



Association of Connecticut Ambulance Providers

Aetna Ambulance :- Ambulance Service of Manchester :- American Ambulance Service
Campion Ambulance Service :- Hunter's Ambulance Service

Testimony of
David D. Lowell, President
Association of Connecticut Ambulance Providers
Public Health Committee
Wednesday, March 19, 2014

Senator Gerratana, Representative Johnson and distinguished members of the Public Health Committee.

My name is David Lowell. I am President of the Association of Connecticut Ambulance Providers. Our association members provide direct emergency medical ambulance services as PSA providers to 36 communities and back up and mutual aid responses directly to another 50 communities across the state. This is done with a network of 128 ambulances and dedicated medical providers of over 700 EMT's and Paramedics.

I am here today to speak in **support of Raised Bill No. 5542, An Act concerning the recommendations of the Connecticut Emergency Medical Services Primary Service Area Task Force.**

As a legislatively appointed member of the PSAR Task Force, I appreciate the time and dedication that my colleagues put into the body of work the task force ultimately produced. Needless to say, there were many hours of constructive discussion and spirited debate.

The Association of Connecticut Ambulance Providers **supports recommendations one, two, three and four of the Emergency Medical Services Task Force report.** The legislatively appointed Primary Service Area (PSA) Task Force has made four solid recommendations for improvements in the statewide EMS system. These recommendations were consensus driven and are constructive and enhance the roles of the Department of Public Health, the municipalities, and the EMS providers.

Specifically, these recommendations provide objective modernizations that are focused on response time accountability, quality patient care, EMS resource capabilities and regionalized resource identification and utilization.

Emergency medical service is the practice of medicine in the out-of-hospital environment by EMT's and Paramedics. The authority by which this delivery of medical care is provided exists with the state department of public health and is delegated through the comprehensive relationship between each PSAR, an acute care sponsor hospital with physician oversight, medical direction and control. Further, the emergency medical services response system as it has evolved, spans across designated regions, involves regionalized mutual aid agreements and creates a statewide emergency medical system that has the capacity and ability to expand and contract as the demands within this system change.

Some have indicated that the EMS statutes have not changed in forty years. To the contrary they have had numerous revisions and enhancements through the years. In fact, the PSA Task force determined that statutes passed in 2000 (P.A. 00-151) were not fully implemented or properly utilized. These statutes were intended to create a method by which municipalities could seek removal of a PSAR for non-performance and that also established that DPH publish a local EMS plan template and assure that each community complete and maintain such a plan to be periodically reviewed by DPH.

DPH reports they have no record of any municipality using the statute(s) as intended for removal of a PSAR. DPH also reports that they have incomplete data indicating that the tasks related to Local EMS Plans were followed through with as the statutory language provided for and does not have complete records of EMS plans for each municipality.

As a result, the taskforce developed a revised EMS plan that now incorporates quality measures for performance including identifying response time standards and mutual aid relationships. In addition, the Task Force developed definitions for "emergency" and "unsatisfactory" performance. If a community has concerns over the level or quality of emergency medical care being provided, these enhancements to the statute provide a defined process with assigned timelines for follow through by DPH. This process provides for a non-biased review to standards of care, and response and is an important component in quality assurance while maintaining a statewide quality of care perspective and reducing or altogether eliminating individual service or community agendas from clouding an objective review.

Most of the elements included in the PSA task force recommendation (non-consensus) number 5 from our view, were addressed by recommendations 1-4. Namely, patient care, response times, resource allocation, and regionalization possibilities, all of which are addressed in recommendations 1-4. If a current PSAR fails to meet the standards established in the local EMS plan, the municipality has the ability to seek an appropriate remedy through DPH.

The comprehensive modernizations as adopted from the consensus driven recommendations 1-4 of the PSA Task Force and as proposed in RB 5542 provide for an objective platform of performance standards that appropriately engage the provider, the municipality and the DPH. The net result directly translates to stability across the emergency medical services network of providers who already meet the standards, while promoting a process of transition to those providers and municipalities that need to develop or strengthen their plans to meet a new level of expected performance.

I respectfully encourage your support of the bill as written.

The members of our association are available to answer any questions and work proactively on systems enhancements as necessary.

Respectfully Submitted,



David D. Lowell, President