# Rural Health Transformation Program (RHT): Talking Points

1. When rural facilities close, or in areas with an existing scarcity of emergency or critical care treatment services, air ambulances close the gap in the rural emergency health safety net by delivering these patients with time-sensitive and/or critical care conditions to definitive care in urban tertiary care centers.

2. By reducing out-of-hospital times and providing ICU-level patient care, air ambulance teams improve patient outcomes, mitigating the healthcare costs associated with long-term rehabilitation, long-term prescriptions, and dependency on government and family resources for assistance.

3. The majority of air ambulance patient transports are reimbursed far below costs, at the Medicare or Medicaid levels. Less than 25% (on average) of patients transported by air ambulances have commercial insurance that pays anywhere close to the cost of providing the service.

4. Existing Medicaid reimbursement is typically less than 50% of the cost of providing air ambulance services. This funding gap affects the sustainability of the service and create the potential for gaps in coverage needed to ensure the availability of air ambulances to patients in need.

5. The ability of air ambulances to surge in response to manmade or natural disasters is 100% dependent upon the 24/7 day-to-day availability of air ambulances.

6. Air ambulances primarily serve the emergency and critical care needs of our nation's most vulnerable patients, the indigent and the elderly populations.

7. Air ambulances are facing shortages in workforce for qualified clinicians, pilots, and aircraft maintainers. Funding that establishes workforce training pipelines supports continuity of air ambulance services.

8. Air ambulances face recruiting and retention challenges, in part due to rural work locations. Funding that supports recruitment and retention supports the continuity of air ambulance service availability.

9. It is well-documented that air ambulances, and our emergency service colleagues, endure heightened frequencies and severities of mental health crises. Funding that supports workforce mental health efforts supports the continued availability of these services.

10. Partnerships are essential between air ambulances and hospitals; those who request our services and those that receive patients that we transport. Funding that enhances these partnerships ensures bilateral flow of patient information that is essential for Continuous Quality of care Improvement (CQI), patient follow up with requesting agencies (EMS, Fire, and hospitals) and for required care documentation and for billing.