

HB

100

Passed

|

25-LS0373E.1
Bailey
3/13/07

AMENDMENT

OFFERED IN THE HOUSE
TO: SSHB 100

BY REPRESENTATIVE COGHILL

1 Page 1, line 7, following "person.":

2 Insert "In this section, "air ambulance service" means an organization certified by the
3 department under AS 18.08.082 to provide medically assisted transportation, by air, to
4 persons who are ill or injured."

5

6 Page 1, line 9, following "service":

7 Insert ", as defined in AS 18.08.095."

9
Passed

25-LS0373E.2
Bailey
3/13/07

AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE GARDNER

TO: SSHB 100

- 1 Page 1, line 1, following "regulation":
2 Insert ", limiting the duration of air ambulance service subscriptions,"
3
4 Page 1, line 5, following "services.":
5 Insert "(a)"
6
7 Page 1, following line 7:
8 Insert a new subsection to read:
9 "(b) An air ambulance service may not issue a subscription for a period greater
10 than two years."

S-Y
C-N
G-Y
R-Y
F-Y
N-Y
W-N

25-LS0373VE.3
Bailey
3/13/07

Passed
AMENDMENT 3

OFFERED IN THE HOUSE
TO: SSHB 100

BY REPRESENTATIVE GARDNER

- 1 Page 1, line 1, following "regulation": *subscription*
- 2 Insert ", prohibiting sale of air ambulance services to persons already covered,"
- 3
- 4 Page 1, line 5, following "services.":
- 5 Insert "(a)"
- 6
- 7 Page 1, following line 7:
- 8 Insert a new subsection to read:
- 9 "(b) An air ambulance service may not sell a subscription to a person who has
- 10 full coverage for air ambulance services from another source, including the Indian
- 11 Health Service, *or* Medicaid, *or* private insurance"

*Amendment to the amendment
by Rep Wilson.*

Passed

*Amendment to amendment - add subscription
passed between ambulance subscription services.*

ALASKA STATE HOUSE OF REPRESENTATIVES



Session

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**State Capitol
Room 214**

REPRESENTATIVE JOHN COGHILL

SPONSOR STATEMENT

SSHB 100

"An Act relating to exempting certain air ambulance services from insurance regulation."

This legislation exempts for-profit air ambulance services from insurance regulations under AS 21.03 in order that they may solicit membership subscriptions, accept membership applications, and charge membership fees.

In order to protect consumers this bill establishes that air ambulance services must:

- (1) have certification under AS 18.08.082
- (2) be in operation in Alaska for at least two years
- (3) not deny emergency medical service to any person.

ALASKA STATE HOUSE OF REPRESENTATIVES



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Session

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State Capitol
Room 214**

REPRESENTATIVE JOHN COGHILL

SECTIONAL

SSHB 100

"An Act relating to exempting certain air ambulance services from insurance regulation."

Section 1. AS 18.08 is amended by adding a new section:

Sec. 18.08.095 Air ambulance services.

An air ambulance services that provides air ambulance services to a subscriber and designated members of a subscribers's household may not deny emergency medical services to any person.

Section 2. AS 21.03.021 is amended by adding a new subsection:

Sec. 21.03.021 Application of Title.

(f) This title does not apply to an air ambulance service that solicits a membership subscription, accepts a membership application, charges a membership fee, and provides air ambulance services to a subscriber and designated members of a subscriber's household if the service

- (1) is certified under AS 18.08.082; and
- (2) has been in operation in the state for at least two years.

great

In 2005 the Washington Legislature considered an act relating to exempting certain private air ambulance services from insurance regulation after residents of San Juan County voiced concern with affordability and availability of air ambulance services in the island country. After hearings and testimony the Legislature required the Office of the Insurance Commissioner (OIC) to study and report on the feasibility of subscription air ambulance services in Washington. The study was conducted by the OIC, public and private entities, and individuals involved in air ambulance services.

The committee found:

Air ambulance programs are relevant throughout the United States.

- 22 states specifically exempted such services
- 2 states considered the service an insurance product (Nevada, Wisconsin)
- 1 state exempted the service with criteria (Indiana)
- 1 state considered the service a debt protection product (Wyoming)
- 1 state found the service to be illegal (New York)

Flat yearly fee is normally \$50-\$100 – provider agrees to transport the subscriber or members of the immediate family when medically necessary at no additional charge. Subscribers agree to allow the air ambulance provider to bill their insurance, but there is no requirement to have underlying health insurance.

Some subscription providers have reciprocity agreements with subscription programs in other areas, so a subscriber may have a larger area in which their subscription benefit would apply.

Lastly - **ALL STATE INSURANCE REGULATORS WERE ASKED IF CONSUMER COMPLAINTS RESULTED FROM SUBSCRIPTION AIR AMBULANCE SERVICES. NO CONSUMER PROBLEMS WERE REPORTED.**

The committee recommended:

- The product is sold only by providers of air ambulance service
- Service be certified by Dept of Health
- In operation for at least two years
- Certification from CAMTS (Commission Accreditation of Medical Transport Systems)
- Evidence of compliance be submitted to OIC

1. Protection for the consumer that the provider is viable:
Provider must be in operation in the state for at least two years.
2. Protection for the consumer if the provider leaves the area:
In the report from the Washington OIC there was a very low number of people purchasing a subscription that were uninsured, which suggests the transference of risk from this product is very small compared to most insurance products.
3. Protection for the consumer that the provider is qualified:
Provider must be certified under AS 18.08.82;
Provider must renew license every two years.
4. Protection for the consumer from false ads/practices:
Complaints may be filed with the Consumer Protection Agency.



State of Washington

Find a way to make it not (done)

A Report to the Legislature: Air Ambulance Services

Submitted By: The Office of the Insurance Commissioner
December 2005

Executive Summary

During the 2005 legislative session, at the request of San Juan County residents, the Legislature considered SB 5736¹, an act relating to exempting certain private air ambulance services from insurance regulation. The bill was brought with the intent to help restore subscription air ambulance programs for Washington residents that had been discontinued in 2002 due to financial difficulties and regulatory compliance issues.

Under current law, subscription air ambulance services are considered insurance products and subject to licensure, minimum financial reserving and solvency requirements. After hearings and testimony, the Legislature amended the bill (ESSB 5736) to require the Office of the Insurance Commissioner (OIC) to study and report on the feasibility of subscription air ambulance services in the state of Washington "geared toward allowing a person, entity, corporation, or nonprofit corporation to offer, sell, and provide subscription air ambulance service."

After studying the issue, the OIC and interested stakeholders recommends subscription air ambulance services be exempt from Title 48 of the insurance code, if the provider meets the following criteria:

- The product may only be sold by providers of air ambulance service;
- The air ambulance service must be certified by the Department of Health; and in operation for at least two years;
- Certification must be attained and maintained from the Commission on Accreditation of Medical Transport Systems (CAMTS); and
- Evidence of compliance with these criteria is submitted to the Office of the Insurance Commissioner.

¹ <http://www.leg.wa.gov/pub/billinfo/2005-06/Pdf/Bills/Senate%20Bills/5736.pdf>

Introduction

In 2005, the Washington State Legislature enacted ESSB 5736² relating to the availability of subscription air ambulance services. This act directs the OIC, in concert with public and private entities and individuals involved in offering, providing, and purchasing air ambulance products, to:

- "Assess the needs and concerns of likely subscription air ambulance vendors, including the costs of providing affordable air ambulance service to rural and island residents, as well as the burdens placed on vendors if held to the reporting and solvency requirements of the insurance code";
- "Determine the implications of subscription air ambulance service on consumer protection issues"; and
- "Compare the state's need for affordable subscription air ambulance service to other states that allow this service, including an inquiry into the practices of out of state vendors who provide the service, as well as the applicability of other states' insurance code."

The act directs the Commissioner to report the results of the study and make recommendations to the legislature.

Subscription Air Ambulance Service

Subscription, also referred to as membership, air ambulance programs are prevalent throughout the United States. The service is available in at least eighteen states. Subscription services generally are offered to consumers in the service area of an air ambulance provider. For a flat yearly fee, normally \$50-\$100, the air ambulance provider agrees to transport the "subscriber" or a member of the immediate family when medically necessary at no additional charge other than the yearly fee. To complete the agreement³, the subscribers agree to allow the air ambulance provider to bill their insurance if the subscriber has insurance. However, there is no requirement to have underlying health insurance to purchase subscription services from the provider. In essence, the purchase of a subscription provides peace of mind in the event the subscriber needs to be transported via the service and insurance does not cover the entire charge. Or in rarer instances, the entire charge is covered if the consumer has no underlying insurance. In addition, some subscription providers have reciprocity agreements with subscription programs in other areas so a subscriber may have a larger area in which their subscription benefit would apply.

² http://www.leg.wa.gov/pub/billinfo/2005-06/Pdf/Bills_Senate%20Passed%20Legislature/5736-S.PL.pdf

³ <http://www.saintalphonsus.org/body/sarme3.cfm?id=36>

Air Ambulance Services in Washington State

Only one subscription air ambulance is known to have existed in Washington State. From 1985 until 2002, a subscription air ambulance program called "MedFlight" was operated by Saint Joseph's Hospital in Bellingham for residents in Island, San Juan, Skagit and Whatcom counties. The MedFlight subscription cost \$100 per year and operated in the same manner as other subscription air ambulance services described previously. This program operated as a subscription program until the early 1990's.

At that time, the OIC determined that the subscription program was an insurance product based on an Attorney General's opinion sought by the agency for a similar program. Following this opinion, the program was subject to compliance with RCW 48-44-037⁴ of the insurance code. To comply with the decision and the resultant financial and reporting guidelines under the insurance code, Saint Joseph's Hospital created an insurance product through an affiliation with HealthGuard Services of Washington. HealthGuard was a Washington non-profit corporation licensed as a health care services contractor in Washington. Both Saint Joseph's Hospital and HealthGuard Services of Washington were wholly-owned subsidiaries of PeaceHealth. PeaceHealth is a non-profit healthcare provider operating in Alaska, Oregon and Washington.

The MedFlight/HealthGuard subscription program encountered a problem during the year 2000. When Saint Joseph's partnered with HealthGuard in the early 1990's to create the product that complied with Washington insurance law, HealthGuard was required to maintain a minimum net worth as a health services contractor of \$3 million pursuant to RCW 48-44-037. During a filing with the OIC in 1999, it was discovered that HealthGuard had listed surplus notes to its parent PeaceHealth of \$170,000 for the years 1991-1999 as part of the minimum net worth requirement under the law. These surplus notes were not approved by the OIC as required by RCW 48-44-037(3)(c) of the insurance code. This resulted in HealthGuard signing a consent order⁵ to comply with the law and was ordered to pay a \$60,000 fine for the violations. HealthGuard paid \$30,000 of the fine and \$30,000 was suspended for two years on condition of compliance with the law and no further violations.

From 1985 until mid-year 2000, Saint Joseph's Hospital had been operating an independent air ambulance service through a leasing agreement with a company in Louisiana and hiring its own medical personnel. The independent air ambulance service served the hospital's northwest Washington service area including members of the MedFlight/HealthGuard subscription program. Facing operational losses in the air ambulance service of \$500,000 per year due to high fixed costs from operating the service, the hospital decided it could no longer financially continue offering air ambulance services. Needing to continue to offer these emergency services in the area, and the subscription program, the hospital entered into a service agreement with Airlift

⁴ <http://apps.leg.wa.gov/RCW/default.aspx?cite=48.44.037>

⁵ <http://www.insurance.wa.gov/oic/files/orders/2000orders/D00-126.pdf>

Northwest, a non-profit air ambulance service provider based in Seattle to provide air ambulance services for the hospital.

The MedFlight/HealthGuard subscription program continued after Airlift Northwest took over the air ambulance service in mid 2000 until fall 2002. At that time, contemplated changes in the Medicare Modernization Act (MMA) affected the continuation of the program. The change dealt with Saint Joseph's hospital and what is known as "services under arrangement" under federal Medicare guidelines. The proposed changes would have required Airlift Northwest to bill the subscriber's Medicare coverage for air ambulance services instead of the hospital. This was contrary to how the program was constructed and operated. After reviewing the situation, the hospital determined it could not find a way to offer the subscription program and be in compliance with both federal laws and state insurance laws. The only way for the program to continue would be for Airlift Northwest to offer the product. At that time, Airlift Northwest lacked the resources and ability to create an insurance product under Washington insurance law to offer the product. So in September 2002, the MedFlight/Healthguard subscription program ended.

2005 Legislative Session

After Washington's MedFlight/HealthGuard program was discontinued, residents of San Juan County were concerned with the affordability and availability of air ambulance services in the island county. Working with the Washington Association of Counties and local legislators, the residents had SB 5736 introduced. It would exempt certain air ambulance services from the regulation under the insurance code. It was hoped that this exemption would help resurrect a subscription program for San Juan County by eliminating some regulatory requirements under state law as many other states had done including neighboring states Idaho and Oregon. After hearings in both the House and Senate, the following issues were brought to light:

- Without an exemption from certain insurance requirements, subscription air ambulance services would not be available to island and rural residents placing financial hardship on residents and possibly causing residents to refuse such services if they did not have the means to pay for it;
- Exempting air ambulance subscription services may encourage subscription products that lacked adequate financial resources for solvency and not provide the consumer protections under the insurance code;
- Exempting air ambulance services may cause a proliferation of subscription services that may lack adequate patient safety standards putting the public at-risk; and
- Under what circumstances Washington providers would be willing to offer a subscription product to affected residents.

With these questions unresolved, the legislature passed ESSB 5736 requiring the OIC to evaluate the feasibility of subscription air ambulance services.

The Study

ESSB 5736 required the OIC to study the feasibility of subscription air ambulance services in Washington. Working with stakeholders, the following steps were identified as needed to gather the information necessary to compile this report:

- Survey other states as to the existence and/or insurance regulation of subscription air ambulance services;
- Identify and survey existing subscription air ambulance providers in other states; and
- Survey Washington air ambulance providers about services provided and willingness to provide subscription services.

After this information was gathered and assembled into a useful form, it was decided the stakeholder group would meet to review the information and make recommendations as to how subscription air ambulance service should proceed in Washington.

Survey of State Insurance Regulation

To begin, all states were queried through the National Association of Insurance Commissioners. This survey⁶ was sent to every state and some U.S. territories to discover which states regulated subscription air ambulance services. Additionally, research was done to find out where the services presently existed. In all, the status of subscription air ambulance was ascertained in 27 states⁷. Of the 27 states:

- 22 states specifically exempted or did not contemplate such services;
- 2 states considered the services an insurance product (Nevada and Wisconsin);
- 1 state exempted the service with criteria (Indiana);
- 1 state considered the service a debt protection product (Wyoming); and
- 1 state found the service to be illegal (New York).

All state insurance regulators were asked if consumer complaints resulted from subscription air ambulance services. No consumer problems were reported.

Air Ambulance Provider Surveys

Out of State Subscription Provider Survey

Research was conducted to identify out-of-state subscription air ambulance providers. Seven entities providing services were identified doing business in eighteen states. All

⁶ See Appendix A

⁷ See Appendix B

entities were asked to participate in a survey regarding its business⁸. Two out-of-state providers agreed to participate in the survey. One was Air St. Lukes in Idaho and the other was Airlife of Oregon. Based on the responses, both providers were non-profit entities operating in states where subscription air ambulance services were exempt from insurance regulation. Detailed membership and financial reimbursement information⁹ was received from both entities.

Some other notable common elements were identified from the survey:

- Both entities who marketed subscription services also were the air ambulance provider for the subscription program;
- Both charged \$50 for membership which included the member, spouse, and unmarried dependents;
- Both programs received reimbursement of approximately 75 percent from private insurance and 70 percent from Medicare; and
- Only 2-4 percent of people purchasing a subscription are without insurance.

Of particular interest is the very low number of people purchasing a subscription who are considered uninsured. This shows the vast majority of people purchasing this product have underlying insurance that the subscription service may bill, suggesting the transference of risk from this product is very small compared to most insurance products. It also suggests "adverse selection" is not prevalent. In light of this, the most current information regarding the percentage of uninsured people (health insurance) was obtained for each provider's market area to better understand the relationship of this product to the overall health insurance market.

Washington Air Ambulance Provider Survey

Two Washington air ambulance providers participated in the survey¹⁰. Seattle-based Airlift Northwest, providing services in western Washington, and Spokane-based Northwest MedStar providing services in central and eastern Washington. Both are non-profit organizations, licensed by the Department of Health, that have attained accreditation from the Commission on Accreditation of Medical Transport Services (CAMTS)¹¹.

Each entity provided detailed financial information regarding its service¹² and also expressed an interest in potentially providing subscription air ambulance to island and rural residents if such services were exempted from certain insurance requirements under

⁸ See Appendix C

⁹ See Appendix D

¹⁰ Appendix E

¹¹ <http://www.camts.org/index.php?option=content&task=view&id=4&Itemid=27>

¹² Appendix F

the insurance code. For comparison purposes, the most current information regarding the percentage of uninsured people (health insurance) was obtained for each provider's market area.

In comparing these results with the out-of-state subscription providers, the following results are notable:

- Both are an air ambulance service provider with an interest in providing a subscription service;
- Both have been providers for over ten years;
- Both air ambulance providers have similar private insurance reimbursement rates;
- Washington's uninsured rates (health insurance) are lower in comparison to the out of state provider states uninsured rates¹³.

Stakeholder Group

During the study, numerous parties were identified as having an interest in the resolution of this issue. It was determined the best way to gather input from the interested parties was to assemble a stakeholder group¹⁴ for a meeting. On September 20, 2005, this group met in Seattle. The group was able to review the information gathered from the study, and provide input and perspective. The recommendations of this report were discussed and supported by the stakeholder group.

Recommendations

Based on the results of the research along with considerable input from the stakeholder group, it is recommended that subscription air ambulance services be exempt from Washington insurance regulation subject to the following criteria:

- The product may be sold only by providers of air ambulance service;
- The air ambulance service must be certified by the Department of Health; and in operation for at least two years;
- Certification must be attained and maintained from the Commission on Accreditation of Medical Transport Systems (CAMTS); and
- Evidence of compliance with these criteria must be submitted to the Office of the Insurance Commissioner.

¹³ Appendix G

¹⁴ Appendix H

We believe the above recommendations provide the ability for subscription air ambulance programs to operate in Washington while addressing solvency concerns, potential consumer problems and patient safety. Only allowing the exemption when offered by licensed air ambulance service providers with two years experience assures the program will be marketed by an entity with substantial assets and a long-term commitment to operating successfully. The CAMTS certification requirement further underscores this point while at the same time ensuring subscription purchasers have the highest level of patient safety currently attainable in the medical transport industry.

Appendices

Appendix A: Subscription Air Ambulance State Insurance Regulation Survey

Due to Washington State's unique geography, which includes numerous inhabited islands in Puget Sound and less populated rural areas far away from major medical centers, air ambulance service is vital to quality care for critically ill or injured people in those areas.

The Washington State Legislature passed ESSB 5736 which requires the Washington State Office of the Insurance Commissioner (OIC) to fund and perform an evaluation of the feasibility of subscription air ambulance service.

Subscription air ambulance service is defined in the bill as:

"Air ambulance service offered by a vendor that solicits membership subscriptions, accepts membership applications, charges membership fees, and furnishes prepaid or discounted air ambulance service to subscription members and designated members of their households."

Given this legislative mandate, I would like to ask the following questions of your agency:

1. Does your state regulate subscription air ambulance services as defined above? If not, is it specifically exempted from the insurance code? If it is regulated, please consider the following questions:
2. How are rates regulated? Exempt, full force of the code, or does this product have a special niche?
3. Do you have the names of any companies providing such services?
4. If this service is available, have there been any consumer protection issues with regard to the service provided?

Any direction to specific code related to the above would be greatly appreciated.

Thank you in advance for any assistance. Please contact me if you have any questions or need further clarification of any information above.

Regards,

Chris Carlson
Senior Policy Analyst, Property & Casualty
Washington State Office of the Insurance Commissioner
360.725.7042-office
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Appendix B: Results of State Insurance Regulation Survey

State/Territory	Subscription Air Ambulance Service	Insurance Regulation	Financial Requirement
Arizona	Yes	Exempt § 20-103	
Arkansas	Yes	Not regulated	
California	Yes	Exempt	
Colorado	Yes	Exempt	
Connecticut	No	Not regulated	
Florida	Yes	Exempt FIC 624.127	
Idaho	Yes	Not regulated	
Illinois	Yes	Not regulated	
Indiana	Yes	Exempt w/Criteria IC 27-4-5-2(a)(9)	N/A if exemption met
Kansas	No	Not regulated	
Kentucky	Yes	Exempt KRS 304.1-120	
Louisiana	Yes	Not Regulated	
Massachusetts	No	Not regulated	
Mississippi	Yes	Exempt § 41-59-63	
Missouri	Yes	Not regulated	
Montana	Yes	Exempt MCA 7-34-103	
Nevada	Yes	Insurance or Prepaid LHSO NRS 680A, NRS 695F	LHSO- 3% of premium collected not to exceed \$500,000
New York	No	Ruled Illegal	N/A
Oklahoma	Yes	Not regulated	
Oregon	Yes	Exempt ORS 731.036	
South Dakota	Yes	Not regulated	
Tennessee	Yes	Not regulated	
Texas	Yes	Exempt § 773.011	
Virginia	No	Not regulated	
West Virginia	No	Not regulated	
Wisconsin	No	Insurance	TBD by Commissioner
Wyoming	Yes	Debt Protection Product	N/A

Appendix C: Provider Subscription Air Ambulance Questions

1. Who regulates or authorizes you to provide this service?
2. What sort of financial responsibility (if any) are you required to post with the regulator?
3. Is your company required to be audited each year and by whom?
4. What agency handles consumer complaints (if any)?
5. How do you calculate membership amount and how many subscribers are needed to be feasible?
6. If you operate in more than one state, what regulatory implications (if any) are there?
7. How many subscribers (members) are in your program?
8. What is the population base in your subscription area(s), and what percentages of people subscribe?
9. Is there a minimum population base needed for this service to be feasible?
10. Is there a market penetration (number of subscribers) in an area that would make subscription service not economically feasible?
11. In your subscription area, what is the average number of subscriber flights per year?
12. In your subscription area, what is the average number of overall flights per year?
13. What is the average cost of a flight in a subscription area?
14. What is your average private insurance reimbursement on behalf of the subscriber?
15. What is the average Medicare reimbursement on behalf of the subscriber?
16. What happens to the charges (in excess of the subscriber fee) if the subscriber does not have insurance?
17. Would you be interested in providing this service in Washington State?

Appendix D: Out of State Provider Survey Results

Member ship Provider	Mem. Cost and Coverage	Profit or Non- Profit	Fixed and/or Rotor Wing	Number of Members	Pop. of Member Area	Market. Pene- tration	Member Flights	Overall Flights	Member Flight %	Insurance Reg.
ID	\$50. Member, spouse and unmarried dependents	Non- Profit	Botl	7,850	300,000	2.62%	51	850	6%	Exempt
OR	\$50, Member, spouse and unmarried dependents	Non- Profit	Both	30,000	262,000	26%	286	1,300	22%	Exempt

Membership Provider	Mem. Flights	Flight Ratio	Rotor Wing Average Bill Amount	R.W. Avg. Reimbursement Private Ins/ Medicare	R.W. Avg. Net Revenue All Sources	Fixed Wing Avg. Bill Amount	F.W Avg. Net Revenue All Sources	Flights with no Reimbursement (Membership fee only)
A (ID)	51	2/2 rotor 1/3 fixed	\$10,000	\$7,500 Private \$7,000 Medicare	N/A	N/A	N/A	2 (4%)
B (OR)	286	1/3 rotor 2/3 fixed	\$7,995	\$5,950 Private \$4,960 Medicare	\$4,757	\$11,803	\$6,138	6 (2%)

Appendix E: Washington Air Ambulance Provider Survey

- 1) How long have you been an air ambulance provider?
- 2) Are you for profit or non-profit?
- 3) Who presently regulates or authorizes you to provide services?
- 4) What sort of financial responsibility (if any) are you required to post with the regulator?
- 5) What agency handles consumer complaints (if any)?
- 6) Is your company required to be audited? If so, how often and by whom?
- 7) In what geographic area does your company presently conduct business?
- 8) Do you have fixed and rotor wing service?
- 9) Are you interested in exploring the possibility of providing subscription air ambulance service in Washington? If yes, in what geographic area?

If you answered yes to question 8, or if you currently provide air ambulance service in a prospective subscription area, please answer the following questions:

- 1) What is the average number of flights a year your company provides in the prospective subscription area?
- 2) What is the average cost of a flight?
- 3) What is the average private insurance reimbursement for a flight?
- 4) What is the average Medicare reimbursement for a flight?
- 5) What percentage of flights does your company receive no reimbursement?
- 6) Could you provide this service if it is deemed to be "insurance" and subject to regulation as such? (if no, please indicate reasons)
- 7) Could you provide this service if it is deemed to be a "limited health care service" and subject to regulation as such? (if no, please indicate reasons)
- 8) Have you conducted any research as to the feasibility of providing this service in Washington? (if yes, please indicate where and the findings)
- 9) If you decided to provide this service, would you consider a reciprocity agreement with subscription programs in other states?

Appendix F: Washington Provider Survey Results

WA Provider	Profit or Non-profit	Fixed and/or Rotor Wing	Overall Flights	Flight Ratio	R.W. Avg. Reimbursement Private Ins/Medicare	F.W. Avg. Reimbursement Private Ins/Medicare	Rotor Wing Gross Revenue	Fixed Wing Gross Revenue	% of Flights with a Reimbursement Source	% of Private Pay or Non-Reimbursed Flights
Western WA (San Juan County R.W. only figures)	Non-Profit	Both	274 (San Juan County)	N/A	\$5,315 Private \$2,990 Medicare	N/A	\$8,850	N/A	92%	8%
Central & Eastern WA	Non-Profit	Both	3,000	2/3 rotor 1/3 Fixed	\$7,512 Private \$3,878 Medicare	\$8,277 Private \$4,436 Medicare	\$8,421	\$9,397	67%	33%

Appendix G: Comparison of Uninsured Rates

Provider	State	Primary Counties of Operation	Uninsured Rate
Air St. Lukes	Idaho	Idaho, Adams, Washington, Payette, Gem Valley, Boise, Canyon, Ada, Elmore, Owyhee, Custer, Camas, Gooding, Lincoln, Jerome, Twin Falls	15-30+ %
Airlife	Oregon	Crook, Deschutes, Jefferson, Grant, Harney, Klamath, Lake, Baker, Malheur, Union, Wallowa	18.4-24.6%
Airlift Northwest	Western Washington	Island, Skagit, Whatcom, and San Juan	12.2%
Northwest MedStar	Central & Eastern Washington	Adams, Asotin, Benton, Chelan, Ferry, Franklin, Garfield, Grant, Kittitas, Lincoln, Okanogan, Pend Oreille, Stevens, Walla Walla, Whitman, Yakima	9.4-13.8%

Appendix H- Stakeholder Group

Participated in Stakeholder Meeting

Joan Berkowitz, Consumer
John Evans, San Juan County Commissioner
Michael Day, Northwest MedStar
Christine Zalar, Northwest MedStar
Nancy Vorhees, Northwest MedStar
Toni Long, Airlift Northwest
Marcia Lingel, Airlift Northwest
Orlando Cano, House Democratic Caucus
Jon Hedegard, House Committee Staff
Chris Carlson, Office of the Insurance Commissioner
Mary Clogston, Office of the Insurance Commissioner

Invited, But Could Not Attend Meeting

Vicki Kirkpatrick, Washington Association of Counties
Joanne Conrad, Senate Committee Staff



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March 2, 2007

Dear Representative Peggy Wilson,

I believe House Bill 100 is poor public policy, is bad for the consumer and should not be passed. Here are some of my reasons:

1. Memberships reduce the chances that the best possible patient care will be provided. They will steer more medevacs to the organization with the most aggressive sales staff and techniques.
2. Each medevac operator would have to form a sales organization to sell this product. One operator has been illegally selling memberships, how will this be dealt with? The whole thing will make medevac services more inefficient.
3. I have held, in my hand, membership agreements that were being sold in Tok. They gave the medevac company the right to collect from anybody responsible to pay, on the patient's behalf. If the patient has insurance, in any form, the medevac company will collect from them, in addition to the membership fees.
4. Selling memberships is simply a marketing tool, a way to try and insure that your company flies the medevac even if you cannot provide what would be best for the patient. Unlike true insurance, the membership is only good on one carrier!
5. In most cases, if you are being medevaced, you will be going to a hospital. With any kind of stay, at all, your deductibles, co-pays and max out-of-pocket expenses will be met. If you don't have to pay those to the medevac service, you will to the hospital.

I fail to see any benefit to the majority of patients. Ethically, I have serious reservations about selling memberships. I hope I am not forced to do so by your passage of this bill.

Sincerely,

Leif L. Wilson
President and Director of Operations

HB-100

From: TAEMS [taems@aptalaska.net]
Sent: Thursday, February 22, 2007 18:39
To: 'Owens, Shelley'
Subject: RE: Air Medical bill

Shelley,

We have had problems with this subscription service for several years. Guardian in Fairbanks has offered this for some time. I have several opinions, but I will keep it short.

1- A patient may make inappropriate decisions based solely on \$\$\$.
We had a patient here that refused to fly with our local service solely because he had a Guardian subscription and was afraid he would have to pay if another service transported him. This patient had Medicare and a secondary policy that would have paid the entire fee and the patient would have owed nothing. All this Guardian subscription did was to delay his transport about 2 hours and take his money for services he was already entitled to.

2- Regardless of who a subscription is with it may take transport decisions away from the medical provider. As above the patient may refuse to fly unless their service provides transport even against medical advice just because of \$\$\$.

3- Who protects the patient. As above this patient had Medicare and secondary coverage, he could have used any service without worry of getting billed. Medicare would have paid the allowed amount, the secondary insurance pay the co-payment and the patient would owe nothing. So what did the patients subscriptions do other than take his money and delay care.

4- Lets say a patient has a subscription with one of the Anchorage services but is in the Tok or other similar area and needs transport. Can that Anchorage service provide a timely transport, or even land where the patient is, probably not, so again what did the patient get.

5- No service will ever make money on selling subscriptions. All it does is isolate a few people and tie them to a single service, when they need help the most

What would happen if TransCare in Anchorage offered a subscription ground ambulance service. Would Anchorage Fire let a heart attack patient lay and wait for TransCare to respond. And what if the patient was in Palmer, again would the patient be made to wait for TransCare to drive from Anchorage.

I don't know who is pushing this bill, but all I see it doing is making Guardian's subscription service legal. If the bill passes and everyone plays on a level field, so be it.

I just don't want to see someone lose his or her life waiting for a far away service when another is at hand.

One last thought, could Medicare subscribe to this service on behalf of their enrollees, and make all Medicare patients wait on the cheapest service regardless of location.

Thanks for listening

Jack Rutledge

2/2

In 2005 the Washington Legislature considered an act relating to exempting certain private air ambulance services from insurance regulation after residents of San Juan County voiced concern with affordability and availability of air ambulance services in the island country. After hearings and testimony the Legislature required the Office of the Insurance Commissioner (OIC) to study and report on the feasibility of subscription air ambulance services in Washington. The study was conducted by the OIC, public and private entities, and individuals involved in air ambulance services.

The committee found:

Air ambulance programs are relevant throughout the United States.

22 states specifically exempted such services

2 states considered the service an insurance product (Nevada, Wisconsin)

1 state exempted the service with criteria (Indiana)

1 state considered the service a debt protection product (Wyoming)

1 state found the service to be illegal (New York)

Flat yearly fee is normally \$50-\$100 – provider agrees to transport the subscriber or members of the immediate family when medically necessary at no additional charge. Subscribers agree to allow the air ambulance provider to bill their insurance, but there is no requirement to have underlying health insurance.

Some subscription providers have reciprocity agreements with subscription programs in other areas, so a subscriber may have a larger area in which their subscription benefit would apply.

Lastly - **ALL STATE INSURANCE REGULATORS WERE ASKED IF CONSUMER COMPLAINTS RESULTED FROM SUBSCRIPTION AIR AMBULANCE SERVICES. NO CONSUMER PROBLEMS WERE REPORTED.**

The committee recommended:

The product is sold only by providers of air ambulance service

Service be certified by Dept of Health

In operation for at least two years

Certification from CAMTS (Commis on Accreditation of Medical Trans Systems)

Evidence of compliance be submitted to OIC

1. Protection for the consumer that the provider is viable:
Provider must be in operation in the state for at least two years.
2. Protection for the consumer if the provider leaves the area:
In the report from the Washington OIC there was a very low number of people purchasing a subscription that were uninsured, which suggests the transference of risk from this product is very small compared to most insurance products.
3. Protection for the consumer that the provider is qualified:
Provider must be certified under AS 18.08.82;
Provider must renew license every two years.
4. Protection for the consumer from false ads/practices:
Complaints may be filed with the Consumer Protection Agency.

Tok Area EMS
Box 811
Tok, Alaska 99780
(907)-883-5873/Cell-322-0169

MAR 09 2007

FACSIMILE TRANSMISSION SHEET

DATE: 3-8-07

TO: Peggy Wilson

COMPANY: Alaska State House of Rep.

FAX NUMBER: 465-3175

FROM: Tom Dean

FAX NUMBER: 907-883-3640

NUMBER OF PAGES INCLUDING COVER SHEET: 2

MESSAGE: Opposition of HB 100

Thank you

Tom

TOK AREA EMC
Box 811
Tok, Ak. 99780
Ph.(907) 883-5873/Fax 3640/Cell 322-0169
March 8, 2007

Representative Peggy Wilson
Alaska State House of Representatives

RE: HB100 - Air Ambulance Service -- I AM OPPOSED.

I wish to express my apposition to an Air Ambulance Service selling subscriptions to their service.

Ambulance subscriptions have worked well in some places for maintaining small community ground services and is an important part of their ability to continue operation. I am unaware of any such services in Alaska, but not opposed to them.

For the most part air ambulance services are not local services, they cover large areas of the state or the whole state and beyond. Most areas of the state can get air ambulance service from several air ambulance providers. This is a good thing as it gives patient care providers the option of choosing the best service available at the time for the incident at hand.

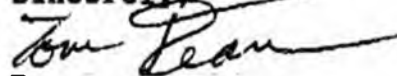
What is bad is when a patient is locked into one particular service provider, either because a patient has a subscription for a specific service and refuses to use another service or a patient is covered by a health care program (VA or Indian Health/ANMC) that contracts with one air ambulance service to cover the whole state.

That Guardian Flight has sold subscriptions to people in Tok, where 40 Mile Air is the local air ambulance service, in itself has caused unnecessary and unfortunate resentment toward Guardian. It has also caused unnecessary delays in patient transport, when the patient (or patients spouse) insisted on waiting for a Guardian flight, when 40 Mile Air's plane was in Tok and ready to go.

Guardian has sold subscriptions to retired people in Tok that are on medicare and have supplemental insurance, so that these people are paying for nothing except delays in care.

In Tok, VA and ANMC's insistence on using their contracted service providers has led to waits of up to eight hours for a plane, caused serious patient compromise and is a hardship for the Tok Clinic, as the clinic is not set up or staffed for extended patient care.

Sincerely,


Tom Dean, Chief

Medicare
Fee Structure
Anti Kickback



DEPARTMENT OF HEALTH & HUMAN SERVICES

Washington, D.C. 20201

[We redact certain identifying information and certain potentially privileged, confidential, or proprietary information associated with the individual or entity, unless otherwise approved by the requestor.]

Issued: May 21, 2003

Posted: May 28, 2003

[name and address redacted]

Re: OIG Advisory Opinion No. 03-11

Dear [name redacted]:

We are writing in response to your request for an advisory opinion concerning an ambulance company's collection of a fixed annual subscription fee in lieu of Medicare Part B cost-sharing amounts from its members (the "Arrangement"). Specifically, you have asked whether the Arrangement would constitute grounds for the imposition of sanctions under the exclusion authority at section 1128(b)(7) of the Social Security Act (the "Act") or the civil monetary penalty provision at section 1128A(a)(7) of the Act, as those sections relate to the commission of acts described in section 1128B(b) of the Act, or under the civil monetary penalties provision for illegal remuneration to beneficiaries at section 1128A(a)(5) of the Act.

You have certified that all of the information provided in your request, including all supplementary letters, is true and correct and constitutes a complete description of the relevant facts and agreements among the parties.

In issuing this opinion, we have relied solely on the facts and information presented to us. We have not undertaken an independent investigation of such information. This opinion is limited to the facts presented. If material facts have not been disclosed or have been misrepresented, this opinion is without force and effect.

Based on the facts certified in your request for an advisory opinion and supplemental submissions, we conclude that the Arrangement could potentially generate prohibited remuneration under the anti-kickback statute if the requisite intent to induce or reward referrals were present, but that the Office of Inspector General ("OIG") would not impose administrative sanctions on [name redacted] under section 1128A(a)(5) of the Act or under section 1128(b)(7) or 1128A(a)(7) of the Act (as those sections relate to the commission of acts described in section 1128B(b) of the Act) in connection with the Arrangement. This opinion is limited to the Arrangement and, therefore, we express no opinion about any other agreements or any other arrangements disclosed or referenced in your request letter or supplemental submissions.

This opinion may not be relied on by any persons other than [name redacted] (the "Requestor"), the requestor of this opinion, and is further qualified as set out in Part IV below and in 42 C.F.R. Part 1008.

I. FACTUAL BACKGROUND

The Requestor is a nonprofit corporation that provides emergency ambulance services. The Requestor has operated since 1963 on a subscription basis and has two classes of subscribers: individuals who pay an annual \$20 subscription fee and businesses that pay annual subscription fees proportionate to their size (\$30 for those with fewer than 12 employees; \$50 for those with 12 or more employees).

The Requestor does not collect Medicare Part B cost-sharing amounts from its subscribers (other than supplemental insurance coverage of the subscriber's obligations), but does collect such balances from non-subscribers through its contracted billing agent.

The Requestor has certified that the subscription revenues collected from its subscribers currently exceed, in the aggregate, the cost-sharing amounts waived for all subscribers, and that the subscription revenues collected from all subscribing Medicare Part B beneficiaries currently exceed, in the aggregate, the cost-sharing amounts waived for the subscribing Part B beneficiaries.

II. LAW

The anti-kickback statute makes it a criminal offense knowingly and willfully to offer, pay, solicit, or receive any remuneration to induce or reward referrals of items or services reimbursable by federal health care programs. See section 1128B(b) of the Act. Where remuneration is paid purposefully to induce or reward referrals of items or services

payable by a federal health care program, the anti-kickback statute is violated. By its terms, the statute ascribes criminal liability to parties on both sides of an impermissible "kickback" transaction. For purposes of the anti-kickback statute, "remuneration" includes the transfer of anything of value, in cash or in kind, directly or indirectly, covertly or overtly.

The statute has been interpreted to cover any arrangement where one purpose of the remuneration was to obtain money for the referral of services or to induce further referrals. United States v. Kats, 871 F.2d 105 (9th Cir. 1989); United States v. Greber, 760 F.2d 68 (3d Cir.), cert. denied, 474 U.S. 988 (1985). Violation of the statute constitutes a felony punishable by a maximum fine of \$25,000, imprisonment up to five years, or both. Conviction will also lead to automatic exclusion from federal health care programs, including Medicare and Medicaid. Where a party commits an act described in section 1128B(b) of the Act, the OIG may initiate administrative proceedings to impose civil monetary penalties on such party under section 1128A(a)(7) of the Act. The OIG may also initiate administrative proceedings to exclude such party from the federal health care programs under section 1128(b)(7) of the Act.

III. LEGAL ANALYSIS

The Arrangement may implicate the anti-kickback statute to the extent that it might be construed as a routine waiver of Medicare Part B cost-sharing amounts. In evaluating the risk, the threshold concern is whether, in the aggregate, (i) the subscription fees collected from subscribers reasonably approximate the amounts that the subscribers would expect to spend for cost-sharing amounts over the period covered by the subscription agreement, or (ii) the amounts collected from subscribing Medicare Part B beneficiaries reasonably approximate the amounts that the subscribing Medicare Part B beneficiaries would expect to spend for cost-sharing amounts. If the subscription amounts are not actuarially or historically reasonable in comparison to the uncollected cost-sharing amounts under one of the two alternatives noted above, then we would view the subscription plan as a potentially illegal practice to disguise the routine waiver of Medicare Part B cost-sharing amounts.

In this case, the subscription amounts collected by the Requestor from participating Medicare beneficiaries in the aggregate exceed the amounts that the Medicare Part B beneficiaries would be expected to spend for Medicare Part B cost-sharing over the period covered by the subscription agreement. Accordingly, we would not subject the Arrangement to administrative sanctions under the anti-kickback statute or section 1128A(a)(5) of the Act.

IV. CONCLUSION

Based on the facts certified in your request for an advisory opinion and supplemental submissions, we conclude that the Arrangement could potentially generate prohibited remuneration under the anti-kickback statute if the requisite intent to induce or reward referrals were present, but that the OIG would not impose administrative sanctions on [name redacted] under section 1128A(a)(5) of the Act or under sections 1128(b)(7) or 1128A(a)(7) of the Act (as those sections relate to the commission of acts described in section 1128B(b) of the Act) in connection with the Arrangement. This opinion is limited to the Arrangement and, therefore, we express no opinion about any other agreements or any other arrangements disclosed or referenced in your request letter or supplemental submissions.

V. LIMITATIONS

The limitations applicable to this opinion include the following:

- This advisory opinion is issued only to [name redacted], the requestor of this opinion. This advisory opinion has no application, and cannot be relied upon, by any other individual or entity.
- This advisory opinion may not be introduced into evidence in any matter involving an entity or individual that is not a requestor to this opinion.
- This advisory opinion is applicable only to the statutory provisions specifically noted above. No opinion is expressed or implied herein with respect to the application of any other federal, state, or local statute, rule, regulation, ordinance, or other law that may be applicable to the Arrangement, including, without limitation, the physician self-referral law, section 1877 of the Act.
- This advisory opinion will not bind or obligate any agency other than the U.S. Department of Health and Human Services.
- This advisory opinion is limited in scope to the specific arrangement described in this letter and has no applicability to other arrangements, even those which appear similar in nature or scope.

- No opinion is expressed herein regarding the liability of any party under the False Claims Act or other legal authorities for any improper billing, claims submission, cost reporting, or related conduct.

This opinion is also subject to any additional limitations set forth at 42 C.F.R. Part 1008. The OIG will not proceed against [name redacted] with respect to any action that is part of the Arrangement taken in good faith reliance upon this advisory opinion as long as all of the material facts have been fully, completely, and accurately presented, and the Arrangement in practice comports with the information provided. The OIG reserves the right to reconsider the questions and issues raised in this advisory opinion and, where the public interest requires, rescind, modify, or terminate this opinion. In the event that this advisory opinion is modified or terminated, the OIG will not proceed against [name redacted] with respect to any action taken in good faith reliance upon this advisory opinion, where all of the relevant facts were fully, completely, and accurately presented and where such action was promptly discontinued upon notification of the modification or termination of this advisory opinion. An advisory opinion may be rescinded only if the relevant and material facts have not been fully, completely, and accurately disclosed to the OIG.

Sincerely,

/s/

Lewis Morris
Chief Counsel to the Inspector General

Warbelow's Air Ventures, Inc. is opposed to HB 100 because:

1. Industry costs are increased as each air ambulance operator would have to either field a sales force to sell individual subscriptions marketed to everyone in the State of Alaska, or face being pre-empted by competitors who did.
2. Quality of patient care is decreased because the air ambulance operator with the most effective marketing would be selected in advance, rather than at the time of need based on needed medical capabilities and the quickness of their response as is currently done.
3. It is a bad financial gamble for the patient. There are approximately 5000 medevacs flown in Alaska per year with a population of about 700,000. If everyone bought a \$50 membership, this would generate \$35 million, or about \$7000 per medevac, which exceeds the average cost of a medevac in total. Most patients are already covered by Medicare, Medicaid, IHS, or private insurance. The cost of a medevac already reflects the write offs for non-payment by uninsured patients, as it is industry practice to write off flights where there is no insurance or the patient is unable to pay the deductible.
4. It does not protect the consumer against the cost of their insurance deductible, because in most cases the patient will simply pay their insurance deductible and co pay at the hospital they are medevaced to, if they have not paid it to the medevac provider already. The savings is therefore to the insurance company providing the medical insurance, not the patient, who pays for double insurance.
5. The Alaska air ambulance industry is highly competitive with multiple choices between State certified providers available in every market. The only purpose a membership program would serve is to provide a legal business model for pre-empting competitors, and reduce rather than increase competitive forces. Consumers will likely not appreciate the barrage of marketing that would accompany passage of this law.
6. Consumers deserve the protection of the State of Alaska insurance laws when they buy an insurance product such as that proposed, and there is no basis for exposing the consumer to the risk of business failure. Insurance can be bought from legitimate companies that meet the state requirements to insure the risk of air ambulance costs.
7. It would be an overwhelming task to police the law, and protect consumers from being sold additional unregulated insurance for risks that they already have coverage. The Division of Insurance has not prevented the sale of air ambulance memberships by one seller over the last six years. It is unlikely the Consumer Protection Agency will be able to police the sale of memberships by a dozen or more carriers to hundreds of thousands of consumers, many of which already have coverage and are not eligible to be solicited under the proposed law.
8. The law as written has been opposed by each air ambulance operator in the state who has testified except one, and that operator has been providing air ambulance service through memberships for six years, in violation of existing state laws. To now make that legal would be to reward those who have built a brand and customer base in air ambulance memberships while knowingly flouting the laws of the State of Alaska, and leave at a competitive disadvantage those who have complied.

Art Warbelow, President
Warbelow's Air Ventures, Inc.

(907) 378-7203
art@warbelows.com

Fairbanks Daily News Miner - By AMANDA BOHMAN

Staff Writer

February 1, 2001

Excerpts -

..... The company is trying to develop an air ambulance insurance plan of sorts, for which it is awaiting state approval.

.....

The membership plan Stirling is hoping to launch costs \$50 a year per person or per family. The average medevac, from a village to a hospital in Fairbanks or Anchorage, costs \$4,000 to \$5,000. Even those with insurance pay some of that cost, usually about 20 percent, Davies said. Under the plan, all Guardian members, even the uninsured, would pay nothing, except for the yearly fee, for an emergency medical transport. "There's a lot of uninsured people who fall through the cracks," Davies said. The membership plan is on hold pending state approval, because the state needs to decide whether it falls under the same regulations as insurance providers. Stirling modeled his plan after one developed in Oregon, where a special law was crafted to exempt air ambulance services' membership plans from insurance regulations. Stirling said his outfit-he employs 17 full- and part-time employees, which is enough manpower to have three crews out at once-is too small to be able to follow the same guidelines insurance companies do. "I asked her (an attorney with the state) how much the fines would be if we just do it. She said, 'You don't want to know.'"

CRITICAL CARE INC.



Critical CARE, Inc Advantage Membership Application



MISSION

TO SUPPORT EDUCATION,
TRAINING, RESEARCH AND
UNCOMPENSATED CRITICAL-CARE
RELIEF TO PROMOTE "BEST CARE"
FOR OUR ALASKAN COMMUNITIES.

**1.888.912.4CCI
(4224)**

www.criticalcareinc.com

CRITICAL CARE, INC.
P.O. BOX 8952 • KETCHIKAN, AK 99901
PHONE: 907/225.5500
FAX: 907/247.6102

**You can help
meet Alaskans'
critical-care
transport needs.**

**Sign up to become a CCI
member today!**

WHO is eligible for Critical CARE Advantage
Membership is any individual or family.

WHAT members receive includes the
satisfaction of knowing dues are used to support
the mission and vision of the organization; a
yearly membership packet; quality care at critical
moments from Alaska's largest medevac provider;
Guardian Flight.

WHEN is the time to sign up? **RIGHT NOW!**
Membership begins within 3 days of receiving your
application and payment.

WHERE you need medical transport, thanks
to a partnership, your CCI Advantage membership
allows Guardian Flight to bill your insurance
carrier (if any). Are you a member yet?

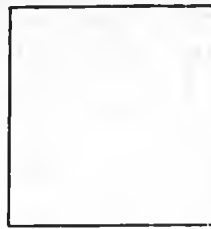
WHY you should become a member is because
your dollars go to funding the critical skills our
health providers need when we need it most.

*Individual,
Family, and
Corporate
memberships
are available.*

CRITICAL CARE
INC.



CCI's goal is to assist in improving skills and acquiring information for medical personnel to provide "best care" to our community.



“ I wanted to thank you for the very generous scholarship you recently presented to me at the OB Stat Course. I appreciate your thoughtfulness!

— Janette ”

“ I wanted to send a huge thank you for providing my scholarship. The class was excellent ~ and I learned a lot! Thank you, again, for supporting continuing education!

— Lisa ”

“ We want to continue our membership . . . and I completely forgot about it until a friend had to be medevaced from Canada and told us what a marvelous service she received because of her membership.”

— Eula ”

CRITICAL CARE, INC.
P.O. BOX 8952 • KETCHIKAN, AK 99901
PHONE: 907/225.5500
FAX: 907/247.6102



Board Approved 01/18/2007

For your records

CCI Membership Advantage Options

Type	Covers	Nickel	Copper	Bronze	Silver	Gold	Platinum
		1 week Advantage Basic Medevac	6 mo. Advantage Basic Medevac	1 yr. Advantage Basic Medevac	6 mo. Advantage Basic Medevac, Ground, Air, & Repatriation	1 yr. Advantage Basic Medevac, Ground, Air, & Repatriation	Lifetime Advantage Basic Medevac
Individual	Single	\$15	\$25	\$50	\$100	\$150	\$1,000
Family	Household Dependents	\$30	\$45	\$75	\$200	\$300	\$2,000
Corporate*	Single	\$12	\$20	\$40	\$80	\$120	N/A

*Membership rate applies to business license holders or through employer-sponsored Advantage agreements.

Every CCI member receives:

- Verification of Membership
- Quarterly Newsletter
- Satisfaction knowing contributions help support training, education, & excellent pre-hospital care in Alaska
- Convenient carry-everywhere contact information for Critical Care, Inc & Guardian Flight
- Peace of mind knowing you and your loved ones' critical-care transport needs are secured with Guardian Flight

I signed up for/gifted Individual/Family/Corporate _____ membership: The advantage applies to ___ people from 3 business days after the date of postmark to expire ___/___/____. I paid w/a check/money order/credit card.

Critical CARE, Inc.
 907.225.5500
 1.888.912.4CCI (4224)
 fax 907.247.6102
 P.O. Box 8952
 Ketchikan, AK 99901

Primary Member/Head of Household *required*

Name* _____

Date of Birth*: _____

Mailing Address* _____

City: _____ State: _____ Zip: _____

General Phone*: _____

Alternate Phone: _____

Email (only for CCI use) _____

Is membership gift?* Yes: _____ No: _____

Please contact me, I want to clarify, volunteer, or get more information!

Credit Card Billing Information *required*

Same as above

Name*: _____

Address*: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email (only for CCI use) _____

Membership Options (check the type & circle the level):

NEW _____ RENEW _____ # _____

	Nickel	Copper	Bronze	Silver	Gold	Platinum
Ind.	\$15	\$25	\$50	\$100	\$150	\$1,000
Family	\$30	\$45	\$75	\$200	\$300	\$2,000
Corporate	\$12	\$20	\$40	\$80	\$120	N/A

Additional Members (include name/relationship/birthdate)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Payment Type **PLEASE DO NOT SEND CASH!**

Amount: _____

Credit Card: Visa _____ Mastercard _____ AMEX/Discover _____

Card # _____ Exp. Date _____

Signature _____

Check # _____ Money Order _____

Thank you for supporting education, training, and research for Alaska's EMS personnel!

Terms of the Critical Care Advantage

WHO

• The advantage applies to the individual and/or family (defined as spouse/significant other and dependent children, claimed on your income tax return) that are members in good standing of Critical CARE, Inc.

WHAT

• The Critical CARE Advantage is secondary to all insurance carriers. Guardian Flight will accept payment from insurance carriers as payment in full.

• I agree to transfer directly to Guardian Flight all rights to insurance payments or other applicable coverage due for Guardian Flight services.

WHEN

• The Critical CARE Advantage for new members will take effect 3 days after receipt of completed enrollment application (with payment) in Critical CARE, Inc.

WHERE

• Guardian Flight flies based on medical need and transports patients to the closest medically appropriate facility as requested by the physician.

• There may rarely be times, due to weather or back-up aircraft and crew unavailability that Guardian Flight cannot guarantee availability of service.

WHY

• This advantage applies to air transport with Guardian Flight only.

• This advantage is not insurance.

I have read, understand, and agree with the terms and conditions of the Critical CARE Advantage as described above.

Signature: _____

Date: _____

REFERRED BY:

Mail to:

Critical CARE, Inc.

907.225.5500

1.888.912.4CCI (4224)

fax 907.247.6102

P.O. Box 8952

Ketchikan, AK 99901