

## **HB 6518**

Thomas Lenart, SCCEMS Council President

To the members of the CT Public Health Committee:

I am writing to you regarding the proposed changes to Emergency Medical Services (HB6518). I would like to give you a little sample of my involvement in the EMS system in Connecticut. I was a first responder (police officer) for 24 years, a volunteer firefighter/fire officer since 1975 and involved in EMS for almost 40 years including 24 of those as a service Chief of Storm Engine Company Ambulance & Rescue Corps. I am an EMT-I and an EMS Instructor. I served on the board of directors of Valley Emergency Medical Services as a board member and an officer. I am currently the President of the South Central Emergency Medical Services Council and have been a member of that organization since 1988. I also worked as a regional EMS coordinator for the Department of Public Health until June of 2012.

At a meeting of the SCCEMS council board of directors on 3/11/13 the majority of members present expressed their disapproval of this bill. The feeling of those present was that this will turn delivery of Emergency Medical Services in Connecticut into nothing more than a political appointment, and that changing an EMS service provider would become a popularity contest and go to the lowest bidder, ignoring the input of medical professionals quality control and quality assurance the balanced operation of the regional EMS system. EMS is a complex and difficult process to understand and changing a provider simply so you can control it will cause harm. The proposed process would also ignore how any change would affect mutual aid, as we all know no community can afford to staff EMS 24/7 for all emergencies and relies on the EMS "system" to fill any sudden void in available resources. That is why the regional EMS council must be involved.

I understand that the current system needs improvement, but Public Service Areas were developed as a way to assure that just what is being proposed would be a daunting task, so providers would not change with the wishes of those who want control who is doing the service. I spent 24 years as a service chief and a large part of it was educating elected officials as they changed through elections about EMS and except for rare exceptions they did not possess the technical expertise to understand how changes will affect patient care and the availability of resources in the system and only wanted their system to function properly. This experience makes me very concerned that educated choices will not be made. To my knowledge there are few if any formal complaints made to DPH about how service is delivered in our region, yet this seems to be getting brought forward as a major problem, if a local community has an issue with an EMS provider send a complaint to DPH for review, this process already exists.

Another portion of the changed deals with setting ambulance rates, while complicated it is a reminder that we are providing a service that is costly and involved. There is no information in the proposed bill indicating how the rate schedules will be set.

I have received one written dissenting opinion which I will enclose with this e-mail

In short, the issue of forever Public Service Areas needs to be addressed by a state standard review period followed by a PSA renewal. Rate schedules for fees needs to be flexible and quick to react to changes in Medicare/Medicaid/Private pay plans and fewer committees may make the system leaner and more efficient, but doing away with the current structure after many years of service the public adequately with little proposed change other than let the locals handle it is not the way to go.

Thank you

Thomas Lenart, SCEMS Council President