

**TESTIMONY OF GARY B. O'CONNOR  
BEFORE THE HUMAN SERVICES COMMITTEE  
OF THE GENERAL ASSEMBLY**

**MARCH 15, 2011**

**IN OPPOSITION TO GOVERNOR'S BILL NO. 1013**

**SECTIONS 10-13 RE: STRETCHER VAN PRORAM**

Good Morning, my name is Gary O'Connor. I am a partner at the law firm of McElroy, Deutsch, Mulvaney & Carpenter, LLP. I have had more than 17 years of experience representing ambulance providers in the State of Connecticut. I am here on behalf of the Association of Connecticut Ambulance Providers (ACAP). I would like to thank the Appropriations Committee for the opportunity to speak today in opposition to Governor's Bill No. 1013 , Sections 10-13, regarding removing Stretchers from ambulance service. The proposed Bill raises very important concerns regarding patient safety in the State of Connecticut and is contrary to the high levels of patient care currently provided by ambulance providers throughout the State. It would subject the poorest and neediest of our State to inferior patient care.

In the past few years, the use of stretcher vans to transport patients who are confined to stretchers has increased in some parts of the country, including at least one of our neighboring states. This dangerous trend has now crept closer to home. ACAP believes that it is not in the best interest of patient safety to transport patients confined to stretchers in so-called stretcher vans. The safety of patients is put at risk when they are not transported in vehicles that are staffed and equipped to meet their medical needs. Generally, stretcher vans are staffed by only one person, who is not trained to the level of ambulance personnel. Ambulances are staffed by two medically trained individuals so

that the stretcher bound patient can be properly attended to while the ambulance is being driven.

ACAP acknowledges that transportation providers, licensed by the Department of Transportation, serve an important role in the transportation of individuals requiring a lesser level of care, such as those individuals being transported to and from methadone clinics. However, these providers do not possess the skills necessary to safely transport stretcher patients. A stretcher-bound patient by definition has advanced medical needs. This type of patient requires medical observation and handling by at least an EMT in a vehicle which is equipped with patient monitoring and management equipment.

Currently, the medical transportation of stretcher-bound patients is being operated safely and efficiently under the oversight of the Department of Public Health in vehicles that are inspected by the Department on a regular basis and staffed with emergency medical technicians who are required to complete rigorous training and recertification programs. It would be a folly, indeed, to permit an inferior form of transportation which is not regulated by the Department of Public Health.

The proposed Bill offers no specifics and no standards to follow, making it easy for unscrupulous people with absolutely no medical background to operate a stretcher van in Connecticut. The State of New York has seen a number of lawsuits brought by patients harmed by unscrupulous providers who provide sub-standard service. Is this really what the State of Connecticut wants for its poorest and neediest residents? Many states prohibit stretcher vans; however, in many of those states that permit these vehicles, there are comprehensive statutes that (i) clearly define what types of persons are permitted to be transported by a stretcher van; (ii) clearly prevent patients with medical

conditions from being transported in a stretcher van; (iii) regulate stretcher van services through a medical or public health agency; (iv) require two attendants, one of whom has medical training; and (v) require certain medical equipment in a stretcher van. The proposed Bill is devoid of these standards.

The problem with stretcher vans as a transport option is that it makes it too attractive for a person with no medical training to use stretcher vans excessively and inappropriately to save money. “Medical necessity” is vague enough and it is often difficult to determine whether a wheelchair van service should be used as opposed to an ambulance transport. The line of demarcation is even more complex in determining to make a distinction between a stretcher bound person who does not need medical observation or care and one that does. Generally, if a person is ill or debilitated enough to need a stretcher, more than likely that person needs a medically trained individual in the back of an ambulance to assist or monitor him or her as well. What we will see instead, in an attempt to save money, is a person with no medical training opting for a less costly stretcher van transport. Patient safety will be at risk.

The use of stretcher vans creates a whole host of liability issues. If the patient is transported by stretcher van and there is an adverse outcome in transit, who is at fault? The transport provider that took a patient it could not appropriately care for; or the hospital or skilled nursing facility that requested the stretcher van to save money. Perhaps it will be the State of Connecticut itself if it contracts with an outside vendor to manage the Medicaid transports. In reality, everyone will be sued.

ACAP appreciates the State’s need to find cost savings wherever possible. However, we respectfully suggest that in the State’s effort to find additional cost savings

in the area of ambulance transports, it has offered a stretcher van program without fully researching the patient risk and financial issues adequately, failed to consult with commercial ambulance providers in the State and as a consequence, offered a bill that fails to contain reasonable standards necessary to protect patients.

It has been suggested that the use of stretcher vans could save \$6 million, but the ambulance community has not been given any underlying data which supports that contention. No data has been offered as to the price per trip or the percentage of Medicaid non-emergency ambulance transports which will be converted to stretcher van trips. We respectfully submit when all of the factors are looked into, the actual cost savings will be nominal.

In conclusion, ACAP believes that the emergence of stretcher vans as a substitute for regulated medical transportation creates a huge patient safety issue. In our opinion, stretcher vans are an unsafe mode of transportation for stretcher bound patients. With the passage of sections 10-13 of the Governor's bill, Connecticut will see more stretcher bound patients inappropriately placed with lower level transportation providers at great potential risk to patient health and safety.