March 17, 2014

Written Testimony:
HB No. 5542: AN ACT CONERNING THE RECOMMENDATION OF THE CONNECTICUT EMERGENCY MEDICAL SERVICES PRIMARY SERVICE AREA TASK FORCE

Submitted by:
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While am unable to attend the hearing, I appreciate the opportunity to be able to submit written testimony.

I have been involved in Emergency Medical Services in Connecticut since 1974 as a provider from the First Responder to the Paramedic levels. I have provided these services in the volunteer, commercial, municipal and industrial arenas during my career. I am on the Uncas Health District Board of Directors in Norwich, a Commissioner on the Public Safety Commission in Montville and the Fire Chief in West Hartford.

The Task Force did a great job with the charge presented to them and worked to consensus on 4 of the 5 recommendations. Recommendation # 5 reached a simple majority but split the Task Force by interests. Recommendation # 5 provides the development of a process to allow the municipality more responsibility in the selection and appointment of its EMS provider. I urge you to consider adding recommendation #5 as part of the total package of recommendations that the Task worked so hard to create.

This is not the first time the PSAR issue has surfaced since its inception in 1974. In 1999, The Connecticut General Assembly tasked the Legislative Program Review and Investigation Committee to review "accountability in the EMS system". The Legislative Program Review and Investigations

Committee was a joint, bipartisan, statutory committee of the Connecticut General Assembly. It was established in 1972 to evaluate the efficiency, effectiveness, and statutory compliance of selected state agencies and programs, recommending remedies where needed. While many of the recommendations of that committee were adopted either in principal or practice, the PSAR recommendations were tabled and here we are today more than a decade later. The committee provided alternate approaches altering the fundamental regulatory structure. One of the approaches and recommendations was to assign the PSAR to the municipality with DPH oversight. The current Task Force recommendation # 5 provides a process to accomplish this.

The ultimate responsibility for municipal services is local government yet the change in PSAR is the authority of CT DPH. The law does not require PSAs to be renewed; the assignments are indefinite unless revoked. State law and regulations allow DPH to revoke or take away a PSA assignment in the following circumstances. The ultimate decision is with CT DPH and not with the responsible party, being local municipal government. This is a fundamental service delivery choice that every governmental agency considers for any and all services for fair trades. This is not about revoking something that is the responsibility of the municipality and should be authority having jurisdiction. The State of Connecticut does not dictate who provides police, fire, public works or any other services to the community, so why the perpetuity of the EMS PSAR? The irony is that CT DPH doesn't require what electronic charting software is used for EMS response, or whom provides training for responders, or what public health district the municipality belongs to. These are all choices made by the municipality and its agents to deliver the best service possible. PSAR's should be held by the municipality and not commercial or private non-profit entities.

We have a performance contract with our ambulance provider for ALS and transport services. The performance measure is arrival time based. In the last 4 years, compliance has been at less than 60%. With penalties being paid for non-compliance quarterly, there is no improvement. Having shared services provides an unpredictable public service 40 % of the time. During storm NEMO, we lost our ambulance transport services after arrangements were

made to guarantee their response in the community. A problem that we were able to rectify quickly with a short delay of service. But the control of the situation was not with the responsible party, the local municipality.

Changes to the PSAR assignment process will not affect every community. It will only affect the communities that CHOOSE to seek alternative service delivery for the benefit of patient care and service delivery to their constituents.

As members of the Public Health Committee, representing your local municipalities and their ability to provide transparent, accountable patient care and public safety based on their choices should be job 1.

The Passage of HB. 5542 with the addition of recommendation # 5 will allow our community to insure that we have the best possible public safety and health services, will help to reduce the cost of healthcare and will allow the town to utilize our resources in the best possible manner.

Respectfully Submitted

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