



General Assembly

February Session, 2014

Raised Bill No. 5542

LCO No. 2392



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:

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 Section 19a-181b of the general statutes is repealed and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

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

10 (1) The identification of levels of emergency medical services,
11 including, but not limited to: (A) The public safety answering point
12 responsible for receiving emergency calls and notifying and assigning
13 the appropriate provider to a call for emergency medical services; (B)

14 the emergency medical services provider that is notified for initial
15 response; (C) basic ambulance service; (D) advanced life support level;
16 and (E) mutual aid call arrangements;

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

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

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

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

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

41 (d) Not less than once every five years, said department shall review
42 a municipality's plan and the primary service area responder's
43 provision of services under the plan. Such review shall include an

44 evaluation of such responder's compliance with applicable laws and
45 regulations. Upon the conclusion of such evaluation, the department
46 shall assign a rating of "meets performance standards", "exceeds
47 performance standards" or "fails to comply with performance
48 standards" for the primary service area responder. The Commissioner
49 of Public Health may require any primary service area responder that
50 is assigned a rating of "fails to comply with performance standards" to
51 meet the requirements of a performance improvement plan developed
52 by the department. Such primary service area responder may be
53 subject to subsequent performance reviews or removal as the
54 municipality's primary service area responder for a failure to improve
55 performance in accordance with section 19a-181c, as amended by this
56 act.

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

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

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

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

74 (3) "Unsatisfactory performance" means a responder failed to (A)

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

91 (b) Any municipality may petition the commissioner for the
92 removal of a responder. A petition may be made (1) at any time if
93 based on an allegation that an emergency exists and that the safety,
94 health and welfare of the citizens of the affected primary service area
95 are jeopardized by the responder's performance, or (2) not more often
96 than once every three years, if based on the unsatisfactory performance
97 of the responder. [as determined based on the local emergency medical
98 services plan established by the municipality pursuant to section 19a-
99 181b and associated agreements or contracts.] A hearing on a petition
100 under this section shall be deemed to be a contested case and held in
101 accordance with the provisions of chapter 54.

102 (c) If, after a hearing authorized by this section, the commissioner
103 determines that (1) an emergency exists and the safety, health and
104 welfare of the citizens of the affected primary service area are
105 jeopardized by the responder's performance, (2) the [performance of
106 the responder is unsatisfactory based on the local emergency medical
107 services plan established by the municipality pursuant to section 19-

108 181b and associated agreements or contracts] responder has
109 demonstrated unsatisfactory performance, or (3) it is in the best
110 interests of patient care, the commissioner may revoke the primary
111 service area responder's primary service area assignment and require
112 the chief administrative official of the municipality in which the
113 primary service area is located to submit a plan acceptable to the
114 commissioner for the alternative provision of primary service area
115 responder responsibilities, or may issue an order for the alternative
116 provision of emergency medical services, or both.

117 (d) The commissioner shall act on any petition for the removal of a
118 responder (1) not later than five business days after receipt of a
119 petition where an emergency is alleged and shall issue a determination
120 on such petition not later than thirty days after receipt of such petition,
121 or (2) not later than fifteen business days after receipt of a petition
122 where unsatisfactory performance is alleged and shall issue a
123 determination on such petition not later than ninety days after receipt
124 of such petition. The commissioner may redesignate any petition
125 received pursuant to this section as due to an emergency or
126 unsatisfactory performance based on the facts alleged in the petition
127 and may comply with the time requirements in this subsection that
128 correspond to the redesignated classification.

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

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

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

141 (a) Any municipality may petition the [commissioner]
142 Commissioner of Public Health to hold a hearing if the municipality
143 cannot reach a written agreement with its primary service area
144 responder concerning performance standards or the primary service
145 area responder fails to deliver services in accordance with the
146 municipality's local emergency medical services plan, as described in
147 section 19a-181b, as amended by this act. The commissioner shall
148 conduct such hearing not later than ninety days from the date the
149 commissioner receives the municipality's petition. A hearing on a
150 petition under this section shall not be deemed to be a contested case
151 for purposes of chapter 54.

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

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

171 issue an order for the alternative provision of emergency medical
172 services, or both.

173 (d) If, after a hearing authorized by this section, the commissioner
174 determines that the performance standards adopted in the
175 municipality's local emergency medical services plan are unreasonable,
176 the commissioner shall provide performance standards considered
177 reasonable based on the state-wide plan for the coordinated delivery of
178 emergency medical services adopted pursuant to subdivision (1) of
179 section 19a-177, model emergency medical services plans and the
180 standards, contracts and written agreements in use by municipalities
181 of similar population and characteristics. If the municipality refuses to
182 agree to such performance standards, the primary service area
183 responder shall meet the minimum performance standards provided
184 in regulations adopted pursuant to section 19a-179.

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

204 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.]