



General Assembly

February Session, 2000

Raised Bill No. 5287

LCO No. 971

Referred to Committee on Public Health

Introduced by:
(PH)

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

Be it enacted by the Senate and House of Representatives in General Assembly convened:

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 Section 19a-175 of the general statutes is repealed and the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

3 As used in this chapter, unless the context otherwise requires:

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

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

10 (3) "Ambulance" means a motor vehicle specifically designed to
11 carry patients;

12 (4) "Ambulance service" means an organization which transports
13 patients;

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

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

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

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

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

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

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

38 (12) "Rescue service" means any organization, whether profit or
39 nonprofit, whose primary purpose is to search for persons who have
40 become lost or to render emergency service to persons who are in
41 dangerous or perilous circumstances;

42 (13) "Provider" means any person, corporation or organization,

43 whether profit or nonprofit, whose primary purpose is to deliver
44 medical care or services, including such related medical care services
45 as ambulance transportation;

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

47 (15) "Paramedic" means a person licensed pursuant to section 20-
48 206ll;

49 (16) "Commercial ambulance service" means an ambulance service
50 which primarily operates for profit;

51 (17) "Licensed ambulance service" means a commercial ambulance
52 service or a volunteer or municipal ambulance service issued a license
53 by the commissioner;

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

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

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

68 (21) "Nontransport emergency vehicle" means a vehicle used by
69 emergency medical technicians or paramedics in responding to
70 emergency calls that is not used to carry patients; and

71 (22) "Mutual aid call" means a call for emergency medical services
72 that, pursuant to the terms of a written agreement, is responded to by a
73 secondary or alternate emergency medical services provider if the
74 primary or designated emergency medical services provider is unable
75 to respond because such primary or designated provider is responding
76 to another call for emergency medical services or the ambulance or
77 nontransport emergency vehicle operated by such primary or
78 designated provider is out of service.

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

81 (a) The commissioner shall:

82 (1) With the advice of the Office of Emergency Medical Services
83 established pursuant to section 19a-178 and of an advisory committee
84 on emergency medical services and with the benefit of meetings held
85 pursuant to subsection (b) of section 19a-184, adopt every five years a
86 state-wide plan for the coordinated delivery of emergency medical
87 services;

88 (2) License or certify the following: (A) Ambulance operations,
89 ambulance drivers, emergency medical technicians and
90 communications personnel; (B) emergency room facilities and
91 communications facilities; and (C) transportation equipment, including
92 land, sea and air vehicles used for transportation of patients to
93 emergency facilities and periodically inspect life saving equipment,
94 emergency facilities and emergency transportation vehicles to insure
95 that state standards are maintained;

96 (3) Annually inventory emergency medical services resources
97 within the state, including facilities, equipment, and personnel, for the
98 purposes of determining the need for additional services and the
99 effectiveness of existing services;

100 (4) Review and evaluate all area-wide plans developed by the

101 emergency medical services councils pursuant to section 19a-182 in
102 order to insure conformity with standards issued by [said] the
103 commissioner;

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

108 (6) Establish such minimum standards and adopt such regulations
109 in accordance with the provisions of chapter 54, as may be necessary to
110 develop the following components of an emergency medical service
111 system: (A) Communications, which shall include, but not be limited
112 to, equipment, radio frequencies and operational procedures; (B)
113 transportation services, which shall include, but not be limited to,
114 vehicle type, design, condition and maintenance, life saving equipment
115 and operational procedure; (C) training, which shall include, but not
116 be limited to, emergency medical technicians, communications
117 personnel, paraprofessionals associated with emergency medical
118 services, firefighters and state and local police; and (D) emergency
119 medical service facilities, which shall include, but not be limited to,
120 categorization of emergency departments as to their treatment
121 capabilities and ancillary services;

122 (7) Coordinate training of all personnel related to emergency
123 medical services;

124 (8) [Develop] (A) Not later than January 1, 2001, develop or cause to
125 be developed a data collection system [which shall include a method of
126 uniform patient record keeping which] that will follow a patient from
127 initial entry into the emergency medical service system through
128 [discharge from] arrival at the emergency room. The commissioner
129 shall, on a monthly basis, collect the following information from each
130 person or emergency medical service organization licensed or certified
131 under section 19a-180 that provides emergency medical services: (i)
132 The total number of calls for emergency medical services received by

133 such person or emergency medical service organization during the
134 reporting month; (ii) each level of emergency medical services, as
135 defined in regulations adopted pursuant to section 19a-179, required
136 for each such call; (iii) the response time for each level of emergency
137 medical services furnished during the reporting month; (iv) the
138 number of passed calls, cancelled calls and mutual aid calls during the
139 reporting month; and (v) for the reporting month, the prehospital data
140 for the nonscheduled transport of trauma patients required by
141 regulations adopted pursuant to subdivision (6) of this section. The
142 information required under this subdivision may be submitted in any
143 written or electronic form selected by such person or emergency
144 medical service organization and approved by the commissioner,
145 provided the commissioner shall take into consideration the needs of
146 such person or emergency medical service organization in approving
147 such written or electronic form. The commissioner may conduct an
148 audit of any such person or emergency medical service organization as
149 the commissioner deems necessary in order to verify the accuracy of
150 such reported information.

151 (B) The commissioner shall prepare a report that shall include, but
152 not be limited to, the following information: (i) The total number of
153 calls for emergency medical services received during the reporting
154 year by each person or emergency medical service organization
155 licensed or certified under section 19a-180; (ii) the level of emergency
156 medical services required for each such call; (iii) the name of the
157 provider of each such level of emergency medical services furnished
158 during the reporting year; (iv) the response time, by time ranges or
159 fractile response times, for each such level of emergency medical
160 service, using a common definition of response time, as provided in
161 regulations adopted pursuant to section 19a-179; and (v) the number of
162 passed calls, cancelled calls and mutual aid calls during the reporting
163 year. The commissioner shall prepare such report in a format that
164 categorizes such information for each municipality in which the
165 emergency medical services were provided, with each such
166 municipality grouped according to urban, suburban and rural

167 classifications. Not later than March 31, 2002, and annually thereafter,
168 the commissioner shall submit such report to the joint standing
169 committee of the General Assembly having cognizance of matters
170 relating to public health, shall make such report available to the public
171 and shall post such report on the Department of Public Health web site
172 on the Internet.

173 (C) If any person or emergency medical service organization
174 licensed or certified under section 19a-180 does not submit the
175 information required under subparagraph (A) of this subdivision for a
176 period of six consecutive months, or if the commissioner believes that
177 such person or emergency medical service organization knowingly or
178 intentionally submitted incomplete or false information, the
179 commissioner shall issue a written order directing such person or
180 emergency medical service organization to comply with the provisions
181 of subparagraph (A) of this subdivision and submit all missing
182 information or such corrected information as the commissioner may
183 require. If such person or emergency medical service organization fails
184 to fully comply with such order not later than three months from the
185 date such order is issued, the commissioner shall conduct a hearing, in
186 accordance with chapter 54, at which such person or emergency
187 medical service organization shall be required to show cause why the
188 primary service area assignment of such person or emergency medical
189 service organization should not be revoked; and

190 (9) (A) Establish rates for the conveyance of patients by licensed
191 ambulance services and invalid coaches and establish an emergency
192 service rate for certified ambulance services provided the present rates
193 established by the Public Utilities Commission for such services and
194 vehicles shall remain in effect until such time as the commissioner
195 establishes a new rate schedule as provided [herein,] in this
196 subdivision; and (B) adopt regulations, in accordance with the
197 provisions of chapter 54, establishing methods for setting rates and
198 conditions for charging such rates.

199 Sec. 3. Subsection (c) of section 28-24 of the general statutes is
200 repealed and the following is substituted in lieu thereof:

201 (c) Within a time period determined by the commissioner to ensure
202 the availability of funds for the fiscal year beginning July 1, 1997, to the
203 regional public safety emergency telecommunications centers within
204 the state, and not later than April first of each year thereafter, the
205 commissioner shall determine the amount of funding needed for the
206 development and administration of the enhanced emergency 9-1-1
207 program. The commissioner shall specify the expenses associated with
208 (1) the purchase, installation and maintenance of new public safety
209 answering point terminal equipment, (2) the implementation of the
210 subsidy program, as described in subdivision (2) of subsection (a) of
211 this section, (3) the implementation of the transition grant program,
212 described in subdivision (2) of subsection (a) of this section, (4) the
213 implementation of the regional emergency telecommunications service
214 credit, as described in subdivision (2) of subsection (a) of this section,
215 (5) the training of personnel, as necessary, (6) recurring expenses and
216 future capital costs associated with the telecommunications network
217 used to provide emergency 9-1-1 service, [and] (7) for the fiscal year
218 beginning July 1, 2000, and each fiscal year thereafter, the collection,
219 maintenance and reporting of emergency medical services data, as
220 required under subsection (f) of section 28-25b, as amended by this act,
221 provided the amount of expenses specified under this subdivision
222 shall not exceed two hundred fifty thousand dollars in any fiscal year,
223 (8) for the fiscal year beginning July 1, 2000, and each fiscal year
224 thereafter, the reimbursement of emergency medical dispatch start-up
225 costs pursuant to subdivision (4) of subsection (g) of section 28-25b, as
226 amended by this act, and (9) the administration of the enhanced
227 emergency 9-1-1 program by the Office of State-Wide Emergency
228 Telecommunications, as the commissioner determines to be reasonably
229 necessary. The commissioner shall communicate [his] the
230 commissioner's findings to the chairman of the Public Utilities Control
231 Authority not later than April first of each year.

232 Sec. 4. Section 28-25 of the general statutes is amended by adding
233 subdivision (15) as follows:

234 (NEW) (15) "Emergency medical dispatch" means the management
235 of requests for emergency medical assistance by utilizing a system of
236 (A) tiered response or priority dispatching of emergency medical
237 resources based on the level of medical assistance needed by the
238 victim, and (B) prearrival first aid or other medical instructions given
239 by trained personnel who are responsible for receiving 9-1-1 calls and
240 directly dispatching emergency response services.

241 Sec. 5. Section 28-25b of the general statutes is repealed and the
242 following is substituted in lieu thereof:

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

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

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

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

261 (e) A private company, corporation or institution which has full-

262 time law enforcement, fire fighting and emergency medical service
263 personnel, with the approval of the office and the municipality in
264 which it is located, may establish 9-1-1 service to enable users of
265 telephones within their private branch exchange to reach a private
266 safety answering point by dialing the digits "9-1-1". Such 9-1-1 service
267 shall provide the capability to deliver and display automatic number
268 identification and automatic location identification by electronic or
269 manual methods approved by the office to the private safety
270 answering point. Prior to the installation and utilization of such 9-1-1
271 service, each municipality in which it will function, shall submit a
272 private branch exchange 9-1-1 utilization plan to the office in a format
273 approved by the office. Such plan shall be approved by the chief
274 executive officer of such municipality who shall attest that the dispatch
275 of emergency response services from a private safety answering point
276 is equal to, or better than, the emergency response services dispatched
277 from a public safety answering point.

278 (f) On and after January 1, 2001, each public safety answering point
279 shall submit to the office, on a quarterly basis, a report of the calls for
280 emergency medical services received by the public safety answering
281 point. Such report shall include, but not be limited to, the following
282 information: (1) The number of 9-1-1 calls during the reporting quarter
283 that involved a medical emergency; and (2) for each such call, the
284 elapsed time period from the time the call was received to the time the
285 call was answered, and the elapsed time period from the time the call
286 was answered to the time emergency response services were
287 dispatched or the call was transferred or relayed to another public
288 safety agency or private safety agency, expressed in time ranges or
289 fractile response times. On an annual basis, the office shall furnish
290 such information to the Commissioner of Public Health, shall make
291 such information available to the public and shall post such
292 information on its web site on the Internet.

293 (g) (1) Not later than July 1, 2004, each public safety answering point

294 shall provide emergency medical dispatch, or shall arrange for
295 emergency medical dispatch to be provided by a public safety agency,
296 private safety agency or regional emergency telecommunications
297 center, in connection with all 9-1-1 calls received by such public safety
298 answering point for which emergency medical services are required.
299 Any public safety answering point that arranges for emergency
300 medical dispatch to be provided by a public safety agency, private
301 safety agency or regional emergency telecommunications center shall
302 file with the office such documentation as the office may require to
303 demonstrate that such public safety agency, private safety agency or
304 regional emergency telecommunications center satisfies the
305 requirements of subdivisions (2) and (3) of this subsection.

306 (2) Each public safety answering point, public safety agency, private
307 safety agency or regional emergency telecommunications center
308 performing emergency medical dispatch in accordance with
309 subdivision (1) of this subsection shall establish and maintain an
310 emergency medical dispatch program. Such program shall include, but
311 not be limited to, the following elements: (A) Medical interrogation,
312 dispatch prioritization and prearrival instructions in connection with
313 9-1-1 calls requiring emergency medical services shall be provided
314 only by personnel who have been trained in emergency medical
315 dispatch through satisfactory completion of a training course provided
316 or approved by the office under subdivision (3) of this subsection; (B) a
317 medically approved emergency medical dispatch priority reference
318 system shall be utilized by such personnel; (C) emergency medical
319 dispatch continuing education shall be provided for such personnel;
320 (D) a mechanism shall be employed to detect and correct discrepancies
321 between established emergency medical dispatch protocols and actual
322 emergency medical dispatch practice; and (E) a quality assurance
323 component shall be implemented to monitor, at a minimum, (i)
324 emergency medical dispatch time intervals, (ii) the utilization of
325 emergency medical dispatch program components, and (iii) the
326 appropriateness of emergency medical dispatch instructions and

327 dispatch protocols. The quality assurance component shall provide for
328 an ongoing review of the effectiveness of the emergency medical
329 dispatch program by a physician trained in emergency medicine.

330 (3) Not later than July 1, 2001, the office shall provide an emergency
331 medical dispatch training course, or approve any emergency medical
332 dispatch training course offered by other providers, that meets the
333 requirements of the U.S. Department of Transportation, National
334 Highway Traffic Safety Administration, Emergency Medical Dispatch
335 (EMD): National Standard Curriculum, as from time to time amended.

336 (4) The office shall reimburse each public safety answering point or
337 regional emergency telecommunications center performing emergency
338 medical dispatch in accordance with subdivision (1) of this subsection
339 for start-up costs related to the initial training of emergency medical
340 dispatch personnel and the purchase of an emergency medical
341 dispatch priority reference card set. Before any such reimbursement is
342 approved, the office shall require proof satisfactory to the office that
343 the public safety answering point or regional emergency
344 telecommunications center has established an emergency medical
345 dispatch program in compliance with subdivision (2) of this
346 subsection.

347 Sec. 6. This act shall take effect July 1, 2000.

Statement of Purpose:

To improve the collection, maintenance and reporting of emergency medical services data and to require the availability of emergency medical dispatch to all 9-1-1 callers requiring medical assistance.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]