

Suffield Volunteer Ambulance Association



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Date: March 14, 2013

To: Joint Committee On Public Health

From: Art Groux, Chief

Re: Opposition to Raised Bill 6518: An Act Concerning Emergency Medical Services

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

My Name is Art Groux. I am the Chief Of Service for Suffield Volunteer Ambulance Association Inc. (SVAA), and the Vice President of the Connecticut Emergency Medical Services Chiefs' Association (CTEMSCA).

Suffield Volunteer Ambulance is the primary ambulance service provider for the Town of Suffield and a mutual aid ambulance service provider to towns in north central CT. Each year we answer over 1400 calls with a volunteer staff of over 85 members who provided more than 26,000 hours of ambulance coverage last year alone.

I appreciate the opportunity to provide you with some testimony on behalf of our service and the volunteers that serve our communities every day.

Raised Bill 6518 appears to attempt to "correct" some perceived issues that certain towns have with the process of determining ambulance service providers. The proposed changes will only serve to further fracture the delivery of EMS care in the State of CT. It may also pass on a large un-intentioned, "unfunded mandate" to the towns and cities across the state of CT.

Over the past years many towns and services have worked hard to reduce costs of EMS and further increase the level of care provided to the residents in those towns. Many of these improvements have been accomplished by the consolidation of PSA's, encompassing many towns or parts of towns. These improvement decisions are reached by determining the best manner of service based on:

- Historical call volume
- Roads and transportation infrastructure within the community and between the community and the hospitals
- Distance to a receiving hospital
- Response times

These factors lead many towns to realize that it is not economically feasible or realistic to determine a PSA designation based on a town boundary that was established before much economic development. PSA area decisions have been made with the input of the area providers, town administration and the

Department of Public Health. The overriding factor in determining a PSA is based on the ability to service the needs of the residents with an efficient and effective system to provide the best possible care.

Under the proposed changes the current PSA's in CT would be determined based on municipal boundaries without regard for development, hospital placement, travel times, and call volume load. Many times we have heard in all levels of government, up to current federal funding opportunities, that consolidation of services is an option that should always be explored and exercised whenever possible. EMS has strived to do just this, and while not system wide, it is spreading. This legislative change would push us back to well 507 separate PSA's (one for each city or town at the First Responder level, BLS ambulance level, and Paramedic service level).

Under Raised Bill 6518 we would also create a potential monopoly of service. We have heard that some see the current system as a monopoly within the communities served. Under the proposed changes Certified and Licensed Ambulance Services would be considered for the same PSA assignments with cost potentially being the only deciding factor. Licensed providers have the ability to perform non-emergency transfer work as well as 911 emergency work and to bill for those services. Many of these providers perform both of these types of calls with the same ambulance units; a prudent business model for a for-profit based system. Certified ambulance services in CT are currently barred from performing or being reimbursed for this work, thus, when no 911 emergency is ongoing their units sit idle providing no additional source of revenue. In CT the Need for Service Process required to become licensed is very expensive and time consuming, two things that many volunteer services don't have. As you can see, in a short period of time, the only providers that may remain are licensed providers (currently there are only 13 licensed services in CT) with a great decrease in the overall resources and personnel available to the state and its residents. With a lower number of providers comes fewer options for service. In most states that allow municipalities to determine providers they also allow ALL ambulance providers to provide both emergency and non-emergency services without the need for a separate Need for Service Process, thus leveling the field to some extent.

We recognize the issues that a few municipalities are facing in having their PSA holder respond to the true needs of their communities. This is an unacceptable situation and one that needs to be recognized and addressed immediately. We feel there are some protections built into the current Legislation that address those issues and are outlined in OLR Research Report 2011-R-0464. Some changes that can be made to make that process clear and more effective. Some of them were part of the Legislative Program Review and Investigations Committee Executive Summary dated May 6, 1999.

- Require municipalities to revise and update their EMS plans and set terms for the provision of care in this plan.
- Require municipalities to notify DPH and the provider, in writing, of breaches in the agreed upon terms of the EMS plan.

- Provide an automatic probationary period if breaches are persistent or continuing over a period of time.
- Provide for the AUTOMATIC suspension of the certification or license of a service which continues to violate these provisions.

In the Raised Bill the Emergency Medical Services Councils are effectively removed from some processes and kept in others. The bill designates, "Emergency Medical Services Councils shall advise the commissioner and municipalities on area-wide planning and coordination," however the bill would remove the requirements for them to receive local EMS plans or be involved in the local planning process. Without knowledge of the local plans how can they effectively advise local and state leaders on what is happening in their region?

In the end, a fractured system will not help the citizens of CT. The result will be a system that is unique and individual to each town, 169 systems plus one of for each state owned building or complex, which does not further patient care or fiscal responsibility. I would implore you to study this proposed change carefully and look at all the potential ramifications. The needs of the system need to be studied and reviewed with municipal and EMS leaders to appropriately determine change that can be made to make the system more efficient for ALL of CT and its residents as a whole. This was done in 1999 with the Legislative Program Review and Investigations Committee and led to some meaning and significant changes to EMS that better care for all collectively.