

TESTIMONY OF JEREMY RODRIGO  
BEFORE THE PUBLIC HEALTH COMMITTEE OF THE  
GENERAL ASSEMBLY

In Support of

Raised Bill No. 5542

An Act Concerning The Recommendations of the Connecticut Emergency Medical Services  
Primary Service Area Task Force

March 19, 2014

Good Morning, my name is Jeremy Rodorigo. I am the Business Development/Community Affairs Director for American Medical Response of Connecticut and reside at 140 Burton Road, Beacon Falls, Connecticut. I would like to thank the Public Health Committee for the opportunity to submit this testimony today in order to voice my support for Raised Bill No. 5542, An Act Concerning The Recommendations of the Connecticut Emergency Medical Services Primary Service Area Task Force.

The proposed bill strikes the right balance. It provides for appropriate improvements to the EMS system without negatively impacting an EMS system that has worked so well for almost 40 years.

Despite what you may hear from certain special interest groups, the present emergency medical services system works. It is a coordinated state-wide system, which ensures that every community in the state is covered by highly trained EMS providers at all levels of coverage. The system also ensures that the public is protected financially, in that the Commissioner of Public Health sets the maximum rates for each provider. Likewise, the total EMS system cost is kept under control by requiring the approval of the Commissioner of Public Health, pursuant to a Certificate of Need process, for any expansion of services or the addition of emergency vehicles.

Raised Bill 5542 results from the deliberations of the PSA Task Force.

One point became extremely clear during the PSA Task Force deliberations: the current statutes, as significantly revised by the Legislature in 2000, provide a very effective mechanism for primary service area responders to remain accountable to municipalities and other stakeholders, while maintaining a quality statewide system. It also was clear from the testimony provided to the PSA Task Force that most municipalities failed to: (1) fully understand the remedies available to them under current statutes; (2) create a local EMS Plan; and (3) take full advantage of their rights for redress with the Department of Public Health for the unsatisfactory performance of primary service area responders.

Raised Bill 5542 bolsters the statutory framework for accountability set forth in statutes 19a-181b, 19a-181c, and 19a-181d. The proposed bill requires municipalities to update their local emergency medical services plan and requires the Department of Public Health to provide municipalities technical assistance in updating such plans and help to resolve disputes concerning the provisions in such plans.

The proposed bill also requires that the Department of Public Health review municipalities' local emergency services plans not less than once every five years and to review the primary service area responders' compliance with such plans and the applicable laws and regulations. The proposed bill requires that the Department of Public Health, based on their evaluations, assign to the primary service area responders a performance rating.

Additionally, proposed Bill 5542 clarifies Sections 19a-181b, 19a-181c and 19a-181d by providing definitions of the performance ratings to be assigned to primary service area providers based on evaluations conducted by the Department of Public Health. Such definitions are objective and can easily and equitably be applied by the Department of Public Health. The proposed bill also provides a timeline in which the Commissioner of Public Health must act on a petition for the removal of a primary service area responder.

Proposed Bill 5542 also provides a process for the sale or transfer of more than fifty percent of an ownership or interest in a primary service area responder. This provision will provide the necessary transparency of such transactions and allow for the Commissioner of Public Health to determine that the purchaser of a primary service area responder has a satisfactory performance history and financial status to ensure the provision of quality care.

Notwithstanding the merits of this bill, the language recommended for amending statute 19a-181d, specifically, the addition of the language which allows a municipality to petition DPH for a hearing "...if the primary service area responder fails to deliver services in accordance with the municipality's local emergency medical services plan, as described in section 19a-181b, as amended by this act," is vague and unclear. As written, the statute suggests that something other than unsatisfactory performance, including insignificant issues or other nominal undefined issues, are sufficient for a municipality to petition the Commissioner of Public Health for assistance in reaching a resolution of such issues. The right of a municipality to petition the Commissioner of Public Health should be based on clear and objective standards. Moreover, the addition of this language in 19a-181d makes no sense because this section deals with the obligation of DPH to hold a hearing to assist municipalities in reaching agreement on a local EMS Plan and performance standards. Section 19a-181c, as augmented by this Bill, already provides for an effective mechanism for municipalities to petition DPH when PSARs do not perform satisfactorily, as well as a clear objective standard by the addition of the definition of unsatisfactory performance. I cannot stress strongly enough that this additional language is inappropriate and is inconsistent with the prescribed removal mechanism set forth in 19a-181c. I respectfully request that the above-quoted language be removed.

Raised Bill Number 5542 allows for necessary improvements to the emergency medical services system without causing dramatic changes. The testimony from others who want to go further to allow municipal control over the selection of primary service area responders will lead to unjustifiable and fundamental changes to the EMS system that will result in an EMS system that is fractured, less cost effective and the provision of disparate levels of EMS services throughout the state. Such changes will significantly undermine the EMS system that has worked well for forty years.

I respectfully urge you to vote for Raised Bill No. 5542.