

**PA13-306**

HB6518

House	8567-8587	21
Public Health	2345, 2355-2357, 2377-2379, 2433, 2492-2509, 2513-2528, 2532-2594, 2602-2637, 3387-3450	205
Senate	5270, 5400-5401	3
		<b>229</b>

**H – 1174**

**CONNECTICUT  
GENERAL ASSEMBLY  
HOUSE**

**PROCEEDINGS  
2013**

**VOL.56  
PART 25  
8346 – 8707**

DEPUTY SPEAKER BERGER:

Representative Aresimowicz, will you accept the yield?

REP. ARESIMOWICZ (30th):

I do, of course, from the great Representative O'Neill over there.

Mr. Speaker, I move we pass this bill temporarily.

DEPUTY SPEAKER BERGER:

The bill is passed temporarily.

Will the Clerk please call Calendar Number 361?

THE CLERK:

On page 12, Calendar Number 361, Substitute House Bill Number 6518, AN ACT CONCERNING STANDARDS OF PROFESSIONAL CONDUCT FOR EMERGENCY MEDICAL SERVICES PERSONNEL, favorable report of the committee of Public Health.

DEPUTY SPEAKER BERGER:

Representative Johnson.

REP. JOHNSON (49th):

Good afternoon, Mr. Speaker.

DEPUTY SPEAKER BERGER:

Good afternoon, Representative.

REP. JOHNSON (49th):

I move the joint committee's favorable report and passage of the bill.

DEPUTY SPEAKER BERGER:

The motion before the Chamber is acceptance of the joint committee's favorable report and passage of the bill.

Please proceed, madam.

REP. JOHNSON (49th):

Thank you, Mr. Speaker.

This bill came to us and was after hearing many hours from many, many-very fine emergency medical services providers who provide great service to the people of Connecticut. They come to us in many different forms from many different communities.

We found out during some of those hearings that the standards for the emergency medical services providers, the different levels, which include the EMTs, emergency medical services instructors, weren't all of the same. That, paramedic intercept providers of emergency medical services had certain types of disciplinary standards that were not readily available in statute.

So this first part of the bill addresses that issue and makes all of the emergency medical performance standards in conformance with the Paramedic Intercept statutes.

Mr. Speaker, I have an amendment, LCO 8401.

DEPUTY SPEAKER BERGER:

Will the Clerk please call LCO Number 8401, please.

THE CLERK:

LCO Number 8401, House Amendment Schedule "A," offered  
by Representative Johnson, et al.

DEPUTY SPEAKER BERGER:

The representative seeks leave of the Chamber to summarize the amendment.

Is there objection to the summarization? Is there objection?

Seeing none, please proceed, Representative Johnson.

REP. JOHNSON (49th):

Thank you, Mr. Speaker.

Mr. Speaker, this amendment addresses so many of the other issues that we heard and we did not feel at the time immediately after the hearings that we had that we could really address so many varieties of different types of municipalities ranging from 600 in a town to several hundred -- or at least a few hundred thousand in other larger towns. Some of our towns are run by part-time first selectmen and boards of selectmen; other towns are run by councils with first selectmen; other towns are run by mayors and managers that are very large so we have very different types, as we all know, many different types of municipalities.

We also have many different types of emergency medical

services providers. Some of them are private nonprofit. Some of them are for-profit. And some of them are run by and operated by the municipality. All of this leads to a great deal of complexity when trying to write any type of legislation.

So for those reasons, we decided that we would try and have a task force, and this legislation proposes a task force that would address these types of different municipal entities and different types of emergency medical services providers so I move adoption of the amendment.

DEPUTY SPEAKER BERGER:

Thank you, madam.

Will you comment further on House "A"?

Representative Perillo of the 113th, sir, you have the floor.

REP. PERILLO (113th):

Mr. Speaker, thank you very much.

And first, I would like to thank the chairs of the Public Health Committee and the other introducers of this amendment. This was a bipartisan effort. I was very pleased to be involved in it, and I think that based upon what was initially proposed, this amendment before us is a much more common sense approach, much more measured, much more reasonable.

And to be honest, while I honestly do not believe it is necessary, I think it is acceptable to move forward and study this topic and to determine what the right approach is for the provision of emergency medical services going forward in the State of Connecticut.

So, again, I thank the chairs of the committee, and I would urge the amendment's adoption.

DEPUTY SPEAKER BERGER:

Thank you, Representative Perillo.

Representative Srinivasan of the 31st, sir, you have the floor.

REP. SRINIVASAN (31st):

Good afternoon, Mr. Speaker.

DEPUTY SPEAKER BERGER:

Good afternoon, Doctor.

REP. SRINIVASAN (31st):

I do rise in strong support of this amendment.

This bill -- this amendment achieves what we had heard extensively in our public hearings, establishing the standards of professional conduct for those who provide emergency medical services.

It boggles my mind that these standards would not be second nature to these professionals and that they need to be established. However, in the world that we live in, we

have heard enough horror stories in the public hearings and at other times as well so it is necessary. It is essential for us to establish these various standards.

The PSA, the primary service area, need to be revisited and to say that, look at that issue, the complex issue is an understatement. The task force is a first step in reevaluating our current system and come with the appropriate recommendations.

Through you, Mr. Speaker, just a few questions to the proponent of the amendment.

DEPUTY SPEAKER BERGER:

Representative Johnson, please prepare yourself.

Representative Srinivasan, please proceed, sir.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, line 13 in the amendment talks about the commissioner may take any such disciplinary action against the paramedic.

Through you, Mr. Speaker, any such disciplinary action, would the good chair of the Public Health Committee just expand on that.

Through you, Mr. Speaker.

DEPUTY SPEAKER BERGER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, there -- there needed to be some strengthening of the statute in some circumstances. We had certain towns come and provide testimony to the committee indicating that they had some difficulty connecting with the Department of Public Health when disciplinary action may have been necessary. And so, with that, we have had some strengthening, not just for the paramedic intercepts, but also for emergency services instructors and advance emergency medical technicians and EMTs, as well, emergency medical technicians.

So we have strengthened that because of the different types of entities we have. We have -- if, in fact, the emergency medical services provider of that town -- and every town has to have someone designated as -- or some entity designated as an emergency medical services provider -- if, in fact, that occurs where the town has either a non-for-profit or a for-profit, then what happens is the town doesn't have direct control over the entity that's providing the service in terms of the behavioral aspects which puts the Department of Public Health in a situation where they issue the license and they can, in fact, control so those are the reasons for strengthening this part of the bill.

Through you, Mr. Speaker.

DEPUTY SPEAKER BERGER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, I do want to thank the good chair for her very detailed answer on this particular question, and I appreciate that.

Through you, Mr. Speaker, since the PSA, the primary service area, has been established, have we ever revisited that?

Through you, Mr. Speaker.

DEPUTY SPEAKER BERGER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, not to best of my knowledge.

DEPUTY SPEAKER BERGER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, then I'm very glad that that (inaudible) in the task force something that has not been, you know, revisited. A part of the task force is going to visit that area, which, I think, is extremely important for us as we move forward in providing these essential services.

And my final question, through you, Mr. Speaker.

DEPUTY SPEAKER BERGER:

Please proceed, sir.

REP. SRINIVASAN (31st):

In the public hearings, Mr. Speaker, it is very clear that there was a disconnect between complaints, incidents that had occurred and the fact that these people were not able to reach the appropriate authorities to whom to complain or to whom to take the complaint to. Maybe it is a perception, maybe it is a reality, I'm not sure. But I definitely got the distinct feeling of this disconnect between the authorities and these various service providers.

Through you, Mr. Speaker, would this task force that we are establishing be able to address these concerns?

Through you, Mr. Speaker.

DEPUTY SPEAKER BERGER:

Representative Johnson.

REP. JOHNSON (49th):

Yes, Mr. Speaker, through you. There is a training component to the task force to analyze the connection between the provider of service and the town's relationship between the provider of service.

Also, the task force will look at the bylaws, will look at the contracts between the towns and the providers

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of services to make sure that they work with today's current systems.

Through you, Mr. Speaker.

DEPUTY SPEAKER BERGER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Emergency medical services, when I started looking into that, I did not realize how complex an issue it is and how involved the state and the various municipalities are, and the various stakeholders in providing these emergency services. And what we're doing this afternoon, in passing this amendment and the bill that follows that, which is amended, is definitely a very positive step in addressing where we are at this point in time and where we need to be soon so that we address all the concerns, both of the service providers as well as the various municipalities to whom they provide their services.

I urge my colleagues to strongly support this amendment.

Thank you, Mr. Speaker.

DEPUTY SPEAKER BERGER:

Thank you, sir.

Just to remind the chamber, we are on debating, House Amendment "A."

Representative Demicco of the 21st, sir.

REP. DEMICCO (21st):

Thank you very much, Mr. Speaker.

I just wanted to echo the sentiments of the previous two speakers. And I wanted to thank the two co-chairs of the Public Health Committee for their patience and their diligence in working on this amendment and the underlying bill.

And as the Representative from Glastonbury mentioned, this is -- this primary -- this EMS primary service area task force will be a very good first step. Although it is only a first step, it's a good first step towards resolving some of the issues with regards to PSAs that were identified and spoken about extensively at the public hearing a couple of months ago.

So, again, I wanted to thank the co-chairs, Representative Johnson and Senator Gerratana, for bringing this forward. Thank you.

DEPUTY SPEAKER BERGER:

Thank you, Representative.

Representative Ackert of the 8th, sir, you have the floor.

REP. ACKERT (8th):

Thank you -- thank you, Mr. Speaker.

And I do rise, also, in thanks to be honest. We had a situation in one of my communities that we could not be addressed. We were not getting the response from the Office of Emergency Medical Services that we thought was due. And I think that this legislation and the hard work by the chairs and the committee and through, you know, multiple inputs, has, you know, has created a -- created a piece of legislation that now gives a little bit more oversight and a little bit more control of those that seems to run a little bit on their own, so I do thank the good chair.

And thank you, Mr. Speaker.

DEPUTY SPEAKER BERGER:

Thank you, sir.

Representative Carter of the 2nd, sir.

REP. CARTER (2nd):

Waiting for the bill, sir -- waiting for the underlying bill, Mr. Speaker.

DEPUTY SPEAKER BERGER:

Thank you, sir.

Representative Rebimbas 70th on House Amendment "A."

REP. REBIMBAS (70th):

Thank you, Mr. Speaker.

I, also, rise in support of the amendment that's

before us, and I also want to echo the sentiments that have been already said.

I want to thank the chairpersons, as well as the ranking members, for identifying an issue that does exist in the State of Connecticut in many of our districts, and the opportunities to get all of the responses and information that would be necessary in order to pass further positive legislation so thank you, Mr. Speaker.

DEPUTY SPEAKER BERGER:

Thank you, Representative.

Will you remark further on the amendment before us?  
Will you remark on House Amendment Schedule "A"?

If not, I will try your minds.

All those in favor of House Amendment Schedule "A," signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER BERGER:

Opposed?

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?

Representative Carter of the 2nd.

REP. CARTER (2nd):

Thank you very much, Mr. Speaker.

I just had one question, through you, to the proponent of the bill.

DEPUTY SPEAKER BERGER:

Please proceed, sir.

REP. CARTER (2nd):

Thank you, Mr. Speaker.

Now that this bill is on its way, there's one question I wanted to make sure that I understood.

Through you, Mr. Speaker, if an EMT is convicted of a criminal offense, then this bill, as I understand it, will give the commissioner greater latitude to actually pull the license?

Through you, Mr. Speaker.

DEPUTY SPEAKER BERGER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, this actually codifies existing regulations, and it does give the -- it does make clear that the commissioner does have authority. There is a procedure by which the license can be pulled and there is a standard by which the commissioner must abide by in order to pull the license.

Through you, Mr. Speaker.

DEPUTY SPEAKER BERGER:

Representative carter.

REP. CARTER (2nd):

Thank you, Mr. Speaker.

I was wondering about specific instance.

Ladies and gentlemen of the Chamber, a number of years ago, it's either last year or the year before, we looked at emergency technicians and we actually passed a law that would say if they were caught taking a photograph of a victim that, indeed, that would be a criminal penalty.

So I guess my question to the good chairwoman is, if a -- if the EMT does this and is not convicted, can the commissioner still take away their license?

Through you, Mr. Speaker.

DEPUTY SPEAKER BERGER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, if the person is not convicted -- I'm not sure I understand. That seems to me to be difficult. How would they know that the picture was taken or who took it? Those are the kinds of things that would go into a conviction of that nature.

Through you, Mr. Speaker.

DEPUTY SPEAKER BERGER:

Representative Carter, would you like to rephrase?

REP. CARTER (2nd):

Yes, I will, sir.

Through you, Mr. Speaker, if an EMT is caught doing something, like taking a photo of a victim or a deceased person, and they distribute that photo. And let's say, for instance, that weren't convicted or even charged, but maybe a complaint was made at the scene, is it -- does the commissioner have greater latitude now than they did before with this bill to actually pull their license?

Through you, Mr. Speaker.

DEPUTY SPEAKER BERGER:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, I thank the gentleman for his clarification.

This language does help the commissioner enforce the rules that they must enforce and outlines the procedure, makes clear that the same -- same standards apply to emergency medical technicians, as paramedic intercept providers, and any advance emergency medical technicians or emergency medical services instructors.

All of this has been updated to be in conformance with

the Paramedic Intercept Statute so that all the -- all these providers must obey the law that governs them and how they operate and any type of -- any type of charge against an individual in those circumstances would allow the person to go through a hearing, and the commissioner can actually address these things without them going to criminal court. That's true.

Through you, Mr. Speaker.

DEPUTY SPEAKER BERGER:

Representative Carter.

REP. CARTER (2nd):

Thank you very much, Mr. Speaker.

And my sincerest thanks to the -- to the chairman of the illustrious Public Health Committee, I appreciate the answers.

And, you know, ladies and gentlemen, this has come up many times before. And in no way would I ever disparage any of our EMT personnel but you -- obviously, there's always that group who want to know more about an accident or see photos and it's always been important that we respect the dignity of people who are involved in accidents or crimes. And I think by, you know, by making sure that that disciplinary, you know, procedures in place, in giving, in this case, the Department of Health a little

greater latitude in dealing with those kinds of things, I think, is okay.

And I would urge my colleagues to support the bill.  
Thank you, ladies and gentlemen.

DEPUTY SPEAKER BERGER:

Thank you, Representative.

Representative Perillo of the 113th, sir, you have the floor.

REP. PERILLO (113th):

Thank you, Mr. Speaker.

And as I said before, I do rise in support; however, I would like to clarify something that I believe was discussed in error.

The ranking member of the Public Health Committee asked the chair whether or not the issue of PSAs, primary service areas, had ever been addressed since their inception. The answer he received was "no." That is, in fact, not correct.

The issue was addressed in the year 2000, and it was address for much the same reason that we're addressing it here today. In 2000, the statute was changed to provide municipalities the opportunity to address the concerns that many of those communities testified about during the public hearing. And I just think it should be known that since

the year 2000, not one of those communities, including all of those that testified, has ever attempted to use that mechanism.

So, again, the issue has been addressed. No municipalities have ever chosen to utilize what's been given to them. Thank you.

DEPUTY SPEAKER BERGER:

Thank you, Representative.

Representative Johnson.

REP. JOHNSON (49th):

Thank you, Mr. Speaker.

I thank the good representative for his information. I was unaware of that and appreciate the correction to the record very much.

I also would like to thank everybody who has worked on this, including Representative Perillo; the ranking member, Representative Srinivasan; Representative Demicco; and Representative Cook; and my co-chair, Senator Gerratana in the Senate. So we've all worked hard on this, and I think that we've put together something that will help us move forward.

Thank you so much, Mr. Speaker.

DEPUTY SPEAKER BERGER:

Thank you, Representative.

Will you comment further on the bill as amended? Will you comment further on the bill as amended?

If not, will staff and guests please come to the well of the House. Will members take your seats. The machine will open.

THE CLERK:

The House of Representatives is voting by roll call.

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

DEPUTY SPEAKER BERGER:

Have all the members voted? Have all the members voted?

If all the members have voted, if you could check the board to see if your vote has been properly cast.

If all the members have voted, the machine will be locked, and the Clerk will take the tally.

Would the Clerk please announce the tally.

THE CLERK:

On House Bill 6518, as amended by House Amendment  
Schedule "A"

Total Number voting	139
Necessary for Passage	70
Those voting Yea	133

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Those voting Nay 6

Those absent and not voting 11

DEPUTY SPEAKER BERGER:

The bill passes as amended.

Will the Clerk please call House Calendar Number 476.

THE CLERK:

On page 45, Calendar 476, Substitute House Bill Number 6658, AN ACT CONCERNING EMPLOYER USE OF NONCOMPETE AGREEMENTS, favorable report of the committee on Labor.

DEPUTY SPEAKER BERGER:

Representative Ritter.

REP. RITTER (1st):

We're back, Mr. Speaker.

DEPUTY SPEAKER BERGER:

Here we are.

REP. RITTER (1st):

I move acceptance of the joint committee's favorable report and passage of the bill.

DEPUTY SPEAKER BERGER:

The question before the Chamber is acceptance of the joint committee's favorable report and passage of the bill.

Please proceed, sir.

REP. RITTER (1st):

And I do believe the Clerk is in possession of an

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(Chamber at ease.)

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, I would like to -- to mark some additional items at this time.

First, on Calendar page 21, Calendar 630, House Joint Resolution Number 45, I would mark that item go -- in -- and as the next item to be -- to be called.

In addition, madam President, have some additional items to -- to mark on Calendar page 15, Calendar 698, House Bill Number 6518, Madam President, would move to place that item on the Consent Calendar.

THE CHAIR:

So ordered, sir, seeing no objection.

SENATOR LOONEY:

Thank you, Madam President.

And also, Madam President, Calendar page 15, Calendar 699, which is a single-starred item, move for suspension to take it up for purposes of placing it on the Consent Calendar. HB 6389

THE CHAIR:

So ordered. Seeing no objection, it's on the Consent Calendar.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, also would like to mark go, Calendar page 11, Calendar 661, House Bill Number 6160.

THE CLERK:

-- House Bill 6685.

On page 4, Calendar 467, House Bill 6514.

On page 7, Calendar 57, House Bill 6515.

And on page 12, Calendar 669, House Bill 6610.

On page 13, Calendar 679, House Bill 5423.

On page 14, Calendar 688, House Bill 6477.

On page 15, Calendar 698, House Bill 6518; Calendar  
699, House Bill 6389.

And on page 21, Calendar 630, House Joint Resolution  
Number 45.

THE CHAIR:

Okay. Mr. Clerk, will you please call for roll call  
vote. The machine will be open for Consent Calendar  
1.

THE CLERK:

Immediate roll call has been ordered in the Senate.  
Senators return to the chamber please. Immediate roll  
call on Consent Calendar Number 1 has been ordered in  
the Senate.

THE CHAIR:

All members have voted? All members have voted, the  
machine will be closed.

Mr. Clerk, will you call the tally.

THE CLERK:

On Consent Calendar Number 1

Total Number Voting	35
Those voting Yea	35

Those voting Nay 0

Those absent and not voting 1

THE CHAIR:

The consent Calendar is passed.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, some additional items to mark go at this time.

THE CHAIR:

Please proceed, sir.

SENATOR LOONEY:

Thank you, Madam President.

On Calendar page 4, Calendar 464, House Bill 5601 should be marked go.

Also Calendar page 4, Calendar 465, House Bill Number 6630 should be marked go.

Calendar page 10, Calendar 644, House Bill Number 6363 should be marked go.

Also, Madam President, Calendar page 8, Calendar 601, House Bill Number 6490 should be marked go.

And, Madam President, Calendar page 18, Calendar 239, Senate Bill Number 190 should be marked go at this time.

Thank you, Madam President.

THE CHAIR:

Thank you.

**JOINT  
STANDING  
COMMITTEE  
HEARINGS**

**PUBLIC  
HEALTH  
PART 7  
2034-2383**

**2013**

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In the event of a lockdown announcement, please remain in the hearing room and stay away from the exit doors until all clear announcement is heard. Thank you.

All public hearing testimony, written and spoken, is public information. It will be available on the CGA website and indexed by Internet search engines.

As per our usual and customer procedure, we will start with Legislators, agencies and municipalities who have registered to testify.

First up is our Commissioner of Public Health, Jewel Mullen. Good morning, and welcome.

COMMISSIONER JEWEL MULLEN: Thank you. Good morning. Good morning, Senator Gerratana, Representative Johnson and Members of the Public Health Committee. I'm Dr. Jewel Mullen, and I'm here to testify in support of four bills on today's Public Health hearing agenda.

Senate Bill 848 AN ACT IMPLEMENTING PROVISIONS OF THE BUDGET CONCERNING PUBLIC HEALTH, Senate Bill 990 AN ACT CONCERNING SMOKING POLICIES AND PROHIBITING SMOKING IN CERTAIN AREAS, Senate Bill 992 AN ACT CONCERNING VARIOUS REVISIONS TO THE OFFICE OF HEALTHCARE ACCESS STATUTES and House Bill 6521 AN ACT CONCERNING MEDICAL ORDERS FOR LIFE SUSTAINING TREATMENT.

HB6518  
HB6519  
HB6484

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pat/cd/gbr PUBLIC HEALTH COMMITTEE

March 15, 2013  
10:30 a.m.

SENATOR BARTOLOMEO: I'm wondering, do you have comments or testimony for 6518 --

COMMISSIONER JEWEL MULLEN: 6518, that's the --

SENATOR BARTOLOMEO: -- for emergency medical services.

COMMISSIONER JEWEL MULLEN: -- (inaudible).

SENATOR BARTOLOMEO: Right. Exactly.

COMMISSIONER JEWEL MULLEN: We submitted testimony, so do you want to ask a specific question, or?

SENATOR BARTOLOMEO: Would it be okay with the Chairs if I asked that she comment on that at all, or? 6518.

SENATOR GERRATANA: I'm sorry.

SENATOR BARTOLOMEO: Bill 6518, which I'm very interested in, we have some testimony that's been submitted but the Commissioner hasn't spoken to it and I was just wondering if (inaudible).

SENATOR GERRATANA: Is it testimony that the Commissioner submitted?

SENATOR BARTOLOMEO: I just am seeing it for the first time, so I was curious as to her thoughts.

COMMISSIONER JEWEL MULLEN: She has not submitted testimony, so if you do have questions of her you can speak --

A VOICE: She did submit testimony.

SENATOR GERRATANA: Oh, she did. I'm sorry.

SENATOR BARTOLOMEO: No, no, no. What I'm saying is -

-

SENATOR GERRATANA: Senator Bartolomeo, do you have testimony in front of you from Commissioner Mullen?

SENATOR BARTOLOMEO: Just this second. So I was just wondering if she might be able to summarize it.

SENATOR GERRATANA: You do have testimony from the Commissioner?

SENATOR BARTOLOMEO: Right.

SENATOR GERRATANA: Yes, you may proceed.

SENATOR BARTOLOMEO: Thank you.

COMMISSIONER JEWEL MULLEN: If you don't, I can hand it to you.

SENATOR BARTOLOMEO: We just got it this second, but I was hoping that you might be speaking to it a little bit.

COMMISSIONER JEWEL MULLEN: Okay.

SENATOR BARTOLOMEO: And so would you just give us a quick summary of your thoughts of that, and I'm most specifically interested in primary service areas and your opinion as to whether or not the municipality should be taking that over or not.

COMMISSIONER JEWEL MULLEN: So this is my third Legislative Session and every year there's been a bill that has something to do with EMS, and then in the past couple of years in getting to learn municipalities, the EMS community and the EMS Advisory Board, I think what I would say, a few things.

One, I hope it's been clear in different meetings what my appreciation for the EMS community and the work they especially do, and one of the ways in which I try to impart how important I see their work is, that I usually remind them that I know that they're not just a transport service to start with.

And then I usually follow that with the comment that to me, they're a very integral part of the healthcare system and with that, oftentimes the very first point of contact that the patient has with the healthcare system.

So in my, in our thinking, care for a patient doesn't begin once they arrive in an ED, it arrives with that first contact with the responder.

So within that, in terms of primary service areas, beyond just thinking about how to divvy up for services, part of what the Office of Emergency Medical Services does, is look at the different levels of emergency services provided, and at the entire state to ensure that the designation, in short, enable delivery of each level in a way that people in all 169 towns in Connecticut are served.

So I'd be very concerned with this portion on primary service areas being a step toward dismantling a system, which has effectively ensured adequate services to people across this state for a long time.

SENATOR BARTOLOMEO: Thank you. I do appreciate that answer and thank you to the Chairs for allowing me to do that. Thank you.

SENATOR GERRATANA: You're welcome. Representative Johnson.

RENEE COLEMAN MITCHELL: No. As I stated earlier, it's because of the preliminary findings that were done by the FDA. We are still waiting to hear the final results of studies that are currently being done, specifically by the Centers for Disease Control and Prevention.

REP. ZONI: So you would maybe classify this as preliminary legislation.

RENEE COLEMAN MITCHELL: No, I would not. I would classify it as public health cautionary measures to address a public health issues that to date we have some data that does indicate there is concern in terms of the health of individuals who do use e-cigarettes.

REP. ZONI: Okay. Thank you.

SENATOR GERRATANA: Thank you. Representative Perillo.

REP. PERILLO: Madam Chair, thank you very much. Good morning, Commissioner. Good to see you. Wish we could do this more often, or not.

SENATOR GERRATANA: Excuse me, Representative Perillo. I'm sorry. I just want to ask people who are here standing in the doorways to please clear the doorways. We do have overflow seating and you can view the hearing in Room 1B, that's 1B as in boy, on this level.

And I apologize, Representative Perillo, please proceed.

REP. PERILLO: Thank you. Commissioner, if I may, I'd like to follow up on some of the questions that Senator Bartolomeo had about 6518.

The last time that the EMS regulations, the statutory change in a real significant manner was

in 2000 and at that time there were a number of measures put in place to ensure that municipalities, or at least believe to ensure that municipalities would have the right to remove a responder who was not functioning properly. There's a couple of different ways in which you can do that.

Have we seen any, have any municipalities formally applied to the Department of Public Health to have a responder removed in these 13 years?

COMMISSIONER JEWEL MULLEN: I'm looking over at Wendy Furniss and Ray Balishansky from our Health Care Systems Branch. I can say that in my two plus years, no, and I'm getting head shakes of no for the past 13 years in general. So no.

REP. PERILLO: Okay, thank you. But there is a methodology in place.

COMMISSIONER JEWEL MULLEN: Yeah.

REP. PERILLO: Now, interestingly, the bill before us does seem to have an appeal for the provider. There is a mechanism by which you're doing that. It's not very clearly stated as to how the Agency would implement or make judgment on that. Can you talk about that just a little?

COMMISSIONER JEWEL MULLEN: It's hard for me to answer your specific question because the proposed bill, as I said earlier, seems to take apart some of what really was put in place for our system.

So I, if I think about the different proposed legislation that we've had since I became Commissioner around EMS, I go back two years where there were considerations of whether or not the Office of EMS would become part of the consolidated Department of Emergency Services and

Public Protection, and that's when I started waving. This is healthcare. This belongs with DPH.

And then last year we had, I think a proposal to form a council and the proposal to form a more streamlined advisory committee.

So, you know, I feel like I actually have to go back and read and try to get a stream of understanding of what people are looking for in the quest to make the EMS system better before I can actually respond to how things would work.

I mean, every now and then, as much as we, you know, we hate to be called regulators, the Department of Public Health has a regulatory role and one of those roles is oversight of the Office of Emergency Medical Services, not because we are power and authority freaks but because our mission is to protect and promote health and safety of all our Connecticut residents.

So that being said, I get concerned when there becomes maybe a little bit more wiggle room or lack of parity around how processes are supposed to unfold.

That's a long response and maybe not the answer, but --

REP. PERILLO: I appreciate the effort.

COMMISSIONER JEWEL MULLEN: Okay.

REP. PERILLO: Commissioner, thank you very much. Thank you, Madam Chair.

SENATOR GERRATANA: Thank you, sir. Are there any other questions? Senator Bartolomeo.

**JOINT  
STANDING  
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HEARINGS**

**PUBLIC  
HEALTH  
PART 8  
2384-2726**

**2013**

A MOLST system would ensure patients would have these important discussions long before they make difficult and critical decisions on an emergent basis.

If they have time to understand the discomfort and often little benefit of these procedures, they would most likely prefer to allow natural death.

Another reason a MOLST system is so badly needed in Connecticut is that even if a patient has made an informed and thoughtful decision, about foregoing aggressive life-prolonging treatments, it has to be re-addressed at each medical facility they transition to, when they get to the emergency room, when they go from the ambulance from the hospital back to the nursing home, when they're back in the nursing home, when they're in the hospital, it's a never-ending viscous cycle for those poor patients.

A MOLST system would ensure their thoughtful end-of-life wishes would be honored wherever they go. Thank you.

SENATOR GERRATANA: Thank you, doctor. Are there any questions? If not, thank you for coming today and giving your testimony. Next is Representative Kupchik, followed by Carin Van Gelder. Is Representative Kupchik here? I guess not. Welcome, Dr. Van Gelder.

CARIN VAN GELDER: Thank you. I have a quick format question.

SENATOR GERRATANA: Sure.

CARIN VAN GELDER: I've been signed up twice for three bills, though, so in priority it would be 6521, 6518 and 6522. As a physician familiar with the emergent medicine and EMS. I can do the

ELIZABETH VISONE: I have been very fortunate to have been caring for many patients for seven years, including the ones in the nursing home, so depression doesn't necessarily, the diagnosis of depression wouldn't necessarily preclude your ability to make that uninformed decision about end of life issues.

And quite frankly, with most of my patients, especially the elderly, many of them do get depressed because they have multiple chronic diseases, not just one.

And if you can imagine as you age out and your disease processes worsen, how that, what that does to your psyche, and you can imagine that they do, in fact, get depressed.

But if I sense that this person was trying to withhold treatment from themselves because they were actively looking for a way out, to put it gently, then I would not accept those, then that conversation would be completely different and I certainly would bring in other specialists to evaluate that patient and make sure that they can give an informed consent that is not colored by their, by say a major depressive disorder.

SENATOR GERRATANA: Well, thank you for coming and bringing your testimony and expertise today. We appreciate it.

ELIZABETH VISONE: Thank you. Thank you for having me.

SENATOR GERRATANA: Next is Bob Mezzo, to be followed by Jerry Schwab.

BOB MEZZO: Good afternoon, Senator Gerratana, Representative Johnson, Honorable Members of the Committee. My name is Bob Mezzo. I'm the Mayor

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of the Borough of Naugatuck. And with me today is Deputy Mayor Tamath Rossi.

We are testifying in favor of Senate Bill, I'm sorry, House Bill 6518 regarding emergency medical services. We've submitted written testimony so I'll just briefly summarize the reason we're here this afternoon.

Essentially, the portion of this bill that affects the Borough of Naugatuck and I'm sure many municipalities throughout the state involves the primary service area designations that are currently enacted by the Department of Public Health and the Office of Emergency Medical Services.

We believe that the amount of local control or the lack thereof is a significant concern for our ability to provide the highest level of medical services for a competitive price.

I understand that there's a lot of history behind the creation of the PSA system. Both Deputy Mayor Rossi and myself have had the privilege to speak to some of those who are opposed to this legislation and learned about the concerns that they have that are legitimate.

But from a municipal perspective, the lack of ability to contract for these services, to contract for what we believe as local officials, to be the important needs of our community in terms of ambulatory services, in terms of paramedic services. It doesn't exist under the current structure that you have in place and I think the time has come to look at that.

The legislation before you may not be perfect but it does provide for some of the local control that we're looking to see come forth from the current system, so.

Deputy Mayor Rossi is Chair of the Emergency Medical Services Oversight Committee that we have. They've been researching this issue for many months, particularly relative to a situation that we had with our current holder of our PSA. She can briefly summarize her thoughts and then we'd be glad to answer any questions that the Committee may have.

SENATOR GERRATANA: Sure. Please proceed.

TAMATH ROSSI: Good afternoon. Thank you for your time and your consideration.

SENATOR GERRATANA: Please state your name.

TAMATH ROSSI: I'm sorry. Tamath Rossi, Deputy Mayor of the Borough of Naugatuck.

SENATOR GERRATANA: Thank you.

TAMATH ROSSI: And I'm the Chair of our Emergency Medical Services Oversight Committee. Basically after many hundreds of hours of public hearings, research and work with various Representative from our region, which is Region 5 as well as working with the DPH, OEMS office, we met with the prior director as well as the, had a conference call with the current director and his staff.

We have had a real issue with our PSA and the lack of local input control oversight. We haven't had an EMS plan in place. We weren't even aware of that. That is something that my understanding is, that the state would let us know, you know, where we're lacking or if they would be reviewing that every year and that hasn't happened.

When we first met, we, the DPH, OEMS office, they recommended that we create this Oversight Committee. So we have created this Oversight Committee and we're working closely with our current ambulance provider.

But one of the things as a local municipality that we've been dealing with for a long time is being told we're not going to get it cheaper anywhere else. We're not going to get better service anywhere else.

And through a bid process that we went through, we in fact ended up, and we understood that the PSA was owned and we never denied the fact that it was owned and held by the current EMS provider.

But we went through that bidding process, we were able to ascertain that we could get the same level of service as we were currently receiving, with oversight, and it was going to cost us \$200,000 less a year.

So you know, I think that we really have a concern with the quality and level of care and being able to have some input and management component in all of that.

But there's also a free market, and this is almost, we're being held hostage as a municipality. We have to bid all of our other services out and that enables us to ensure that we have a good quality service and that we're getting it at a good price for our taxpayers.

And in essence, this is like an unfunded mandate for us. We have no control. We don't have any control over the financial aspect of it or the quality of care.

In one of our meetings our police chief became extremely upset with our Region 5 liaison who stated that after a number of questions, what if there's an issue. What if there is a serious issue with our ambulance. It was just a hypothetical question. There's an issue with response time, or there was some kind of awful emergency that happened.

In essence, we would never be notified. The CEO of our municipality, which would be the Mayor, our fire chiefs, our chief of police, no one would be made aware of that because it is handled on the state level. So there's a real disconnect that's happening currently with the current system.

SENATOR GERRATANA: Miss Rossi, I do have a question. You know, the Department of Public Health did give testimony and comment, you know, a couple of members. You were probably here, and is there not a complaint or appeals process or something along that line that you can tell the Department and say, you know.

For instance, I know in talking with one of my local municipal officers that they said, well by the time the ambulance company, you know, responded, there was almost a 30-minute wait, and so, of course, that would be of concern to me from a public health perspective. Why the long, you know, emergency response?

So there's no process in place? I know there's a council, you know, that has representation.

TAMATH ROSSI: There is, and I don't want to disparage anyone, but I'm just going to be blunt and direct, because I don't know how else to, you know, express it.

All municipalities are, part of the legislation is all of the municipalities need to have an EMS plan in place. Naugatuck doesn't have one. Apparently we never had one, and until this had started, we didn't realize that.

SENATOR GERRATANA: I'm sorry. You said you did not have an emergency service?

TAMATH ROSSI: An EMS plan in place.

SENATOR GERRATANA: An EMS plan. Do you have one now?

TAMATH ROSSI: We are in the process of drafting one, okay?

SENATOR GERRATANA: Okay. So you didn't even know that?

TAMATH ROSSI: No. And part of the state's responsibility is to be reviewing that and being in touch with the municipality on an annual basis. So that's where I mean, there seems to be an apparent disconnect even with the current legislation.

We were told to create an Oversight Committee by the prior director when the Borough's attorney and myself met with the OEMS Department. It was last summer. The first recommendation is that you really should put an Oversight Committee in place and the Mayor instituted that, and we have had that since last summer, and that is currently several members of the community as well as a doctor at St. Mary's Hospital and our current EMS provider.

One of the things that that is intended to do is that if there is a lag in response time, it's a collaborative and cooperative effort to work through these issues, to make sure that they're valid reasons that this happened.

When we shared that with the current director and his staff in a teleconference call, we were reprimanded for having that Committee in place. We were told that we did not have a right to have that Committee in place.

And in turn, I did ask him, I said in our research there are several other communities that I've come across that do have that Oversight Committee in place, and not only do they have an Oversight Committee, but they fine their EMS provider.

So are you having the same conversation with those communities? No one in that room was aware that that was something in place in other municipalities.

So I'm just trying to express the level of frustration that we're having in our municipality that we really feel like we're being held hostage and our hands are tied to be able to ensure the best quality of service.

And to further that example a little bit more is, we currently have a paramedic in place in Naugatuck through our current EMS service. What really was the genesis for a lot of our issues recently was, our EMS service provider came to us and stated that he could no longer afford to provide paramedic service. He was going to go to the intercept service.

We are serve, we have almost 33,000 residents. We've been served with a paramedic in town for as long as I can remember, and there was a real concern about the level of service really being downgraded tremendously going to an intercept service.

But, if you look at the legislation, he would, the current legislation in place, he would not have been able to have had a complaint brought against him because he was working well within this current structure of the legislation.

So another concern that myself and other Committee members have is, looking at the level of the population of a community and the level of need, and you know, are we meeting our minimum requirements with our current need and population.

SENATOR GERRATANA: Actually, I had a question for the Mayor also. In your testimony, you talk about, and I'm just going to go to it, because I really would like to know from a public health perspective what's going on here.

BOB MEZZO: Yes.

SENATOR GERRATANA: You say in a system governed by market principles, it is certainly the right of a private entity to determine the level of non-mandated services it will offer to a client. The client in this instance, however, is the Borough of Naugatuck.

So I wanted to know --

BOB MEZZO: Sure.

SENATOR GERRATANA: -- what, or if you could explain that statement for me.

BOB MEZZO: Absolutely, and I think the Deputy Mayor's example just touched upon it. This whole issue, two years ago I wasn't aware what a PSA was. I think the average person who takes an ambulance is certainly never aware of the state's regulatory system, but the current holder of the PSA came to us. We had a very generic contract

to provide ambulatory services that included generically worded paramedic services.

We have always had a paramedic in house, in our ambulance. He was wishing to switch to an intercept model, which essentially means that a paramedic would meet the ambulance on route to the hospital. The paramedic would get off, climb into the ambulance and go to the hospital.

Under the contract, it was not defined as to what those paramedic services would be, how they would be provided and our understanding through counsel was that the Department of Health did not require him to have a paramedic as part of his PSA, that the intercept model was sufficient. So that really started the conversation about this issue in our community.

And what I mean by that is, the ambulance provider in our community is a not for profit entity. They certainly have the right to contract how they would like to provide services or not or for what cost.

The problem is for the Borough, we have no other choice under the current PSA system but to deal with that one particular nonprofit entity.

So we certainly don't expect that the ambulance provider will do everything that we say above and beyond the level of service that is dictated under the PSA system, but we would like to be able to go to the market to see what kind of price we could get for the services that we want provided in our community.

So that's what that particular paragraph in the testimony states, and it goes back to why we're here today and why this issue became a point of discussion in our community.

SENATOR GERRATANA: Okay, well thank you for that.  
Representative Miller.

REP. PHIL MILLER: Thank you, Madam Chair, and thank you for your testimony. I have a couple of questions, which I think can be answered very simply.

You're part of Area 5 in the state with 30 something other municipalities?

BOB MEZZO: That's correct.

REP. PHIL MILLER: Do you regularly talk to your state emergency management designee?

BOB MEZZO: All the time.

REP. PHIL MILLER: And you have also an elected official who by statute I believe is the Chair of Area 5?

BOB MEZZO: I am not aware of that. There is a Coalition of Emergency Management Directors in our community, in Region 5 and our community participates in that.

REP. PHIL MILLER: Okay. And there is in addition to your state liaison who coordinates that, you have an elected official, I believe, who's the chief elected official of one of those 30 some odd towns who is the Chair and their duty, I believe is to work with you to try to hopefully square a lot of these things aware so you're not left with a lack of information.

Are you availing yourself to those contacts as well as you can, you think?

BOB MEZZO: Absolutely. Yes. Absolutely. Our fire chief is our Deputy Emergency Manager Director

and is one of the leading voices in that community.

TAMATH ROSSI: He is the Vice-Chair of that Committee as well.

REP. PHIL MILLER: Okay, thank you and thank you, Madam Chair.

BOB MEZZO: Thank you.

SENATOR GERRATANA: Any other questions? If not, thank you so much for coming today with your testimony.

BOB MEZZO: Thank you.

SENATOR GERRATANA: Next is Jerry Schwab followed by Representative Victor Cuevas.

JERRY SCHWAB: Thank you, Senator Gerratana, Representative Johnson, Members of the Committee. My name is Jerry Schwab. I'm the Executive Director of Oxford Ambulance Association. We are a not for profit organization and also a municipal department of the Town of Oxford.

Thank you for the opportunity to testify today on House Bill 6518 AN ACT CONCERNING EMERGENCY MEDICAL SERVICES. I will be testifying today in opposition to this bill, particularly in the changes made to the state's PSA system.

Emergency Medical Services in the State of Connecticut provide a critical service to our communities. Essential life-saving services such as this require stability and reliability. This proposed bill would destabilize our system and bring us back to where we were 40 years ago.

While the bill may arguably have some benefits for a few municipalities, it will also have

devastatingly negative effects for the majority of ambulance service in municipalities in the state.

Currently, the State of Connecticut is divided into geographical areas call the primary service areas. These PSA are assigned by the Commissioner of the Department of Public Health and are supervised by DPH's Office of Emergency Medical Services through the Commissioner. This system was instituted 40 years ago to specifically address those issues that we are worried about today, instability, unreliability, unhealthy competition, political gamesmanship and a lack of surge capacity.

The bill proposes that each municipality have the ability to sign its ambulance provider at will. This would allow any municipality at any time, to change its ambulance provider without cause.

This puts all EMS services in the state into a position to having to play politics in order to ensure our survival.

If this legislation were to pass, many communities could be faced with a constant flip-flop of EMS providers. This would create an environment that is unstable and unreliable and detrimental to the patients we serve.

Addressing what may be a legitimate concern of a few municipalities at the expense of others is not a desirable way to fix this problem. Many communities in Connecticut would suffer if this bill were passed. Mine happens to be one of them.

I run a nonprofit basic ambulance service in Oxford. We receive paramedic level care from a regional not-for-profit provider. We are very

happy with the service we receive and we pay only \$40,000 a year.

However, the paramedic provider serves six other municipalities. If just one of those towns chose to sever their agreement with our regional provider, thus breaking down the one large PSA into individual ones, which this legislation would do, there's a very great risk that the provider would no longer be able to survive. The cost to my town to provide paramedic service on its own would easily eclipse \$300,000.

Please keep in mind that this current system that we operate in has in place, allows a municipality to hold its provider accountable to the town's EMS plan. This method was created by legislation in 2000 and was passed by Public Act 00-151.

A municipality is allowed to petition the Commissioner to remove and reassign a PSA at any time. To the best of my knowledge, no municipality has asked for reassignment in the last 13 years since this legislation was passed. Thank you.

SENATOR GERRATANA: Thank you. I think that's what the Department of Public Health more or less testified, that they had not received, what I would consider to be either a request for reassignment or a complaint, so I'm just surprised that they have not.

JERRY SCHWAB: That's correct, Senator.

SENATOR GERRATANA: Yeah. But I thank you for your testimony. Representative Johnson.

REP. JOHNSON: Thank you, Madam Chair, and thank you for your testimony today.

Just a question on the cost of the, because cost seems to keep coming up on this issue. Are there huge disparities in what municipalities pay in terms of cost for basic ambulance services and then with a paramedic intercept contract?

JERRY SCHWAB: There are. It's community specific and it's a bit of a complex issue because it involves the size of the community, the age population of the community, the call volume the community produces and the services that they are requesting to be provided under their EMS plan.

Each municipality is required to have that EMS plan, so depending on what those requirements are within the plan could affect the influx of what a particular municipality might pay.

REP. JOHNSON: Is there a standard formula for taking into account the demographics of a particular community age and those types of things and also payment source?

JERRY SCHWAB: There is not. As for payment source, the majority of all of our, of all billing ambulance services in the state is patient revenue through billings. Then there's municipal subsidies that come into play. But there is not a formula issued by DPH that would give us the numbers you're looking for.

REP. JOHNSON: So there's no rate setting, either?

JERRY SCHWAB: Oh, rate setting is different. The bills that we charge is something that is done through the Department of Public Health through the Commissioner, through regulations, which is actually a concern of this legislation because it eliminates the majority, it eliminates the whole procedure that's in place for rate setting and basically just leaves it to the Commissioner.

And even if you read her testimony, you know, she has concerns with that, too, because it doesn't basically tell her what to do.

REP. JOHNSON: Have you looked at all at the rate setting practices?

JERRY SCHWAB: I have.

REP. JOHNSON: And what type of, do they have a standard formula when they set the rate, or do they just do it on a case-by-case basis and just kind of something based on some ideas they have at the time. I mean, they must have some kind of standardization, perhaps.

JERRY SCHWAB: Okay. With regards to that, there is a standard rate setting, there's basically two options with, that you can apply for the Department of Public Health's standard rate that they assign to everybody, and/or you could apply a long form, which is, you submit your financial statements to the Department of Public Health.

They contract with an accounting service that goes through your budget and your tax information and see if the rate that you're requesting is in line with the reality of the situation.

So you can do a short form, which is, you can receive their basic rate that the majority of the providers in the State of Connecticut take, or you could do a long-form application, which requires you to produce financial information to them.

REP. JOHNSON: And just in that vein, you also mentioned in your testimony that you have the town provided some sort of a subsidy. And how much in the way of subsidy? Is it just a straight subsidy, or is it based on some formula, again, based on what the town's capacity is to

pay and what they have for a demographic for population. It might have a high medical need versus some other town that has very little medical need.

JERRY SCHWAB: In my community in particular, it's a two-part formula. One half of the bill is a flat rate. The other half of the bill is based upon Medicare population because we have what's referred to as a bundle billing agreement to ensure that our Medicare population doesn't receive two bills.

REP. JOHNSON: Thanks so much for your testimony. Madam Chair?

SENATOR GERRATANA: Representative Cook.

REP. COOK: Thanks, Madam Chair. Thanks for testifying. Could you tell me, you mentioned that there are like six or seven towns that this would benefit and you're saying that the rest of them would be hurt by that, or am I understanding the opposite?

JERRY SCHWAB: I mean, I can't speak, you know, I'm familiar with a handful of towns in the state that are looking for this. I think the majority of the towns in the state would not benefit from this.

The system I currently operate on is made up of six towns that would directly, for sure, be impacted by this.

REP. COOK: So do you know of those six towns that could possibly benefit from this that could possibly benefit from this off the top of your head?

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JERRY SCHWAB: I think you'll be hearing testimony from them today. I can't speak on behalf of another service or municipality.

REP. COOK: And you're not speaking on behalf of the other municipalities that may or may not, that are not here testifying today. Correct.

JERRY SCHWAB: Correct.

REP. COOK: Thank you.

SENATOR GERRATANA: Hi, Senator Kane.

SENATOR KANE: Thank you, Madam Chair. I apologize for going in and out. Appropriations is going on as well. Good afternoon, Jerry.

Do you have an EMS plan?

JERRY SCHWAB: Yes, we do. We've had an EMS plan in the Town of Oxford since 2001.

SENATOR KANE: And what's in that plan? Can you describe it?

JERRY SCHWAB: To give the history on how that came about, the Legislature passed Public Act 00-151, which required it. In 2001 I actually sat on the board of directors for the regions that were charged by the State Department of Public Health to institute those plans, so the region staff went around to each municipality and gave them drafts of what a plan would look like, instructed each municipality on what they needed to do, and then the onus was on the municipality.

So our company operated with the Town of Oxford and worked out the plan together. It has recommendations for response times. It has recommendations for first calls we're supposed to respond to, second calls we're supposed to

respond to, certification levels, things like that.

SENATOR KANE: Thank you, Madam Chair. I appreciate that. I know that you guys do a great job in town and appreciate all you do. Thank you.

JERRY SCHWAB: Thank you, Senator.

SENATOR GERRATANA: Thank you. Anyone else? If not, thank you so much for coming today and giving your testimony.

JERRY SCHWAB: Thank you.

SENATOR GERRATANA: Next is Representative Victor Cuevas. Welcome.

REP. CUEVAS: Good afternoon, Madam Chair. Madam Chair Johnson, Co-Chair Senator Gerratana, Senator Welch, Representative Miller, Representative Srinivasan and Senator Kane, I'm here in support of Bill Number 6485.

I just want, I know that you heard in detail testimony earlier from LAPRAC organization and the collaborative effort they're getting together and doing, putting a bill together with the Health Department.

My experience with this bill is that, and I want to speak from some validity from my constituency and I know that it exists in New Haven, Hartford, Waterbury and New Britain.

In Waterbury, our Health Department took on an initiative to basically crack down on illegal barbers last year. I know that a lot of folks throughout the state kind of saw that come to the forefront in the newspaper and the media.

REP. CUEVAS: Absolutely, look forward to it. Thank you so much.

REP. JOHNSON: Thanks again.

SENATOR GERRATANA: Thank you, sir. Next will be Scott Andrews, followed by Peter Struble.

REP. JOHNSON: Welcome, and please state your name for the record.

SCOTT ANDREWS: Senator Gerratana, Representative Johnson and Members of the Public Health Committee, I'd like to thank you for the opportunity to speak today.

My name is Scott Andrews. I'm Chief and Executive Director of Seymour Ambulance Association and I am speaking in opposition of Bill 6518.

This bill in its entirety will fragment the emergency medical services in the State of Connecticut and become a detriment to patient care.

I believe that proper oversight is essential to the success of any system. Removing this oversight will have a negative impact to EMS in Connecticut.

This bill eliminates many of the oversight components of the EMS system that helps to validate us as professionals. I believe that the Emergency Medical Services Advisory Board serves a vital function within our state. This board serves as a conduit and sounding board for the review and development of processes and procedures, the review of equipment and the overall evaluation of the EMS system.

Without their insight and input, EMS would not be where we are today. With the elimination of this board, we will have no single voice at the state level to work toward improvement measures for EMS.

Section 6 of this bill refers to the primary service areas. By giving local municipalities the authority to remove a responder without proper due process essentially makes EMS a political ball to be tossed about at will.

Proper due process should include an independent hearing officer reviewing the facts and providing a determination as to the allegations. In this bill, there is no language that requires the Commissioner to review an appeal in any specific timeframe.

Therefore, an appeal could be carried out indefinitely without a final resolution. This, in my opinion, creates an unfair practice.

There are currently provisions in place that allow municipalities the right and opportunity to determine their provider through a proper process. That process is important so that local EMS providers do not become a pawn for political contacts either through personality issues or the potential for deep pockets to buy a change in the PSA assignment.

If the intent of this change is moved forward, it will greatly hamper a pre-hospital EMS service's ability to provide quality care to the community in which it serves.

As a service provider, I would be leery of investing in new and updated equipment knowing that there is a possibility that my service can be replaced at the whim of a politician.

The continuity of care provided to the residents of a community could greatly suffer with the potential for an ongoing change in field personnel.

Since local government has the ability to change every two years, essentially the EMS provider assignment could change every two years as well.

In closing, it is important to understand that not all EMS agencies are created equal. We are all tasked to provide the best care possible for our residents. If this is not happening within individual communities, there are currently regulations in place to fairly affect change and municipalities should take advantage of that.

Changing regulations to this extent will hurt more people than it will help. Please do not vote in favor of these changes as they will hurt those providers that are doing good work and providing quality service.

Encourage those that are having problems within their municipalities to follow the processes currently in place to affect positive change. Thank you.

SENATOR GERRATANA: Thank you, sir. Are there any questions? Senator Kane.

SENATOR KANE: Thank you, Madam Chair. Good afternoon, Scott. Met you at that pancake breakfast and I think I went up two or three times that morning.

But I'll ask you the same question. Do you guys in Seymour have an EMS plan, and if you could describe it?

SCOTT ANDREWS: Yes. Our EMS plan is in place and it was reviewed about a year and a half ago,

specifically at the request of our regional coordinator and includes our responses, mutual aid agreements with other communities and how our relationship works within the town itself.

SENATOR KANE: Thank you. I appreciate that. Thank you. Thank you, Madam Chair.

SENATOR GERRATANA: You're welcome. Representative Cook.

REP. COOK: Thank you, Madam Chair. Thank you for testifying. Could you tell me what you charge per transport for a patient, and how much of that either the hospital receives or the location and how much does the company get?

SCOTT ANDREWS: The hospital doesn't receive any of our charges, and the charges are dependent on our base rate, our mileage and then if there is an ALS charge that's place on top of that.

REP. COOK: So on an average of one transport from let's say somewhere in Waterbury to the Waterbury Hospital, what would something like that cost?

SCOTT ANDREWS: If we were to do that, it would be in the area of \$525 because we wouldn't get very much mileage for that from within the city itself.

REP. COOK: So out of that percentage, out of the \$500 or \$550, how much would the company receive for their transport? Is that all net profit for you all, or does some of it go somewhere else, and could you explain?

SCOTT ANDREWS: That would be great if was a profit. If it were, it depends on the payer for the patient. If it is a Medicare patient, out of the \$500 in change, we would receive roughly \$220, basically writing off the balance of that.

If it was private insurance, it's possible that we could receive the entire amount.

If it's a private bill where the patient had no insurance at all, oftentimes we write off the majority of our private bills because people just don't have the means to pay for their services.

REP. COOK: My understanding from sitting here and listening to the testimony is that you all would not like the towns to be able to have the right to change or choose.

And I kind of come from the belief that it should be about the municipality to be able to make their own decisions, and so if they're trying to be able to do that and everybody wants government to stay out of the municipal business, then why are we being brought back into this? If you could answer that.

SCOTT ANDREWS: I'm not sure if I could answer it to the extent that you'd like.

There is a process in place so that the municipality wishes to have a say in who their provider is because they don't like their provider or the provider is not doing a good job, there is currently a process in place to do that.

I have an EMS Oversight Commission in my community that I report to and it's incumbent on me to provide them with the information that they're looking for so that they know that we're doing a good job.

Approximately eight years ago my community went through a process similar to this, or similar to the review and remove of, if you will, and because of the community doing their due

diligence, they were able to improve the quality of ambulance service within our community.

REP. COOK: And so then, what is the process. If we obviously, everybody's here in the room and people are for and against, there's obviously a problem with the process, in my understanding. Could you --

SCOTT ANDREWS: I don't think people are taking advantage of a process.

REP. COOK: Could you explain the process, then?

SCOTT ANDREWS: I don't know all the ins and outs. I have not personally gone through it. But there's a means to petition to the state, to the Department of Public Health by providing facts and figures and having an investigation done into the EMS system within the affected community.

REP. COOK: So then we're turning around and asking the state to make the decision to get involved with the municipal contracts so the municipality can break the contract and move to somebody else if those chose to? Right?

SCOTT ANDREWS: I don't think that it's a matter of breaking a contract. I think it's a matter of removing services, not necessarily providing the care that they should be providing, which would thus break the contract.

REP. COOK: But if you're in the town, you're obviously there, and if somebody else wants to come in, they can't get in, which would be, maybe it's written or maybe it's not written, but there is a contract of some type or some type of agreement that the municipalities are asking to be able to get out of, and I'm trying to understand what that process is, and if you don't

feel that they are utilizing the process, then there's got to be a reason.

Is it complicated? It is time? Is it money? What would be the reason why the municipalities are having a difficult time getting through this process to remove somebody?

SCOTT ANDREWS: I don't know. I'm not in that process.

REP. COOK: Okay. Thank you, Madam Chair.

SENATOR GERRATANA: Are there any other questions? If not, thank you so much for your testimony.

SCOTT ANDREWS: Thank you.

SENATOR GERRATANA: Next is Peter Struble, Wallingford.

PETER STRUBLE: Good afternoon. My name is Peter Struble. I'm the Fire Chief of the Town of Wallingford and I'm also the Emergency Medical Services Chair for the Connecticut Career Fire Chiefs. I've also been a paramedic since 1986, so I'm a little older than I care to admit. I've grown up in this system.

I'm here to speak in support of HB 6518. The bill begins to make some significant improvements to the emergency medical services in Connecticut by allowing municipalities the authority to select an ambulance service to hold the primary area assignment, PSA within their communities along with safeguards in place to keep stability in the system.

The bill also allows establishing limits on operational duties of both the EMS Advisory Board and regional sub-councils. State government needs to be streamlined and numerous advisory

boards and subcommittees pull Office of Emergency Medical Services staff away from their main office to meetings.

This takes away from the work that they should be doing to support services in the field to deliver direct service.

This also eliminates municipal services from having to report to multiple levels of bureaucracy.

Third, allowing the Commissioner of Public Health to adopt regulations defining circumstances under which the Commissioner may change the methods for setting medical service rates. Rapid changes are expected in healthcare with full implementation of the Affordable Healthcare Act.

The current ambulance rate structure in Connecticut will not be able to adjust rapidly to reimbursement changes. We need to promote innovation in the delivery of pre-hospital care and allow for reimbursements for such services.

This Committee will no doubt hear the most controversial issue in HB 6518 is the changes proposed to the PSA assignment. You will hear that this will create chaos in the system, the ambulance services will be unwilling to invest in capital improvements, that there's a right to ownership to the PSA by ambulance services, and that the assignment of the PSA will be politically motivated.

The truth is that in the vast majority of municipalities, no changes to service will occur unless the system's failing.

There are due process safeguards proposed in the bill that mandate a local hearing before changes can be made and then an appeal process to the

Commissioner of Public Health. Neither the State of Connecticut nor any municipality has ever received compensation for the assignment of a PSA. In fact, that would violate Medicare regulations.

Finally, there's no state statute that guarantees any fire department the right to provide services. Any municipality is free to contract with anyone they want to provide fire protection. Why is there no chaos in the state's fire protection system?

At the end of the day, the citizens, if they are not satisfied with the fire service, will hold their local leaders accountable and demand change.

Enacting HB 6518 will ensure that the citizens of Connecticut are afforded an effective and efficient emergency medical services system with the right to change if they're not satisfied. Thank you.

SENATOR GERRATANA: Thank you, Chief. Thanks for coming today and giving your testimony. Are there any questions? Representative Cook.

REP. COOK: Thank you, Madam Chair. Thank you, Chief. Now, I'm sure you heard my questions on the last. Can you explain what the problem is, why towns will not or are not able to change right now, and I know that you touched on some of it, but kind of more in a layman's term kind of an answer.

Because as we're all sitting here, you know, we have our hands wrapped around it, but we're just trying to understand why there's such a breakdown and you all cannot do that right now.

PETER STRUBLE: Right. The current process, the current regulation, requires the mayor or the

first selectman to go to the Commissioner of Public Health and demonstrate that an emergency exists that will affect the welfare and health of the citizens and prove that that emergency exists and that's the way the PSA can be changed.

Unless that emergency exists, that's the burden of proof, and I haven't, I've been fortunate where I haven't been in the position where I've had to recommend to my mayor to do that.

We provide ambulance service with a fantastic backup service from Hunter's Ambulance, so we've been lucky.

But I do know that there are communities around me that are having that very issue and the ability to prove that an actual emergency exists is a very difficult standard to prove, and it's my belief that if at the local level there's a discussion that has validity to it in terms of questioning whether or not the PSA is going to be affected, there will be a much more vibrant dialogue at the local level to fix the problem.

REP. COOK: Thank you for that information. I think that really cleared up a few things for people here.

And if you all were to go through and the town was trying to prove that emergency for the ability to change, do you know how possibly the link of time that could take, energy and the like?

PETER STRUBLE: I've never testified at the State Capitol before. I'm going to be very blunt. I'm going to be very blunt. The other things that we attempt to do with getting regulation changes in EMS, getting additional service approvals for paramedics and things like that, take an incredibly long time.

The bureaucracy is large. You have to know how to navigate through it, and I couldn't put a time frame on it but I know it's not a week.

REP. COOK: We don't do anything in a week. So then my final question for you would be, if we don't pass this legislation, the municipalities that have the companies that they are contracted with now, they could in essence be locked in there for good?

PETER STRUBLE: Yes.

REP. COOK: Thank you. Thank you, Madam Chair.

SENATOR GERRATANA: Very good. Representative Perillo.

REP. PERILLO: Madam Chair, thank you very much. Chief, good afternoon. You testified that the only way that a municipality can remove a responder is if they can prove that an emergency exists. Is that correct?

PETER STRUBLE: The current regulation says that the first selectman has to petition for a hearing to the Commissioner of Public Health and prove that an emergency exists that affects the health and welfare of the citizens.

REP. PERILLO: And that's the only way?

PETER STRUBLE: That's the way I believe is the only way, yes.

REP. PERILLO: I only ask because the statute actually says more than that. The statute lists that as one way in which you can do it.

The statute as currently written also says that if you can illustrate that the performance of the

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responder is unsatisfactory based upon the local EMS plan or if there is inconsistencies in performance with the contracts.

So there are other ways. Does Wallingford have an EMS plan?

PETER STRUBLE: We do.

REP. PERILLO: Is the current service provided consistent with the EMS plan?

PETER STRUBLE: It is.

REP. PERILLO: Do you have a contract with the current EMS provider?

PETER STRUBLE: The fire department is the primary service holder in the Town of Wallingford, so this bill does, in fact, if this bill passes with PSA, the fire department hands the PSA back over to the Town of Wallingford.

But I'm confident that our service is there and it shouldn't be a problem for us.

As far as the EMS plan, again, I'm going to be very blunt. The EMS plans that exist out there, ours has been up to date. It complies with the statute, the regulation. Does it do anything? Does it change the delivery of service tomorrow if it's not there? No.

And that's as honest as I can be. There are many things in this regulation and OEMS, that I've told my Mayor straight out, if it went away tomorrow, tomorrow at 8:00 o'clock in the morning we'd provide the same service we provide today. Nothing would change.

REP. PERILLO: Well, thank you very much, and I do want to say that you do have an excellent

reputation throughout the state as having a really great EMS plan and a fantastic fire department.

And thank you for answering the question. I did just want to clarify those that there is more than one way. It's not just about an emergency. There are other ways to do it, but thank you very much for your time.

PETER STRUBLE: Thank you.

SENATOR GERRATANA: Are there any other questions? If not, thank you for coming today and hope your experience up here wasn't too bad.

PETER STRUBLE: Thank you very much. It was very educational. Thank you.

SENATOR GERRATANA: Thank you, Chief. Next we have Scott Martus and then we have Kimberly Lumia.

SCOTT MARTUS: Excuse me for the hat. I'm a newly promoted officer so my boss is watching.

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Lieutenant Scott Martus. I'd like to thank you for the opportunity to speak and I'd also like to stress my appreciation for this learning experience that I had. I've heard so much information actually I had to look at my chest to learn my name.

I would just like to start testimony by saying that I hold the rank of Lieutenant in the municipal based fire and EMS system in the Town of North Haven. My rank puts me in the position of a shift commander.

Different than some of the other testimony that we've heard already, I'm not an administrative officer. I'm an operations officer. I oversee the day-to-day operations while on shift. I

respond to emergency calls. I take command of scenes, so I offer a different perspective on the actual operational impact of the current legislation.

To clarify, and I can provide examples if you so wish, after testimony. To clarify, I am in favor, strong favor of House Bill 6518. I specifically would like to refer to Lines 318 to 337 with a couple abstracts in there that talk about the PSA.

I am a licensed paramedic. I have functioned as a paramedic for the last 12 years. Prior to that I was a certified emergency medical technician since 1994.

In my career I've worked for a commercial for profit ambulance company for well over a decade, actually about 15 years. I've been just shy of a decade as a private, nonprofit municipal provider and now a shift officer, and I even worked for a community-based intercept paramedic system, a nonprofit system.

What I would like to talk about is clear up two points. The first one that I think, and I'm summarizing my written testimony and please understand, I've amended it slightly based on what I heard.

The first point I'd like to make is that what I think this bill does right off the bat is, it actually eliminates some statutory and regulatory conflicts that already exists in regard to delivering emergency medical services.

The Connecticut regulations governing municipalities, that's Title VII, Section 148 actually identifies the duty of the municipality to, and I quote, provide for ambulance service by

the municipality or any person, firm or corporation.

It's a single sentence and it's definitive, but the 25-year-old regulation from Connecticut Public Health identifies that a PSA holder is without end.

I'm not going to rehash what we talked about as the ways to get rid of that.

The second thing I want to talk about is, real fast, because I heard the buzzer, another thing I'd like to mention is accountability. This all comes down to accountability. Being a shift commander and understanding the way resources are deployed and what we need in our small community, I have no way and no recourse to hold accountable the ambulance provider that responds to my town to take care of my taxpayers and citizens.

I need that kind of support if I'm going to do the job that I swore on oath to do.

I appreciate the emergency and safety and health and welfare language, but at the same time we need to stop thinking about this as life and death. It's quality of care.

When a hospital gets accredited, they don't just talk about the numbers of how many people died and how long did it take you to get seen in the emergency room. There's all manner of things like cleanliness and maintenance of equipment, dietary services. In the course of the EMS profession, we would want to be looking at customer service and customer standard satisfaction.

In closing, understand that the way the accountability right now exists, the burden of proof and the legal cost is placed on the

municipality or the taxpayer. So if we choose that we wanted to remove our PSA provider, or our PSAR, the town of North Haven, the taxpayers of the Town of North Haven have to fund the legal expenses. The burden falls on them to provide a better service, not the nonprofit ambulance company that is our provider. And I just don't think that that's appropriate.

SENATOR GERRATANA: Thank you, excuse me, for all the detail, and congratulations on your promotion, too.

SCOTT MATUS: Thank you very much.

SENATOR GERRATANA: I like the hat.

SCOTT MATUS: You like it?

SENATOR GERRATANA: Thank you for coming today. Does anyone have any questions? If not, thank you so much, sir.

SCOTT MATUS: Thank you.

SENATOR GERRATANA: Next is Kimberly Lumia.

KIMBERLY LUMIA: Good afternoon, Senator Gerratana, House Representative Johnson and distinguished Members of the Public Health Committee. My name is Kimberly Lumia and I'm the President and CEO of Sharon Hospital, the only full-service community hospital in the northwest corner of the state.

I appear before you this afternoon in opposition to House Bill 6520 AN ACT CONCERNING REPORTING REQUIREMENTS FOR PROFIT HOSPITALS.

Sharon Hospital is currently the only for profit acute care hospital in the State of Connecticut. Since 2001 Sharon Hospital has paid nearly \$20

supplies that are produced outside of the United States.

All of those vendor relationships and supplies would have to be collected and then reported, and that could be a very burdensome role, you can imagine on an organization as large as healthcare.

REP. JOHNSON: Wouldn't you have information, since you're a for profit, wouldn't you also list the expenditures that you've made, your expenses for the operation of your facility? Wouldn't that be listed as a line item?

KIMBERLY LUMIA: Our expenditures? They are listed, yes.

REP. JOHNSON: So would that be difficult?

KIMBERLY LUMIA: Some of the interpretation of this bill is vague and unclear and so we don't know what all those would be.

REP. JOHNSON: Could you help us out with that and provide us with something that might be a little more clear?

KIMBERLY LUMIA: Absolutely.

REP. JOHNSON: That would be great. Okay. Any other questions? Thank you. Thank you so much for being here and taking the time.

KIMBERLY LUMIA: Thank you very much.

SENATOR GERRATANA: Next is Bob Pettinella, followed by David Lowell.

ROBERT PETTINELLA: Good afternoon. Thank you everyone for the opportunity to speak. I'm testifying today on House Bill, Proposed Bill

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6518. My name is Robert Pettinella and I'm the Executive Director and Chief of Service for Valley Emergency Medical Services.

Valley EMS is a slightly different organization from those that you heard from today. We're a regional provider of paramedic level service. We are a nonprofit 501C3 and we hold a PSA to the region we service.

As such, Valley EMS has been providing service for 30 years and I'm here to let you know that Valley EMS and its board of directors vehemently are against Public Health Bill 6518.

As many of you may or may not be aware, EMS services as an industry and as a whole, is very much in its infancy. It's very young. When you consider the 100 plus years that fire services and police services have been around, EMS has only had organizational structure and governmental input in Connecticut since the 1960s.

That being said, in its true infancy, EMS PSAs were issued by the State of Connecticut to quell the use of politics and good old boy relationships, where EMS responders were brought into communities based on money, gifts and whatever back-door promises they could make with municipalities.

In fact, in 1974, things became so bad in Connecticut that a local TV station ran a story called Scandal Rides the Ambulance. As a result of that news program here in Connecticut and everything that was brought to light as a result of the unethical and corrupt dealings and how EMS providers were put into communities, this Legislature acted in 1974 and held a subcommittee.

That committee then issued a report in the late spring of, I'm sorry, in the late summer, in July of 1974 and as a result of those hearings the concept of primary service areas were specific geographical areas serviced by designated licensed or certified EMS providers to answer emergency calls originated.

Clearly defined geographic regions to be serviced by each provider, including cooperative arrangements with those service providers and back-up services, virtually took out, may I continue?

SENATOR GERRATANA: Yes, sir, please proceed.

ROBERT PETTINELLA: Virtually took out any of the good old boy relationships where gifts and favors for EMS and municipalities was once the norm.

As an EMS chief, should this bill pass and become law, I see a time where they will be going back to the days of the seventies where a single municipal representative will have complete and total power over its EMS agency..

Unfortunately, corruption could easily be used, and as such, arbitrarily switch EMS providers. Continuity of care and I'm sorry, and radical destruction of local EMS systems could come to fruition. I'd be happy to take any questions.

SENATOR GERRATANA: Thank you, sir. Are there any questions? Not at this time. Thank you for coming today.

ROBERT PETTINELLA: Thank you.

SENATOR GERRATANA: Next is David Lowell, followed by Bruce Baxter.

DAVID LOWELL: Good afternoon, Senator Gerratana, Representative Johnson, distinguished Members of the Public Health Committee. My name is David Lowell and I'm the President of the Association of Connecticut Ambulance Providers. Our Association members provide ambulance medical transports for approximately 200,000 patients on an annual basis. We serve 45 communities in Connecticut. It's done with a network of 128 ambulances and the dedicated staff of over 900 including highly trained first responders.

I'm here today to speak in opposition of Raised Bill 6518 AN ACT CONCERNING EMERGENCY MEDICAL SERVICES. I have submitted written testimony. You've heard a lot of testimony already today, so I'm going to summarize my remarks by emphasizing that Connecticut is, emergency medical services system is a balanced network of volunteer, municipal, private and not for profit providers.

In my testimony I have provided a map for you that delineates these providers across our state.

You've heard that the system was designed in the 1970s to curtail a lot of misbehavior that was going on, to provide necessary statutes and regulations, to control the quality levels of care, the quality levels of equipment, the vehicles, and most importantly, the coverage for the citizens of our State of Connecticut by virtue of assignment of PSAs. Those are assigned at the basic life support level. They're assigned at the first responder level. They're assigned at the paramedic level.

It's incredibly an important aspect, as you have certainly heard today, of the integrity of our system. It's our belief that the bill as proposed and written, would significantly dismantle that system.

We are not supportive of it in any fashion. We certainly understand that there are communities that, and we've heard today, testimony of communities that have not exercised their EMS plan and have had difficulty sitting down across the table with all of the stakeholders to design and manage their system.

We are very supportive of EMS plans. The members of our Association in their different communities sit across the table with the other stakeholders and work on these plans for the quality of patient care throughout the territories that we serve.

I would summarize by urging you not to support the bill as written. I would also emphasize that the members of our Association are eager to sit down across the table from our counterparts and work on the issues collaboratively.

Thank you for listening and I'm available to answer any questions.

SENATOR GERRATANA: Thank you very much and thank you for giving your testimony. I'm sure there are people, maybe there aren't people who have questions? Representative Johnson.

REP. JOHNSON: Thank you, Madam Chair. Thank you for being here and providing testimony.

Given your experience, you must have heard over the years some complaining by either the municipalities or some of the service providers that there should be some changes.

Could you just talk about perhaps how we might be able to reconcile these differences with the existing system?

DAVID LOWELL: Certainly. And yes, I've been a licensed paramedic. I've been a certified emergency medical technician. I have volunteered for volunteer ambulance service in the past, a volunteer fire department in the past and currently work for a commercial service.

And I have seen through the years issues throughout the various communities that I've worked in. I think one of the key components in what our regulations and statutes do already provide is empowering the municipalities to have plans, and those plans cannot be, you know, shelved on a shelf.

They have to be active plans. The stakeholders, whatever their discipline of emergency service, have to be at the table, have to be held accountable to participate in the plan and then more importantly and most importantly, manage the plan as systems needs change, system needs being the demographics of the community, the capabilities of a service, as an example.

If you look through the history of our statute, it is filled with a variety of public acts for a variety of different reasons that have changed it as an example.

One of the aspects changed not too many years ago was the rate setting, and there were questions today about rates. We are rate regulated as a public utility model. It keeps it very moderate for the consumers in our state, unlike our neighboring states that are more of a free market and can charge.

But the rate setting process was changed. Part of it was a cost-based issue, a long form, which was described earlier today. It's a very costly process, but it is a very transparent process.

One of the changes that we made a few years ago was to put a short form in. The short form still requires services to put their financials out there, but allows the states to, or they allow for the acceptance of a state rate without, you know, the full long form, and I think some other testimony has been provided about some changes that have been made, but never something like the holistic dismantling of the PSA system like we see here.

REP. JOHNSON: So, let's go back a little bit and focus on the different levels of service that are available. There's different certifications for different areas or for different, even some older certifications that are provided for ambulance services that go for basic ambulance advanced life support, and then there's the combination where you have the paramedic intercept.

They're all different types of services that are provided depending on the area, depending on when the ambulance service was certified, and depending on what the needs of the community are.

It seems like it must be very difficult to try and oversee some of that and also try and make sure that they operate to, in a way that looks like everybody's getting the same kind of service and paying a fair amount for the service so that people feel that they have some control over how the service is being provided, if it's a municipality.

DAVID LOWELL: Correct. Well, I think it's our view, certainly, that the delineation of authorities and responsibilities from a state agency overseeing as a regulatory body, through the municipalities, or even first through the regions, the five EMS regions, and then through each municipality.

It's incumbent upon the municipality to make that an active process. Dynamics change. Populations change, and it's important that the stakeholders that provide service in that town or community adapt to those changes.

The only way they can do that is to have meaningful discussions based on data about their needs across the table.

One community that was mentioned earlier, that the service that I work for provides a backup took a very responsible position. They were a single ambulance community. They had backup service provided. They measured data over a period of time. They recognized that their call volume had sustained.

They went into the state for a certificate of need, got validated, put on the additional resource, and as a result for my service, our call volume went down as a backup service, which provided my resources back into the system to go elsewhere and do other calls.

And there's a great example of using the system to add resources and address an individual community's needs.

I think with respect to the testimony on paramedic intercept, paramedic intercept in terms of quality of care, level of care, it's the same level of care, and there's actually a benefit to a paramedic intercept if it's designed right in the community.

If you have a paramedic on an ambulance, and that paramedic goes out and does a stubbed toe call requiring basic life support, non-paramedic level care, that paramedic is tied up on that ambulance for the duration of going to the hospital,

clearing up and then becoming back available for their community.

A responsible system that looks at a paramedic intercept in addition to a basic level ambulance, that paramedic would stay available in that community for an additional response for a cardiac call or some other nature of a call that would be needed.

And I think it's important, again, that the communities look at their capabilities assessment, look at their demographics, try to project out and adapt their resources accordingly.

REP. JOHNSON: And finally, just looking at the structure in the government in terms of the regional, you know, ambulance advisory boards and then interacting with the regular advisory board it's fairly large.

And some have said that maybe too large to effectuate change, that it might be necessary, an example that's been given over time is that there's some regulation that require medical equipment in the ambulance that is old and outdated and these regulations have not been changed and there's been an effort to change them, but these were not changed.

So there might be some more interaction or more lively interaction if we're looking at regional changes but we don't want to have, you know, such different services from one end of the state to the next, either.

So could you just give some comments about making adjustments and bringing up to date, say, the equipment in the ambulance as an example.

DAVID LOWELL: Certainly. I think that's one of the benefits of the Advisory Board, but I also, in my testimony, that it was once a year ago, a 46-member Advisory Board. It's now back down to 41 members and that could be unwieldy and that could promote lack of progress of moving issues forward.

So I think that we certainly would support that there be addition dialogue on how to make it hat a better process for all providers in the system, whatever, you know, their jurisdiction, whether they be volunteer, municipal, for profit hospital based.

The makeup was intended to get a cross section of all those entities there so that there was good communication from each corner of the state and from each discipline, but with numbers, I think that that probably does slow down any part of the process.

I think from the state OEMS under the Department of Public Health, you know, we adapt in Connecticut, national standards for education and national standards for equipment.

And a very useful purpose of OEMS is to administer over those items in particular, inspections of the ambulances and the equipment, regulations of the courses that are being taught are to the proper standards so that the certifications that are, you know, occurring meet a continuum of care that's the same in the northwest corner as it is in the southeast corner and across.

So I think, not to say that there can't be some clean up of how information moves through that system because I absolutely would testify that there could be. I think there is a necessary distribution of information and regulatory

responsibilities from the state through the regional coordinators into the advisory board that should remain.

REP. JOHNSON: Do you think that a move toward national certification for the EMS providers is a good thing?

DAVID LOWELL: Well, that could be a whole other day of testimony and then some. I don't know that I would comment on that necessarily for this forum other than to stay that we are believers in a standard of care.

It has to match Connecticut's needs for those standards of care and it has to be practically administered. Beyond that, I'll reserve comment.

REP. JOHNSON: Thanks so much for your testimony. Thank you, Madam Chair.

SENATOR GERRATANA: Thank you. Are there other questions? If not, Mr. Lowell, thank you for coming and testifying today.

DAVID LOWELL: Thank you.

SENATOR GERRATANA: Next is Bruce Baxter, followed by John Elesor. Elsessor. Sorry. Welcome, Mr. Baxter.

BRUCE BAXTER: Senator Gerratana, Representative Johnson, Members of the Committee. My name is Bruce Baxter. I am the President of the Connecticut EMS Chiefs Association as well as being the Chief Executive Officer of a 501C3 nonprofit 9-1-1 service in the City of New Britain known as New Britain EMS.

I'm here today representing the interest of the Chiefs Association, who are opposed in totality to the language in Proposed Bill 6518. I don't

want to repeat everything that has been said by my colleagues so eloquently before me.

Suffice it to say this bill goes too far and literally takes the EMS system back to the days of the early 70s when I started my career in Connecticut.

Everything that you heard is a toned-down version of the types of activities that we're all concerned with.

As an Association, while we're opposed to this bill, we're not opposed to the concept of change, and as my colleague from the Association of Connecticut Ambulance Providers eloquently indicated, we're not afraid to sit down and talk about incremental changes that need to be made to improve the EMS system as it exists.

I do want to add a couple points to questions that have been raised. First off, rate setting is extraordinarily important. It turns around and protects the most vulnerable patients on the worst day of their life from being taken advantage of financially.

It provides financial transparency. It puts controls on profit margins and it has served the state well. I'll give an example that I shared with the Senator not too long ago.

That in the City of New Britain, my average bill is \$850. My neighbor, I live outside of Connecticut, my neighbor recently took a one-mile trip to the hospital for basic life support care. She slipped. She fell, She had a closed fracture to her ankle and she received a bill for \$2,800.

If you look at other states, and you look at states that do not have the type of regulation that we currently have in place here in

Connecticut, our residents, on their most vulnerable day, are going to be exposed to some significant price and costs escalations.

The stories that you turn around and read about in Time Magazine with their most recent expose on healthcare will become widespread within this industry as it was in the early seventies.

So representing the Chiefs Association, I would turn around and urge the utmost caution. This bill goes too far. It destroys all the good that's in the system. It may be more prudent for us in a different forum to sit down with the key stakeholders and try to make the enhancements in collaboration with our partners at the Department of Public Health that address some of the global issues not the incremental issues that we've heard about today. Thank you.

SENATOR GERRATANA: Thank you, sir, and thank you for coming here today and giving your testimony. Are there any questions? Representative Cook.

REP. COOK: Thank you, Madam Chair. Thank you for coming to testify and I think we're also trying to wrap our hands around this.

BRUCE BAXTER: Sure.

REP. JOHNSON: So you're opposed to the legislation but willing to go to the table and offer some suggested changes.

BRUCE BAXTER: In a collaborative format between stakeholders to improve the system based on truly identified global issues that impact the state.

REP. COOK: Could you give some examples?

BRUCE BAXTER: I've heard three or four and read testimony about three or four issues in the

state. I have a wholehearted philosophical issue of throwing the baby out with the bath water when in reality maybe what we need to do is to change the bath water, so to speak.

I've heard impassioned testimony from the Borough of Naugatuck that they have an issue. The City of New Britain, New Britain EMS and the majority of the members of our Association have had EMS plans in place since the first notification.

In our community we have an EMS plan. It is reviewed on a periodic basis. There is a written contract. As Representative Perillo identified, there are other means other than going to the Commissioner and saying, we have an emergency. We need to turn around and change the PSA holder. There are other opportunities that will allow us to escalate that conversation if a provider is not meeting their obligations based upon the contract.

So, you know, we're aware from time to time that there are community issues. Ninety percent of those issues, from our Association's belief, can be worked out at the lowest common level between the community and the providers, again, in a responsible fashion. And if they can't the opportunity is there to get it to a higher level.

REP. COOK: But I think in earlier testimony people had mentioned that it takes an ungodly amount of time. Nobody seems to be able to round that amount of time up how long it would take if somebody was looking to get out of an agreement that they already have.

And I think it's, that's the conversation we're having is, people are looking to be able to get out of an agreement without going through what could be years because we don't really have a

time definition or any parameters around the process.

BRUCE BAXTER: Again, I'm not the person to ask that question of. I think that's a question that may be better directed to Commissioner Mullen or some of her staff.

We have not been in the position of having to engage the state to mitigate issues within our practice or any of my members' practices.

So whether it takes a year or whether it takes a shorter time period I'm sure is based upon the preponderance of data, you know. There are some people who turn around and claim that there are issues, and yet have no data to back it up.

As a systems leader, I'm not going to turn around and react to issues that aren't factual based upon data, and I think that's some of the concern that we have with the broad spectrum of the bill.

REP. COOK: As a local municipality, would you not think that they would be able, they should have the right to choose versus being locked into a contract, though at the same time?

BRUCE BAXTER: I believe that the system as it is designed, is designed to make sure that the patients' needs in whole are being appropriately met.

I've done this for 41 years. I've turned around and negotiated contracts in different parts of the country, and I can tell you wholeheartedly that a lot of those contracts that are negotiated are not focused on the patients' needs and the patients' best interests, because the people sitting at the table do not have the clinical background or the clinical knowledge to pass judgment on one system over another.

So, I believe that the community certainly has a stake. There's no doubt about that. But I think that that stake and how you turn around and arbitrate, for lack of a better word, discrepancies, should be well detailed within a contract.

REP. COOK: I understand that, but with all due respect, I would hope that anybody that's in a uniform or serving any of the residents of Connecticut should be doing it with their best interest at heart all of the time.

And so it shouldn't necessarily mean that it would be one company or the other, but I believe that we're all, we are all here. You're on one side of the table and we're on the other, all for the right reasons because we're trying to make sure that the residents of Connecticut are getting what they deserve --

BRUCE BAXTER: Absolutely.

REP. COOK: -- which would be the best possible care.

BRUCE BAXTER: That's correct.

REP. COOK: I'm just, I'm still trying to wrap my hands around the fact that municipalities are having difficult times breaking a contract with companies for whatever the reason might be and I think that's why we're all sitting here.

And obviously, there's two schools of thought. But if we're in the business of best practice, then best practice in the (inaudible) often are appealed at who does the best bidding and offers the best contract.

I'm not saying that that's where we're going but I'm saying that the option of choice is what I hear people saying that they're looking for.

BRUCE BAXTER: Again, I'll go back to my comment that I think that there's an opportunity to make incremental changes to the current statute by getting a stakeholder group around the table to work things out.

This goes too far, Representative. It throws out the core components, the core pillars of what's protected the system long term.

REP. COOK: So in this, what would you, what would be one thing that you would throw out with this piece of legislation?

BRUCE BAXTER: I'm sorry? I would throw out? There's nothing in, the way this legislation is written it guts the protections that you need to run the state EMS system. It is wide sweeping, dramatic change that basically places patients' services, providers and the municipalities at probably greater risk than what you have today.

REP. COOK: So in your opinion, it puts everybody at risk, but in other people's opinions, it would not put anybody at risk at all?

BRUCE BAXTER: In my opinion it puts everybody at risk. That is correct.

REP. COOK: Thank you. Thank you, Madam Chair.

SENATOR GERRATANA: Thank you, Representative. Are there any other questions? Representative Johnson.

REP. JOHNSON: Thank you, Madam Chair, and thank you for your testimony today. It seems to be that some of the problem with the current system is

that it's a little bit unwieldy. Would you make any recommendations to streamline how we operate our system now?

BRUCE BAXTER: I think a year ago I wrote testimony suggesting that there may be an opportunity to get a little more effectiveness by reducing the size of the current EMS Advisory Board.

It is important that we have the councils and the boards to promote communication to all different components of the EMS system, both up and downward.

But as Mr. Lowell indicated earlier, we reduced the size of the Advisory Board by six people, but I think as we all know, boards and commissions of 41 people do at times make the processes a little challenging.

REP. JOHNSON: Well said. I think that perhaps we need to have some representation from regions, but also from specific types of services, since you have a huge range of types of ambulance service providers, a huge range of communities with different types of needs and you know, it just makes it very, very difficult to try and create one policy and have everybody be satisfied.

And of course, no one is ever having everyone satisfied, so I'm not even going to go there. But it seems like there's a lot of concern and maybe a need for a way to upgrade the system in a little bit faster way.

Do you have any problems with the upgrade of the system and how quickly things are being changed and brought up to date?

BRUCE BAXTER: In terms of making changes to the system, it does take time. We're in a time

period of unprecedented change within healthcare, where the dynamic is changing very, very rapidly.

However, there are conversations that are ongoing with various components of the EMS system to turn around and facilitate those changes and that we're hopeful that some of those changes will come to fruition within the next 12 months.

REP. JOHNSON: And I've been given an example of certification for ambulances and some of the equipment inside the ambulance is not needed and shouldn't be used any more in favor of things that are more up to date and more efficacious.

And could you just let me know why that might be or if that's still the case?

BRUCE BAXTER: I believe that there are a number of reasons why certain issues take time to get moved through the committee process. I think that with the current administration at DPH we've made significant gains in the current year and we have every hope that updated lists, updated regulatory processes will be moved and expedited over the course of the next 12 months.

REP. JOHNSON: Thank you. Thank you for your testimony. Thank you, Madam Chair.

SENATOR GERRATANA: I think that's all and thank you very much for coming and testifying today.

BRUCE BAXTER: Thank you.

SENATOR GERRATANA: John Elsesser, followed by Matt Galligan. Welcome.

JOHN ELSESSER: Good afternoon.

SENATOR GERRATANA: Good afternoon.

JOHN ELSESSER: Thank you, Chairs and the Committee for the opportunity to speak. I'm speaking on behalf of the Coventry Town Council in support of Raised Bill 6518. We believe that the --

SENATOR GERRATANA: Would you please state your name for the record.

JOHN ELSESSER: I'm sorry, John Elsesser, Town Manager of Coventry. Thank you.

We believe that some modifications could strengthen the emergency response system within the State of Connecticut.

The current system of providing emergency medical services is broken, in our opinion. The state grants, what amounts to an exclusive franchise for ambulance service, has virtually cut out towns from any oversight and control of service within their borders.

Instead, in our opinion, a non-responsive state agency sits back and watches as a system falls apart.

The Town of Coventry is unfortunately living through a crisis, which could have been avoided if the state accepted their responsibility. The former chief of the Coventry Ambulance, which is part of the Coventry Volunteer Fire Association and also a lieutenant within the Coventry Volunteer Fire Association, have both been arrested for sexual assault of junior firefighters.

Despite repeated complaints from the town and citizens, the Office of Emergency Medical Services has remained silent over the years, even recently granting a convicted felon who served time for sexual assault of a 15-year-old, an EMT instructor's license.

This allowed a culture of corruption and immorality to fester until the children were molested. They hid behind this exclusive franchise.

Section 4b of the proposed bill would grant towns some say in who provides service. It will help assure accountable service to a local community.

I can tell you that when this hit, they came to the Town Council and the town leaders to say, how come you aren't taking care of this, when we have no say in the process.

The Coventry Town Council also respectfully requests that this bill be amended to prohibit individuals with felony convictions for crimes against others, or crimes, which would today get you listed on a sexual offender's list to not be allowed to have EMT certifications.

January 22nd we filed a complaint, our town attorney. We have yet to hear back from the Office of Emergency Medical Services. One of these two gentlemen is out on bail. He still holds a valid EMT certification. We find that system is unacceptable and we cannot explain it to our citizens.

Had the state not issued this EMT instructor's license to a felon, this tragic chain of events probably would not have happened. Thank you.

SENATOR GERRATANA: Thank you, sir. My goodness. It doesn't sound very good with what has gone on. Does anyone have any questions or concerns?  
Representative Johnson.

REP. JOHNSON: Thank you, Madam Chair. Thank you for your testimony today.

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JOHN ELSESSER: Thank you.

REP. JOHNSON: I just wondered. I want to follow up on your remarks. What type of complaints did you make to OEMS?

JOHN ELSESSER: The only complaint OEMS will take is, you have to fill out a form on the Internet. We had citizen complaints going back to 2010 against this individual, and they refused to take action.

And the Town and the police chief have also filed formal complaints and no action has been taken.

REP. JOHNSON: Now, you filed a complaint. You say, numerous, how many, can you quantify that for us?

JOHN ELSESSER: That agency is not easy to deal with. I had several phone conversations. We were told, I'm sorry, we don't have a director right now. I'm sorry, we can't talk about it. We're worried about double jeopardy. Our forms aren't right. We can't find the application forms. So it's really a broken system.

But on the record, there are two formal complaints. The first one going back to 2010.

REP. JOHNSON: And in terms of the penalty, what type of penalty could they provide, just not letting him continue on with the license, or (inaudible) practice?

JOHN ELSESSER: Excuse me, in any other career, there will at least be a suspension during the investigation. These persons, these two parties have been arrested after a prosecutor has gone through and done a probable cause. They actually both have signed affidavits admitting to the offense, yet they still both have licenses.

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REP. JOHNSON: And did you try for a hearing with the Department of OEMS?

JOHN ELSESSER: Again, on September 22nd we filed a letter and have not heard back from that agency.

REP. JOHNSON: Now, is your department run with a nonprofit organization?

JOHN ELSESSER: Yes.

REP. JOHNSON: And so the chief of the organization you couldn't, well, he was the chief, correct?

JOHN ELSESSER: He was the chief.

REP. JOHNSON: He was the chief, so there's no place to go except to OEMS.

JOHN ELSESSER: To answer all the questions that will come, yes, we have a plan. Yes, we have a contract.

REP. JOHNSON: Yes. And there was no, the plan didn't account for the circumstances in Coventry, did it?

JOHN ELSESSER: We do not grant those certifications. We do not grant the PSA. Those are state functions.

REP. JOHNSON: So if someone is charged with a criminal offense, then you have no, and you file a complaint --

JOHN ELSESSER: I guess we arrest them and hope they can't get bail.

REP. JOHNSON: Okay. Thanks so much for your testimony.

JOHN ELSESSER: Thank you.

SENATOR GERRATANA: Thank you, sir. I think, yes, we appreciate it. Thank you. Next is Matt Galligan followed by Keith Yagaloff.

MATTHEW GALLIGAN: Madam Chair, thank you very much. Members of the Committee, I'm here today, I gave you some testimony about some of the issues that we have. I'd like to really talk about some of the issues that were raised today.

SENATOR GERRATANA: Yes, sir, could you please state your name.

MATTHEW GALLIGAN: Oh, Matthew Galligan, Town Manager, Town of South Windsor.

SENATOR GERRATANA: Thank you.

MATTHEW GALLIGAN: I've been a professional manager for 40 years, so I'm not a good old boy. I don't take money. I don't take anything. Strictly a professional manager who looks at the best for their community, 20 years in this state here.

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Let me tell you what the law doesn't allow you to do. When you go to your local provider and you say, we have 35 percent people who have advanced life services and we need those services and you need to upgrade and upstep your ability to provide those services and ignores you for five years.

I have a plan. I even gave them the plan because I did the plan. They never did the plan. I did the plan with the police chief and the fire chief. We did that plan.

In 2004 when it went from a volunteer group to a not for profit pay group, I asked them to update that plan, to work with us and update the plan. Didn't do it.

We give them free service. We give them gas. We give them all the ability to try to do what they have to do and they still can't do it.

And I guess the frustration is, what the law says yes, you've got to have an emergency, or you've got to show that they don't have the ability to do their job.

But what it doesn't show, if a municipality wants to go from an EMT from a BLS service to an ALS service, you can't do it because if your local provider doesn't do it, you can't get it done.

Now, there is backup from ASM that goes to them and my residents, the first thing they do is they call me and say, where is there two ambulances at my house? I only asked for one. Why am I getting two bills? Why are we bundled bills? Why is this cost being so much higher than if I just hired, called the one ambulance? That's an issue.

To say you can go to the Office of EMS in 1997 I went to the Office of EMS when the local BLS service was not matching their times. They were in town, staying at the house, leaving the house, going to pick up the ambulance and then driving, which should have been a five minute ride turned out to be fifteen, twenty and twenty-five minutes, right?

Made the complaint. We were told, you know, that's not negligible. Go back. Work it out. Don't worry about it. We got discouraged from doing it.

I will tell you today that we are filing complaints. We have authorized the town attorney to put in a complaint and take this further,

because we need to have a service that's accountable and that the town can control.

We demand an ALS system. We had an incident in town of a young girl who died because an ambulance took 45 minutes to get there. That is ludicrous and unacceptable.

I can go out and I can put out a bid for my fire department. I can do all sorts of things in the town, but for some reason, I don't have the brains to do an EMS service or put out an appropriate bid.

The last point. When we did and we went out to request a proposal, the only way that the town can get ALS service if we pay for it because the BLS service is your protocol for that service, right?

We went out \$700,000 to do that, because all they would do is ALS, but they can't do the BLS calls because they were told by the Office of Emergency Management Services, Medical Services that that's their area, so they can't do that.

But, if I said to the ALS company, you can have all the calls in town, my cost is zero, because they can sustain the amount of calls that are there and be able to provide the best care that we need for the Town of South Windsor, and that is a problem to me.

It's not about getting somebody and saying they're bad. It's not about getting somebody and saying that we've got to jump all through these steps.

It comes down to, the town should have the ability to determine the level of care it needs for its community.

This community in 1974 was 15,000 people. It's 27,000 people with an aging population that went from two percent now to fifteen percent. We have 5,000 kids in programs that do basketball, football, all the other programs.

We have 4,000, 5,000 people a day that come to work in the Town of South Windsor. They need appropriate care. We're asking this Committee to make sure that we can get that care.

This is nothing about getting presents, or we're going to have a good old boy or whatever. You know, maybe in the 70s that happened, you know. We're in the 21st century now. Things are put out to bid. We do things professionally. We have professional firefighters. We have professional police officers. We're very proud of them and this is an area that unfortunately in my opinion, has created a monopoly in the State of Connecticut.

SENATOR GERRATANA: Thank you so much for your testimony. Many points. Did you submit written testimony?

MATTHEW GALLIGAN: Yes, I did. I didn't go through the written testimony because I'm hearing a lot of nonsense stuff today that's not accurate and it's not true.

SENATOR GERRATANA: Okay. Representative Johnson has some questions.

REP. JOHNSON: Just a follow up on some of your remarks. I just wondered, is the fire department in South Windsor a private nonprofit or it is --

MATTHEW GALLIGAN: It's a volunteer.

REP. JOHNSON: So it's a private nonprofit organization, not owned and operated by the town.

MATTHEW GALLIGAN: Yes. It's a quasi-public organization. We supply their budget and equipment, but they're a volunteer organization.

REP. JOHNSON: So they're not an, you don't have a fire authority or a fire commission?

MATTHEW GALLIGAN: No. They basically have their own elected commission.

REP. JOHNSON: Okay. So they have their own nonprofit organization?

MATTHEW GALLIGAN: Correct. What we have is, it started in South Windsor in 1978 with a volunteer ambulance corps, and even back then there was a Mr. Gentelli who told the manager at the time, Mr. Paul Talbot, that he could, once they established the ambulance corps, ASM, which was an ASL service, he had a letter from them saying from the state that you could not go with the ALS service because you already had a volunteer corps and it's up to them to pick the next ambulance in the backup. They accepted that.

This ambulance corps went from a volunteer system, unbeknown to the town council, to a paid, not for profit. No conversation with the town. Not telling us about what's going to be the level of service and we've been dealing with this for four or five years to work with them to get the level of service up where we want it to go and what the public wants. And that's the bottom line.

I mean, I can't tell people coming to a town council meeting, oh, gee, you know, I have no control over that. Why? You're the town manager. I pay my taxes. I pay your salary. Why can't you do this? And it's a very tough issue to explain.

REP. JOHNSON: Right. So you only have advanced life support and you have to get basic --

MATTHEW GALLIGAN: We have basic life support system and the only way we get the advanced life support system is that in our protocols with dispatch, if it's a person that says they have breathing problem, whatever, they go. But why do I need two ambulances to go?

ASM should go by themselves, but the two ambulances go. That's ludicrous.

REP. JOHNSON: And do you incorporate with the basic life support and the paramedic intercept program?

MATTHEW GALLIGAN: Well, that's what they do right now, which even that I think is unacceptable because ASM can get there quicker than the current.

REP. JOHNSON: Very good. Thank you so much for your testimony. Representative, Senator Bartolomeo. Sorry.

SENATOR BARTOLOMEO: Thank you. And I have to say that I did miss some of the initial testimony on this bill because I've been jumping between Middletown and here for different public hearings.

Can you just clarify for me, explain in a little bit more detail about why there ends up being two ambulances that have to be paid for. Why can they not just, if the call is coming in to dispatch and there's a realization that you need to have the ALS, why then can the BLS cannot be called off?

MATTHEW GALLIGAN: Because there's some crazy agreement that went between the not for profit

ambulance corps but the ALS because they were complaining, he was complaining that they were jumping his calls.

Well, you know, he's not jumping the calls. When the emergency dispatch who's been trained, and gets a call that says I have shortness of breath, we're calling the advanced life support. That's our protocol. And for some reason they got this system that the one ambulance doesn't want to, you know, kind of oversee or outdo the other ambulance.

But just recently now because we raised this issue, they are doing that. They're going directly to the call.

SENATOR BARTOLOMEO: And just clarify the ALS is --

MATTHEW GALLIGAN: Advanced life support.

SENATOR BARTOLOMEO: I understand that. But they are run by whom, and the BLS is run by whom?

MATTHEW GALLIGAN: The ALS is run by another not for profit group, which is the Ambulance Service of Manchester and they have a wide range, a wide area, and they backup the local ambulance BLS calls.

And my point is that we went to an RFP. Why should I be paying \$700,000 for just ALS service, when I can have them come in and do the whole thing and pay nothing? That's an unfunded mandate.

SENATOR BARTOLOMEO: Excuse me. Are they both not for profit?

MATTHEW GALLIGAN: Yes.

SENATOR BARTOLOMEO: And they're not able to negotiate any Office of Emergency Medical Services for the state is not able to somehow work this out so that --

MATTHEW GALLIGAN: You know. I'm going to be blunt. Your office is useless. It's useless. I've been sitting in this town for 18 years trying to rectify emergency medical services and you get the same song and dance.

That's not serious enough. That's not serious enough. No, you shouldn't do that. Oh, go back and do this.

And then you get the local region. You go to a local region person and you start talking to them and it's the same thing.

SENATOR BARTOLOMEO: Okay, so what I'm trying to understand, are we talking about the problem in this system is possibly the personnel in the office, the policies of the office, or is the problem here the way it is currently structured?

MATTHEW GALLIGAN: The way it's currently structured.

SENATOR BARTOLOMEO: Because I think we can look at those as two different things.

MATTHEW GALLIGAN: It's the way it's currently structured, because what you've done is created a monopoly for a certain industry here that we cannot determine the level of care in our area without going through your state office and that person is going to tell you who your person is and what you (inaudible).

SENATOR BAROLOMEO: But let me ask you this. If the office of Emergency Medical Services was more responsive to the calls that others and yourself have been describing, were more responsive and

were willing to intervene in some of these situations, would it then necessitate, in your opinion, a change of the entire system?

MATTHEW GALLIGAN: I don't know your new Commissioner. I know she's only been here for two years. Maybe she has the ability to do that, but I think more importantly why do I have to have an emergency situation? Why can't a town just say, I want to have my community to have ALS service 24/7 and not have to pay for it? But I can't do that.

SENATOR BARTOLOMEO: I hear what you're saying. I guess I'm just not feeling the same way that it couldn't necessarily happen with the same system but maybe different responsiveness and maybe different responsibility shown by the office.

MATTHEW GALLIGAN: Well, because the law says right now that once you select your service provider, which is an (inaudible) 2, (inaudible) 5, whatever it is, that is your provider for life unless you can show negligence.

So years ago when you had the South Windsor ambulance corps, nobody was into the ALS service. Everything was basic life support, you know, get there, staying at the football game or whatever it is.

Today, our people are aging. We have much more serious issues in the towns for service, but I can't change that.

SENATOR BARTOLOMEO: Okay, I finally got to the point that I understand what you're speaking about. So the BLS has been the contract bid. It stays. It can't change. You've added the ALS because of the need of the community, and now your stuck is both.

MATTHEW GALLIGAN: Exactly.

SENATOR BARTOLOMEO: Thank you. I much better understand that. Thank you.

SENATOR GERRATANA: Thank you. Yes, Representative Cook.

REP. COOK: Thank you, Madam Chair. Thank you for your information. You said that you have been through the process of trying to --

MATTHEW GALLIGAN: We tried to go to process in 1997 with Attorney Barry Giuliano. We sat with them and they basically talked us out of it and told us that you know, they were just not (inaudible).

REP. COOK: Could you tell me how long, from the time you started that process to the time you got the answer? How long was it?

MATTHEW GALLIGAN: Well, I would say that probably in 1998, so it was probably maybe six or seven months.

REP. COOK: Thank you. Thank you, Madam Chair.

SENATOR GERRATANA: Thank you. Yes, Representative Perillo.

REP. PERILLO: Madam Chair, thank you very much. This is actually, I'm sorry, less of a question, more of a statement.

The gentleman approached this in 1997 before the statutes were changed in 2000. So in 2000 there were implemented mechanisms whereby the process would have been made easier.

So, in 1997, to the gentleman's credit, he is correct. There would have been no mechanism by which to do this.

REP. JOHNSON: Thank you for that clarification. Any additional questions? Thank you so much for your testimony.

MATTHEW GALLIGAN: Thank you, and I hope you would support this. I think we desperately need it in our communities. Thank you.

REP. JOHNSON: Thank you. Thank you. The next person on the list is Keith Yagaloff, followed by Gary O'Connor.

KEITH YAGALOFF: Thank you all for the opportunity to allow me to give some testimony here today. My name is Keith Yagaloff. I'm an elected official in the Town of South Windsor. I've been an elected official for over ten years, two years on the Board of Education and the last years as a Town Councilor.

We have a very serious ambulance problem in the Town of South Windsor and we want you to support Bill 6518.

We are one of those towns that are desperate for you to provide us with some legislative relief.

For many years the South Windsor Ambulance Corps was a volunteer organization and its sole mission was to serve the residents of our town. About ten years ago the leadership decided to move to a nonprofit, essentially private organization that has shut out the town from participating in how that organization is run.

When I joined the Town Council, I heard many complaints about the response times, the service provided by the ambulance corps. They provide only EMT service and all advanced life support calls have been dispatched from outside of South Windsor.

They own our basic life support PSA. They do not have a contract with South Windsor. They have not had a contract with South Windsor for many years. They do not have a mutual aid agreement for ALS service and we cannot get an ALS service provider for our PSA because of some reasons I'm going to talk about in a minute.

The State Department of OEMS has had virtually no concern about the fact that there's no contract, no updated emergency services plan, and we've had serious concerns in the Town of South Windsor.

In the last three years, the Town Council has brought the ambulance corps before it to address these concerns. They include a lack of paramedic service, vehicles out of service and poor response times.

We tried to offer them incentives. We offer them free rent. We offer them space in a brand new ambulance facility for free. We asked if they would improve their service, they would talk with us, work with us to improve the service. They did not address any of our concerns.

I was disappointed by the comments of the Commissioner this morning. South Windsor Ambulance Corps is under investigation by the Department of Public Health and we have sat down with the Director of OEMS to discuss our concerns.

So the comments that there don't seem to be issues pending, are not realistic and fair comments.

Last March we brought the ambulance service before the Council to address these concerns and there's no mutual aid agreement, as I said. There's no advanced life support agreements, no

mutual aid agreements and they didn't address them.

Now, this last year in the summer, a few months after that meeting, we had a child pass away in our town and her name was Hanna Patrey, and it's very upsetting to me because she's a friend of my daughter, and I'm a member of the Town Council. And I had an opportunity to do something about this last March and I didn't. Excuse me.

The ambulance for Hanna arrived more than 25 minutes after the call, and she wasn't brought to the hospital until after 50 minutes from the call and the ambulance that was dispatched came from the Town of Hartford.

Now, South Windsor Ambulance Corps provides EMT service only. There's no advanced life support. One third of the time they provide no service to the town and one third of the time they provide one ambulance and one third of the time they provide two ambulances.

Their ambulances have been chronically out of service and when this young girl died, they had an ambulance out of service. When we brought them in last March, they had an ambulance out of service and it's just simply unacceptable that they're not able to operate their local facility in a way that is supportive and beneficial to our community.

Now, they also have this issue with billing. They essentially take all the low-hanging fruit. They do the transport and they do the basic life support calls, the EMT calls. They take all the money from those.

And in fact, when we have outside ambulance services, like ambulance service of Manchester coming in, they dispatch a second vehicle. Our

local ambulance corps dispatches a second vehicle, and do you know what happens? That paramedic on the ALS call has to leave the ambulance from the ALS service, take all of their gear and equipment and put it into our local BLS provider because they require it, and our BLS provider bills for transport and the ALS provider bills for the ALS service and so they do what's called bundled billing. It's unbelievable.

So we have two ambulances that respond. Our ambulance is dispatching to ALS calls. Sometimes they have only one ambulance in service. Sometimes they only have one that they're staffing and that ambulance is going out to an ALS call completely unnecessarily in order that they could bill for transport services.

They are a billing operation. They are taking all the low-hanging fruit and they are preventing us from getting ALS service because no ALS service provider wants to come into town just to do the ALS calls, to lose the transport calls, and to lose the BLS calls.

South Windsor is stuck. There's nothing we can do. We can't change our PSA for BLS because their standard for BLS is so low, it's so low, that we've been told that in order for us to prevail at the state level it would be nearly impossible.

REP. JOHNSON: Thank you so much for your testimony and I wonder if anybody has any questions.

KEITH YAGALOFF: Thank you.

REP. JOHNSON: Thank you. And I want to just say that I'm sorry for your loss of your daughter's friend and I hope that we'll be able to work on figuring out where the connections, where things are

working well and where things are not working at all or not well.

KEITH YAGALOFF: That's very nice of you to say that. We appreciate that. The whole community appreciates that and thank you.

REP. JOHNSON: Gary O'Connor, followed by Bill Campion. Welcome, and please state your name for the record.

GARY O'CONNOR: Thank you. Good afternoon, Senator Gerratana and Representative Johnson and Members of the Public Health Committee. My name is Gary O'Connor and I'm a lawyer with Pullman and Comley. I've represented American Medical Response for over 20 years and have been involved in that capacity in the EMS industry for all those years.

I've submitted written testimony, which is in depth, so I'll just highlight some of the points in that testimony.

Quite frankly, Raised Bill 6518 in my opinion, although well intentioned, will completely dismantle Connecticut's emergency medical services system and will reduce the quality of emergency medical care and it will politicize EMS in Connecticut.

And I know you've already heard a number of stories about what it was like prior to 1974 but at that time there was no statewide control or oversight or supervision of the EMS system. In fact, municipalities had a great deal more control. A lot of times, they would be the ones that would on a rotating basis select the ambulance providers.

But the system was a mess and there was corruption. There were gaps in coverage. There

was stacking of calls and massive delays in response, and as a result, a statewide system was developed.

And just like hospitals, it was felt that EMS being a very important component of the healthcare system in the state, needed to be controlled at the state level.

And as a result, we do have a very good system. Are there problems that can be addressed? Yes. All these really unfortunate incidents that we've heard today, I believe most of them are the result of really personnel issues, not, maybe the Department could move faster on some of these issues.

And it sounds like a lot of the municipalities have really failed to exercise the avenues that they do have. It's not just an emergency in which they can seek to replace a PSAR, it's also if the PSAR does not meet the performance standards.

Now, they can set out in their emergency medical services plan what those performance standards are, and those would include response times and things like quality of care.

And if that PSAR is not meeting them, they can petition the Commissioner for a replacement, and I think in some of these more egregious situations, that in fact is what should be done, and that's a lot different than just filing a complaint for a violation. I mean, this is, there's a process and it doesn't seem like that's been followed.

So I think instead of destroying what is a very good system, that is more cost effective, results in lower prices for the consumer and a very good quality care system as opposed to some of our

colleagues in the other states, you know, I don't think that we should throw the entire system out.

It's a good system that's worked and I think what we have to work on is maybe educating folks a little more as to what their rights are and how they can petition to remove a PSAR and maybe address some of the inertia issues that people suggest exist in the Department.

So those would be my recommendations.

REP. JOHNSON: Thank you so much for your testimony. And you've summarized somewhat some of the things towns can do, but when they are separate entities, it does seem like it might be a more difficult process to deal with because the town in statute is responsible for providing the ambulance service but then you have the idea of a separate, private nonprofit organization running the ambulance services, making contracts with other ambulance services to provide a complete level, or multiple levels of ambulance services.

And it seems as though it's quite a bureaucratic morass to negotiate.

GARY O'CONNOR: Well, there may be a problem with the bureaucracy. And again, listening anecdotally to what people have said, but I do think that that's more an issue of the bureaucracy as opposed to regulations and the statutes.

There is a process and it doesn't seem like it's been tested very often, and if I were representing a municipality and I do represent municipalities on a number of different issues and I had an ambulance company that was farming out one third or more of their calls and had very poor response times, I would say that they were not providing the proper service. They were not meeting their performance guidelines under the

local emergency medical services plan, and I would petition the Commissioner of DPH to remove them.

REP. JOHNSON: Okay. And what about, if nothing occurs, now we have a fatality here, you know, because of perhaps a long period of time and let's just not use the example that was given but let's say that there's, isn't there supposed to be a response within five minutes of the provider?

GARY O'CONNOR: There are different standards depending on the region, the type of emergency call it is. I mean, and there are, you know, there are benchmarks that certainly every community and every provider wants to meet.

You know, it's a very complex system and a very fragile system because, you know, there is, you know, it's a balance between maintaining the cost and providing the level of services that provides good quality emergency medical services in the state.

And considering the amount of different communities we have, the miles that have to be covered, I think that the EMS system in the State of Connecticut does a very good job in providing quality emergency care.

I mean, one fatality is too many, and the goal is to eliminate any fatalities, but we do have to sit back and look at where it was before '74, where it is now, where it is compared to our neighboring states in terms of quality of care, cost effectiveness and responsiveness to the public.

And I think there was a lot of good reasons why that was believed it had to be done on a state

level. You would not get the commitment and the investment that a lot of the good emergency medical service providers are making if there was fear that every year they could be booted out, or every two years with the change of administration.

In order to do what's necessary and capitalizing the types of ambulances and emergency medical services you need and the training, and then coordinating all that with the sponsor hospitals.

I mean, it's an enormous investment and it takes many years to create that kind of teamwork between the EMS providers and the sponsor hospital services.

So it's something that cannot change like you change, you know, garbage hauling services year after year. It doesn't work that way.

REP. JOHNSON: Thank you so much. Any additional questions? Yes, Senator Bartolomeo.

SENATOR BARTOLOMEO: Thank you. For the testimony that I've heard, because I've been here for the last hour, your situation is somewhat different because you're a for profit service and most of what I've been hearing are from those towns and municipalities that are serviced by not for profit or others, or volunteer.

Can you describe for us what your relationship with the towns that you service in municipalities, you service, what has that been like and have you been asked to make changes and how has your company responded to that with municipalities?

GARY O'CONNOR: I think it's a constantly evolving process and you know, we do make changes at the request of municipalities. We try to accommodate municipalities. Some have particular needs that others don't. Some emphasize some areas of care

over others, you know. It all has to be taken into consideration and yes, each community can and should develop their own emergency medical services plan.

And as the provider, and PSAR in that community, we have to be responsive to that plan because we understand if we aren't, the community can petition the Commissioner of Public Health and have us removed.

So that is always in the back of our mind and providing the service and doing it really, you know, at no separate charge to the town itself. I mean, we bill the patient, but it's not and now, it used to be years and years ago there would be subsidies from the communities.

So at least with my company now it, you know, we basically do it for what we can charge the patient, and so it's at no cost to the community.

SENATOR BARTOLOMEO: So one of the things that you had said was that, what you had been hearing at the same time that I have been hearing, you felt that some of these operations have not been maybe accessing the things that they have a right to as far as the process goes.

But I didn't really hear it that way. I heard that these communities have tried but they haven't been responded to by the Office of Emergency Services, Emergency Response Services.

So I guess what I'm wondering is, can you give us more, well, first of all, you think that primarily the system is working.

GARY O'CONNOR: Yes, I do.

SENATOR BARTOLOMEO: Others have a very different point of view. Can you pinpoint any ways in which maybe you would make suggestions on how the system could work better?

GARY O'CONNOR: Yes. I think some of the examples that were raised were prior to the change in the legislation that did give municipalities more input, which did require municipalities and providers to develop a local emergency medical services plan, which did provide municipalities not only with the right on an emergency basis to petition the Commissioner, but also to petition the Commissioner for removal of the PSAR in situations where the PSAR holder was not responsive or did not perform according to the municipal services plan.

I think the way that we could improve this process is if we had a dedicated staff at DPH that you know, was there and staffed to actually accept these types of petitions and move them along on a more expeditious basis.

And you know, again, it's a fine balance. You want to balance the rights of the municipalities to have input. At the same time you want to maintain the integrity of the process so that your providers are not being booted out because of favoritism or the whims of a particular new administrator that's in there.

And you want them to be able to be incentivized to invest a large capital and personnel investment they have to make.

So if you ask me what the biggest thing that could be done is probably is to make certain that DPY has staff dedicated to move these kind of petitions along and to review them quickly and accommodate the municipalities' need, but also provide due process in the meantime.

SENATOR BARTOLOMEO: Thank you. Thank you, Madam Chair.

REP. JOHNSON: Thank you. Representative Srinivasan.

REP. SRINIVASAN: Thank you, Madam Chair. Thank you very much for your testimony.

GARY O'CONNOR: You're welcome.

REP. SRINIVASAN: I was a little bit puzzled when you had said that each town, each municipality has to come up with their criteria of what their needs are and then move, you know, according to that.

I would have thought that the requirements are pretty general for all towns, given on an emergency basis, so could you give us an example of what one town may require, which you feel another town does not?

I mean, there may be minor differences between towns but by and large it should be kind of a standard menu of, these are the requirements, that response time has to be within this, and this is what I need for an assist service and so on and for forth.

So could he expand on that for us?

GARY O'CONNOR: Yeah. I mean, I think that generally in the go list they have a uniform set of response criteria throughout the state. But, there are municipalities that may, for instance prefer to have additional fly cars available.

Or, they want ambulances stationed in their communities in certain locations.

I mean, some of those things are local, you know, and that's what I was suggesting. It doesn't mean that people are going to have better or worse response times, but the individual town can assess perhaps better than anyone, how you effectuate that better response time and better quality of care and better coordination with all levels of emergency medical service in the community.

REP. SRINIVASAN: Thank you for that, and the next question I have is, you know, we heard from South Windsor and I'm very familiar with that, of two ambulances arriving every time, most of the time there's a need, and in the double billings, so on and so forth.

And could you explain to us as to a) in the system how that happens and b) what could South Windsor do, according to you, to make sure that what happens is not that, but they have one unified system of response.

GARY O'CONNOR: Well, and again, I'm just hearing anecdotally, so I really, you know, don't want to make a judgment on the EMS providers in that community but if we take what was said and I'll just take it hypothetically.

If you has a BLS provider who was not getting there on time and is passing, you know, one third or more of their calls, I would say the problem is not in the fact that you have a BLS provider and then maybe an ALS fly car coming because you can bundle bill and it still more cost effective than our neighboring states.

You know, I think the real problem is that they're not doing their job, if the facts that have been laid out are correct, and I think it's in those situations that you do have to petition the Commissioner and under the specific statute that we have.

And you know, and again, without knowing the facts, I don't know if that has been done. It sounds like they filed, and a number of these filed complaints, individual complaints about things that have been done, but to make a petition under 19a-181 to specifically get rid of that PSAR I think that that is legitimate here and I think that, as I said, where we can maybe

help the system is to have the Department more responsive to those kinds of petitions.

REP. SRINIVASAN: So if I hear you correctly, what you're saying is we have a system in place. We have a quote, unquote appeal, or a process in place when things don't go right, but somewhere, something has fallen through the cracks and that is what the towns and municipalities need to be made aware of so that there is an option. They can go approach, they can petition and things will be worked out. That is what I'm hearing from you.

GARY O'CONNOR: Yes, it would be education on the municipality's side and more responsiveness on the side of the DPH if that in fact is, you know, the problem.

And you know, and this is not unique to DPH, you know. As I said, representing other municipalities before a number of state agencies, it's not so much the laws a lot of times, it's the ability of the staff to cover all the files, you know, and follow the state statutes and regulations and prosecute, and that's a cost issue, obviously.

REP. SRINIVASAN: Thank you, Madam Chair. I'm not sure if this is a fair question to you but I'll try. You said we are better off in terms of our services compared to our neighboring states, which is good to hear that we're doing well. I wish our neighboring states did well as well.

Is that a cost factor? Are we more cost efficient in what we do compared to the neighboring states, or is it a compromise in some kind of services? Hopefully not.

GARY O'CONNOR: No. I think we're more cost effective and you know there's, and I know that others have

called for (inaudible). I look at the three main legs of the stool.

I mean, you have the PSA system and then you have the CON process for rate, for rate setting and then you have CON process for expanding services and adding vehicles.

And why that's important is that, with having a CON process, you know, even the nonprofits can't go out there and buy 25 vehicles when they don't, only need three, and then try to back that into the rates and charge more.

And I think that in '74 what happened is, the state did a massive review of this and said, look, the competitive process doesn't work in emergency medical services because there's a lot of inefficiencies created, and what would really happen is, you know, more people will be trying to go to those more profitable calls and there would be huge gaps in coverage.

And there might, you know, there would be winners and losers and there would be a lot of people spending a lot of money unnecessarily on equipment. Others couldn't afford it. And in the process, and sorting out winners and losers, unlike in the stock market, we're talking about emergency medical services and people's lives, you know.

And the Legislature in its wisdom believed that that couldn't happen and there was a better, more cost-effective way of doing it, which is the system we have now.

REP. SRINIVASAN: Thank you very much. You definitely clarified many things in my mind, and I appreciate that. Thank you. Thank you, Madam Chair.

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10:30 a.m.

REP. JOHNSON: Thank you. Any additional questions? Thank you so much for your testimony and being here today.

GARY O'CONNOR: Thank you very much.

REP. JOHNSON: The next person I have on the list is Bill Campion, followed by Michael Royce? Welcome, and please state your name for the record.

WILLIAM CAMPIION: Good afternoon, Senator Gerratana, Representative Johnson and esteemed Members of the Public Health Committee. My name is William Campion and I am President and CEO of Campion Ambulance Service headquartered in Waterbury, Connecticut and serving the City of Torrington, the Towns of Cheshire and Prospect.

And I'm here today to testify in strong opposition to House Bill 6518 AN ACT CONCERNING EMERGENCY MEDICAL SERVICES. The system of emergency medical services in Connecticut is an intricate, well balanced, inter-connected system. It's composed of, as you have already heard from numerous people here today, of not for profit, municipal based, hospital based and private for profit providers.

The stability, the quality of service, the accountability, the cost effectiveness of the system is based upon the three principles of primary service area assignment, certificate of need determination and regulation of rate for service.

The changes proposed by House Bill 6518 I would voice most of my opposition to are those that would a municipality to unilaterally change the assignment of the primary service area.

The current process for change in the assignment of a primary service area is competently handled by the Department of Public Health after a

detailed analysis of facts and completion of a public administrative hearing.

This process allows for consideration of all community stakeholders and most importantly, allows the assigned service area provider due process.

More importantly, any decision concluded from this process can be arrived at without undue political influence and can be made based upon objective analysis of evidence presented during the hearing process.

The quality provision of emergency medical services requires as you have heard here today, a considerable financial investment in resources and infrastructure. Likewise, any advancement in medical practice or procedure requires investments in training, in equipment, each having its own financial implication.

My organization over the past ten years has made several hundreds of thousands of dollars in taxable investments in equipment, in infrastructure, personal property and procurement of goods and service as a commitment to the communities which we serve.

A primary factor in making these decisions is based on the principle that provides a reasonable assurance, free from any extraneous political influence, that we will continue to be allowed to serve, provide service within the communities in which we have invested.

REP. JOHNSON: Mr. Campion, could you please summarize your testimony for us?

WILLIAM CAMPION: Yes, I will.

REP. JOHNSON: And I would digress. You've heard here today a couple of very rare and very tragic instances of providers failing grossly to provide

the quality of service that they need to provide to their communities, and I say, a few because they represent probably two to three percent of the total providers in the State of Connecticut.

I will be frank with you right here and now in my opinion, what part of the crux of that problem lies in an accountability of those organizations to their municipalities, okay?

I completely agree and I completely sympathize with the frustration of those municipalities because they feel, quote, they've been held hostage.

I will tell you here and now that my municipalities in which I serve get a different level of accountability from me and my organization. And why? Because my organization has skin in the game. My organization is held totally liable and accountable for our actions and the level of service which we provide.

And I beg to differ with one of the previous people that testified today. When a lawsuit comes to my organization, the first name on top of that lawsuit is not the municipality which I serve. It's my organization. That accountability of me and my organization, it compels me to operate and to provide a different level of accountability to the municipalities which I serve.

I would suggest that the regulations as promulgated here in this act will dismantle the system that we have in place. I think it would be better served that we tweak the existing regulations that we have to notch up that accountability from those organizations to their municipalities.

REP. JOHNSON: Thank you, Mr. Campion for that.  
Representative Cook.

REP. COOK: Thank you, Madam Chair. Thank you, Mr. Campion for your information and the services that you all do.

Since it is your organization and you are, how many towns are you in contracts or negotiations? Who do you have contracts with right now?

WILLIAM CAMPION: We hold the primary service area response obligation in Waterbury, in Torrington, in Cheshire and the Town of Prospect.

REP. COOK: In all of those towns, everybody also has full-time fire? Correct.

WILLIAM CAMPION: No, that's not correct. The Town of Prospect and the Town of Cheshire have a volunteer-based fire service.

REP. COOK: And no full-time paid?

WILLIAM CAMPION: That's correct.

REP. COOK: So if I'm with your ambulance service and I have a complaint, since you are in my town and I'm in Torrington, since you are in my town, do I complain to my town? Do I complain to you, and what is the protocol for that?

WILLIAM CAMPION: I can tell you by example that the complaint usually comes to our organization directly. However, it can go to the Public Safety Board in town. It can be formally lodged with them, which we are a member of and participate entirely with.

The complaint would be investigated, but primarily it's been our history that the complaint comes to our organization directly. We have a full-time manager on duty in Torrington who would investigate the complaint and get back to you and come to some resolution.

REP. COOK: And in the contract that you have with Torrington, since it's just an easy example to

use, is that a paid contract? Are you paid for your services or how does that work? Can you explain?

WILLIAM CAMPION: Yes, absolutely. The Town of Torrington approximately 20 years ago contracted with us to provide a certain level of service above and beyond what was the requirement to service the primary service area.

The Town of Torrington said, that's a nice basic plan. That's primarily a Chevy. We'd like to drive a Cadillac, so we told them okay, we would be happy to provide you with that level of service.

However, the call volume and the economic viability of that system cannot sustain that level of service. So we told the Town of Torrington that in order to provide that level of service we would need a subsidy to make up, offset the cost differential.

A couple of years ago, the Town of Torrington said, we don't want to pay the subsidy any more and we said, okay, no problem. We want the ability to lower that threshold, lower that.

The Town of Torrington asked from us to provide an excess level or a guarantee level of resources, whether those resources were necessary for operations or whether they were not necessary.

So with the contract in place and with the subsidy in place we were able to maintain that level of resources regarding their utilization.

Now, without the level of, without the subsidy going forward, we have the flexibility with the agreement to raise and lower our level of resources as utilization demands.

The Town was satisfied and we were satisfied.

REP. COOK: So within those changes over the last couple of years, fees and the like, so you are held accountable to Torrington and the Board of Public Safety, the firemen and the residents.

So if there's complaints, do you report back to the Board of Public Safety and explain to them as a municipality that there were complaints about the service so they understand the relationships or problems that might be taking place in the local area?

WILLIAM CAMPION: Yes. In reality, depending on the level of, depending on the specificity of the complaint. If it's a complaint about billing and patient billing, that usually is resolved directly with us and the client.

If it's a problem with response time or service delivery or missed call, those are usually brought to the Board of Public Safety, investigated and then reported on what the resolution or what the outcome is.

REP. COOK: So if there were a significant amount of complaints, and I'm clearly not saying that they are, but just so we can use it for an example.

If there were a significant amount of complaints that were brought to the Board of Public Safety and they felt that there was nothing being done about those complaints they are locked into a contract because of this statute, correct? They cannot change from what I'm gathering, their agreement with you.

WILLIAM CAMPION: No, that's not correct. They can petition the Office of Emergency Medical Service to a) investigate and if they feel that the problems or issues go unresolved or are of such egregious nature, they can petition to have the PSA removed from us.

REP. COOK: Correct. But we've heard now, so we've been sitting here since 10:30 and we've heard on several accounts that people have tried to petition, whether it be in past or present administration and legislation, that they feel that they have petitioned and to no avail of their own, they cannot make a change, that they feel like they're handcuffed into the agreements that they are in.

So I think those of us that are sitting on this side of the desk are trying to understand if you're making, if you're explaining for it to be simplistic, they're making it to sound rather complicated.

We are now sitting here charged to make a decision as to who's being as truthful as possible, and I'm not calling anybody untruthful, but this is our charge.

And so we're at a position now that if you have agreements with municipalities, the municipality may or may not know whether there's problems or not, and we are now trying to figure out how we can alleviate that stress and burden from the municipality to be able to make a decision on which they feel is of the best interest of their community.

That, I think, is what we're trying to figure out and I think that we're at a brick wall, if you will, because one organization is looking out for their best interests, but then you have other organizations that are looking out for a different interest, and now we're trying to figure this all out.

WILLIAM CAMPION: I would respond to you in this manner. Back in the mid to late eighties my organization was, I'll call it a victim. It was the victim of the withdrawal of the PSA

assignment, and that happened to us in the City of Waterbury.

It happened at that time that the mayor had felt that there was a need, prior to the latest round of regulations that required a contract or EMS plan, had promulgated the fact that he wanted a different delivery service, a different delivery model for EMS, wanted the availability of ALS in every single ambulance that was on duty in the City.

We provided the availability of ALS in a different manner. We provided it, sometimes it was in the ambulance, sometimes it was in a different vehicle that responded to the scene and made available.

Now, they argued that, so it was a philosophical argument, but we at that point had the PSA withdrawn from us. We went through and filed an administrative appeal with the Department of Public Health, and I will tell you it was a long and onerous and hundreds of thousands of dollars in legal fees. Okay?

That process, having been through it, myself, I can tell you that yes, there is probably room to improve that process, but the process is there. It does exist and I would, from my standpoint as a provider, advocate an improvement to that process, a streamlining of that process, a collaborative effort to engage both parties in that process to come to a resolution.

Again, it is my history and my behavior that in the towns I serve, I am very responsive to those towns because those towns provide for our organization a livelihood for our employees and for our organization.

They get a different level of response to me, and yet I'm held to the same standard. They can

withdraw my PSA today like they can withdraw the one in Naugatuck and Windsor and Coventry. I just behave differently because I'm accountable to them.

It appears to me that the services right now that are the problem children, if you will, lack that accountability.

Now I'm a separate, completely separate entity from the municipalities I serve. I am in no way connected to them. I am a vendor of service for them, but I behave differently because, and they hold the same stick over my head. They hold me to the same standards. They hold me to the same line of accountability.

REP. COOK: But if, and I guess that's part of the problem. Let me explain.

So if you're saying that the City should hold you accountable to a set of standards and if you're not meeting that accountability in their vision and their set of standards, they have no way out or they have a lengthy somewhat cumbersome and somewhat costly process.

So if there was the option of competition or RFPs and negotiation of different contracts within the municipality, they would have some type of an out, and I think that that's what I'm hearing from the municipalities is they're looking for the option to remove the people that they feel that are there that are not providing.

WILLIAM CAMPION: That's correct. And I understand that. But I can tell you, and again, I revert back to my situation in the City of Waterbury, and the fact again, that in the areas that I serve, I make a significant investment, again, in infrastructure, in capital costs.

I cannot, I'd be ill advised if in fact that process were to be manipulated in a negative way

that it was easy for me to lose that service area. I would be disincentive to make the long-term commitment in infrastructure and capital that I need to make and that provides good quality of service and maintains our reputation in a robust organization.

So there has to be, I understand again, the municipalities' frustrations but there has to, we have to achieve a balance in the system, because without that balance, I will be disincentive to do the things that I need to do to provide good quality service.

So you will disincen the good behavior, the good quality providers by striking a fix for the poor quality providers and I would argue with you today that the percentage of good quality providers far outweighs the poor quality providers.

So from my standpoint, I am not at all adverse to the fact of negotiating or seeking to find that balance and find that fix, and it is a balance.

SENATOR GERRATANA: Actually, I'm just going to break in here because I'm listening to the discussion and Representative Cook, you certainly can ask more questions if you have them.

But you know, my Co-Chair and I just make this comment that, you know, in our discussion it sounds like there is an imbalance and I know we're kind of, we're not here to debate at this point but you know, to listen to the testimony.

But it certainly seems as though there's a group here and a group here, and there's not much coming together so I just thought I'd make that comment.

Please continue, Representative Cook with your questions.

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REP. COOK: Thank you, Madam Chair for that. I think that's kind of what I was getting at, too.

So to go back to accountability, you've been in Torrington for 20 years.

WILLIAM CAMPION: Over 20 years, yes.

REP. COOK: How many times do you, and you may not have an answer, but a rough guesstimate, how many times have you presented any problems that have been reported to the Public Safety Committee?

WILLIAM CAMPION: I ask your indulgence to this one. When you mean problems, what kind of problems?

REP. COOK: Well, if I'm now, I've been in the ambulance. I can't complain? You guys have done great service. I'm still standing here.

But my question would be is, if I had a problem, but if I had an issue and I brought it to you and I said, you know, here is whatever the problem was and what problems would you deem a necessity to report to a Board of Public Safety since they're the overseeing body in that town?

WILLIAM CAMPION: I would propose that the problems in design of systems, of response time, of certainly quality, level of resources, whether it be a continual lack of resources, or a continual unavailability of resources. Those would be things that, again, are part of the system design would go before the Public Safety Board.

Issues of, personnel issues. You didn't like the way my employee spoke with you. You felt you were overcharged for service. We tore up your lawn when we turned around in your driveway. Those are issues that would be resolved on a one-on-one basis with the vendor of service or the provider of service and the direct customer. There would be no need to take those level or

those type of problems to the Board of Public Safety.

Primarily quality, availability of resources and other system type problems.

REP. COOK: Okay, so then those problems that you have listed as possibly an example that you would have need to have gone in front of the Board of Public Safety and then honest with the fact that there were some issues with response time or the like.

Do you have an estimate of how many times you've come in front of the Board of Safety to say that, you know what? I'm coming in front of you. There's issues and you all should be made aware of it since we contract and work with you.

WILLIAM CAMPION: I can't give you an exact number, but what I can tell you the typical process is, every board of Public Safety meeting our response times are reviewed by the complete board.

A report is given to the Board ahead of time. They come from the regional dispatch center so it's not us providing the numbers. It's the regional dispatch center providing the numbers. The number of missed calls is presented to the Board and the Board analyzes it and if there's any specific questions about a specific incident, we answer them at the time, and if it's felt that we missed one call in 400 over the last quarter, then that's felt to be reasonable,

We attempt to get the explanation why that one call was missed, but there are times when resources for whatever reason are overrun, the demand exceeds the supply and it's reasonable. Those are the type things that routinely come before the Board and are examined.

And history and example has shown us that we don't have to bring problems before the Board. The Board usually has them and they hold, again,

they hold us accountable. They ask us about response time. They ask us about missed calls, calls passed to other services. They have, that information comes to them from outside sources. They don't rely on us to provide that information for them.

REP. COOK: So then I think that just takes us full circle with the point of, if they don't know that there's problems and somebody hasn't complained to them because you said that the complaints should go to you as the business owner, then the Board might not be aware of what's going on, which means nobody is really understanding who is technically being held accountable.

So I think that that's where part of our issue is, and as a municipality, if they have no ability to number one, know there's a problem and there's not open communication with the workings, and maybe it's not in our town but maybe it is, obviously it is in other towns.

gAnd maybe it's not in your organization, but it is other organizations, they have no ability to hold that person accountable, and I think that that's really what they're asking for, is the ability to hold the company accountable and to break that contract if that company is not doing what they should be doing.

WILLIAM CAMPION: I would suggest that as part of the EMS plan, a mechanism with each individual town would be developed for just that, the process of developing a complaint procedure.

How do you collect the complaints? Who is the responsible body or authority to then objectively investigate the complaints, and where do they go to from there and then what's the resolution of the complaint.

That I would suggest would come as part of the EMS plan.

REP. COOK: Thank you for that. I think we can probably go back and forth forever but I'm sure that everybody else wants to talk.

So I want to thank you for your time and I want to also thank all the responders that are here, not just the ambulance but also the fire and also those police that are out there, too, because I think you guys do a great job keeping us safe.

I just think that we all need to work for the same common good. I think we are, and there are always a few bad apples in the bunch and it's about making sure that the towns can rectify the situation. So thank you.

WILLIAM CAMPION: I agree with you --

REP. COOK: Thank you, Madam Chair.

WILLIAM CAMPION: -- and again, on behalf of our organization, I would thank all the other responders in the room. We all collaborate together on any given day, and we work together for the betterment of the system. Thank you.

SENATOR GERRATANA: Thank you, Representative.  
Representative Srinivasan.

REP. SRINIVASAN: Thank you, Madam Chair. Thank you for your testimony. In the example that you gave when Torrington came to you and started with, I forget which car you named and then went up to the Cadillac version, in terms of EMS services, what did that translate into?

Was that response time? Or, in what way did the service change from one tier to the Cadillac version?

WILLIAM CAMPION: Initially, they wanted a guaranteed level of resources, 24/7, 365 and over the course

of several years we developed the demand analysis and pattern to know that there were certain times of the day when the resources exceeded the demand.

So when they said to us, we don't want to pay this level of subsidy any more, we said okay, we have the ability to provide a level of service but we need the flexibility to drop the overhead of the excess resources when they're not needed. That gave us relief and it gave them the opportunity to save the money that they were looking to save.

REP. SRINIVASAN: Thank you.

WILLIAM CAMPION: You're welcome.

REP. SRINIVASAN: Thank you, Madam Chair.

SENATOR GERRATANA: Are there any other questions? If not, thank you so very much for coming today and giving your testimony and certainly we've been listening all afternoon. A lot of work to do. I'm actually starting to type in some of the things that I think we're going to have to address.

WILLIAM CAMPION: Thank you for the opportunity.

SENATOR GERRATANA: Thank you, sir.

WILLIAM CAMPION: All right. Thank you.

SENATOR GERRATANA: Actually, right now we have two individuals that have a transportation challenge, so we're just going to go out of order. The first is Neil Berry, followed by Aldine Burton, and then we'll go back to our list.

NEIL BERRY: Thank you, Madam Chair, Members of the Committee. I do appreciate you breaking into the hearing and allowing us to go and to be heard.

I'm here today supporting --

ALDINE BURTON: I'll do it very shortly, thank you.  
We prop up dictators all around the world and spend billions of dollars to feed people who hate our guts and the highest percentage of our homeless are veterans who put their lives on the line so we could sit here and laugh and talk and do all these wonderful things today.

We need a bill of rights for the homeless to ensure that all Americans are on a level playing field.

SENATOR GERRATANA: Thank you so much. Do you like the bill?

ALDINE BURTON: Yeah, I think you could say so. I think you could say.

SENATOR GERRATANA: Thank you, sir. Thank you for your testimony.

ALDINE BURTON: Thank you.

SENATOR GERRATANA: I guess no one has any questions.

ALDINE BURTON: (Inaudible).

SENATOR GERRATANA: Absolutely. Thank you. Quite entertaining. We're going back to our EMS system and the next person to testify is Mike Leats, I guess it is. Mike. Here he is.

MIKE LOUISE: Mike Louise.

SENATOR GERRATANA: Oh. I can't read it. It's the handwriting.

MIKE LOUISE: That's okay.

SENATOR GERRATANA: Letters missing. Welcome, sir.

MIKE LOUISE: Thank you. Good afternoon, Senator Gerratana, Representative Johnson, distinguished Members of the Public Health Committee. My name is Mike Louise. I'm the Director of Operations

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for Hunter's Ambulance Service, and I'm here today to speak in opposition of Raised Bill 6518 AN ACT CONCERNING EMERGENCY MEDICAL SERVICES.

Hunter's is the licensed service area provider at the basic life support and paramedic levels for five communities in central Connecticut serving a population of about 132,000 people.

We have developed a solid employment base and made significant investments into facilities, vehicles and equipment in these communities and take our statutory role as an emergency services provider seriously and we are proud to be celebrating our 50th year in service.

I'm not going to beat the horse down any further, although I don't think he's completely dead yet, but I just wanted to clarify a couple of the things that some of my colleagues have pointed out already.

I kind of wish Representative Cook was still here because she raised some really, really thoughtful questions. I thought they were great.

One of the things I want to clarify, though, is that, you know, by taking the PSA and putting it into the municipality that doesn't necessarily create transparency with the ambulance service.

I think all of the testimony that I've heard today points to you know, you have two things going on. You have three municipalities that have raised a lot of concern and frustration and totally legitimate for the process that they feel in place.

We have other services, like my own, who works with the community and is held accountable by the community to provide a level of service that is appropriate and we work collaboratively with the community. The community does hold us

accountable, and I think that's what's lacking in those communities.

So I don't think it's really a matter of just making a wide sweeping open-ended statutory change. I think it's a matter of going back to the communities and having the stakeholders sit down at the table and work out their problems. And as residents, we need to hold each other accountable to do that.

So again, we are in against this bill and we hope that you will see the wisdom to give us the opportunity and, quite frankly, OEMS and the Department of Health, they have new leadership, hope you will give them the opportunity to work out their issues as well.

REP. JOHNSON: Thank you so much for your testimony and very well opined at that. I was wondering, you're with Hunter Ambulance.

MIKE LOUISE: Hunter Ambulance.

REP. JOHNSON: And they're private.

MIKE LOUISE: Yes.

REP. JOHNSON: And you contract with the municipalities.

MIKE LOUISE: Yes.

REP. JOHNSON: It's a little bit different than some of these other organizations that are nonprofit organizations or also, that's the one organization I love to compare in contrast between what you're doing and what the nonprofits do. If you wanted to give me a little, your own vision.

MIKE LOUISE: Can you repeat that?

REP. JOHNSON: What's that?

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MIKE LOUISE: Can you repeat that?

REP. JOHNSON: Well, you're private --

MIKE LOUISE: Yes.

REP. JOHNSON: --- for profit organization and then some of the municipalities have nonprofit organizations that are either part of their volunteer system, or some of them work together as a small region, a corporative agreement that they might have, but their direct connection is mostly with the State of Connecticut, OEMS. It's not as much, it seems as much with the town they try to be more autonomous from the town.

Is my perception correct, or is that --

MIKE LOUISE: That may be what's going on in certain communities but I think the expectation statewide is that there is a PSA that is issued, obviously, by the Department of Health.

But there's also an expectation that the community is going to contract with the ambulance service and hold us accountable to do our job appropriately, so both of those are in place and we have to answer to those things.

As some of my colleagues pointed out and I have the same responsibility. We report monthly. We have to report on any major complaints that come up, and sometimes we even have to report on minor complaints that come up.

REP. JOHNSON: Very good. Okay. Any additional questions? Yes, Senator Bartolomeo.

SENATOR BARTOLOMEO: Thank you, Madam Chair. Hi, Mike. So, as you know, I represent, Meriden in one of my communities and Middletown as well as Cheshire, and all of those three have for profit ambulance EMS service.

So as far as the way that I've been viewing all of this and what I've been hearing is, we really have to issues I think here and I see them as two separate issues.

So one of them I see is the viability of the current system as it has been and as it's currently structured and in place, and whether or not that can work.

And then the other is really the Office of EMS and whether or not the system is being implemented the way it was intended possibly, and I don't know that from having anything, any discussions outside of here other than the testimony I'm hearing, so quite frankly it would be very hard for me to walk out of here and think that it was working the way it was intended to work or is implemented the way it was intended to implement.

Because of the fact, that as everyone has said, you can actually lose your primary services agreement for your area agreement. So I have, for full disclosure, I have been on the Meriden, I was on the Meriden City Council for four and a half years and you guys have, and did report to us and you were very open in working with the municipality and very responsive, so I am distressed hearing some of the other communities, you know, their interaction with services.

But I think that as Madam Chair has pointed out, they have a different relationship because they're structured in a very different way.

I've been in your facility. I've spent time in your dispatch and quite frankly, the system in Meriden with Hunter's has worked exceptionally well.

But I do know that members of your operation have explained that you do believe there could be

tweaks, and I wonder if you could kind of give us some more on where the system could work better.

MIKE LOUISE: Well, you know, there's a couple things. First of all, I think I have to go back for a second and just remind everybody one more time. The most important thing is the collaboration between all of the stakeholders.

If that's not happening, that's not a PSA issue, that's not a regulatory issue, that's a get everybody in the room and work it out issue. So that's number one.

Number two, you know, OEMS Department of Public Health have made changes as I said to leadership. We need to give them the opportunity to do their thing and prove themselves out, I think.

SENATOR BARTOLOMEO: Mike, I missed the beginning of your testimony, I'm sorry. I had to make a phone call. When did they make changes to the leadership?

MIKE LOUISE: This past year (inaudible).

SENATOR BARTOLOMEO: Thank you. Okay, sorry to interrupt.

MIKE LOUISE: So, you know, I think that some of the committees that are in place could be refined and made more efficient. You know, things of that nature.

I don't think the system's broken. I do think that certain communities have not taken advantage, full advantage of the pieces of the puzzle that they have in place and I don't think it's because of anything more than education.

You know, there's a lot of communities out there that just don't understand and I've been part of helping them understand, so I know that that understanding sometimes is not there.

So I think that's the most important piece.

SENATOR BARTOLOMEO: Thank you and one more thing. So as far as, in Meriden and with Hunter's, and that's really what I can speak to most comfortably and confidently.

What I have found because the Hunter family has been really a primary foundation in a lot of ways for the Meriden community. It's not just about your for profit business, but as a business in the community.

The Hunter family has invested so much and I think that that's something that I would really be concerned about losing if anything were to change due to this agreement because, and maybe you can speak to it more in detail or maybe you could, you know, one of your other representatives could speak to it.

But you fully invested as far as volunteering in the community. I know that there's members on just about every civic organization and that Hunter's has made a very conscious effort to be a positive force in Meriden, to donate. I can't even point to all of the things that you donated on, and I guess that that's really, really important to me.

And if you could indulge us by just maybe explaining some of the involvement in the community, I think that that would be important for members here to know when considering making a change to this law and to the way the system is currently set up.

I think that Meriden, we would be losing something if this changed and I represent Meriden and I think that that's, it's very important to me.

MIKE LOUISE: I can certainly speak to that, but I think because of what you're asking, I think the

heart of it is important, so if you don't mind, I'm going to ask Donna Hunter to come down and explain.

SENATOR BARTOLOMEO: Madam Chair wouldl have to approve.

REP. JOHNSON: I think in the interest of time if she has something brief to answer, but I think we need to stay on topic, too, and we need to look at what the systems are, how they're different and I think it's very important to point out how they are different because I think that might help us with the resolution.

SENATOR BARTOLOMEO: And I appreciate that and if I could be given a little bit of latitude, because for me what's very important about these relationships when we're talking about the responsiveness of the EMS to the community, their interconnection with the municipality, and I guess that's what I'm looking at here as part of their interaction with the municipality and its invaluable in the community that I represent.

REP JOHNSON: Well, briefly, an opportunity to briefly remark on this. Thank you.

DONNA HUNTER: Donna Hunter, President of Hunter's Ambulance. Thank you very much.

My father started our company 50 years ago this June. Just like many other companies sitting here today, we are fully committed. You don't stay in a town for 50 years and provide the best patient quality service you can if you're not committed to providing the best patient care.

We are in several towns. We have made a lot of investments in not only the infrastructure of our operation. We run over 150 vehicles. We are truly committed not to all the communities we serve, but the over 450 employees that we employ.

You know, I think the PSA should stay with the providers. Based on the history of not only Hunter's, but a lot of folks in this room that have over many, many years provided patient, good patient care.

REP. JOHNSON: Thank you so much.

SENATOR BARTOLOMEO: Thank you. Thank you, Madam Chair for the latitude.

REP. JOHNSON: Absolutely. Any additional questions? Thank you so much.

MIKE LOUISE: Thank you.

REP. JOHNSON: In the interest of, we do have someone who has a transportation issue and wants to testify on this topic. Her name is Carin Van Gelder, and if she'd come forward please. Thank you, and please state your name for the record. You'll have to push the microphone button.

CARIN VAN GELDER: Dr. Carin Van Gelder, and I very much appreciate the chance to speak. I was going to skip some of this information, this introductory information but since it's been five or six hours since I last spoke, I'm just going to bring it up again.

My name is Dr. Carin Van Gelder. Madam Chair Johnson and Members of the Public Health Committee, I'm board certified in emergency medicine and a lot of what I'm going to go through is relevant because this is a medical specialty.

I'm one of a handful of physicians who has completed fellowship training in EMS or out of hospital medicine or emergency medical services and I am providing testimony opposing 6518 AN ACT CONCERNING EMERGENCY MEDICAL SERVICES on behalf of the Connecticut Chapter of the American College of Emergency Physicians, CCEP, and the

Connecticut EMS Medical Advisory Committee. The Connecticut EMS Advisory Board also opposes this issue.

Provision of EMS care is complex and requires, and you've heard this before, multiple stakeholders to have presence, experience and involvement. EMS is a medical specialty, which necessarily finds its structure within legislation for multiple reasons.

This bill dramatically erases our ability to continue making progress. We have improved over the years and in the last six or twelve months the improvement has been close to logarithmic.

Connecticut has slowly but surely moved toward national standards regarding education and training of field EMS providers and this includes emergency medical dispatch personnel, EMD.

Regulations have been reviewed, and reviewed and reviewed. Membership to state and regional boards and committees regarding EMS has been scrutinized, and when necessary, updated.

This is all to improve the medical system. I personally participated in all of these processes and just to bring, just to touch base on the EMS as a medical specialty, it does specialty within emergency medicine.

Emergency medicine was recognized as a board certifiable specialty 30 years or so ago and EMS is sort of like that, where it was in the late 80s or early 90s, and it was only recognized as a medical specialty with provision of a lot of information to ABMS, American Board Medical Specialties and that was our second application.

The first one was very administrative. This is based on clinical information.

It's important to recognize other states' progress and structure when evaluating our own. Connecticut is lucky to have had, I just want to touch base, Connecticut is lucky to have had two NHTSA Technical Assistance Team Assessments, the most recent being in 2000.

I have the full information, the full reports if you want them, but in part of my testimony I submitted the recommendations for each different section, and clearly, within those recommendations there is a need for more (inaudible) in the 1991 and in the 2000 assessments. They recommended more not less structure for quality standards and for national models.

Regardless, a petition, a mechanism already exists for municipalities to petition for removal of a primary service area responder.

As far as I know, this option has not been recognized. When this was brought up before about this being very lengthy, I believe that that person speaking here spoke about regulations, which is not the same thing.

My involvement is Committee Chair at National Association of EMS Physicians, working group participation establishing EMS as a board eligible medical subspecialty per ABMS and publishing multiple research articles, cases and chapters all on issues that pertain directly to medical direction of EMS, including the only article on Connecticut EMS within the medical literature.

There are many others in the state who are also very qualified to speak and act toward the high standards of care, this is my summary, that our patients and providers deserve.

Please consider other options to address concerns constituents and Legislators may have. I opposed Bill 6518. Our organizations will gladly work toward further improvement and communication, and I think I have some answers to some of the questions that have already come up.

REP. JOHNSON: Let me just start with a question.

CARIN VAN GELDER: Sure.

REP. JOHNSON: And that is, Connecticut is 169 different municipalities. Some are large. Some are small. Some have part-time governments. Others have full-time governments. Some are run on a shoestring. Some have substantial budgets even though they're very, very, tight.

So we are looking at this from multiple perspectives and multiple different types of arrangements.

Some have private, as we just heard some testimony, private contractors that are ambulance providers. The larger municipalities have these private organizations that work with them.

Some are town operated and run, and others are nonprofit organizations. So, because of that and because of the reluctance of some municipalities or the inability of some very small municipalities to figure out how to navigate the system, we have varying degrees of success with how the ambulances are run, and with that in mind, perhaps you could give me some recommendations based on your experience as to how to reconcile that.

CARIN VAN GELDER: Absolutely. Emergency medical services in the State of Connecticut is run on sort of two different concepts. One is the five EMS regions, and the other is really the sponsor hospital concept, and typically municipality leaders understand both of them. They know who

their sponsor hospital is, you know. It's unusual but possible that two different hospitals might have the PSAs for different levels.

The three different levels are ALS, BLS, and first responder. Every, those are the only three levels. There's also a supplemental first responder but that's not in regs right now, so I've never had as an emergency medical services medical director, had anybody come to me with a problem saying we need to change the PSA.

I've had complaints saying, these response times are really long. They seem to be going to that hospital, not this hospital. We can fix that. That's a medical issue when it comes to EMS. It's not typically a hospital medical issue, but this is why EMS is different.

And we have experience, we're trained in this. The EMS medical directors who have finished the fellowship in working with the sponsor hospital EMS coordinators and that's what we look at. We look at response times. We look at, is this one person, this one paramedic EMT or EMT having long response time than others? You know, is it because there was a gazillion calls at that moment? That's why EMD is part of what we do and that's why in legislation, EMD requires physician medical oversight for the QA process.

Typically, sponsor hospitals refuse to recognize that, pay for, or include malpractice or any kind of, you know, structure for that, but it needs to be addressed, so we can help.

And I think that, and I know that throughout legislation for Connecticut there are lots of different spots where physician medical oversight or EMS is. It's in a lot of different spots so that needs to be kind of brought together, and especially the physician involvement.

REP. JOHNSON: We heard testimony earlier that it's hard to make a decision about what the response time should be. Could you give me some information on that?

CARIN VAN GELDER: Yes. Yes. So typically, people think about paramedics and the ALS and IV administration of medication as actually making a difference and this is typical for hospitals. A lot of people, and this includes physicians in hospitals and in primary care offices think that, some people think that EMS providers are just sort of drivers, ambulance drivers. I don't want to say it too loud because it's a term we all can't stand, because they are medical providers.

But in the past, their training may not have been so great. EMTs have a lot of very good basic training so the question of whether ALS, the provision of ALS, and to me that means paramedic level transport.

Some would say that EMTIs, or AEMTs are providing ALS. That's in regs. However, the placement of an IV may or may not actually consider ALS. There's not a lot of great data, actually, that says that what paramedics do makes a huge difference. I'm not going to get into that too much here, but when it comes to semis and significant cardiac care and now stroke and bad trauma, multiple trauma, they make a huge difference.

If you could regionalize EMD, regionalize the PSAPS and have, for example, sponsor EMS. In the New Haven sponsor hospital area, I had 22 EMS agencies, including police departments, fire departments, commercial and volunteer EMS.

Thirteen were ALS. Eleven were fire departments. I had 225 paramedics, probably 700 EMTs and who knows how many first responders. Boston EMS had 60 paramedics and that's because they're well

organized. Boston EMS also has a little widget on their website, which says if you have a complaint go here, so they know who's responsive. Patients know who to contact if there's an issue.

It's hard to figure that out if you're a patient in Connecticut. You might contact the hospital that you went to. You're lucky if the hospital knows who to contact if there's an issue, so, you know, so it takes somebody who's out in the field and their face is known, hey if there's a problem, let me know.

I mean, it took probably a year before EMTs and paramedics would bring the information because they didn't want to get in trouble. Once I could find out the problems, I could help fix them.

REP. JOHNSON: And what about the national standards? That was another question I had. Is that something Connecticut should move towards, are we moving towards national standards? If you could give us little enlightenment.

CAIN VAN GELDER: We are moving toward national standards, exactly, current in different areas. In New Haven area, we established a few years ago that every paramedic will have national registry certification and it was grandfathered in after about 1997.

It was a lot of a hullabaloo at that time but it's worked out very well.

I want to bring a little segue regarding the Coventry issue. This isn't at a paramedic level but this is a very relevant issue. National Registry has its own distinctions for suspension of your national registry license and one of them includes conviction of a felony.

An arrest doesn't necessarily mean a conviction, but we could say, because we established the same protocol, if you had a felony you're out. And it

was sort of easy. We follow the National Registry, this is what we follow. That's one of, as it was said before, a bad apple.

From the strength, we could follow very standardized, practical information for our CMEs, people who it's required that you keep National Registry as a paramedic when you first get your license, but then you can drop it, and that's unfortunate because we're really moving toward standardization.

I'm a medical professional. I need to keep up standards. EMS is a medical specialty and when you drop your standards, you sort of get what you pay for, you know, so I really think that I would support this.

REP. JOHNSON: Any additional questions?

CARIN VAN GELDER: I just want to clarify.

REP. JOHNSON: Sure.

CARIN VAN GELDER: Oppose the bill. Support the nationals. Okay.

REP. JOHNSON: With the National Registry and not the bill. You want to see the system strengthened, perhaps.

CARIN VAN GELDER: And I'm happy to be involved, you know.

REP. JOHNSON: Well, I would love to hear or have you write to me. I don't see your recommendations here on how to strengthen the system.

CARIN VAN GELDER: I'll write to you.

REP. JOHNSON: Given my original question based on the different types of towns, the different types of services, we need to look at, how to help those towns that are having difficulty negotiating the system.

CARIN VAN GELDER: If I can just point out, that's one of the reasons why an advisory board is so broad, partly because of the way Connecticut is. In other states they have a smaller, more streamlined EMS advisory board. They may not have as many varieties of systems.

I asked when I was doing a (inaudible) one-on-one course in Phoenix, Arizona, I asked, where are all your volunteer services. He's like, there's no water or houses in any place other than a city. You know, there are no rural, but it's different here.

We have a lot of history. We have a lot of things. We have 169 towns. We have 170 plus PSATs, so when it comes to dispatch, we could definitely regionalize more and improve care.

REP. JOHNSON: Thank you so much for that. That's very, very informative.

CARIN VAN GELDER: Thank you.

REP. JOHNSON: Okay, thank you. Next on our list is Robert Derish? And I'm probably, no Robert. Jeremy Rodrigorio from Beacon Falls. Welcome and please state your name for the record.

JEREMY RODRIGO: Sure. My name is Jeremy Rodrigo.

REP. JOHNSON: Please proceed.

JEREMY RODRIGO: My notes here say good morning, but -

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REP. JOHNSON: Welcome to our world.

JEREMY RODRIGO: It's been fun. Thanks for the opportunity to speak today. My name is Jeremy Rodrigo. I'm the Emergency Medical Service Director for Beacon Hose Company Number 1, which is the volunteer fire department in Beacon Falls.

We have been providing ambulance service to our citizens for over 65 years. We do have an EMS plan and we work collaboratively with our local government. We report our activities monthly to the Board of Selectman. In fact, all members of the Board of Selectmen have my cell phone number if they have an issue. There is no issue with communication.

I come here today to vehemently oppose HB 6518 AN ACT CONCERNING EMERGENCY MEDICAL SERVICES. If enacted, this bill would cause serious disruption and damage to the EMS system in the State of Connecticut.

The current system in place and regulated by the Department of Health is not perfect, but it is far from broken. In fact, it's a good, fair, consistent system with the interest of all state's residents at its core.

The bill as proposed will create a significant emergency coverage issue, will eventually become extremely costly to all 169 towns in Connecticut, and destroy an EMS system that has been established as one of the finest in the nation.

It will also subject the EMS system to the political whims of local officials. The ripple effect of this bill's passage will be felt for decades to come.

I believe that those who propose this bill were well intentioned. However, their lack of full understanding of the complexity and infrastructure of Connecticut's EMS system was lacking.

I have heard testimony from Representatives in my neighboring Town of Naugatuck explaining their issues. Now it seems that Naugatuck's issues have become my issue, and the stability of the entire EMS system in Connecticut.

There are mechanisms to remove a service that is not fulfilling its obligation to any given community. I believe those communities are not fully exploring those options through the established process.

Many years ago our agency was investigated by OEMS and the Department of Public Health. That investigation was swift, and immediate changes were made to our organization to correct our deficiencies or lose our PSA.

I speak for the men and women of Beacon Falls when I say that this bill is the wrong way to improve the state's EMS system and implore the Committee and the Legislature to reject it. Thank you.

REP. JOHNSON: Thank you. Thank you so much for your testimony. Are there any questions? Yes, Representative Cook.

REP. COOK: Thank you, Madam Chair. Thank you for your testimony. What did you say your position was?

JEREMY RODRIGO: I'm the EMS Director.

REP. COOK: You're EMS Director of?

JEREMY RODRIGO: The Beacon Falls Fire Department.

REP. COOK: Okay. So you believe, and I understood your testimony to say that you're opposed to the legislation. Obviously, I understand that we've been sitting here going back and forth.

How are we going to know if another company could or could not do the job if they're not given the opportunity to do the job?

JEREMY RODRIGO: How are we going to know?

REP. COOK: I mean, if we keep things the way that they are, how is it ever going to be found out,

or how would another town, or how would any town get the opportunity to find out if another company could do as good a job as the company that they currently have, or a better job without given that opportunity?

JEREMY RODRIGO: Well, I think that you have to have a collaboration between the local officials and the provider to determine, are they meeting the standards that are necessary for that community, and if the local provider isn't meeting a standard, or if a new standard comes up and the local provider is not willing to meet that new standard, or work collaboratively with the local, then you have to look at other options.

But everyone's going to come out, all ambulance companies or services may come out and say, we can do it better than the other guy and what will happen is, they're going to make some, the potential is that they'll make some promise that they either can't keep or that weren't any better than the other provider.

What's really important is not just should we shop around for the best provider. What's really important to know is, are the local officials who are representing their constituents, and the providers of EMS working together to make sure that all those needs are met.

REP. COOK: Agree, which I had said a couple of hours ago, that it was really about putting, you know, our best foot forward and making sure that our residents of Connecticut got the best quality of care and service that they can possibly get.

But under the current legislation, I think this is the one thing that we keep going over and over again.

Under the current legislation that we have in statute, a town cannot go anywhere to do

anything, even if they are not totally dissatisfied, but they're thinking that maybe they want to change, because they are locked into a contract that in some towns have been there for 20 years.

JEREMY RODRIGO: Well, they're not locked into a contract. If the ambulance provider does not want to provide a level of service or does not want to cooperate, there is a mechanism to remove that ambulance provider.

But you just mentioned, well, we just want to change. Well, that really decreases the stability of the system to say, well, you know what? I don't want them any more. Let's just make a change. That doesn't, you know, we talked about making capital improvements and spending a lot of money and the Hunter family was a good example, being 50 years and Bill Campion made a good point of you know, spending a lot of money, hundreds of thousands, millions of dollars over the years to make a good and robust system.

If they think that in a couple of years the new mayor, the new town council, the new board of selectman is just going to make a change, they're not going to do that.

REP. COOK: But when Bill Campion testified he also said very clearly that there's accountability with him, but not necessarily with elected officials.

You're saying that you might have that working agreement in your town and you might be fortunate to have that, but other towns obviously do not have that.

JEREMY RODRIGO: Correct.

REP. COOK: And they're finding that they need an avenue to be able to remove themselves from the current situation that they're in, and they don't

feel that they're getting the help that they need so they're looking to us for that avenue.

JEREMY RODRIGO: Sure.

REP. COOK: And so that, I think, is the bottom line.

JEREMY RODRIGO: I think that is a good thing to change, regulatorily. I think that if you are a provider and you refuse to work with your community then you shouldn't have a PSA assignment. That's what needs to change.

But just saying to every town across the board, we're going to just give you back your PSA assignment, pick whoever you want, that's when you open it up to these political whims and these other things that aren't so good for the system.

But what was identified by Naugatuck today and some of the other, a couple of the other communities was, they're not getting, at least they feel they're not getting, they don't have a working relationship with their provider. That's what needs to change, not sweeping change of the whole system for all 169 towns.

Those, and there are mechanisms in place and if those mechanisms that are in place need to be strengthened, then that's what we need to talk about.

REP. COOK: But isn't the bottom line the fear that whoever is holding the current contract wouldn't get the current back because there might be somebody out there that's doing it better?

JEREMY RODRIGO: I don't know if that's the fear. I don't know.

REP. COOK: Because I would think that if you're, as a company.

JEREMY RODRIGO: We're a private nonprofit.

REP. COOK: Right. But I'm saying if you're doing everything to 150 percent and it's perfect, then it shouldn't matter whether those contracts are open or not. You should be, if it went for RFP, the town's happy with you, they would bring you right back.

JEREMY RODRIGO: Well, in theory that would be the case but that's not always what happens, you know. It becomes personality and there becomes you know, political influence in some communities and things like that could occur, where the best man does not always win, or the best service does not always win.

REP. COOK: And that could possibly be the case, but we won't ever know if that's going to happen if we keep things at the status quo, correct?

JEREMY RODRIGO: Well, no, I don't agree with that. I think that if we keep things at the status quo and maybe strengthen the role of OEMS and their investigation or the way that they oversee the PSA holders and hold them more accountable to their communities, that's the way to do it.

To just give the towns and cities the ability to just change providers whenever is not answering the problem.

REP. COOK: But I don't necessarily think it's about changing providers whenever. I think it's giving them a little bit more flexibility to change providers without going through such a lengthy, tedious process to get somebody that's going to be offering them good quality care like yesterday.

JEREMY RODRIGO: Yeah, I think that --

REP. COOK: You know, so obviously you don't want to wait for an ambulance for 35 minutes. We heard a terrible story of the gentleman who's daughter

lost a friend. You know, we shouldn't have that happen at all.

JEREMY RODRIGO: Correct. I agree with you. I think you and I are right here. We're almost meeting, okay?

I think that the process of complaining about the PSA holder needs to be strengthened, needs to be streamlined. And I'll tell you from my experience, we did have a complaint about us, the PSA holder, about a patient care issue, and when somebody made that complaint to OEMS we were investigated within a week, and we were sanctioned, we were put on probation and we had to rectify our issue or lose our PSA assignment.

So in our experience with the regulators, it was very swift, and I'm very, it's very troubling to hear that the other communities had a different experience, and I'm not sure why that is. I'm certainly not an expert in how OEMS operates, but you and I think, can agree that we need to strengthen the process or make it a little easier to use and maybe a little more responsive on the state's end in looking at these issues of these PSA holders and holding them to the standard that they're supposed to be held to within their PSA assignment, within their licensure or their certification.

REP. COOK: I think yes, we might be here, but I think there's still that conversation that if you have a municipality and we'll switch the direction and I think that Senator Bartolomeo had, was trying to get there.

If you have a town or municipality that would like to roll the EMS system into their fire department for example, they can't do that because it's not an emergency reason or, you know, a complaint, but they're looking to --

JEREMY RODRIGO: Right.

REP. COOK: -- consolidate. We're all about consolidation and keeping things in house. They don't have the ability to do this because of this current statute, not the one that we're talking about.

JEREMY RODRIGO: Right. Right.

REP. COOK: So if the Town of Torrington decided that they wanted to get rid of Campion and roll all of their EMS first responder stuff into one department, you know, into the fire department, we can't do that under the current legislation because we don't have a reason other than we're trying to consolidate, which would not necessarily be deemed an emergency.

JEREMY RODRIGO: Correct. Yeah, that's correct.

REP. COOK: Which I think is where part of the problem is. We've strong holded the municipalities to where they can't make an executive decision, whether it be because there's an error, or whether it be because they're trying to streamline their services.

I think that that's kind of another underlying conversation, and that's something that this is not going to fix.

JEREMY RODRIGO: Right. And I think that, I don't think this bill effectively does that.

REP. COOK: So then that's something else that we're going to have to figure out how to do.

JEREMY RODRIGO: Yeah. I think that if you want to talk about that in a meaningful way, it would take a new bill, but I can't speak to what goes on in Torrington.

But, the way that the system is in place now provides a lot of stability.

REP. COOK: Correct. I think that that's what I'm saying. It's local. It's local in Torrington. It's local in Coventry. It's local somewhere else, and I think that one set standard does not, although our standards for response and emergency care should be held to the highest across the board. That should be an equal standard across the board.

But I think every municipality has a different need.

JEREMY RODRIGO: Right.

REP. COOK: And I think the way current statutes reads, we don't have the ability for every municipality to reach their current need individually.

JEREMY RODRIGO: I think every municipality has the ability to make sure that they are getting good service right now. I think they have the ability to make sure that they're getting good response, the right level of service with the right equipment.

It may not be with the provider that they like for some reason or dislike, but --

REP. COOK: I want great service.

JEREMY RODRIGO: You're going to get great service, and that's what I think the State Department of OEMS, what they've done with this, with the current policies and regulations that are in place ensure that. I think that I would, I'm speculating, but I would think that Campion Ambulance Service is doing a good job in Torrington.

REP. COOK: And I don't think that I'm disagreeing that they are or are not, because like I said, they transported me not too long ago, but the point being, I think municipalities are looking

for government to sometimes get out of their way, regardless of what the reason is.

JEREMY RODRIGO: I can appreciate that.

REP. COOK: And I think that's something that we have to have a serious conversation about without being self interest. It really needs to be about local municipalities, what's best for the area of which we're serving and we need to put some of that back in the local hands, with at the same time, keeping our standards as absolutely high as we can.

JEREMY RODRIGO: I agree with that, but also just understand that although you are operating within a municipality, the EMS system by and large operates on a regional level when we're talking about additional resources for system overload and things like that.

So where you have a relationship or City of Torrington has a relationship with Campion Ambulance, outlying communities also support Torrington and Torrington supports the outside communities, and so that's where that whole, that system is very good in Connecticut because it's a big, it's a system that works across community borders.

REP. COOK: I understand that. Thank you. Thank you, Madam Chair.

REP. JOHNSON: Thank you. Are there any additional questions? Thank you so much for waiting and being here today.

JEREMY RODRIGO: Have a good night.

REP. JOHNSON: You, too. The next person on the list is Chief Mancini. Welcome, and please state your name for the record. Proceed.

JOHN MANCINI: Representative Johnson, Members of the Public Health Committee, my name is John Mancini. I'm the Fire Chief for the University of Connecticut.

I'm here today on behalf of the University and Dr. Mike Summer, Chief Executive Officer John Dempsey Hospital and Assistant Dean of Education and Assistant Clinical Professor at the University of Connecticut Health Center, who could not be here today due to a scheduling conflict.

Thank you for the opportunity to speak today in support of House Bill 6518 AN ACT CONCERNING EMERGENCY MEDICAL SERVICES.

UConn Health Center is home to the School of Medicine, School of Dental Medicine, John Dempsey Hospital, UConn Medical Group, UConn Health Partners, University dentists, and a thriving research enterprise.

The Health Center Campus consists of 37 buildings totaling over 2.1 million square feet on 200 acres. We have over 5,000 employees and more than 500,000 medical encounters occurring at our main campus annually.

With this volume, the Health Center maintains an active fire and police department to ensure the safety and security of our employees, students, patients and visitors.

The Health Center's Fire Department has a long history of serving as first responders whenever there is a medical need on campus. Sixteen of our firefighters are also certified paramedics and have proper, have the proper equipment to provide for ambulance transport.

While our firefighters are first on scene to care for victims of a medical emergency or a trauma, current law does not allow them to transport that

patient to our emergency department, which could be literally yards away.

We have seen an increase in the number of medical incidents on campus requiring emergency medical transport, from 56 in 2009 to 134 in 2012.

Having to call an outside provider to transport the patient to our emergency department, even after our first responders have stabilized the patient, is inefficient and creates significant delays in need of patient care.

The language in Lines 197 to 201 of House Bill 6518 would allow our Health Center Fire Department paramedics to transport patients, visitors, students or staff suffering a medical emergency on the Health Center campus to the John Dempsey Hospital Emergency Room and not have to contact an outside emergency medical service for them to do so.

I strongly urge you to support this legislation. I thank you for your continued support to the University.

REP. JOHNSON: Thank you for your well-timed presentation. I wondered, do you think that there, a lot of people have testified that we need to do the legislation, or we shouldn't do the legislation. We have a number of different types of situations throughout the State of Connecticut and certainly the situation you speak of is unique to pretty much your area.

JOHN MANCINI: Correct.

REP. JOHNSON: So would you make some recommendations to this Committee based on all those ideas that we've heard today that might strengthen the system and address some of your concerns.

JOHN MANCINI: Sure. I think it comes back to what we've heard before about re-emphasizing of giving

the choice of the emergency medical provider back to the municipality and also the state entities that provide fire and emergency medical services, which UConn is one of them.

REP. JOHNSON: Very good. Any additional questions? Okay, great. Well, thank you so much and I look forward to perhaps working with you on trying to iron out some of those issues that you addressed in your testimony, so thank you so much.

JOHN MANCINI: Very good. Thank you.

REP. JOHNSON: The next person we have on the list is Mary Ellen Harper, and then followed by Thomas Ronalter. Welcome, and please state your name for the record.

THOMAS RONALTER: Thomas Ronalter from the City of New Britain Fire Department.

REP. JOHNSON: Please proceed.

THOMAS RONALTER: Thank you. Thank you, Senator Gerratana and Representative Johnson for the opportunity to comment on HB Number 6518.

I'm Tom Ronalter, the Interim Fire Chief and Emergency Management Director for the City of New Britain.

I'm speaking in support of HB Number 6518. This bill make significant improvements to Connecticut's EMS system. These changes will provide increased system flexibility as a rapidly evolving healthcare system continues to change.

Just a little background, in New Britain, New Britain Fire Department provides first responder service at the EMR level, and as you heard from Mr. Baxter before, his organization, New Britain EMS, third service not for profit provides paramedic level transport services.

Most important to the City of New Britain are the proposed changes in the bill concerning primary service areas. Currently, when the Department of Public Health assigns a PSA, which we've heard today, it's for transport services but may or may not be through the municipality.

The PSA is assigned, as we also have heard without periodic review process, and in effect, without, except for the causes we've heard about before.

Municipalities have many responsibilities, most important being the provision of public safety to its citizens. In the event that a primary service area for ambulance transport has been given to a non-municipal entity, the town or city has the responsibility for public safety. That never goes away.

However, the municipality lacks any role or authority or legal right to determine a mechanism to provide quality, cost-effective EMS services to its residents.

How can it be that a basic function of local government be assigned by the state to a private entity without review by the municipality who holds that responsibility?

Today, all levels of government need flexibility and options to provide needed services. The current PSA law severely restricts that ability of towns and cities to determine the best method of providing EMS service. The proposed bill corrects this problem.

This restriction of municipal authority is without, does not concern any other service. If you look at trash service for example, if your town had been told back in your local towns that the state was telling you what trash authority to use or bus service for your school system, we

would think that was somewhat unbelievable, and yet that's the condition that we find ourselves in with the PSA.

And it's not a condition of always service level as we've spoken about today, but possibly cost. We might be able to provide the same service for increased, or I'm sorry, decreased cost.

So in the situation that we're in, in the City, the City does not maintain the PSA. New Britain EMS, typically we don't have the service issues that you've heard about today, but it's an idea of how can the city as a municipality with public safety responsibility for its citizens not have any control over its EMS service.

In our case, there's no direct subsidy, but the City has a substantial investment in capital costs to New Britain EMS, so there is a cost factor to the City.

I think the proposed 6518 bill offers a fair and improved system of primary service areas for ambulance services. Appropriately it provides a reasonable framework for assigning PSAs and there is a framework.

Lastly, it provides municipalities with the needed and deserved authority to provide critical EMS services to the public.

And just as a closing note, some of the references to the wild, wild west that some of us have heard about in the 70s and 60s, that was before PSAs, so this bill isn't asking for PSAs to go away but just that the right be reverted to the municipality.

REP. JOHNSON: Thank you so much for your testimony. You liken the services that the City is responsible for, to other services, for example, garbage collection. I really think it's more like police service, perhaps.

At police service there is a limited ability for the council, for example, to control who they have as a police chief once the police chief is hired.

It looks to me like this is more of a, because it's public safety, you have a limitation in terms of how much flexibility when somebody's in place for a number of reasons and some people here who have provided testimony have addressed that by saying, well, we have issues of corruption and those kinds of things, and every time an administration would change, you would change the provider.

And so I just wondered what you had to say about it.

THOMAS RONALTER: Yeah, I wouldn't disagree with that and that may not be the best example, and I don't discount the comments from several people today and I agree with that as far as a significant infrastructure that has to be in place.

But when something hasn't, in Representative Cook's comments, I think we're accurate in the sense of, if something hasn't been reviewed for decades and the City has no ability at all to look at any alternatives, you'll never know if you can actually get the same or better service for the same price.

Another comment is, I think this day and age when I believe, and many of us believe that the future solutions to public safety issues and beyond lie in regional solutions.

When we have public entities holding the PSAs, that may have, you know, not as much incentive as the municipality itself to regionalize. If you had four towns wanting to go to a regional EMS service and they were all held by private entities for the EMS PSA and the towns wanted to

regionalize, the towns have no authority to do that, even though that might be best for servicing cost.

REP. JOHNSON: Well, that's something I'm very interested in and that's something that perhaps we can spend some time outside of this particular hearing discussing because that's a very important point that you raise. Okay. Any additional questions? Thank you so much for being here.

THOMAS RONALTER: Thank you very much.

REP. JOHNSON: Thank you.

Is Mary Ellen Harper here? Okay. Okay, all right.

Art Groux from Suffield? Is Art here?

She testified.

John Quinlavin -- John Quinlavin?

Daniel Savelli.

Welcome and please state your name for the record.

DANIEL SAVELLI: Good evening and thank you for the opportunity to speak with you tonight. My name is Daniel Savelli. I'm chief operating officer of the Windsor Volunteer Ambulance. I've come to speak -- offer testimony adamantly against House Bill 6518. We feel from our service that this bill, as stated, will dismantle the EMS system as we know it.

I've heard a lot of things that I think everyone can agree on tonight, and I do have a prepared speech but I'm going last so I'm going to try to surmise just a little bit better.

I think we all can agree that there's improvements to be made. Across the board, you know, there are areas that could be approved upon but I don't believe -- I believe where we diverge is getting rid of an entire system for just making incremental improvements.

I think that in my experience at Windsor that accountability to community is pertinent. What I'm not hearing out of a lot of these conversations is that patient care is the priority. We've heard deprioritization of patient care in favor of cost and control, and that's seriously troubles me. There's a lack of information from most municipalities. They don't know what kind of information to evaluate providers properly.

We talk about a better provider at a better value but most municipalities don't have the information provided to them to be able to adequately compare one to the other. Most municipalities understand bottom dollar and they're accountable to a board or they're accountable to their citizens and so, at the end of the day, it comes to being a taxation issue and how much cost and involvement they have. When you start looking into that and cost and involvement, they can get into a spiraling affect that will negatively affect patient care.

From my perspective, I also am a small service that we rely heavily on 9-1-1 billing. If -- I believe that we provide a high quality service and if the town felt that they wanted to make a change for the sake of making a change, they could. After a year of that if they wanted to go back, Windsor Volunteering would probably not still be around. And I believe that many other services in the community would be in a similar situation, which means that the number of

providers available would be decreased and they wouldn't be going back. That would be a strain to the EMS systems and other issues as a whole.

I'm not going to reiterate what some of the other providers have said, but I would be happy to answer any questions that I could to maybe come to a better solution.

REP. JOHNSON: Thank you so much and I think that's what we're trying to work towards today, and I appreciate you coming to be here and your testimony.

Does anyone have any questions?

Okay. Well, thank you so much, have a good evening.

Next, we're going to hear testimony on House Bill 6243. And the first one we have is Rick Haesche. He left? Okay.

Fran Ray.

Welcome and please state your name for the record.

FRAN RAY: Hi, thank you, Madam Speaker -- Chair -- Madam Chair. My name is Fran Ray. I reside in Fairfield and work there. I am a licensed massage therapist, 22 years now. I am -- I specialize in Thai massage -- Thai yoga for 16 years now, and I'm licensed in Connecticut and New York. I'm nationally certified, and I am also a certified yoga instructor.

I'm here to oppose Bill 6243 because of this thing that's been happening in the yoga community, and it's been happening all over. I have six -- six yoga instructors in my local area who are unlicensed and have been performing Thai

**JOINT  
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3377-3693**

**2013**

HB 6518

We support HB 6518. HB 6518 begins to address various EMS issues in CT allowing for an efficient, effective, and accountable system that can focus on delivering high performing coordinated emergency care in a dynamically changing health care environment. Please incorporate these concepts in any remarks.

**Stephen Alsup**

Deputy Chief - Training & EMS

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Written Testimony

HB No. 6518 Act Concerning Emergency Medical Services

Submitted by:

Thomas G. Ronalter, Interim Fire Chief  
New Britain Fire Department  
City of New Britain  
27 West Main Street  
New Britain, CT 06051

Good morning,

Thank you to Co-chairs Senator Gerrata and Representative Johnson of the Public Health Committee for the opportunity to comment on HB No. 6518. My name is Thomas Ronalter, I am the Interim Fire Chief for the City of New Britain.

I am speaking in support of HB No. 6518. This bill makes significant improvements to Connecticut's Emergency Medical Services System. These changes will provide increased system flexibility as a rapidly evolving healthcare system continues to change.

Most important to the City of New Britain are the proposed changes to the Primary Service Area (PSA). Currently, when the Department of Public Health assigns a PSA for ambulance transport services to an organization, it may or may not be the municipality itself. The PSA is also assigned without any required, periodic renewal process. In effect, it is without end unless the organization surrenders the PSA or the Department of Public Health withdraws it due to patient care issues and reassigns it to another entity.

Municipalities have many responsibilities, the most important being the provision of public safety services to its citizens. In the event that a Primary Service Area for ambulance transport services has been given to a non-municipal entity, the town or city still has the responsibility for the public's safety. However, the municipality lacks any role, authority or legal right to determine the mechanism to provide quality, cost-effective EMS services to its residents. How can it be that a basic function of local government be assigned by the State to a private entity without review by the municipality? Today, all levels of government need flexibility and options to provide needed services. The current PSA law severely restricts the ability of towns and cities to determine the best method of providing EMS service.

The proposed HB No. 6518 corrects this problem.

This restriction of municipal authority does not occur with any other service. Imagine twenty years ago, in each of your respective towns, that the State of Connecticut stipulated that the XYZ Waste Management Company was to be given a "Primary Services Area" for trash removal services in your town. The municipality would have no control over which company provided waste management for the town. The city would also have no control over quality and cost issues. This would seem unbelievable. However, that is exactly the situation the current PSA regulations have created in regard to the delivery of EMS transport services; local responsibility without local control.

Proposed HB No. 6518 offers a fair and improved system of Primary Service Areas for ambulance transport services. Appropriately, it provides a reasonable framework for assigning PSA's. Lastly, it provides municipalities the needed and deserved authority to provide critical EMS services to the public.

In closing, I ask for your support of HB No. 6518.

Thank you for your consideration.



Testimony – HB 6518 AN ACT CONCERNING EMERGENCY MEDICAL SERVICES

Senator Gerratana, Representative Johnson, Senator Welch, Representative Srinivasan, and Members of the Committee:

My name is Jerry Schwab and I am the Executive Director of the Oxford Ambulance Association. Thank you for the opportunity to testify today on HB 6518, An Act Concerning Emergency Medical Services. I will be testifying today in **opposition** to this bill – particularly the changes made to the state's PSA system.

Emergency Medical Services (EMS) in the State of Connecticut provides a critical service to our communities. Essential, lifesaving services, such as this, require stability and reliability. This proposed bill would destabilize our system and bring us exactly back to where we were 40 years ago. While the Bill may arguably have some benefits to a few municipalities, it will also have devastating negative effects to the majority of ambulance services and municipalities in the State.

Currently, the State of Connecticut is divided into geographical areas called Primary Service Area's (PSA). These PSA's are assigned by the Commissioner of the Department of Public Health and supervised by DPH's Office of Emergency Medical Services (OEMS) through the Commissioner. This system was instituted 40 years ago to specifically address those issues that we are worried about today: instability, unreliability, unhealthy competition, political gamesmanship, and a lack of surge capacity.

The Bill proposes that each individual municipality have the ability to assign its ambulance provider at will. This would allow any municipality, at any time, to change its ambulance provider without cause. This puts all EMS services in the State into a position of having to "play politics" in order to ensure our survival. If this legislation were to pass, many communities could be faced with a constant flip-flop of EMS providers. This would create an environment that is unstable and unreliable, and detrimental to the patients we serve.



Addressing what may be the legitimate concerns of a few municipalities at the expense of others is not a desirable way to fix this problem. Many communities in Connecticut would suffer if this bill were to pass. Mine is one of them. I run a non-profit, basic ambulance service in Oxford. We receive paramedic-level care from a regional non-profit paramedic provider. We are very happy with the service we receive. We pay only \$40,000 a year for it. However, this paramedic provider serves six other municipalities. If just one of those towns chose to sever their agreement with our regional provider, there is a very real risk that this provider could no longer survive financially. The cost to my town of providing this paramedic service on our own would eclipse \$300,000. This is obviously undesirable and burdensome.

Please keep in mind that there is currently a system in place that allows a municipality to hold its provider accountable to the town's EMS plan. This method was created by this legislature in 2000 with the passage of Public Act 00-151. A municipality is also allowed to petition the Commissioner to remove and reassign a PSA at any time. To the best of my knowledge, no municipality has formally requested a PSA reassignment since Public Act 00-151 was passed. One cannot argue that the current remedies do not work if they have never been attempted.

I ask that you please recognize the unintended but extremely detrimental consequences to towns like mine as you consider this legislation.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Jerry Schwab", is written over a horizontal line.

Jerry Schwab, EMT-P, EMS-I  
Executive Director  
Oxford Ambulance Association

HB 6518

Thomas Lenart, SCCEMS Council President

To the members of the CT Public Health Committee:

I am writing to you regarding the proposed changes to Emergency Medical Services (HB6518). I would like to give you a little sample of my involvement in the EMS system in Connecticut. I was a first responder (police officer) for 24 years, a volunteer firefighter/fire officer since 1975 and involved in EMS for almost 40 years including 24 of those as a service Chief of Storm Engine Company Ambulance & Rescue Corps. I am an EMT-I and an EMS Instructor. I served on the board of directors of Valley Emergency Medical Services as a board member and an officer. I am currently the President of the South Central Emergency Medical Services Council and have been a member of that organization since 1988. I also worked as a regional EMS coordinator for the Department of Public Health until June of 2012.

At a meeting of the SCCEMS council board of directors on 3/11/13 the majority of members present expressed their disapproval of this bill. The feeling of those present was that this will turn delivery of Emergency Medical Services in Connecticut into nothing more than a political appointment, and that changing an EMS service provider would become a popularity contest and go to the lowest bidder, ignoring the input of medical professionals quality control and quality assurance the balanced operation of the regional EMS system. EMS is a complex and difficult process to understand and changing a provider simply so you can control it will cause harm. The proposed process would also ignore how any change would affect mutual aid, as we all know no community can afford to staff EMS 24/7 for all emergencies and relies on the EMS "system" to fill any sudden void in available resources. That is why the regional EMS council must be involved.

I understand that the current system needs improvement, but Public Service Areas were developed as a way to assure that just what is being proposed would be a daunting task, so providers would not change with the wishes of those who want control who is doing the service. I spent 24 years as a service chief and a large part of it was educating elected officials as they changed through elections about EMS and except for rare exceptions they did not possess the technical expertise to understand how changes will affect patient care and the availability of resources in the system and only wanted their system to function properly. This experience makes me very concerned that educated choices will not be made. To my knowledge there are few if any formal complaints made to DPH about how service is delivered in our region, yet this seems to be getting brought forward as a major problem, if a local community has an issue with an EMS provider send a complaint to DPH for review, this process already exists.

Another portion of the changed deals with setting ambulance rates, while complicated it is a reminder that we are providing a service that is costly and involved. There is no information in the proposed bill indicating how the rate schedules will be set.

I have received one written dissenting opinion which I will enclose with this e-mail

In short, the issue of forever Public Service Areas needs to be addressed by a state standard review period followed by a PSA renewal. Rate schedules for fees needs to be flexible and quick to react to changes in Medicare/Medicaid/Private pay plans and fewer committees may make the system leaner and more efficient, but doing away with the current structure after many years of service the public adequately with little proposed change other than let the locals handle it is not the way to go.

Thank you

Thomas Lenart, SCEMS Council President

**TESTIMONY OF GARY B. O'CONNOR  
REGARDING REVISED BILL NO. 6518**

**BEFORE THE PUBLIC HEALTH COMMITTEE  
OF THE GENERAL ASSEMBLY**

**MARCH 15, 2013**

Good Morning, my name is Gary O'Connor. I am a partner at the law firm of Pullman & Comley LLP. I have had more than 20 years of experience representing ambulance providers in the State of Connecticut. I am regional outside counsel for American Medical Response of Connecticut Inc. I would like to thank the Public Health Committee for the opportunity to speak, today, against Raised Bill No. 6518.

Raised Bill No. 6518 will completely dismantle Connecticut's emergency medical services system, it will reduce the quality of emergency medical care and it will politicize EMS in Connecticut. It is not hyperbole to suggest that the proposed bill will ruin a perfectly good emergency medical services system.

To appreciate the unattended consequences of Raised Bill No. 6518, a brief history of EMS in Connecticut is necessary. Prior to the Emergency Medical Services Assistance Act of 1974 ("The Act"), there was not a state-wide coordinated emergency medical services system. Municipalities called providers on a rotating basis, providers often had insufficient equipment and supplies, the system lacked supervision and accountability and EMS personnel were not adequately trained. Prior to The Act there was evidence of widespread abuse among providers, the jumping of calls, fraud, bribery, stacked calls, coverage gaps, delayed responses and corruption in the system.

In 1974, in response to public outcry, The Act was passed. It created the basic structure of today's emergency medical services system including the designation of Primary Service

Areas ("PSAs") throughout the state, with each PSA having one responder ("PSAR") at the First Responder level, the Basic Life Support ("BLS") and the Advance Life Support ("ALS") level, with each such PSAR being designated by the Commissioner of Public Health. Regulations were also promulgated regarding the training of emergency personnel, the equipment and design of ambulances, licensing of emergency vehicles and rates.

Designated PSARs are responsible for providing emergency services twenty-four hours each day, seven days a week, and are required, among other things, to (1) maintain a trained licensed staff; (2) maintain vehicles and equipment that meet mandated standards; (3) maintain a comprehensive set of records regarding requests for service, including fractile response times; (4) coordinate medical control issues with the regional sponsor hospitals; (5) coordinate efforts with emergency dispatch centers in compliance with state and local requirements; (6) coordinate efforts with local authorities and other PSARs within their service area; and (7) be prepared to respond to mass casualty situations.

The requirements and obligations of a PSAR require an enormous investment of capital, resources and personnel. This investment takes years to recoup. In my opinion, EMS providers will be unwilling to invest the resources necessary to maintain a quality emergency medical services system if they can be removed as a PSAR at the whim of a municipal administration. The uncertainty created by removing decision making from the Commissioner of Public Health and eliminating the statutory safe guards will have an enormous chilling effect on the EMS community.

The present emergency medical services system works. It is a coordinated state-wide system, which ensures that every community in the state is covered by highly trained EMS providers at all levels of coverage. The system also ensures that the public is protected

financially, in that the Commissioner of Public Health sets the maximum rates for each provider. Likewise, the total EMS system cost is kept under control by requiring the approval of the Commissioner of Public Health, pursuant to a Certificate of Need process, for any expansion of services or the addition of emergency vehicles.

Perhaps, more pertinent to the proposed legislation, the existing statutory and regulatory scheme covering Connecticut's EMS system already addresses the concerns of the municipalities for input regarding the quality of emergency medical care and the performance of EMS providers in their communities. Currently, each municipality is required to establish a medical services plan, which includes written contracts between the municipality and its EMS providers. The plan also includes performance standards for each level of emergency medical service in the municipality. Any municipality that is dissatisfied with an EMS provider may petition the Commissioner of Public Health to remove that responder. A petition may be made (1) at any time if based on an allegation that an emergency exists and that the safety, health and wealth fare of the citizens of the affected primary service area are jeopardized by the responder's performance; or (2) not more often than once every three years, if based on the unsatisfactory performance of the responder as determined based on the local emergency medical services plan established by the municipality and associated agreements or contracts. A hearing on the petition is required to be held before the Commissioner of Public Health who will decide, based on specific statutory criteria, whether the PSAR's primary service area assignment should be revoked.

The present statutory and regulatory scheme strikes the right balance between allowing municipalities the right to remove non-performing providers, while ensuring the integrity of the process and providing EMS providers with some assurance that if they are meeting the terms of

their contracts with municipalities and the performance standards contained in the municipal medical services plans, the providers cannot be removed based on politics, local relationships or favoritism. Raised Bill No. 6518 will eliminate this balance in the system.

The current EMS system also provides for stability and coordination between providers and sponsor hospitals. Sponsor hospitals are required to know the EMS personnel who take medical control from that hospital. The sponsor hospital must evaluate the EMS personnel and determine if they are following appropriate medical direction. It takes years to develop the protocols and the teamwork between EMS personnel and hospital staff to create a seamless emergency medical services delivery system. Frequent changes of the PSARs will have a negative impact on the level of coordination between EMS providers and sponsor hospitals.

Raised Bill No. 6518 also attempts to change this statutorily prescribed rate setting process and certificate of need process for expansion of emergency medical services in Connecticut. The existing provisions were designed to protect the consumer and assure cost efficiency in the EMS system throughout the state. It would be a mistake to tinker with these provisions, which have worked quite well over the years. Finally, Raised Bill No. 6518 attempts to eliminate the Emergency Medical Services Advisory Board. This board has served an important purpose by providing the Department of Public Health, EMS providers and the general public with data, advice and recommendations intended to improve the quality of emergency medical services in Connecticut.

In short, Raised Bill No. 6518, if passed, would irreparably harm the current emergency medical services system in Connecticut. The bill would destroy the integrity of the system, create major uncertainty among providers and result in an inferior EMS system.



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(203) 888-8843  
Fax (203) 881-5018

March 15, 2013

Public Health Committee  
Room 3000  
Legislative Office Building  
Hartford, CT 06106

Re: House Bill No. 6518 (Raised) An Act Concerning Emergency Medical Services.

My name is Scott Andrews. I am the Chief and Executive Director of Seymour Ambulance Association. In representing Seymour Ambulance Association I am opposed to Raised Bill 6518 as presented.

This bill in its entirety will fragment the emergency medical services in the State of Connecticut and be a detriment to patient care. While there are places within the State that might see an improvement, the vast majority of the State will be hurt by this. I believe that proper oversight is essential to the success of any system. Removing this oversight will be detrimental to EMS in Connecticut. We have not been given proper recognition by the medical community in general. We are not just ambulance drivers as we are so often referred to. We are prehospital healthcare providers. We are a profession in our own right.

This bill as written lowers EMS as a profession within the State of Connecticut. It eliminates many of the oversight components of the EMS system that helps to validate us as professionals. I believe that the Emergency Medical Services Advisory Board serves a vital function within our State. This Board serves as a conduit and sounding board for the review and development of processes and procedures, the review of equipment and the overall evaluation of the EMS system. Without their insight and input, EMS would not be where we are today

*The Seymour Ambulance Association is dedicated to helping to improve the quality of life for the residents and guests of the Town of Seymour.*

With the elimination of this Board, we will have no single voice at the State level to work toward improvement measures for EMS. This board should be charged with improving the professional guidelines by which we work through the development of standards and practices for improved patient care.

Also, the removal of the duties of the Regional Coordinators along with the general responsibilities of the Regional Councils further eliminates our voice at the local level. Our coordinators are an essential component in the communication process with the State and quite honestly, without their presence, many of us would not be provided with information at the State level or training opportunities. They have been essential at keeping their constituents informed and up-to-date with information. The regional councils have been an integral component of the EMS system for a long time and have worked hard to effect change. They work closely with the EMS chiefs and Sponsor Hospitals to establish training opportunities and to help solve problems and bring organizations closer together at the local level.

Section 6 of this bill refers to the primary service area assignments. The changes that are proposed in this section are absolutely absurd. By giving local municipalities the authority to remove a responder without proper due process essentially makes EMS a political ball to be tossed about at will. There is wording that provides for a public hearing to answer charges, however the wording is vague enough that removal of a provider can be taken without actual proof. Proper due process should include an independent hearing officer reviewing the facts and providing a determination. Once removed, the affected provider would most likely be replaced with an alternate while the provider files an appeal to the Commissioner of Public Health. There is no language that requires the Commissioner to review the appeal in any specific timeframe. Therefore, an appeal could be carried out indefinitely without a final resolution. This, in my opinion, creates an unfair practice. There are currently provisions in place that allow municipalities the right and opportunity to determine their provider through a proper process. That process is important so that local EMS providers do not become a pawn for political contest either through personality issues or the potential for deep pockets to "buy" a change in PSA assignment. It seems that the premise of this change is being offered to accommodate issues within only a very few communities. The result will be that many communities and EMS providers like Seymour Ambulance will suffer. If the intent of this change is moved forward, it

will greatly hamper a prehospital EMS service's ability to provide quality care to the community in which it serves. As a service provider, I would be leery of investing in new and updated equipment knowing that there is a possibility that my service can be replaced at the whim of a politician on an unsubstantiated allegation. The continuity of care provided to the residents of a community could suffer greatly with the potential for an on-going change in field personnel. The wording of this bill puts great political emphasis on how a provider will need to conduct business. Since local government has the ability to change every two years, essentially, the EMS provider assignment could change every two years as well.

Eliminating the Need-for-Service process really takes away a level playing field for all providers. Given the competitiveness of EMS as it stands in Connecticut, it is important to have a review process in place when companies or organizations are interested in expanding or upgrading services. Without this process, services will be allowed to arbitrarily expand EMS services with no formal review and no input from other ambulance providers that would be directly impacted by a change. The provider with the most money to invest can now begin taking over areas from smaller independent providers.

In closing, it is important to understand that not all EMS agencies are created equal. We are all tasked to provide the best care possible to our residents. If this is not happening in individual communities there are currently regulations in place to fairly affect change and municipalities should take advantage of that. Changing regulations to this extent will hurt more people than it will help. Please, do not vote in favor of these changes as they will hurt those providers that are doing good work and providing quality service. Encourage those that are having problems within their municipalities to follow the processes currently in place to effect positive change. Eliminating these components of the EMS system will set EMS back forty years.

Thank you,



Scott Andrews  
Executive Director



# WILLIMANTIC FIRE DEPARTMENT



MARC A. SCRIVENER  
Chief  
860-465-3120 • Fax. 860-423-7304  
mscrivener@windhamct.com

Public Health Committee  
Room 3000, Legislative Office Building  
Hartford, CT 06106

March 8, 2013

Dear Committee Members,

On behalf of the Willimantic Fire Department, I request your support for House Bill 6518. Local municipalities, tribal governments and state jurisdictions served by state fire departments must be given the ability to administer the Primary Service Area (PSA) to promote the best possible care for ambulance patients.

Sincerely,

Marc A. Scrivener  
Fire Chief, Willimantic  
2<sup>nd</sup> Vice President, Connecticut Fire Chiefs Association

**Public Health Committee**

**Testimony on Raised Bill 6518 "An Act Concerning Emergency Medical Services"**

**Public Hearing: Friday, March 15, 2013**

**Submitted by: John Elsesser, Town Manager, Town of Coventry**

Thank you for the opportunity to submit testimony on Raised Bill 6518, "An Act Concerning Emergency Medical Services." On behalf of the Coventry Town Council I am writing in support of Raised Bill No. 6518. Additionally we believe some modifications could strengthen the emergency response system within the State of Connecticut.

The current system of providing emergency medical services is broken. The State grants what amounts to an exclusive franchise for ambulance service and has virtually cut out Towns from any oversight and control of service within their borders. Instead, a non-responsive State agency sits back and watches as the system falls apart.

The Town of Coventry is living through a crisis which could have been avoided if the State accepted their responsibility. The former Chief of Coventry Ambulance and also a Lieutenant in the Coventry Volunteer Fire Association have both been arrested for sexual assault of Junior Fire Fighters. Despite complaints from the Town and citizens, the Office of Emergency Medical Services has remained silent over the years even recently granting a convicted felon who served time for sexual assaulting a 15-year old an EMT/instructor's license. This allowed a culture of corruption and immorality to fester until children were molested. They hid behind the protection of inadequate State oversight.

Section 4 (b) of the proposed bill would grant the Town some say in who provides service and will help assure accountable service to the local community.

The Coventry Town Council also requests that this bill be amended to prohibit individuals with felony convictions for violent crimes against others, or crimes which would today get you listed on the Sex Offenders Registry from being granted EMT certification. Today the State Office of Emergency Medical Services remains unresponsive to our Town leaders who are seeking at least a suspension of the EMT credentials for these two arrested individuals. One is out on bail and could continue to provide EMS services. We believe the public should be protected from these types of predators. A similar failure to suspend credentials in Vernon was on the news this week.

Had the State not issued an EMT and EMT Instructors license to a felon the tragic chain of events which led to the sexual assault of two Junior Fire Fighters could have been avoided.

If the State is unwilling to protect its citizens please allow Towns more control over the provision of emergency medical services and require a suspension of all licenses upon arrests and revocation upon conviction.

THE TOWN OF FARMINGTON

INCORPORATED 1645



TOWN HALL  
1 MONTEITH DRIVE  
FARMINGTON, CONNECTICUT 06032-1053

INFORMATION (860) 675-2300  
FAX (860) 675-7140  
"BULLETIN BOARD" (860) 675-2301

Written Testimony:

HB No. 6518 AN ACT CONCERNING EMERGENCY MEDICAL SERVICES

Submitted by:

Jeffrey J. Hogan, Town Council Chairman  
Kathleen A. Eagen, Town Manager  
Mary-Ellen L. Harper, Director of Fire & Rescue Services  
Paul J. Melanson, Chief of Police  
Town of Farmington  
1 Monteith Drive  
Farmington, CT 06032

We would like to thank the entire Public Health Sub-Committee for this opportunity to offer written testimony on HB No. 6518.

The Town of Farmington is in full support of HB No. 6518. This Bill begins to make some significant improvements to Emergency Medical Services in Connecticut by, among other things, allowing municipalities the authority to select an ambulance service to hold the Primary Area Assignment (PSA) within their communities.

The premise of this proposed legislation is that a municipality should be able to evaluate the need for ambulance transport within its community and periodically make changes that may improve the level of service or be more economical.

Presently, when a Primary Service Area Responder (PSA) for Ambulance Transport (R2) is assigned by the Department of Public Health, the assignment is without end, unless the company that owns it wishes to surrender the PSA, or the Department of Public Health determines that it is in the best interest of patient care to withdraw and reassign the PSA to another provider.

This proposal would provide a mechanism for a municipality, beyond just when patient care is in jeopardy, to make changes to the way ambulance service is delivered within its community, including going out to bid for a new provider or providing this service through the municipality.

This is a simple matter of Home Rule. Ambulance Transport is a function of Public Health. Decisions regarding this should be made and regularly evaluated at the municipal level and not granted by the State for life.

AN EQUAL OPPORTUNITY EMPLOYER



Municipalities routinely go out to bid for proposals to determine the best way to provide a variety of services as a matter of best practices. Ambulance Transport Service should be no exception.

Enacting HB 6518 will ensure that the citizens of Connecticut are afforded an effective and efficient emergency medical services system with the right to change it if they are not satisfied.

We implore the members of the Public Health Sub-Committee to support HB No. 6518.

Sincerely,

LE

Jeffrey J Hogan  
Jeffrey J. Hogan  
Chairman, Town Council

Kathleen A Eagen  
Kathleen A. Eagen  
Town Manager

Mary-ellen Harper  
Mary-ellen L. Harper  
Director of Fire & Rescue Services

Paul J. Melanson  
Paul J. Melanson  
Chief of Police

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TESTIMONY

Peter J. Struble  
Fire Chief  
Wallingford Fire Department  
75 Masonic Ave.  
Wallingford, CT 06492  
203-294-2730

HB No. 6518 AN ACT CONCERNING EMERGENCY MEDICAL SERVICES

Good Morning,

I would like to thank the entire Public Health Committee for this opportunity to offer testimony on HB No. 6518. My name is Peter Struble, I am the Fire Chief for the Town of Wallingford and the Emergency Medical Services Committee Chair for the Connecticut Career Fire Chiefs. I am here to speak in support of the HB No. 6518. This Bill begins to make some significant improvements to Emergency Medical Services in Connecticut by:

- Allowing municipalities the authority to select an ambulance service to hold the Primary Area Assignment (PSA) within their communities along with safeguards in place to keep stability in the EMS system.
- Establishing limits on operational duties of both the EMS Advisory Board and Regional Councils. State government needs to be streamlined and numerous advisory board subcommittees pull Office of Emergency Medical Services staff away from the main office to meetings. This takes away from support work the office needs to be providing local agencies who deliver direct service to the community. This also eliminates municipal services from having to report to multiple levels of bureaucracy.
- Allowing the Commissioner of Public Health to adapt regulations defining circumstances under which the commissioner may change the methods for setting medical services rates. Rapid changes are expected in healthcare with full implementation of the Affordable Healthcare Act. The current ambulance rate structure in Connecticut will not be able to adjust rapidly to reimbursement changes. We need to promote innovation in the delivery of pre-hospital care and allow for reimbursements for such services.

The committee will no doubt hear the most controversial issue in HB 6518 is the changes proposed to the PSA assignment. You will hear this will create chaos in the EMS system, ambulance services will be unwilling invest in capital improvements, there is a right of ownership to the PSAs by ambulance services, and the assignment of the PSA will be politically motivated. The truth is that in a vast majority of the municipalities no changes to service will

occur unless the system is failing. There are due process safeguards in the proposed bill that mandate a local hearing before changes can be made and then an appeal process to the Commissioner of Public Health. Neither the State of Connecticut nor any municipality has ever received compensation for the assignment of a PSA, in fact that would violate Medicare regulations. Finally, there is no State Statute that guarantee's any fire department the right to provide fire services; any municipality is free to contract with anyone they want to provide fire protection. Why is there no chaos in the state's fire protection system? At the end of the day if the citizens are not satisfied with the fire service, they will hold their local leaders accountable and demand a change. Enacting HB 6518 will ensure that the citizens of Connecticut are afforded an effective and efficient emergency medical services system with the right to change it if they are not satisfied.

# *Suffield Volunteer Ambulance Association*

PO Box 642 205 Bridge Street Suffield CT 06078 Phone: 860-668-3881 Fax: 860-668-3884



Date: March 14, 2013

To: Joint Committee On Public Health

From: Art Groux, Chief

Re: Opposition to Raised Bill 6518: An Act Concerning Emergency Medical Services

Senator Gerratana; Representative Johnson; Vice Chairs; Ranking Members, and members of the Public Health Committee

My Name is Art Groux. I am the Chief Of Service for Suffield Volunteer Ambulance Association Inc. (SVAA), and the Vice President of the Connecticut Emergency Medical Services Chiefs' Association (CTEMSCA).

Suffield Volunteer Ambulance is the primary ambulance service provider for the Town of Suffield and a mutual aid ambulance service provider to towns in north central CT. Each year we answer over 1400 calls with a volunteer staff of over 85 members who provided more than 26,000 hours of ambulance coverage last year alone.

I appreciate the opportunity to provide you with some testimony on behalf of our service and the volunteers that serve our communities every day.

Raised Bill 6518 appears to attempt to "correct" some perceived issues that certain towns have with the process of determining ambulance service providers. The proposed changes will only serve to further fracture the delivery of EMS care in the State of CT. It may also pass on a large un-intentioned, "unfunded mandate" to the towns and cities across the state of CT.

Over the past years many towns and services have worked hard to reduce costs of EMS and further increase the level of care provided to the residents in those towns. Many of these improvements have been accomplished by the consolidation of PSA's, encompassing many towns or parts of towns. These improvement decisions are reached by determining the best manner of service based on:

- Historical call volume
- Roads and transportation infrastructure within the community and between the community and the hospitals
- Distance to a receiving hospital
- Response times

These factors lead many towns to realize that it is not economically feasible or realistic to determine a PSA designation based on a town boundary that was established before much economic development. PSA area decisions have been made with the input of the area providers, town administration and the

Department of Public Health. The overriding factor in determining a PSA is based on the ability to service the needs of the residents with an efficient and effective system to provide the best possible care.

Under the proposed changes the current PSA's in CT would be determined based on municipal boundaries without regard for development, hospital placement, travel times, and call volume load. Many times we have heard in all levels of government, up to current federal funding opportunities, that consolidation of services is an option that should always be explored and exercised whenever possible. EMS has strived to do just this, and while not system wide, it is spreading. This legislative change would push us back to well 507 separate PSA's (one for each city or town at the First Responder level, BLS ambulance level, and Paramedic service level).

Under Raised Bill 6518 we would also create a potential monopoly of service. We have heard that some see the current system as a monopoly within the communities served. Under the proposed changes Certified and Licensed Ambulance Services would be considered for the same PSA assignments with cost potentially being the only deciding factor. Licensed providers have the ability to perform non-emergency transfer work as well as 911 emergency work and to bill for those services. Many of these providers perform both of these types of calls with the same ambulance units; a prudent business model for a for-profit based system. Certified ambulance services in CT are currently barred from performing or being reimbursed for this work, thus, when no 911 emergency is ongoing their units sit idle providing no additional source of revenue. In CT the Need for Service Process required to become licensed is very expensive and time consuming, two things that many volunteer services don't have. As you can see, in a short period of time, the only providers that may remain are licensed providers (currently there are only 13 licensed services in CT) with a great decrease in the overall resources and personnel available to the state and its residents. With a lower number of providers comes fewer options for service. In most states that allow municipalities to determine providers they also allow ALL ambulance providers to provide both emergency and non-emergency services without the need for a separate Need for Service Process, thus leveling the field to some extent.

We recognize the issues that a few municipalities are facing in having their PSA holder respond to the true needs of their communities. This is an unacceptable situation and one that needs to be recognized and addressed immediately. We feel there are some protections built into the current Legislation that address those issues and are outlined in OLR Research Report 2011-R-0464. Some changes that can be made to make that process clear and more effective. Some of them were part of the Legislative Program Review and Investigations Committee Executive Summary dated May 6, 1999.

- Require municipalities to revise and update their EMS plans and set terms for the provision of care in this plan.
- Require municipalities to notify DPH and the provider, in writing, of breaches in the agreed upon terms of the EMS plan.

- Provide an automatic probationary period if breaches are persistent or continuing over a period of time.
- Provide for the AUTOMATIC suspension of the certification or license of a service which continues to violate these provisions.

In the Raised Bill the Emergency Medical Services Councils are effectively removed from some processes and kept in others. The bill designates, "Emergency Medical Services Councils shall advise the commissioner and municipalities on area-wide planning and coordination," however the bill would remove the requirements for them to receive local EMS plans or be involved in the local planning process. Without knowledge of the local plans how can they effectively advise local and state leaders on what is happening in their region?

In the end, a fractured system will not help the citizens of CT. The result will be a system that is unique and individual to each town, 169 systems plus one of for each state owned building or complex, which does not further patient care or fiscal responsibility. I would implore you to study this proposed change carefully and look at all the potential ramifications. The needs of the system need to be studied and reviewed with municipal and EMS leaders to appropriately determine change that can be made to make the system more efficient for ALL of CT and its residents as a whole. This was done in 1999 with the Legislative Program Review and Investigations Committee and led to some meaningful and significant changes to EMS that better care for all collectively.



WINDSOR VOLUNTEER AMBULANCE, INC

P.O. Box 508

Windsor, Connecticut 06095-0508

Public Health Committee  
Room 3000, Legislative Office Building  
Hartford, CT 06106

March 14, 2013

Written Testimony:  
HB No. 6518 AN ACT CONCERNING EMERGENCY MEDICAL SERVICES

Submitted by:

Daniel P. Savelli, Chief of Operations  
Windsor Volunteer Ambulance, Inc.  
20 William Street  
Windsor, CT 06095

We appreciate the opportunity to offer testimony on 2013 HB-No.6518

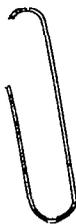
Windsor Volunteer Ambulance Inc. is adamantly against HB No. 6518. We believe that this bill will provide long term damage to the EMS Community in Connecticut and more particularly volunteer, non-profit and independent 3<sup>rd</sup> services, which make up the majority of 911 services in the state. This bill as written will decrease competition and could put communities at risk. We agree that improvement is needed and necessary with regards to current legislation pertaining to Emergency Medical Services in our state, but feel this will deprioritize patient care in favor of fiscal saving and politics.

Municipalities should be involved in their EMS service delivery but many communities do not have the experience, resources or competencies to properly evaluate how their current system is performing. The focus then becomes a matter of cost and not value and while there needs to be a balance, Emergency Services should not be devalued and patients put at risk for "cheaper" service. Since there are so many different communities with varying needs in the state, towns should be actively involved in service delivery but this bill empowers them with action only and no tools or information to do so.

This bill also provides no consistent, measurable or objective means to determine or compare services, if a municipality wanted to properly evaluate providers. This leads to uncertainty and volatility for many services that will make it impossible to attract long term or invested volunteers or employees, on which their system relies. There is no objective party to provide oversight in these decisions if there was a dispute. As EMS in the State of Connecticut is not elastic due to financial and legislative constraints, it will make any long term investment or planning nearly impossible which will result in negative patient care and further strained EMS systems.

Since many small services receive minimal to no funding from the town, they rely on billing and donations. If a PSA is awarded to a low bidder, most of these agencies would have no means to survive beyond the reassignment which would effectively decrease the number of providers in the state. This would decrease competition which would allow costs to be driven up over the long term. This will also discourage EMS organizations from being invested in communities and providing many intangibles beyond the trip to the hospital.

*" . . of ourselves we give so others may live."*



From the perspective of cost control, municipalities have the ability to fund (or not) EMS currently unless engaged in a contract. Usually it is additional requirements the town is requesting that drives up the cost to deliver services. The cost issues stem from a lack of reimbursement and the legislative constraints relating to EMS delivery. Until that is remedied there will not be significant savings regardless of provider.

If open competition is a benefit for Emergency Medical Services, why is this not the case with Police and Fire? I do not believe there are EMS Services in this state that cost more than their police and fire departments in the same community. This is because they are vital safety services and require large investments in infrastructure to properly protect a community. EMS should not be treated any different if you would like to provide quality services to the community.

Enacting HB 6518 will empower municipalities to select an EMS provider based on political, financial and special interest reasons while deprioritizing patient care and negatively effecting the landscape of EMS in the State of Connecticut. Over time this will allow for the few providers left to create a monopoly in most regions of Connecticut and municipalities will not have options for service nor services invested in their best interest.

Sincerely,

Daniel P. Savelli  
Chief of Operations  
Windsor Volunteer Ambulance, Inc.



**TESTIMONY OF  
CONNECTICUT HOSPITAL ASSOCIATION  
SUBMITTED TO THE  
PUBLIC HEALTH COMMITTEE  
Friday, March 15, 2013**

**HB 6518, An Act Concerning Emergency Medical Services**

The Connecticut Hospital Association (CHA) appreciates the opportunity to submit testimony concerning **HB 6518, An Act Concerning Emergency Medical Services**. CHA opposes the bill.

HB 6518 would implement drastic and damaging changes to our Emergency Medical Services (EMS) system without sufficient review or discussion of the impact on patients, costs, or the ability to carry out the overall mission of an EMS system.

As this Committee knows, the oversight and management of our statewide emergency response system is an enormous task that requires cooperation, input, insight, and expertise be shared among individual practitioners, ambulance companies, municipalities, regional officials, nurses, hospitals, emergency medicine physicians, paramedics, EMTs, volunteer ambulance staff, police and fire officials, and, of course, state and regional agencies. Over the past several decades, this body has made changes to the EMS structure to ensure we are doing what is best for Connecticut's patients.

However, HB 6518 would not follow in that deliberate and careful process, but would instead completely dismantle the current system of oversight. Section 11 of the bill repeals the backbone of the cooperative system – the Connecticut Emergency Medical Services Advisory Board (and its committees) – completely wiping it out through the repeal of Section 19a-178a, and instead placing all oversight and control of the EMS system in the hands of the Department of Public Health, with some powers over local ambulance assignments being reserved for municipalities. This is an exceedingly concerning proposal.

The current statutory appointees to the Connecticut Emergency Medical Services Advisory Board are determined as follows:

...the Commissioner of Public Health and the department's emergency medical services medical director, or their designees. The Governor shall appoint the following members: One person from each of the regional emergency medical services councils; one person from the Connecticut Association of Directors of Health; three persons from the Connecticut College of Emergency Physicians; one person from the Connecticut Committee on Trauma of the American College of Surgeons; one person from the Connecticut Medical Advisory Committee; one person from the Emergency Department Nurses Association; one person from the

Connecticut Association of Emergency Medical Services Instructors; one person from the Connecticut Hospital Association; two persons representing commercial ambulance providers; one person from the Connecticut Firefighters Association; one person from the Connecticut Fire Chiefs Association; one person from the Connecticut Chiefs of Police Association; one person from the Connecticut State Police; and one person from the Connecticut Commission on Fire Prevention and Control. An additional eighteen members shall be appointed as follows: Three by the president pro tempore of the Senate; three by the majority leader of the Senate; four by the minority leader of the Senate; three by the speaker of the House of Representatives; two by the majority leader of the House of Representatives and three by the minority leader of the House of Representatives. The appointees shall include a person with experience in municipal ambulance services; a person with experience in for-profit ambulance services; three persons with experience in volunteer ambulance services; a paramedic; an emergency medical technician; an advanced emergency medical technician; three consumers and four persons from state-wide organizations with interests in emergency medical services as well as any other areas of expertise that may be deemed necessary for the proper functioning of the advisory board.

The Connecticut Emergency Medical Services Advisory Board has various committees including the Connecticut Emergency Medical Services Medical Advisory Committee. The purpose of this standing committee is to "provide the commissioner, the advisory board and other ad hoc committees with advice and comment regarding the medical aspects of their projects. The standing committee may submit reports directly to the commissioner regarding medically-related concerns that have not, in the standing committee's opinion, been satisfactorily addressed by the advisory board."

The Connecticut Emergency Medical Services Advisory Board is specifically responsive to this body as well, as set forth in Section 19a-178a(f):

The advisory board shall be provided a reasonable opportunity to review and make recommendations on all regulations, medical guidelines, and policies affecting emergency medical services before the department establishes such regulations, medical guidelines, or policies. The advisory board shall make recommendations to the Governor and to the General Assembly concerning legislation which, in the advisory board's judgment, will improve the delivery of emergency medical services.

The Department of Public Health does not have this vast background of expertise, and is unlikely to be able to afford to reproduce it with internal resources.

We cannot support any proposal that removes input from medical experts, regional stakeholders, hospitals, and ambulance providers that make up the system. These changes are not in the best interests of Connecticut's citizens. We urge you not to support HB 6518.

Thank you for consideration of our position.

For additional information, contact CHA Government Relations at (203) 294-7310.



# Association of Connecticut Ambulance Providers

Aetna Ambulance :- Ambulance Service of Manchester :- American Ambulance Service  
Campion Ambulance Service :- Hunter's Ambulance Service

## Testimony of David D. Lowell, President Association of Connecticut Ambulance Providers

### Public Health Committee

Friday, March 15, 2013

Senator Gerratana, Representative Johnson and distinguished members of the Public Health Committee.

My name is David Lowell. I am President of the Association of Connecticut Ambulance Providers. Our association members provide ambulance medical transports for approximately 200,000 patients on an annual basis and serve 45 towns in Connecticut. This is done with a network of 128 ambulances and dedicated staff of over 900 including highly trained first responders.

**I am here today to speak in opposition to Raised Bill No. 6518, An Act concerning Emergency Medical Services.**

Connecticut's Emergency Medical Services System is a balanced network of volunteer, municipal, private and not-for-profit service providers (see attached map). The system was developed in the 1970's to provide structure and set quality standards for the delivery of emergency medical care and transportation. The system has the integrity of high quality care and vehicle and equipment safety accountability through statute and regulation with the integrity of three key related and essential components:

- Certificate of Need Process.
- Rate Setting and Regulations.
- Primary Service Area Assignments.

Raised Bill No. 6518 proposes to destroy this system by eliminating or significantly changing the following critical elements:

1. Proposed elimination of the current Primary Service Area Responder (PSAR) Assignments and reissuing such assignment authority to each individual municipality.

**This would inappropriately destabilize emergency medical service coverage and response across the state by politicizing primary emergency medical services in each of**

1. We are opposed to the proposed elimination of the current Primary Service Area Responder (PSAR) Assignments and reissuing such assignment authority to each individual municipality.

**This would inappropriately destabilize emergency medical service coverage and response across the state by politicizing primary emergency medical services in each of our cities and towns. There are provisions provided for within statute and regulation that call for the development of community EMS plans that involve the participation of all stakeholders in the community (19a-181b). This provides the community and emergency service leaders the opportunity to work collaboratively to assess the needs of the community, the mutual aid needs for contiguous communities and within the region and state and design plans that address those needs.**

2. We are opposed to the proposed modifications to the rate setting process.

**The current rate setting process provides for a level of transparency that is important to providers and consumers alike. There has been a modification to the process which provides a more "streamlined" short-form version. The more detailed long-form version is available if an individual provider feels they require an increase in their private rates greater than the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics, USDOL.**

3. We are opposed to the proposed elimination of the Connecticut EMS Advisory Board.

**The purpose of the EMS advisory board is appropriate. While the current makeup of the 46 member board may be unwieldy, its [the board's] statutory responsibility (19a-178a.) engages a cross-section of EMS stakeholders who are charged with evaluating a state-wide systems approach to the delivery of emergency medical care and making recommendation to the legislative and administrative branches on regulatory and statutory issues.**

4. We are opposed to the proposed elimination of the Connecticut Emergency Medical Services Medical Advisory Committee.

**This is a standing committee of the EMS Advisory Board with the charge of providing advice on the medical aspects of the Advisory Board's projects. This is an important component of state-wide continuity of the delivery of high quality emergency medical care.**

5. We are opposed to the proposed elimination of the role of the regional emergency medical services council, the regional emergency medical services coordinator and the regional emergency medical services advisory committee in the process of the development of local emergency medical services plans in each municipality.

Connecticut is divided into five (5) EMS regions. Each region has a coordinator located within the department of public health. The coordinators serve an important role as a resource for the services within their region. Each Region has a regional council which serves as an additional communication link between services (19a-182, 183, 184, 185, 186, 186a). Distribution of EMS planning from the state through the regional councils to each community/provider, is a logical pathway for communication, development and support which promotes continuity of preparation, availability of resources, delivery of care, of levels of response. This pathway of communications and the planning and development resources that are available are very important components of a state-wide systems approach to ensuring a coordinated delivery of high quality emergency medical response, patient care, and transport.

6. We are opposed to the proposed elimination of the "Commissioner" as the agent of review of the allegation of poor performance by an assigned primary service area responder Appointment of the "Municipality" as the sole agent of review and determinant of removal of a primary service area responder.

If a community has concerns over the level or quality of care being provided, there is a process defined in statute and regulation to have the DPH Commissioner review the concerns and mitigate if necessary (19a-181c & d). This process provides for a non-biased review to standards of care, and response and is an important component in quality assurance while maintaining a statewide quality of care perspective and reduces or eliminates individual service or community agendas from clouding an objective review.

In summary, the delivery of high quality and coordinated emergency medical response, care and transport is essential in our state. The current statutes and regulations provide the basis for stability, quality and fiscal responsibility.

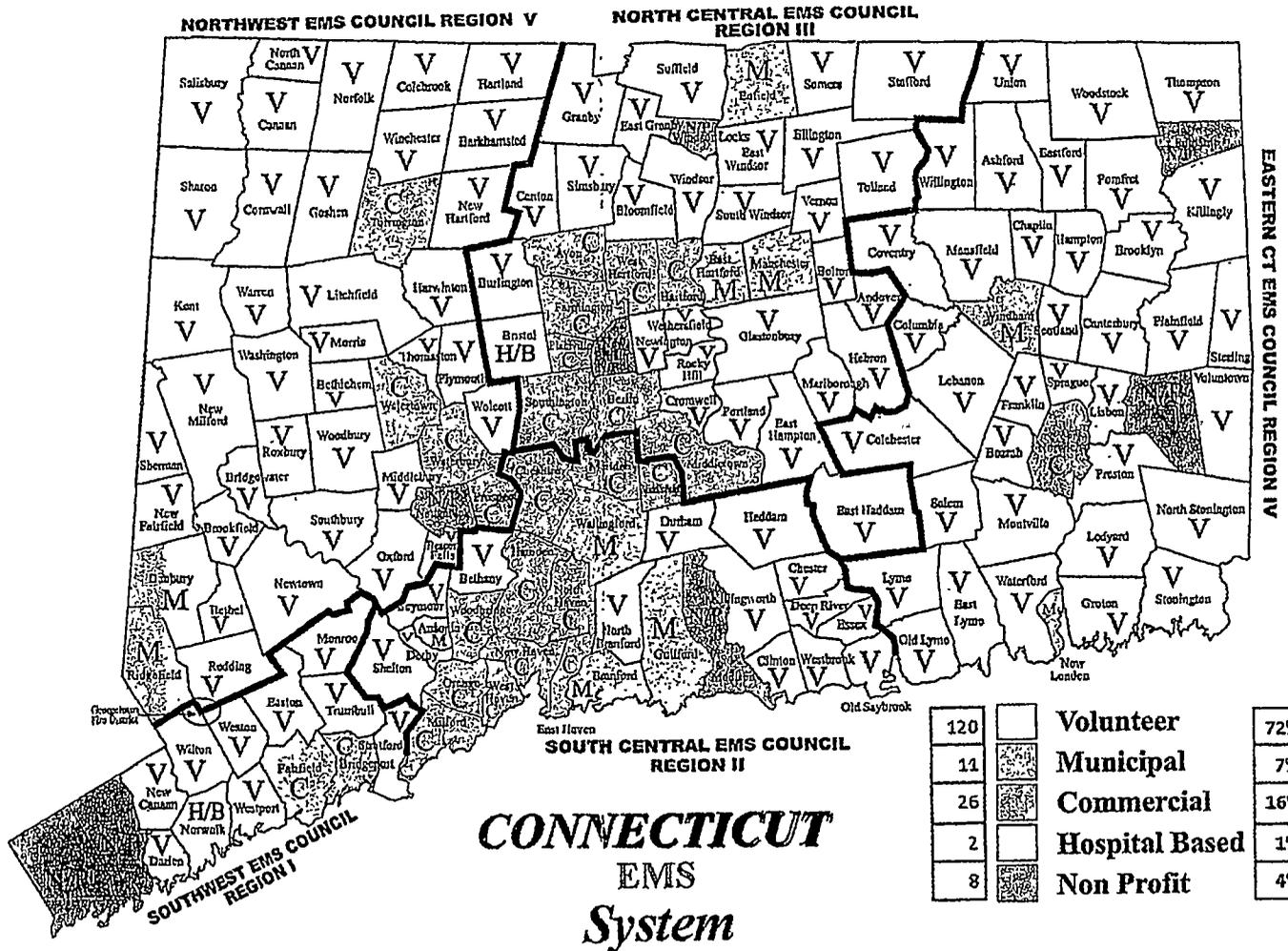
**We urge you to not pass this bill as it will significantly undermine this stability of the emergency medical services system in the state.**

The members of our association are available to answer any questions and work proactively on systems enhancements as necessary.

Respectfully Submitted,



David D. Lowell  
President



Testimony In Support Of  
General Assembly Raised Bill No. 6518, LCO No. 3111  
An Act Concerning Emergency Medical Services

March 13, 2012

Submitted by: Matthew B. Galligan  
Town Manager  
Town of South Windsor, CT

Honorable Chairperson, Vice Chairs, and Members of the Public Health Committee:

I first want to thank you for allowing us to be here to testify on Raised Bill No. 6518, which is An Act Concerning Emergency Medical Services. Due to the expanded population in the Town of South Windsor, the level of ambulance services in our community has been very important to us. We have noticed that there is an aging population, and there have been more calls for advanced life support services. Back in the 1980s, a volunteer ambulance corps was put together, and they were called South Windsor Volunteer Ambulance Corps. This ambulance corps' goal in the future was not just to have basic life support services, but to also include advanced life support service in the future, otherwise known as paramedic service.

During the seventeen years that I have been here in South Windsor, I have tried to work with our local basic life support ambulance service and have been somewhat successful. A few years ago, the South Windsor Volunteer Ambulance Service decided to utilize paid personnel and change their name to South Windsor Ambulance Corps. This was a dramatic change for the Town of South Windsor, and the Town Council did not endorse this change. They became aware of this change when it was presented to them during a public meeting. During this period of time, South Windsor Ambulance Corps was paying for some of their own expenses, but the Town was providing gas, workers' compensation, and a space at the Police Department. When we built the new fire station, it was in the works for the Ambulance Corps to have a bona fide space in that station with two ambulance bays, offices, and sleeping quarters. It was during this time that they had changed their organization to a nonprofit paid staff. The Town of South Windsor still allowed them to utilize the facility, but they would have to pay for their own workers' compensation, fuel, and we have requested that they pay rent. To this date, they have not done any of this, and we continue to negotiate with them to pay for those services.

We have told them before they moved in that we would allow them to stay at this facility, but they would need to bring an advanced life support system to the Town of South Windsor. We told them we would continue to support them the best we can, but they needed to advance to the next level of service that the Town deserves and needs.

Through this period of five or six years, the Corps has never once sent any one of their EMTs to school nor have they hired any paramedics to provide the level of service that the Town Council requested. We found out through the Office of the Emergency Medical Services that local government has no say regarding the type of service it wants provided for the medical needs of

its community. We find this to be deplorable, as we now have two ambulances services, one private ALS and SWAC, going to the same call, which only increases the cost to our taxpayers and makes Emergency Management Services very confusing. This Bill will allow municipalities to make decisions regarding medical service arrangements.

To give you an example, the Town of South Windsor will be issuing a Request for Proposal. Upon that Request, and after receiving information from various ALS companies, if the Town were to just have two ALS ambulances in Town, it would cost approximately \$700,000. They would only be allowed to respond to ALS calls as South Windsor Ambulance Corps is the registered ambulance for BLS calls. I also found out that if the Town were able to choose its own ambulance service, that this service would not charge the Town one penny if it responded to all of the calls. They could survive on their own without any contribution from the Town if they were the sole provider of services. Again, this would all be done with a Request for Proposal through public bidding in order to make sure we can identify the level of service we want in Town.

I find that the current system resembles an unfunded mandate. If you are willing to provide the best medical services for your community, you have to pay an exorbitant amount of money which would raise taxes in these tough economic times. This would hurt all of our taxpayers, especially senior citizens. All of this has to happen in order to provide services that we could otherwise get for free.

This Bill will allow us to provide the best quality of service at no cost to the Town. We feel that the law, as written, almost creates a monopoly for some of the services. There are very tough restrictions, and you have to prove negligence when trying to remove a provider from your community. This makes no sense to me, as they are two different levels of service. The Town should have the ability to choose.

The Town Council and I are also concerned that South Windsor Ambulance Corps would not be able to move forward with an ALS system. After all those years with free rent and gas, they still could not hire paramedics. Their ambulances seem to be out of service often. This makes us wonder about their ability to move forward knowing that they are struggling to make ends meet now. It is apparent that they have not moved forward on some of the suggested services that have come from our Town Departments as well as the Town Council.

The system that is in place might have been good when most of our ambulance services were volunteer. Now that we have an aging and growing community with more traffic in our area, we find it imperative that the level of service should be greater than basic, and we should be able to implement a Request for Proposal to get the best possible provider in order to secure the safety of our residents in a medical situation.

I feel that all communities in the State of Connecticut deserve the ability to make a choice. We make choices for our roads, our schools, our<sup>d</sup> police services, and our fire services. I find it ludicrous that we do not have the ability to choose the one service that has a dramatic impact on us. I urge the Committee to approve Bill No. 6518 so that municipalities may sit down in an

expeditious and conscious manner to determine the level of service and needs for medical ambulances and to be able to provide that service at the lowest possible cost.

I thank you for your time and look forward to a favorable response to this Bill.

OFFICE OF THE  
TOWN MANAGER

March 15, 2013

Written Testimony:

HB No. 6518 AN ACT CONCERNING EMERGENCY MEDICAL  
SERVICES

Submitted by:

Ronald F. Van Winkle  
Town Manager  
Town of West Hartford  
50 South Main Street  
West Hartford, Connecticut 06017

While I am unable to attend the hearing, I appreciate the opportunity to be able to submit this written testimony. You are considering Raised Bill No. 6518, An Act Concerning Emergency Medical Services. The Town of West Hartford supports the provisions of this bill and in particular Section 4b that permits a municipality to select a qualified ambulance service for its community.

Under present law the municipality is assigned a single provider through the assignment of the Primary Service Area (PSA) by the Department of Health. The PSA is assigned to a single company in perpetuity. Should the Municipality want to provide this primary ambulance service to its citizens through a municipal service, Public Safety model, we are not permitted. Should the Municipality choose to select an alternate service provider, we are not permitted, short of the Commissioner of Health revoking the company's certification for poor performance. This is purely a public safety service to our residents like our Fire Department or Police Department.

A more flexible system would allow the Municipality to develop a service that works best for them. Having an outside monopolistic company choose the service they will provide is not in the best interest of the citizens. A competitive system would allow the municipality to get the best service tailored to its particular needs.



TOWN OF WEST HARTFORD

TOWN OF WEST HARTFORD 50 SOUTH MAIN STREET  
WEST HARTFORD, CONNECTICUT 06107-2431  
(860) 561-7440 FAX (860) 561-7429  
<http://www.west-hartford.com>

 Printed on Recycled Paper

As you may know, during storm Nemo some ambulance services did not provide this critical medical service during the storm. In the Town of West Hartford we were informed by the PSA holder that they were pulling the ambulances from the town. We had prepared for this emergency and the ambulances were stationed in the fire stations and a snow plow was assigned to the ambulance in order to insure that our residents would be serviced. Without the intervention of our Fire Chief, we would not have had an ambulance service in the community during the storm. This would not have been necessary with a municipal service or a municipally bid and negotiated contract.

The passage of HB No. 6518 will allow our community to insure that we have the best possible public safety services, can help to reduce the cost of healthcare and will allow the town to utilize our resources in the best possible manner.

Sincerely,



Ronald F. Van Winkle  
Town Manager

Scott Martus

97 Merwin Circle

Cheshire Ct. 06410

[Martus.scott@town.north-haven.ct.us](mailto:Martus.scott@town.north-haven.ct.us)

H.B. 6518 Testimony; 03/15/2013

Good morning/afternoon, I would like to thank you for this opportunity.

My name is Scott Martus; I am a Lieutenant with the Town North Haven Fire Department, where I have been employed since 2003. I have been a licensed paramedic since 2001, and I have been an EMT since 1994. Throughout my career in emergency service, I have been employed as a paramedic by a commercial ambulance provider, a municipal fire based provider, and a not for profit community based system. Recently, I have been involved in education administration for Yale New Haven Hospital, the medical oversight for the New Haven area providers and PSA holders.

I am here to endorse section 4 of House Bill 6518.

I believe this bill would eliminate some statutory and regulatory conflicts that currently exist with regards to delivering quality Emergency Medical Services throughout Connecticut

Ct regulations governing municipalities, Title 7, section 148, identifies a duty of the municipality to: and I quote *"Provide for ambulance service by the municipality or any person, firm or corporation"*. It is a single sentence and it is definitive. However, Ct. Department of Public Health Regulations makes the Commissioner of Public Health responsible for the selection of a Primary Service Area Responder, not the municipality. Not only does this provide regulatory conflict, it can adversely affect patient care in a local community. Simple span of control and geographical logistics make it difficult for one centralized Commissioner to determine *if* the needs of a local community are being met. I believe this is why the duty of Emergency Services was left to the municipality in Title 7 to begin with.

I listed my employment history in EMS to demonstrate that I come from a diverse background in the emergency services profession. Spending 15 years working for a for profit ambulance service and spending just shy of a decade in a non-profit fire based system I believe I have an enlightened view of emergency medical services in CT. I have worked in both urban and rural settings, caring for patients of all cultures, income levels, and educational backgrounds. What I have learned as a student of this profession is that different communities have different needs, and the more localized the government

agency is making decisions in patient care, the more effective a delivery system the community will have.

Throughout Title 19a, there are several sections alluding to municipality's responsibility to provide emergency medical care to its citizens, however the nearly 25 year old regulation assigning a Primary Service Area Responder prevents some of these regulations to be effective. Primary Service Area Agreements are without end, and to remove a provider has an incredibly high burden of proof, in short *"an emergency exists and that the safety, health and welfare of the citizens"* (19a-181c); I always viewed the mission of Emergency Medical Services as to provide the best patient care possible and to improve the general health and well being of a community. That would look at all facets of the care delivered not limited to just safety issues and emergencies. Cleanliness and maintenance of equipment, professionalism and accountability of the provider, and overall customer service and satisfaction standards of the entity delivering care should all be evaluated and considered a component of the healthcare system. It is for these reasons there should be more ability of the Chief Executive of the municipality to select the ambulance provider that best serves their community, which is why I believe Title 7 gives that duty and responsibility to the municipality to begin with.

H.B. 6518 Section 4, line 318-337 addresses these conflicts, at the same time maintains the commissioner of Public Health as oversight to maintain an orderly and defined EMS system statewide. It will increase accountability of providers and employers as well as increase standards of care throughout the state.

# *The Connecticut EMS Chiefs Association*

*PO Box 643*

*Suffield, Connecticut 06078*

Date: March 12, 2013

To: Joint Committee on Public Health

From: Bruce Baxter, President

RE: Opposition to Raised Bill 6518: AAC Concerning Emergency Medical Services.

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Senator Gerratana; Representative Johnson; Vice Chairs; Ranking Members, and members of the Public Health Committee

My name is Bruce Baxter. I am the President of the Connecticut Emergency Medical Services Chiefs' Association (CTEMSCA).

CTEMSCA represents the Chief Executive Officers of those ambulance services operating in the State of Connecticut whose sole and primary mission is the response, care and medical transportation of individuals experiencing an acute, out of hospital medical or traumatic emergency. Eligible members of our Association are directly responsible for more than 70% of the 350,000 9-1-1 EMS response managed in the State each year.

I appreciate the opportunity to provide testimony regarding Raised Bill 6518 on behalf of our members.

Raised Bill 6518 imposes unprecedented, sudden wide sweeping and dramatic change to the infrastructure of Connecticut's Emergency Medical Services System. Raised Bill 6518, while well intentioned, demonstrates the author(s) lack of understanding for the current Statewide EMS System infrastructure that is the foundation for the complex integrated out of hospital health care delivery system that currently provides essential life saving services to the residents of our State when they dial 9-1-1 and request medical assistance. Passage of Raised Bill 6518- does not enhance but erodes the core components of the current system's foundation and with it the critical infrastructure put in place to protect patients, municipalities and services that the current system provides.

The current State EMS System was designed to resolve years of deficits when communities could freely choose and regulate the terms and conditions of services rendered to the individual municipalities. That approach did not work as highlighted below:

- There was no consistency to the level and quality of service rendered in communities statewide.
- There was no consistency to the cost of services rendered to patients
- There was no consistency in the care or timeliness of care rendered.
- EMS providers were hesitant to invest in local system or service enhancements out of concern they would not gain a return on their investment before a change in leadership in a municipality would result in a change in EMS vendor.

As a result of the system deficits, the State implemented wide sweeping, progressive change to stabilize the Statewide EMS system and assure each community had a dedicated qualified Primary Services Area Responder with the ability to achieve, maintain and enhance fiscal and operational performance for the benefit of patients and operate in an environment that fostered clinical growth and systems advancement.

Since its implementation, the system has been modified to reflect current the current practices that has promoted the responsible growth and development of EMS across Connecticut at a retail consumer cost that is significantly less than other New England States.

The foundation of our system is based on the current EMS statutes and regulations that include:

- The Certificate of Need: Assure there is a demonstrable need for a defined level of clinical service or expansion of a service and the requisite fiscal strength to support the proposed service/expansion prior to its authorization and approval by the Department of Public Health Office of Emergency Medical Services.
- Rate Setting: Establishes maximum retail rates using a well defined healthcare actuarial approach to define maximum retail charges for each service in the State that reflects the services real cost of providing services plus a reasonable profit margin. This approach protects residents from unjustifiable charges.
- Primary Service Area Responder Designation: The well defined review process assures individuals with knowledge of the system review all aspect of a proposed service to be designated to assure the plan is reasonable from a medical operations perspective, clinical service delivery process and fiscal perspective prior to designation.
- Planning: The key to any system success is planning. The current system leverages the use of Community based EMS plans developed by municipalities and their designated PSAR providers to assure community needs are fulfilled. Community plans integrate into regional and statewide planning initiatives Regional Councils play an integral role in the

development of local EMS plans to assure consistency in the provision of core clinical services.

- Communications: Regional Councils and sub-committees, as well as the Statewide EMS Advisory Board and its subcommittees are key conduits for effective dialogue between the CT Department of Public Health-Office of Emergency Medical Services ( DPH-OEMS) and, the systems stakeholders statewide.
- Lead Agency: DPH-OEMS is active in assuring statutes, regulations in place are adequate for the system; that stakeholders have access to the resources needed to fulfill their obligations; and that identified deficits and complaints are investigated and adjudicated properly providing the designated PSAR provider with the guarantee of an unbiased assessment of the compliant with an opportunity for due process prior to revocation.

Raised Bill 6518:

- Eliminates the State EMS Advisory Board and its committees.
- Eliminates Regional EMS Councils and their subcommittees:
- Weakens the States role in Rate Setting:
- Eliminates the State's authority in assigning Primary Service Area Responder (PSAR) Designations.
- Grants sole authority for the designation and removal of PSAR assignments to the municipalities.
- Eliminates the PSAR providers' right to an impartial and knowledgeable review process prior to the loss of a PSAR assignment.

Raised Bill 6518 does not enhance or improve the current State EMS system. It weakens the strength of the current system.

- The current system provides for municipalities to exercise their influence in enhancing the design of their local EMS system through the creation of EMS plans that reflect the true needs of their residents.
- The current system allows municipalities and agencies to develop inter-local agreements and permit the sharing of resources in order to gain fiscal and clinical economies of scale- a concept not embodied in Raised Bill 6518.
- The current system has a well defined process in place to replace designated EMS PSARs who are determined to have a demonstrated track record of consistently not meeting a community's true needs in a manner that demonstrates consistent disregard for its residents and patients.

It is important to note the following:

1. There is an oft misguided belief that the provision of consistent high quality EMS can be purchased at zero or low cost to a community. The ability for designated PSARs to underwrite their costs exclusively based on fee for service revenues without experiencing significant deficits is equally false. The provision of consistent high quality EMS services requires a fiscal commitment of local communities that is equal to the fiscal commitment they invest in fire and police services.
2. There is no EMS agency who will respond in a timely manner to every call despite their best attempts. Unfortunately when those events occur, on a rare occasion we lose per chance the most precious gift of all- a life. When that occurs, it is tragic. It is appropriate to investigate the event, to propose change and assure all that could have been done to prevent such an occurrence has been done. However, it is inappropriate to make a determination that the current EMS system infrastructure is broken and arbitrarily discard the cornerstone of a highly functional system in the manner as proposed.

The Connecticut EMS Chiefs' Association is not opposed to change coming from responsible legislation developed in collaboration with EMS system stakeholders that enhances and improve the current system for the benefit of the patient.

We are opposed to any legislation that, despite being well intentioned, is not well thought-out in collaboration with key EMS System stakeholders; or is designed solely to further the agenda of a minority of stakeholders who are looking for a rapid solution to a isolated issue without consideration of its impact on the Statewide system.

As such, we urge the Public Health Committee to not approve Raised Bill 6518 as proposed.

# *Hunter's Ambulance Service, Inc.*

Executive Offices • 450-478 West Main Street • Meriden, CT 06451 • 203-235-3369 • Fax 203-514-5122

## Testimony of

Michael A. Loiz, Director of Operations

Hunter's Ambulance Service, Inc.

Public Health Committee

Friday, March 15, 2013

Senator Gerratana, Representative Johnson and distinguished members of  
the Public Health Committee.

My name is Michael Loiz. I am the Director of Operations for Hunter's Ambulance Service, Inc. and I am here today to speak in opposition to Raised Bill No. 6518, An Act concerning Emergency Medical Services.

Hunter's is the licensed primary service area provider (PSAR) at the basic life support and paramedic levels for five communities in central Connecticut serving a population of 132,000. We have developed a solid employment base and made significant investments in facilities, vehicles, and equipment in these communities and take our statutory role as an emergency service provider seriously and we are proud to be celebrating our 50th year of service.

## *"Concern For Others"*

222 Mill Street  
Berlin 828-8909

594 Washington St.  
Middletown 346-9627

20 Parkway Place  
Menden 235-4441

47-A North Plains Industrial Rd.  
Wallngford 269-6586

595 Bank St.  
New London 443-1212

Specifically to the issues of the proposed removal of the PSA and reassignment to the municipality, we are not supportive of this proposed change and feel it will degrade the level of emergency medical services in the state. Hunter's has collaboratively established clearly delineated response expectations with the communities we serve. These service agreements are monitored monthly and include very clear and strict performance remediation sanctions should performance drop below expected levels.

Hunter's actively participates in monthly coordination meetings where public safety challenges are reviewed and collaboratively addressed by all stakeholders.

As you can imagine, emergency medical services are an area of public safety that require strict oversight and constant review. Our statutes already have a mechanism in place for addressing those situations where a PSA might be in jeopardy of poor performance when those collaborative efforts included in (19a-181b) have not been able to maintain proper performance.

The state has had the wisdom to establish strong regulations that work. Passing this bill would create substantial instability within the EMS system in our state

Respectfully Submitted,



Michael A. Loiz

Director of Operations



## VALLEY EMERGENCY MEDICAL SERVICE

P O Box 837  
DERBY, CONNECTICUT 06418

Testimony                    **Against Proposed Bill 6518**  
Robert Pettinella  
Chief of Service

Proposed Bill No. 6518

Good Morning,

My name is Robert Pettinella. I am the executive Director and chief of service for Valley Emergency Medical Services. Valley EMS is a regional advanced life support provider that services the towns of Shelton, Derby, Monroe, Ansonia, Seymour, and Oxford. Valley EMS is a regional PSA holder. As such, it has been providing service to its communities for 30 years. I am here to let you know that Valley EMS and its Board of Directors is vehemently against the public health bill HB5999. As many of you may or may not be aware EMS services as an industry is extremely young. When you consider the hundred plus years that fire services, and police services have been around, EMS has only had organizational structure and governmental input in Connecticut since the late 1960's. That being said, in its true infancy EMS PSA were issued by the State of Connecticut to quell the use of politics and "Good ole boy" relationships. EMS was a system of responders where money, gifts, and back door promises with local municipalities determined who would provide EMS to a certain community.. In fact, in 1974 things became so bad in Connecticut that a local TV station ran a story called "Scandal rides the Ambulance" This news piece brought to light the unethical and corrupt dealings of how EMS providers were given opportunities to service a particular community. A legislative subcommittee launched an investigation into "all aspects of ambulance services." The committee held several days of hearings in the spring of 1974, issuing a report in July 1974. As a result of such hearings the concept of primary service areas (PSA), or specific geographic areas served exclusively by designated licensed or certified EMS providers to answer emergency calls, originated in the comprehensive 1974 legislation. Clearly defined geographic regions to be serviced by each provider including cooperative arrangements with other providers and backup services." Virtually all the specific provisions about PSAs are set out in regulation, originally established in 1975 and amended in 1988. These regulations put an end to the "Good ole boy relationships" where gifts and favors for EMS services in municipalities were the norm

As an EMS chief should this bill pass and become law I see a time where we will be going back to the days of the 1970's where a single municipal representative will have complete and total power over an EMS agency and

Working proudly in cooperation with  
Ansonia Rescue Medical Service – Echo Hose Ambulance – Griffin Hospital  
Oxford Ambulance Association – Seymour Ambulance Association – Storm Engine Co Ambulance

potentially could use corrupt reasons to arbitrarily switch EMS providers. Continuity of care, quality of care, and radical destruction of local EMS systems could easily come to fruition.

There is absolutely no need for this bill to pass. There is currently in the State EMS regulations, an opportunity for municipal leaders to obtain their PSA's back from current providers. Such opportunity exists in *Connecticut General Statutes Sec 19a-179-4 Primary Service Area Responders*

OEMS shall assign, in writing, a primary Service area responder for each primary service Area. All municipalities within the State of Connecticut shall be covered by said assignments. Primary service area responder's s Shall be either licensed or certified by OEMS pursuant to C.G.S. Sec. 19a-180. An express Condition of licensure or certification as an emergency medical service provider shall be the availability and willingness of the emergency medical service provider to properly carry out any PSAR assignment made by OEMS pursuant to this section of these regulations.

(b) The factors to be considered by OEMS in assigning any emergency medical services provider as a PSAR shall be as follows:

- (1) Size of population to be served;
- (2) Effect of proposed PSAR assignment on other emergency medical service providers in the area;
- (3) Geographic locations of the proposed PSAR provider;
- (4) The proposed PSAR's record of response time;
- (5) The proposed PSAR's record of activation time;
- (6) The proposed PSAR's level of licensure or certification; and,
- (7) Other factors which OEMS determines to be relevant to the provision of efficient and effective emergency medical services to the population to be served. Prior to

such assignment, OEMS shall solicit the advice and recommendation of the appropriate regional council and the chief administrative official of the municipality in which the PSAR lies for consideration in light of the above factors.

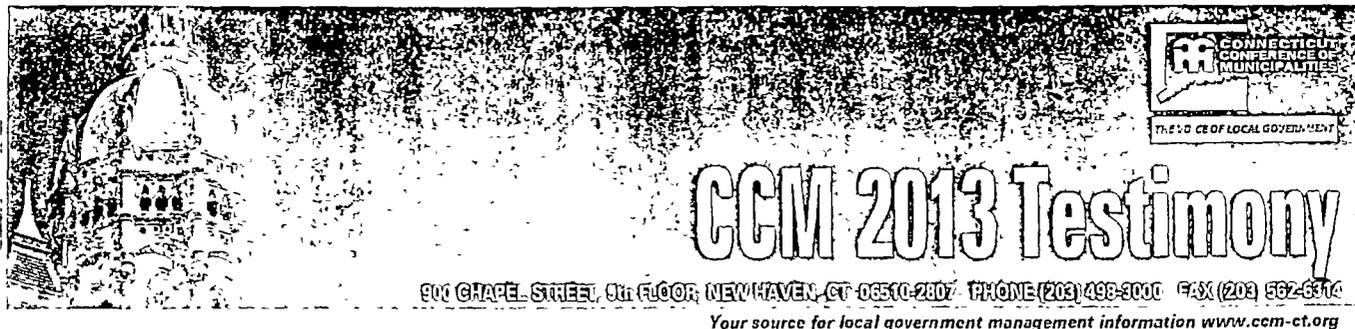
(c) Each PSAR shall be assigned to only one designated response service for each given category of service available. Any circumstances under which another designated

response service would receive first call priority, such as central dispatch sending the closest available vehicle, shall be stipulated in the assignment of the PSAR.

(d) A PSAR assignment may be withdrawn when it is determined by OEMS that it is in the best interests of patient care to do so.

Upon transmittal to OEMS of the recommendation of the appropriate regional council, along with reasons in support of said recommendation, that withdrawal of a PSAR assignment is appropriate, OEMS shall institute proceedings pursuant to C.G.S. Sec. 19a-177 through Sec. 19a-182, inclusive, and the applicable regulations of the department of health services promulgated thereunder. The regional council and the designated primary service area responder shall be permitted to present evidence and arguments to the commissioner in support of their respective positions. Upon consideration of the council recommendation and any other evidence or argument presented, the commissioner shall make a decision, in writing, whether to withdraw the assignment. If an assignment is withdrawn, OEMS shall at the same time assign the PSAR responsibility to another provider. The commissioner may initiate such proceedings without being requested to do so by the council, but shall notify the council of its intent.

(e) Where the chief administrative official of the municipality in which the PSA lies can demonstrate to the commissioner that an emergency exists and that the safety, health and welfare of the citizens of the affected area are jeopardized by the performance of the assigned primary service area responder, that chief administrative official may petition the commissioner in writing, to suspend the assignment immediately. In such cases, the chief administrative official shall develop a plan acceptable to the commissioner for the alternative provision of primary service area responder responsibilities. Upon a finding that an emergency exists and that the safety, health, and welfare of the citizens of the affected area are jeopardized by the performance of the assigned primary service area responder, the commissioner may suspend the assignment immediately and order a plan for alternative provision of emergency medical services, pending prompt compliance with the requirements of the subsection (d) above. (Effective June 14, 1988.)



## ***PUBLIC HEALTH COMMITTEE***

March 14, 2013

The Connecticut Conference of Municipalities (CCM) is Connecticut's statewide association of towns and cities and the voice of local government - your partners in governing Connecticut. Our members represent over 92% of Connecticut's population. We appreciate the opportunity to testify on bills of interest to towns and cities.

### **CCM supports House Bill 6518 "*An Act Concerning Emergency Medical Services*"**

HB 6518 would allow a municipality the authority to select the primary service area responder for ambulance transportation. Furthermore the bill would allow a municipality the right to review and terminate a contract, and remove a responder based on an allegation that an emergency exists and that the safety, health and welfare of their citizens are jeopardized by the responder's performance as determined by the local emergency medical services plan, associated agreements or contracts established by the municipality.

This bill would change the existing practice through which the Department of Public Health designates the ambulance service provider for each primary service area. This current practice limits municipal input into who is selected to provide that service, at what cost. Current law restricts the ability of towns and cities in terminating the service of designated ambulance provider.

As municipalities are continually being asked to do more with less, HB 6518 would grant local control in selecting an ambulance service provider. Allowing for competitive bidding process will give cities and towns the ability to evaluate and select the provider that best fills the needs of their town.

HB 6518 would give municipalities the ability to control the selection of a provider for an essential municipal service. Cities and towns have and will continue to put the needs of their citizens first and have done so through the services they currently provide, fire, police and schools. It seems odd that we would not entrust them with the authority to choose who provides their ambulance service or the right to cancel the contract of a company that fails to provide this essential service.

While CCM urges the committee to support and favorably report HB 6518

★ ★ ★ ★ ★

If you have any questions, please contact M. Randall Collins Jr., Senior Legislative Associate for CCM via email [rcollins@ccm-ct.org](mailto:rcollins@ccm-ct.org) or via phone (203) 498-3000.

Public Health Committee, public hearing, March 15, 2013  
**Raised Bill No. 6518, An Act Concerning Emergency Medical Services**

Testimony from

Carin M. Van Gelder, MD FACEP FAAEM  
38 Jonathan Lane  
Storrs-Mansfield CT 06268  
cell 206.627.7414  
vangelder.ems@gmail.com

Madame Chair Johnson, Madame Chair Gerratana, and members of the Committee,

My name is Carin Van Gelder.

I am board certified in Emergency Medicine and one of a handful of physicians in Connecticut who has completed fellowship training in EMS (out-of-hospital medicine, or emergency medical services).

I am providing testimony **OPPOSING** bill #6518, An Act Concerning Emergency Medical Services, on behalf of the Connecticut chapter of the American College of Emergency Physicians (CCEP) and the Connecticut EMS Medical Advisory Committee.

Provision of EMS care is complex, and requires multiple stakeholders to have presence, experience, and involvement. EMS is a medical specialty which necessarily finds its structure within legislation. This bill dramatically erases our ability to continue making progress; we have improved over the years and, in the last 6 -12 months, this improvement has been close to logarithmic.

Connecticut has slowly but surely moved towards national standards regarding education and training of field EMS providers; this includes Emergency Medical Dispatch (EMD) personnel. Regulations have been reviewed (and reviewed, and reviewed); membership to state and regional boards and committees regarding EMS has been scrutinized and, when necessary, updated. I have personally participated in all of these processes.

It is important to recognize other states' progress in structure, when evaluating our own. Connecticut is lucky to have had two NHTSA Technical Assistance Team Assessments; the last was in 2000. Recommendations made are attached as additional testimony. Clearly, there is a need for more, not less, structure with quality standards and national models in place. Regardless, a mechanism already exists for municipalities to petition for removal of a PSAR. As far as I know this option has not been exercised.

My experience includes

- involvement as committee chair at National Association of EMS Physicians,

- working group participation establishing EMS as a board-eligible medical subspecialty per ABMS (American Board of Medical Specialties), and
- publishing multiple research articles, cases and chapters on issues that pertain directly to medical direction of EMS, including the only article on Connecticut EMS within the medical literature.
- *There are many others in the state, who are qualified to speak and act towards the high standard of care that our patients and providers deserve. Please consider other options to address concerns constituents and legislators may have. Oppose bill #6518. Our organizations will gladly work towards further improvements and communications.*

Thank you for listening to testimony on this important topic.

Carin M. Van Gelder, MD

NHTSA 2000 Document  
State of Connecticut: Reassessment of Emergency Medical Services  
Recommendations

*(cut and pasted – please refer to entire document for Standards, Progress, and Status in addition to these final Recommendations.)*

This 2000 document used the “1997 Reassessment Standards” as a basis for Recommendations.

A. Regulation and Policy  
**Recommendations**

The DPH should:

- ◆ **Assure stable, ongoing funding for OEMS to carry out its mission and implement its programs;**
- ◆ Complete the implementation of the regulatory work currently in progress;
- ◆ Review, revise and implement the State EMS Plan;
- ◆ **Ensure that the OEMS Director reports directly to the Office of the Commissioner;**
- ◆ **Eliminate the rate setting and CON requirements for EMS in law and regulation;**
- ◆ Ensure that appropriate standards of quality are in place prior to issuing organization licenses or PSAs.

B. Resource Management  
**Recommendations**

The DPH should:

- ◆ **Review, revise and implement the statewide EMS plan in light of recent legislative changes and a new Office of EMS structure within the Department of Public Health;**
- ◆ Continue integration of EMS within the public health system. Assure preservation of the traditional role of EMS for emergency response, and acknowledge its evolving role in community health improvement;
- ◆ **Complete planned initiatives to develop a comprehensive statewide EMS data system capable of supporting planning, management and evaluation;**
- ◆ **Eliminate the Certificate of Need and rate setting processes for EMS. As**

**part of this change, develop quality standards for the licensing of services;**

- ◆ Promote regionalization at all levels of the EMS system to reduce duplication and increase operating efficiencies;
- ◆ Partner at the Department level with the Governor's Highway Safety Office, the CT Hospital Association and other agencies to facilitate progress in areas of mutual interest or concern.

#### C. Human Resources and Training

##### **Recommendations**

The DPH should:

- ◆ **Standardize training for all levels of providers based on National Standard Curricula;**
- ◆ **Implement educational program accreditation to improve the quality of course offerings;**
- ◆ **Implement national level testing for all levels of certification and licensure;**
- ◆ **Identify actual personnel and training needs. Establish plans to ensure an adequate EMS workforce;**
- ◆ **Ensure physician medical direction at all levels of education and training;**
- ◆ **Strengthen the methods of verifying and monitoring the quality of instruction;**
- ◆ **Implement the Emergency Medical Dispatch program initiative statewide.**

D. Transportation

**Recommendations**

The DPH should:

- ◆ Proceed with implementation of the statewide EMD program;
- ◆ **Encourage all ambulance services to bill for services;**
- ◆ Promote regionalization of transport services to reduce duplication and increase operating efficiency;
- ◆ **Develop and implement Critical Care Transport Standards;**
- ◆ **Investigate alternatives to the requirement to transport all patients to a hospital.**

E. Facilities

**Recommendations**

The DPH should:

- ◆ **Clearly define capabilities and commitment of all acute care facilities, including satellites, for all types of patients initially presenting to prehospital providers so that appropriate destination points can be determined;**
- ◆ Clearly define the capabilities and commitment of all facilities offering rehab services so that optimal post-acute care can be ensured;
- ◆ **Develop triage and destination policies for all types of patients (both from the scene and interhospital) particularly those with critical care needs and/or needing other special resources. These policies should be implemented in a timely fashion along with a system for monitoring and improving performance and outcome;**
- ◆ Implement a statewide EDAP recognition process;
- ◆ **Establish consistent statewide hospital diversion policies;**

## F. Communications

### Recommendations

The DPH should:

- ◆ **Develop a state communications plan including the identification of funding resources to update or replace the existing UHF radio system;**
- ◆ **Promote the consolidation of PSAPs as part of a broad effort to decrease costs while improving the efficiency and quality of services through regionalization;**
- ◆ **Promote and facilitate the implementation of EMD with medical direction as required in legislation.**

## G. Public Information, Education, and Prevention

### Recommendations

The DPH should:

- ◆ **Strengthen the partnerships that promote PI & E activities through formal coalition building with other agencies with mutual interests in injury prevention and wellness;**
- ◆ **Develop a PI & E plan to include activities, responsible parties, budget lines and funding sources with an evaluation of outcomes;**
- ◆ **Develop local EMS System capacity for PI & E activities through the continued use of the NHTSA PIER training program;**
- ◆ **Support "Safe Communities" programs in conjunction with the Division of Highway Safety and other key stakeholders;**
- ◆ **As EMS Data becomes available, use it to establish injury prevention, wellness and PI & E intervention program initiatives.**

## H. Medical Direction

**Recommendations**

The DPH should:

- ◆ **Require that medical direction be provided for all levels of prehospital personnel and agencies regardless of whether they are providing basic or advanced level care. This applies to both educational and clinical care activities;**
- ◆ **Establish a legislated mechanism for limited liability protection for those individuals providing medical direction consistent with the limited liability protection available for EMS personnel;**
- ◆ **Enhance the regulations regarding the roles, responsibilities and authority for the medical director, including activities such as credentialing, quality improvement, withholding medical oversight, and due process;**
- ◆ **Develop a consistent, formalized training process for physicians and non-physicians involved in medical oversight. This training may include training programs and reference handbooks;**
- ◆ **Establish statewide protocols for all levels of prehospital providers;**
- ◆ **Consistent with position statements of the American College of Emergency Physicians (ACEP) and the National Association of EMS Physicians (NAEMSP), as new state, regional and local EMS medical directors are identified, it is desirable that they board certified emergency physicians with special interest in EMS.**

## I. Trauma Systems

### Recommendations

The DPH should:

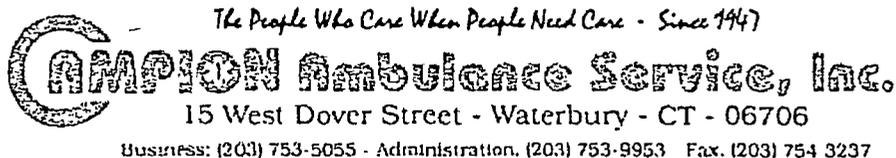
- ◆ **Expediently resolve trauma registry issues related to:**
  - ownership,
  - content (elements/software),
  - dedicated funding,
  - maintenance,
  - users,
  - local/regional flexibility for collection and analysis,
  - integration with other data systems,
  - QI of the registry (completeness/accuracy),
  - training of trauma registrars,
  - dissemination of information;
- ◆ Define the role of satellite facilities and institutions offering rehab services;
- ◆ Assure legislative protection for the confidentiality and non-discoverability of all data and the QI process;
- ◆ Identify and secure dedicated funding to support trauma systems improvement;
- ◆ Support replication of the preventable death study after further implementation of the trauma system;
- ◆ Request an ACS Trauma System Evaluation after implementation of the recommendations.

## J. Evaluation

### Recommendations

The DPH should:

- ◆ Define the desired outcome and output of the evaluation process;
- ◆ Phase in implementation of an EMS system evaluation plan based on identified priorities;
- ◆ Establish the time line and identified budget for implementation of all of the components of the evaluation plan in more detail;
- ◆ Within the Office of EMS, identify an EMS information specialist (e.g., data czar) with responsibility for overall coordination of the evaluation program;
- ◆ Provide protection from discoverability for peer review EMS quality improvement information.



Testimony of William Campion President, CEO of Campion Ambulance Service Inc.

IN OPPOSITION TO

HB 6518 An Act Concerning Emergency Medical Services

Senator Gerratana and Representative Johnson and esteemed members of the Public Health Committee, my name is William Campion and I am President and CEO of Campion Ambulance Service Inc. headquartered in Waterbury and serving the city of Torrington and the Towns of Cheshire and Prospect. I am here today to testify in strong opposition to House Bill 6518 an Act Concerning Emergency Medical Services.

The system of Emergency Medical Services in Connecticut is an intricate well balanced and interconnected system composed of not for profit, municipal based, hospital based and private for profit service providers. The stability, quality of service, accountability and cost effectiveness of the system is based upon three (3) primary principles:

Primary Service Area Assignment

Certificate of Need Determination

Regulation of Rates for Service

The changes proposed by HB6518 I would most voice opposition to are those that would allow a municipality to unilaterally change the assignment of a Primary Service Area. The current process for change in the assignment of a Primary Service Area is competently handled by the Department of Public Health after a detailed analysis of facts and completion of a public administrative hearing. This process allows for the consideration of all community stakeholders and most importantly allows the assigned service area provider due process. More importantly any decision concluded from this process can be arrived at without undue political influence and can be made based upon objective analysis of evidence presented during the hearing process.

The quality provision of Emergency Medical Services requires a considerable financial investment in resources and infrastructure. Likewise any advancement in medical practice or procedures require investments in training and in equipment each having its' own financial implication. My organization has over the past ten (10) years made several hundreds of thousands of dollars of taxable investment in equipment, infrastructure, personal property and procurement of goods and services as a commitment to the communities which we serve. A primary factor in making these decisions is the basic principle which provides a reasonable assurance, free from any extraneous political influence, that we will continue to be allowed to provide service within the communities in which we have invested.

*Waterbury*

*Torrington*

*Cheshire*

Additionally House Bill 6518 would propose to eliminate the certificate of need process. The certificate of need process is one of the primary stabilizing principles in the delivery of Emergency Medical Services within our state. The current process as handled by the Department of Public Health assures a comprehensive integrated system for the provision of Emergency Medical Services throughout the State of Connecticut which is based upon the objective evaluation of need. This evaluation assures the continuation and viability of a system that is both economically viable and sustainable. This process is critical to the long term viability of our current Emergency Medical Services system in Connecticut.

The process of rate setting as currently exists in our state provides for protection of both the consumer as well as the provider of Emergency Medical Services. The Department of Public Health does promulgate a system which evaluates in a transparent fashion the balance of cost effectiveness for the consumer and economic viability and sustainability for the provider of service. This process is a critical component in maintaining the stability of our system here in Connecticut.

In conclusion I stand in firm opposition to HB 6518 and respectfully ask the Public Health Committee to oppose its' passage.

Respectfully,

William T. Campion



State of Connecticut  
 HOUSE OF REPRESENTATIVES  
 STATE CAPITOL  
 HARTFORD, CONNECTICUT 06106-1591

REPRESENTATIVE MIKE DEMICCO  
 TWENTY-FIRST ASSEMBLY DISTRICT

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MEMBER  
 EDUCATION COMMITTEE  
 INTERNSHIP COMMITTEE  
 PUBLIC HEALTH COMMITTEE  
 EXECUTIVE & LEGISLATIVE NOMINATIONS COMMITTEE

March 15, 2013

**Testimony to the Public Health Committee**  
**House Bill 6518: An Act Concerning Emergency Medical Services**

Senator Gerratana, Representative Johnson, distinguished members of the Public Health Committee. My name is Mike Demicco, Representative of the 21<sup>st</sup> district, Farmington and Unionville.

I am submitting testimony regarding HB 6518 (specifically lines 318-337) which references primary service areas for ambulances. This section of the bill would allow a municipality to evaluate the need for ambulance transport within its community and to periodically make changes that may improve the level of service or may be more economical.

Currently, the procedure is as follows: a Primary Service Area Responder (PSA) for Ambulance Transport within a municipality is assigned by the Department of Public Health, which can only be changed if the company decides to surrender the PSA, or if the Department of Public Health determines it is in the best interest of patient care to reassign the PSA to another provider.

The proposed bill would give municipalities the discretion of going out to bid for a new ambulance service provider, or to provide this service themselves.

Municipalities routinely go out to bid for proposals to determine the best way to provide a variety of services as a matter of best practices. Ambulance Transport Service should be no exception.

I urge your support for HB 6518.

Thank you.



# Association of Connecticut Ambulance Providers

Aetna Ambulance -- Ambulance Service of Manchester -- American Ambulance Service  
Campion Ambulance Service -- Hunter's Ambulance Service

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**Testimony of  
David D. Lowell, President  
Association of Connecticut Ambulance Providers**

**Public Health Committee**

**Friday, March 15, 2013**

Senator Gerratana, Representative Johnson and distinguished members of the Public Health Committee.

My name is David Lowell. I am President of the Association of Connecticut Ambulance Providers. Our association members provide ambulance medical transports for approximately 200,000 patients on an annual basis and serve 45 towns in Connecticut. This is done with a network of 128 ambulances and dedicated staff of over 900 including highly trained first responders.

**I am here today to speak in opposition to Raised Bill No. 6518, An Act concerning Emergency Medical Services.**

Connecticut's Emergency Medical Services System is a balanced network of volunteer, municipal, private and not-for-profit service providers (see attached map). The system was developed in the 1970's to provide structure and set quality standards for the delivery of emergency medical care and transportation. The system has the integrity of high quality care and vehicle and equipment safety accountability through statute and regulation with the integrity of three key related and essential components:

- Certificate of Need Process.
- Rate Setting and Regulations.
- Primary Service Area Assignments.

Raised Bill No. 6518 proposes to destroy this system by eliminating or significantly changing the following critical elements:

1. We are opposed to the proposed elimination of the current Primary Service Area Responder (PSAR) Assignments and reissuing such assignment authority to each individual municipality.

**This would inappropriately destabilize emergency medical service coverage and response across the state by politicizing primary emergency medical services in each of our cities and towns. There are provisions provided for within statute and regulation that call for the development of community EMS plans that involve the participation of all stakeholders in the community (19a-181b). This provides the community and emergency service leaders the opportunity to work collaboratively to assess the needs of the community, the mutual aid needs for contiguous communities and within the region and state and design plans that address those needs.**

2. We are opposed to the proposed modifications to the rate setting process.

**The current rate setting process provides for a level of transparency that is important to providers and consumers alike. There has been a modification to the process which provides a more "streamlined" short-form version. The more detailed long-form version is available if an individual provider feels they require an increase in their private rates greater than the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics, USDOL.**

3. We are opposed to the proposed elimination of the Connecticut EMS Advisory Board.

**The purpose of the EMS advisory board is appropriate. While the current makeup of the 46 member board may be unwieldy, its [the board's] statutory responsibility (19a-178a.) engages a cross-section of EMS stakeholders who are charged with evaluating a state-wide systems approach to the delivery of emergency medical care and making recommendation to the legislative and administrative branches on regulatory and statutory issues.**

4. We are opposed to the proposed elimination of the Connecticut Emergency Medical Services Medical Advisory Committee.

**This is a standing committee of the EMS Advisory Board with the charge of providing advice on the medical aspects of the Advisory Board's projects. This is an important component of state-wide continuity of the delivery of high quality emergency medical care.**

5. We are opposed to the Proposed elimination of the role of the regional emergency medical services council, the regional emergency medical services coordinator and the regional emergency medical services advisory committee in the process of the development of local emergency medical services plans in each municipality.

Connecticut is divided into five (5) EMS regions. Each region has a coordinator located within the department of public health. The coordinators serve an important role as a resource for the services within their region. Each Region has a regional council which serves as an additional communication link between services (19a-182, 183, 184, 185, 186, 186a). Distribution of EMS planning from the state through the regional councils to each community/provider, is a logical pathway for communication, development and support which promotes continuity of preparation, availability of resources, delivery of care, of levels of response. This pathway of communications and the planning and development resources that are available are very important components of a state-wide systems approach to ensuring a coordinated delivery of high quality emergency medical response, patient care, and transport.

6. We are opposed to the proposed elimination of the "Commissioner" as the agent of review of the allegation of poor performance by an assigned primary service area responder. Appointment of the "Municipality" as the sole agent of review and determinant of removal of a primary service area responder.

If a community has concerns over the level or quality of care being provided, there is a process defined in statute and regulation to have the DPH Commissioner review the concerns and mitigate if necessary (19a-181c & d). This process provides for a non-biased review to standards of care, and response and is an important component in quality assurance while maintaining a statewide quality of care perspective and reduces or eliminates individual service or community agendas from clouding an objective review.

In summary, the delivery of high quality and coordinated emergency medical response, care and transport is essential in our state. The current statutes and regulations provide the basis for stability, quality and fiscal responsibility.

**We urge you to not pass this bill as it will significantly undermine this stability of the emergency medical services system in the state.**

The members of our association are available to answer any questions and work proactively on systems enhancements as necessary.

Respectfully Submitted,



David D. Lowell  
President

