

TO: Public Health Committee
FROM: John A. Elsesser, Town Manager, Town of Coventry
RE: Raised Bill 5542
DATE: March 18, 2014



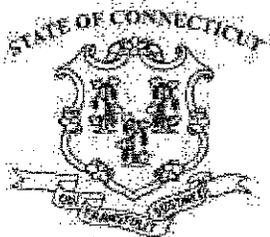
Dear Chairs and Committee Members:

I am writing in general support of Raised Bill 5542. It is a good starting point toward balancing the needs of the emergency medical providers and the hosting municipality. The current system is basically a lifetime franchise which is non-responsive to societal changes or service level. For example with the implementation of medical dispatch the numbers of paramedic calls dramatically increased. This has weakened the financial strength of the BLS providers. The current system does not allow the flexibility to change as the system changes.

The proposed legislation does establish a stronger municipal role through the requirement of a plan with standards and delineation of performance. Those are both good ideas. It also establishes clearer responsibilities for the State Department of Health to respond in a more cooperative and timely fashion. It remains a concern for municipalities that this process may still be governed by the Administrative Procedures Act which is both a time-consuming and costly process. We would prefer that Towns have significant input into the provision of this critical community service as we do with other services such as Police, Fire and traditionally contracted services like school buses and trash collection.

We appreciate the efforts of the study committee and request Raised Bill 5542 come a bit closer to following their recommendation.

Thank you for your consideration of this important issue.



General Assembly

Raised Bill No. 5542

February Session, 2014

LCO No. 2392

*02392 _____ PH *

Referred to Committee on PUBLIC HEALTH

Introduced by:

(PH)

AN ACT CONCERNING THE RECOMMENDATIONS OF THE CONNECTICUT EMERGENCY MEDICAL SERVICES PRIMARY SERVICE AREA TASK FORCE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 19a-181b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2014*):

(a) Not later than July 1, 2002, each municipality shall establish a local emergency medical services plan. Such plan shall include the written agreements or contracts developed between the municipality, its emergency medical services providers and the public safety answering point, as defined in section 28-25, that covers the municipality. The plan shall also include, but not be limited to, the following:

(1) The identification of levels of emergency medical services, including, but not limited to: (A) The public safety answering point responsible for receiving emergency calls and notifying and assigning the appropriate provider to a call for emergency medical services; (B) the emergency medical services provider that is notified for initial response; (C) basic ambulance service; (D) advanced life support level; and (E) mutual aid call arrangements;

(2) The name of the person or entity responsible for carrying out each level of emergency medical services that the plan identifies;

(3) The establishment of performance standards for each segment of the municipality's emergency medical services system; and

(4) Any subcontracts, written agreements or mutual aid call agreements that emergency medical services providers may have with other entities to provide services identified in the plan.

(b) In developing the plan required by subsection (a) of this section, each municipality: (1) May consult with and obtain the assistance of its regional emergency medical services council established pursuant to section 19a-183, its regional emergency medical services coordinator appointed pursuant to section 19a-186a, its regional emergency medical services medical advisory committees and any sponsor hospital, as defined in regulations adopted pursuant to section 19a-179, located in the area identified in the plan; and (2) shall submit the plan to its regional emergency medical services council for the council's review and comment.

(c) Each municipality shall update the plan required by subsection (a) of this section as the municipality determines is necessary. The municipality shall consult with the municipality's primary service area responder concerning any updates to the plan. The Department of Public Health shall assist each municipality in the process of updating the plan by providing technical assistance and helping to resolve any disagreements concerning the provisions of the plan.

(d) Not less than once every five years, said department shall review a municipality's plan and the primary service area responder's provision of services under the plan. Such review shall include an evaluation of such responder's compliance with applicable laws and regulations. Upon the conclusion of such evaluation, the department shall assign a rating of "meets performance standards", "exceeds performance standards" or "fails to comply with performance standards" for the primary service area responder. The Commissioner of Public Health may require any primary service area responder that is assigned a rating of "fails to comply with performance standards" to meet the requirements of a performance improvement plan developed by the department. Such primary service area responder may be subject to subsequent performance reviews or removal as the municipality's primary service area responder for a failure to improve performance in accordance with section 19a-181c, as amended by this act.

Sec. 2. Section 19a-181c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2014*):

(a) As used in this section: [, "responder"]

(1) "Responder" means any primary service area responder that [(1)] (A) is notified for initial response, [(2)] (B) is responsible for the provision of basic life support service, or [(3)] (C) is responsible for the provision of service above basic life support that is intensive and complex prehospital care consistent with acceptable emergency medical practices under the control of

physician and hospital protocols;

(2) "Emergency" means (A) the primary service area responder has failed to respond to fifty per cent or more first call responses in any three-month period and has failed to comply with the requirements of any corrective action plan agreement between the municipality and the responder, or (B) the sponsor hospital refuses to endorse or provide a recommendation for the responder due to unresolved issues relating to the quality of patient care provided by the responder; and

(3) "Unsatisfactory performance" means a responder failed to (A) respond to eighty per cent or more first call responses, excluding those responses excused by the municipality, (B) meet defined response time standards agreed to between the municipality and responder, excluding those responses excused by the municipality, and the responder failed to comply with the requirements of any corrective action plan, (C) investigate and adequately respond to complaints related to the quality of emergency care or response times, on a repeated basis, (D) report adverse events as required by the Commissioner of Public Health or as required under the local emergency medical services plan, on a repeated basis, (E) communicate changes to the level of service or coverage patterns that materially affect the delivery of service as required under the local emergency medical services plan or communicates an intent to change such service that is inconsistent with such plan, or (F) communicate changes in its organizational structure that is likely to negatively affect the responder's delivery of service.

(b) Any municipality may petition the commissioner for the removal of a responder. A petition may be made (1) at any time if based on an allegation that an emergency exists and that the safety, health and welfare of the citizens of the affected primary service area are jeopardized by the responder's performance, or (2) not more often than once every three years, if based on the unsatisfactory performance of the responder. [as determined based on the local emergency medical services plan established by the municipality pursuant to section 19a-181b and associated agreements or contracts.] A hearing on a petition under this section shall be deemed to be a contested case and held in accordance with the provisions of chapter 54.

(c) If, after a hearing authorized by this section, the commissioner determines that (1) an emergency exists and the safety, health and welfare of the citizens of the affected primary service area are jeopardized by the responder's performance, (2) the [performance of the responder is unsatisfactory based on the local emergency medical services plan established by the municipality pursuant to section 19-181b and associated agreements or contracts] responder has demonstrated unsatisfactory performance, or (3) it is in the best interests of patient care, the commissioner may revoke the primary service area responder's primary service area assignment and require the chief administrative official of the municipality in which the primary service area is located to submit a plan acceptable to the commissioner for the alternative provision of primary service area responder responsibilities, or may issue an order for the alternative provision of emergency medical services, or both.

(d) The commissioner shall act on any petition for the removal of a responder (1) not later than five business days after receipt of a petition where an emergency is alleged and shall issue a determination on such petition not later than thirty days after receipt of such petition, or (2) not

later than fifteen business days after receipt of a petition where unsatisfactory performance is alleged and shall issue a determination on such petition not later than ninety days after receipt of such petition. The commissioner may redesignate any petition received pursuant to this section as due to an emergency or unsatisfactory performance based on the facts alleged in the petition and may comply with the time requirements in this subsection that correspond to the redesignated classification.

(e) The commissioner may develop and implement procedures to designate a temporary responder for a municipality when such municipality has alleged an emergency in the petition during the time such petition is under the commissioner's consideration.

(f) The commissioner may hold a hearing and revoke a responder's primary area assignment in accordance with the provisions of this section, although a petition has not been filed, where the commissioner has assigned a responder a rating of "fails to comply with performance standards" in accordance with section 19a-181b, as amended by this act, and the responder subsequently failed to improve its performance.

Sec. 3. Section 19a-181d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2014*):

(a) Any municipality may petition the [commissioner] Commissioner of Public Health to hold a hearing if the municipality cannot reach a written agreement with its primary service area responder concerning performance standards or 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. The commissioner shall conduct such hearing not later than ninety days from the date the commissioner receives the municipality's petition. A hearing on a petition under this section shall not be deemed to be a contested case for purposes of chapter 54.

(b) In conducting a hearing authorized by this section, the commissioner shall determine if the performance standards adopted in the municipality's local emergency medical services plan are reasonable based on the state-wide plan for the coordinated delivery of emergency medical services adopted pursuant to subdivision (1) of section 19a-177, model local emergency medical services plans and the standards, contracts and written agreements in use by municipalities of similar population and characteristics.

(c) If, after a hearing authorized by this section, the commissioner determines that the performance standards adopted in the municipality's local emergency medical services plan are reasonable, the primary service area responder shall have thirty calendar days in which to agree to such performance standards. If the primary service area responder fails or refuses to agree to such performance standards, the commissioner may revoke the primary service area responder's primary service area assignment and require the chief administrative official of the municipality in which the primary service area is located to submit a plan acceptable to the commissioner for the alternative provision of primary service area responder responsibilities, or may issue an order for the alternative provision of emergency medical services, or both.

(d) If, after a hearing authorized by this section, the commissioner determines that the

performance standards adopted in the municipality's local emergency medical services plan are unreasonable, the commissioner shall provide performance standards considered reasonable based on the state-wide plan for the coordinated delivery of emergency medical services adopted pursuant to subdivision (1) of section 19a-177, model emergency medical services plans and the standards, contracts and written agreements in use by municipalities of similar population and characteristics. If the municipality refuses to agree to such performance standards, the primary service area responder shall meet the minimum performance standards provided in regulations adopted pursuant to section 19a-179.

Sec. 4. (NEW) (*Effective October 1, 2014*) A primary service area responder, as defined in section 19a-175 of the general statutes, shall notify the Department of Public Health not later than sixty days prior to the sale or transfer of more than fifty per cent of its ownership interest or assets. Any person who intends to obtain ownership or control of a primary service area responder in a sale or transfer for which notification is required under this section shall submit an application for approval of such purchase or change in control on a form prescribed by the Commissioner of Public Health. The commissioner shall, in determining whether to grant approval of the sale or transfer, consider: (1) The applicant's performance history in the state or another state; and (2) the applicant's financial ability to perform the responsibilities of the primary service area responder in accordance with the local emergency medical services plan, established in accordance with section 19a-181b of the general statutes, as amended by this act. The commissioner shall approve or reject the application not later than forty-five calendar days after receipt of the application. The commissioner may hold a hearing on such application and may consult with any municipality or sponsor hospital in the primary service area in making a determination on the application.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2014</i>	19a-181b
Sec. 2	<i>October 1, 2014</i>	19a-181c
Sec. 3	<i>October 1, 2014</i>	19a-181d
Sec. 4	<i>October 1, 2014</i>	New section

Statement of Purpose:

To implement the recommendations of the Connecticut Emergency Medical Services Primary Service Area Task Force.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]