

SENATE BILL NO. 475 (Substitute of Senate Bill No. 455 by Senator White)

BY SENATOR WHITE AND REPRESENTATIVES BAGNERIS, BILLIOT, BOUIE,  
CARMODY, CHANEY, HENRY, HOFFMANN, IVEY, TALBOT AND  
WILLMOTT

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AN ACT

To enact R.S. 40:1135.13, relative to emergency medical transportation; to provide for the  
Ambulance Transportation Alternatives Task Force; to provide for membership; to  
provide for duties; to provide for a pilot program; to provide for reporting; to provide  
for rule making; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 40:1135.13 is hereby enacted to read as follows:

**§1135.13. Ambulance Transport Alternatives Task Force; pilot program; rules  
and regulations**

**A. Within the Department of Health and Hospitals there is hereby  
created the Ambulance Transport Alternatives Task Force, hereafter referred  
to as "task force". The task force shall be charged with advising the secretary  
of the department on its recommendation regarding the development and  
implementation of a pilot program for ambulance transport alternatives in the  
parish of East Baton Rouge. Implementation of the pilot program shall be  
contingent on available and appropriate funding and reimbursement rates from  
federal, state, and commercial payors. The task force shall provide technical  
assistance, as required by the department, on application to the Centers for  
Medicare and Medicaid Services for an innovation grant award or any other  
grant, waiver, or federal or state funding opportunity to support  
implementation and sustainment of this Section. The task force shall further  
establish a data collection system to assess the progress and success of the pilot  
program and make recommendations to the department on statewide  
implementation of an ambulance transport alternatives program.**

1                    **B. The task force shall be composed of the following fourteen members:**

2                    **(1) One member appointed by the chairman of the Senate Committee on**  
3                    **Health and Welfare.**

4                    **(2) One member appointed by the chairman of the House Committee on**  
5                    **Health and Welfare.**

6                    **(3) The secretary of the Department of Health and Hospitals, or his**  
7                    **designee.**

8                    **(4) The executive director of the Louisiana Emergency Response**  
9                    **Network, or his designee.**

10                   **(5) The executive director of the Louisiana Ambulance Alliance, or his**  
11                   **designee.**

12                   **(6) The executive director of the Bureau of Emergency Medical Services,**  
13                   **or his designee.**

14                   **(7) Two members representing ambulance service providers.**

15                   **(8) The administrator of the East Baton Rouge Parish Department of**  
16                   **Emergency Medical Services, or his designee.**

17                   **(9) Two members appointed by the mayor-president of East Baton**  
18                   **Rouge Parish.**

19                   **(10) The executive director of the Capital Area Human Services District,**  
20                   **or his designee.**

21                   **(11) One member representing a hospital in East Baton Rouge Parish**  
22                   **appointed by the Louisiana Hospital Association.**

23                   **(12) One member who shall be an emergency room physician appointed**  
24                   **by the Louisiana Chapter of the American College of Emergency Physicians.**

25                   **C. The task force shall convene for its first meeting to be held at the**  
26                   **Department of Health and Hospitals headquarters in Baton Rouge no later than**  
27                   **October 1, 2016. At the first meeting the members shall elect a chairman and**  
28                   **vice chairman and other officers as they deem appropriate. The task force shall**  
29                   **establish a regular meeting schedule and after the first meeting, may meet at**  
30                   **such times and places as determined by the task force members. Meetings shall**

1 be held at the call of the chairman or at the call of a quorum of members upon  
2 not less than seven days' notice. A majority of the members of the task force  
3 shall constitute a quorum. A quorum shall be present to transact any business.  
4 The members of the task force shall not be compensated for their services on the  
5 task force but may seek travel reimbursement from their respective agencies  
6 under their respective guidelines. Meetings of the task force shall be subject to  
7 laws regarding open meetings, and records of the task force shall be subject to  
8 laws regarding public records.

9 D. The task force shall study and evaluate all data available to carry out  
10 its duties in anticipation of the pilot program being implemented when fully  
11 funded. The task force shall evaluate and make recommendations on all matters  
12 within their jurisdiction, including but not limited to:

13 (1) Options for alternative transportation destinations when a patient  
14 dials 9-1-1 with a non-life-threatening, non-emergent, low acuity medical  
15 condition that does not meet the definition of emergency medical condition as  
16 defined in R.S. 22:1821(D)(2)(g)(i).

17 (2) Appropriate medical director oversight and additional training for  
18 paramedics, emergency medical technicians, or other personnel on specific  
19 protocols for low acuity, intoxicated, and psychiatric patients, including the  
20 addition of data fields in electronic medical records systems and a rigorous  
21 quality assurance and quality improvement process.

22 (3) Methods for early destination evaluation and advanced assessment  
23 to determine if a 9-1-1 patient could be safely treated at an alternative medical  
24 facility, such as an urgent care clinic, community clinic, medical group office,  
25 detoxification center, mental health hospital, or other appropriate health care  
26 facility.

27 (4) Methods for an advanced assessment to confirm that no priority  
28 symptoms exist that require treatments that can be performed only in an  
29 emergency department.

30 (5) Process for explaining to a patient that his medical condition may be

1 appropriately treated at an alterative care location when the patient meets the  
2 criteria for transport to an alternative destination, including an explanation of  
3 factors such as insurance accepted, facility hours, facility capability and  
4 capacity, and the nearest appropriate location with consideration that patient  
5 choice and consent shall be the final determinant.

6 E. The task force is authorized to consult with the Centers for Medicare  
7 and Medicaid Services and other states that have pilot programs or statewide  
8 programs for ambulance transport alternatives to determine best practices.

9 F. The task force shall submit semiannual updates to the Senate and  
10 House committees on health and welfare on progress towards development of  
11 the pilot program and securing of funds for implementation of the pilot  
12 program. The first semiannual report shall be due six months after the task  
13 force convenes and subsequent reports shall be due on each October first and  
14 each April first.

15 G. The task force shall continue to meet until such time as either of the  
16 provisions of this Subsection is met:

17 (1) The task force has thoroughly assessed the issue and makes a  
18 recommendation to the legislature that a pilot program in East Baton Rouge  
19 Parish is not recommended. The task force shall notify the legislature in writing  
20 and shall include the specific reasons why the task force believes that the pilot  
21 program is not recommended. The Senate and House committees on health and  
22 welfare may jointly or separately convene a hearing within sixty days of receipt  
23 of the recommendation from the task force to review the recommendation. The  
24 committees may ask the task force for additional information or ask the task  
25 force to further study the issue. If the committees take no action, the task force  
26 shall dissolve within ninety days of giving notice to the legislature of the  
27 recommendation provided in this Paragraph.

28 (2) The pilot project in East Baton Rouge Parish is complete and a  
29 recommendation has been made to the legislature regarding statewide  
30 implementation. The task force shall notify the legislature in writing and shall

1 include the specific reasons why the task force believes that statewide  
2 implementation is or is not recommended. The Senate and House committees  
3 on health and welfare may jointly or separately convene a hearing within sixty  
4 days of receipt of the recommendation from the task force to review the  
5 recommendation of the task force. The committees may ask the task force for  
6 additional information or ask the task force to further study the issue. If the  
7 committees take no action, the task force shall dissolve within ninety days of  
8 giving notice to the legislature of the recommendation provided in this  
9 Paragraph.

10 H. If recommended by the task force, continuation of the pilot program  
11 in East Baton Rouge Parish or statewide implementation under the provisions  
12 of this Section shall be dependent upon the availability and receipt of all  
13 funding necessary to fully implement and sustain the program. The program  
14 shall cease if funding necessary to fully implement and sustain the program is  
15 not available until such time as replacement funds are available or if any of the  
16 following occur:

17 (1) The legislature does not appropriate funds to replace any lost  
18 funding.

19 (2) State, federal, and commercial payors fail to provide reimbursement  
20 for ambulance transport alternatives as established in this Section.

21 (3) A majority of the transportation providers participating in the  
22 program provide data showing negative outcomes to both the provider and the  
23 patients they serve as a result of participating in the program. Negative  
24 outcomes to the provider shall include any increased liability and insurance  
25 costs which are not offset by increased revenue or protection provided by  
26 statute solely based on transport to an alternative destination.

27 I. Based upon the recommendation of the task force, the secretary of the  
28 Department of Health and Hospitals shall promulgate the necessary rules and  
29 regulations to implement the provisions of this Section in accordance with the  
30 Administrative Procedure Act. Such rules and regulations shall include

1           provisions for the health and safety of the patients transported to alternative  
 2           destinations as well as the reimbursement methodology to cover alternative  
 3           destination transport by a ground ambulance service provider to ensure that  
 4           reimbursement rates are reasonable, adequate and coverage is available by the  
 5           patient's payor source.

6           Section 2. This Act shall become effective upon signature by the governor or, if not  
 7           signed by the governor, upon expiration of the time for bills to become law without signature  
 8           by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If  
 9           vetoed by the governor and subsequently approved by the legislature, this Act shall become  
 10          effective on the day following such approval.

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 PRESIDENT OF THE SENATE

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 SPEAKER OF THE HOUSE OF REPRESENTATIVES

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 GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: \_\_\_\_\_