

2016 Regular Session

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

BY SENATOR WHITE

HEALTH CARE. Creates the Ambulance Transfer Alternatives Task Force. (gov sig)

1 AN ACT

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

6 Be it enacted by the Legislature of Louisiana:

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

8 **§1135.13. Ambulance Transport Alternatives Task Force; pilot program; rules**  
9 **and regulations**

10 **A. Within the Department of Health and Hospitals there is hereby**  
11 **created the Ambulance Transport Alternatives Task Force, hereafter referred**  
12 **to as "task force". The task force shall be charged with advising the secretary**  
13 **of the department on its recommendation regarding the development and**  
14 **implementation of a pilot program for ambulance transport alternatives in the**  
15 **parish of East Baton Rouge. Implementation of the pilot program shall be**  
16 **contingent on available and appropriate funding and reimbursement rates from**  
17 **federal, state, and commercial payors. The task force shall provide technical**

1 assistance, as required by the department, on application to the Centers for  
2 Medicare and Medicaid Services for an innovation grant award or any other  
3 grant, waiver, or federal or state funding opportunity to support  
4 implementation and sustainment of this Section. The task force shall further  
5 establish a data collection system to assess the progress and success of the pilot  
6 program and make recommendations to the department on statewide  
7 implementation of an ambulance transport alternatives program.

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

9 (1) One member appointed by the chairman of the Senate Committee on  
10 Health and Welfare.

11 (2) One member appointed by the chairman of the House Committee on  
12 Health and Welfare.

13 (3) The secretary of the Department of Health and Hospitals, or his  
14 designee.

15 (4) The executive director of the Louisiana Emergency Response  
16 Network, or his designee.

17 (5) The executive director of the Louisiana Ambulance Alliance, or his  
18 designee.

19 (6) The executive director of the Bureau of Emergency Medical Services,  
20 or his designee.

21 (7) Two members representing ambulance service providers.

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

24 (9) Two members appointed by the mayor-president of East Baton  
25 Rouge Parish.

26 (10) The executive director of the Capital Area Human Services District,  
27 or his designee.

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

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

3           C. The task force shall convene for its first meeting to be held at the  
4           Department of Health and Hospitals headquarters in Baton Rouge no later than  
5           October 1, 2016. At the first meeting the members shall elect a chairman and  
6           vice chairman and other officers as they deem appropriate. The task force shall  
7           establish a regular meeting schedule and after the first meeting, may meet at  
8           such times and places as determined by the task force members. Meetings shall  
9           be held at the call of the chairman or at the call of a quorum of members upon  
10           not less than seven days' notice. A majority of the members of the task force  
11           shall constitute a quorum. A quorum shall be present to transact any business.  
12           The members of the task force shall not be compensated for their services on the  
13           task force but may seek travel reimbursement from their respective agencies  
14           under their respective guidelines. Meetings of the task force shall be subject to  
15           laws regarding open meetings, and records of the task force shall be subject to  
16           laws regarding public records.

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

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

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

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

6           **(4) Methods for an advanced assessment to confirm that no priority**  
7           **symptoms exist that require treatments that can be performed only in an**  
8           **emergency department.**

9           **(5) Process for explaining to a patient that his medical condition may be**  
10           **appropriately treated at an alterative care location when the patient meets the**  
11           **criteria for transport to an alternative destination, including an explanation of**  
12           **factors such as insurance accepted, facility hours, facility capability and**  
13           **capacity, and the nearest appropriate location with consideration that patient**  
14           **choice and consent shall be the final determinant.**

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

18           **F. The task force shall submit semiannual updates to the Senate and**  
19           **House committees on health and welfare on progress towards development of**  
20           **the pilot program and securing of funds for implementation of the pilot**  
21           **program. The first semiannual report shall be due six months after the task**  
22           **force convenes and subsequent reports shall be due on each October first and**  
23           **each April first.**

24           **G. The task force shall continue to meet until such time as either of the**  
25           **provisions of this Subsection are met:**

26           **(1) The task force has thoroughly assessed the issue and makes a**  
27           **recommendation to the legislature that a pilot program in East Baton Rouge**  
28           **Parish is not recommended. The task force shall notify the legislature in writing**  
29           **and shall include the specific reasons why the task force believes that the pilot**

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

8 (2) The pilot project in East Baton Rouge Parish is complete and a  
9 recommendation has been made to the legislature regarding statewide  
10 implementation. The task force shall notify the legislature in writing and shall  
11 include the specific reasons why the task force believes that statewide  
12 implementation is or is not recommended. The Senate and House committees  
13 on health and welfare may jointly or separately convene a hearing within sixty  
14 days of receipt of the recommendation from the task force to review the  
15 recommendation of the task force. The committees may ask the task force for  
16 additional information or ask the task force to further study the issue. If the  
17 committees take no action, the task force shall dissolve within ninety days of  
18 giving notice to the legislature of the recommendation provided in this  
19 Paragraph.

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

27 (1) The legislature does not appropriate funds to replace any lost  
28 funding.

29 (2) State, federal, and commercial payors fail to provide reimbursement

1 for ambulance transport alternatives as established in this Section.

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

8 I. Based upon the recommendation of the task force, the secretary of the  
9 Department of Health and Hospitals shall promulgate the necessary rules and  
10 regulations to implement the provisions of this Section in accordance with the  
11 Administrative Procedure Act. Such rules and regulations shall include  
12 provisions for the health and safety of the patients transported to alternative  
13 destinations as well as the reimbursement methodology to cover alternative  
14 destination transport by a ground ambulance service provider to ensure that  
15 reimbursement rates are reasonable, adequate and coverage is available by the  
16 patient's payor source.

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

The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Christine Arbo Peck.

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DIGEST

SB 475 Reengrossed

2016 Regular Session

White

Proposed law establishes the Ambulance Transport Alternatives Task Force to assist and advise DHH on the establishment of a pilot program in East Baton Rouge Parish to transport non-emergency 9-1-1 patients to destinations other than a hospital emergency department.

Proposed law provides for task force membership, duties, reporting requirements, and rule making responsibilities.

Effective upon signature of the governor or upon lapse of gubernatorial action.

(Adds R.S. 40:1135.13)