

The Connecticut EMS Chiefs Association

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Date: March 12, 2013

To: Joint Committee on Public Health

From: Bruce Baxter, President

RE: Opposition to Raised Bill 6518: AAC Concerning Emergency Medical Services.

Senator Gerratana; Representative Johnson; Vice Chairs; Ranking Members, and members of the Public Health Committee

My name is Bruce Baxter. I am the President of the Connecticut Emergency Medical Services Chiefs' Association (CTEMSCA).

CTEMSCA represents the Chief Executive Officers of those ambulance services operating in the State of Connecticut whose sole and primary mission is the response, care and medical transportation of individuals experiencing an acute, out of hospital medical or traumatic emergency. Eligible members of our Association are directly responsible for more than 70% of the 350,000 9-1-1 EMS response managed in the State each year.

I appreciate the opportunity to provide testimony regarding Raised Bill 6518 on behalf of our members.

Raised Bill 6518 imposes unprecedented, sudden wide sweeping and dramatic change to the infrastructure of Connecticut's Emergency Medical Services System. Raised Bill 6518, while well intentioned, demonstrates the author(s) lack of understanding for the current Statewide EMS System infrastructure that is the foundation for the complex integrated out of hospital health care delivery system that currently provides essential life saving services to the residents of our State when they dial 9-1-1 and request medical assistance. Passage of Raised Bill 6518- does not enhance but erodes the core components of the current system's foundation and with it the critical infrastructure put in place to protect patients, municipalities and services that the current system provides.

The current State EMS System was designed to resolve years of deficits when communities could freely choose and regulate the terms and conditions of services rendered to the individual municipalities. That approach did not work as highlighted below:

- There was no consistency to the level and quality of service rendered in communities statewide.
- There was no consistency to the cost of services rendered to patients.
- There was no consistency in the care or timeliness of care rendered.
- EMS providers were hesitant to invest in local system or service enhancements out of concern they would not gain a return on their investment before a change in leadership in a municipality would result in a change in EMS vendor.

As a result of the system deficits, the State implemented wide sweeping, progressive change to stabilize the Statewide EMS system and assure each community had a dedicated qualified Primary Services Area Responder with the ability to achieve, maintain and enhance fiscal and operational performance for the benefit of patients and operate in an environment that fostered clinical growth and systems advancement.

Since its implementation, the system has been modified to reflect current the current practices that has promoted the responsible growth and development of EMS across Connecticut at a retail consumer cost that is significantly less than other New England States.

The foundation of our system is based on the current EMS statutes and regulations that include:

- The Certificate of Need: Assure there is a demonstrable need for a defined level of clinical service or expansion of a service and the requisite fiscal strength to support the proposed service/expansion prior to its authorization and approval by the Department of Public Health Office of Emergency Medical Services.
- Rate Setting: Establishes maximum retail rates using a well defined healthcare actuarial approach to define maximum retail charges for each service in the State that reflects the services real cost of providing services plus a reasonable profit margin. This approach protects residents from unjustifiable charges.
- Primary Service Area Responder Designation. The well defined review process assures individuals with knowledge of the system review all aspect of a proposed service to be designated to assure the plan is reasonable from a medical operations perspective, clinical service delivery process and fiscal perspective prior to designation.
- Planning: The key to any system success is planning. The current system leverages the use of Community based EMS plans developed by municipalities and their designated PSAR providers to assure community needs are fulfilled. Community plans integrate into regional and statewide planning initiatives. Regional Councils play an integral role in the

development of local EMS plans to assure consistency in the provision of core clinical services.

- Communications: Regional Councils and sub-committees, as well as the Statewide EMS Advisory Board and its subcommittees are key conduits for effective dialogue between the CT Department of Public Health-Office of Emergency Medical Services (DPH-OEMS) and, the systems stakeholders statewide.
- Lead Agency: DPH-OEMS is active in assuring statutes, regulations in place are adequate for the system; that stakeholders have access to the resources needed to fulfill their obligations; and that identified deficits and complaints are investigated and adjudicated properly providing the designated PSAR provider with the guarantee of an unbiased assessment of the compliant with an opportunity for due process prior to revocation.

Raised Bill 6518:

- Eliminates the State EMS Advisory Board and its committees.
- Eliminates Regional EMS Councils and their subcommittees:
- Weakens the States role in Rate Setting:
- Eliminates the State's authority in assigning Primary Service Area Responder (PSAR) Designations.
- Grants sole authority for the designation and removal of PSAR assignments to the municipalities.
- Eliminates the PSAR providers' right to an impartial and knowledgeable review process prior to the loss of a PSAR assignment.

Raised Bill 6518 does not enhance or improve the current State EMS system. It weakens the strength of the current system.

- The current system provides for municipalities to exercise their influence in enhancing the design of their local EMS system through the creation of EMS plans that reflect the true needs of their residents.
- The current system allows municipalities and agencies to develop inter-local agreements and permit the sharing of resources in order to gain fiscal and clinical economies of scale- a concept not embodied in Raised Bill 6518.
- The current system has a well defined process in place to replace designated EMS PSARs who are determined to have a demonstrated track record of consistently not meeting a community's true needs in a manner that demonstrates consistent disregard for its residents and patients.

It is important to note the following:

1. There is an oft misguided belief that the provision of consistent high quality EMS can be purchased at zero or low cost to a community. The ability for designated PSARs to underwrite their costs exclusively based on fee for service revenues without experiencing significant deficits is equally false. The provision of consistent high quality EMS services requires a fiscal commitment of local communities that is equal to the fiscal commitment they invest in fire and police services.
2. There is no EMS agency who will respond in a timely manner to every call despite their best attempts. Unfortunately when those events occur, on a rare occasion we lose per chance the most precious gift of all- a life. When that occurs, it is tragic. It is appropriate to investigate the event, to propose change and assure all that could have been done to prevent such an occurrence has been done. However, it is inappropriate to make a determination that the current EMS system infrastructure is broken and arbitrarily discard the cornerstone of a highly functional system in the manner as proposed.

The Connecticut EMS Chiefs' Association is not opposed to change coming from responsible legislation developed in collaboration with EMS system stakeholders that enhances and improve the current system for the benefit of the patient.

We are opposed to any legislation that, despite being well intentioned, is not well thought-out in collaboration with key EMS System stakeholders; or is designed solely to further the agenda of a minority of stakeholders who are looking for a rapid solution to a isolated issue without consideration of its impact on the Statewide system.

As such, we urge the Public Health Committee to not approve Raised Bill 6518 as proposed.