



General Assembly

**Substitute Bill No. 997**

January Session, 2011

\* \_\_\_\_\_SB00997GAE\_\_\_041311\_\_\_\_\_\*

**AN ACT CONCERNING THE DEPARTMENT OF EMERGENCY  
MANAGEMENT AND HOMELAND SECURITY.**

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

1 Section 1. (NEW) (*Effective July 1, 2011*) On the effective date of this  
2 section, the Department of Emergency Management and Homeland  
3 Security shall assume all responsibilities for the Commission on Fire  
4 Prevention and Control pursuant to any provision of the general  
5 statutes. The transfer of functions, powers, duties, obligations,  
6 including, but not limited to, contract obligations, the continuance of  
7 orders and regulations, the effect upon pending actions and  
8 proceedings, the completion of unfinished business, and the transfer of  
9 records and property of the Commission on Fire Prevention and  
10 Control from the Department of Public Safety to the Department of  
11 Emergency Management and Homeland Security shall be governed by  
12 the provisions of sections 4-38d, 4-38e and 4-39 of the general statutes.

13 Sec. 2. Section 7-323k of the general statutes is repealed and the  
14 following is substituted in lieu thereof (*Effective July 1, 2011*):

15 (a) There is established a Commission on Fire Prevention and  
16 Control to consist of twelve members appointed by the Governor. The  
17 State Fire Marshal or [his] the State Fire Marshal's designee and the  
18 chancellor of the community-technical colleges or [his] the chancellor's  
19 designee shall serve as ex-officio, voting members of said commission.

20 Of the twelve members appointed by the Governor, two shall  
21 represent The Connecticut State Firemen's Association, two shall  
22 represent the Connecticut Fire Chiefs Association, two shall represent  
23 the Uniformed Firefighters of the International Association of  
24 Firefighters, AFL-CIO, two shall represent the Connecticut Fire  
25 Marshals Association, two shall represent the Connecticut Fire  
26 Department Instructors Association and two shall represent the  
27 Connecticut Conference of Municipalities.

28 (b) On or before July fifteenth, annually, each organization to be  
29 represented on said commission shall submit to the Governor a list of  
30 nominees for appointment to said commission, which list the Governor  
31 may use when making [his] appointments to said commission. On or  
32 before September 1, 1975, the Governor shall appoint eight members of  
33 said commission to serve for a term of three years and on or before  
34 September 1, 1976, [he] the Governor shall appoint four members for a  
35 term of one year. Thereafter [he] the Governor shall appoint members  
36 to said commission, to replace those whose terms have expired, to  
37 serve for three years. Persons appointed to said commission shall be  
38 qualified, by experience or education, in the fields of fire protection,  
39 fire prevention, fire suppression, fire fighting and related fields.

40 (c) The commission shall meet at such times and at such places as it  
41 deems proper. Said commission shall elect from its membership a  
42 chairman, vice chairman and secretary who shall serve a one year term  
43 commencing on October first of the year in which they are elected,  
44 provided nothing contained herein shall prevent their reelection to  
45 such office. No member of said commission shall receive compensation  
46 for his or her services.

47 (d) Members of the commission shall not be considered as holding  
48 public office solely by virtue of their membership on said commission.

49 (e) The commission shall be within the Department of [Public Safety  
50 for administrative purposes only] Emergency Management and  
51 Homeland Security.

52       Sec. 3. (NEW) (*Effective July 1, 2011*) On the effective date of this  
53 section, the Department of Emergency Management and Homeland  
54 Security shall assume all responsibilities for the Police Officer  
55 Standards and Training Council pursuant to any provision of the  
56 general statutes. The transfer of functions, powers, duties, obligations,  
57 including, but not limited to, contract obligations, the continuance of  
58 orders and regulations, the effect upon pending actions and  
59 proceedings, the completion of unfinished business, and the transfer of  
60 records and property of the Police Officer Standards and Training  
61 Council from the Division of State Police of the Department of Public  
62 Safety to the Department of Emergency Management and Homeland  
63 Security shall be governed by the provisions of sections 4-38d, 4-38e  
64 and 4-39 of the general statutes.

65       Sec. 4. Subsection (a) of section 7-294b of the general statutes is  
66 repealed and the following is substituted in lieu thereof (*Effective July*  
67 *1, 2011*):

68       (a) There shall be a Police Officer Standards and Training Council  
69 which shall be within the [Division of State Police of the Department of  
70 Public Safety for administrative purposes only] Department of  
71 Emergency Management and Homeland Security and which shall  
72 consist of the following members appointed by the Governor: (1) A  
73 chief administrative officer of a town or city in Connecticut; (2) the  
74 chief elected official or chief executive officer of a town or city in  
75 Connecticut with a population under twelve thousand which does not  
76 have an organized police department; (3) a member of the faculty of  
77 The University of Connecticut; (4) eight members of the Connecticut  
78 Police Chiefs Association who are holding office or employed as chief  
79 of police or the highest ranking professional police officer of an  
80 organized police department of a municipality within the state; (5) the  
81 Chief State's Attorney; (6) a sworn municipal police officer whose rank  
82 is sergeant or lower; and (7) five public members. The Commissioner  
83 of [Public Safety] Emergency Management and Homeland Security  
84 and the Federal Bureau of Investigation special agent-in-charge in  
85 Connecticut or their designees shall be voting ex-officio members of

86 the council. Any nonpublic member of the council shall immediately  
87 upon the termination of his or her holding the office or employment  
88 which qualified him or her for appointment cease to be a member of  
89 the council. A member appointed to fill a vacancy shall be appointed  
90 for the unexpired term of the member whom he or she is to succeed in  
91 the same manner as the original appointment. The Governor shall  
92 appoint a chairperson and the council shall appoint a vice-chairperson  
93 and a secretary from among the members. The members of the council  
94 shall serve without compensation but shall be entitled to actual  
95 expenses involved in the performance of their duties.

96 Sec. 5. (NEW) (*Effective July 1, 2011*) (a) There is established an  
97 Office of Education and Data Management which shall be in the  
98 Department of Emergency Management and Homeland Security. The  
99 Office of Education and Data Management shall be responsible for  
100 training and accrediting building and fire code officials and 9-1-1  
101 operators, as well as providing code-related instruction to individuals  
102 in allied trade professions. The office shall also manage the National  
103 Fire Incident Reporting System for the state.

104 (b) There is established a Council on Education and Data  
105 Management to advise the office in the planning, implementation and  
106 coordination of its' training, accreditation and management activities.  
107 The council shall be appointed by the Governor on or before October 1,  
108 2011, and shall consist of the following members: (1) One  
109 representative from the Department of Emergency Management and  
110 Homeland Security; (2) one representative from the Department of  
111 Public Safety; (3) the Deputy State Fire Marshal; (4) the State Building  
112 Inspector; (5) one manager or coordinator of 9-1-1 public safety  
113 answering points; (6) a municipal building code official; (7) a local fire  
114 marshal; and (8) a representative from a state-wide building  
115 inspectors' organization. Each member shall serve for a term of three  
116 years from October 1, 2011, or until a successor has been appointed  
117 and qualified. No member of the council shall receive compensation  
118 for such member's services.

119 Sec. 6. Subsection (a) of section 28-1b of the general statutes is  
120 repealed and the following is substituted in lieu thereof (*Effective July*  
121 *1, 2011*):

122 (a) There is established a state-wide Emergency Management and  
123 Homeland Security Coordinating Council to advise the Department of  
124 Public Safety, the Office of Emergency Management and, on and after  
125 January 1, 2005, the Department of Emergency Management and  
126 Homeland Security and, on and after July 1, 2011, the Commission on  
127 Fire Prevention and Control, the Police Officer Standards and Training  
128 Council, the Office of Education and Data Management, the Office of  
129 Emergency Medical Services and the Office of State-Wide Emergency  
130 Telecommunications with respect to: (1) Application and distribution  
131 of federal or state funds for emergency management and homeland  
132 security; (2) planning, design, implementation and coordination of  
133 state-wide emergency response systems; (3) assessing the state's  
134 overall emergency management and homeland security preparedness,  
135 policies and communications; (4) the recommendation of strategies to  
136 improve emergency response and incident management including, but  
137 not limited to, training and exercises, volunteer management,  
138 communications and use of technology, intelligence gathering,  
139 compilation and dissemination, the development, coordination and  
140 implementation of state and federally required emergency response  
141 plans, and the assessment of the state's use of regional management  
142 structures; [and] (5) strengthening consultation, planning, cooperation  
143 and communication among federal, state and local governments, the  
144 Connecticut National Guard, police, fire, emergency medical and other  
145 first responders, emergency managers, public health officials, private  
146 industry and community organizations; and (6) any issues within the  
147 purview of the Commission on Fire Prevention and Control, the Police  
148 Officer Standards and Training Council, the Office of Education and  
149 Data Management, the Office of Emergency Medical Services and the  
150 Office of State-Wide Emergency Telecommunications. The council  
151 shall advise the Governor and the General Assembly on its findings  
152 and efforts to secure the state from all disasters and emergencies and

153 to enhance the protection of the citizens of the state.

154 Sec. 7. (NEW) (*Effective July 1, 2011*) On the effective date of this  
155 section, the Department of Emergency Management and Homeland  
156 Security shall assume all responsibilities for the Office of Emergency  
157 Medical Services pursuant to any provision of the general statutes. The  
158 transfer of functions, powers, duties, obligations, including, but not  
159 limited to, contract obligations, the continuance of orders and  
160 regulations, the effect upon pending actions and proceedings, the  
161 completion of unfinished business, and the transfer of records and  
162 property of the Office of Emergency Medical Services from the  
163 Department of Public Health to the Department of Emergency  
164 Management and Homeland Security shall be governed by the  
165 provisions of sections 4-38d, 4-38e and 4-39 of the general statutes.

166 Sec. 8. Section 19a-175 of the general statutes is repealed and the  
167 following is substituted in lieu thereof (*Effective July 1, 2011*):

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

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

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

175 (3) "Ambulance" means a motor vehicle specifically designed to  
176 carry patients;

177 (4) "Ambulance service" means an organization which transports  
178 patients;

179 (5) "Emergency medical technician" means an individual who has  
180 successfully completed the training requirements established by the  
181 commissioner and has been certified by the Department of [Public  
182 Health] Emergency Management and Homeland Security;

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

185 (7) "Emergency medical services instructor" means a person who is  
186 certified by the Department of [Public Health] Emergency  
187 Management and Homeland Security to teach courses, the completion  
188 of which is required in order to become an emergency medical  
189 technician;

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

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

195 (10) "Emergency medical service organization" means any  
196 organization whether public, private or voluntary which offers  
197 transportation or treatment services to patients under emergency  
198 conditions;

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

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

208 (13) "Provider" means any person, corporation or organization,  
209 whether profit or nonprofit, whose primary purpose is to deliver  
210 medical care or services, including such related medical care services  
211 as ambulance transportation;

212 (14) "Commissioner" means the Commissioner of [Public Health]

213 Emergency Management and Homeland Security;

214 (15) "Paramedic" means a person licensed pursuant to section 20-  
215 206ll;

216 (16) "Commercial ambulance service" means an ambulance service  
217 which primarily operates for profit;

218 (17) "Licensed ambulance service" means a commercial ambulance  
219 service or a volunteer or municipal ambulance service issued a license  
220 by the commissioner;

221 (18) "Certified ambulance service" means a municipal or volunteer  
222 ambulance service issued a certificate by the commissioner;

223 (19) "Management service" means an employment organization that  
224 does not own or lease ambulances or other emergency medical  
225 vehicles and that provides emergency medical technicians or  
226 paramedics to an emergency medical service organization;

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

235 (21) "Mutual aid call" means a call for emergency medical services  
236 that, pursuant to the terms of a written agreement, is responded to by a  
237 secondary or alternate emergency medical services provider if the  
238 primary or designated emergency medical services provider is unable  
239 to respond because such primary or designated provider is responding  
240 to another call for emergency medical services or the ambulance or  
241 nontransport emergency vehicle operated by such primary or  
242 designated provider is out of service. For purposes of this subdivision,

243 "nontransport emergency vehicle" means a vehicle used by emergency  
244 medical technicians or paramedics in responding to emergency calls  
245 that is not used to carry patients;

246 (22) "Municipality" means the legislative body of a municipality or  
247 the board of selectmen in the case of a municipality in which the  
248 legislative body is a town meeting;

249 (23) "Primary service area" means a specific geographic area to  
250 which one designated emergency medical services provider is  
251 assigned for each category of emergency medical response services;

252 (24) "Primary service area responder" means an emergency medical  
253 services provider who is designated to respond to a victim of sudden  
254 illness or injury in a primary service area;

255 (25) "Interfacility critical care transport" means the interfacility  
256 transport of a patient between licensed hospitals;

257 (26) "Advanced emergency medical technician" means an individual  
258 who is certified as an advanced emergency medical technician by the  
259 Department of [Public Health] Emergency Management and  
260 Homeland Security;

261 (27) "Emergency medical responder" means an individual who is  
262 certified as an emergency medical responder by the Department of  
263 [Public Health] Emergency Management and Homeland Security;

264 (28) "Medical oversight" means the active surveillance by physicians  
265 of mobile intensive care sufficient for the assessment of overall practice  
266 levels, as defined by state-wide protocols;

267 (29) "Mobile intensive care" means prehospital care involving  
268 invasive or definitive skills, equipment, procedures and other  
269 therapies;

270 (30) "Office of Emergency Medical Services" means the office  
271 established within the Department of [Public Health Services]

272 Emergency Management and Homeland Security pursuant to section  
273 19a-178, as amended by this act; and

274 (31) "Sponsor hospital" means a hospital that has agreed to maintain  
275 staff for the provision of medical oversight, supervision and direction  
276 to an emergency medical service organization and its personnel and  
277 has been approved for such activity by the Office of Emergency  
278 Medical Services.

279 Sec. 9. Section 19a-176 of the general statutes is repealed and the  
280 following is substituted in lieu thereof (*Effective July 1, 2011*):

281 The Department of [Public Health] Emergency Management and  
282 Homeland Security shall be the lead agency for the state's emergency  
283 medical services program and shall be responsible for the planning,  
284 coordination and administration of a state-wide emergency medical  
285 care service system. The commissioner shall set policy and establish  
286 state-wide priorities for emergency medical services utilizing the  
287 services of the Department of [Public Health] Emergency Management  
288 and Homeland Security and the emergency medical services councils,  
289 as established by section 19a-183.

290 Sec. 10. Section 19a-178 of the general statutes is repealed and the  
291 following is substituted in lieu thereof (*Effective July 1, 2011*):

292 (a) There shall be established within the Department of [Public  
293 Health] Emergency Management and Homeland Security an Office of  
294 Emergency Medical Services. The office shall be responsible for  
295 program development activities, including, but not limited to: (1)  
296 Public education and information programs; (2) administering the  
297 emergency medical services equipment and local system development  
298 grant program; (3) planning; (4) regional council oversight; (5) training;  
299 and (6) providing staff support to the advisory board.

300 (b) The Office of Emergency Medical Services shall adopt a five-year  
301 planning cycle for the state-wide plan for the coordinated delivery of  
302 medical emergency services required by subsection (a) of this section.

303 The plan shall contain: (1) Specific goals for the delivery of such  
304 emergency medical services; (2) a time frame for achievement of such  
305 goals; (3) cost data and alternative funding sources for the  
306 development of such goals; and (4) performance standards for the  
307 evaluation of such goals.

308 (c) Not later than July 1, 2001, the Office of Emergency Medical  
309 Services shall, with the advice of the Emergency Medical Services  
310 Advisory Board established pursuant to section 19a-178a, as amended  
311 by this act, and the regional emergency medical services councils  
312 established pursuant to section 19a-183, develop model local  
313 emergency medical services plans and performance agreements to  
314 guide municipalities in the development of such plans and  
315 agreements. In developing the model plans and agreements, the office  
316 shall take into account (1) the differences in the delivery of emergency  
317 medical services in urban, suburban and rural settings, (2) the state-  
318 wide plan for the coordinated delivery of emergency medical services  
319 adopted pursuant to subdivision (1) of section 19a-177, and (3)  
320 guidelines or standards and contracts or written agreements in use by  
321 municipalities of similar population and characteristics.

322 Sec. 11. Section 19a-178a of the general statutes is repealed and the  
323 following is substituted in lieu thereof (*Effective July 1, 2011*):

324 (a) There is established within the Department of [Public Health]  
325 Emergency Management and Homeland Security an Emergency  
326 Medical Services Advisory Board.

327 (b) The advisory board shall consist of members appointed in  
328 accordance with the provisions of this subsection and shall include the  
329 Commissioner of [Public Health] Emergency Management and  
330 Homeland Security and the department's emergency medical services  
331 medical director, or their designees, and each of the regional medical  
332 service coordinators appointed pursuant to section 19a-186a, as  
333 amended by this act. The Governor shall appoint the following  
334 members: One person from each of the regional emergency medical

335 services councils; one person from the Connecticut Association of  
336 Directors of Health; three persons from the Connecticut College of  
337 Emergency Physicians; one person from the Connecticut Committee on  
338 Trauma of the American College of Surgeons; one person from the  
339 Connecticut Medical Advisory Committee; one person from the  
340 Emergency Department Nurses Association; one person from the  
341 Connecticut Association of Emergency Medical Services Instructors;  
342 one person from the Connecticut Hospital Association; two persons  
343 representing commercial ambulance providers; one person from the  
344 Connecticut Firefighters Association; one person from the Connecticut  
345 Fire Chiefs Association; one person from the Connecticut Chiefs of  
346 Police Association; one person from the Connecticut State Police; and  
347 one person from the Connecticut Commission on Fire Prevention and  
348 Control. An additional eighteen members shall be appointed as  
349 follows: Three by the president pro tempore of the Senate; three by the  
350 majority leader of the Senate; four by the minority leader of the Senate;  
351 three by the speaker of the House of Representatives; two by the  
352 majority leader of the House of Representatives and three by the  
353 minority leader of the House of Representatives. The appointees shall  
354 include a person with experience in municipal ambulance services; a  
355 person with experience in for-profit ambulance services; three persons  
356 with experience in volunteer ambulance services; a paramedic; an  
357 emergency medical technician; an advanced emergency medical  
358 technician; three consumers and four persons from state-wide  
359 organizations with interests in emergency medical services as well as  
360 any other areas of expertise that may be deemed necessary for the  
361 proper functioning of the advisory board.

362 (c) The Commissioner of [Public Health] Emergency Management  
363 and Homeland Security shall appoint a chairperson from among the  
364 members of the advisory board who shall serve for a term of one year.  
365 The advisory board shall elect a vice-chairperson and secretary. The  
366 advisory board shall have committees made up of such members as  
367 the chairperson shall appoint and such other interested persons as the  
368 committee members shall elect to membership. The advisory board

369 may, from time to time, appoint nonmembers to serve on such ad hoc  
370 committees as it deems necessary to assist with its functions. The  
371 advisory board shall develop bylaws. The advisory board shall  
372 establish a Connecticut Emergency Medical Services Medical Advisory  
373 Committee as a standing committee. The standing committee shall  
374 provide the commissioner, the advisory board and other ad hoc  
375 committees with advice and comment regarding the medical aspects of  
376 their projects. The standing committee may submit reports directly to  
377 the commissioner regarding medically-related concerns that have not,  
378 in the standing committee's opinion, been satisfactorily addressed by  
379 the advisory board.

380 (d) The term for each appointed member of the advisory board shall  
381 be coterminous with the appointing authority. Appointees shall serve  
382 without compensation.

383 (e) The advisory board, in addition to other power conferred and in  
384 addition to functioning in a general advisory capacity, shall assist in  
385 coordinating the efforts of all persons and agencies in the state  
386 concerned with the emergency medical service system, and shall  
387 render advice on the development of the emergency medical service  
388 system where needed. The advisory board shall make an annual report  
389 to the commissioner.

390 (f) The advisory board shall be provided a reasonable opportunity  
391 to review and make recommendations on all regulations, medical  
392 guidelines and policies affecting emergency medical services before  
393 the department establishes such regulations, medical guidelines or  
394 policies. The advisory board shall make recommendations to the  
395 Governor and to the General Assembly concerning legislation which,  
396 in the advisory board's judgment, will improve the delivery of  
397 emergency medical services.

398 Sec. 12. Subsection (a) of section 19a-178b of the general statutes is  
399 repealed and the following is substituted in lieu thereof (*Effective July*  
400 *1, 2011*):

401 (a) The Commissioner of [Public Health] Emergency Management  
402 and Homeland Security shall establish an Emergency Medical Services  
403 Equipment and Local System Development grant program. The  
404 program shall provide incentive grants for enhancing emergency  
405 medical services and equipment. The commissioner shall define the  
406 nature, description and systems designed for grant proposals.

407 Sec. 13. Subsection (a) of section 19a-184 of the general statutes is  
408 repealed and the following is substituted in lieu thereof (*Effective July*  
409 *1, 2011*):

410 (a) Each emergency medical services council shall (1) forward to the  
411 Commissioner of [Public Health] Emergency Management and  
412 Homeland Security the emergency medical services plan for its region,  
413 and (2) review and within sixty days forward to the commissioner,  
414 together with its recommendations, all grant and contract applications  
415 for federal and state funds pertaining to emergency medical services  
416 from the following entities within its region: (A) A unit of local  
417 government, (B) a public entity administering a compact or other  
418 regional arrangement or consortium, or (C) any other public entity or  
419 any nonprofit private agency.

420 Sec. 14. Subsection (b) of section 17a-679 of the general statutes is  
421 repealed and the following is substituted in lieu thereof (*Effective July*  
422 *1, 2011*):

423 (b) The Office of Emergency Medical Services within the  
424 Department of [Public Health] Emergency Management and  
425 Homeland Security shall be responsible for developing and  
426 implementing dispatch and field triage protocols to provide a  
427 mechanism for local response systems to utilize the least costly most  
428 appropriate form of transport for alcohol-dependent persons. Such  
429 dispatch and field protocols shall be developed on or before January 1,  
430 1995.

431 Sec. 15. (NEW) (*Effective July 1, 2011*) On the effective date of this  
432 section, the Department of Emergency Management and Homeland

433 Security shall assume all responsibilities for the Office of State-Wide  
434 Emergency Telecommunications pursuant to any provision of the  
435 general statutes. The transfer of functions, powers, duties, obligations,  
436 including, but not limited to, contract obligations, the continuance of  
437 orders and regulations, the effect upon pending actions and  
438 proceedings, the completion of unfinished business, and the transfer of  
439 records and property of the Office of State-Wide Emergency  
440 Telecommunications from the Department of Public Health to the  
441 Department of Emergency Management and Homeland Security shall  
442 be governed by the provisions of sections 4-38d, 4-38e and 4-39 of the  
443 general statutes.

444 Sec. 16. Subsections (a) and (b) of section 28-24 of the general  
445 statutes are repealed and the following is substituted in lieu thereof  
446 (*Effective July 1, 2011*):

447 (a) There is established an Office of State-Wide Emergency  
448 Telecommunications which shall be in the [Division of Fire,  
449 Emergency and Building Services within the Department of Public  
450 Safety] Department of Emergency Management and Homeland  
451 Security. The Office of State-Wide Emergency Telecommunications  
452 shall be responsible for developing and maintaining a state-wide  
453 emergency service telecommunications policy. In connection with said  
454 policy the office shall:

455 (1) Develop a state-wide emergency service telecommunications  
456 plan specifying emergency police, fire and medical service  
457 telecommunications systems needed to provide coordinated  
458 emergency service telecommunications to all state residents, including  
459 the physically disabled;

460 (2) Pursuant to the recommendations of the task force established by  
461 public act 95-318 to study enhanced 9-1-1 telecommunications services,  
462 and in accordance with regulations adopted prior to July 1, 2011, by  
463 the Commissioner of Public Safety or, on or after July 1, 2011, by the  
464 Commissioner of Emergency Management and Homeland Security

465 pursuant to subsection (b) of this section, develop and administer, by  
466 July 1, 1997, an enhanced emergency 9-1-1 program, which shall  
467 provide for: (A) The replacement of existing 9-1-1 terminal equipment  
468 for each public safety answering point; (B) the subsidization of  
469 regional public safety emergency telecommunications centers, with  
470 enhanced subsidization for municipalities with a population in excess  
471 of forty thousand; (C) the establishment of a transition grant program  
472 to encourage regionalization of public safety telecommunications  
473 centers; and (D) the establishment of a regional emergency  
474 telecommunications service credit in order to support regional  
475 dispatch services;

476 (3) Provide technical telecommunications assistance to state and  
477 local police, fire and emergency medical service agencies;

478 (4) Provide frequency coordination for such agencies;

479 (5) Coordinate and assist in state-wide planning for 9-1-1 and E 9-1-  
480 1 systems;

481 (6) Review and make recommendations concerning proposed  
482 legislation affecting emergency service telecommunications; and

483 (7) Review and make recommendations to the General Assembly  
484 concerning emergency service telecommunications funding.

485 (b) [The] Prior to July 1, 2011, the Commissioner of Public Safety  
486 and, on or after July 1, 2011, the Commissioner of Emergency  
487 Management and Homeland Security shall adopt regulations, in  
488 accordance with chapter 54, establishing eligibility standards for state  
489 financial assistance to local or regional police, fire and emergency  
490 medical service agencies providing emergency service  
491 telecommunications. Not later than April 1, 1997, the Commissioner of  
492 Public Safety, and, not later that July 1, 2011, the Commissioner of  
493 Emergency Management and homeland Security shall adopt  
494 regulations, in accordance with chapter 54, in order to carry out the  
495 provisions of subdivision (2) of subsection (a) of this section.

496 Sec. 17. Section. 28-29a of the general statutes is repealed and the  
497 following is substituted in lieu thereof (*Effective July 1, 2011*):

498 There is established an E 9-1-1 Commission to advise the office in  
499 the planning, design, implementation and coordination of the  
500 state-wide emergency 9-1-1 telephone system to be created pursuant to  
501 sections 28-25, 28-25a, 28-25b, 28-26, 28-27, 28-27a, 28-28, 28-28a,  
502 28-28b, 28-29 and 28-29b. The commission shall be appointed by the  
503 Governor on or before October 1, 1984, and shall consist of the  
504 following members: (1) One representative [of the technical support  
505 services unit of the Division of State Police within the Department of  
506 Public Safety] from the Department of Emergency Management and  
507 Homeland Security; (2) the State Fire Administrator; (3) one  
508 representative from the Office of Emergency Medical Services; (4) one  
509 representative [from the Department of Emergency Management and  
510 Homeland Security] of the technical support services unit of the  
511 Division of State Police within the Department of Public Safety; (5) one  
512 municipal police chief; (6) one municipal fire chief; (7) one volunteer  
513 fireman; (8) one representative of the Connecticut Conference of  
514 Municipalities; (9) one representative of the Council of Small Towns;  
515 (10) one manager or coordinator of 9-1-1 public safety answering  
516 points serving areas of differing population concentration; and (11)  
517 one representative of providers of commercial mobile radio services, as  
518 defined in 47 Code of Federal Regulations 20.3, as amended. Each  
519 member shall serve for a term of three years from July 1, 1984, or until  
520 a successor has been appointed and qualified. No member of the  
521 commission shall receive compensation for such member's services.

522 Sec. 18. Subparagraph (B) of subdivision (8) of section 19a-177 of the  
523 general statutes is repealed and the following is substituted in lieu  
524 thereof (*Effective July 1, 2011*):

525 (B) The commissioner shall prepare a report that shall include, but  
526 not be limited to, the following information: (i) The total number of  
527 calls for emergency medical services received during the reporting  
528 year by each licensed ambulance service or certified ambulance

529 service; (ii) the level of emergency medical services required for each  
530 such call; (iii) the name of the provider of each such level of emergency  
531 medical services furnished during the reporting year; (iv) the response  
532 time, by time ranges or fractile response times, for each licensed  
533 ambulance service or certified ambulance service, using a common  
534 definition of response time, as provided in regulations adopted  
535 pursuant to section 19a-179; and (v) the number of passed calls,  
536 cancelled calls and mutual aid calls during the reporting year. The  
537 commissioner shall prepare such report in a format that categorizes  
538 such information for each municipality in which the emergency  
539 medical services were provided, with each such municipality grouped  
540 according to urban, suburban and rural classifications. Not later than  
541 March 31, 2002, and annually thereafter, the commissioner shall  
542 submit such report to the joint standing committee of the General  
543 Assembly having cognizance of matters relating to public health, shall  
544 make such report available to the public and shall post such report on  
545 the Department of [Public Health] Emergency Management and  
546 Homeland Security web site on the Internet.

547 Sec. 19. Subdivision (10) of section 19a-177 of the general statutes is  
548 repealed and the following is substituted in lieu thereof (*Effective July*  
549 *1, 2011*):

550 (10) Research, develop, track and report on appropriate quantifiable  
551 outcome measures for the state's emergency medical services system  
552 and submit to the joint standing committee of the General Assembly  
553 having cognizance of matters relating to public [health] safety, in  
554 accordance with the provisions of section 11-4a, on or before July 1,  
555 2002, and annually thereafter, a report on the progress toward the  
556 development of such outcome measures and, after such outcome  
557 measures are developed, an analysis of emergency medical services  
558 system outcomes;

559 Sec. 20. Section 19a-179a of the general statutes is repealed and the  
560 following is substituted in lieu thereof (*Effective July 1, 2011*):

561 Notwithstanding any provision of the general statutes or any  
562 regulation adopted pursuant to this chapter, the scope of practice of  
563 any person certified or licensed as an emergency medical technician,  
564 advanced emergency medical technician or a paramedic under  
565 regulations adopted pursuant to section 19a-179 may include  
566 treatment modalities not specified in the regulations of Connecticut  
567 state agencies, provided such treatment modalities are (1) approved by  
568 the Connecticut Emergency Medical Services Medical Advisory  
569 Committee established pursuant to section 19a-178a, as amended by  
570 this act, and the Commissioner of Emergency Management and  
571 Homeland Security, in consultation with the Commissioner of Public  
572 Health, and (2) administered at the medical oversight and direction of  
573 a sponsor hospital, as defined in section 28-8b.

574 Sec. 21. Section 19a-179d of the general statutes is repealed and the  
575 following is substituted in lieu thereof (*Effective July 1, 2011*):

576 Notwithstanding the provisions of subdivision (1) of subsection (a)  
577 of section 19a-179 and section 19a-195b, as amended by this act, the  
578 Commissioner of [Public Health] Emergency Management and  
579 Homeland Security may implement policies and procedures  
580 concerning training, recertification and reinstatement of certification or  
581 licensure of emergency medical responders, emergency medical  
582 technicians, advanced emergency medical technicians and paramedics,  
583 while in the process of adopting such policies and procedures in  
584 regulation form, provided the commissioner prints notice of the intent  
585 to adopt regulations in the Connecticut Law Journal not later than  
586 thirty days after the date of implementation of such policies and  
587 procedures. Policies implemented pursuant to this section shall be  
588 valid until the time final regulations are adopted.

589 Sec. 22. Section 19a-181 of the general statutes is repealed and the  
590 following is substituted in lieu thereof (*Effective July 1, 2011*):

591 (a) Each ambulance or rescue vehicle used by an ambulance or  
592 rescue service shall be registered with the Department of Motor

593 Vehicles pursuant to chapter 246. Said Department of Motor Vehicles  
594 shall not issue a certificate of registration for any such ambulance or  
595 rescue vehicle unless the applicant for such certificate of registration  
596 presents to said department a safety certificate from the Commissioner  
597 of [Public Health] Emergency Management and Homeland Security  
598 certifying that said ambulance or rescue vehicle has been inspected  
599 and has met the minimum standards prescribed by the commissioner.  
600 Each vehicle so registered with the Department of Motor Vehicles shall  
601 be inspected once every two years thereafter by the Commissioner of  
602 [Public Health] Emergency Management and Homeland Security on or  
603 before the anniversary date of the issuance of the certificate of  
604 registration. Each inspector, upon determining that such ambulance or  
605 rescue vehicle meets the standards of safety and equipment prescribed  
606 by the Commissioner of [Public Health] Emergency Management and  
607 Homeland Security, shall affix a safety certificate to such vehicle in  
608 such manner and form as the commissioner designates, and such  
609 sticker shall be so placed as to be readily visible to any person in the  
610 rear compartment of such vehicle.

611 (b) The Department of Motor Vehicles shall suspend or revoke the  
612 certificate of registration of any vehicle inspected under the provisions  
613 of this section upon certification from the Commissioner of [Public  
614 Health] Emergency Management and Homeland Security that such  
615 ambulance or rescue vehicle has failed to meet the minimum standards  
616 prescribed by said commissioner.

617 Sec. 23. Section 19a-181a of the general statutes is repealed and the  
618 following is substituted in lieu thereof (*Effective July 1, 2011*):

619 The state shall save harmless and indemnify any person certified as  
620 an emergency medical services instructor by the Department of [Public  
621 Health] Emergency Management and Homeland Security under this  
622 chapter from financial loss and expense, including legal fees and costs,  
623 if any, arising out of any claim, demand, suit or judgment by reason of  
624 alleged negligence or other act resulting in personal injury or property  
625 damage, which acts are not wanton, reckless or malicious, provided

626 such person at the time of the acts resulting in such injury or damage  
627 was acting in the discharge of his duties in providing emergency  
628 medical services training and instruction.

629 Sec. 24. Section 19a-182 of the general statutes is repealed and the  
630 following is substituted in lieu thereof (*Effective July 1, 2011*):

631 (a) The emergency medical services councils shall advise the  
632 commissioner on area-wide planning and coordination of agencies for  
633 emergency medical services for each region and shall provide  
634 continuous evaluation of emergency medical services for their  
635 respective geographic areas. A regional emergency medical services  
636 coordinator, in consultation with the commissioner, shall assist the  
637 emergency medical services council for the respective region in  
638 carrying out the duties prescribed in subsection (b) of this section. As  
639 directed by the commissioner, the regional emergency medical services  
640 coordinator for each region shall facilitate the work of each respective  
641 emergency medical services council including, but not limited to,  
642 representing the Department of [Public Health] Emergency  
643 Management and Homeland Security at any Council of Regional  
644 Chairpersons meetings.

645 (b) Each emergency medical services council shall develop and  
646 revise every five years a plan for the delivery of emergency medical  
647 services in its area, using a format established by the Office of  
648 Emergency Medical Services. Each council shall submit an annual  
649 update for each regional plan to the Office of Emergency Medical  
650 Services detailing accomplishments made toward plan  
651 implementation. Such plan shall include an evaluation of the current  
652 effectiveness of emergency medical services and detail the needs for  
653 the future, and shall contain specific goals for the delivery of  
654 emergency medical services within their respective geographic areas, a  
655 time frame for achievement of such goals, cost data for the  
656 development of such goals, and performance standards for the  
657 evaluation of such goals. Special emphasis in such plan shall be placed  
658 upon coordinating the existing services into a comprehensive system.

659 Such plan shall contain provisions for, but shall not be limited to, the  
660 following: (1) Clearly defined geographic regions to be serviced by  
661 each provider including cooperative arrangements with other  
662 providers and backup services; (2) an adequate number of trained  
663 personnel for staffing of ambulances, communications facilities and  
664 hospital emergency rooms, with emphasis on former military  
665 personnel trained in allied health fields; (3) a communications system  
666 that includes a central dispatch center, two-way radio communication  
667 between the ambulance and the receiving hospital and a universal  
668 emergency telephone number; and (4) a public education program that  
669 stresses the need for adequate training in basic lifesaving techniques  
670 and cardiopulmonary resuscitation. Such plan shall be submitted to  
671 the Commissioner of [Public Health] Emergency Management and  
672 Homeland Security no later than June thirtieth each year the plan is  
673 due.

674 Sec. 25. Section 19a-186 of the general statutes is repealed and the  
675 following is substituted in lieu thereof (*Effective July 1, 2011*):

676 The regional emergency medical services coordinator shall be  
677 responsible for: (1) Facilitating the work of the emergency medical  
678 services council in developing the plan for the coordination of  
679 emergency medical services within the region, (2) implementation of  
680 the regional plan formulated by the emergency medical services  
681 council pursuant to subsection (b) of section 19a-182, as amended by  
682 this act, (3) continuous monitoring and evaluation of all emergency  
683 medical services in that region and (4) making a complete inventory of  
684 all personnel, facilities and equipment within the region related to the  
685 delivery of emergency medical services pursuant to guidelines  
686 established by the Commissioner of [Public Health] Emergency  
687 Management and Homeland Security.

688 Sec. 26. Section 19a-186a of the general statutes is repealed and the  
689 following is substituted in lieu thereof (*Effective July 1, 2011*):

690 (a) Any individual employed on June 30, 2010, as a regional

691 emergency medical services coordinator or as an assistant regional  
692 emergency medical services coordinator shall be offered an  
693 unclassified durational position within the Department of Public  
694 Health for the period from July 1, 2010, to June 30, 2011, inclusive,  
695 provided no more than five unclassified durational positions shall be  
696 created. Within available appropriations, such unclassified durational  
697 positions may be extended beyond June 30, 2011. The Commissioner of  
698 Administrative Services shall establish job classifications and salaries  
699 for such positions in accordance with the provisions of section 4-40.  
700 Any such created positions shall be exempt from collective bargaining  
701 requirements and no individual appointed to such position shall have  
702 reemployment or any other rights that may have been extended to  
703 unclassified employees under a State Employees' Bargaining Agent  
704 Coalition agreement. Individuals employed in such unclassified  
705 durational positions shall be located at the offices of the Department of  
706 Public Health. In no event shall an individual employed in an  
707 unclassified durational position pursuant to this section receive credit  
708 for any purpose for services performed prior to July 1, 2010.

709 (b) Any unclassified durational position extended beyond October  
710 1, 2011, shall be transferred to the Department of Emergency  
711 Management and Homeland Security.

712 Sec. 27. Section 19a-187 of the general statutes is repealed and the  
713 following is substituted in lieu thereof (*Effective July 1, 2011*):

714 (a) All state agencies which are concerned with the emergency  
715 medical service delivery system shall, to the fullest extent consistent  
716 with their authorities under state law administered by them, carry out  
717 programs under their control in such a manner as to further the policy  
718 of establishing a coordinated state-wide emergency medical service  
719 system.

720 (b) All such state agencies shall cooperate with the Office of  
721 Emergency Medical Services, and the regional emergency medical  
722 service coordinators and emergency medical services councils in

723 developing the state emergency medical services program under this  
724 chapter.

725 (c) All state agencies concerned with the state-wide emergency  
726 medical services system shall cooperate with the appropriate agencies  
727 of the United States or of other states or interstate agencies with  
728 respect to the planning and coordination of emergency medical  
729 services.

730 (d) The Commissioner of [Public Health] Emergency Management  
731 and Homeland Security and the trustees of The University of  
732 Connecticut may contract for the provision of medical advice and  
733 consultation by The University of Connecticut Health Center to the  
734 Office of Emergency Medical Services. This subsection shall not affect  
735 the responsibilities of said University and health center under  
736 subsections (a), (b) and (c) of this section.

737 Sec. 28. Section 19a-195a of the general statutes is repealed and the  
738 following is substituted in lieu thereof (*Effective July 1, 2011*):

739 (a) The Commissioner of [Public Health] Emergency Management  
740 and Homeland Security shall adopt regulations in accordance with the  
741 provisions of chapter 54 to provide that emergency medical  
742 technicians shall be recertified every three years. For the purpose of  
743 maintaining an acceptable level of proficiency, each emergency  
744 medical technician who is recertified for a three-year period shall  
745 complete thirty hours of refresher training approved by the  
746 commissioner, or meet such other requirements as may be prescribed  
747 by the commissioner.

748 (b) The commissioner shall adopt regulations, in accordance with  
749 the provisions of chapter 54, to (1) provide for state-wide  
750 standardization of certification for each class of (A) emergency medical  
751 technicians, including, but not limited to, paramedics, (B) emergency  
752 medical services instructors, and (C) medical response technicians, (2)  
753 allow course work for such certification to be taken state-wide, and (3)  
754 allow persons so certified to perform within their scope of certification

755 state-wide.

756 Sec. 29. Subsection (a) of section 19a-195b of the general statutes is  
757 repealed and the following is substituted in lieu thereof (*Effective July*  
758 *1, 2011*):

759 (a) Any person certified as an emergency medical technician,  
760 advanced emergency medical technician, emergency medical  
761 responder or emergency medical services instructor pursuant to this  
762 chapter and the regulations adopted pursuant to section 19a-179  
763 whose certification has expired may apply to the Department of  
764 [Public Health] Emergency Management and Homeland Security for  
765 reinstatement of such certification as follows: (1) If such certification  
766 expired one year or less from the date of application for reinstatement,  
767 such person shall complete the requirements for recertification  
768 specified in regulations adopted pursuant to section 19a-179, as such  
769 recertification regulations may be from time to time amended; (2) if  
770 such certification expired more than one year but less than three years  
771 from the date of application for reinstatement, such person shall  
772 complete the training required for recertification and the examination  
773 required for initial certification specified in regulations adopted  
774 pursuant to section 19a-179, as such training and examination  
775 regulations may be from time to time amended; or (3) if such  
776 certification expired three or more years from the date of application  
777 for reinstatement, such person shall complete the requirements for  
778 initial certification specified in regulations adopted pursuant to section  
779 19a-179, as such initial certification regulations may be from time to  
780 time amended.

781 Sec. 30. Subsection (b) of section 19a-196 of the general statutes is  
782 repealed and the following is substituted in lieu thereof (*Effective July*  
783 *1, 2011*):

784 (b) For purposes of this section, the Commissioner of [Public  
785 Health] Emergency Management and Homeland Security may appoint  
786 hearing officers to investigate complaints filed pursuant to this section.

787       Sec. 31. Subsection (b) of section 19a-197a of the general statutes is  
 788 repealed and the following is substituted in lieu thereof (*Effective July*  
 789 *1, 2011*):

790       (b) Any emergency medical technician who has been trained, in  
 791 accordance with national standards recognized by the Commissioner  
 792 of Emergency Management and Homeland Security, in consultation  
 793 with the Commissioner of Public Health, in the administration of  
 794 epinephrine using automatic prefilled cartridge injectors or similar  
 795 automatic injectable equipment and who functions in accordance with  
 796 written protocols and the standing orders of a licensed physician  
 797 serving as an emergency department director may administer  
 798 epinephrine using such injectors or equipment. All emergency medical  
 799 technicians shall receive such training. All licensed or certified  
 800 ambulances shall be equipped with epinephrine in such injectors or  
 801 equipment which may be administered in accordance with written  
 802 protocols and standing orders of a licensed physician serving as an  
 803 emergency department director.

804       Sec. 32. Subdivision (23) of subsection (c) of section 19a-14 of the  
 805 general statutes is repealed. (*Effective July 1, 2011*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2011</i>	New section
Sec. 2	<i>July 1, 2011</i>	7-323k
Sec. 3	<i>July 1, 2011</i>	New section
Sec. 4	<i>July 1, 2011</i>	7-294b(a)
Sec. 5	<i>July 1, 2011</i>	New section
Sec. 6	<i>July 1, 2011</i>	28-1b(a)
Sec. 7	<i>July 1, 2011</i>	New section
Sec. 8	<i>July 1, 2011</i>	19a-175
Sec. 9	<i>July 1, 2011</i>	19a-176
Sec. 10	<i>July 1, 2011</i>	19a-178
Sec. 11	<i>July 1, 2011</i>	19a-178a
Sec. 12	<i>July 1, 2011</i>	19a-178b(a)
Sec. 13	<i>July 1, 2011</i>	19a-184(a)

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Sec. 14	<i>July 1, 2011</i>	17a-679(b)
Sec. 15	<i>July 1, 2011</i>	New section
Sec. 16	<i>July 1, 2011</i>	28-24(a) and (b)
Sec. 17	<i>July 1, 2011</i>	Section. 28-29a
Sec. 18	<i>July 1, 2011</i>	19a-177(8)(B)
Sec. 19	<i>July 1, 2011</i>	19a-177(10)
Sec. 20	<i>July 1, 2011</i>	19a-179a
Sec. 21	<i>July 1, 2011</i>	19a-179d
Sec. 22	<i>July 1, 2011</i>	19a-181
Sec. 23	<i>July 1, 2011</i>	19a-181a
Sec. 24	<i>July 1, 2011</i>	19a-182
Sec. 25	<i>July 1, 2011</i>	19a-186
Sec. 26	<i>July 1, 2011</i>	19a-186a
Sec. 27	<i>July 1, 2011</i>	19a-187
Sec. 28	<i>July 1, 2011</i>	19a-195a
Sec. 29	<i>July 1, 2011</i>	19a-195b(a)
Sec. 30	<i>July 1, 2011</i>	19a-196(b)
Sec. 31	<i>July 1, 2011</i>	19a-197a(b)
Sec. 32	<i>July 1, 2011</i>	Repealer section

**PS**      *Joint Favorable Subst.*

**GAE**      *Joint Favorable*