



General Assembly

February Session, 2000

Amendment

LCO No. 3734

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 Section 19a-175 of the general statutes is repealed and the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 level of emergency medical services furnished during the
152 reporting period; (iv) the number of passed calls, cancelled calls and
153 mutual aid calls during the reporting period; and (v) for the reporting
154 period, the prehospital data for the nonscheduled transport of patients
155 required by regulations adopted pursuant to subdivision (6) of this
156 section. The information required under this subdivision may be
157 submitted in any written or electronic form selected by such licensed
158 ambulance service or certified ambulance service and approved by the
159 commissioner, provided the commissioner shall take into
160 consideration the needs of such licensed ambulance service or certified
161 ambulance service in approving such written or electronic form. The
162 commissioner may conduct an audit of any such licensed ambulance
163 service or certified ambulance service as the commissioner deems
164 necessary in order to verify the accuracy of such reported information.

165 (B) The commissioner shall prepare a report that shall include, but
166 not be limited to, the following information: (i) The total number of

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

186 (C) If any licensed ambulance service or certified ambulance service
187 does not submit the information required under subparagraph (A) of
188 this subdivision for a period of six consecutive months, or if the
189 commissioner believes that such licensed ambulance service or
190 certified ambulance service knowingly or intentionally submitted
191 incomplete or false information, the commissioner shall issue a written
192 order directing such licensed ambulance service or certified ambulance
193 service to comply with the provisions of subparagraph (A) of this
194 subdivision and submit all missing information or such corrected
195 information as the commissioner may require. If such licensed
196 ambulance service or certified ambulance service fails to fully comply
197 with such order not later than three months from the date such order is
198 issued, the commissioner (1) shall conduct a hearing, in accordance
199 with chapter 54, at which such licensed ambulance service or certified
200 ambulance service shall be required to show cause why the primary

201 service area assignment of such licensed ambulance service or certified
202 ambulance service should not be revoked, and (2) may take such
203 disciplinary action under section 19a-17 as the commissioner deems
204 appropriate; [and]

205 (9) (A) Establish rates for the conveyance of patients by licensed
206 ambulance services and invalid coaches and establish [an] emergency
207 service [rate] rates for certified ambulance services, provided the
208 present rates established [by the Public Utilities Commission] for such
209 services and vehicles shall remain in effect until such time as the
210 commissioner establishes a new rate schedule as provided [herein,] in
211 this subdivision; and (B) adopt regulations, in accordance with the
212 provisions of chapter 54, establishing methods for setting rates and
213 conditions for charging such rates. Such regulations shall include, but
214 not be limited to, provisions requiring that on and after July 1, 2000: (i)
215 Requests for rate increases may be filed no more frequently than once
216 a year; (ii) only licensed ambulance services and certified ambulance
217 services that apply for a rate increase and do not accept the maximum
218 allowable rates contained in any voluntary state-wide rate schedule
219 established by the commissioner for the rate application year shall be
220 required to file detailed financial information with the commissioner;
221 (iii) licensed ambulance services and certified ambulance services that
222 do not apply for a rate increase in any year or that accept the
223 maximum allowable rates contained in any voluntary state-wide rate
224 schedule established by the commissioner for the rate application year
225 shall, not later than July fifteenth of such year, file with the
226 commissioner either an audited financial statement or an accountant's
227 review report pertaining to the most recently completed fiscal year of
228 the licensed ambulance service or certified ambulance service,
229 including total revenue and total expenses, a statement of emergency
230 and nonemergency call volume, and, in the case of a licensed
231 ambulance service or certified ambulance service that is not applying
232 for a rate increase, a written declaration by such licensed ambulance
233 service or certified ambulance service that no change in its currently
234 approved maximum allowable rates will occur for the rate application

235 year; and (iv) detailed financial and operational information filed by
236 licensed ambulance services and certified ambulance services to
237 support a request for a rate increase shall cover the time period
238 pertaining to the most recently completed fiscal year and the rate
239 application year of the licensed ambulance service or certified
240 ambulance service;

241 (10) Research, develop, track and report on appropriate quantifiable
242 outcome measures for the state's emergency medical services system
243 and submit to the joint standing committee of the General Assembly
244 having cognizance of matters relating to public health, in accordance
245 with the provisions of section 11-4a, on or before July 1, 2002, and
246 annually thereafter, a report on the progress toward the development
247 of such outcome measures and, after such outcome measures are
248 developed, an analysis of emergency medical services system
249 outcomes;

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

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

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

257 (NEW) (c) Not later than July 1, 2001, the Office of Emergency
258 Medical Services shall, with the advice of the Emergency Medical
259 Services Advisory Board established pursuant to section 19a-178a and
260 the regional emergency medical services councils established pursuant
261 to section 19a-183, develop model local emergency medical services
262 plans and performance agreements to guide municipalities in the
263 development of such plans and agreements. In developing the model
264 plans and agreements, the office shall take into account (1) the
265 differences in the delivery of emergency medical services in urban,
266 suburban and rural settings, (2) the state-wide plan for the coordinated

267 delivery of emergency medical services adopted pursuant to
268 subdivision (1) of section 19a-177, as amended by this act, and (3)
269 guidelines or standards and contracts or written agreements in use by
270 municipalities of similar population and characteristics.

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

273 The [Commissioner of Public Health] commissioner shall adopt
274 regulations, in accordance with chapter 54, concerning the methods
275 and conditions for licensure and certification of the operations,
276 facilities and equipment enumerated in section 19a-177, as amended by
277 this act, and regulations regarding complaint procedures for the public
278 and any emergency medical service organization. Such regulations
279 shall be [adopted in accordance with the provisions of chapter 54 and
280 shall be] in conformity with the policies and standards established by
281 the commissioner. Such regulations shall require that, as an express
282 condition of the purchase of any business holding a primary service
283 area, the purchaser shall agree to abide by any performance standards
284 to which the purchased business was obligated pursuant to its
285 agreement with the municipality.

286 Sec. 5. Section 19a-180 of the general statutes is repealed and the
287 following is substituted in lieu thereof:

288 (a) No person shall operate any ambulance service, rescue service or
289 management service without either a license or a certificate issued by
290 the [Commissioner of Public Health] commissioner. No person shall
291 operate a commercial ambulance service or commercial rescue service
292 or a management service without a license issued by the
293 commissioner. A certificate shall be issued to any volunteer or
294 municipal ambulance service which shows proof satisfactory to the
295 commissioner that it meets the minimum standards of the
296 commissioner in the areas of training, equipment and personnel.
297 Applicants for a license shall use the forms prescribed by the
298 commissioner and shall submit such application to the commissioner

299 accompanied by an annual fee of one hundred dollars. In considering
300 requests for approval of permits for new or expanded emergency
301 medical services in any region, the commissioner shall consult with the
302 Office of Emergency Medical Services and the emergency medical
303 services council of such region and shall hold a public hearing to
304 determine the necessity for such services. Written notice of such
305 hearing shall be given to current providers in the geographic region
306 where such new or expanded services would be implemented,
307 provided, [that] any volunteer ambulance service which elects not to
308 levy charges for services rendered under this chapter shall be exempt
309 from the provisions concerning requests for approval of permits for
310 new or expanded emergency medical services [,] set forth [above] in
311 this subsection. Each applicant for licensure shall furnish proof of
312 financial responsibility which the commissioner deems sufficient to
313 satisfy any claim. The commissioner may adopt regulations, in
314 accordance with the provisions of chapter 54, to establish satisfactory
315 kinds of coverage and limits of insurance for each applicant for either
316 licensure or certification. Until such regulations are adopted, the
317 following shall be the required limits for licensure: (1) For damages by
318 reason of personal injury to, or the death of, one person on account of
319 any accident, at least five hundred thousand dollars, and more than
320 one person on account of any accident, at least one million dollars, (2)
321 for damage to property at least fifty thousand dollars, and (3) for
322 malpractice in the care of one passenger at least two hundred fifty
323 thousand dollars, and for more than one passenger at least five
324 hundred thousand dollars. In lieu of the [foregoing] limits set forth in
325 subdivisions (1) to (3), inclusive, of this subsection, a single limit of
326 liability shall be allowed as follows: (A) For damages by reason of
327 personal injury to, or death of, one or more persons and damage to
328 property, at least one million dollars; and (B) for malpractice in the
329 care of one or more passengers, at least five hundred thousand dollars.
330 A certificate of such proof shall be filed with the commissioner. Upon
331 determination by the commissioner that an applicant is financially
332 responsible, properly certified and otherwise qualified to operate a
333 commercial ambulance service, the commissioner shall issue a license

334 effective for one year to such applicant. If the commissioner
335 determines that an applicant for either a certificate or license is not so
336 qualified, the commissioner shall notify such applicant of the denial of
337 [his] the application with a statement of the reasons for such denial.
338 Such applicant shall have thirty days to request a hearing on the denial
339 of [said] the application.

340 (b) Any person or emergency medical [services] service
341 organization which does not maintain standards or violates
342 regulations adopted under any section of this chapter applicable to
343 such person or organization may have [his or its] such person's or
344 organization's license or certification suspended or revoked or may be
345 subject to any other disciplinary action specified in section 19a-17 after
346 notice by certified mail to such person or organization of the facts or
347 conduct which warrant the intended action. Such person or emergency
348 medical [services] service organization shall have an opportunity to
349 show compliance with all requirements for the retention of such
350 certificate or license. In the conduct of any investigation by the
351 commissioner of alleged violations of the standards or regulations
352 adopted under the provisions of this chapter, the commissioner may
353 issue subpoenas requiring the attendance of witnesses and the
354 production by any medical [services] service organization or person of
355 reports, records, tapes or other documents which concern the
356 allegations under investigation. All records obtained by the
357 commissioner in connection with any such investigation shall not be
358 subject to the provisions of section 1-210, as amended, for a period of
359 six months from the date of the petition or other event initiating such
360 investigation, or until such time as the investigation is terminated
361 pursuant to a withdrawal or other informal disposition or until a
362 hearing is convened pursuant to chapter 54, whichever is earlier. A
363 complaint, as defined in subdivision (6) of section 19a-13, shall be
364 subject to the provisions of section 1-210, as amended, from the time
365 that it is served or mailed to the respondent. Records which are
366 otherwise public records shall not be deemed confidential merely
367 because they have been obtained in connection with an investigation

368 under this chapter.

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

373 (d) Any person guilty of any of the following acts shall be fined not
374 more than two hundred fifty dollars, or imprisoned not more than
375 three months, or be both fined and imprisoned: (1) In any application
376 to the commissioner or in any proceeding before or investigation made
377 by the commissioner, knowingly making any false statement or
378 representation, or, with knowledge of its falsity, filing or causing to be
379 filed any false statement or representation in a required application or
380 statement; (2) issuing, circulating or publishing or causing to be issued,
381 circulated or published any form of advertisement or circular for the
382 purpose of soliciting business which contains any statement that is
383 false or misleading, or otherwise likely to deceive a reader thereof,
384 with knowledge that it contains such false, misleading or deceptive
385 statement; (3) giving or offering to give anything of value to any
386 person for the purpose of promoting or securing ambulance or rescue
387 service business or obtaining favors relating thereto; (4) administering
388 or causing to be administered, while serving in the capacity of an
389 employee of any licensed ambulance or rescue service, any alcoholic
390 liquor to any patient in [his] such employee's care, except under the
391 supervision and direction of a licensed physician; (5) in any respect
392 wilfully violating or failing to comply with any provision of this
393 chapter or wilfully violating, failing, omitting or neglecting to obey or
394 comply with any regulation, order, decision or license, or any part or
395 provisions thereof; (6) with one or more other persons, conspiring to
396 violate any license or order issued by the commissioner or any
397 provision of this chapter.

398 (e) No person shall place any advertisement or produce any printed
399 matter that holds that person out to be an ambulance service unless
400 [he] such person is licensed or certified pursuant to this section. Any

401 such advertisement or printed matter shall include the license or
402 certificate number issued by the commissioner.

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

405 (c) Within a time period determined by the commissioner to ensure
406 the availability of funds for the fiscal year beginning July 1, 1997, to the
407 regional public safety emergency telecommunications centers within
408 the state, and not later than April first of each year thereafter, the
409 commissioner shall determine the amount of funding needed for the
410 development and administration of the enhanced emergency 9-1-1
411 program. The commissioner shall specify the expenses associated with
412 (1) the purchase, installation and maintenance of new public safety
413 answering point terminal equipment, (2) the implementation of the
414 subsidy program, as described in subdivision (2) of subsection (a) of
415 this section, (3) the implementation of the transition grant program,
416 described in subdivision (2) of subsection (a) of this section, (4) the
417 implementation of the regional emergency telecommunications service
418 credit, as described in subdivision (2) of subsection (a) of this section,
419 provided, for the fiscal year ending June 30, 2001, and each fiscal year
420 thereafter, such credit for coordinated medical emergency direction
421 services as provided in regulations adopted under this section shall be
422 based upon the factor of fifteen cents per capita and shall not be
423 reduced each year, (5) the training of personnel, as necessary, (6)
424 recurring expenses and future capital costs associated with the
425 telecommunications network used to provide emergency 9-1-1 service,
426 [and] (7) for the fiscal year ending June 30, 2001, and each fiscal year
427 thereafter, the collection, maintenance and reporting of emergency
428 medical services data, as required under subparagraphs (A) and (B) of
429 subdivision (8) of section 19a-177, as amended by this act, provided the
430 amount of expenses specified under this subdivision shall not exceed
431 two hundred fifty thousand dollars in any fiscal year, (8) for the fiscal
432 year ending June 30, 2001, and each fiscal year thereafter, the initial
433 training of emergency medical dispatch personnel, the provision of an
434 emergency medical dispatch priority reference card set and emergency

435 medical dispatch training and continuing education pursuant to
436 subdivisions (3) and (4) of subsection (g) of section 28-25b, as amended
437 by this act, and (9) the administration of the enhanced emergency 9-1-1
438 program by the Office of State-Wide Emergency Telecommunications,
439 as the commissioner determines to be reasonably necessary. The
440 commissioner shall communicate [his] the commissioner's findings to
441 the [chairman] chairperson of the Public Utilities Control Authority
442 not later than April first of each year.

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

445 (NEW) (15) "Emergency medical dispatch" means the management
446 of requests for emergency medical assistance by utilizing a system of
447 (A) tiered response or priority dispatching of emergency medical
448 resources based on the level of medical assistance needed by the
449 victim, and (B) prearrival first aid or other medical instructions given
450 by trained personnel who are responsible for receiving 9-1-1 calls and
451 directly dispatching emergency response services.

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

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

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

461 (c) No person shall connect to a telephone company's network any
462 automatic alarm or other automatic alerting device which causes the
463 number "9-1-1" to be automatically dialed and provides a prerecorded
464 message in order to directly access emergency services, except for a
465 device approved by the office and required by a physically disabled

466 person to access a public safety answering point.

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

472 (e) A private company, corporation or institution which has full-
473 time law enforcement, fire fighting and emergency medical service
474 personnel, with the approval of the office and the municipality in
475 which it is located, may establish 9-1-1 service to enable users of
476 telephones within their private branch exchange to reach a private
477 safety answering point by dialing the digits "9-1-1". Such 9-1-1 service
478 shall provide the capability to deliver and display automatic number
479 identification and automatic location identification by electronic or
480 manual methods approved by the office to the private safety
481 answering point. Prior to the installation and utilization of such 9-1-1
482 service, each municipality in which it will function, shall submit a
483 private branch exchange 9-1-1 utilization plan to the office in a format
484 approved by the office. Such plan shall be approved by the chief
485 executive officer of such municipality who shall attest that the dispatch
486 of emergency response services from a private safety answering point
487 is equal to, or better than, the emergency response services dispatched
488 from a public safety answering point.

489 (f) On and after January 1, 2001, each public safety answering point
490 shall submit to the office, on a quarterly basis, a report of the calls for
491 emergency medical services received by the public safety answering
492 point. Such report shall include, but not be limited to, the following
493 information: (1) The number of 9-1-1 calls during the reporting quarter
494 that involved a medical emergency; and (2) for each such call, the
495 elapsed time period from the time the call was received to the time the
496 call was answered, and the elapsed time period from the time the call
497 was answered to the time emergency response services were
498 dispatched or the call was transferred or relayed to another public

499 safety agency or private safety agency, expressed in time ranges or
500 fractile response times. The information required under this subsection
501 may be submitted in any written or electronic form selected by such
502 public safety answering point and approved by the Commissioner of
503 Public Safety, provided the commissioner shall take into consideration
504 the needs of such public safety answering point in approving such
505 written or electronic form. On a quarterly basis, the office shall furnish
506 such information to the Commissioner of Public Health, shall make
507 such information available to the public and shall post such
508 information on its web site on the Internet.

509 (g) (1) Not later than July 1, 2004, each public safety answering point
510 shall provide emergency medical dispatch, or shall arrange for
511 emergency medical dispatch to be provided by a public safety agency,
512 private safety agency or regional emergency telecommunications
513 center, in connection with all 9-1-1 calls received by such public safety
514 answering point for which emergency medical services are required.
515 Any public safety answering point that arranges for emergency
516 medical dispatch to be provided by a public safety agency, private
517 safety agency or regional emergency telecommunications center shall
518 file with the office such documentation as the office may require to
519 demonstrate that such public safety agency, private safety agency or
520 regional emergency telecommunications center satisfies the
521 requirements of subdivisions (2) and (3) of this subsection.

522 (2) Each public safety answering point, public safety agency, private
523 safety agency or regional emergency telecommunications center
524 performing emergency medical dispatch in accordance with
525 subdivision (1) of this subsection shall establish and maintain an
526 emergency medical dispatch program. Such program shall include, but
527 not be limited to, the following elements: (A) Medical interrogation,
528 dispatch prioritization and prearrival instructions in connection with
529 9-1-1 calls requiring emergency medical services shall be provided
530 only by personnel who have been trained in emergency medical
531 dispatch through satisfactory completion of a training course provided
532 or approved by the office under subdivision (3) of this subsection; (B) a

533 medically approved emergency medical dispatch priority reference
534 system shall be utilized by such personnel; (C) emergency medical
535 dispatch continuing education shall be provided for such personnel;
536 (D) a mechanism shall be employed to detect and correct discrepancies
537 between established emergency medical dispatch protocols and actual
538 emergency medical dispatch practice; and (E) a quality assurance
539 component shall be implemented to monitor, at a minimum, (i)
540 emergency medical dispatch time intervals, (ii) the utilization of
541 emergency medical dispatch program components, and (iii) the
542 appropriateness of emergency medical dispatch instructions and
543 dispatch protocols. The quality assurance component shall be prepared
544 with the assistance of a physician licensed in this state who is trained
545 in emergency medicine and shall provide for an ongoing review of the
546 effectiveness of the emergency medical dispatch program.

547 (3) Not later than July 1, 2001, the office shall provide an emergency
548 medical dispatch training course and an emergency medical dispatch
549 continuing education course, or approve any emergency medical
550 dispatch training course and emergency medical dispatch continuing
551 education course offered by other providers, that meets the
552 requirements of the U.S. Department of Transportation, National
553 Highway Traffic Safety Administration, Emergency Medical Dispatch
554 (EMD): National Standard Curriculum, as from time to time amended.

555 (4) The office shall provide each public safety answering point or
556 regional emergency telecommunications center performing emergency
557 medical dispatch in accordance with subdivision (1) of this subsection
558 with initial training of emergency medical dispatch personnel and an
559 emergency medical dispatch priority reference card set.

560 Sec. 9. (NEW) (a) Not later than July 1, 2002, each municipality shall
561 establish a local emergency medical services plan. Such plan shall
562 include the written agreements or contracts developed between the
563 municipality, its emergency medical services providers and the public
564 safety answering point, as defined in section 28-25 of the general
565 statutes, as amended by this act, that covers the municipality. The plan

566 shall also include, but not be limited to, the following:

567 (1) The identification of levels of emergency medical services,
568 including, but not limited to: (A) The public safety answering point
569 responsible for receiving emergency calls and notifying and assigning
570 the appropriate provider to a call for emergency medical services; (B)
571 the emergency medical services provider that is notified for initial
572 response; (C) basic ambulance service; (D) advanced life support level;
573 and (E) mutual aid call arrangements;

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

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

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

581 (b) In developing the plan required by subsection (a) of this section,
582 each municipality: (1) May consult with and obtain the assistance of its
583 regional emergency medical services council established pursuant to
584 section 19a-183 of the general statutes, its regional emergency medical
585 services coordinator appointed pursuant to section 19a-185 of the
586 general statutes, its regional emergency medical services medical
587 advisory committees and any sponsor hospital, as defined in
588 regulations adopted pursuant to section 19a-179 of the general statutes,
589 as amended by this act, located in the area identified in the plan; and
590 (2) shall submit the plan to its regional emergency medical services
591 council for the council's review and comment.

592 Sec. 10. (NEW) (a) As used in this section, "responder" means any
593 primary service area responder that (1) is notified for initial response,
594 (2) is responsible for the provision of basic life support service, or (3) is
595 responsible for the provision of service above basic life support that is
596 intensive and complex prehospital care consistent with acceptable

597 emergency medical practices under the control of physician and
598 hospital protocols.

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

610 (c) If, after a hearing authorized by this section, the commissioner
611 determines that (1) an emergency exists and the safety, health and
612 welfare of the citizens of the affected primary service area are
613 jeopardized by the responder's performance, (2) the performance of the
614 responder is unsatisfactory based on the local emergency medical
615 services plan established by the municipality pursuant to section 9 of
616 this act and associated agreements or contracts, or (3) it is in the best
617 interests of patient care, the commissioner may revoke the primary
618 service area responder's primary service area assignment and require
619 the chief administrative official of the municipality in which the
620 primary service area is located to submit a plan acceptable to the
621 commissioner for the alternative provision of primary service area
622 responder responsibilities, or may issue an order for the alternative
623 provision of emergency medical services, or both.

624 Sec. 11. (NEW) (a) Any municipality may petition the commissioner
625 to hold a hearing if the municipality cannot reach a written agreement
626 with its primary service area responder concerning performance
627 standards. The commissioner shall conduct such hearing not later than
628 ninety days from the date the commissioner receives the municipality's
629 petition. A hearing on a petition under this section shall not be deemed

630 to be a contested case for purposes of chapter 54 of the general statutes.

631 (b) In conducting a hearing authorized by this section, the
632 commissioner shall determine if the performance standards adopted in
633 the municipality's local emergency medical services plan are
634 reasonable based on the state-wide plan for the coordinated delivery of
635 emergency medical services adopted pursuant to subdivision (1) of
636 section 19a-177 of the general statutes, as amended by this act, model
637 local emergency medical services plans and the standards, contracts
638 and written agreements in use by municipalities of similar population
639 and characteristics.

640 (c) If, after a hearing authorized by this section, the commissioner
641 determines that the performance standards adopted in the
642 municipality's local emergency medical services plan are reasonable,
643 the primary service area responder shall have thirty calendar days in
644 which to agree to such performance standards. If the primary service
645 area responder fails or refuses to agree to such performance standards,
646 the commissioner may revoke the primary service area responder's
647 primary service area assignment and require the chief administrative
648 official of the municipality in which the primary service area is located
649 to submit a plan acceptable to the commissioner for the alternative
650 provision of primary service area responder responsibilities, or may
651 issue an order for the alternative provision of emergency medical
652 services, or both.

653 (d) If, after a hearing authorized by this section, the commissioner
654 determines that the performance standards adopted in the
655 municipality's local emergency medical services plan are unreasonable,
656 the commissioner shall provide performance standards considered
657 reasonable based on the state-wide plan for the coordinated delivery of
658 emergency medical services adopted pursuant to subdivision (1) of
659 section 19a-177 of the general statutes, as amended by this act, model
660 emergency medical services plans and the standards, contracts and
661 written agreements in use by municipalities of similar population and
662 characteristics. If the municipality refuses to agree to such performance

663 standards, the primary service area responder shall meet the minimum
664 performance standards provided in regulations adopted pursuant to
665 section 19a-179 of the general statutes, as amended by this act.

666 Sec. 12. (NEW) The Commissioner of Public Health may establish a
667 pilot program to assess the effect of assigning primary service areas to
668 selected providers of emergency medical services based on the
669 periodic issuance of requests for proposals with a right of first refusal
670 granted to the provider that holds the primary service area at the time
671 of such issuance.

672 Sec. 13. This act shall take effect July 1, 2000."