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Planning and Development Testimony
RE: HB5580
March 20, 2014

Thank you for the opportunity to offer testimony regarding HB 5580.

I served as the Co-Chair of the CT EMS PSA Task Force and am the Director of Fire and Rescue Services for the Town of Farmington. I have been the Director in Farmington for 11 years and have worked in that town for the past 17 years. I have been active in Emergency Medical Services in Connecticut for 22 years, both volunteering and working in the communities of Bloomfield, West Haven, Colchester, and Farmington. I am a certified Emergency Medical Technician and Emergency Medical Services Instructor.

Please note that the EMS PSA Task Force made 5 recommendations in its final report.

Recommendations #1 through 4 in the EMS PSA Task Force Final Report are basic common sense. They should have been implemented many years ago. These recommendations have the unanimous support of the entire Task Force and the EMS agencies they represent.

Recommendation #5 is the Alternative Provision of PSA Responsibilities. This recommendation states that municipalities shall have the right to submit a Local EMS Plan for consideration to DPH for the alternative provision of primary service area responder responsibilities.

Recommendation #5 does not offer any guarantees of a change of EMS provider, it simply offers a municipality, which believes that their community can better served by a different EMS provider, the opportunity to have their specific case heard by DPH.

Recommendation #5 takes into account all of the arguments against PSA reform that have been made by opponents of change to the PSA System. Recommendation #5 requires DPH to schedule a formal hearing, notice all of the parties having interest in the matter, and to hear testimony on the very concerns that the commercial ambulance services have brought forward. These issues include the impact on patient care, the Local EMS Plan, EMS System sustainability, impact on the local, regional and statewide EMS System, and recommendations from Medical Control / Sponsor Hospital.

Recommendation #5 gives DPH the authority to hear all of the facts of a particular situation, to evaluate them on their merits, and to determine who is positioned to offer the best patient care in a community going forward. In effect, this is perhaps the most important element of the recommendations. It brings the system into alignment with other modern delivery systems

which provide an opportunity for full due diligence, evaluation and quality assessment. Modern healthcare medical systems encourage evaluation and provide the opportunity for change when the provider or system is not aligned.

The Task Force was given 5 specific charges. 2 of the 5 charges of the Task Force relate directly to Recommendation #5. This equates to almost half of the very reason the Task Force was seated.

Please do not be surprised that Recommendation #5 did not win the endorsement of the commercial ambulance services. The existing statutes and regulations do not include specific performance measures for EMS providers. There are no established required response times. A provider simply has to show up in order to meet their obligation as a Primary Service Area Responder. The important takeaway is that municipalities are directly responsible to their citizens to provide the highest quality care through the best delivery system. The existing system is an obstacle to this goal in that it has established artificial protection for providers who don't necessarily have a vested interest. Municipalities serve the needs of their resident before, during and after emergencies. The buck always starts and stops at the local level.

Please be clear that the Department of Public Health was an active participant in the EMS PSA Task Force. DPH had a voting member on the committee in the form of Raphael Barishansky, the State EMS Director. His supervisor, Branch Chief Wendy Furniss, was present and participated in many of the Task Force Meetings. I made the decision when the Task Force was first seated to work with, rather than against, DPH in the effort to craft language for PSA System Reform. This cooperative effort lasted through the final draft of what became Recommendation #5 when I asked for Ms. Furniss's approval and support of the final language before bringing this proposal to the Task Force. She reviewed the final language, handwrote a few minor changes on the final draft, all of which were subsequently incorporated, and then gave her approval to Director Barishansky to cast a vote in support of what became Recommendation #5. Recommendation #5 was approved and incorporated into the Final Report of the EMS PSA Task Force by the very will of DPH at the direction of Wendy Furniss.

Primary Service Area Responders have enjoyed almost 40 years of having the right to be the exclusive provider of EMS in their designated geographic areas within the State of Connecticut. The current PSA System allows these providers to continue to profit from this privilege indefinitely, provided they meet only the minimum requirements. It is not unexpected that these Primary Service Area Providers would support the status quo as it relates to the PSA System so that they can indefinitely reap the benefits of this designation without concern for having to improve their service delivery or otherwise react to the dynamic needs of the community that they are designated to serve. The current PSA system is essentially a monopoly. Monopolies are not good government.

Respectfully Submitted,

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Director of Fire & Rescue Services