



# Association of Connecticut Ambulance Providers

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Actna 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

Human Services Committee

Tuesday, March 15, 2011

Senator Musto, Representative Tercyak and distinguished members of the Human Services 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 section(s) 10, 11, and 12 of the Governor's Bill No. 1013, *An Act Implementing the Governor's Budget Recommendations Concerning Human Services*.

These sections outline recommendations to modify statute and introduce the concept of a "stretcher van" as an accepted means of transportation for medical patients confined to a stretcher and "who must be transported in a prone position".

Stretcher transportation requires specialized equipment and training for the personnel to safely move and transport. Non emergency medical transportation was redesigned in 1998 with the introduction of independent brokers who, under contract with the state DSS make the determination of medical necessity and drive the transport selection to the lower cost, most appropriate form of transportation. This system has achieved great savings for the state over the past thirteen years.

Transportation of Non emergency medical patients is separated into three categories

1. Those who can walk without assistance
2. Those who can tolerate a wheelchair for transport and who don't require Special lifting or moving equipment, and who don't require medical surveillance.
3. Those who through their medical condition, require a stretcher, and specialized equipment to lift and move the patient from their point of pick up to the stretcher, and from their stretcher to their point of destination. These patients by virtue of the physical-medical disability require the special training of ambulance personnel to lift, move, and carry the patient into and out of their residence.

It is our contention that the population of patients that is being considered as the basis for this part of the bill, are already going by the lower cost form of transportation – Medical Livery and Wheelchair.

We base this on the standards of care and medical necessity that have existed under well designed statute and regulations that were created with the welfare of the patient's health and safety in mind.

The three modes of ground medical transportation listed above (Medical Livery, Invalid Coach and Ambulance) are regulated by the Department of Public Health and exist for the health and safety of the general public. These 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.

Medicare covers medically necessary ambulance transports for covered beneficiaries. Medicare does not cover stretcher van. The state would bear the entire cost burden for this proposed population of patients that Medicare now covers. We maintain that this alone may very well cost the state additional money.

These are not "taxi" patients! These patients that require "stretcher" transport are just that, patients. They require specific lifting and moving assistance and equipment, and need to be transported in a vehicle properly equipped to safely secure them, by technicians that are trained to properly move them and assess their medical or physical needs. The proposed changes in this bill in sections 10, 11, and 12), disregard 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.

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 10, 11 and 12 of this bill as we believe it severely jeopardizes the health and safety of patients.***

Respectfully Submitted,

A handwritten signature in black ink, appearing to read 'David D. Lowell', written in a cursive style.

David D. Lowell  
President