

Association of Connecticut Ambulance Providers

Aetna Ambulance :- Ambulance Service of Manchester :- American Ambulance Service
Campion Ambulance Service :- Hunter's Ambulance Service

**Testimony of
David D. Lowell, President
Association of Connecticut Ambulance Providers**

Public Health Committee

Friday, March 15, 2013

Senator Gerratana, Representative Johnson and distinguished members of the Public Health Committee.

My name is David Lowell. I am President of the Association of Connecticut Ambulance Providers. Our association members provide ambulance medical transports for approximately 200,000 patients on an annual basis and serve 45 towns in Connecticut. This is done with a network of 128 ambulances and dedicated staff of over 900 including highly trained first responders.

I am here today to speak in opposition to Raised Bill No. 6518, An Act concerning Emergency Medical Services.

Connecticut's Emergency Medical Services System is a balanced network of volunteer, municipal, private and not-for-profit service providers (see attached map). The system was developed in the 1970's to provide structure and set quality standards for the delivery of emergency medical care and transportation. The system has the integrity of high quality care and vehicle and equipment safety accountability through statute and regulation with the integrity of three key related and essential components:

- Certificate of Need Process.
- Rate Setting and Regulations.
- Primary Service Area Assignments.

Raised Bill No. 6518 proposes to destroy this system by eliminating or significantly changing the following critical elements:

1. We are opposed to the proposed elimination of the current Primary Service Area Responder (PSAR) Assignments and reissuing such assignment authority to each individual municipality.

This would inappropriately destabilize emergency medical service coverage and response across the state by politicizing primary emergency medical services in each of our cities and towns. There are provisions provided for within statute and regulation that call for the development of community EMS plans that involve the participation of all stakeholders in the community (19a-181b). This provides the community and emergency service leaders the opportunity to work collaboratively to assess the needs of the community, the mutual aid needs for contiguous communities and within the region and state and design plans that address those needs.

2. We are opposed to the proposed modifications to the rate setting process.

The current rate setting process provides for a level of transparency that is important to providers and consumers alike. There has been a modification to the process which provides a more "streamlined" short-form version. The more detailed long-form version is available if an individual provider feels they require an increase in their private rates greater than the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics, USDOL.

3. We are opposed to the proposed elimination of the Connecticut EMS Advisory Board.

The purpose of the EMS advisory board is appropriate. While the current makeup of the 46 member board may be unwieldy, its [the board's] statutory responsibility (19a-178a.) engages a cross-section of EMS stakeholders who are charged with evaluating a state-wide systems approach to the delivery of emergency medical care and making recommendation to the legislative and administrative branches on regulatory and statutory issues.

4. We are opposed to the proposed elimination of the Connecticut Emergency Medical Services Medical Advisory Committee.

This is a standing committee of the EMS Advisory Board with the charge of providing advice on the medical aspects of the Advisory Board's projects. This is an important component of state-wide continuity of the delivery of high quality emergency medical care.

5. We are opposed to the Proposed elimination of the role of the regional emergency medical services council, the regional emergency medical services coordinator and the regional emergency medical services advisory committee in the process of the development of local emergency medical services plans in each municipality.

Connecticut is divided into five (5) EMS regions. Each region has a coordinator located within the department of public health. The coordinators serve an important role as a resource for the services within their region. Each Region has a regional council which serves as an additional communication link between services (19a-182, 183, 184, 185, 186, 186a). Distribution of EMS planning from the state through the regional councils to each community/provider, is a logical pathway for communication, development and support which promotes continuity of preparation, availability of resources, delivery of care, of levels of response. This pathway of communications and the planning and development resources that are available are very important components of a state-wide systems approach to ensuring a coordinated delivery of high quality emergency medical response, patient care, and transport.

6. We are opposed to the proposed elimination of the "Commissioner" as the agent of review of the allegation of poor performance by an assigned primary service area responder. Appointment of the "Municipality" as the sole agent of review and determinant of removal of a primary service area responder.

If a community has concerns over the level or quality of care being provided, there is a process defined in statute and regulation to have the DPH Commissioner review the concerns and mitigate if necessary (19a-181c & d). This process provides for a non-biased review to standards of care, and response and is an important component in quality assurance while maintaining a statewide quality of care perspective and reduces or eliminates individual service or community agendas from clouding an objective review.

In summary, the delivery of high quality and coordinated emergency medical response, care and transport is essential in our state. The current statutes and regulations provide the basis for stability, quality and fiscal responsibility.

We urge you to not pass this bill as it will significantly undermine this stability of the emergency medical services system in the state.

The members of our association are available to answer any questions and work proactively on systems enhancements as necessary.

Respectfully Submitted,



David D. Lowell
President

EASTERN CT EMS COUNCIL REGION IV

NORTH CENTRAL EMS COUNCIL REGION III

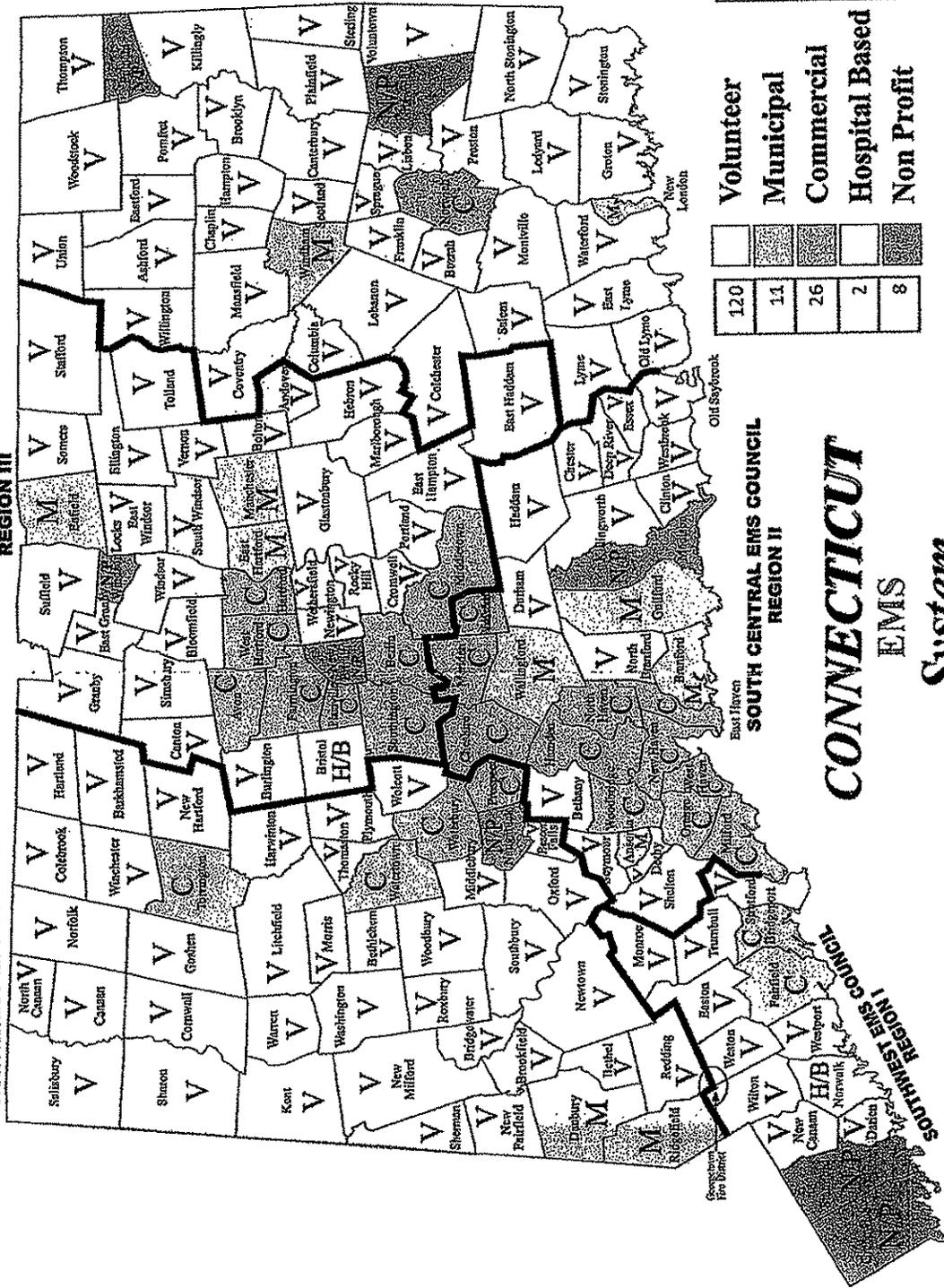
NORTHWEST EMS COUNCIL REGION V

SOUTH CENTRAL EMS COUNCIL REGION II

CONNECTICUT

EMS

System



120	72%
14	7%
26	15%
2	1%
8	4%

Volunteer
Municipal
Commercial
Hospital Based
Non Profit