

SAFEMEDFLIGHT: BILL COMPARISON

The mission of Safemedflight is to stop air medical accidents and prevent unsafe aviation practices that endanger flight crews and their patients. Safemedflight has helped to introduce two bills to improve the safety of crew and passengers on aircraft providing emergency medical services.

Both measures contain provisions to reduce EMS flights in hazardous conditions, however they differ in some key areas. Please see the chart below for an at-a-glance view of these measures, or click on the links below for a complete version of each bill.

AT A GLANCE: S. 1300 AND H.R. 3939

S. 1300, Section 508: <i>Increasing Safety for Helicopter Emergency Medical Service Operators</i>	H.R. 3939: <i>To Increase the Safety for Crew and Passengers on an Aircraft Providing Emergency Medical Services</i>
Applies to: Helicopter EMS flight programs	Applies to: All EMS flight programs
Part 91: Eliminates Part 91 for all flight programs	Part 91: Eliminates Part 91 for VFR flight programs
Flight Risk: Requires a flight risk program based on FAA Notice 8000.301	Flight Risk: Requires a flight risk program based on FAA Notice 8000.301
Flight Dispatch Procedures: Requires new regulation to create standard dispatch procedures based on standard practices used in general aviation	Flight Dispatch Procedures: Requires the air medical community and the FAA to collaborate on performance-based flight dispatch procedures and measure compliance to procedures
Improving Situational Awareness: Requires new EMS helicopters be equipped with Terrain Awareness Warning Systems	Improving Situational Awareness: No requirements
Improving Crash Data: Requires a 1-year feasibility study for cockpit data/voice recorders (CDR/VDRs) followed by regulation requiring CDR/VDRs within 2 years on all EMS helicopters	Improving Crash Data: Requires a 1-year feasibility study for cockpit data/voice recorders (CDR/VDRs) followed by regulation requiring CDR/VDRs within 30 months on all EMS aircraft