



Brian K. Hathaway
Spirit Emergency Medical Services
House Bill 28
Opponent Testimony

Chairman Lipps, Vice Chair Holmes, Ranking Member Liston, and Members of the Ohio House Health Committee, thank you for the opportunity to offer opponent testimony on House Bill 28 and to explain some of my concerns with this piece of legislation before you today.

My name is Brian K. Hathaway, and I am the President/CEO of Spirit EMS headquartered in Greenville. We operate a fleet of thirty ambulances, fifteen wheelchair/ambulatory vans, and five utility vehicles, offering our customers a wide variety of transportation options to meet their needs. Operating out of five other stations aside from our one in Greenville, including Celina, Van Wert, Sidney, Houston, and Liberty, IN, we provide both emergency and non-emergency services to western Ohio from as far south as Oxford and as far north as Paulding, including everything in between. As a family owned and operated company with a motto of "Our Family Taking Care of Your Family," we pride ourselves on taking care of our patients as though they were our own family.

I have deep concerns with House Bill 28 and the regulatory framework it would create for the transport of stretcher bound individuals admitted to Hospice care. While the bill creates a new level of transportation service for ambulance companies and other individuals who transport stretcher bound patients in non-emergency situations, this bill vows to exempt Hospice groups. Over the years as Ohioans, our legislature has worked hard to make sure we are transporting the vulnerable population with the safest and most appropriate means of transportation. Moreover, we've worked to make sure that those transporting patients have the licensure, equipment, and staffing to safely transport these individuals. This bill is designed to fundamentally remove any oversight of Hospice agencies when transporting these patients. It is unclear to me why one group of businesses would be asked to meet certain requirements, while another would be wholly exempted and could operate in any manner they deem appropriate with no state inspections or enforcement. The competitive advantage the state would be mandating for one group of business is concerning, but not nearly as concerning as the adverse impact this bill would have on patient safety.

The use of ambulances to transport patients became very prevalent in Ohio in the early 1970s after years of the undertakers transporting patients on their litter when someone needed stretcher transport. Years later, the state quickly realized this wasn't the safest and most efficient way to care for our loved ones and the creation of the Ohio Medical Transportation Board came to exist to ensure there was oversight in safeguarding transportation in a vehicle specifically designed and safety tested to transport patients and caregivers, now known as Ohio's EMTs and paramedics. In my mind, this bill is a step backwards and takes us to the 60s and 70s where patients were put in the back of a hearse and driven most often to the hospital. What has happened to the commonsense initiatives of protecting those we are transporting? This bill allows but does not require the presence of an individual in the back of the vehicle with the stretcher-bound person being transported. Over my nearly twenty-five years in EMS, I have transported hundreds of patients receiving Hospice care. From this experience, I can tell you firsthand these patients are extremely medically fragile, so the presence of a professional who is trained to monitor and respond to their medical conditions and needs is vital.

This bill does not just allow for unlicensed transportation of patients to go home to die, but it allows for back-and-forth transportation to any medical appointment or service. Someone admitted to Hospice has been deemed to have a life expectancy of six months or less. But who among us had the ability to determine when that time will come? Patients

who cannot sit up to be transported nearly universally have other medical conditions that may require monitoring, aid, care, or treatment during the course of a transport. While the bill states that the patient must be in "stable condition," again without any oversight who is defining a "stable patient." And, if they aren't stable, what happens...nothing? Any individual who cannot sit up to be transported has the distinct likelihood of having a medical condition that could change at a moment's notice. Here again, just because a patient is in Hospice doesn't mean they no longer require medical care should their condition deteriorate. I've transported many Hospice patients in my day who were without a do not resuscitate order, meaning if they were to go into cardiac arrest, Ohio law requires I immediately begin CPR and perform life-saving interventions.

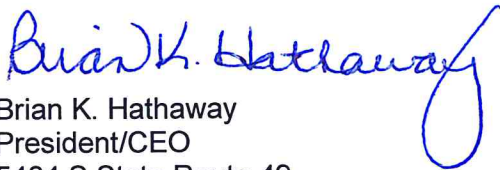
In my humble opinion as someone who works with Hospice agencies almost daily, this bill, as presented, has many disastrous unintended consequences. By removing vehicle, equipment, and staffing requirements or oversight for hospice transports, you might as well throw the patient in the back of the vehicle they are riding in, hand them a bible, and tell them to cram for the final! There is no assurance the patient will be properly secured, that there will be anyone in the back to ensure nothing problematic occurs during transport, or that there is the necessary medical equipment to respond if a problem does occur. This is if the patient can first be safely loaded into the vehicle, as loading a patient on a cot and then into a vehicle typically requires two properly trained individuals to perform.

Further, as an EMS provider, federal guidelines for reimbursement require an EMS organization to transport patients when it is medically necessary. The regulations not only require the patient need the ambulance itself, but also the certified medical professional to tend to their care. Simply put, not only must the ambulance be necessary to transport the patient, but also an individual that's been properly trained to tend to one's needs. If there is no certified provider in the transport vehicle, then the patient transport does not meet federal medical necessity requirements for the patient to be transported. That said, should this bill pass, there will be no federal reimbursement for this type of transport.

In closing, I ask that you strongly consider voting against the movement of this bill. The risks of this bill far outweigh any type of reward. The amazing men and women who are Hospice care providers pledge to give patients the best end of life care possible. The recent passage of House Bill 138 allows for a patient to be transported in a non-emergency situation in an ambulance staffed by one driver and an EMT or higher. This bill was well vetted and ensures the safe transport of your vulnerable constituents whom you've taken an oath in office to proudly serve and protect. As an alternative option, if Hospice agencies want to transport their patents safely, yet can't find someone licensed to do so, I would encourage them to purchase an ambulance and become licensed with the minimum state requirements to transport these medically fragile patients who are living the last days of their earthy journey.

Thank you for the opportunity to discuss my concerns with you this morning. I am happy to answer any questions you may have.

Respectfully submitted,
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