



House of Representatives

General Assembly

File No. 452

February Session, 2012

Substitute House Bill No. 5526

House of Representatives, April 16, 2012

The Committee on Public Health reported through REP. RITTER, E. of the 38th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING THE MEMBERSHIP OF THE EMERGENCY MEDICAL SERVICES ADVISORY BOARD AND AN EMERGENCY SERVICES POLICY COUNCIL.

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

1 Section 1. Subsections (a) and (b) of section 19a-178a of the 2012
2 supplement to the general statutes are repealed and the following is
3 substituted in lieu thereof (*Effective from passage*):

4 (a) There is established within the Department of Public Health an
5 Emergency Medical Services Advisory Board.

6 (b) [The] (1) Prior to October 1, 2012, the advisory board shall
7 consist of members appointed in accordance with the provisions of this
8 [subsection] subdivision and shall include the Commissioner of Public
9 Health and the department's emergency medical services medical
10 director, or their designees. The Governor shall appoint the following
11 members: One person from each of the regional emergency medical
12 services councils; one person from the Connecticut Association of

13 Directors of Health; three persons from the Connecticut College of
14 Emergency Physicians; one person from the Connecticut Committee on
15 Trauma of the American College of Surgeons; one person from the
16 Connecticut Medical Advisory Committee; one person from the
17 Emergency Department Nurses Association; one person from the
18 Connecticut Association of Emergency Medical Services Instructors;
19 one person from the Connecticut Hospital Association; two persons
20 representing commercial ambulance providers; one person from the
21 Connecticut Firefighters Association; one person from the Connecticut
22 Fire Chiefs Association; one person from the Connecticut Chiefs of
23 Police Association; one person from the Connecticut State Police; and
24 one person from the Connecticut Commission on Fire Prevention and
25 Control. An additional eighteen members shall be appointed as
26 follows: Three by the president pro tempore of the Senate; three by the
27 majority leader of the Senate; four by the minority leader of the Senate;
28 three by the speaker of the House of Representatives; two by the
29 majority leader of the House of Representatives and three by the
30 minority leader of the House of Representatives. The appointees shall
31 include a person with experience in municipal ambulance services; a
32 person with experience in for-profit ambulance services; three persons
33 with experience in volunteer ambulance services; a paramedic; an
34 emergency medical technician; an advanced emergency medical
35 technician; three consumers and four persons from state-wide
36 organizations with interests in emergency medical services as well as
37 any other areas of expertise that may be deemed necessary for the
38 proper functioning of the advisory board.

39 (2) On and after October 1, 2012, the advisory board shall consist of
40 members appointed in accordance with the provisions of this
41 subdivision and shall include the director of the Department of Public
42 Health's Office of Emergency Medical Services. The Governor shall
43 appoint the following members: One person from the Connecticut
44 College of Emergency Physicians; one person from the Emergency
45 Nurses Association; one person from the Connecticut Society of EMS
46 Instructors; one person from the Connecticut Fire Chiefs Association;
47 one person from the Connecticut Police Chiefs Association; one person

48 with experience in volunteer ambulance services; one person from the
 49 Association of Connecticut Ambulance Providers; one Connecticut
 50 representative of the American College of Surgeons' Regional
 51 Committees on Trauma; one person from the American Academy of
 52 Pediatrics Connecticut chapter; one person from a regional emergency
 53 communications center; one person employed in a quality assurance
 54 position at a hospital with not more than one hundred beds; and one
 55 person employed in a quality assurance position at a hospital with
 56 more than one hundred beds.

57 Sec. 2. (*Effective from passage*) The Office of Emergency Medical
 58 Services, established pursuant to section 19a-178 of the general
 59 statutes, shall study the establishment of an emergency services policy
 60 council. Not later than January 1, 2013, the office shall report, in
 61 accordance with the provisions of section 11-4a of the general statutes,
 62 to the joint standing committee of the General Assembly having
 63 cognizance of matters relating to public health concerning the results
 64 of such study. Such report shall include, but not be limited to,
 65 recommendations concerning the emergency services policy council's
 66 potential role in (1) training and certification of emergency medical
 67 technicians, and (2) the development of emergency services policies,
 68 procedures and clinical protocols.

69 Sec. 3. (NEW) (*Effective from passage*) Notwithstanding the provisions
 70 of section 19a-178a of the general statutes, as amended by this act, and
 71 section 2 of this act, said sections shall not be construed to limit the
 72 requirement that a receiving hospital develop and implement a process
 73 for patients being presented to the hospital through the emergency
 74 medical service system.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	19a-178a(a) and (b)
Sec. 2	<i>from passage</i>	New section
Sec. 3	<i>from passage</i>	New section

PH *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note**State Impact:** None**Municipal Impact:** None**Explanation**

There is no cost to the Department of Public Health (DPH) associated with (1) requiring DPH's Office of Emergency Medical Services to study the establishment of an emergency services policy council and (2) revisions to the Emergency Medical Services Advisory Board membership.

The Out Years**State Impact:** None**Municipal Impact:** None

OLR Bill Analysis**sHB 5526*****AN ACT CONCERNING THE MEMBERSHIP OF THE EMERGENCY MEDICAL SERVICES ADVISORY BOARD AND AN EMERGENCY SERVICES POLICY COUNCIL.*****SUMMARY:**

Starting October 1, 2012, this bill reduces, from 41 to 13, the membership of the Department of Public Health (DPH) Emergency Medical Services (EMS) Advisory Board. By law, board members must serve a term that is coterminus with the appointing authority. The bill includes no provisions to implement the removal of existing members (see COMMENT).

It also requires the DPH Office of Emergency Medical Services (OEMS) to study the establishment of an emergency services policy council and report the results by January 1, 2013 to the Public Health Committee. The report must include recommendations, including those on the council's role in (1) emergency medical technician (EMT) certification and training and (2) the development of emergency services policies, procedures, and clinical protocols.

The bill provides that its provisions do not limit the requirement that a receiving hospital develop and implement a process for patients presented to the hospital through the EMS system.

EFFECTIVE DATE: Upon passage

ADVISORY BOARD MEMBERSHIP***Members Retained***

The bill retains as EMS advisory board members the OEMS director and one member each representing the American College of Surgeon's

Committee on Trauma (Connecticut representative), Emergency Department Nurses Association, Connecticut College of Emergency Physicians, Connecticut Society of EMS Instructors, Connecticut Fire Chiefs Association, Connecticut Chiefs of Police, and volunteer ambulance services.

Members Removed

The bill eliminates the following board members appointed by the governor:

1. the DPH commissioner or her designee;
2. one representative each from the five regional EMS councils;
3. one representative each from the Connecticut Association of Health Directors, Connecticut Medical Advisory Committee, and Connecticut Hospital Association;
4. two representatives from the Connecticut College of Emergency Physicians;
5. two commercial ambulance providers; and
6. one representative each from the Connecticut Firefighters Association, Connecticut State Police, and Connecticut Commission on Fire Prevention and Control.

It also removes the following members appointed by legislative leaders:

1. one member each with experience in municipal and for-profit ambulance services;
2. two members with experience in volunteer ambulance services;
3. one paramedic, EMT, and advanced EMT;
4. three consumers; and

5. four members representing organizations with interests in EMS or other relevant areas.

New Members

The bill adds to the board's membership the following members appointed by the governor: (1) one representative from the Connecticut chapter of the American Academy of Pediatrics, (2) one representative from a regional emergency communications center, and (2) one quality assurance employee each from a hospital with more than 100 beds and less than 100 beds. Table 1 lists the board's membership proposed under the bill.

Table 1: Proposed EMS Advisory Board Membership

Member	Appointing Authority
OEMS director	§ 19a-178a
One CT College of Emergency Physicians representative	governor
One CT representative from the American College of Surgeons' Regional Committees on Trauma	governor
One Emergency Nurses Association representative	governor
One CT Association of EMS Instructors representative	governor
One representative each from the CT Police Chiefs and CT Fire Chiefs Associations	governor
One person with volunteer ambulance services experience	governor
One Association of CT Ambulance Providers representative	governor

One representative from the American Academy of Pediatrics CT Chapter	governor
One representative of a regional emergency communications center	governor
One person each working in a quality assurance position at a hospital with (a) up to 100 beds and (b) more than 100 beds	governor

COMMENT

Existing Member's Terms

By law, each EMS advisory board member must serve a term that is coterminous with the appointing authority. The bill conflicts with this provision by removing existing board members who are required by law to remain on the board until their appointing authority leaves office.

BACKGROUND

EMS Advisory Board

The EMS Advisory Board reviews and comments on all DPH regulations, medical guidelines, and EMS-related policies before they are implemented. It also assists and advises all state agencies in coordinating the EMS system. By law, the board must annually report to the DPH commissioner and make legislative recommendations to the governor and legislature on legislation it believes will improve EMS delivery.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 23 Nay 5 (03/29/2012)