Feasibility Evaluation for Establishing a Fixed Wing Medical Evacuation Capability for Beaver Island EMS

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Prepared by:

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Introduction

Beaver Island is located in Lake Michigan and lies approximately 32 miles (51 km) from the city of Charlevoix on the mainland, and can only be reached by air or boat. This creates a unique challenge for residents and visitors in accessing specialized or critical medical care that is not available on the island. In the case of urgent medical requirements, transport of patients to primary care facilities on the mainland relies on a variety of third party providers. Although the current arrangement has worked adequately in the past, there have been weaknesses identified from regulatory and effectiveness standpoints that has prompted BIEMS to consider establishing their own medical evacuation flight program.

An on-site visit was completed on May 9-11, 2011 which included meetings and/or telephone interviews with key personnel from BIEMS and BIRHC, billing and insurance organizations and the two Part 135 operators on the island.

The key objectives for this evaluation were to;
- Assess the current medical evacuation (MEDEVAC) system;
- Identify issues and concerns that impact regulatory compliance, efficiency and effectiveness of the service;
- Identify the advantages of developing a BIEMS aviation medical transport program as well as the major challenges, tasks and activities that would be required to put a program in place and recommendations for addressing them.

References

Attachment 1  Public Health Code, Part 209 (333.209) (Excerpts)
Attachment 2  Emergency Medical Services - Life Support Agencies & Medical Control, Part 221 (325.221)
Attachment 3  Michigan Department Of Community Health, Certificate Of Need (CON) Review Standards For Air Ambulance Services
Attachment 4  Public Health Code, Part 222, Certificates of Need
Attachment 5  Michigan Department of Community Health, Emergency Medical Services & Trauma Systems Section, MEDCOM Requirements, January 2011
Attachment 6  Fixed Wing EMS Aviation Recommendations, Leading Edge Aviation Consulting, LLC
Attachment 7  FAA Order 8900.1 CHG 22 Volume 4, Chapter 5 Air Ambulance Operations
Assessment of Existing MEDEVAC System

Beaver Island EMS provides emergency care and transport, as necessary, for patients on the island. Many BIEMS emergency patients are transported to the BIRHC for further evaluation and treatment. In the event that patients require a level or type of care that cannot be provided by BIRHC patients require transport to the mainland, primarily to Charlevoix, Northern and Munson hospitals.

When MEDEVAC to the mainland is required BIEMS has been using various aviation/air ambulance providers including the US Coast Guard, North Flight (Part 135 Fixed Wing EMS provider) and a local Part 135 airline, Island Airways. Island Airways has a fleet of aircraft including Britten Norman Islanders that can be reconfigured with an FAA approved litter system that can accommodate a litter patient. Island Airways provides a majority of the MEDEVAC flights (>85%).

In limited cases BIEMS has also used boats (ferry and US Coast Guard cutter) to transfer patients off the island when inclement weather has prevented air transport. (Two cases since 2007).

The medical evacuation history for the last five years is summarized below.

**Figure 1: BIEMS Medical Evacuation Transport History**
*(2007 through May 23, 2011)*

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011*</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coast Guard, Helicopter</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>8</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td>Coast Guard, Cutter</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>North Flight</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Part 135 (Island Airways)</td>
<td>47</td>
<td>44</td>
<td>27</td>
<td>28</td>
<td>0</td>
<td>146</td>
</tr>
<tr>
<td>Boat</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>50</td>
<td>46</td>
<td>30</td>
<td>40</td>
<td>4</td>
<td>170</td>
</tr>
</tbody>
</table>

**Figure 2: Average Response Time for Mainland Aviation MEDEVAC Assets**
*(2007 through May 23, 2011)*

<table>
<thead>
<tr>
<th></th>
<th>Coast Guard (Rotor Wing)</th>
<th>North Flight (Fixed Wing)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avg Wait Time (hrs)</td>
<td>3.8</td>
<td>2.2</td>
</tr>
<tr>
<td>n</td>
<td>15</td>
<td>7</td>
</tr>
<tr>
<td>SD</td>
<td>±2.17</td>
<td>±0.85</td>
</tr>
<tr>
<td>Min/Max</td>
<td>2 / 9</td>
<td>1.5 / 4</td>
</tr>
</tbody>
</table>
The current MEDEVAC system has a number of areas of concern;

a) The fixed wing aircraft used by the Part 135 aviation services provider (Island Airways) have never been licensed as an ambulance by the state of Michigan. This is non-compliant with state requirements and also presents a liability issue with the BIEMS personnel because their insurance does not cover them if they are not utilizing a licensed air ambulance.

b) Island Airways currently does not have Air Ambulance Operations in their FAA approved operational specifications (OpSpec A024). They previously had this operational specification approved but it was revoked by the FAA during a re-write of their manuals as requested by the FAA and this spec has not been resubmitted as yet for approval.

c) North Flight is an air ambulance company based at Munson Medical Center on the mainland that can support MEDEVAC from the island. However, they are not always available, they must deploy from the mainland increasing response time and will not fly to the island at night (approx 25% of flights are at night).

d) The Coast Guard provides MEDEVAC capability using their HH-60J rotor wing assets from Traverse City but activating this service requires a justification process that can take time and the aircraft are not necessarily available if they are performing other missions. (Avg. Response Time 3.8 hrs).

e) Since the BIEMS aviation MEDEVAC system is not a licensed program they are unable to bill for this service and recover some of the transport costs.

In general the deficiencies of the existing MEDEVAC system are;
- Non-compliance with FAA operational requirements for air ambulance operations.
- Non-compliance with state regulations requiring medical transport in a licensed ambulance.
- Liability of EMS personnel while transporting patients in a non-licensed ambulance.
- Timely response of off-island MEDEVAC assets.

These are the issues that have been identified that has prompted BIEMS to investigate establishing a formal aviation medical evacuation capability to better serve the health and well being of the island residents and visitors.
Feasibility Evaluation of Establishing a BIEMS MEDEVAC Air Ambulance Program

In considering establishing a medical flight program there are many elements that need to be put in place to address regulatory requirements (e.g. FAA FAR’s, State of Michigan standards, Insurance companies requirements), establish operational control processes, develop aviation service provider agreements and procedures, ensure proper medical configuration of air ambulance assets just to name a few.

This document identifies the major issues and activities that would have to be addressed to put a flight program in place. This is not intended to be a complete list. A more comprehensive listing of the items that need to be taken into account is included in Attachment 6.

The organizational concept evaluated here is what is referred to as a traditional model air medical program where the medical entity has the ownership of, and management responsibility for, the overall air medical program including the medical personnel, program and clinical protocols and standards, licensing and compliance, medical equipment and supplies, and billing and collections.

The flight activity is provided by a third party aviation operator who supplies the aircraft and flight crew. The operator must be a FAA Part 135 non-scheduled operator and they provide their services in compliance with a defined contract/agreement with the air medical program.

The following topics have been evaluated and discussed and presented along with recommendations for moving forward;

- Financial Forecast for a Compliant Program
- Review Of The Aviation Service Providers
- Aircraft Medical Configuration Requirements
- Duty Time Issue
- State of Michigan Regulatory Compliance
- Insurance
- Air Medical Program Policies

Financial Forecast for a Compliant Program

One of the benefits of establishing a formal medical flight program is the ability to bill and collect from insurance companies for the cost of providing the service. Although the primary intent of establishing this program is to provide a strategic capability in the interest of maintaining the health and well being of the island residents and visitors and not to create a for-profit flight operation as is common among hospital and community based HEMS and fixed wing programs, having the ability to recover cost ensures that BIEMS can maintain a stable, available, and effective MEDEVAC capability.
The current insurance coverage profile for BIEMS patients is shown below.

**Figure 3: BIEMS Insurance Profile**

*(2007 through May 23, 2011)*

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>26</td>
<td>26</td>
<td>30</td>
<td>29</td>
<td>23</td>
</tr>
<tr>
<td>Medicaid</td>
<td>8</td>
<td>8</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>BCBS</td>
<td>18</td>
<td>16</td>
<td>19</td>
<td>17</td>
<td>8</td>
</tr>
<tr>
<td>Other Insurance</td>
<td>8</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Uninsured</td>
<td>9</td>
<td>4</td>
<td>22</td>
<td>18</td>
<td>6</td>
</tr>
</tbody>
</table>

The approximate fee schedule for fixed aviation medical transports is $4,000. Assuming a flight transport volume of 40 flights per year and using the historical insurance profile shown above the revenue that can be expected for the program is calculated below. *Note that this forecast conservatively assumes that there is no collection/reimbursement from uninsured patients.*

**Figure 4: Medical Flight Program Revenue Forecast**

<table>
<thead>
<tr>
<th>Forecasted Flight Volume</th>
<th>Fee</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>$17.54</td>
<td>$69,375.00</td>
</tr>
<tr>
<td>Medicaid</td>
<td>$2.19</td>
<td>$8,750.00</td>
</tr>
<tr>
<td>BCBS</td>
<td>$8.13</td>
<td>$32,500.00</td>
</tr>
<tr>
<td>Other Insurance</td>
<td>$3.75</td>
<td>$15,000.00</td>
</tr>
<tr>
<td>Uninsured</td>
<td>$8.59</td>
<td>$ -</td>
</tr>
<tr>
<td>Total</td>
<td>$ -</td>
<td>$125,625.00</td>
</tr>
</tbody>
</table>

The necessity of air medical transport due to the isolated nature of Beaver Island should allow reimbursement even though ground transport would normally be sufficient. For example, Medicare has the following language in their guidance materials:

> “Medicare may pay for emergency ambulance transportation in an airplane or helicopter if your health condition requires immediate and rapid ambulance transportation that ground transportation can’t provide, and either your pickup location is: 1) hard to get to by ground transportation; or 2) great distances or other obstacles, like heavy traffic, could stop you from getting care quickly if you traveled by ground ambulance.”
Aviation Services Providers (Part 135 Operators)

There are two aviation service providers that operate between the mainland and Beaver Island that are potentially available to support the BIEMS MEDEVAC program.

Island Airways:

Island Airways is based at Welke Airport on Beaver Island has been the primary provider of aviation services under the existing system. Island Airways has, under normal circumstances, four aircraft that can support the MEDEVAC mission (Britten-Norman Islander BN-2A-26).

Up until 2009 Island Airways had the air ambulance operations specification (A024) as part of their operations manual. In 2009 the FAA revoked the approval pending a re-write and update of the manuals (training and operations) by the operator. Submission and approval of a new operations manual incorporating A024 is anticipated to be complete by May 2012.

Fresh Air Aviation:

Fresh Air is based out of Charlevoix and operates two Partenavia P68C aircraft. Fresh Air has not been involved with air medical flights to date but has demonstrated a williness to participate in the program pending discussions on the specific business arrangement that is anticipated to be put in place.

The flight operations contract could be awarded to a single aviation service provider or have a contract with each and utilize them on a rotating basis. It would be in the best interest of the BIEMS to have both operators participating in the program. This would maximize the availability of flight assets to provide transportation services. However, any aviation operator that would participate in the program would have to take into consideration the cost and effort of implementing a compliant service balanced with the expected revenue. Some of the tasks that the provider would have to accomplish are as follows;

a) Incorporating the operations specification (OpSpec) A024, “Air Ambulance Operations—Airplane” into their FAA approved operations and training manuals. [Ref. FAA Order 8900.1 CHG 22 Volume 4, Chapter 5 Air Ambulance Operations].

b) Outfitting the aircraft to meet the configuration and equipment requirements for air medical transport as required by the state.

c) Meeting the Part 135 duty time requirements (see Duty Time Issues section).

Recommendations:

(i) BIEMS should release a formal Request for Proposal (RFP) that will outline the specific requirement that the aviation service provider will have to meet and the services that they will have to provide to support the MEDEVAC mission needs. It would be necessary to have the operators provide two bid responses; Option 1: A proposal as a sole source provider of the service, and; Option 2: A proposal if they were to be one of two providers sharing the MEDEVAC missions on a rotating basis.

(ii) BIEMS could consider paying for the aircraft to be equipped for EMS service thus owning the air medical equipment assets. This would reduce the financial burden on the operators.
Aircraft Medical Configuration Requirements

Island Airways owns a medical stretcher kit that can accommodate a patient litter. The kit includes only the structural components to support the litter and seating for a medical attendant. No other systems are included. According to Island Airways the kit is OEM TC approved.

Currently there are no FAA approved medical stretcher kits available for the P68C although Fresh Air has been conducting research to locate a suitable kit that can be approved for the aircraft.

To fully meet the state requirements for medical transport licensing, the aircraft must meet the requirements of State if Michigan Part 221 [Ref. Attachment 2 - Emergency Medical Services - Life Support Agencies & Medical Control, Part 221 (325.221)]. This may require that some additional modifications are made to the aircraft used to support the EMS mission.

R 325.22189 Fixed wing vehicle; requirements.

Rule 189. A fixed wing vehicle shall comply with all of the following:
(a) Be authorized as part of a licensed aircraft transport operation.
(b) Be capable of carrying a minimum of 1 patient in a horizontal position on a litter located so as not to obstruct the pilot’s vision or interfere with the performance of any member of the flight crew or air medical personnel.
(c) Provide a means of securing the litter while supporting a patient to the floor, walls, seats, specific litter rack, or any combination thereof.
(d) If transporting more than 1 patient, there shall be a minimum vertical spacing of 30 inches between each patient’s litter.
(e) Ensure that the upper surface of the single or upper litter is not less than 30 inches from the ceiling of the aircraft.
(f) Ensure that the head and thorax of a patient secured to a litter is accessible to air medical personnel from at least 1 side of the litter without obstruction.
(g) Ensure that the patient compartment has adequate lighting available for patient observation.
(h) Require that equipment is secured to the aircraft, readily accessible, and when not in use, securely stored.
(i) Ensure that the interior of each vehicle affords an adequate patient care and treatment area.
(j) Ensure that each vehicle is equipped with a cargo door or other entry that allows for loading and unloading of the patient without excessive maneuvering of the patient.
(k) Ensure that the interior of each vehicle is equipped with temperature control for the comfort of the patient.

R 325.22151 (d) (i) Radio communications for each aircraft transport vehicle are in compliance with the medcom requirements.

NOTE: The MEDCOM requirements for Air Ambulance and Aircraft Transport Vehicles specifies the following;

R 4.02 Pre-hospital medical direction communication from an air ambulance to a receiving hospital may occur on any frequency or system properly available for that purpose. Use of the HERN channel while in the air should be limited to prevent wide-area interference on that frequency.”
R 4.03 Per FCC rule, 47 CFR 22.925, the use of a cellular telephone or similar device on board an aircraft in flight is prohibited.
Duty Time Issue

Part 135 operators must comply with the duty time restrictions outlined in FAR §135.267. This places limitations on the numbers of hours that a pilot can fly or be on call during a specific period of time and the amount of uninterrupted rest that a pilot needs between duty periods. Duty time is the time that a pilot is flying or simply on-call and available to fly. Essentially a pilot is on duty regardless of whether he is flying or not. If he can be called to fly – he is on duty.

In the past several 24/7 fixed-wing EMS operators used the argument that while a pilot is not flying but simply relaxing in crew quarters, perhaps sleeping, or at home he is not on duty and his duty does not start until he gets called for a flight. This has been dismissed by the FAA as well as industry groups. If a program is a 24/7 program they must have 24/7 pilots.

Due to the very light flight volume that is expected for this program, having a 24/7 on-call aviation service provider is a very burdensome requirement. Essentially the provider would need to have a pilot on duty throughout the night and therefore unavailable during the day to fly normal commercial flights.

Recommendation: There will need to be a detailed agreement documented between the aviation service provider and medical program that defines availability of the aviation asset. If BIEMS accepts an “as available” arrangement with the aviation service provider(s) the duty time restrictions are much less onerous.
State of Michigan Regulatory Compliance

There have been a number of telephone discussions with Lori Lynn with the Department of Community Health for the State of Michigan. She provided clarification and the department’s position on the regulations as it would apply to a BIEMS medical flight program.

a) The program does not have to provide 24/7 service. LEAC concurs with this position.

_Regulatory reference:_

R 325.22111 (4) A life support agency, except a fixed wing aircraft transport operation, shall provide at least 1 life support vehicle for response to requests for emergency assistance on a 24-hour-a-day, 7-day-a-week basis in accordance with its licensure level and medical control authority protocols.

b) Any aircraft used to perform the MEDEVAC mission must be licensed by the state. LEAC concurs with this position.

_Regulatory reference:_

R 325.22113 Patient transfers; ground, rotary, aircraft transport. Rule 113. (1) A person shall not transport a patient by stretcher, cot, litter, or isolette unless it is done in a licensed ambulance or aircraft transport vehicle. The life support agency transporting the patient shall require that any applicable department approved protocols of the medical control authority are followed in accordance with section 20921 (4) and (5) of the code.

c) All licensed aircraft must be equipped or able to be equipped for EMS service. It is the position of the EMS agency that all aircraft must have equipment available.

This interpretation would require that if an aviation service provider has, for example, five aircraft available, there would have to be five sets of equipment to configure the aircraft for medical service including patient litters, medical equipment and supplies etc. This is verified by regulatory language in various regulations that reference the requirement that ambulances are equipped properly and in some cases use the term “each” vehicle.

This would either (i) require the aviation service providers to have multiple sets of aircraft litter systems and also that BIEMS have medical equipment for EACH aircraft or (ii) limit the number of aircraft that are licensed. The first case would be cost prohibitive and the second case would greatly reduce the flexibility of the operators to respond to MEDEVAC missions since the approved (licensed) aircraft might not be available and essentially identical aircraft (not licensed) could not be used.

This would be an unreasonable requirement for a program that would operate only one aircraft at a time with a flight volume around 40 transports per year or less than 4 per month.
Regulatory references:

333.20932 Aircraft transport operation; duties; prohibitions. Sec. 20932. (1) An aircraft transport operation shall:
(a) Provide an aircraft transport vehicle with proper equipment and personnel available for response to requests for patient transportation between health facilities, as needed and for life support during that transportation according to the written orders of the patient's physician.

333.20934 Operation of aircraft transport vehicle; conditions; application for and issuance of license or annual renewal; fee; certificate of insurance; communications system; equipment. Sec. 20934.
(4) An aircraft transport vehicle shall be equipped with a communications system utilizing frequencies and procedures consistent with the statewide emergency medical services communications system developed by the department.
(5) An aircraft transport vehicle shall be equipped according to the department's minimum equipment list based upon the level of life support the vehicle and personnel are licensed to provide.

R 325.22125 Life support agency; licensure at higher level of care; requirements. Rule 125. (3) (b) Attest by signing the application that the radio communication system for each ambulance or non-transport prehospital life support vehicle complies with the medcom requirements, that each vehicle meets minimum equipment requirements, and that minimum staff requirements are being met in order to operate at least 1 vehicle on a 24 hour-a-day, 7 day-a-week basis. In addition, the agency shall document that each ground ambulance licensed by the department has a manufacturer certificate of compliance. Verification of compliance with this sub rule shall be available to the department upon request.

PART 5. AIRCRAFT TRANSPORT OPERATIONS
R 325.22151 Aircraft transport operation; fixed wing; initial application for licensure. Rule 151. An aircraft transport operation and its vehicles shall be licensed by the department in accordance with section 20931 of the code. Application for initial licensure shall do all of the following:
(d) Attest, as evidenced by signing the application, to all of the following:
(i) Radio communications for each aircraft transport vehicle are in compliance with the medcom requirements.
(ii) Each vehicle meets minimum equipment requirements.

R325.22185 Life support vehicles; equipment requirements. Rule 185. (1) A ground ambulance, rotary ambulance, and aircraft transport vehicle shall be equipped with equipment and patient care supplies as prescribed by the department including temperature control in the patient compartment. The agency shall require that equipment is available and in working order on each vehicle.
d) CAMTS certification is not a state requirement. The Commission on the Accreditation of Medical Transport Services is an industry association that provides guidelines and voluntary accreditation. (Ref: http://www.camts.org/). Some states have made this mandatory to provide EMS services. LEAC concurs with this position.

e) There are no minimum patient transport requirements for a program operating a fixed wing air ambulance since a fixed wing aircraft is NOT defined as an “Air Ambulance” under CON Review Standards for Air Ambulance Services. [Ref. CERTIFICATE OF NEED (CON) REVIEW STANDARDS FOR AIR AMBULANCE SERVICES]

**Recommendation:** The regulation to have each vehicle outfitted for service rather than allowing the program to equip the available vehicle (airplane) on an as needed basis needs to be addressed. This can either be handled through an exception to the regulation or re-interpreting the regulation to allow the use of available aircraft.
Insurance Requirements

Medical Liability Insurance:
Currently the BIEMS personnel are not covered by their liability and medical malpractice insurance when transporting patients on Part 135 charter flights where the aircraft is not a licenses air ambulance and the aviation service provider is not approved to operate and air ambulance under FAA operation specification A024. This is certainly a serious concern that can be alleviated by obtaining the proper insurance coverage type and limits. Note that the State of Michigan does NOT mandate a specific limit of medical liability insurance.

Aviation Insurance:
The State of Michigan that a fixed wing air ambulance maintain insurance coverage of $10,000,000 per accident (crash).

DEPARTMENT OF COMMUNITY HEALTH, EMERGENCY MEDICAL SERVICES - LIFE SUPPORT AGENCIES & MEDICAL CONTROL
PART 5. AIRCRAFT TRANSPORT OPERATIONS
R 325.22151
f) Include evidence that the operation possesses not less than $10,000,000.00 insurance coverage or is under a self-insurance program authorized under 1951 PA 35, MCL 124.1 et seq., for property damage and personal injury.

CERTIFICATE OF INSURANCE/COVERAGE FOR LIFE SUPPORT AGENCIES
BHS-EMS-0092
Provide a certificate of no fault insurance or coverage with residual liability coverage of not less than one million dollars ($1,000,000) per crash (accident) or is under a self-insured program. Rotary winged aircraft shall include residual liability coverage of not less than five million dollars ($5,000,000) per crash (accident) or is under a self-insured program. Fixed wing aircraft shall include residual liability coverage of not less than ten million dollars ($10,000,000) per crash (accident) or is under a self-insured program.

This insurance requirement is unique and separate from the medical liability insurance held by BIEMS. This would be the requirement of the aviation service provider to maintain this coverage. The costs for this coverage could be part of the contract between BIEMS and the aviation service providers.
Air Medical Program Policies

BIEMS would have to establish a formal organization and written polices and protocols for managing and operating the air ambulance program. Major topic sections that should be documented include:

- Mission Statement and Scope of Care
- Education for the Public
- Regulatory Compliance
- Management/Policies
- Mission Types and Professional Licensure
- Staffing
- Meetings, Records and Policies
- Utilization Reviews
- Quality Management
- Medical Direction and Supervision
- Orientation, Training, and Continuing Education Program Requirements for Personnel
- Infection Control
- Communications (Dispatch, En-route Communications, Flight Following)
- Safety Education
- Safety Management
- Aircraft Operator Certification Requirements
- Medical Configuration and Equipment Requirements of the Aircraft
- Weather Limits
- Qualification and Training of Flight Crew

This is not intended to be a comprehensive listing but to provide an idea of the scope of work necessary to document a formal air medical program.
Conclusion

Although the current MEDEVAC system that BIEMS is using to get patients off the island has worked in the past it is non-compliant with FAA and State regulatory requirements. This puts the EMS program, aircraft operator and medical and flight personnel at risk from a professional standpoint.

The need for an effective MEDEVAC system is a strategic necessity for the island to provide access to critical medical care facilities.

In summary, establishing a BIEMS air ambulance program would provide the following benefits;

1. Allow BIEMS to bill and collect for the transportation service.
2. Address the liability and compliance issues that exist with the current MEDEVAC system.
3. Improve the response time for MEDEVAC off the island.
4. Compliance with FAA air ambulance operational regulations.

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