

**TESTIMONY OF GARY B. O'CONNOR  
REGARDING REVISED BILL NO. 6518**

**BEFORE THE PUBLIC HEALTH COMMITTEE  
OF THE GENERAL ASSEMBLY**

**MARCH 15, 2013**

Good Morning, my name is Gary O'Connor. I am a partner at the law firm of Pullman & Comley LLP. I have had more than 20 years of experience representing ambulance providers in the State of Connecticut. I am regional outside counsel for American Medical Response of Connecticut Inc. I would like to thank the Public Health Committee for the opportunity to speak, today, against Raised Bill No. 6518.

Raised Bill No. 6518 will completely dismantle Connecticut's emergency medical services system, it will reduce the quality of emergency medical care and it will politicize EMS in Connecticut. It is not hyperbole to suggest that the proposed bill will ruin a perfectly good emergency medical services system.

To appreciate the unattended consequences of Raised Bill No. 6518, a brief history of EMS in Connecticut is necessary. Prior to the Emergency Medical Services Assistance Act of 1974 ("The Act"), there was not a state-wide coordinated emergency medical services system. Municipalities called providers on a rotating basis, providers often had insufficient equipment and supplies, the system lacked supervision and accountability and EMS personnel were not adequately trained. Prior to The Act there was evidence of widespread abuse among providers, the jumping of calls, fraud, bribery, stacked calls, coverage gaps, delayed responses and corruption in the system.

In 1974, in response to public outcry, The Act was passed. It created the basic structure of today's emergency medical services system including the designation of Primary Service

Areas (“PSAs”) throughout the state, with each PSA having one responder (“PSAR”) at the First Responder level, the Basic Life Support (“BLS”) and the Advance Life Support (“ALS”) level, with each such PSAR being designated by the Commissioner of Public Health. Regulations were also promulgated regarding the training of emergency personnel, the equipment and design of ambulances, licensing of emergency vehicles and rates.

Designated PSARs are responsible for providing emergency services twenty-four hours each day, seven days a week, and are required, among other things, to (1) maintain a trained licensed staff; (2) maintain vehicles and equipment that meet mandated standards; (3) maintain a comprehensive set of records regarding requests for service, including fractile response times; (4) coordinate medical control issues with the regional sponsor hospitals; (5) coordinate efforts with emergency dispatch centers in compliance with state and local requirements; (6) coordinate efforts with local authorities and other PSARs within their service area; and (7) be prepared to respond to mass casualty situations.

The requirements and obligations of a PSAR require an enormous investment of capital, resources and personnel. This investment takes years to recoup. In my opinion, EMS providers will be unwilling to invest the resources necessary to maintain a quality emergency medical services system if they can be removed as a PSAR at the whim of a municipal administration. The uncertainty created by removing decision making from the Commissioner of Public Health and eliminating the statutory safe guards will have an enormous chilling effect on the EMS community.

The present emergency medical services system works. It is a coordinated state-wide system, which ensures that every community in the state is covered by highly trained EMS providers at all levels of coverage. The system also ensures that the public is protected

financially, in that the Commissioner of Public Health sets the maximum rates for each provider. Likewise, the total EMS system cost is kept under control by requiring the approval of the Commissioner of Public Health, pursuant to a Certificate of Need process, for any expansion of services or the addition of emergency vehicles.

Perhaps, more pertinent to the proposed legislation, the existing statutory and regulatory scheme covering Connecticut's EMS system already addresses the concerns of the municipalities for input regarding the quality of emergency medical care and the performance of EMS providers in their communities. Currently, each municipality is required to establish a medical services plan, which includes written contracts between the municipality and its EMS providers. The plan also includes performance standards for each level of emergency medical service in the municipality. Any municipality that is dissatisfied with an EMS provider may petition the Commissioner of Public Health to remove that responder. A petition may be made (1) at any time if based on an allegation that an emergency exists and that the safety, health and wealth fare of the citizens of the affected primary service area are jeopardized by the responder's performance; or (2) not more often than once every three years, if based on the unsatisfactory performance of the responder as determined based on the local emergency medical services plan established by the municipality and associated agreements or contracts. A hearing on the petition is required to be held before the Commissioner of Public Health who will decide, based on specific statutory criteria, whether the PSAR's primary service area assignment should be revoked.

The present statutory and regulatory scheme strikes the right balance between allowing municipalities the right to remove non-performing providers, while ensuring the integrity of the process and providing EMS providers with some assurance that if they are meeting the terms of

their contracts with municipalities and the performance standards contained in the municipal medical services plans, the providers cannot be removed based on politics, local relationships or favoritism. Raised Bill No. 6518 will eliminate this balance in the system.

The current EMS system also provides for stability and coordination between providers and sponsor hospitals. Sponsor hospitals are required to know the EMS personnel who take medical control from that hospital. The sponsor hospital must evaluate the EMS personnel and determine if they are following appropriate medical direction. It takes years to develop the protocols and the teamwork between EMS personnel and hospital staff to create a seamless emergency medical services delivery system. Frequent changes of the PSARs will have a negative impact on the level of coordination between EMS providers and sponsor hospitals.

Raised Bill No. 6518 also attempts to change this statutorily prescribed rate setting process and certificate of need process for expansion of emergency medical services in Connecticut. The existing provisions were designed to protect the consumer and assure cost efficiency in the EMS system throughout the state. It would be a mistake to tinker with these provisions, which have worked quite well over the years. Finally, Raised Bill No. 6518 attempts to eliminate the Emergency Medical Services Advisory Board. This board has served an important purpose by providing the Department of Public Health, EMS providers and the general public with data, advice and recommendations intended to improve the quality of emergency medical services in Connecticut.

In short, Raised Bill No. 6518, if passed, would irreparably harm the current emergency medical services system in Connecticut. The bill would destroy the integrity of the system, create major uncertainty among providers and result in an inferior EMS system.