incorporate fixed and rotor-wing Air Medical Operations.
- Compliment – Life Flight Herman – celebrated it's 30 years of service.
- A lot of discussion about the AA008 is going on and there has been a knee jerk reaction that a lot of rumors – Feds are looking to see if you u

don't have your own 135, the Feds are making sure the air operator is in control of anything to do with air and there is nothing with the medical side is crossing over. Teams are being sent out to inspect. FAA visited a service yesterday and had several recommendations for them.

- The dispatch center had to change their name to communications center. Inspectors are not helicopter inspectors and are getting a lot of fixed wing providers to assist.

Adjournment