

WEST VIRGINIA LEGISLATURE

2025 REGULAR SESSION

Introduced

House Bill 2106

By Delegate Statler

[Introduced February 12, 2025; referred
to the Committee on the Judiciary]

1 A BILL to amend and reenact §16-4C-26 of the Code of West Virginia, 1931, as amended; and to
2 amend said code by adding thereto a new article, designated §33-64-1, relating to
3 emergency medical services; providing that an emergency medical services agency may
4 triage and transport a patient to an alternate destination in certain circumstances;
5 providing that insurance coverage of emergency medical services include triage, treat and
6 transport to an alternative destination or to treat in place.

Be it enacted by the Legislature of West Virginia:

CHAPTER 16. PUBLIC HEALTH.

§16-4C-26. Triage, treat, and transport to alternative destination.

1 (a) An emergency medical services agency may triage and transport a patient to an
2 alternative destination in this state or treat in place if the ambulance service or emergency medical
3 services agency is coordinating the care of the patient through medical command or telehealth
4 services with a physician for a medical-based complaint or with a behavioral health specialist for a
5 behavioral-based complaint. Emergency medical services agencies shall execute a memorandum
6 of understanding with alternative treatment destinations as permitted by the protocols to transport
7 patients.

8 (b) On or before October 1, 2024, the director shall establish protocols for emergency
9 medical services agencies to triage, treat, and transport to alternative destinations.

10 (c) On or before May 28, 2025, the commissioner shall submit a proposed legislative rule to
11 the Emergency Medical Services Advisory Council for review, and on or before June 30, 2025,
12 shall file the proposed legislative rule with the Office of the Secretary of State, in accordance with
13 the provisions of §29A-3-1 et seq., to establish standards for emergency medical service agencies
14 to triage, treat and transport to alternative destinations.

CHAPTER 33. INSURANCE.

ARTICLE 64. COVERAGE OF EMERGENCY MEDICAL SERVICES TO TRIAGE AND

TRANSPORT TO ALTERNATIVE DESTINATION OR TREAT IN PLACE.

§33-64-1 Coverage of Emergency Medical Services to Triage and Transport to Alternative Destination or Treat in Place.

1 (a) The following terms are defined:

2 (1) "911 call" means a communication indicating that an individual may need emergency
3 medical services;

4 (2) "Alternative destination" means a lower-acuity facility that provides medical services,
5 including without limitation:

6 (A) A federally qualified health center;

7 (B) An urgent care center;

8 (C) A physician office or medical clinic, as selected by the patient; and

9 (D) A behavioral or mental healthcare facility including without limitation a crisis
10 stabilization unit.

11 "Alternative destination" does not include a:

12 (A) Critical access hospital;

13 (B) Dialysis center;

14 (C) Hospital;

15 (D) Private residence; or

16 (E) Skilled nursing facility;

17 (3) "Emergency medical service agency" means any agency licensed under §16-4C-6a to
18 provide emergency medical services;

19 (4) "Medical command" means the issuing of orders by a physician from a medical facility
20 to emergency medical service personnel for the purpose of providing appropriate patient care;

21 (5) "Telehealth services" means the use of synchronous or asynchronous
22 telecommunications technology or audio only telephone calls by a health care practitioner to
23 provide health care services, including, but not limited to, assessment, diagnosis, consultation,

24 treatment, and monitoring of a patient; transfer of medical data; patient and professional health-
25 related education; public health services; and health administration. The term does not include e-
26 mail messages or facsimile transmissions.

27 (b) Notwithstanding the provisions of §33-1-1 et seq., an insurer subject to §33-15-1 et
28 seq., §33-16-1 et seq., §33-24-1 et seq., §33-25-1 et seq., and §33-25A-1 et seq. which issues or
29 renews a health insurance policy on or after July 1, 2020, shall provide coverage for:

30 (1) An emergency medical services agency to:

31 (A) Treat an enrollee in place if the ambulance service is coordinating the care of the
32 enrollee through telehealth services with a physician for a medical-based complaint or with a
33 behavioral health specialist for a behavioral-based complaint; or

34 (B) Triage or triage and transport an enrollee to an alternative destination if the ambulance
35 service is coordinating the care of the enrollee through telehealth services with a physician for a
36 medical-based complaint or with a behavioral health specialist for a behavioral-based complaint;
37 or

38 (C) An encounter between an ambulance service and enrollee that results in no transport
39 of the enrollee if:

40 (i) The enrollee declines to be transported against medical advice; and

41 (ii) The emergency medical service agency is coordinating the care of the enrollee through
42 telehealth services or medical command with a physician for a medical-based complaint or with a
43 behavioral health specialist for a behavioral-based complaint.

44 (c) The coverage under this section:

45 (1) Only includes emergency medical services transportation to the treatment location;

46 (2) Is subject to the initiation of response, triage and treatment as a result of a 911 call that
47 is documented in the records of the emergency medical services agency;

48 (3) Is subject to deductibles or copayment requirements of the policy, contract or plan;

49 (4) Does not diminish or limit benefits otherwise allowable under a health benefit plan,

50 even if the billing claims for medical or behavioral health services overlap in time that is billed by
51 the ambulance service also providing care.

52 (d) The reimbursement rate for an emergency medical services agency who triages, treats,
53 and transports a patient to an alternative destination, or triage, treat, and do not transport a patient
54 if the patient declines to be transported against medical advice, if the ambulance service is
55 coordinating the care of the enrollee through medical command or telemedicine with a physician
56 for a medical-based complaint or with a behavioral health specialist for a behavioral-based
57 complaint under this section shall be reimbursed at the same rate as if the patient were
58 transported to an emergency room of a facility provider.

NOTE: The purpose of this bill is to establish that an emergency medical services agency may triage and transport a patient to an alternative destination in this state or treat in place if the ambulance service is coordinating the care of the patient through medical command or telehealth services and to require insurance plans to provide coverage for those services.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.