

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.

 PRESIDENT OF THE SENATE

 SPEAKER OF THE HOUSE OF REPRESENTATIVES

 GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: _____