

**OPENING STATEMENT OF
THE HONORABLE JAMES L. OBERSTAR
AVIATION SUBCOMMITTEE HEARING
OVERSIGHT OF HELICOPTER MEDICAL SERVICES
APRIL 22, 2009**

I want to thank Chairman Costello and Ranking Member Petri for calling today's hearing on the Oversight of Helicopter Medical Services. This is an important issue since so many Americans receive critical care from helicopter air ambulances. However, between December 2007 and October 2008, there were 13 Helicopter Emergency Medical Services (HEMS) accidents, resulting in 35 fatalities. As we have seen in the past, when spikes in accidents occur, the industry and Federal Aviation Administration (FAA) activate, however, once there is improvement, the emphasis quickly shifts. I know that Chairman Costello and I will not let that happen in this case.

Historically, military air medical services used fixed-wing and then later helicopters throughout World War II and into the Korean War. It was not until the Vietnam War that MEDEVAC became a universal term for helicopter medical evacuation of the sick and wounded. After the war, due to the large number of surplus aircraft and trained pilots, MEDEVAC technologies and procedures practiced by the military began to be transferred to the civilian sector. By the late 1970s, the period during which the 1978 Airline Deregulation Act (ADA) was under consideration, the civilian helicopter medical sector was small, but growing.

Since the ADA was enacted, the number and locations of HEMS aircraft have greatly increased from 32 operators flying 39 helicopters in 1980, to over 272 operators flying approximately 850 helicopters in 2008. The increased use of air ambulances is due, in large part, to demonstrated improved recovery times and reduction in mortality rates for cardiac arrest, stroke, and traumatic brain injuries when patients get to a trauma center quickly. Another factor behind recent industry growth was the change in Medicare reimbursement structures in 2002.

In response to recent accidents, some have called for more stringent safety regulations including: flight risk assessments, coordinated flight dispatch, and technologies such as night vision goggles, Helicopter Terrain Awareness and Warning Systems (HTAWS), and Traffic Alert and Collision Avoidance System (TCAS).

With 84 percent of all HEMS accidents associated with human error, additional information on operations and accidents is extremely important. The Government Accountability Office (GAO) recommended in 2007, that FAA identify and collect appropriate data points on HEMS operations, but this is still not being done. There is a need for additional safety technology enhancements, but the FAA must also address the human factors affecting HEMS operations including increased training and fatigue.

FAA has provided voluntary guidance and implemented additional regulations this year to increase the weather and visibility minimums for HEMS operations. While voluntary guidance and increased weather and visibility operating requirements are steps in the right direction, this is not enough.

Another element of this hearing is the authority that states have in regulating air ambulances. The ADA preempts state economic regulation of air ambulance services related to rates, routes, and services, but not state regulations regarding patient medical care. The intention of the ADA was to prevent a patchwork system of differing interstate regulations for all air carriers, including air ambulances.

This hearing will also address two related bills: H.R. 1201, introduced by Representatives Salazar and Lungren and H.R. 978 introduced by Representatives Altmire and Miller; to deal with safety issues and state regulatory issues respectively. I am pleased that we will explore these two measures in depth during this hearing.

While some forward progress has been made by the FAA regarding HEMS safety issues, FAA must commit to long-term action to ensure that patients and flight medical crew aboard HEMS flights reach their destinations safely

Thank you again Mr. Chairman for holding this hearing. I look forward to the testimony of our witnesses.