



Association of Connecticut Ambulance Providers

Aetna Ambulance :- Ambulance Service of Manchester :- American Ambulance Service
American Medial Response :-Campion Ambulance Service :- Hunter's Ambulance Service

Testimony of
David D. Lowell, President
Association of Connecticut Ambulance Providers

Appropriations Committee

Thursday, February 11, 2010

Senator Harp, Representative Geragosian and distinguished members of the Appropriations Committee.

My name is David Lowell. I am President of the Association of Connecticut Ambulance Providers.

I am speaking on behalf of our membership 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.***

There are currently two modes of ground medical transportation regulated by the Department of Public Health, Invalid Coach and Ambulance.

Section 19a-175 of the supplement to the general statutes defines "Invalid Coach" as "means a vehicle used exclusively for the transportation of non ambulatory patients, who are not confined to stretcher, to or from a medical facility or the patient's home in nonemergency situations..."

"Ambulance" means a motor vehicle specifically designed to carry patients.

Section 19a-180(a) in part states "No person shall operate any ambulance service, rescue service or management service or otherwise transport in a motor vehicle a patient on a stretcher without either a license or a certificate issued by the commissioner..."

These sections of statute exist for the health and safety of the general public. These and other related statutes and regulations clearly define licensure and certification standards for both the vehicles that carry the patients as well as the highly skilled professionals who operate the vehicles and care for the patients. The design and construction of the ambulances are also regulated by very stringent federal KKK specifications which include very specific criteria for the safe installation and securing of the stretcher. Stretcher transports that occur today must meet a strict test for medical necessity.

The proposed changes in this bill in sections 38, 39a, and 40 (11), disregard these health and safety measures that have been in place for nearly four decades.

Suggesting that a patient who requires a stretcher for transport does not have a medical condition is troubling. Suggesting that patients who are covered under state services should receive less of a quality of care from unskilled drivers is disturbing.

Connecticut's Emergency Medical Services System is a balanced network of volunteer, municipal, private and not-for-profit service providers. The system was developed in the 1970's to provide structure and set quality standards for the delivery of emergency medical care and transportation. The system has the integrity of high quality care and vehicle and equipment safety accountability through three related and essential components of our regulations:

- Primary Service Area Assignments.
- Certificate of Need Process.
- Rate Setting and Regulations.

This statewide system has a capacity of ambulances that has been constructed through nearly forty years of development in response to changing demands of both emergency and non emergency call volumes. This balance effectively utilizes ambulance resources and maintains the ability to expand and contract the system efficiently. The balance between emergency and non emergency ambulance transportation is vital to the overall EMS response infrastructure and moderates the reimbursement rates without a disproportionate burden on the various payers.

On nearly a daily basis, our companies are called upon to provide mutual aid ambulances to single ambulance communities to assist them in handling multiple emergency calls. Additionally, this system has a structured surge capacity to respond resources at a moment's notice to large scale incidents such as the most recent power plant explosion, where nearly forty (40) ambulances were immediately mobilized from services around the state to provide the necessary capacity to deal with the possibility of over 100 patients that were initially reported.

The introduction of stretcher vans will significantly compromise this capacity. Ambulance companies will not be able to afford to keep their current fleet of ambulances sitting idle and the collateral risks associated with this could be catastrophic.

We urge you to **Oppose sections 38, 39a, and 40(11) of this bill as we believe** it severely jeopardizes the health and safety of patients.

Respectfully Submitted,



David D. Lowell
President