

1.1 A bill for an act

1.2 relating to human services; establishing a special transportation services pilot
1.3 project in Hennepin County; establishing an advisory committee; requiring
1.4 a report.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. **SPECIAL TRANSPORTATION SERVICES PILOT PROJECT.**

1.7 Subdivision 1. **Project authorized.** The Minnesota Ambulance Association and
1.8 representatives of the special transportation providers shall conduct a pilot project in
1.9 Hennepin County to test methods for reducing the unnecessary use of ambulances. The
1.10 pilot project shall be initiated on or before January 1, 2010, and continue until June 30,
1.11 2011.

1.12 Subd. 2. **Project requirements.** The project shall test the feasibility and
1.13 cost-effectiveness of the following protocol:

1.14 (1) when a 911 call is received for an ambulance, the ambulance shall respond to
1.15 the request for service as assigned by the dispatch center;

1.16 (2) upon arrival at the scene, a paramedic must evaluate the patient's medical
1.17 condition;

1.18 (3) if the paramedic decides that the patient's medical condition is an emergency, the
1.19 patient shall be transported in the ambulance to appropriate medical care;

1.20 (4) if the paramedic decides the patient's medical condition is not an emergency or
1.21 does not require immediate transportation, the paramedic shall discuss transportation
1.22 options with the patient. With the agreement of the patient, the paramedic shall request a
1.23 special transportation services vehicle to provide transportation to an emergency room,
1.24 urgent care setting, clinic, or other appropriate medical facility;

2.1 (5) the paramedic shall remain with the patient until the patient is accepted for
2.2 transport by another service provider; and

2.3 (6) if the patient decides against any form of transportation or treatment, the
2.4 paramedic shall follow the against medical advice protocol of the Hennepin County
2.5 Emergency Medical Services Council.

2.6 Subd. 3. **Reimbursement.** Transportation services under the pilot project shall
2.7 be reimbursed as follows:

2.8 (1) when an ambulance responds and transports the patient for care, the ambulance
2.9 service shall charge for care as provided under current law;

2.10 (2) when the ambulance service responds and the paramedic evaluates the patient,
2.11 and the paramedic and patient agree that special transportation services are appropriate to
2.12 transport the patient, \$..... shall be paid by medical assistance to the ambulance service,
2.13 of which \$..... shall be retained by the ambulance service as a patient assessment fee
2.14 and \$..... shall be paid by the ambulance service to the special transportation services
2.15 provider;

2.16 (3) reimbursement rates from health plans, insurers, and other payers shall be
2.17 negotiated with the pilot project; and

2.18 (4) for patients who are uninsured and have no public program eligibility, the
2.19 ambulance service provider shall bill the patient. For patients with no ability to pay, the
2.20 charges shall be absorbed as bad debt by the pilot project participants.

2.21 Subd. 4. **Service providers; requirements.** (a) Ambulance services for the pilot
2.22 project shall be provided by any licensed ambulance service in Hennepin County that
2.23 agrees to participate in the pilot project.

2.24 (b) Special transportation services for the pilot project shall be provided by special
2.25 transportation service providers under contract to the participating ambulance service
2.26 providers. Special transportation service providers must:

2.27 (1) carry at least \$1,000,000 in liability insurance;

2.28 (2) meet the operating standards for a special transportation service under Minnesota
2.29 Statutes, section 174.30, and be certified by the commissioner of transportation under
2.30 Minnesota Statutes, section 174.30, subdivision 4a;

2.31 (3) agree to abide by standard operating procedures approved by the ambulance
2.32 service medical director; and

2.33 (4) provide services 24 hours per day, seven days per week.

2.34 (c) Special transportation service drivers for the pilot project must:

2.35 (1) be uniformed with visible identification; and

3.1 (2) undergo periodic drug testing as outlined in Code of Federal Regulations, title
3.2 49, part 383.

3.3 Subd. 5. **Alternative transportation option.** Ninety days after the initiation of the
3.4 pilot project, the Minnesota Ambulance Association and representatives of the special
3.5 transportation providers shall, in consultation with the advisory committee established in
3.6 subdivision 8, review initial pilot project findings to determine whether certain patients
3.7 may be transported by taxi instead of by special transportation services as an alternative to
3.8 ambulance transportation. If it is determined that transportation by taxi is a viable option
3.9 for certain patients, the pilot project shall report that finding to the house of representatives
3.10 and senate policy and finance committees with jurisdiction over health care and shall
3.11 notify the ambulance companies participating in the pilot project. Upon the date of that
3.12 notification, ambulance paramedics may make a referral to a taxi company for alternative
3.13 transportation services. The pilot project shall pay \$..... to the taxi company for each
3.14 patient transported under the pilot project.

3.15 Subd. 6. **Liability.** Tort liability for participants in the pilot project shall be limited
3.16 according to Minnesota Statutes, section 466.04. Participants include, but are not limited
3.17 to, the following pilot program participants: special transportation services personnel;
3.18 owners of special transportation services; and ambulance services, ambulance personnel,
3.19 and ambulance service medical directors regulated under Minnesota Statutes, chapter
3.20 144E.

3.21 Subd. 7. **Privacy requirements; data sharing.** Participating ambulance services
3.22 and special transportation services must include in their contracts guidelines for sharing
3.23 data according to state and federal privacy requirements.

3.24 Subd. 8. **Advisory committee.** The Minnesota Ambulance Association and
3.25 representatives of the special transportation providers shall establish a pilot project
3.26 advisory committee. Membership shall include a representative of the Hennepin County
3.27 Emergency Medical Services Council; the Minnesota Emergency Medical Services
3.28 Regulatory Board; the Minnesota Council of Health Plans; the Department of Human
3.29 Services; the American College of Emergency Physicians; the Hennepin County Human
3.30 Services and Public Health Department; the Metropolitan Regional Emergency Medical
3.31 Services Board; and a medical director from each participating emergency ambulance
3.32 service.

3.33 Subd. 9. **Report.** The Minnesota Ambulance Association and representatives of the
3.34 special transportation providers, in consultation with the advisory committee, shall report
3.35 to the house of representatives and senate policy and finance committees with jurisdiction
3.36 over health care by March 1, 2011, regarding the pilot project. The report shall include:

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- 4.1 (1) a recommendation on whether the pilot project should be expanded or modified;
4.2 (2) data on the number of patients directed to alternative transportation, including
4.3 the type of alternative transportation provided and the destination of the trip; and
4.4 (3) estimated savings to the medical assistance program, health plans, and other
4.5 payers.