

**SENATE COMMITTEE AMENDMENTS**

2024 Regular Session

Amendments proposed by Senate Committee on Health and Welfare to Re-Reengrossed House Bill No. 372 by Representative Crews

1 AMENDMENT NO. 1

2 On page 1, line 2, after "enact" insert "R.S. 36:259(B)(20) and"

3 AMENDMENT NO. 2

4 On page 1, line 3, after "hospital;" delete the remainder of the line and delete lines 4 through  
5 6 and insert "to create the Ambulance Patient Offload Delay Collaborative; to provide for  
6 legislative intent; to provide for requirements of the bureau of emergency medical services;  
7 to provide for requirements of the collaborative; to provide for reporting; to provide for  
8 rulemaking; and to provide for related matters."

9 AMENDMENT NO. 3

10 On page 1, between lines 7 and 8, insert the following:

11 "Section 1. R.S. 36:259(B)(20) is hereby enacted to read as follows:

12 §259. Transfer of agencies and functions to Louisiana Department of Health

13 \* \* \*

14 B. The following agencies are placed within the Louisiana Department of  
15 Health and shall exercise and perform their powers, duties, functions, and  
16 responsibilities as otherwise provided by law:

17 \* \* \*

18 (20) Ambulance Patient Offload Delay Collaborative (R.S. 40:1134).

19 \* \* \*"

20 AMENDMENT NO. 4

21 On page 1, line 8, change "Section 1." to "Section 2."

22 AMENDMENT NO. 5

23 On page 1, line 9, after "§1134." delete the remainder of the line and delete line 10 and insert  
24 "Ambulance Patient Offload Delay Collaborative"

25 AMENDMENT NO. 6

26 On page 1, delete lines 11 through 19 and on page 2, delete lines 1 through 16 and insert the  
27 following:

28 "A. The legislature finds and declares all of the following:

29 (1) The emergency medical services system (EMS) and hospitals and their  
30 emergency departments are critical components of Louisiana's emergency healthcare  
31 delivery system.

32 (2) Ambulances throughout the United States and in many other countries are  
33 experiencing significant delays in offloading patients into hospital emergency  
34 departments.

35 (3) The cause of the delay is multifaceted and may include factors such as  
36 high demand on emergency departments, hospital staffing challenges, hospital  
37 throughput procedures, and hospital administrative policies.

38 (4) Extended ambulance patient offload times are disruptive to the EMS  
39 system by taking the ambulance out of service and decreasing advanced life support

1 services in the community, which increases healthcare costs and can back up the  
2 entire continuum of emergency healthcare.

3 (5) Hospitals and EMS personnel are all acting in the best interest of the  
4 patient and agree that providing the best possible patient care is the goal despite  
5 offload delay challenges.

6 (6) It is imperative that ambulance providers and hospitals collaborate to  
7 develop statewide, regional, or local plans to address the problem of ambulance  
8 patient offload delays.

9 B. (1) There is hereby created within the Louisiana Department of Health,  
10 bureau of emergency medical services, the Ambulance Patient Offload Delay  
11 Collaborative which shall analyze and develop solutions to the problem of  
12 ambulance patient offload delays.

13 (2) The bureau of emergency medical services shall facilitate discussions and  
14 meetings of a statewide collaborative to include the bureau, the Louisiana Hospital  
15 Association, the Louisiana Ambulance Alliance, and other appropriate stakeholders  
16 as considered necessary by the collaborative.

17 (3) The collaborative shall hold its first meeting on or before October 1,  
18 2024, and shall meet as often as is necessary to fulfill the requirement of this Section.

19 (4) The collaborative shall be responsible for all of the following:

20 (a) Reviewing the Emergency Medical Treatment and Active Labor Act  
21 (EMTALA) to clearly understand the rights and responsibilities of ambulance service  
22 providers and hospitals.

23 (b) Collecting and reviewing currently available data from emergency  
24 medical services and hospitals concerning ambulance patient offload times.

25 (c) Developing a set of data collection guidelines and performance measures,  
26 as well as a standardized reporting process, to identify and track hospitals that exceed  
27 the established industry standards for patient offload delays. These standards should  
28 be based on best practices and prioritize patient welfare and safety.

29 (d) Exploring enacted legislation and best practices and policies in other  
30 states and countries that have been successful and promising in resolving or  
31 improving ambulance patient offload delays through processes that may be  
32 implemented locally or on a regional or statewide scale.

33 (e) Exploring and researching options for reducing demand on hospital  
34 emergency departments from individuals transported by ambulance services,  
35 specifically treatment-in-place ambulance services and ambulance transports to  
36 alternative destinations other than hospital emergency departments for low acuity  
37 patients utilizing the 911 system. Research shall include payment mechanisms and  
38 funding options for services provided to patients which reduce emergency  
39 department demands.

40 (f) Proposing a format for facilitating local collaborative communications  
41 between ambulance service providers and hospital administrators."

42 AMENDMENT NO. 7

43 On page 2, delete line 17 and insert "C.(1) The department shall submit a report of its  
44 findings and recommendations including areas studied by and recommendations of the  
45 Ambulance Patient Offload Delay Collaborative, including any data"

46 AMENDMENT NO. 8

47 On page 2, line 18, after "Section" insert a comma "," and delete "legislative" and insert  
48 "House and Senate"

49 AMENDMENT NO. 9

50 On page 2, line 19, delete "February first of each year." and insert "February 1, 2025."

51 AMENDMENT NO. 10

52 On page 2, between lines 19 and 20, insert the following:

1                    "(2) The collaborative may continue to meet as necessary after submitting the  
2                    final report required in Paragraph (1) of this Subsection. If the collaborative  
3                    continues to meet, it shall submit an annual report to the House and Senate  
4                    committees on health and welfare by February first of each year."

5                    AMENDMENT NO. 11

6                    On page 2, line 20, change "G." to "D."

7                    AMENDMENT NO. 12

8                    On page 2, delete line 22

9