



## *Association of Air Medical Services*

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October 11, 2013

The Honorable Michael Huerta  
Administrator  
Federal Aviation Committee  
800 Independence Avenue  
Washington, DC

### **RE: FAA-2013-0684: Clearance of a New Approval of Information Collection: Helicopter Air Ambulance Operator Reports**

The Association of Air Medical Services (AAMS) welcomes the opportunity to comment on this notice under the Paperwork Reduction Act (PRA) relating to the FAA's data collection proposal pursuant to Section 306 of the FAA Modernization and Reform Act of 2012. Established in 1980, AAMS is an international association which serves providers of air and surface medical transport systems. The association, a voluntary non-profit organization, encourages and supports its members in maintaining a standard of performance reflecting safe operations and efficient, high quality patient care. AAMS is the only trade association in Washington that represents the entire continuum of the air medical and critical care ground transport community.

In the notice, you ask for any comments relating to this information collection; especially: (1) Whether the proposed collection of information is necessary for the FAA's performance, (2) the accuracy of the estimated burden to industry, (3) ways for the FAA to enhance the quality, utility and clarity of the information collection, and (4) ways the burden could be minimized without reducing the quality of the collected information.

#### **General Comments:**

AAMS supports the need for increased data collection and supports the intent behind Section 306 of the FAA Modernization and Reform Act. However, it is our understanding the FAA intends to avoid rulemaking by incorporating a literal interpretation of the section into the air medical Operations Specification. We strongly disagree with this approach and do not believe it was the intent of Congress for you to do so. The language of the Act is not specific, terms are not well defined, nor does it provide for a specific methodology for collecting the data. Congress is relying on the FAA's expertise and regulatory processes to work with industry to provide the appropriate definitions and collection methodology to create a data collection system that minimizes burden to the industry and produces valid and comparable data that can be used for a number of valuable safety-related data analyses. The approach currently being pursued by the FAA would not meet these objectives. AAMS strongly encourages the FAA to fulfill the requirement of the FAA Modernization and Reform Act by initiating a rule making process which would ensure appropriate industry involvement and would ensure the opportunity to create the robust and productive data collection process the industry unequivocally supports.

In response to the specific areas for which you requested comments, we submit the following:

**(1) Whether the proposed collection of information is necessary for the FAA's performance:**

We have serious concerns as to whether the system being proposed by the FAA will even have the functional capacity to handle the large quantities of data that are to be collected. In addition, as previously mentioned, foregoing the rulemaking process for the expediency of enacting the requirements through a change in the Operations Specifications will not provide the opportunity for terms to be appropriately defined and collection methods to be uniform so that the resulting data would be functional for statistical analysis purposes. Since the proposed methodology for the collection of information would likely produce invalid and unproductive data, we would conclude that the proposed collection of information is NOT necessary for the FAA's performance.

**(2) The accuracy of the estimated burden to industry:**

We believe the FAA's estimated burden to industry is substantially underestimated. While air medical operators are currently collecting a wide range of data for hundreds of aircraft covering a large number of operations, they are not collecting such data in manner that allows for the easy correlation to each other, as would be required in the FAA proposal. Nor do we see any safety or other practical purpose in doing so. To alter their current data collection practices to allow for such correlation, would require a far greater burden than is estimated in the FAA proposal. Again, we would support a rulemaking process that would allow the industry to work with the FAA to develop a data collection system that minimizes the burden to industry while producing properly defined and appropriately comparable date points that could be validly used for safety-related analysis. Any additional burden to industry is too much if the resulting data collection system fails to yield productive data.

**(3-4) Ways for the FAA to enhance the quality, utility and clarity of the information collection. Ways the burden could be minimized without reducing the quality of the collected information.**

AAMS supports the alternative data collection proposal submitted to the FAA by the Air Medical Operators Association (AMOA). We agree this alternative to the FAA's current proposal is consistent with the Act and allows for the collection of much more useful data in a far less burdensome manner. The alternative proposal would clearly define the terms of the law in a manner consistent with its safety goals, previous recommendations by the NTSB and GAO analysis, and the operational realities of the air medical sector. The alternative also allows for aggregate reporting of the statutory data points which meets the Act's provisions, Congressional intent, and the needs of the industry.

The following table, previously submitted to the FAA, compares the FAA's proposal to the specific requirements of the Act, identifies specific concerns with the FAA's proposed approach, and recommends an alternative method of data collection:

Section 44731 Requirement	Draft FAA Data Report Requirement	AMOA Proposed Changes
(1) Number of helicopters the operator uses to provide HAA services and the base locations of the helicopters	Goes beyond the law to require reporting of each helicopter by registration number and its corresponding base location. Many helicopters are not assigned to a specific base; further, the base location of HAA helicopters is not static. The draft report also interprets the word “base” as base location at time of “flight activity” and is confusing – does this mean location of the helicopter or location of the base at each point of takeoff?	The FAA instead should require separate reporting of the number of helicopters flown and the bases used each quarter. Further, a requirement to report base location should use consistent methodology and not allow for alternatives based on “best judgment.”
(2) Number of flights and hours flown, by registration number, during which the helicopters were providing HAA services <b>[Note that this is the only data point in the law requiring correlation to individual aircraft registration numbers]</b>	Goes beyond the law to require reporting of this information correlated to base location and the other data elements.	The FAA should track the plain language of the law to require quarterly reporting of the number of flights and hours flown by registration number. Further and to avoid confusion, a “flight” should be defined to mean each flight segment involving a takeoff and landing.
(3) Number of flight requests accepted or declined and the type of each such flight request.	Goes beyond the law to require a report correlating this information to registration number, base location, time of day, total flight time, IFR time, thereby making reporting significantly more burdensome.	The FAA instead should require reporting of the number of flight requests accepted or declined and the type of the request on a quarterly basis without a correlation to registration number, base location and the other data elements.
(4) Number of accidents, if any, involving the operator’s helicopters while providing air ambulance services and a description of the accidents	Consistent with the law.	The definition of “accident” should track the NTSB definition to assure reporting consistency.
(5) Number of flights and hours flown under IFR while providing HAA services	Goes beyond the law to require reporting of this information correlated to registration number, base location, time of day, total flight time.	The FAA instead should require the number of flights and hours flown IFR on a quarterly basis without a correlation to registration number and base location and the other data points.
(6) Time of day of each flight flown while providing HAA services	Goes beyond the law to require reporting of this information correlated to registration number and base location and the other data points. Further, the draft report interprets this data point to mean	The FAA instead should consider defining time of day to be consistent with the regulations defining “day” and “night”.

	<p>“time of day at dispatch” but “dispatch”, a misnomer, would be the time a third party makes a call for HAA services, not the time of day the flight takes off -- what the law appears to call for. The FAA also should be aware that this data element alone is likely to result in over 100,000 reports on a quarterly basis just for AMOA members. How will a spreadsheet along the lines of the draft report accommodate this number?</p>	
<p>(7) The number of incidents, if any, in which a helicopter was not directly dispatched and arrived but not utilized for patient transport</p>	<p>Goes beyond the law to require reporting of this information correlated to registration number, base location and the other data points.</p>	<p>There is no evidence that any such incidents ever take place, but to comply with the plain language of the law, the FAA instead should require reporting of any such incidents each quarter without requiring a correlation to registration number, base location, IFR time, time of day.</p>

## Conclusion

In conclusion, due to the serious concerns outlined above, we strongly urge the FAA to withdraw its current approval for information collection request and initiate a new effort that will allow for appropriate industry involvement and would result in an improved and effective data collection process.

Sincerely,



Rick Sherlock  
President and CEO  
Association of Air Medical Services