Act Number:	09-016	
Bill Number:	6599	
Senate Pages:	1605, 1658-1659, 1665	**4**
House Pages:	2042-2050	**9**
Committee:	Public Health: 1610-1624, 1872-1885	**29**
	Page Total:	**42**

S – 581

CONNECTICUT
GENERAL ASSEMBLY
SENATE

PROCEEDINGS
2009

VOL. 52
PART 5
1351 - 1666

Thank you, Mr. President. Calendar 524 is marked go.

Calendar 526 is marked go.

Calendar 527, PR.

Calendar 528, PR.

Calendar 529, PR.

Calendar 530, PR.

Calendar 531, PR.

Calendar 532 and Calendar 533, both PR.

Calendar page 25, Calendar 534, House Bill Number 6599, Mr. President, I move to place this item on the Consent Calendar.

THE CHAIR:

Motion on the floor to place the item on consent. Seeing no objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President. Continuing on calendar page 25, Calendars 535, 536, 537, and 538, all marked PR.

And again, calendar page 25, Calendar 537, PR.

Calendar 538 on calendar page 26 is PR.

Likewise, Calendar 539 and Calendar 540, PR.

Calendar 541, House Bill Number 6076, Mr. President, I move to refer this item to the Committee

Senate Bill 876.

Calendar page 25, Calendar 534, House Bill 6599.

Calendar page 26, Calendar Number 86, Substitute for Senate Bill 458.

Calendar page 29, Calendar 166, Substitute for Senate Bill 825.

Calendar page 31, Calendar 221, Substitute for Senate Bill 893.

Calendar page 34, Calendar Number 320, Senate Bill Number 256.

Calendar page 35, Calendar 370, Substitute for Senate Bill 922.

Mr. President, I believe that completes those items previously placed on the Consent Calendar.

THE CHAIR:

(Inaudible) roll call vote, sir. The machine will be opened.

THE CLERK:

The Senate is now voting by roll call on the Consent Calendar, will all Senators please return to the chamber. The Senate is now voting by roll on the Consent Calendar, will all Senators please return to the chamber.

THE CHAIR:

Have all Senators voted?

If all Senators have voted, please check the machine. The machine will be locked, the Clerk will call the tally.

THE CLERK:

Motion is on adoption of Consent Calendar Number 1. Total number voting, 36; those voting yea, 36; those voting nay, 0; those absent/not voting, 0.

THE CHAIR:

Consent Calendar Number 1 passes.

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, I would move that all items referred to various committees from the chamber today be transmitted to those committees immediately.

THE CHAIR:

Without objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, also, would announce that we will be convening tomorrow about -- at 11:30 a.m., it's our intention to pick up with bills that had previously been marked "go" today. So I would move that all items previously marked go

SENATOR LOONEY:

Thank you, Mr. President. Just one other item, on one of the bills acted upon on the Consent Calendar this evening, on calendar page 25, Calendar 534, House Bill Number 6599, since our action was final action on that bill, I would move for suspension for immediate transmittal to the Governor -- of that item.

THE CHAIR:

There is a motion on suspension for transmittal of the bill. Seeing no objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, that concludes our activity for today. Tomorrow, as we all know, will be Husky Day, UConn teams will be here in the afternoon starting at around 3 o'clock. As I said, we will convene at 11:30 and take up bills until the teams arrive. And with that, Mr. President, I would move that Senate stand adjourned subject to the call of the Chair.

THE CHAIR:

The Senate will stand adjourned subject to the call of the Chair.

On the motion of Senator Looney of the 11th, the

H – 1043

CONNECTICUT
GENERAL ASSEMBLY
HOUSE

PROCEEDINGS
2009

VOL.52
PART 7
1947 – 2283

DEPUTY SPEAKER GODFREY:

The question is a suspension for the immediate transmittal of this bill to the Governor. Is there any objection? Hearing none, it is so ordered.

The Clerk, please call Emergency Certified Bill 6717.

THE CLERK:

House Bill 6717, AN ACT CONCERNING THE CAPITOL AREA DISTRICT HEATING AND COOLING SYSTEM, LCO Number 5812, introduced by Representative Donovan and Senator Williams.

DEPUTY SPEAKER GODFREY:

Representative Merrill.

REP. MERRILL (54th):

Yes, Mr. Speaker. I would move that we pass this item temporarily.

DEPUTY SPEAKER GODFREY:

The question is on passing the item temporarily. Is there objection? Hearing none, the item is passed temporarily.

Will the Clerk please call Calendar 274.

THE CLERK:

On page 40, Calendar 274, House Bill Number 6599, AN ACT CONCERNING PATIENT SAFETY, favorable report of

the Committee on Judiciary.

DEPUTY SPEAKER GODFREY:

The distinguished Chair of the Public Health Committee, Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, I move for acceptance of the joint committee's favorable report and passage of the bill.

DEPUTY SPEAKER GODFREY:

The question is on acceptance and passage. Would you explain the bill please, ma'am?

REP. RITTER (38th):

Yes, Mr. Speaker. Mr. Speaker, this bill before us clarifies that only licensed or certified ambulance and rescue services may transport patients who are confined to stretchers via motor vehicles.

Mr. Speaker, the Clerk has an amendment, LCO 5872. I would ask the Clerk please call the amendment and then I be granted permission to summarize.

DEPUTY SPEAKER GODFREY:

Clerk is in possession of LCO Number 5872, which will be designated House Amendment Schedule A. Will the Clerk please call?

THE CLERK:

LCO Number 5872, House A, offered by Representatives Ritter, Giegler and Senator Harris.

DEPUTY SPEAKER GODFREY:

The gentlewoman has asked leave of the chamber to summarize. Is there objection? Hearing none, please proceed, madam.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, this amendment adds a provision to the bill. It specifies that in addition to the personnel currently required, a licensed registered nurse, an advanced practice registered nurse, a physicians assistant or a respiratory care practitioner with specialized training be used to provide supplemental care as required by the patient's condition. Thank you, Mr. Speaker. I move adoption.

DEPUTY SPEAKER GODFREY:

Question is on adoption of House Amendment Schedule A. Will you remark on House Amendment Schedule A? Representative Perillo.

REP. PERILLO (113th):

Mr. Speaker, thank you very much. A question for the proponent, if I may, through you, sir.

DEPUTY SPEAKER GODFREY:

Please frame your question, sir.

REP. PERILLO (113th):

Through you, Mr. Speaker, I don't have the benefit of having the amendment in front of me, but I do have a few questions. First of which, the specific types of individuals you mentioned, who would be onboard and influence, are they required to be onboard that ambulance or may they be onboard that ambulance, if the condition warrants? Just to clarify.

DEPUTY SPEAKER GODFREY:

Representative Ritter, do you care to respond?

REP. RITTER (38th):

Thank you, Mr. Speaker. And I would direct the Representative's attention to lines 98 through 100 in the amendment, which makes clear your question that these -- that the currently required personnel in an ambulance may be supplemented by the medical professionals that I mentioned as needed based on the patient's medical condition.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Mr. Speaker and I think the gentle lady for her answer. One more question. This

specifically enumerates nurses and advanced practice nurses, physicians assistants and respiratory therapists. Is this intended to be an exclusive list? I can imagine situations in which other clinical professionals may be required. And I don't want -- if this is not intended to be exclusive, I wouldn't want us to leave that impression. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. I might remind the Representative that physicians are already covered by this and that at this point, at least, the information the committee has before us would intend to leave it with these specified professionals.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

Thank you. And again, through you, just to follow up to that question, is this intended to -- and I think I know the answer, but to legislative intent, if I could just ask, is this intended to prohibit nonclinical individuals from being onboard the

ambulance, such as interpreters or individuals of that like? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. That is correct. That would not change the status of non medical personnel. And as I believe you know currently, they are not permitted to be on an ambulance and administering medical care.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

And again, I thank the gentle lady for the answer and I have a little question, again, through you. As this specifically lists non-prehospital care providers, is -- are these individuals nurses, PAs, et cetera, intended to supplant the needs for an emergency medical provider or is this simply an addition to?

So let me rephrase that question. Would the paramedic and/or EMT still be required to be aboard that ambulance? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker, and the second is correct. Again, if you look at lines 98 through 100, it supplements that. So the intention is, as needed, in addition to the currently required paramedic staff, additional medical professionals would be allowed to provide services on an ambulance.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

I think the gentle lady very much and that concludes my questions. Thank you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Thank you, sir. Will you remark further on House Amendment A? Representative Giegler, on House Amendment A.

REP. GIEGLER (138th):

Thank you, Mr. Speaker. I too, rise in support of the amendment. During our public hearings we heard from Yale University Hospital, asking us to include in this bill a reference to the neonatal, which this amendment does and addresses their concerns regarding those pediatric and neonatal specialty care being

transported by ambulance, as well. And I urge your support.

DEPUTY SPEAKER GODFREY:

Thank you, madam. Will you remark further on House Amendment Schedule A? If not, let me try your minds. All those in favor, signify by saying, aye.

REPRESENTATIVES:

Aye.

SPEAKER DONOVAN:

Opposed, nay.

The ayes have it. The amendment is adopted.

Will you remark further on the bill as amended? Will you remark further on the bill as amended? If not, staff and guests, please come to the well of the House. Members take your seats. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll call. Members to the chamber. The House is voting by roll call. Members to the chamber, please.

DEPUTY SPEAKER GODFREY:

Have all the members voted? Have all the members voted? If so -- Representative Miner will vote. There we go. Now all the members have voted. The

machine will be locked. Clerk will take the tally. And the Clerk will announce the tally.

THE CLERK:

House Bill 6599 as amended by House A.

Total Number Voting	144
Necessary for Passage	72
Those voting Yea	144
Those voting Nay	0
Those absent and not voting	7

DEPUTY SPEAKER GODFREY:

Bill as amended is passed. Will the Clerk please call Calendar 312?

THE CLERK:

On page 15, Calendar 312, substitute for House Bill Number 6591, AN ACT CONCERNING CONNECTICUT STATE SINGLE AUDIT REVISIONS, favorable report of the Committee on Planning and Development.

DEPUTY SPEAKER GODFREY:

The distinguished chairman of the Planning and Development Committee, Representative Brendan Sharkey, but before you start, if the ladies in front of you could please down so I have a clear line of sight. Very good. Representative Sharkey.

REP. SHARKEY (88th):

JOINT
STANDING
COMMITTEE
HEARINGS

PUBLIC
HEALTH
PART 6
1556 - 1871

2009

JIM PARKER: Thank you. Senator Harris, members of the Public Health Committee, thank you for the opportunity to testify regarding House Bill 6599, An Act Concerning Public Safety.

My name's Jim Parker, I'm an emergency medical physician at Connecticut Children's Medical Center. I serve as the chair for Connecticut EMS for Children, and I'm also the medical director of the Connecticut Children's Critical Care Transport Team.

Connecticut Children's needs to operate a critical care transport team to bring critically ill or injured children/newborns from community hospitals to our facility when they need tertiary care services that are not available at a community facility.

Current Office of Emergency Medical Services regulations require that every individual providing care to a patient in an ambulance must be licensed actually as an EMT. This regulation prevents our team of trained pediatric critical care clinicians from providing the specialized services that these newborns and children need.

Connecticut Children's is not -- currently not operating this service because of potential liability for our clinicians' licenses. As a result, children who need our transport services do not have access to them.

I'm asking today that you amend House Bill 6599 to include a section that defines neonatal and pediatric specialty care transport, the verbiage of which is worked out on reverse of the sheet you've been provided.

The language should promote patient safety by requiring the use of a basic level ambulance

with a licensed EMT on board. The language should also recognize that critically ill neonates and children need ongoing care that must be furnished by certified or licensed health professionals who specialize in neonatology or pediatrics.

Current standards established by the American Heart Association and the American Academy of Pediatrics define the qualifications for members of the neonatal and pediatric transport team. It is important that this amendment be written so that it will be effective upon passage, since Connecticut Children's is not currently offering critical care transport services pending the statutory change.

When enacted, this amendment will allow Connecticut Children's to resume operation of its critical care transport service, providing our patients with access to the specialized healthcare transport services they need in a safe environment.

I urge you to support amending House Bill 6599 to include a definition of neonatal and pediatric specialty care transports. Thank you for your time and your attention to this matter.

SENATOR HARRIS: Thank you, Doctor.
Any questions?

Now, this is a piece, just for clarification, that we had in another bill, right, and your request is that we put it in this particular bill?

JIM PARKER: This is a piece that, to my knowledge, was being proposed in another bill but felt that it -- it was felt that it's best to go

through the Department of Public Health than through us, within this.

SENATOR HARRIS: And is the reason for that because time is of the essence to get a bill passed so you can resume your services?

JIM PARKER: Absolutely. I speak specifically to Connecticut Children's, but there are three services that are impacted by this in the state. Yale runs a pediatric specialty transport service, and John Dempsey runs a neonatal specialty transport service.

Technically, any transports currently occurring with those services are operating outside their scope of practice and putting though clinicians at risk.

SENATOR HARRIS: Because there is no EMT aboard during those transports?

JIM PARKER: It's not having the EMT aboard. It's actually every person providing care must carry prehospital credentials.

SENATOR HARRIS: So everybody, and that's the problem.

Okay. and -- I thought I had another question, but...

Have you tried to work with the Department of Public Health to be able to accomplish this goal without the need for legislation, the need for expedited legislation?

JIM PARKER: We've had meetings with the Department of Public Health and Office of EMS over the last six to eight months, with an ongoing discussion of this issue, and the feeling both through them and in discussion with the

assistant AG was that this could not be something that was going to be fixed without changing the statute.

SENATOR HARRIS: Thank you very much. Any -- Representative Esty.

REP. ESTY: Thank you. And thank you, Dr. Parker. What -- do you know what the origin, then, was of the Office of Emergency Medical Services' decision to put this in place? Presumably, this is -- this was language that was put in there.

What was the rationale and were you consulted at that time? Were any of the neonates were consulted in did they talk to the Academy of Pediatrics, or how did they -- how did this get through, causing what would clearly not seem to make any sense from a layperson's point of view, even less from a clinician's point of view?

JIM PARKER: From my understanding, this is a statute that's long been on the books, and probably preceded the American Academy of Pediatrics' development of recommendations with regard to pediatric specialty transport.

It is a regulation that more -- is aimed toward the level of care necessary for operating an ambulance, and as these niches have grown and as these subspecialties have developed, the regulation has not been acknowledged or not been amended to change with those developments.

REP. ESTY: So this is artifact of the field having developed and these regs have not been updated, and I presume lawyers took a look at them and said you can't --

JIM PARKER: That's -- that's my understanding.

REP. ESTY: It's always back to the lawyers who look at it.

JIM PARKER: Our lawyers took a look at it, but it was to the point that we asked the Department of Public Health to take it to the Assistant Attorney General who did provide us an interpretation that, yes, Department of Public Health was interpreting that regulation correctly.

REP. ESTY: So you would be outside of the scope of the practice and therefore be put in --

JIM PARKER: And therefore each person putting their license at risk.

REP. ESTY: All right. Thank you very much.

SENATOR HARRIS: Thank you, Doctor.

Next we have Gary O'Connor -- excuse me, Greg Allard. Gary O'Connor, I'm sorry, followed by Greg Allard.

GARY O'CONNOR: Thank you, Mr. Chairman.

Good morning. Actually, it's afternoon now. Time flies. My name is Gary O'Connor. I'm a partner with the law firm of Pepe & Hazard, and I'm here on behalf of the Association of Commercial Ambulance Providers. We call it ACAP. And I'd like to thank you for the opportunity to speak in support of Raised Bill 6599.

This bill in its present form addresses a very important patient safety issue in the State of Connecticut, namely, the transportation of patients who are confined to stretchers.

Now, what 6599 would do is amend Section 19a-180 of the statutes to prohibit anyone from transporting in a motor vehicle a person on a stretcher without a license issued by the Commissioner of Public Health.

And why do we need this amendment? We've found in recent years the use of stretcher vans to transport patients who are confined to stretchers has increased in all parts of the country, including our neighboring -- neighboring states.

This dangerous trend has actually crept closer to home. Recently a livery service provider in Connecticut advertised stretcher car services in the Yellow Pages. ACAP believes it is not in the best interests of patient safety to transport patients confined to stretchers in so-called stretcher vans. The safety of patients is put at risk when they are not transported in vehicles that are staffed and equipped to meet their medical needs.

Generally, stretcher vans are staffed by only one person who is not trained at a level of an ambulance -- the ambulance personnel. In fact, I believe there's no requirements for any medical training, nor is a stretcher van supervised by DPH.

Ambulances, on the other hand, are staffed by two medically trained individuals, EMTs, at least, and they are supervised by the Department of Public Health.

And most importantly, there's two medically trained individuals in the ambulance, so that there's continuous care of the patient while the -- the ambulance is in transport.

And, quite honestly, stretcher-bound patients, by the very definition, have advanced medical needs, and they need this kind of important medical care.

Currently the system is working well. Ambulances are supervised by the Department of Public Health, and vehicles are inspected regularly by the -- the department and staffed by EMTs. We'd respectfully request it would be a folly to -- to allow untrained personnel in stretcher vans to transport these -- these patients with serious medical conditions.

Finally, we also -- what's included as a schedule to my written testimony, we ask that you consider amending Section 19a-180 to afford additional due process rights to licensed PSARs.

The amendment would allow a primary -- a licensed primary service area responder within an EMS regional -- council region in which a Certificate of Need applicant operates, or proposes to operate, to request and receive intervener status with the right of cross-examination.

It also allows the Commissioner of Public Health the right to consider and -- all impacts, including financial impacts, on any PSAR in rendering its decision on the CON applications.

And this is important, because, as you know, prior to 1974, our EMS system was like the wild, wild west. It was a race to scenes of accidents. There were fights at the accidents. There was poor coverage in many areas
And in 1974, the legislature, in its wisdom, developed a comprehensive system whereby each

responder was given a specific area in which to cover.

The state created these -- what's called primary service areas, and there's literally well over 100 -- 160 or more of these now in the Connecticut. And the primary service area responder is responsible 24/7 to cover that area, be fully equipped, be fully trained and be ready for all types of incidents and even catastrophic accidents and incidents.

So the Emergency Medical System in Connecticut works well. But make no mistake about it. It's -- it relies heavily on the licensed primary service area responders, most of which are --

SENATOR HARRIS: Mr. O'Connor, if you could -- you're over. If you could --

GARY O'CONNOR: I'll wrap it up.

And these PSARs, the licensed PSARs, do cover most of the major municipalities. They do most of the medication trips, the unfunded trips, they -- they cover the indigent trips.

And historically, these licensed PSARs have relied on kind of economies of scale by regional coverage and by being able to do the nonemergency transports.

So the nonemergency transport revenues covered all these other types of trips, the Medicaid trips, the indigent trips, et cetera.

And what's happening now is we're seeing a lot more unlicensed companies applying for licensed status, and it would completely disrupt the whole system as we see it now.

So we strongly encourage you to consider our proposed amendment, and we think it would -- it's important to maintain the great but delicate balance that we have in our system today. Thank you.

SENATOR HARRIS: Any questions from the committee? Okay. This is the first that we've seen this new language, so --

GARY O'CONNOR: Yes.

SENATOR HARRIS: I think I'll reserve my questioning, but I would suggest that you do is that you get us, you know -- I guess you must have some of this in your testimony. I'm just looking at the amendment, but a layperson's description of what you're trying to do and probably want to contact the committee and set up a meeting with, at a minimum, committee leadership so that we understand what's going on here.

I'll reserve my questions to that point.

GARY O'CONNOR: Sure, I'll be happy to do so, and the written testimony lays that out, and we've included as a schedule a copy of the additional language we're looking for.

SENATOR HARRIS: Yes, I saw that. I'm just not smart enough to read it and think on the fly, so...

Not when it comes to primary service area providers, at least.

Thank you, any -- Representative Esty.

REP. ESTY: Yes.

Related to that, if you could also touch base

with the powers that be, how they feel about this, because this is a whole area that, you know, obviously this bill was not designed to address the issue you raised whatsoever.

So we're being kind of blindsided by the implications of this.

I, for one, would be extremely reluctant to adopt something like this without your -- if you want us to include it in this bill, I strongly urge you to talk to DPH, to talk to anybody you think is going to oppose this, because you're now placing the burden on us, and we're nearing deadlines, to try to incorporate a whole new aspect to this.

So if you would really like us to take action, you're going to have to do the legwork to bring the people to the table and flesh out what those other arguments are, because, you know, I, for one, many not inclined to open up a whole new avenue on this. That's why we have public hearing notice.

So those who would be involved would have the opportunity to come here and raise their concerns, which I'm concerned who those people are. I can't tell who those people are.

GARY O'CONNOR: Yes, I understand.

I do have to say, we did notify DPH, and, in fact, discuss this with Lynn Gesha at OEMS, so they're aware of it.

REP. ESTY: Well, that would be great if you could bring that to the table if -- if we can have a meeting, that would be important.

GARY O'CONNOR: Thank you.

SENATOR HARRIS: I agree with Representative Esty, but we appreciate you -- you putting it out publicly so that we know it's out there, so thank you.

GARY O'CONNOR: Thank you.

SENATOR HARRIS: Next we have Greg Allard, and then we're on to the following bill, 1079, and we have Chairman Eberle.

HB6599

GREG ALLARD: Good afternoon, Senator Harris, Representative Ritter and other distinguished members of the Public Health Committee. My name is Greg Allard, and I'm the vice president of the Association of Connecticut Ambulance Providers.

I would like to start my testimony today by thanking you for raising this bill, An Act Concerning Patient Safety, and my testimony today supports this bill.

The title of this bill really says it all, An Act Concerning Patient Safety. The intent of this bill is truly focused on the safety of the patient being transported on a stretcher. The companies that make up our association all got into this line of work for one reason: Patient care.

And one of the first things we learn in our training is safety, safety for ourselves and for our patients. Currently patients requiring a stretcher are only being transported in ambulances. The Emergency Medical Services system requires our personnel to be certified or licensed. It also requires them to keep up on their skills and their knowledge base regularly.

The ambulances in which we transport our

patients are regulated, inspected and certified not only by the Department of Public Health but by the Department of Motor Vehicles. The standards to which our vehicles are built are actually federal standards that Connecticut had the foresight to adopt many years ago.

These standards, inspections and certifications are there for one reason: Safety. Again, safety for ourselves and our patients.
This bill is following in the footsteps of a bill that Representative Reynolds proposed last year in relation to wheelchair safety and is now in statute.

Not only did our association testify in favor of that bill, we provided some insight that was vital to the language in that bill. Again, safety for ourselves and for our patients.

Although this slight language change seems simple, it codifies that stretcher-bound patients are safely transported by trained personnel in specialized vehicles. It is in this vane that we urge you to support this bill.

I would also like to add that the Department of Health Office of Emergency Medical Services supports that verbiage change.

Thank you for your time.

SENATOR HARRIS: Thank you, Mr. Allard. Any questions by the committee? Representative Esty.

REP. ESTY: Thank you for coming today.

I have a question of how I should deal with a situation that a constituent confronted me with this summer and said, you know, her -- she and her brother work swing shifts to care for aging parents at home, and they're trying to keep them home.

But one of -- the mother is bedridden with diabetic issues. They cannot afford an ambulance to get her to the doctor, but she otherwise is not really mobile. So the question is, this is not one where there's some -- it is a chronic condition that has her bed-bound. What are we doing about that kind of situation?

I certainly understand emergent issues, but as we have an increasingly elderly population, as we have an effort to try to provide increasing levels of home care, I am concerned on a cost-containment issue of whether we -- in order to deal with emergent cases, which I fully agree may need to be stabilized, what do we do about the people with chronic conditions who may be somewhat immobile?

GREG ALLARD: And I'm assuming your question is based on the fact that this person has no insurance and no other means of --

REP. ESTY: Obviously. And we're going to be looking at more and more people with the economic climate the way it is.

GREG ALLARD: I'll speak for our service, the service in which I am employed with, we have means for people to be able to apply for cases where they may not be able to, you know -- their scale of money coming in may not be able to afford the full bill, which our rates are set by the Department of Health, you know, and

looking at whatever their income is, if they immediate certain requirements, we're able to adjust -- we adjust our bills down according to their scale of income.

So that is what our particular service does. I'm not sure as to the others. I don't want to speak to theirs, but that's something that certainly is available. I would point them to maybe some of their human services within their communities or something along those -- maybe there's some type of grants with some of the patients that we transport routinely that have those issues. They've been pretty successful in gaining grants through, you know, for transportation.

REP. ESTY: If I may, but the question is both the cost but it's also whether -- whether we are moving into an era where that would be a requirement for providing a level of care that may not be necessary in some cases, and that --

So I'm really looking at the cost driver issue as a society as a whole if we are insisting on transport with a very high level of support for a growing category of cases where that may not be appropriate.

And I'm just asking you to think about that, because I think we're going to be seeing more issues. And I agree, I'm uncomfortable with the livery service for someone who has an emergent condition.

But when we're looking at chronic conditions, which we're going to be seeing more and more of, I think we need to be thinking creatively about how to provide appropriate levels of care, and that includes transport, it seems to me

GREG ALLARD: Thank you.

SENATOR HARRIS: Thank you. Any further questions? Thank you very much.

GREG ALLARD: Thank you.

SENATOR HARRIS: We're on now to 1079, Mary Eberle. Welcome back to your committee, Madam Chair.

MARY EBERLE: Thank you. Thank you, Mr. Chair. I must say, it's different sitting on this side of the table, but --

Good afternoon, Senator Harris, Representative Ritter and members of the Public Health Committee. My name is Mary Eberle. I'm a faculty member at the University of Connecticut Health Center, and I work in the Center for Public Health and Health Policy, which is a university-wide center dedicated to public health teaching, research and service activities.

Thank you for the opportunity to speak to you today. I'm here to testify in support of Senate Bill 1079, An Act Concerning the Connecticut Health Information Network, or what we call CHIN.

CHIN is a collaborative project to develop a federated health data network that will link selective databases of participating state agencies.

You have my testimony which gives a little bit of the legislative history from the last couple of years, and 1079 -- as a result of that legislation in 2007, we have had two working groups going with the agencies involved, the Department of Public Health,

JOINT
STANDING
COMMITTEE
HEARINGS

PUBLIC
HEALTH
PART 7
1871 - 2193

2009

Written Testimony - Gregory B. Allard, Vice President
Association of Connecticut Ambulance Providers

Public Health

March 6, 2009

Senator Harris, Representative Ritter and other distinguished members of the Public Health Committee, my name is Greg Allard. I am the Vice President of the Association of Connecticut Ambulance Providers. I would like to start my testimony today by thanking you for raising Bill No. 6599 "An Act Concerning Patient Safety" and my testimony today supports this bill.

The title of this bill really says it all. The intent of this bill is truly focused on the safety of the patient being transported on a stretcher. The companies that make-up our association all got into this line of work for one reason - patient care. One of the first things we learn in our training is safety. Safety for ourselves and our patients.

Currently patients requiring a stretcher are only being transported in ambulances. The Emergency Medical Services system requires our personnel to be certified or licensed. It also requires them to keep up on their skills and knowledge base regularly. The ambulances in which we transport our patients are regulated, inspected, and certified not only by the Department of Public Health but by the Department of Motor Vehicles. The standards to which our vehicles are built are actually Federal standards that Connecticut had the foresight to adopt many years ago. These standards, inspections, and certifications are there for one reason; safety. Again, safety for ourselves and our patients.

This bill is following in the footsteps of a bill that Representative Reynolds proposed last year in relation to wheelchair safety and is now in statute. Not only did our Association testify in favor of this bill we provided some insight that was vital to the language in the bill. Again, safety for ourselves and our patients.

Although this slight language change seems simple it codifies that stretcher-bound patients are safely transported by trained personnel in specialized vehicles. It is in this vane that we urge you to support this bill.

Thank you for your time and attention today.

TESTIMONY OF GARY B. O'CONNOR
BEFORE THE PUBLIC HEALTH COMMITTEE
OF THE GENERAL ASSEMBLY

MARCH 6, 2009

IN SUPPORT OF H.B. NO. 6599

AN ACT CONCERNING PATIENT SAFETY

Good Morning, my name is Gary O'Connor. I am a partner at the law firm of Pepe & Hazard LLP. I have had more than 15 years of experience representing ambulance providers in the State of Connecticut. I am here on behalf of the Association of Connecticut Ambulance Providers (ACAP). I would like to thank the Public Health Committee for the opportunity to speak today in support of H.B. No. 6599, An Act Concerning Patient Safety. The Bill, in its present form, addresses a very important patient safety issue in the State of Connecticut, namely, the transportation of patients who are confined to stretchers.

H.B. No. 6599 would amend Section 19a-180 of the Connecticut General Statutes to prohibit anyone from transporting in a motor vehicle a person on a stretcher without a license issued by the Commissioner of Public Health. This provision will insure that the transportation of patients on stretchers will be properly regulated by the Commissioner of Public Health.

In the past few years, the use of stretcher vans to transport patients who are confined to stretchers has increased in other parts of the country, including our neighboring states. This dangerous trend has now crept closer to home. Recently, a livery service provider in Connecticut advertised "stretcher car" services in the

yellow pages. ACAP believes that it is not in the best interest of patient safety to transport patients confined to stretchers in so-called stretcher vans. The safety of patients is put at risk when they are not transported in vehicles that are staffed and equipped to meet their medical needs. Generally, stretcher vans are staffed by only one person, who is not trained to the level of ambulance personnel. Ambulances are staffed by two medically trained individuals so that the stretcher bound patient can be properly attended to while the ambulance is being driven.

ACAP acknowledges that transportation providers, licensed by the Department of Transportation, serve an important role in the transportation of individuals requiring a lesser level of care, such as those individuals being transported to and from methadone clinics or rehab clinics. However, these providers do not possess the skills necessary to safely transport stretcher patients. A stretcher-bound patient by definition has advanced medical needs. This type of patient requires medical observation and handling by at least an EMT in a vehicle which is equipped with patient monitoring and management equipment.

Currently, the medical transportation of stretcher-bound patients is being operated safely and efficiently under the oversight of the Department of Public Health in vehicles that are inspected by the Department on a regular basis and staffed with emergency medical technicians who are required to complete rigorous training and recertification programs. It would be a folly, indeed, to permit an inferior form of transportation which is not regulated by the Department of Public Health.

In sum, ACAP believes that the emergence of stretcher vans as a substitute for regulated medical transportation creates a huge patient safety issue. In our opinion, stretcher vans are an unsafe mode of transportation for stretcher bound patients. Without the adoption of H.B. No. 6599, Connecticut will see more stretcher bound patients inappropriately placed with lower level transportation providers at great potential risk to patient health and safety. The passage of H.B. No. 6599 will prevent this serious problem from happening.

ACAP also recommends an additional amendment to Section 19a-180, which we have included in a proposed amended H.B. No. 6599 attached as an exhibit to my written testimony. The amendment permits a primary service area responder (PSAR) within the EMS Council Region in which a Certificate of Need (CON) applicant operates or proposes to operate, to request and receive intervenor status with the opportunity for cross-examination. In addition, the amendment requires the Commissioner of Public Health to consider the impact, including the financial impact, on any such PSAR in rendering a decision to grant or deny any CON Application.

A brief history of the EMS system in Connecticut is in order. Prior to the enactment of legislation creating the comprehensive EMS system in 1974 (P.A. 74-305, now §§ 19a-175 et. seq.), there was no single number to call for emergencies; emergency calls were made directly to providers using 7-digit phone numbers; towns called providers on a rotation basis; providers often had insufficient equipment and supplies; the system lacked supervision and accountability; staff were not always adequately trained; and there was very little communication between providers and

destination hospitals. Moreover, prior to 1974, there were allegations of widespread abuse among competitors within the emergency medical system including the use of radio scanners to intercept calls, races to emergencies by multiple providers, fraud, bribery, stacked calls, harassment, fights at the scene of emergency calls and the practice of calling in false emergencies to keep a provider busy so another provider could respond to a legitimate call.

In 1974 the Emergency Medical Services Assistance Act was passed to (i) create a statewide coordinated emergency response system to insure that emergency calls were answered by assigning accountability to one provider within a designated geographic area; (ii) insure that rural areas were afforded the same quality of care as urban areas; (iii) control costs by minimizing the number of providers that respond to an emergency; (iv) eliminate unsafe practices; (v) encourage investment and marketed efficiency by insuring stability; and (vi) develop and enforce standards.

The Act created the basic structure of today's emergency medical system including the designation of primary service areas (PSAs) throughout the State with each PSA having one responder at the First Responder Level, the Basic Life Support Level and the Advanced Life Support Level. The Regulations were also promulgated regarding the training of emergency personnel, the equipment and design of ambulances, advertising, the use of scanners and rates.

Designated PSARs are responsible for providing emergency services 24 hours each day, 7 days each week and are required, among other things, to: (i) maintain a trained and licensed staff; (ii) maintain vehicles and equipment that meet mandated

standards; (iii) maintain a comprehensive set of records regarding requests for service; (iv) coordinate medical control issues with sponsor hospitals; (v) coordinate efforts with local authorities and other PSARs within their service area; and (vi) be prepared to respond to mass casualty situations.

Since 1974, the EMS system in Connecticut has worked extraordinarily well, but make no mistake about it, the system relies heavily on the strength and financial well-being of its licensed PSARs. The licensed PSARs handle most of the emergency trips in Connecticut's major cities. The licensed PSARs transport a majority of the State's Medicaid patients as well as the indigent and uninsured. When the 911 system is activated, the licensed PSAR must respond regardless of a patient's ability to pay. The licensed PSARs have served as the safety net for EMS response to mass casualty situations. Historically, licensed providers have been able to offset the operating losses sustained with respect to Medicaid emergency trips and uncollectible emergency trips by operating on a more regional basis and by generating revenues from non-emergency transports. Only licensed ambulance providers may charge for non-emergency transportation.

It is crucial, therefore, that the licensed PSAR, an essential stakeholder in the statewide EMS system, be allowed to participate as an intervenor, with cross-examination rights, in any CON hearing within its region. It is also critical that the Commissioner of Public Health, in rendering his or her decision, consider the impact, including financial impact, of the CON decision on any intervening licensed PSAR. Indeed, this type of due consideration is essential in any effective public utility model,

especially with Connecticut's EMS public utility model, where there are over 160 PSAs in the State. The approval of a new company or additional ambulance authorizations in a PSA will have an impact on the delicate balance which exists among PSARs in Connecticut.

Presently, as a result of a Supreme Court case in 1997, Med-Trans of Connecticut, Inc. vs. Department of Public Health and Addiction Services, the Department of Public Health believes that it cannot take into consideration the financial condition of existing EMS providers when new or existing companies apply for ambulance licenses. It makes no sense to restrict the Commissioner in this manner. The Commissioner must be allowed to look at the entire EMS system and consider the impact of a new company or the expanded service of an existing company on the efficient operation of the system. In today's current environment, with increased demands on the EMS system, increased provider costs, and stagnant or decreasing reimbursement to providers by both government and private health insurers, it is in the public's best interest for the EMS system to operate in the most efficient, cost-effective manner possible. Unfortunately, if impacted licensed PSARs are not able to participate as intervenors with cross-examination rights, and the Commissioner is not allowed to consider all impacts on existing PSARs, we will see more CON approvals, more licensed ambulances companies, excess capacity in the system, increased costs without the benefit of economies of scale, and little financial self-sufficiency among ambulance providers. We risk having literally hundreds of licensed services, none of whom will be financially solvent and all of whom will be dependent on taxpayer subsidies.

In sum, the EMS system in Connecticut works. ACAP believes that the system works in large part due to the important role played by the licensed PSARs. H.B. No. 6599, as amended, will go a long way towards preserving our wonderful EMS system.

PROPOSED AMENDED LANGUAGE
TO HB6599 "An Act Concerning Patient Safety"
Proposed by The Association of Connecticut Ambulance Providers

Sec. 19a-180. (Formerly Sec. 19-73bb). Licensure and certification of emergency medical service organizations. Suspension or revocation. Records. Penalties. Advertisement. Medical control by sponsor hospital. New or expanded emergency medical services. (a) No person shall operate any ambulance service, rescue service or management service without either a license or a certificate issued by the commissioner. No person shall operate a commercial ambulance service or commercial rescue service or a management service, **or otherwise transport in a motor vehicle a person on a stretcher,** without a license issued by the commissioner. A certificate shall be issued to any volunteer or municipal ambulance service which shows proof satisfactory to the commissioner that it meets the minimum standards of the commissioner in the areas of training, equipment and personnel. No license or certificate shall be issued to any volunteer, municipal or commercial ambulance service, rescue service or management service, as defined in subdivision (19) of section 19a-175, unless it meets the requirements of subsection (e) of section 14-100a. Applicants for a license shall use the forms prescribed by the commissioner and shall submit such application to the commissioner accompanied by an annual fee of one hundred dollars. In considering requests for approval of permits for new or expanded emergency medical services in any region, the commissioner shall consult with the Office of Emergency Medical Services and the emergency medical services council of such region and shall hold a public hearing to determine the necessity for such services. Written notice of such hearing shall be given to current providers in the geographic region where such new or expanded services would be implemented, provided, any volunteer ambulance service which elects not to levy charges for services rendered under this chapter shall be exempt from the provisions concerning requests for approval of permits for new or expanded emergency medical services set forth in this subsection. A primary service area responder in a municipality in which the applicant operates or proposes to operate, **or a licensed primary service area responder within the region defined pursuant to section 19a-183 in which applicant operates or proposes to operate,** shall, upon request, be granted intervenor status with opportunity for cross-examination. **The Commissioner shall consider the impact, including financial impact, on any such primary service area responder in rendering a decision to grant or deny any license application.** Each applicant for licensure shall furnish proof of financial responsibility which the commissioner deems sufficient to satisfy any claim. The commissioner may adopt regulations, in accordance with the provisions of chapter 54, to establish satisfactory kinds of coverage and limits of insurance for each applicant for either licensure or certification. Until such regulations are adopted, the following shall be the required limits for licensure: (1) For damages by reason of personal injury to, or the death of, one person on account of any accident, at least five hundred thousand dollars, and more than one person on account of any accident, at least one million dollars, (2) for damage to property at least fifty thousand dollars, and (3) for malpractice in the care of one passenger at least two hundred fifty thousand dollars, and for more than one passenger at least five hundred thousand dollars. In lieu of the limits set forth in subdivisions (1) to (3), inclusive, of this

subsection, a single limit of liability shall be allowed as follows: (A) For damages by reason of personal injury to, or death of, one or more persons and damage to property, at least one million dollars; and (B) for malpractice in the care of one or more passengers, at least five hundred thousand dollars. A certificate of such proof shall be filed with the commissioner. Upon determination by the commissioner that an applicant is financially responsible, properly certified and otherwise qualified to operate a commercial ambulance service, rescue service or management service, the commissioner shall issue the appropriate license effective for one year to such applicant. If the commissioner determines that an applicant for either a certificate or license is not so qualified, the commissioner shall notify such applicant of the denial of the application with a statement of the reasons for such denial. Such applicant shall have thirty days to request a hearing on the denial of the application.

(b) Any person, management service organization or emergency medical service organization which does not maintain standards or violates regulations adopted under any section of this chapter applicable to such person or organization may have such person's or organization's license or certification suspended or revoked or may be subject to any other disciplinary action specified in section 19a-17 after notice by certified mail to such person or organization of the facts or conduct which warrant the intended action. Such person or emergency medical service organization shall have an opportunity to show compliance with all requirements for the retention of such certificate or license. In the conduct of any investigation by the commissioner of alleged violations of the standards or regulations adopted under the provisions of this chapter, the commissioner may issue subpoenas requiring the attendance of witnesses and the production by any medical service organization or person of reports, records, tapes or other documents which concern the allegations under investigation. All records obtained by the commissioner in connection with any such investigation shall not be subject to the provisions of section 1-210 for a period of six months from the date of the petition or other event initiating such investigation, or until such time as the investigation is terminated pursuant to a withdrawal or other informal disposition or until a hearing is convened pursuant to chapter 54, whichever is earlier. A complaint, as defined in subdivision (6) of section 19a-13, shall be subject to the provisions of section 1-210 from the time that it is served or mailed to the respondent. Records which are otherwise public records shall not be deemed confidential merely because they have been obtained in connection with an investigation under this chapter.

(c) Any person, management service organization or emergency medical service organization aggrieved by an act or decision of the commissioner regarding certification or licensure may appeal in the manner provided by chapter 54.

(d) Any person guilty of any of the following acts shall be fined not more than two hundred fifty dollars, or imprisoned not more than three months, or be both fined and imprisoned: (1) In any application to the commissioner or in any proceeding before or investigation made by the commissioner, knowingly making any false statement or representation, or, with knowledge of its falsity, filing or causing to be filed any false statement or representation in a required application or statement; (2) issuing, circulating

or publishing or causing to be issued, circulated or published any form of advertisement or circular for the purpose of soliciting business which contains any statement that is false or misleading, or otherwise likely to deceive a reader thereof, with knowledge that it contains such false, misleading or deceptive statement; (3) giving or offering to give anything of value to any person for the purpose of promoting or securing ambulance or rescue service business or obtaining favors relating thereto; (4) administering or causing to be administered, while serving in the capacity of an employee of any licensed ambulance or rescue service, any alcoholic liquor to any patient in such employee's care, except under the supervision and direction of a licensed physician; (5) in any respect wilfully violating or failing to comply with any provision of this chapter or wilfully violating, failing, omitting or neglecting to obey or comply with any regulation, order, decision or license, or any part or provisions thereof; (6) with one or more other persons, conspiring to violate any license or order issued by the commissioner or any provision of this chapter.

(e) No person shall place any advertisement or produce any printed matter that holds that person out to be an ambulance service unless such person is licensed or certified pursuant to this section. Any such advertisement or printed matter shall include the license or certificate number issued by the commissioner.

(f) Each licensed or certified ambulance service shall secure and maintain medical control, as defined in section 19a-179, by a sponsor hospital, as defined in section 19a-179, for all its emergency medical personnel, whether such personnel are employed by the ambulance service or a management service.

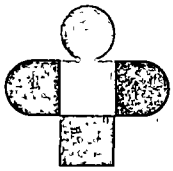
(g) Each applicant whose request for new or expanded emergency medical services is approved shall, not later than six months after the date of such approval, acquire the necessary resources, equipment and other material necessary to comply with the terms of the approval and operate in the service area identified in the application. If the applicant fails to do so, the approval for new or expanded medical services shall be void and the commissioner shall rescind the approval.

(h) Notwithstanding the provisions of subsection (a) of this section, any volunteer or municipal ambulance service that is licensed or certified and is a primary service area responder may apply to the commissioner to add one emergency vehicle to its existing fleet every three years, on a short form application prescribed by the commissioner. No such volunteer or municipal ambulance service may add more than one emergency vehicle to its existing fleet pursuant to this subsection regardless of the number of municipalities served by such volunteer or municipal ambulance service. Upon making such application, the applicant shall notify in writing all other primary service area responders in any municipality or abutting municipality in which the applicant proposes to add the additional emergency vehicle. Except in the case where a primary service area responder entitled to receive notification of such application objects, in writing, to the commissioner not later than fifteen calendar days after receiving such notice, the application shall be deemed approved thirty calendar days after filing. If any such primary service area responder files an objection with the commissioner within the

fifteen-calendar-day time period and requests a hearing, the applicant shall be required to demonstrate need at a public hearing as required under subsection (a) of this section.

(i) The commissioner shall develop a short form application for primary service area responders seeking to add an emergency vehicle to their existing fleets pursuant to subsection (h) of this section. The application shall require an applicant to provide such information as the commissioner deems necessary, including, but not limited to, (1) the applicant's name and address, (2) the primary service area where the additional vehicle is proposed to be used, (3) an explanation as to why the additional vehicle is necessary and its proposed use, (4) proof of insurance, (5) a list of the providers to whom notice was sent pursuant to subsection (h) of this section and proof of such notification, and (6) total call volume, response time and calls passed within the primary service area for the one-year period preceding the date of the application.

(P.A. 74-305, S. 9, 19; P.A. 75-112, S. 7, 18; 75-140; P.A. 77-614, S. 323, 610; P.A. 80-480, S. 2, 3; P.A. 81-259, S. 2, 3; 81-472, S. 47, 159; P.A. 85-585, S. 2; P.A. 86-59, S. 1, 2; P.A. 88-172, S. 1; P.A. 90-172, S. 2; P.A. 93-381, S. 9, 39; P.A. 95-257, S. 12, 21, 58; 95-271, S. 37; P.A. 98-195, S. 8; P.A. 00-151, S. 5, 14; P.A. 06-195, S. 35; P.A. 07-134, S. 6; 07-252, S. 10.)



Testimony of James Parker, MD, Emergency Room Physician and Medical Director of the Critical Care Transport Team at Connecticut Children's Medical Center to the Public Health Committee regarding *House Bill 6599, An Act Concerning Patient Safety.*

March 6th, 2009

Senator Harris, Representative Ritter, Members of the Public Health Committee. Thank you for the opportunity to testify regarding *House Bill 6599, An Act Concerning Patient Safety.* My name is Jim Parker and I am an Emergency Room Physician at Connecticut Children's Medical Center. I am also the Medical Director of Connecticut Children's Critical Care Transport Team.

Connecticut Children's needs to operate a critical care transport team to bring critically ill or injured children and newborns from community hospitals to our facility when they need tertiary care services that are not available at the community facility. Current Office of Emergency Medical Services regulations require that every individual who provides care to a patient in an ambulance must be licensed as a paramedic. This regulation prevents our team of trained pediatric critical care clinicians from providing the specialized services that these newborns and children need. Connecticut Children's is currently not operating this service because of potential liability for our clinicians' licenses. As a result, children who need our transport services do not have access to them.

I am asking today that you amend House Bill 6599 to include a section that defines Neonatal and Pediatric Specialty Care Transport (see reverse). The language should promote patient safety by requiring the use of a basic level ambulance with a licensed EMT-Paramedic on board. The language should also recognize that critically ill neonates and children need ongoing care that must be furnished by certified or licensed health professionals who specialize in neonatology or pediatrics. Current standards established by the American Heart Association and the American Academy of Pediatrics define the qualifications for members of a neonatal and pediatric critical care teams.

It is important that this amendment be written so that it will be effective upon passage since Connecticut Children's is not currently offering critical care transport services, pending the statutory change. When enacted, this amendment will allow Connecticut Children's to resume operation of its critical care transport team, providing our patients with access to the specialized health care transport services they need in a safe environment. I urge you to support amending House Bill 6599 to include a definition of Neonatal and Pediatric Specialty Care Transport.

Thank you for your time and attention to this important matter.

282 Washington Street Hartford, CT 06106 (860) 545-9000

Proposed language to include as an amendment to *House Bill 6599, An Act Concerning Patient Safety*

Section 19-175 of the General Statutes is amended by adding subsection (25) as follows (effective upon passage):

(25) *"Neonatal and Pediatric Specialty Care Transport" means the inter facility transport between licensed hospitals of critically injured or ill neonates, infants or children by at least a basic level ambulance that meets the requirements of the regulations of Connecticut State Agencies, including medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic. Specialty care transport is necessary when the patient condition requires ongoing care that must be furnished by one or more certified or licensed health professionals in the appropriate specialty care area of neonatology or pediatrics. The ambulance shall meet the requirements of a basic level ambulance as outlined in the regulations of Connecticut State Agencies and be supplemented by at least a licensed registered nurse or licensed mid-level practitioner currently trained and certified in Pediatric Advanced Life Support pursuant to American Heart Association standards or Neonatal Resuscitation pursuant to the American Academy of Pediatrics standards, as appropriate based on the patient's condition.*