



Connecticut EMS Chiefs Association

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Date: March 18, 2015

**To: Senator Terry Gerratana, Co-Chair Public Health Committee
Susan Johnson, Co-Chair Public Health Committee
Gayle Slossberg, Vice Chair Public Health Committee
Philip Miller, Vice Chair Public Health Committee
Jason Welsh, Ranking Member, Public Health Committee
Prasad Srinivasan, Ranking Member, Public Health Committee**

From: Bruce Baxter, President

**RE: Raised House Bill # 5542- AAC The Recommendations of the Connecticut
Emergency Medical Services Primary Service Area Task Force**

Senator Gerratana, Representative Johnson, Vice Chairs, Ranking Members, Committee Members, my name is Bruce Baxter. I am the CEO of New Britain Emergency Medical Services, a 501C3 Non Stock, not for profit EMS Corporation who holds designations as the City of New Britain's 9-1-1 Primary Service Area Responder for First Responder, Basic Ambulance Transport as well as providing paramedic Advanced Life Support.

I also serve as the President of the Connecticut EMS Chiefs Association. The Connecticut EMS Chiefs Association represents the Chief Executive Officers of those ambulance services operating in the State of Connecticut whose sole and primary mission is the response, care and medical transportation of individuals experiencing an acute, out of hospital medical or traumatic emergency. Eligible members of our Association are directly responsible for more than 70% of the 350,000 9-1-1 EMS response managed in the State each year.

The Connecticut EMS Chiefs Association urges the Public Health Committee to unanimously endorse Raised Bill # 5542 as written, and without amendment.

The bill as written will resolves a number of significant issues with our current PSAR designation rules inclusive of but not limited to:

1. Defining requirements for the communities and PSAR holders to develop a comprehensive Local EMS plan inclusive of key performance metrics and reporting that are centric to the needs of municipality as well as the PSAR. (ex. response time performance, sentinel event report, dedicated ambulances for 9-1-1 response, clinical level of service performance to name a few)
2. Holds all designated PSARs in a community accountable for reporting results to the municipality, developing action plans to resolve deficits, in order to enhance patient outcome, satisfaction and the overall advanced of out of hospital patient care in a community as agreed upon in the Local EMS Plan.
3. Provides relief to the communities with a defined resolution process when confronted with an underperforming or non performing PSAR provider.
4. Sunsets PSARs every five years subjecting the designated providers to an outside review of performance in accordance with the local EMS Plan performance standards by DPH-OEMS. It establishes an audit/evaluation and scoring process inclusive of input from all stakeholders prior to DPH issuing a grade and recommendation for renewal/continuation as the designated PSAR provider to the community.
5. Defines a remediation process for providers who do not meet the established performance standards of a Local EMS Plan that is fair and equitable.
6. It provides all stakeholders with relief to the lack of DPH OEMS performance standards in addressing concerns and issues with designated PSAR providers brought forward by municipalities.
7. It defines two types of removal processes : Emergency and Non or Under Performance
8. It defines time lines for DPH-OEMS to addresses complaints.
9. It resolves municipal concerns associated with the change of ownership of a provider.

This represents a significant enhancement to our current PSAR designation process that will lead to improvement patient care. It is a viable and realistic solution to all of the issues brought forth over the past two years by a wide array of stakeholders who are frustrated with the inability to make significant improvements to their EMS system secondary to designated PSAR provider apathy.

We are adamantly opposed to the inclusion of what is known as the PSAR Task Force Report Recommendation # 5 in HB 5542.

There is significant controversy amongst members of the PSAR Task Force as well as stakeholders statewide regarding the PSAR Task Force Report Recommendation # 5 which appropriately is not included in the current version of HB 5542. It is noteworthy that Recommendation did not have a wide margin of support- it was included by a one (1) vote margin with majority and minority attached.

Recommendation # 5 is the Alternative Provision of PSA Responsibilities which gives municipalities the authority to petition the Commissioner of Public Health requesting the approval of a new local EMS plan with an alternate (new) primary service area responder that will provide the community with the same or an enhanced level of service that better meets the

needs of the municipality. In other words, it provides the municipality with the ability to petition the Commissioner to change a PSAR provider without cause.

We find this approach to be as egregious as a number of stakeholders find the current PSAR process of “designation until death.”

- Recommendations 1-4 provide the municipalities with the requisite relief they have lacked to remove an underperforming; non-performing PSAR provider. It is our opinion that there is no issue that cannot be adequately addressed in the current legislation.
- Permitting a municipality to petition for the removal of an incumbent PSAR without cause as suggested by Recommendation # 5 promotes the creation of single EMS silos of excellence with the duplication of overhead, increased EMS system costs as opposed to decreasing costs. It negatively influences the financial stability of the current regionalized EMS system approach, by reducing the dual service assets available to cover multiple communities with essential primary mutual aid ambulance coverage, managed critical care transports and the routine transportation of patients between various healthcare entities.
- **The inclusion of Recommendation # 5 disenfranchises every non- profit ambulance service in the State putting them at a competitive financial disadvantage with their for profit colleagues as that class of EMS provider is prohibited by the State from billing for non emergency medical transportation events.**

The provision of 9-1-1 Emergency Medical Services operates at best, at a break even, and more often at a loss. This is particularly true in urban areas as well as pocketed suburban and rural areas of Connecticut where the 9-1-1 providers manage a disproportionate share of patients who have government insurance that reimburse less than the cost of service production. Current State statutes and regulations prohibit Non Profit Ambulance Services from offsetting there losses through the provision of non-emergency medical transportation services currently afforded to the for profit ambulance industry.

A non profit can go through the CON process to become a licensed provider, that rigor is time consuming and costly. In other states there is a single classification of ambulance services which allows them to engage in and bill for all formats of service rendered.

- Advocates of Recommendation # 5 suggest that it will lead to greater regionalization as municipalities will be able to consolidate EMS services and reduce the costs to the tax

payer. The prevalence of geographic boundaries, home town and perceptual politics of one party in a regional system benefiting more from the arrangement than another is pervasive in New England culture inclusive of Connecticut.

Municipalities throughout the Northeast inclusive of Connecticut have struggled with breaking down geographical borders and regionalizing school districts; police, fire and public works and 9-1-1 communications centers where there is a potential to obtain significant cost savings.

Absent of the State of Maine which has had success in fiscally incentivizing regional school districts and 9-1-1 PSAPs to consolidate, New England States inclusive of Connecticut EMS providers have had greater success in voluntary regionalization efforts that over the years have reduced the cost of service delivery to patients, enhanced the clinical level of service delivery to patients and provided an essential mutual aid 9-1-1 response network to support community based providers and their individual community periods of peak demand.

Finally, before closing, it is important to put into perspective some of the inaccurate and negative remarks (written and verbal) made by various passionate constituents and stakeholders regarding the EMS system in Connecticut.

Some Advocates of Recommendation # 5 have had a bad experience with their provider. They would like you to believe our EMS system is broken and in need of dire re-organization.

EMS in the State of Connecticut is not broken. In fact you should have pride in what we currently have as compared to other States. **It is not perfect and never will be. As with any other health care discipline, the system benefits from the process continuous factual data driven efforts to review and improve all aspects of the system.**

The majority of EMS centric, non- profit EMS services in the State of Connecticut are community based organizations whose sole focus is the provision of consistent, high quality, cost efficient, timely care and services to the residents of the communities which our members are privileged to serve. The members of those services take that privilege and the associated responsibility seriously. They are community based. They do not walk away leaving the tasks of "cleaning up the residual problems" to the municipal based employees, services or leadership as some stakeholder have alluded. The community our members serve is **their community too.** Ownership of a community and its population and associated health challenges is not exclusive to municipal government and its employees; it is shared by and with your designated PSAR many of who have made significant investments to improve and enhances services over time.

A number of our member agencies are considered and recognized as industry pacesetters. They have lead the way, in collaboration with their Sponsor Hospitals and Medical Directors, in developing new protocols , new techniques, best practices, bringing innovative life- saving

procedures and technology to the forefront of EMS in the State which has benefited countless patients. Their primary focus has been, is and will always be doing what is in the best interests of the health and wellbeing of residents and patients they are privileged to serve.

It is important to remind ourselves that All sectors of business and industry , government based, publically traded, private for profit , or private not for profit are challenged when a small minority of organizations fail to consistently achieve the requisite levels of excellence desired by its consumer base. It is important that we do not lump the majority in with the minority.

On behalf of the Connecticut EMS Chiefs Association, I would urge you to approve House Bill 5542 as written. It is the reasonable and responsible first step to enhancing the state wide EMS system.