

---

---

## **OLR Bill Analysis**

### **sHB 6518 (as amended by House "A")\***

#### ***AN ACT CONCERNING STANDARDS OF PROFESSIONAL CONDUCT FOR EMERGENCY MEDICAL SERVICE PERSONNEL.***

#### **SUMMARY:**

This bill expands the grounds upon which the Department of Public Health (DPH) commissioner can take disciplinary action against emergency medical technicians (EMTs), advanced EMTs, emergency medical responders, or emergency medical services (EMS) instructors. It generally allows her to take action against them for the same conduct for which she may already discipline paramedics, such as felony convictions, alcohol or drug abuse, and negligence in professional activities. By law, EMTs, advanced EMTs, emergency medical responders, and EMS instructors must be certified by DPH.

The bill creates, within available appropriations, a 15-member Connecticut EMS primary service area task force within DPH. Among other things, the task force must review the (1) current process for designating and changing primary service areas and (2) process by which municipalities can petition to change or remove a primary service area responder. The bill requires the task force to report its recommendations to the Public Health Committee by February 15, 2014. (By law, a primary service area is a specific geographic area to which DPH assigns a designated EMS provider for each category of emergency medical response services.)

The bill also makes a technical change to reflect that DPH now refers to "emergency medical responders" instead of "medical response technicians." (Emergency medical responders have less training than EMTs.)

\*House Amendment "A" adds provisions (1) creating the task force, (2) adding emergency medical responders and EMS instructors to

those subject to expanded grounds for discipline, (3) specifying that discipline for felonies is subject to the law on denial of a state credential based on prior convictions, and (4) making a technical change concerning emergency medical responders. It also removes a provision allowing the commissioner to discipline EMTs and advanced EMTs for violations under the statutory definition of paramedicine.

EFFECTIVE DATE: October 1, 2013, except the task force provisions are effective upon passage.

### **DPH DISCIPLINE OF CERTAIN EMS PROFESSIONALS**

The bill expands the allowable grounds for DPH to discipline EMTs, advanced EMTs, emergency medical responders, and EMS instructors to include:

1. failure to conform to accepted professional standards;
2. felony conviction;
3. fraud or deceit in obtaining or reinstating a certificate to practice;
4. fraud or deceit in practice or providing EMS education;
5. negligent, incompetent, or wrongful professional conduct;
6. a physical, mental, or emotional illness or disorder resulting in an inability to conform to accepted professional standards;
7. alcohol or substance abuse; and
8. willful falsification of entries in medical records.

The bill specifies that disciplinary actions against such professionals, as well as paramedics, for felony convictions must be in accordance with the law on denial of a state credential based on prior conviction.

Existing law allows the DPH commissioner to discipline EMS professionals (including EMTs, advanced EMTs, emergency medical responders, and EMS instructors ) who fail to maintain standards or

violate applicable EMS regulations (CGS § 19a-180(b)). Existing DPH regulations allow the commissioner to take specified disciplinary actions against EMS providers she determines substantially failed to comply with the EMS law or regulations or failed to maintain professional standards (Conn. Agency Regs. § 19a-179-15(a)).

By law, DPH can take the following disciplinary actions:

1. suspending or revoking the person's certification,
2. issuing a letter of reprimand to or censuring the person,
3. placing him or her on probation,
4. assessing a civil penalty of up to \$ 25,000, or
5. taking summary action against the certification if the person has been found guilty of a state or federal felony or subject to disciplinary action in another jurisdiction.

Under the bill, DPH can petition the Hartford Superior Court to enforce any such orders or actions against EMTs, advanced EMTs, emergency medical responders, and EMS instructors. It must give the person notice and an opportunity for a hearing.

The bill allows the commissioner to order a certificate holder to undergo a reasonable physical or mental examination if his or her physical or mental capacity to practice safely is under investigation.

### **CONNECTICUT EMS PRIMARY SERVICE AREA TASK FORCE**

The bill creates, within available appropriations, a task force within DPH to review:

1. the current process for designating and changing primary service areas;
2. local primary service area contract and applicable subcontract language and EMS plans, as they vary among municipalities and pertain to performance and oversight measures;

3. methods to designate EMS providers used by other states with similar populations, geography, and EMS systems as Connecticut; and
4. the process for municipalities to petition to change or remove a primary service area responder.

The task force consists of 15 members: the DPH commissioner or her designee, and 14 others who must be appointed within 30 days after the bill's passage. The appointments are as follows in Table 1.

**Table 1: Appointed Task Force Members**

<i>Appointing Authority</i>	<i>Member</i>
DPH commissioner	Five appointments, including representatives of: <ol style="list-style-type: none"> <li>1. a municipal EMS provider</li> <li>2. a for-profit ambulance service</li> <li>3. the Connecticut Hospital Association</li> <li>4. a nonprofit EMS provider</li> <li>5. DPH's EMS advisory board</li> </ol>
House speaker	Two appointments, including: <ol style="list-style-type: none"> <li>1. a municipal chief elected official or administrator</li> <li>2. a representative of a municipal public safety board, public safety agency, or municipal legislative body</li> </ol>
Senate president pro tempore	Two appointments, including: <ol style="list-style-type: none"> <li>1. a municipal chief elected official or administrator</li> <li>2. a representative of an EMS provider that primarily provides fire services</li> </ol>
House majority leader	A fire chief or representative of a fire department that provides emergency medical services
Senate majority leader	A fire chief or representative of a fire department that provides emergency medical services
House minority leader	A representative of a nonprofit EMS provider
Senate minority leader	A municipal chief elected official or administrator
House and Senate minority leaders (jointly)	A representative of the Association of Connecticut Ambulance Providers

The bill requires appointing authorities to ensure that each appointed member associated with a municipality or municipal entity represents a different municipality.

The task force has two co-chairs: (1) the DPH commissioner or her designee and (2) one the task force elects from among its members. The DPH commissioner or her designee must schedule the first task

force meeting. A majority of the members constitutes a quorum, and a majority vote of a quorum is needed for any official task force action.

The bill provides that council members are not paid for their service, except for reimbursement for necessary expenses incurred in performing their duties.

DPH's administrative staff must serve as the task force's administrative staff.

Under the bill, the task force must submit its report by February 15, 2014 to the Public Health Committee. (Another provision specifies that it must submit the report on that date.) The task force terminates on the date it submits its report. The report must include information on the task force's activities and its recommendations on:

1. the process for designating and changing a primary service area;
2. improvements to local primary service area contract and applicable subcontract language and EMS plans, including provisions relating to performance measures and municipal oversight of primary service area responders;
3. a process for expanding or enhancing emergency medical services offered in local primary service areas;
4. a mechanism for reporting adverse events to DPH and for the department to respond; and
5. an outreach plan to educate municipalities on their rights and duties as holders of contracts and subcontracts for primary service area responders.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute  
Yea 26 Nay 1 (04/05/2013)