

**HB28 – Stretcher Vans and Hospice Transportation**  
**Joe Russell, OCHCH Executive Director**  
**Proponent Testimony**



Chairman Lipps, Ranking Member Liston, and Members of the House Health Committee, my name is Joe Russell and I'm the executive director of the Ohio Council for Home Care & Hospice (OCHCH). Thank you for allowing me to provide testimony today in support House Bill 28. This legislation was introduced to address transportation issues that negatively impact hospice patients. Transportation of individuals receiving hospice care in a timely manner continues to be an issue, so I'm here today to urge you to support this legislation and support Ohio's most vulnerable citizens.

The goal of the bill is to allow hospice patients more transportation options to and from their home to get the care they need while still maintaining a choice of where they will die. Allowing hospice patient to have the choice of where they want to die is a longstanding principle in hospice care. However, that choice can't exist if there is not appropriate and timely transportation available for those patients. Sadly, today it's not uncommon for hospice patients to wait critical hours and in some cases days to get transportation. Sadly, it's also not uncommon for some people to die waiting for transportation.

The reason for this is because today hospice patients that can only be transported in a "prone" or laying-down position have to wait for ambulances to be available to be transported. This creates significant delays in transport preventing many Ohioans from taking their last breath in their own bed surrounded by family.

The solution to producing faster transports for these patients is to allow for another transportation option by enabling hospice patients to be transported on a stretcher without requiring the advance life support capabilities of an ambulance. These patients are dying and are not being transported as part of an emergency—they're "nonemergent"—so forcing them to wait for an ambulance is not always necessary.

House Bill 28 creates the opportunity for utilization of a new kind of nonemergent medical transportation vehicle, called a stretcher van. These vehicles are similar to ambulettes, but are larger and are capable of safely transporting a person on a cot or stretcher. However, they do not have the same emergency level capabilities as an ambulance. Like existing permitting for ambulettes and ambulances, HB28 creates a mechanism for permitting for stretcher vans.

Representative Wiggam has put a lot of time and effort into this issue and we appreciate his willingness to listen to our concerns and move the issue forward. We requested some changes to the "as-introduced" version of the bill and I understand those changes are being considered as part of a substitute bill. The substitute bill proposes a series of relatively minor changes to HB28, while leaving the core of the bill unchanged.

The sub bill makes following changes to the bill:

1. Language was included to specifically name licensed hospice programs as part of the exemption from "stretcher van organization." The language already includes "health care facilities" in this exemption, which includes some but not all hospice programs because not all hospice care is provided in a facility. (line 78, page 4)
  - a. This is simply a technical fix.
2. A new section was created—Sec. 4766.18—that makes a series of changes to clarify *who* can be transported by a stretcher van and *how* they should be transported. (line 847, page 30)

- a. The specific requirements for stretcher vans transportation now include the following:
  - i. The language specifies that to be transported a person shall not need ongoing medical treatment as a condition to be transport and must be medically stable;
  - ii. Patients may use oxygen so long as it's their own supply. Stretcher van organization may not administer oxygen;
  - iii. Stretcher vans shall allow at least one person—either a family caregiver or another provider—to ride along. This is in addition to the two transport personnel;
  - iv. Specifies that transportation may originate or conclude at a person's place of residence;
  - v. The language now specifies how to handle emergent episodes. If the medical condition of a passenger suddenly changes which requires care to be rendered, the operator of the stretcher van shall immediately divert to the closest hospital and/or contact local EMS to request assistance, etc.;
  - vi. The language also needs to specify that the family caregiver or another provider riding along in the stretcher van may provide support and assistance to the patient as a means of comfort.

This is a rare occasion when passing legislation would actually open a new market and create completion. While stretcher vans are authorized for usage in many states across the country, Ohio as not permitted stretcher vans to date. If this bill passes it would allow transportation companies and hospice providers to provide a new service not currently being offered.

In reviewing these sub bill changes, it's important to understand what a stretcher van is and what it is not. The best way to characterize a stretcher van is that it is more capable than an ambulette but not as capable as an ambulance. It is NOT simply an ambulette that allows people to be transported lying down. Likewise, it is NOT an ambulance with fewer capabilities. It's something new all together, and because it's new all together this legislation is needed.

Thank you for allowing me to provide testimony in support of HB28. I'm happy to answer any questions you might have at this time. \*