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March 18, 2014

Honorable Terry B. Gerantana
Honorable Susan M. Johnson
Connecticut General Assembly Public Health Committee

By way of this memo, please permit me to provide written testimony *against* Raised Bill 439. The bill, in its current form, is poorly constructed, contrary to existing law, and lacks sufficient clarity in order to become a useful piece of legislation.

The bill was crafted with the intent to ensure the responsibility for patient care, and medical decision(s) related to patient care, is vested in the highest certified or licensed medical responder on scene. This legislation does not ensure that will occur.

The first section of the raised bill states that no person shall hinder or interfere with providing patient care as long as the provision of said care does not pose an undue risk of harm. This terminology ('undue risk of harm') is incredibly vague and open to broad interpretation. This asks the responders to apply their own independent judgment, which varies within persons and jurisdictions. I would submit to you that if individual judgment were always sound, this bill would not have been raised.

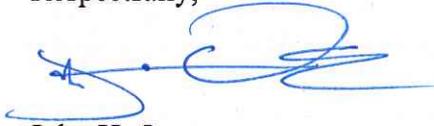
The direction to 'not hinder or interfere' can pose a conflict with existing and accepted Incident Management doctrine. Both Homeland Security Presidential Directive/HSPD-5 and Governor Malloy's Executive Order 34 mandate the use of the National Incident Management System (NIMS). One of the most basic tenets of that system is operating under one Incident Commander who has overall responsibility and authority for that incident. Application of the language contained within this Raised Bill will be in direct conflict of that direction and existing State law.

One additional flaw in the raised bill is found toward the end of Section 2. It states that the responder with the higher level of classification shall assume care upon their arrival. It also states that *all* providers shall ensure this occurs. It is practically impossible to assume patient care upon arrival. As written, it assumes that the provider arrives on scene and is immediately at the patient's side. It also assumes the provider has obtained situational awareness of the call and circumstance of injury, been provided an update on the patient's condition, and been advised regarding treatment provided. This, of course, is a fallacy and impractical. It is also unreasonable to place the responsibility to ensure transition of patient care from one provider broadly across every medically certified responder on scene.

I urge you to reject, on both merit and content, the Raised Bill. It will not provide any improvement to patient care in the State of Connecticut.

I appreciate the opportunity to comment.

Respectfully,

A handwritten signature in blue ink, appearing to read 'John H. Oates', with a stylized flourish at the end.

John H. Oates
Fire Chief
East Hartford, Connecticut