



General Assembly

Substitute Bill No. 5503

February Session, 2014



AN ACT CONCERNING EMERGENCY MEDICAL SERVICES FOR CERTAIN STATE CAMPUSES.

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

1 Section 1. Section 19a-177 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2014*):

3 The commissioner shall:

4 (1) With the advice of the Office of Emergency Medical Services
5 established pursuant to section 19a-178 and of an advisory committee
6 on emergency medical services and with the benefit of meetings held
7 pursuant to subsection (b) of section 19a-184, adopt every five years a
8 state-wide plan for the coordinated delivery of emergency medical
9 services;

10 (2) License or certify the following: (A) Ambulance operations,
11 ambulance drivers, emergency medical technicians and
12 communications personnel; (B) emergency room facilities and
13 communications facilities; and (C) transportation equipment, including
14 land, sea and air vehicles used for transportation of patients to
15 emergency facilities and periodically inspect life saving equipment,
16 emergency facilities and emergency transportation vehicles to [insure
17 that] ensure state standards are maintained;

18 (3) Annually inventory emergency medical services resources
19 within the state, including facilities, equipment, and personnel, for the
20 purposes of determining the need for additional services and the
21 effectiveness of existing services;

22 (4) Review and evaluate all area-wide plans developed by the
23 emergency medical services councils pursuant to section 19a-182 in
24 order to insure conformity with standards issued by the commissioner;

25 (5) [Within] Not later than thirty days [of] after their receipt, review
26 all grant and contract applications for federal or state funds concerning
27 emergency medical services or related activities for conformity to
28 policy guidelines and forward such application to the appropriate
29 agency, when required;

30 (6) Establish such minimum standards and adopt such regulations
31 in accordance with the provisions of chapter 54, as may be necessary to
32 develop the following components of an emergency medical service
33 system: (A) Communications, which shall include, but not be limited
34 to, equipment, radio frequencies and operational procedures; (B)
35 transportation services, which shall include, but not be limited to,
36 vehicle type, design, condition and maintenance, and operational
37 [procedure] procedures; (C) training, which shall include, but not be
38 limited to, emergency medical technicians, communications personnel,
39 paraprofessionals associated with emergency medical services,
40 firefighters and state and local police; and (D) emergency medical
41 service facilities, which shall include, but not be limited to,
42 categorization of emergency departments as to their treatment
43 capabilities and ancillary services;

44 (7) Coordinate training of all personnel related to emergency
45 medical services;

46 (8) (A) Not later than October 1, 2001, develop or cause to be
47 developed a data collection system that will follow a patient from
48 initial entry into the emergency medical service system through arrival

49 at the emergency room and, within available appropriations, may
50 expand the data collection system to include clinical treatment and
51 patient outcome data. The commissioner shall, on a quarterly basis,
52 collect the following information from each licensed ambulance service
53 or certified ambulance service that provides emergency medical
54 services: (i) The total number of calls for emergency medical services
55 received by such licensed ambulance service or certified ambulance
56 service through the 9-1-1 system during the reporting period; (ii) each
57 level of emergency medical services, as defined in regulations adopted
58 pursuant to section 19a-179, required for each such call; (iii) the
59 response time for each licensed ambulance service or certified
60 ambulance service during the reporting period; (iv) the number of
61 passed calls, cancelled calls and mutual aid calls during the reporting
62 period; and (v) for the reporting period, the prehospital data for the
63 nonscheduled transport of patients required by regulations adopted
64 pursuant to subdivision (6) of this section. The information required
65 under this subdivision may be submitted in any written or electronic
66 form selected by such licensed ambulance service or certified
67 ambulance service and approved by the commissioner, provided the
68 commissioner shall take into consideration the needs of such licensed
69 ambulance service or certified ambulance service in approving such
70 written or electronic form. The commissioner may conduct an audit of
71 any such licensed ambulance service or certified ambulance service as
72 the commissioner deems necessary in order to verify the accuracy of
73 such reported information.

74 (B) The commissioner shall prepare a report to the Emergency
75 Medical Services Advisory Board, established pursuant to section 19a-
76 178a, that shall include, but not be limited to, the following
77 information: (i) The total number of calls for emergency medical
78 services received during the reporting year by each licensed
79 ambulance service or certified ambulance service; (ii) the level of
80 emergency medical services required for each such call; (iii) the name
81 of the provider of each such level of emergency medical services
82 furnished during the reporting year; (iv) the response time, by time

83 ranges or fractile response times, for each licensed ambulance service
84 or certified ambulance service, using a common definition of response
85 time, as provided in regulations adopted pursuant to section 19a-179;
86 and (v) the number of passed calls, cancelled calls and mutual aid calls
87 during the reporting year. The commissioner shall prepare such report
88 in a format that categorizes such information for each municipality in
89 which the emergency medical services were provided, with each such
90 municipality grouped according to urban, suburban and rural
91 classifications.

92 (C) If any licensed ambulance service or certified ambulance service
93 does not submit the information required under subparagraph (A) of
94 this subdivision for a period of six consecutive months, or if the
95 commissioner believes that such licensed ambulance service or
96 certified ambulance service knowingly or intentionally submitted
97 incomplete or false information, the commissioner shall issue a written
98 order directing such licensed ambulance service or certified ambulance
99 service to comply with the provisions of subparagraph (A) of this
100 subdivision and submit all missing information or such corrected
101 information as the commissioner may require. If such licensed
102 ambulance service or certified ambulance service fails to fully comply
103 with such order not later than three months from the date such order is
104 issued, the commissioner (i) shall conduct a hearing, in accordance
105 with chapter 54, at which such licensed ambulance service or certified
106 ambulance service shall be required to show cause why the primary
107 service area assignment of such licensed ambulance service or certified
108 ambulance service should not be revoked, and (ii) may take such
109 disciplinary action under section 19a-17 as the commissioner deems
110 appropriate.

111 (D) The commissioner shall collect the information required by
112 subparagraph (A) of this subdivision, in the manner provided in said
113 subparagraph, from each person or emergency medical service
114 organization licensed or certified under section 19a-180 that provides
115 emergency medical services;

116 (9) (A) Establish rates for the conveyance of patients by licensed
117 ambulance services and invalid coaches and establish emergency
118 service rates for certified ambulance services, provided (i) the present
119 rates established for such services and vehicles shall remain in effect
120 until such time as the commissioner establishes a new rate schedule as
121 provided in this subdivision, and (ii) any rate increase not in excess of
122 the Medical Care Services Consumer Price Index, as published by the
123 Bureau of Labor Statistics of the United States Department of Labor,
124 for the prior year, filed in accordance with subparagraph (B)(iii) of this
125 subdivision shall be deemed approved by the commissioner. For
126 purposes of this subdivision, licensed ambulance service shall not
127 include emergency air transport services.

128 (B) Adopt regulations, in accordance with the provisions of chapter
129 54, establishing methods for setting rates and conditions for charging
130 such rates. Such regulations shall include, but not be limited to,
131 provisions requiring that on and after July 1, 2000: (i) Requests for rate
132 increases may be filed no more frequently than once a year, except
133 that, in any case where an agency's schedule of maximum allowable
134 rates falls below that of the Medicare allowable rates for that agency,
135 the commissioner shall immediately amend such schedule so that the
136 rates are at or above the Medicare allowable rates; (ii) only licensed
137 ambulance services and certified ambulance services that apply for a
138 rate increase in excess of the Medical Care Services Consumer Price
139 Index, as published by the Bureau of Labor Statistics of the United
140 States Department of Labor, for the prior year, and do not accept the
141 maximum allowable rates contained in any voluntary state-wide rate
142 schedule established by the commissioner for the rate application year
143 shall be required to file detailed financial information with the
144 commissioner, provided any hearing that the commissioner may hold
145 concerning such application shall be conducted as a contested case in
146 accordance with chapter 54; (iii) licensed ambulance services and
147 certified ambulance services that do not apply for a rate increase in any
148 year in excess of the Medical Care Services Consumer Price Index, as
149 published by the Bureau of Labor Statistics of the United States

150 Department of Labor, for the prior year, or that accept the maximum
151 allowable rates contained in any voluntary state-wide rate schedule
152 established by the commissioner for the rate application year shall, not
153 later than July fifteenth of such year, file with the commissioner a
154 statement of emergency and nonemergency call volume, and, in the
155 case of a licensed ambulance service or certified ambulance service that
156 is not applying for a rate increase, a written declaration by such
157 licensed ambulance service or certified ambulance service that no
158 change in its currently approved maximum allowable rates will occur
159 for the rate application year; and (iv) detailed financial and operational
160 information filed by licensed ambulance services and certified
161 ambulance services to support a request for a rate increase in excess of
162 the Medical Care Services Consumer Price Index, as published by the
163 Bureau of Labor Statistics of the United States Department of Labor,
164 for the prior year, shall cover the time period pertaining to the most
165 recently completed fiscal year and the rate application year of the
166 licensed ambulance service or certified ambulance service.

167 (C) Establish rates for licensed ambulance services and certified
168 ambulance services for the following services and conditions: (i)
169 "Advanced life support assessment" and "specialty care transports",
170 which terms shall have the meaning provided in 42 CFR 414.605; and
171 (ii) intramunicipality mileage, which means mileage for an ambulance
172 transport when the point of origin and final destination for a transport
173 is within the boundaries of the same municipality. The rates
174 established by the commissioner for each such service or condition
175 shall be equal to (I) the ambulance service's base rate plus its
176 established advanced life support/paramedic surcharge when
177 advanced life support assessment services are performed; (II) two
178 hundred twenty-five per cent of the ambulance service's established
179 base rate for specialty care transports; and (III) "loaded mileage", as the
180 term is defined in 42 CFR 414.605, multiplied by the ambulance
181 service's established rate for intramunicipality mileage. Such rates shall
182 remain in effect until such time as the commissioner establishes a new
183 rate schedule as provided in this subdivision;

184 (10) Research, develop, track and report on appropriate quantifiable
185 outcome measures for the state's emergency medical services system
186 and submit to the joint standing committee of the General Assembly
187 having cognizance of matters relating to public health, in accordance
188 with the provisions of section 11-4a, on or before July 1, 2002, and
189 annually thereafter, a report on the progress toward the development
190 of such outcome measures and, after such outcome measures are
191 developed, an analysis of emergency medical services system
192 outcomes;

193 (11) Establish primary service areas and assign in writing a primary
194 service area responder for each primary service area. Each state-owned
195 campus having an acute care hospital on the premises shall be
196 designated as the primary service area responder for that campus;

197 (12) Revoke primary [services] service area assignments upon
198 determination by the commissioner that it is in the best interests of
199 patient care to do so; and

200 (13) Annually issue a list of minimum equipment requirements for
201 ambulances and rescue vehicles based upon current national
202 standards. The commissioner shall distribute such list to all emergency
203 medical services organizations and sponsor hospital medical directors
204 and make such list available to other interested stakeholders.
205 Emergency medical services organizations shall have one year from
206 the date of issuance of such list to comply with the minimum
207 equipment requirements.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2014	19a-177

Statement of Legislative Commissioners:

In section 1(2)(C), the phrase, "insure that state standards" was changed to "[insure that] ensure state standards", for accuracy and consistency with the drafting conventions of the general statutes; and

in section 1(6)(B), the phrase "operational procedure;" was changed to "operational [procedure] procedures;" for internal consistency.

PH *Joint Favorable Subst.*