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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2021

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A N A C T

RELATING TO HEALTH AND SAFETY -- EMERGENCY MEDICAL TRANSPORTATION
SERVICES--AMBULANCE SERVICE COORDINATING BOARD

Introduced By: Representatives Fellela, Azzinaro, Casey, Messier, and Ackerman

Date Introduced: April 29, 2021

Referred To: House Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Sections 23-4.1-2, 23-4.1-3, 23-4.1-4, 23-4.1-7, 23-4.1-7.1, 23-4.1-10, 23-
2 4.1-15, 23-4.1-18 and 23-4.1-19 of the General Laws in Chapter 23-4.1 entitled "Emergency
3 Medical Transportation Services" are hereby amended to read as follows:

4 **23-4.1-2. ~~Ambulance service coordinating advisory board~~ Ambulance service**
5 **coordinating board.**

6 (a) The ambulance service coordinating ~~advisory~~ board, referred to in this chapter as the
7 "board," is hereby created and shall consist of twenty-five (25) members appointed as set out in
8 this section. The governor shall appoint the members of the board as follows: (1) One mayor, town
9 administrator, town manager, or other municipal official recommended by the senate president; (2)
10 Eight (8) practicing, licensed emergency medical technicians as follows: three (3) from a full-time,
11 paid department, who shall be recommended from the Rhode Island State Association of Fire
12 Fighters, IAFF, AFL-CIO; two (2) who are active E.M.S. administrators, one recommended by the
13 Rhode Island Association of Fire Chiefs and one recommended by the Rhode Island State Firemen's
14 League from a volunteer fire department; and two (2) recommended by the speaker of the house
15 and one recommended by the senate president; (3) One from the R.I. Hospital Association; (4) One
16 from the R.I. Medical Society; (5) One from the R.I. chapter of the American College of Surgeons,
17 committee on trauma; (6) One from the R.I. chapter of the American College of Emergency
18 Physicians; (7) One from the Rhode Island chapter of the American Academy of Pediatrics; (8)

1 Two (2) from a professional ambulance service; (9) Two (2) from the general public; (10) Two (2)
2 from Providence county who are active members of a public ambulance service or fire department
3 rescue squad unit, one from a full-time paid department and one from a volunteer department; (11)
4 Four (4), one each from the counties of Kent, Newport, Bristol, and Washington, who shall be
5 members of a public ambulance service or a fire department rescue squad; and (12) One certified,
6 emergency nurse in current practice who is a member of the Emergency Room Nurses Association.
7 The members of the board shall be chosen and shall hold office for five (5) years and until their
8 respective successors are appointed and qualified. In the month of February in each year, the
9 governor shall appoint successors to the members of the board whose terms shall expire in that
10 year, to hold office until the first day of March in the fifth (5th) year after their appointment and
11 until their respective successors are appointed and qualified. Any vacancy that may occur in the
12 board shall be filled by appointment for the remainder of the unexpired term in the same manner
13 as the original appointment. Each member may designate a representative to attend in his or her
14 absence by notifying the chair prior to that meeting of the board. The board shall meet at least
15 quarterly and to elect its officers annually.

16 (b) The division of emergency medical services of the department of health shall provide
17 staff support to the board.

18 **23-4.1-3. Duties of the director.**

19 (a) The director of health, referred to as the "director," shall have full authority to
20 implement the provisions of this chapter and shall be guided by the purposes and intent of this
21 chapter.

22 (b) The director shall cooperate with hospitals, furnishers of ambulance services, local
23 governments, police departments, fire departments, emergency units, first aid groups, or any other
24 groups that furnish or work with groups that furnish emergency medical services.

25 (c) The director shall cooperate with concerned agencies and individuals to coordinate
26 programs for training emergency medical technicians, and other persons who provide emergency
27 medical care services, including dispatchers. If funds are available, the director may establish
28 training grants to aid groups and communities to train people in emergency medical care.

29 (d) The standards used by the director under this chapter shall be reasonable and based
30 upon local and statewide conditions [and shall be subject to the approval of the board](#). However, the
31 minimum standards imposed ~~by the director~~ may be the standards issued by any responsible
32 organization having its main concern the disposition of injured persons.

33 (e) The director shall annually submit a report to the governor and the general assembly.

34 (f) The director shall cooperate in the coordination of ambulance services throughout the

1 state with local or state police and fire authorities and other concerned agencies and individuals,
2 including the state civil defense agency. This coordination may be tested by local exercises from
3 time to time.

4 (g) The director shall cooperate with concerned agencies and individuals in the
5 development of a state communications network involving the transportation of injured persons by
6 vehicles licensed under this chapter and hospitals. The director may allocate available funds for the
7 establishing and maintenance of a communications network involving vehicles, hospitals, and other
8 emergency treating organizations within the state.

9 (h) The director shall cooperate with concerned agencies and individuals in the
10 development of a plan for the coordination of ambulance dispatching services with the state.

11 (i) When proposing standards under §§ 23-4.1-4, 23-4.1-7, 23-4.1-8; or the listing of
12 supplies that are subject to mandatory restocking under § 23-4.1-7; or regulations, protocols,
13 licensing fees, examination fees and fees for other administrative actions under § 23-4.1-10, the
14 director shall prepare and publish for the board a financial impact statement prior to final
15 acceptance of any such standard, listing, regulation protocol and fees.

16 **23-4.1-4. Minimum standards.**

17 Subject to the approval of the board, the ~~The~~ director shall establish minimum standards to
18 be met in the following areas:

- 19 (1) Licensing;
- 20 (2) Vehicles;
- 21 (3) Equipment for vehicles;
- 22 (4) Personnel;
- 23 (5) Training;
- 24 (6) Communications;
- 25 (7) Cooperation with other units;
- 26 (8) Treatment of acutely ill or injured persons by ambulance and rescue personnel; and
- 27 (9) Financial capacity of private ambulance service providers.

28 **23-4.1-7. Standards for ambulance license.**

29 Subject to the approval of the board, the ~~The~~ director of health shall issue regulations and
30 protocols to govern the standards of suitability of ambulances for the transportation of patients from
31 the standpoint of health, sanitation, safety, communications, maintenance, on-board medical
32 equipment, safety equipment, extraction equipment, ambulance markings, garaging conditions, and
33 care and condition of the ambulance and its equipment, and to govern minimum financial capacity
34 of private ambulance service providers.

1 **23-4.1-7.1. Restocking of municipal ambulance supplies.**

2 (a) [Subject to the approval of the board, the](#) ~~The~~ director of health, with the cooperation of
3 hospitals and freestanding emergency-care facilities licensed in accordance with chapter 17 of this
4 title, will develop a listing of supplies that are subject to mandatory restocking in accordance with
5 subsection (b).

6 (b) Every hospital and freestanding emergency-care facility licensed in accordance with
7 chapter 17 of this title is required to restock supplies listed in accordance with subsection (a) that
8 are used by a licensed, emergency-medical-services provider in transporting emergency patients to
9 hospitals or freestanding emergency-care facilities licensed in accordance with chapter 17 of this
10 title. Restocking will not be required:

11 (1) In the absence of documentation of supply usage on the emergency patient's RI EMS
12 ambulance run report; or

13 (2) If the licensed, emergency-medical-services provider bills any third-party payer for the
14 supplies that were used.

15 **23-4.1-10. Regulations and fees.**

16 (a) The director [and the board](#) shall be guided by the purposes and intent of this chapter in
17 the making of regulations as authorized by this chapter.

18 (b) [Subject to the approval of the board, the](#) ~~The~~ director may issue regulations [and](#)
19 [protocols](#) necessary to bring into effect any of the provisions of this chapter.

20 (c)(1) [Subject to the approval of the board, the](#) ~~The~~ director shall charge license fees for an
21 annual license for an ambulance service, for an annual vehicle license, and for an emergency
22 medical technician license. All such fees are as set forth in § 23-1-54.

23 (2) [Subject to the approval of the board, the](#) ~~The~~ director may charge an examination fee
24 for examinations for an emergency medical technician license and an inspection fee for inspections
25 for a vehicle license as set forth in § 23-1-54.

26 (3) [Subject to the approval of the board, the](#) ~~The~~ director is also authorized to establish
27 reasonable fees for other administrative actions that the director shall deem necessary to implement
28 this chapter. The fees provided for in this section shall be deposited as general revenues and shall
29 not apply to any city or town employee providing services referenced in this chapter on behalf of
30 the city or town, and shall not apply to any individual providing services referenced in this chapter
31 on behalf of any bona fide volunteer or not for profit organization. Further, the services licensure
32 fees and vehicle inspection fees shall not apply to services and vehicles operated by any city, town,
33 or fire district or to services and vehicles operated by bona fide volunteer or not for profit
34 organizations.

1 **23-4.1-15. Trauma system advisory committee.**

2 There is established within the department of health a trauma system advisory committee.
3 The committee, appointed by the director, shall include representatives of the following groups:
4 consumers, third-party payers, emergency medical technicians, hospitals, physicians, nurses, the
5 Hospital Association of Rhode Island, the department of health, the ambulance service ~~advisory~~
6 [coordinating](#) board, emergency medical service providers, and the Rhode Island Medical Society.
7 Each nonprofit hospital with an emergency medical service shall have a representative appointed
8 by its president. In addition, there shall be two (2) members of the house of representatives
9 appointed by the speaker, one of whom shall be a member of the minority party, and two (2)
10 members of the senate appointed by the president of the senate, one of whom shall be a member of
11 the minority party. Subject to the limitations of existing data and other resources, the committee
12 shall undertake a thorough examination of all aspects of the state's trauma system, including:

- 13 (1) A review of the current utilization of trauma services for each acute care hospital;
14 (2) A review of each hospital's trauma patient mix and mortality and morbidity rates for
15 classes of patients;
16 (3) Hospital staffing patterns and likely future needs;
17 (4) The current financing of trauma care including the issue of uncompensated care and an
18 examination of additional costs for system enhancement; and
19 (5) Pre-hospital care protocols and emergency medical services' capabilities and integration
20 needs.

21 **23-4.1-18. Peer review boards -- Definition, activities and immunities.**

22 (a) For the purposes of this chapter, "peer review board" means any committee of a state
23 or local professional association or society, or any committee authorized by the director of the
24 department of health [with the approval of the board](#), or a committee of any licensed emergency
25 medical service employing practicing licensed emergency medical personnel, organized for the
26 purpose of furnishing emergency medical services, the function of which, or one of the functions
27 of which, is to evaluate and improve the quality of health care rendered by providers of health care
28 service or to determine that health care services rendered were professionally indicated or were
29 performed in compliance with the applicable standard of care or that the cost of health care rendered
30 was considered reasonable by the providers of professional health care services in the area.

31 (b) The proceedings and associated records of peer review boards shall not be subject to
32 discovery or be admissible in evidence in any case except litigation arising out of the imposition of
33 sanctions upon an emergency medical technician. However, any imposition or notice of a restriction
34 of privileges, or a requirement of supervision imposed on an emergency medical technician for

1 failure to comply with the provisions or standards of this chapter, and any regulations promulgated
2 pursuant to § 23-4.1-10, shall be subject to discovery and be admissible in any proceeding against
3 the emergency medical technician for performing, or against any licensed emergency medical
4 service which allows the emergency medical technician to perform, the procedures which are the
5 subject of the restriction or supervision during the period of the restriction or supervision, or
6 subsequent to that period. Nothing contained in this section shall apply to records made in the
7 regular course of business by an emergency medical service or other provider of health care
8 information. Documents or records otherwise available from original sources are not to be
9 construed as immune from discovery or use in any civil proceedings merely because they were
10 presented during the proceedings of the committee.

11 (c) There shall be no monetary liability on the part of, and no cause of action for damages
12 shall arise, against any member of a duly appointed peer review board operated pursuant to written
13 bylaws, for any act or proceeding undertaken or performed within the scope of the functions of any
14 peer review board.

15 (d) There shall be no monetary liability on the part of, and no cause of action for damages
16 shall arise against, any person on account of the communication of information to any peer review
17 board or the department of health or the ambulance service advisory board, when the
18 communication is intended to aid in the evaluation of the qualifications, fitness, or character of an
19 emergency medical technician, and does not represent as true any matter not reasonably believed
20 to be true.

21 (e) Any peer review processes authorized by statute and carried out in good faith shall have
22 the benefit of the state action exemption to the state antitrust law.

23 **23-4.1-19. Documentation of pre-healthcare facility exposure of emergency medical**
24 **services workers.**

25 (a) Any emergency service worker responding on behalf of a licensed ambulance/rescue
26 service, or a fire department or a law enforcement agency who has sufficient reason to believe that,
27 in the course of their professional duties, they have been exposed to bodily fluids or other
28 substances that may result in the worker contracting a serious infection and/or illness shall complete
29 a pre-healthcare facility exposure form. The worker shall file a copy of the form with the hospital
30 or freestanding emergency-care facility receiving the transported patient believed to be the source
31 of the infectious materials to which the worker believes he or she has been exposed. The worker
32 shall file the form with the hospital or freestanding emergency-care facility immediately post
33 exposure. The worker shall retain a copy of the completed form, except for that information
34 protected by applicable confidentiality laws. The source patient's diagnostic information shall not

1 appear on the pre-healthcare facility exposure form.

2 (b) The director of the department of health, with the ~~advice~~ approval of the ambulance
3 services ~~advisory~~ coordinating board, shall develop the pre-healthcare facility exposure form, and
4 shall make copies available to all agencies employing emergency medical service workers,
5 hospitals and freestanding emergency-care facilities.

6 SECTION 2. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T

RELATING TO HEALTH AND SAFETY -- EMERGENCY MEDICAL TRANSPORTATION
SERVICES--AMBULANCE SERVICE COORDINATING BOARD

1 This act would rename the ambulance service coordinating advisory board to the
2 ambulance service coordinating board. This act would give the ambulance service coordinating
3 board approval powers over proposed regulations, protocols, standards used by the director of
4 health, minimum standards, licensing fees, restocking of municipal ambulance supplies and other
5 administrative actions proposed by the director of health. Additionally, the board would have
6 approval over peer review boards and pre-healthcare facility exposure forms.

7 This act would take effect upon passage.

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