



Substitute House Bill No. 6518

Public Act No. 13-306

AN ACT CONCERNING THE STANDARDS OF PROFESSIONAL CONDUCT FOR EMERGENCY MEDICAL SERVICE PERSONNEL AND ESTABLISHING AN EMERGENCY MEDICAL SERVICES PRIMARY AREA TASK FORCE.

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

Section 1. Section 20-206nn of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

The Commissioner of Public Health may take any disciplinary action set forth in section 19a-17 against a paramedic, emergency medical technician, emergency medical responder, advanced emergency medical technician or emergency medical services instructor for any of the following reasons: (1) Failure to conform to the accepted standards of the profession; (2) conviction of a felony, in accordance with the provisions of section 46a-80; (3) fraud or deceit in obtaining or seeking reinstatement of a license to practice paramedicine or a certificate to practice as an emergency medical technician, emergency medical responder, advanced emergency medical technician or emergency medical services instructor; (4) fraud or deceit in the practice of paramedicine, the provision of emergency medical services or the provision of emergency medical services education; (5) negligent, incompetent or wrongful conduct in

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professional activities; (6) physical, mental or emotional illness or disorder resulting in an inability to conform to the accepted standards of the profession; (7) alcohol or substance abuse; or (8) wilful falsification of entries in any hospital, patient or other health record. [; or (9)] The commissioner may take any such disciplinary action against a paramedic for violation of any provision of section 20-206jj or any regulations adopted pursuant to section 20-206oo. The commissioner may order a license or certificate holder to submit to a reasonable physical or mental examination if his or her physical or mental capacity to practice safely is the subject of an investigation. The commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17. The commissioner shall give notice and an opportunity to be heard on any contemplated action under said section 19a-17.

Sec. 2. Section 19a-195a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(a) The Commissioner of Public Health shall adopt regulations in accordance with the provisions of chapter 54 to provide that emergency medical technicians shall be recertified every three years. For the purpose of maintaining an acceptable level of proficiency, each emergency medical technician who is recertified for a three-year period shall complete thirty hours of refresher training approved by the commissioner, or meet such other requirements as may be prescribed by the commissioner.

(b) The commissioner shall adopt regulations, in accordance with the provisions of chapter 54, to (1) provide for state-wide standardization of certification for each class of (A) emergency medical technicians, including, but not limited to, paramedics, (B) emergency medical services instructors, and (C) [medical response technicians] emergency medical responders, (2) allow course work for such certification to be taken state-wide, and (3) allow persons so certified to

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perform within their scope of certification state-wide.

Sec. 3. (*Effective from passage*) (a) There is established, within the Department of Public Health and within available appropriations, the Connecticut emergency medical services primary service area task force. The task force shall review topics, including, but not limited to, the following: (1) The current process for designating and changing primary service areas; (2) local primary service area contract and applicable subcontract language and emergency medical services plans as such language and plans vary among municipalities and as such contracts and plans pertain to performance and oversight measures; (3) methods to designate emergency medical service providers that are used by other states that have populations, geography and emergency medical services systems that are similar to those of this state; and (4) the process by which municipalities may petition for a change or removal of a primary service area responder.

(b) The task force shall consist of the following members:

(1) Five members appointed by the Commissioner of Public Health, one each of whom shall be: (A) A representative of a municipal emergency medical services provider; (B) a representative of a for-profit ambulance service; (C) a representative of the Connecticut Hospital Association; (D) a representative of a nonprofit emergency medical services provider; and (E) a representative of the emergency medical services advisory board, established pursuant to section 19a-178a of the general statutes;

(2) Two appointed by the speaker of the House of Representatives, one each of whom shall be the chief elected official or an administrator of a municipality, and a representative of a municipal public safety board, public safety agency, or municipal legislative body;

(3) Two appointed by the president pro tempore of the Senate, one

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each of whom shall be the chief elected official or an administrator of a municipality, and a representative of an emergency medical services provider that primarily provides fire services;

(4) One appointed by the majority leader of the House of Representatives, who shall be a fire chief or representative of a fire department that provides emergency medical services;

(5) One appointed by the majority leader of the Senate, who shall be a fire chief or representative of a fire department that provides emergency medical services;

(6) One appointed by the minority leader of the House of Representatives, who shall be a representative of a not-for-profit emergency medical services provider;

(7) One appointed by the minority leader of the Senate, who shall be a chief elected official or an administrator of a municipality;

(8) One appointed, jointly by the minority leader of the House of Representatives and the minority leader of the Senate, who shall be a representative of the Association of Connecticut Ambulance Providers; and

(9) The Commissioner of Public Health, or the commissioner's designee.

(c) Each person making an appointment pursuant to subsection (b) of this section shall ensure that each member who is associated with a municipality or municipal entity represents a different municipality.

(d) The Commissioner of Public Health, or the commissioner's designee, shall serve as a cochairperson of the task force. The members shall elect another person to serve as a cochairperson from among the members of the task force.

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(e) Members shall receive no compensation except for reimbursement for necessary expenses incurred in performing their duties.

(f) All appointments to the task force shall be made not later than thirty days after the effective date of this section. The Commissioner of Public Health or the commissioner's designee shall schedule the first meeting of the task force. A majority of the task force members shall constitute a quorum. A majority vote of a quorum shall be required for any official action of the task force.

(g) The administrative staff of the Department of Public Health shall serve as administrative staff of the task force.

(h) Not later than February 15, 2014, the task force shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to public health concerning its activities, as described in subsection (a) of this section. Such report shall include, but need not be limited to, recommendations concerning: (1) The process for designating and changing a primary service area; (2) improvements to local primary service area contract and applicable subcontract language and emergency medical services plans, including provisions of such contracts and plans relating to performance measures and oversight by municipalities of primary service area responders; (3) a process for expanding or enhancing emergency medical services offered in local primary service areas; (4) a mechanism for reporting adverse events to the Department of Public Health and for said department to issue a response; and (5) an outreach plan to educate municipalities on their rights and duties as holders of contracts and subcontracts for primary service area responders.

(i) The task force shall submit its report on February 15, 2014. The

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task force shall terminate on the date it submits its report.

Approved July 12, 2013