



General Assembly

February Session, 2000

Amendment

LCO No. 4234

Offered by:

REP. MCGRATTAN, 42nd Dist.

REP. EBERLE, 15th Dist.

To: Subst. House Bill No. 5287

File No. 236

Cal. No. 220

***"An Act Concerning Emergency Medical Services Data
Collection And Emergency Medical Dispatch."***

1 Strike out everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. Section 19a-175 of the general statutes is repealed and the
4 following is substituted in lieu thereof:

5 As used in this chapter and sections 9 to 12, inclusive, of this act,
6 unless the context otherwise requires:

7 (1) "Emergency medical service system" means a system which
8 provides for the arrangement of personnel, facilities and equipment for
9 the efficient, effective and coordinated delivery of health care services
10 under emergency conditions;

11 (2) "Patient" means an injured, ill, crippled or physically
12 handicapped person requiring assistance and transportation;

13 (3) "Ambulance" means a motor vehicle specifically designed to

14 carry patients;

15 (4) "Ambulance service" means an organization which transports
16 patients;

17 (5) "Emergency medical technician" means an individual who has
18 successfully completed the training requirements established by the
19 [Commissioner of Public Health] commissioner and has been certified
20 by the Department of Public Health;

21 (6) "Ambulance driver" means a person whose primary function is
22 driving an ambulance;

23 (7) "Emergency medical technician instructor" means a person who
24 is certified by the Department of Public Health to teach courses, the
25 completion of which is required in order to become an emergency
26 medical technician;

27 (8) "Communications facility" means any facility housing the
28 personnel and equipment for handling the emergency communications
29 needs of a particular geographic area;

30 (9) "Life saving equipment" means equipment used by emergency
31 medical personnel for the stabilization and treatment of patients;

32 (10) "Emergency medical service organization" means any
33 organization whether public, private or voluntary which offers
34 transportation or treatment services to patients under emergency
35 conditions;

36 (11) "Invalid coach" means a vehicle used exclusively for the
37 transportation of nonambulatory patients, who are not confined to
38 stretchers, to or from either a medical facility or the patient's home in
39 nonemergency situations or utilized in emergency situations as a
40 backup vehicle when insufficient emergency vehicles exist;

41 (12) "Rescue service" means any organization, whether profit or
42 nonprofit, whose primary purpose is to search for persons who have

43 become lost or to render emergency service to persons who are in
44 dangerous or perilous circumstances;

45 (13) "Provider" means any person, corporation or organization,
46 whether profit or nonprofit, whose primary purpose is to deliver
47 medical care or services, including such related medical care services
48 as ambulance transportation;

49 (14) "Commissioner" means the Commissioner of Public Health;

50 (15) "Paramedic" means a person licensed pursuant to section 20-
51 206ll;

52 (16) "Commercial ambulance service" means an ambulance service
53 which primarily operates for profit;

54 (17) "Licensed ambulance service" means a commercial ambulance
55 service or a volunteer or municipal ambulance service issued a license
56 by the commissioner;

57 (18) ["Certified ambulance services"] "Certified ambulance service"
58 means a municipal or volunteer ambulance service issued a certificate
59 by the commissioner;

60 (19) "Management service" means an organization which provides
61 emergency medical technicians or paramedics to any entity including
62 an ambulance service but does not include a commercial ambulance
63 service or a volunteer or municipal ambulance service; [and]

64 (20) "Automatic external defibrillator" means a device that: (A) Is
65 used to administer an electric shock through the chest wall to the heart;
66 (B) contains internal decision-making electronics, microcomputers or
67 special software that allows it to interpret physiologic signals, make
68 medical diagnosis and, if necessary, apply therapy; (C) guides the user
69 through the process of using the device by audible or visual prompts;
70 and (D) does not require the user to employ any discretion or
71 judgment in its use;

72 (21) "Mutual aid call" means a call for emergency medical services
73 that, pursuant to the terms of a written agreement, is responded to by a
74 secondary or alternate emergency medical services provider if the
75 primary or designated emergency medical services provider is unable
76 to respond because such primary or designated provider is responding
77 to another call for emergency medical services or the ambulance or
78 nontransport emergency vehicle operated by such primary or
79 designated provider is out of service. For purposes of this subdivision,
80 "nontransport emergency vehicle" means a vehicle used by emergency
81 medical technicians or paramedics in responding to emergency calls
82 that is not used to carry patients;

83 (22) "Municipality" means the legislative body of a municipality or
84 the board of selectmen in the case of a municipality in which the
85 legislative body is a town meeting;

86 (23) "Primary service area" means a specific geographic area to
87 which one designated emergency medical services provider is
88 assigned for each category of emergency medical response services;
89 and

90 (24) "Primary service area responder" means an emergency medical
91 services provider who is designated to respond to a victim of sudden
92 illness or injury in a primary service area.

93 Sec. 2. Section 19a-177 of the general statutes is repealed and the
94 following is substituted in lieu thereof:

95 The commissioner shall:

96 (1) With the advice of the Office of Emergency Medical Services
97 established pursuant to section 19a-178, as amended by this act, and of
98 an advisory committee on emergency medical services and with the
99 benefit of meetings held pursuant to subsection (b) of section 19a-184,
100 adopt every five years a state-wide plan for the coordinated delivery of
101 emergency medical services;

102 (2) License or certify the following: (A) Ambulance operations,
103 ambulance drivers, emergency medical technicians and
104 communications personnel; (B) emergency room facilities and
105 communications facilities; and (C) transportation equipment, including
106 land, sea and air vehicles used for transportation of patients to
107 emergency facilities and periodically inspect life saving equipment,
108 emergency facilities and emergency transportation vehicles to insure
109 that state standards are maintained;

110 (3) Annually inventory emergency medical services resources
111 within the state, including facilities, equipment, and personnel, for the
112 purposes of determining the need for additional services and the
113 effectiveness of existing services;

114 (4) Review and evaluate all area-wide plans developed by the
115 emergency medical services councils pursuant to section 19a-182 in
116 order to insure conformity with standards issued by [said] the
117 commissioner;

118 (5) Within thirty days of their receipt, review all grant and contract
119 applications for federal or state funds concerning emergency medical
120 services or related activities for conformity to policy guidelines and
121 forward such application to the appropriate agency, when required;

122 (6) Establish such minimum standards and adopt such regulations
123 in accordance with the provisions of chapter 54, as may be necessary to
124 develop the following components of an emergency medical service
125 system: (A) Communications, which shall include, but not be limited
126 to, equipment, radio frequencies and operational procedures; (B)
127 transportation services, which shall include, but not be limited to,
128 vehicle type, design, condition and maintenance, life saving equipment
129 and operational procedure; (C) training, which shall include, but not
130 be limited to, emergency medical technicians, communications
131 personnel, paraprofessionals associated with emergency medical
132 services, firefighters and state and local police; and (D) emergency
133 medical service facilities, which shall include, but not be limited to,

134 categorization of emergency departments as to their treatment
135 capabilities and ancillary services;

136 (7) Coordinate training of all personnel related to emergency
137 medical services;

138 (8) [Develop] (A) Not later than October 1, 2001, develop or cause to
139 be developed a data collection system [which shall include a method of
140 uniform patient record keeping which] that will follow a patient from
141 initial entry into the emergency medical service system through
142 [discharge from] arrival at the emergency room. The commissioner
143 shall, on a quarterly basis, collect the following information from each
144 licensed ambulance service or certified ambulance service that
145 provides emergency medical services: (i) The total number of calls for
146 emergency medical services received by such licensed ambulance
147 service or certified ambulance service through the 9-1-1 system during
148 the reporting period; (ii) each level of emergency medical services, as
149 defined in regulations adopted pursuant to section 19a-179, as
150 amended by this act, required for each such call; (iii) the response time
151 for each licensed ambulance service or certified ambulance service
152 during the reporting period; (iv) the number of passed calls, cancelled
153 calls and mutual aid calls during the reporting period; and (v) for the
154 reporting period, the prehospital data for the nonscheduled transport
155 of patients required by regulations adopted pursuant to subdivision
156 (6) of this section. The information required under this subdivision
157 may be submitted in any written or electronic form selected by such
158 licensed ambulance service or certified ambulance service and
159 approved by the commissioner, provided the commissioner shall take
160 into consideration the needs of such licensed ambulance service or
161 certified ambulance service in approving such written or electronic
162 form. The commissioner may conduct an audit of any such licensed
163 ambulance service or certified ambulance service as the commissioner
164 deems necessary in order to verify the accuracy of such reported
165 information.

166 (B) The commissioner shall prepare a report that shall include, but

167 not be limited to, the following information: (i) The total number of
168 calls for emergency medical services received during the reporting
169 year by each licensed ambulance service or certified ambulance
170 service; (ii) the level of emergency medical services required for each
171 such call; (iii) the name of the provider of each such level of emergency
172 medical services furnished during the reporting year; (iv) the response
173 time, by time ranges or fractile response times, for each licensed
174 ambulance service or certified ambulance service, using a common
175 definition of response time, as provided in regulations adopted
176 pursuant to section 19a-179, as amended by this act; and (v) the
177 number of passed calls, cancelled calls and mutual aid calls during the
178 reporting year. The commissioner shall prepare such report in a format
179 that categorizes such information for each municipality in which the
180 emergency medical services were provided, with each such
181 municipality grouped according to urban, suburban and rural
182 classifications. Not later than March 31, 2002, and annually thereafter,
183 the commissioner shall submit such report to the joint standing
184 committee of the General Assembly having cognizance of matters
185 relating to public health, shall make such report available to the public
186 and shall post such report on the Department of Public Health web site
187 on the Internet.

188 (C) If any licensed ambulance service or certified ambulance service
189 does not submit the information required under subparagraph (A) of
190 this subdivision for a period of six consecutive months, or if the
191 commissioner believes that such licensed ambulance service or
192 certified ambulance service knowingly or intentionally submitted
193 incomplete or false information, the commissioner shall issue a written
194 order directing such licensed ambulance service or certified ambulance
195 service to comply with the provisions of subparagraph (A) of this
196 subdivision and submit all missing information or such corrected
197 information as the commissioner may require. If such licensed
198 ambulance service or certified ambulance service fails to fully comply
199 with such order not later than three months from the date such order is
200 issued, the commissioner (1) shall conduct a hearing, in accordance

201 with chapter 54, at which such licensed ambulance service or certified
202 ambulance service shall be required to show cause why the primary
203 service area assignment of such licensed ambulance service or certified
204 ambulance service should not be revoked, and (2) may take such
205 disciplinary action under section 19a-17 as the commissioner deems
206 appropriate.

207 (D) On and after October 1, 2006, the commissioner shall collect the
208 information required by subparagraph (A) of this subdivision, in the
209 manner provided in said subparagraph, from each person or
210 emergency medical service organization licensed or certified under
211 section 19a-180, as amended by this act, that provides emergency
212 medical services. On and after October 1, 2006, such information shall
213 be included in the annual report prepared by the commissioner in
214 accordance with subparagraph (B) of this subdivision and such person
215 or emergency medical service organization shall be subject to the
216 provisions of subparagraph (C) of this subdivision; [and]

217 (9) (A) Establish rates for the conveyance of patients by licensed
218 ambulance services and invalid coaches and establish [an] emergency
219 service [rate] rates for certified ambulance services, provided the
220 present rates established [by the Public Utilities Commission] for such
221 services and vehicles shall remain in effect until such time as the
222 commissioner establishes a new rate schedule as provided [herein,] in
223 this subdivision; and (B) adopt regulations, in accordance with the
224 provisions of chapter 54, establishing methods for setting rates and
225 conditions for charging such rates. Such regulations shall include, but
226 not be limited to, provisions requiring that on and after July 1, 2000: (i)
227 Requests for rate increases may be filed no more frequently than once
228 a year; (ii) only licensed ambulance services and certified ambulance
229 services that apply for a rate increase and do not accept the maximum
230 allowable rates contained in any voluntary state-wide rate schedule
231 established by the commissioner for the rate application year shall be
232 required to file detailed financial information with the commissioner;
233 (iii) licensed ambulance services and certified ambulance services that
234 do not apply for a rate increase in any year or that accept the

235 maximum allowable rates contained in any voluntary state-wide rate
236 schedule established by the commissioner for the rate application year
237 shall, not later than July fifteenth of such year, file with the
238 commissioner either an audited financial statement or an accountant's
239 review report pertaining to the most recently completed fiscal year of
240 the licensed ambulance service or certified ambulance service,
241 including total revenue and total expenses, a statement of emergency
242 and nonemergency call volume, and, in the case of a licensed
243 ambulance service or certified ambulance service that is not applying
244 for a rate increase, a written declaration by such licensed ambulance
245 service or certified ambulance service that no change in its currently
246 approved maximum allowable rates will occur for the rate application
247 year; and (iv) detailed financial and operational information filed by
248 licensed ambulance services and certified ambulance services to
249 support a request for a rate increase shall cover the time period
250 pertaining to the most recently completed fiscal year and the rate
251 application year of the licensed ambulance service or certified
252 ambulance service;

253 (10) Research, develop, track and report on appropriate quantifiable
254 outcome measures for the state's emergency medical services system
255 and submit to the joint standing committee of the General Assembly
256 having cognizance of matters relating to public health, in accordance
257 with the provisions of section 11-4a, on or before July 1, 2002, and
258 annually thereafter, a report on the progress toward the development
259 of such outcome measures and, after such outcome measures are
260 developed, an analysis of emergency medical services system
261 outcomes;

262 (11) Establish primary service areas and assign in writing a primary
263 service area responder for each primary service area; and

264 (12) Revoke primary services area assignments upon determination
265 by the commissioner that it is in the best interests of patient care to do
266 so.

267 Sec. 3. Section 19a-178 of the general statutes is amended by adding
268 subsection (c) as follows:

269 (NEW) (c) Not later than July 1, 2001, the Office of Emergency
270 Medical Services shall, with the advice of the Emergency Medical
271 Services Advisory Board established pursuant to section 19a-178a and
272 the regional emergency medical services councils established pursuant
273 to section 19a-183, develop model local emergency medical services
274 plans and performance agreements to guide municipalities in the
275 development of such plans and agreements. In developing the model
276 plans and agreements, the office shall take into account (1) the
277 differences in the delivery of emergency medical services in urban,
278 suburban and rural settings, (2) the state-wide plan for the coordinated
279 delivery of emergency medical services adopted pursuant to
280 subdivision (1) of section 19a-177, as amended by this act, and (3)
281 guidelines or standards and contracts or written agreements in use by
282 municipalities of similar population and characteristics.

283 Sec. 4. Section 19a-179 of the general statutes is repealed and the
284 following is substituted in lieu thereof:

285 The [Commissioner of Public Health] commissioner shall adopt
286 regulations, in accordance with chapter 54, concerning the methods
287 and conditions for licensure and certification of the operations,
288 facilities and equipment enumerated in section 19a-177, as amended by
289 this act, and regulations regarding complaint procedures for the public
290 and any emergency medical service organization. Such regulations
291 shall be [adopted in accordance with the provisions of chapter 54 and
292 shall be] in conformity with the policies and standards established by
293 the commissioner. Such regulations shall require that, as an express
294 condition of the purchase of any business holding a primary service
295 area, the purchaser shall agree to abide by any performance standards
296 to which the purchased business was obligated pursuant to its
297 agreement with the municipality.

298 Sec. 5. Section 19a-180 of the general statutes is repealed and the

299 following is substituted in lieu thereof:

300 (a) No person shall operate any ambulance service, rescue service or
301 management service without either a license or a certificate issued by
302 the [Commissioner of Public Health] commissioner. No person shall
303 operate a commercial ambulance service or commercial rescue service
304 or a management service without a license issued by the
305 commissioner. A certificate shall be issued to any volunteer or
306 municipal ambulance service which shows proof satisfactory to the
307 commissioner that it meets the minimum standards of the
308 commissioner in the areas of training, equipment and personnel.
309 Applicants for a license shall use the forms prescribed by the
310 commissioner and shall submit such application to the commissioner
311 accompanied by an annual fee of one hundred dollars. In considering
312 requests for approval of permits for new or expanded emergency
313 medical services in any region, the commissioner shall consult with the
314 Office of Emergency Medical Services and the emergency medical
315 services council of such region and shall hold a public hearing to
316 determine the necessity for such services. Written notice of such
317 hearing shall be given to current providers in the geographic region
318 where such new or expanded services would be implemented,
319 provided, [that] any volunteer ambulance service which elects not to
320 levy charges for services rendered under this chapter shall be exempt
321 from the provisions concerning requests for approval of permits for
322 new or expanded emergency medical services [,] set forth [above] in
323 this subsection. Each applicant for licensure shall furnish proof of
324 financial responsibility which the commissioner deems sufficient to
325 satisfy any claim. The commissioner may adopt regulations, in
326 accordance with the provisions of chapter 54, to establish satisfactory
327 kinds of coverage and limits of insurance for each applicant for either
328 licensure or certification. Until such regulations are adopted, the
329 following shall be the required limits for licensure: (1) For damages by
330 reason of personal injury to, or the death of, one person on account of
331 any accident, at least five hundred thousand dollars, and more than
332 one person on account of any accident, at least one million dollars, (2)

333 for damage to property at least fifty thousand dollars, and (3) for
334 malpractice in the care of one passenger at least two hundred fifty
335 thousand dollars, and for more than one passenger at least five
336 hundred thousand dollars. In lieu of the [foregoing] limits set forth in
337 subdivisions (1) to (3), inclusive, of this subsection, a single limit of
338 liability shall be allowed as follows: (A) For damages by reason of
339 personal injury to, or death of, one or more persons and damage to
340 property, at least one million dollars; and (B) for malpractice in the
341 care of one or more passengers, at least five hundred thousand dollars.
342 A certificate of such proof shall be filed with the commissioner. Upon
343 determination by the commissioner that an applicant is financially
344 responsible, properly certified and otherwise qualified to operate a
345 commercial ambulance service, the commissioner shall issue a license
346 effective for one year to such applicant. If the commissioner
347 determines that an applicant for either a certificate or license is not so
348 qualified, the commissioner shall notify such applicant of the denial of
349 [his] the application with a statement of the reasons for such denial.
350 Such applicant shall have thirty days to request a hearing on the denial
351 of [said] the application.

352 (b) Any person or emergency medical [services] service
353 organization which does not maintain standards or violates
354 regulations adopted under any section of this chapter applicable to
355 such person or organization may have [his or its] such person's or
356 organization's license or certification suspended or revoked or may be
357 subject to any other disciplinary action specified in section 19a-17 after
358 notice by certified mail to such person or organization of the facts or
359 conduct which warrant the intended action. Such person or emergency
360 medical [services] service organization shall have an opportunity to
361 show compliance with all requirements for the retention of such
362 certificate or license. In the conduct of any investigation by the
363 commissioner of alleged violations of the standards or regulations
364 adopted under the provisions of this chapter, the commissioner may
365 issue subpoenas requiring the attendance of witnesses and the
366 production by any medical [services] service organization or person of

367 reports, records, tapes or other documents which concern the
368 allegations under investigation. All records obtained by the
369 commissioner in connection with any such investigation shall not be
370 subject to the provisions of section 1-210, as amended, for a period of
371 six months from the date of the petition or other event initiating such
372 investigation, or until such time as the investigation is terminated
373 pursuant to a withdrawal or other informal disposition or until a
374 hearing is convened pursuant to chapter 54, whichever is earlier. A
375 complaint, as defined in subdivision (6) of section 19a-13, shall be
376 subject to the provisions of section 1-210, as amended, from the time
377 that it is served or mailed to the respondent. Records which are
378 otherwise public records shall not be deemed confidential merely
379 because they have been obtained in connection with an investigation
380 under this chapter.

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

385 (d) Any person guilty of any of the following acts shall be fined not
386 more than two hundred fifty dollars, or imprisoned not more than
387 three months, or be both fined and imprisoned: (1) In any application
388 to the commissioner or in any proceeding before or investigation made
389 by the commissioner, knowingly making any false statement or
390 representation, or, with knowledge of its falsity, filing or causing to be
391 filed any false statement or representation in a required application or
392 statement; (2) issuing, circulating or publishing or causing to be issued,
393 circulated or published any form of advertisement or circular for the
394 purpose of soliciting business which contains any statement that is
395 false or misleading, or otherwise likely to deceive a reader thereof,
396 with knowledge that it contains such false, misleading or deceptive
397 statement; (3) giving or offering to give anything of value to any
398 person for the purpose of promoting or securing ambulance or rescue
399 service business or obtaining favors relating thereto; (4) administering
400 or causing to be administered, while serving in the capacity of an

401 employee of any licensed ambulance or rescue service, any alcoholic
402 liquor to any patient in [his] such employee's care, except under the
403 supervision and direction of a licensed physician; (5) in any respect
404 wilfully violating or failing to comply with any provision of this
405 chapter or wilfully violating, failing, omitting or neglecting to obey or
406 comply with any regulation, order, decision or license, or any part or
407 provisions thereof; (6) with one or more other persons, conspiring to
408 violate any license or order issued by the commissioner or any
409 provision of this chapter.

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

415 Sec. 6. Subsection (c) of section 28-24 of the general statutes is
416 repealed and the following is substituted in lieu thereof:

417 (c) Within a time period determined by the commissioner to ensure
418 the availability of funds for the fiscal year beginning July 1, 1997, to the
419 regional public safety emergency telecommunications centers within
420 the state, and not later than April first of each year thereafter, the
421 commissioner shall determine the amount of funding needed for the
422 development and administration of the enhanced emergency 9-1-1
423 program. The commissioner shall specify the expenses associated with
424 (1) the purchase, installation and maintenance of new public safety
425 answering point terminal equipment, (2) the implementation of the
426 subsidy program, as described in subdivision (2) of subsection (a) of
427 this section, (3) the implementation of the transition grant program,
428 described in subdivision (2) of subsection (a) of this section, (4) the
429 implementation of the regional emergency telecommunications service
430 credit, as described in subdivision (2) of subsection (a) of this section,
431 provided, for the fiscal year ending June 30, 2001, and each fiscal year
432 thereafter, such credit for coordinated medical emergency direction
433 services as provided in regulations adopted under this section shall be

434 based upon the factor of fifteen cents per capita and shall not be
435 reduced each year, (5) the training of personnel, as necessary, (6)
436 recurring expenses and future capital costs associated with the
437 telecommunications network used to provide emergency 9-1-1 service,
438 [and] (7) for the fiscal year ending June 30, 2001, and each fiscal year
439 thereafter, the collection, maintenance and reporting of emergency
440 medical services data, as required under subparagraphs (A) and (B) of
441 subdivision (8) of section 19a-177, as amended by this act, provided the
442 amount of expenses specified under this subdivision shall not exceed
443 two hundred fifty thousand dollars in any fiscal year, (8) for the fiscal
444 year ending June 30, 2001, and each fiscal year thereafter, the initial
445 training of emergency medical dispatch personnel, the provision of an
446 emergency medical dispatch priority reference card set and emergency
447 medical dispatch training and continuing education pursuant to
448 subdivisions (3) and (4) of subsection (g) of section 28-25b, as amended
449 by this act, and (9) the administration of the enhanced emergency 9-1-1
450 program by the Office of State-Wide Emergency Telecommunications,
451 as the commissioner determines to be reasonably necessary. The
452 commissioner shall communicate [his] the commissioner's findings to
453 the [chairman] chairperson of the Public Utilities Control Authority
454 not later than April first of each year.

455 Sec. 7. Section 28-25 of the general statutes is amended by adding
456 subdivision (15) as follows:

457 (NEW) (15) "Emergency medical dispatch" means the management
458 of requests for emergency medical assistance by utilizing a system of
459 (A) tiered response or priority dispatching of emergency medical
460 resources based on the level of medical assistance needed by the
461 victim, and (B) prearrival first aid or other medical instructions given
462 by trained personnel who are responsible for receiving 9-1-1 calls and
463 directly dispatching emergency response services.

464 Sec. 8. Section 28-25b of the general statutes is repealed and the
465 following is substituted in lieu thereof:

466 (a) Each public safety answering point shall be capable of
467 transmitting requests for law enforcement, fire fighting, medical,
468 ambulance or other emergency services to a public or private safety
469 agency that provides the requested services.

470 (b) Each public safety answering point shall be equipped with a
471 system approved by the office for the processing of requests for
472 emergency services from the physically disabled.

473 (c) No person shall connect to a telephone company's network any
474 automatic alarm or other automatic alerting device which causes the
475 number "9-1-1" to be automatically dialed and provides a prerecorded
476 message in order to directly access emergency services, except for a
477 device approved by the office and required by a physically disabled
478 person to access a public safety answering point.

479 (d) Except as provided in subsection (e) of this section, no person,
480 firm or corporation shall program any telephone or associated
481 equipment with outgoing access to the public switched network of a
482 telephone company so as to prevent a 9-1-1 call from being transmitted
483 from such telephone to a public safety answering point.

484 (e) A private company, corporation or institution which has full-
485 time law enforcement, fire fighting and emergency medical service
486 personnel, with the approval of the office and the municipality in
487 which it is located, may establish 9-1-1 service to enable users of
488 telephones within their private branch exchange to reach a private
489 safety answering point by dialing the digits "9-1-1". Such 9-1-1 service
490 shall provide the capability to deliver and display automatic number
491 identification and automatic location identification by electronic or
492 manual methods approved by the office to the private safety
493 answering point. Prior to the installation and utilization of such 9-1-1
494 service, each municipality in which it will function, shall submit a
495 private branch exchange 9-1-1 utilization plan to the office in a format
496 approved by the office. Such plan shall be approved by the chief
497 executive officer of such municipality who shall attest that the dispatch

498 of emergency response services from a private safety answering point
499 is equal to, or better than, the emergency response services dispatched
500 from a public safety answering point.

501 (f) On and after January 1, 2001, each public safety answering point
502 shall submit to the office, on a quarterly basis, a report of the calls for
503 emergency medical services received by the public safety answering
504 point. Such report shall include, but not be limited to, the following
505 information: (1) The number of 9-1-1 calls during the reporting quarter
506 that involved a medical emergency; and (2) for each such call, the
507 elapsed time period from the time the call was received to the time the
508 call was answered, and the elapsed time period from the time the call
509 was answered to the time emergency response services were
510 dispatched or the call was transferred or relayed to another public
511 safety agency or private safety agency, expressed in time ranges or
512 fractile response times. The information required under this subsection
513 may be submitted in any written or electronic form selected by such
514 public safety answering point and approved by the Commissioner of
515 Public Safety, provided the commissioner shall take into consideration
516 the needs of such public safety answering point in approving such
517 written or electronic form. On a quarterly basis, the office shall furnish
518 such information to the Commissioner of Public Health, shall make
519 such information available to the public and shall post such
520 information on its web site on the Internet.

521 (g) (1) Not later than July 1, 2004, each public safety answering point
522 shall provide emergency medical dispatch, or shall arrange for
523 emergency medical dispatch to be provided by a public safety agency,
524 private safety agency or regional emergency telecommunications
525 center, in connection with all 9-1-1 calls received by such public safety
526 answering point for which emergency medical services are required.
527 Any public safety answering point that arranges for emergency
528 medical dispatch to be provided by a public safety agency, private
529 safety agency or regional emergency telecommunications center shall
530 file with the office such documentation as the office may require to
531 demonstrate that such public safety agency, private safety agency or

532 regional emergency telecommunications center satisfies the
533 requirements of subdivisions (2) and (3) of this subsection.

534 (2) Each public safety answering point, public safety agency, private
535 safety agency or regional emergency telecommunications center
536 performing emergency medical dispatch in accordance with
537 subdivision (1) of this subsection shall establish and maintain an
538 emergency medical dispatch program. Such program shall include, but
539 not be limited to, the following elements: (A) Medical interrogation,
540 dispatch prioritization and prearrival instructions in connection with
541 9-1-1 calls requiring emergency medical services shall be provided
542 only by personnel who have been trained in emergency medical
543 dispatch through satisfactory completion of a training course provided
544 or approved by the office under subdivision (3) of this subsection; (B) a
545 medically approved emergency medical dispatch priority reference
546 system shall be utilized by such personnel; (C) emergency medical
547 dispatch continuing education shall be provided for such personnel;
548 (D) a mechanism shall be employed to detect and correct discrepancies
549 between established emergency medical dispatch protocols and actual
550 emergency medical dispatch practice; and (E) a quality assurance
551 component shall be implemented to monitor, at a minimum, (i)
552 emergency medical dispatch time intervals, (ii) the utilization of
553 emergency medical dispatch program components, and (iii) the
554 appropriateness of emergency medical dispatch instructions and
555 dispatch protocols. The quality assurance component shall be prepared
556 with the assistance of a physician licensed in this state who is trained
557 in emergency medicine and shall provide for an ongoing review of the
558 effectiveness of the emergency medical dispatch program.

559 (3) Not later than July 1, 2001, the office shall provide an emergency
560 medical dispatch training course and an emergency medical dispatch
561 continuing education course, or approve any emergency medical
562 dispatch training course and emergency medical dispatch continuing
563 education course offered by other providers, that meets the
564 requirements of the U.S. Department of Transportation, National
565 Highway Traffic Safety Administration, Emergency Medical Dispatch

566 (EMD): National Standard Curriculum, as from time to time amended.

567 (4) The office shall provide each public safety answering point or
568 regional emergency telecommunications center performing emergency
569 medical dispatch in accordance with subdivision (1) of this subsection
570 with initial training of emergency medical dispatch personnel and an
571 emergency medical dispatch priority reference card set.

572 Sec. 9. (NEW) (a) Not later than July 1, 2002, each municipality shall
573 establish a local emergency medical services plan. Such plan shall
574 include the written agreements or contracts developed between the
575 municipality, its emergency medical services providers and the public
576 safety answering point, as defined in section 28-25 of the general
577 statutes, as amended by this act, that covers the municipality. The plan
578 shall also include, but not be limited to, the following:

579 (1) The identification of levels of emergency medical services,
580 including, but not limited to: (A) The public safety answering point
581 responsible for receiving emergency calls and notifying and assigning
582 the appropriate provider to a call for emergency medical services; (B)
583 the emergency medical services provider that is notified for initial
584 response; (C) basic ambulance service; (D) advanced life support level;
585 and (E) mutual aid call arrangements;

586 (2) The name of the person or entity responsible for carrying out
587 each level of emergency medical services that the plan identifies;

588 (3) The establishment of performance standards for each segment of
589 the municipality's emergency medical services system; and

590 (4) Any subcontracts, written agreements or mutual aid call
591 agreements that emergency medical services providers may have with
592 other entities to provide services identified in the plan.

593 (b) In developing the plan required by subsection (a) of this section,
594 each municipality: (1) May consult with and obtain the assistance of its
595 regional emergency medical services council established pursuant to

596 section 19a-183 of the general statutes, its regional emergency medical
597 services coordinator appointed pursuant to section 19a-185 of the
598 general statutes, its regional emergency medical services medical
599 advisory committees and any sponsor hospital, as defined in
600 regulations adopted pursuant to section 19a-179 of the general statutes,
601 as amended by this act, located in the area identified in the plan; and
602 (2) shall submit the plan to its regional emergency medical services
603 council for the council's review and comment.

604 Sec. 10. (NEW) (a) As used in this section, "responder" means any
605 primary service area responder that (1) is notified for initial response,
606 (2) is responsible for the provision of basic life support service, or (3) is
607 responsible for the provision of service above basic life support that is
608 intensive and complex prehospital care consistent with acceptable
609 emergency medical practices under the control of physician and
610 hospital protocols.

611 (b) Any municipality may petition the commissioner for the
612 removal of a responder. A petition may be made (1) at any time if
613 based on an allegation that an emergency exists and that the safety,
614 health and welfare of the citizens of the affected primary service area
615 are jeopardized by the responder's performance, or (2) not more often
616 than once every three years, if based on the unsatisfactory performance
617 of the responder as determined based on the local emergency medical
618 services plan established by the municipality pursuant to section 9 of
619 this act and associated agreements or contracts. A hearing on a petition
620 under this section shall be deemed to be a contested case and held in
621 accordance with the provisions of chapter 54 of the general statutes.

622 (c) If, after a hearing authorized by this section, the commissioner
623 determines that (1) an emergency exists and the safety, health and
624 welfare of the citizens of the affected primary service area are
625 jeopardized by the responder's performance, (2) the performance of the
626 responder is unsatisfactory based on the local emergency medical
627 services plan established by the municipality pursuant to section 9 of
628 this act and associated agreements or contracts, or (3) it is in the best

629 interests of patient care, the commissioner may revoke the primary
630 service area responder's primary service area assignment and require
631 the chief administrative official of the municipality in which the
632 primary service area is located to submit a plan acceptable to the
633 commissioner for the alternative provision of primary service area
634 responder responsibilities, or may issue an order for the alternative
635 provision of emergency medical services, or both.

636 Sec. 11. (NEW) (a) Any municipality may petition the commissioner
637 to hold a hearing if the municipality cannot reach a written agreement
638 with its primary service area responder concerning performance
639 standards. The commissioner shall conduct such hearing not later than
640 ninety days from the date the commissioner receives the municipality's
641 petition. A hearing on a petition under this section shall not be deemed
642 to be a contested case for purposes of chapter 54 of the general statutes.

643 (b) In conducting a hearing authorized by this section, the
644 commissioner shall determine if the performance standards adopted in
645 the municipality's local emergency medical services plan are
646 reasonable based on the state-wide plan for the coordinated delivery of
647 emergency medical services adopted pursuant to subdivision (1) of
648 section 19a-177 of the general statutes, as amended by this act, model
649 local emergency medical services plans and the standards, contracts
650 and written agreements in use by municipalities of similar population
651 and characteristics.

652 (c) If, after a hearing authorized by this section, the commissioner
653 determines that the performance standards adopted in the
654 municipality's local emergency medical services plan are reasonable,
655 the primary service area responder shall have thirty calendar days in
656 which to agree to such performance standards. If the primary service
657 area responder fails or refuses to agree to such performance standards,
658 the commissioner may revoke the primary service area responder's
659 primary service area assignment and require the chief administrative
660 official of the municipality in which the primary service area is located
661 to submit a plan acceptable to the commissioner for the alternative

662 provision of primary service area responder responsibilities, or may
663 issue an order for the alternative provision of emergency medical
664 services, or both.

665 (d) If, after a hearing authorized by this section, the commissioner
666 determines that the performance standards adopted in the
667 municipality's local emergency medical services plan are unreasonable,
668 the commissioner shall provide performance standards considered
669 reasonable based on the state-wide plan for the coordinated delivery of
670 emergency medical services adopted pursuant to subdivision (1) of
671 section 19a-177 of the general statutes, as amended by this act, model
672 emergency medical services plans and the standards, contracts and
673 written agreements in use by municipalities of similar population and
674 characteristics. If the municipality refuses to agree to such performance
675 standards, the primary service area responder shall meet the minimum
676 performance standards provided in regulations adopted pursuant to
677 section 19a-179 of the general statutes, as amended by this act.

678 Sec. 12. (NEW) (a) Not later than February 1, 2001, the
679 Commissioner of Public Health shall submit to the joint standing
680 committee of the General Assembly having cognizance of matters
681 relating to public health a plan of action for the implementation of a
682 pilot program, in not more than two municipalities that consent to
683 participate in such pilot program, to assess the effect of assigning a
684 primary service area to a selected provider of emergency medical
685 services based on the issuance of requests for proposals with a right of
686 first refusal granted to the provider that holds the primary service area
687 at the time of such issuance. The plan of action shall identify the
688 elements of and the means of implementing the pilot program,
689 including, but not limited to: (1) The procedure for selection of the
690 participating municipalities; (2) the design and measurement of
691 standards for the pilot program; (3) the identification of emergency
692 service factors to be assessed; (4) the identification of the evaluating
693 entity; and (5) the estimated time period for the implementation and
694 completion of the pilot program. The commissioner shall hold a public
695 hearing on the plan of action prior to such submission. The joint

696 standing committee of the General Assembly having cognizance of
697 matters relating to public health shall meet to consider the plan of
698 action not later than sixty days after the date of its submission. If the
699 plan of action is rejected by the committee, the commissioner shall
700 submit a revised plan of action not later than ninety days after the date
701 of such rejection.

702 (b) Unless otherwise modified or rejected by the joint standing
703 committee of the General Assembly having cognizance of matters
704 relating to public health, the pilot program shall begin on October 1,
705 2005. The pilot program shall, at a minimum, establish:

706 (1) An appropriate time frame within the expiration of a
707 participating municipality's current emergency medical services
708 contract for the initial issuance of requests for proposals and the initial
709 selection of a provider of emergency medical services by the
710 participating municipality under the pilot program, provided this
711 subdivision shall not be construed to prevent a participating
712 municipality from selecting or otherwise renewing any contract with
713 its current provider of emergency medical services;

714 (2) An appropriate time period from the date of initial selection
715 under subdivision (1) of this subsection after which a participating
716 municipality may solicit requests for proposals from alternative
717 providers of emergency medical services, provided such time period
718 shall be reasonably sufficient to permit the initial provider to recoup
719 any investment made for the purpose of providing emergency medical
720 services in the participating municipality, but shall not exceed eight
721 years;

722 (3) Criteria for selection and approval of an alternative provider of
723 emergency medical services that submits a bona fide proposal,
724 including, but not limited to, (A) a right of first refusal, granted to the
725 provider that holds the primary service area at the time the requests
726 for proposals are issued, that may be exercised by such provider if
727 such provider makes a bona fide offer matching the proposal

728 submitted by the selected alternative provider, (B) a requirement for
729 approval by the legislative body of the participating municipality by a
730 greater than majority vote, and (C) approval of any such selected
731 alternative provider by the commissioner as appropriate to protect the
732 public health and safety; and

733 (4) Requirements, including a time frame, for reporting the status
734 and results of the pilot program, and the recommendations of the
735 commissioner with respect to the continuation or expansion of the
736 pilot program, to the joint standing committee of the General
737 Assembly having cognizance of matters relating to public health.

738 (c) Nothing in this section shall be construed to authorize the
739 termination of any contract in effect on the date the pilot program
740 begins or to otherwise interfere with any rights or duties created by
741 any such contract.

742 Sec. 13. The Commissioner of Public Health shall study and make
743 recommendations concerning the implementation of an expedited
744 approval or reporting process or a waiver of any required approval for
745 the operation of additional ambulances, invalid coaches, nontransport
746 emergency vehicles and branch locations by persons or emergency
747 medical service organizations licensed or certified under section 19a-
748 180 of the general statutes, as amended by this act, where such
749 operation is not a new service offered by any such person or
750 emergency medical service organization and does not result in any
751 change in rates. Not later than December 31, 2000, the commissioner
752 shall submit a report of the commissioner's findings and
753 recommendations to the joint standing committee of the General
754 Assembly having cognizance of matters relating to public health, in
755 accordance with section 11-4a of the general statutes.

756 Sec. 14. This act shall take effect July 1, 2000."