

TESTIMONY
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GLASTONBURY TOWN MANAGER
HOUSE BILL NO. 5542
AN ACT CONCERNING THE RECOMMENDATIONS OF THE CT EMERGENCY MEDICAL SERVICES
PRIMARY SERVICE AREA TASK FORCE
MARCH 19, 2014

Distinguished members of the Public Health Committee. Good morning. My name is Richard Johnson, Glastonbury Town Manager, and I am here in support of adding Recommendation No. 5 of the CT EMS PSA Task Force to House Bill No. 5542. Specifically, to provide cities and towns with a much needed process to seek changes to the Primary Service Area Responder and thereby a greater role in determining how EMS services are provided in respective communities. As I understand the current PSA system is some 40 years old and I think most would agree in need of update.

In my opinion the following factors clearly support adding Recommendation No. 5.

- Cities and towns have the authority to determine how police, fire, public works, library, parks & recreation, finance, human services, wastewater treatment and a host of other important services are delivered to the respective community. This authority should also extend to Emergency Medical Services.
- The current PSA system acts like a monopoly in that communities are not reasonably able to self-determine how these services are delivered.
- Glastonbury, like other cities and towns, is always looking for ways to improve service delivery, achieve efficiencies, identify opportunities for multi-town initiatives, efficiently allocate resources, and otherwise effectively manage municipal programs and services. Recommendation No. 5 would allow communities the opportunity to better manage emergency medical services.
- Selection of an EMS provider and the contractual relationship (including performance standards) would be subject to local legislative review thereby ensuring public input to the process.
- Glastonbury is highly competent (as are other communities) in considering options and making decisions for delivery of programs and services. This competence involves all municipal services and facilities, and again, in my opinion, should extend to emergency medical services.
- The ability to submit a proposed alternate plan for delivery of Primary Service Area responsibilities could achieve a number of objectives. Examples include:
 - Improved patient care
 - More efficient EMS delivery
 - Efficient allocation of resources
 - Best match EMS provider with community needs and expectations
 - Allow opportunities for multi-town cooperation
 - Improved response times
 - Improved communications between town and EMS provider
 - Other such improvements

Each of these goals is consistent with ongoing expectations (state and local) that cities and towns effectively and efficiently perform municipal operations.

The Town of Glastonbury was served for many years through a volunteer ambulance association – the Glastonbury Volunteer Ambulance Association (GVAA) and I certainly have the highest regard for past and present volunteers. However, like any volunteer organization, it is more difficult to recruit and retain volunteers. Some 70+% of EMS shifts are now covered by an employment agency for paramedics through a contractual relationship with the GVAA. Essentially, the GVAA through revenues generated by third party

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billing have hired an independent entity to cover the majority of shifts. The Town has no role in determining who sits on the Association Board of Directors (qualifications, experience, background, etc.), who is selected to provide contractual services, and operating decisions promulgated by the volunteer Board. Yet, this is a service most residents expect the Town to have some overall responsibility and authority for providing. When problems occur or concerns arise, I can tell you that such matters typically land on my desk.

Preliminary discussions indicate that Glastonbury could secure the services of paramedic level coverage on a 24/7 basis at no cost to the Town and no change in billing to Glastonbury residents. This approach also has the potential of freeing up space now occupied by the Association that could be repurposed, thereby achieving cost avoidance/efficiency goals. However, given the current PSA process, we are unable to reasonably consider this change.

I respectfully ask that Recommendation No. 5 should be incorporated to the respective legislative action – House Bill No. 5542.