

HB 28 (134th GA- Wiggam)
Stretcher Vans & Hospice Transportation
Joe Russell, OCHCH Executive Director
Proponent Testimony



OHIO COUNCIL
FOR HOME CARE & HOSPICE

Improving Care Where it Matters Most

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 again provide testimony today in support Substitute House Bill 28.

I'm testifying to address some of the points made by opponents in the last hearing of the bill. Unfortunately, I was unable to attend that hearing because of a scheduling conflict, but I have had the chance to read that testimony and to understand the points being made.

The problem that HB 28 seeks to solve is clear, and the solution brought forth in the bill is simple. Hospice providers have struggled with transportation of patients for years. Transportation companies typically do not see hospice patients as a priority and so when scheduling transportation, the transportation company will schedule other patients prior to transporting hospice patients. For example, it's a late Friday afternoon and the hospital is going to discharge a patient home with the intention that hospice will admit once the patient arrives home. We have seen referrals made at 2pm or 3pm in the afternoon, but the patient did not arrive home until 11pm and it was a 30 minute trip from the hospital to the patient's home.

Passage of HB 28 would allow alternative transportation options for patients and providers alike by creating a new category of medical transportation. These stretcher vans would allow a prone patient to be transported via non-emergent transportation. Under current law those patients can ONLY be transported by an ambulance, thus causing long delays at a critical time—the very end of a person's life. In addition to faster transport times, this also would free up other ambulances to transport more critical patients and would improve accessibility/reduce wait times for those patients.

Before I dive into addressing those concerns, I want to start by saying that what struck me most about the opponent testimony was the lack of understanding and attention given to the problem the bills seeks to address. None of the witnesses even acknowledged in their testimony that there is a problem here. It wasn't until questioning that one witness acknowledged there is a "crisis." So I want us all to understand that nobody is trying to harm the medical transportation industry, we're trying to improve medical transportation for individuals in their most vulnerable stage of life. Are we really ok with people dying afraid and alone when they don't have to? I think not.

The Purpose of Sub. HB 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.

To be clear, 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 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 advanced life support capabilities of an ambulance. These patients are dying and are not being transported as part of an emergency—they're "non-emergent"—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 non-emergent medical transportation vehicle, called a stretcher van. These vehicles are similar to ambulances, 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 ambulances and ambulances, HB 28 creates a mechanism for permitting for stretcher vans.

Patient Safety

Patient safety is of the utmost importance for all health care providers, or at least it should be. No reasonable provider or representative of a provider group such as myself would support public policy that would jeopardize patient safety. So why then are the opponents suggesting otherwise? The opponents of this legislation have said that this bill would be "dangerous" and "devastating" among other things for patient safety, but have not explained why that would be the case.

The bill does a good job of detailing what type of patients can and cannot be transported in a stretcher van. Upon reading the bill it's clear that a stretcher van does NOT have the same capabilities as an ambulance. The stretcher van is NOT being proposed to replace an ambulance. Rather, it's being proposed to allow for flexibility to transport patients in something other than an ambulance when the patient doesn't need that level of care.

Contrary to opponent testimony, stretcher vans are used throughout the country in a safe way to transport patients. However, like all statutory law the bill needs the executive branch to promulgate rules to create a sufficient oversight and regulation.

To address any confusion on what stretcher vans are, and to address inaccurate information given to this committee, I've included examples of medical transportation vehicles in EXHIBIT A. Let's take a quick moment to review that exhibit.

Some opponents suggest that patient safety is at risk because hospice programs would have no standards at all. Nobody is proposing or has suggested that hospice programs should NOT have a standard to follow, or that they would not follow a set standard. It's absurd on its face. Nevertheless, the complexity of this issue deserves evaluating what opponents call a "carve-out" leading to a lack of standards and safety.

Hospice Program "Carve-Out"

First, we do NOT see the language as giving a "carve out" for hospice programs and nursing homes; rather the language is *expressly permissive*. That is to say that the bill specifies that hospice programs may engage in stretcher van transport ONLY for their own patients. It was written this way because hospice programs do NOT meet the definition of "stretcher van organization" and therefore have no ability to be licensed. Hospice programs engaged in this work are NOT providing a service to the public nor are they providing the service for a fee, which are the two most significant factors triggering licensure.

Whatever the case, the current draft of Sub. HB 28 results from over three years of work in which the bill has taken different forms. Representative Wiggam landed where he landed in this draft after

significant stakeholder engagement. Previous proposals created a new category of hospice transport vehicle, which is NOT a classification of medical transportation. As a matter of public policy we don't want to be creating specific licensing for recipients of specific health care services. Under that version hospice programs did have a path for licensure, however it was so narrowly tailored that we were concerned other transportation providers would not provide this service. The current version of the bill makes it so that ALL transportation companies could offer the service to the public.

Rather than allowing stretchers in ambulettes, which OAMTA opposed, this bill creates a new transportation category that allows non-emergent prone transportation without the need for an ambulance, which currently does NOT exist in Ohio. As such, the language you see in Sub. HB 28 and the oversight of "stretcher van organizations" is constructed similar to the statues for both ambulette's and ambulances. Putting this all together, the bill is written to mirror existing statutory structures as they pertain to ambulette's and ambulances, but under such a design hospice programs cannot license because they are not stretcher van organizations. Therefore, the bill was written to be *expressly permissive* so that hospice programs too could transport their own patients.

Similar examples already exist in current law. For example, according to LSC hospitals are expressly permitted to operate and transport patients in ambulette's in the State of Ohio without a license. There are no issues with patient safety and hospitals still follow a standard. We expect the same for hospice programs and stretcher vans.

Whatever the case, I'm disappointed that the opponents have made no attempt to engage on this bill to express their concerns with the language and how it's written. Typically, amendments are offered to address issues with the language, which unfortunately has not happened in this case. Instead, the opponents are suggesting that this issue is fixed by changes made in HB 138 (Baldrige).

House Bill 138 Changes

The governor recently signed HB 138, which officially goes into effect on July 6. This bill made a series of changes to emergency medical transportation regulations, but the chief intent of the bill was to address some issues around Ohio's DNR (do-not-resuscitate) laws according to Representative Baldrige's sponsor testimony.

Opponents of HB 28 are arguing that HB 138 addresses the problem in hospice transportation because the Senate included a change that would allow lower staffing requirements when an ambulance is used for non-emergency transportation. However, it's unclear why opponents believe that it will affect the hospice transportation issue specifically.

As I've testified before, THE problem is that hospice patients are waiting for *ambulances* to transport them. The wait is caused by transportation companies setting those patients as a lower priority because they are non-emergent. The fact is that they make more money for emergent transports, so those are prioritized. The problem is not who staffs the ambulance, the problem is that there isn't enough ambulances. Who is going to take emergent ambulances out-of-service to staff them with less trained staff to prioritize non-emergent trips? That's only one problem.

The second issue with the changes in HB 138 is that it specifies that non-emergency transports are for "...an individual who requires routine transportation to or from a medical appointment or service..." Transporting hospice patients would not meet this definition because it is not considered "routine" nor it necessarily to or from a medical appointment. As written, it's not clear that a transportation provider will even be able to transport a hospice patient to their home with this lowered staffing threshold.

The most concerning part of the claims that HB 138 solves this issue is that there was apparently a subcommittee created within the Department of Public Safety to look into regulations of stretcher bound patients. OCHCH was NEVER invited to participate in those conversations and we were unaware they even existed until testimony was provided last week. It's not possible for our concerns to have been seriously concerned because we represent hospice providers in Ohio and we not given the opportunity to present our concerns. Mr. Chairman, we have been working on this legislation for three years! Three years. Why haven't the opponents been willing to work with us on this issue? It makes me wonder if they were seeking a solution for hospice patients or if they were seeking a solution for themselves.

Needless to say, we don't agree that HB 138 fixes this issue. HB 28 creates a new type of medical service for prone non-emergent transport without an ambulance. HB 138 would still require an ambulance and thus the problem will persist.

Conclusion

Thank you for allowing me to provide testimony in support of Sub. HB 28 today. Despite the opponents' attempt to distract us all away from the reason this bill even exists, I hope that I have done an effective job in addressing their counter arguments.

It's fairly clear that these opponents aren't interested in solving our issues. There has been plenty of time to engage and offer changes to this legislation and that hasn't happened. At the end of the day, transportation companies will have the choice to offer this service or not, nothing compels them to do so. The way I see it is that the only way this impacts a transportation company's business line is if they are providing slow service. If they are providing good service then they have nothing to worry about. Perhaps their significant opposition is a de facto admission that the problem is significant. No matter the case, I urge them to work with us to find solutions that work for everyone.

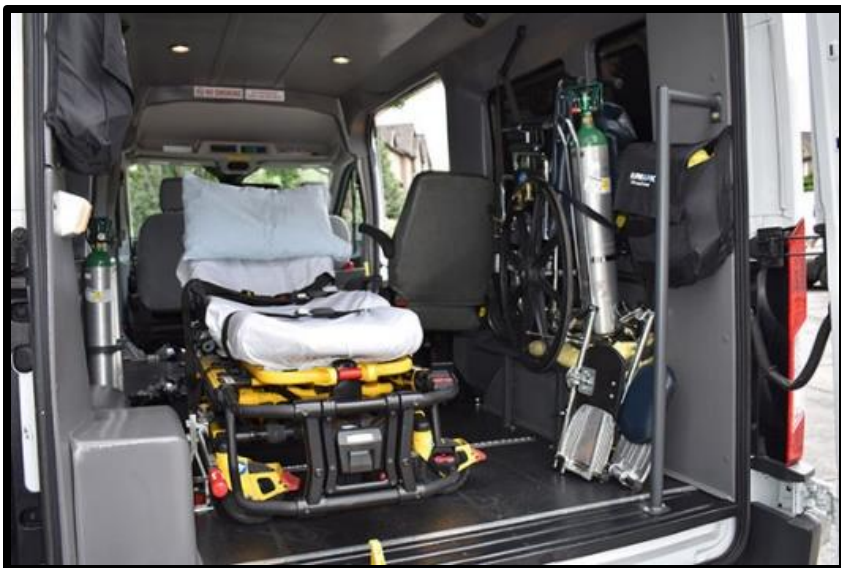
At the end of the day we cannot continue to wait to fix this issue. People are dying afraid and alone and we have to do something. I hope that you will support the passage of this bill out of committee so that we can continue the legislative process. Thank you again, and I'm happy to answer any questions you may have at this time.

EXHIBIT A

1. Ambulance—Advanced Life Support (ALS) or Basic Life Support (BLS) Unit or “bus”



2. Ambulette—non-emergency wheelchair “van” only



3. Stretcher Van—non-emergency stretcher “van” only

