

Written Testimony of
Gregory B. Allard, Vice President
American Ambulance Service, Inc.

Appropriations Committee

Thursday, February 11, 2010

My name is Greg Allard and I am the Vice President of American Ambulance Service, Inc. (AASI) located in Norwich, CT. We provide EMS services, both emergent and non-emergent throughout all of Eastern CT. I have been involved in EMS system since 1992 and our company has been providing service since 1972..

I am writing in **opposition of sections 38, 39a, and 40(11) of the Governor's Bill No. 32, *An Act Implementing the Governor's Budget Recommendations Concerning Social Services.***

This bill proposes a 5.9 million dollar savings by introducing stretcher vans into the CT transportation and EMS systems. Last year many of you helped pass PA 09-16 AAC Patient Safety as representatives from our industry pointed out many safety concerns we had related to stretcher vans. While we understand the need to find areas to save money; this is an area we don't feel should be involved in cutting expenses for the obvious reason; **patient safety.**

Connecticut's Emergency Medical Services System is a balanced network of volunteer, municipal, private and not-for-profit service providers. The system was developed to provide structure and set quality standards for the delivery of emergency medical care and transportation. The system has the integrity of high quality care and vehicle and equipment safety. The introduction of stretcher vans will compromise this integrity by placing patients on stretchers into a vehicle,

not built to the same standards, operated by people with no medical training.

The EMS system as we know it today is structured in such a way that should reassure the CT residents there will be an ambulance(s) responding. Introducing stretcher vans will take the system back a few steps by severely compromising patients in their greatest time of need. This will happen as services such as AASI remove ambulances from their fleet because the, already justified, workload will no longer be there to support these valuable assets.

Also included in this bill is the redefining of “medical necessity and appropriateness”. It is my understanding that the general assembly has already formed a task force to look into medical efficiencies. I had heard this process has found that Connecticut’s definition was very close to that of our neighboring states. I urge you to look into the results of this task force and hope that they and you come to the same conclusion we have, in that a change to the SAGA medical necessity definition will leave an already needy population of people without access to healthcare.

In closing, I would again urge this body to **oppose sections 38, 39a, and 40(11) of the Governors Bill No. 32.**

Respectfully submitted,

Gregory B. Allard
Vice President