

Suffield Volunteer Ambulance Association



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Date: March 18, 2014

To: Joint Committee On Public Health

From: Art Groux, Chief

Re: Support of HB 5542, as written and recommendations 1-4 of the PSA Task Force

My Name is Art Groux. I am the Chief Of Service for Suffield Volunteer Ambulance Association Inc. (SVAA), and the Vice President of the Connecticut Emergency Medical Services Chiefs' Association (CTEMSCA).

Suffield Volunteer Ambulance is the primary ambulance service provider for the Town of Suffield and a mutual aid ambulance service provider to towns in north central CT. Each year we answer over 1400 calls with a volunteer staff of over 85 members who provided more than 26,000 hours of ambulance coverage last year alone.

I appreciate the opportunity to provide you with some testimony on behalf of our service and the volunteers that serve our communities every day.

House Bill 5542 is a great fix to the PSA system for Emergency Medical Service Providers in the State of Connecticut. The changes that this makes, based on the consensus recommendations of the PSA Task Force, address many of the areas of concern with PSA designations.

Recommendation 5, if added into this bill, would fracture the system into 169 pieces and lead to inordinate costs, passed on to the municipalities in years to come. The current system allows for regionalization of services and with the changes of recommendations 1-4 would further encourage this process to happen. Recommendation 5 would allow one town to make a decision in regards to EMS that could negatively impact a regional system without having to even notify the other towns. Even if there was a negative impact to the system as a whole the PSA would change with no external check or balance in the system. PSA boundaries need to be determined by development, hospital placement, travel times, call volume load, population demographics and availability of resources and not solely based on political boundaries.

If recommendation 5 were implemented we would also create a potential monopoly of service. We have heard that some see the current system as a monopoly within the communities served. Under the proposed changes Certified and Licensed Ambulance Services would be

considered for the same PSA assignments with cost potentially being the only deciding factor. Licensed providers have the ability to perform non-emergency transfer work as well as 911 emergency work and to bill for those services. Many of these providers perform both of these types of calls with the same ambulance units; a prudent business model for a for-profit based system. Certified ambulance services in CT are currently barred from performing or billing for this work, thus, when no 911 emergency is ongoing their units sit idle providing no additional source of revenue. In CT the Need for Service Process required to become licensed is very expensive and time consuming, two things that many volunteer and municipal services don't have. As you can see, in a short period of time, the only providers that may remain are licensed providers (currently there are only 13 licensed services in CT) with a great decrease in the overall resources and personnel available to the state and its residents. With a lower number of providers comes fewer options for service. In most states that allow municipalities to determine providers they also allow ALL ambulance providers to provide both emergency and non-emergency services without the need for a separate Need for Service Process, thus leveling the field to some extent.

In the end, a fractured system will not help the citizens of CT. The result will be a system that is unique and individual to each town, 169 systems plus one of for each state owned building or complex, and does not further patient care or fiscal responsibility. Recommendations 1-4 addressed the concerns and suggestions that I mentioned in my testimony last year over this same issue and I am in full support of the current bill as written and hope that you will support and help continue this bill through as currently written.