



General Assembly

Substitute Bill No. 5542

February Session, 2014



**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 Section 19a-181b of the general statutes is repealed and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, upon request, assist each municipality in the
39 process of updating the plan by providing technical assistance and
40 helping to resolve any disagreements concerning the provisions of the
41 plan.

42 (d) Not less than once every five years, said department shall review
43 a municipality's plan and the primary service area responder's
44 provision of services under the plan. Such review shall include an
45 evaluation of such responder's compliance with applicable laws and
46 regulations. Upon the conclusion of such evaluation, the department
47 shall assign a rating of "meets performance standards", "exceeds
48 performance standards" or "fails to comply with performance

49 standards" for the primary service area responder. The Commissioner
50 of Public Health may require any primary service area responder that
51 is assigned a rating of "fails to comply with performance standards" to
52 meet the requirements of a performance improvement plan developed
53 by the department. Such primary service area responder may be
54 subject to subsequent performance reviews or removal as the
55 municipality's primary service area responder for a failure to improve
56 performance in accordance with section 19a-181c, as amended by this
57 act.

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 Section 19a-181c of the general statutes is repealed and the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

60 (a) As used in this section [, "responder"] and section 5 of this act:

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

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

75 (3) "Unsatisfactory performance" means the responder has failed to
76 (A) respond to eighty per cent or more first call responses, excluding
77 those responses excused by the municipality in any rolling twelve-
78 month review period, (B) meet defined response time standards
79 agreed to between the municipality and responder, excluding those

80 responses excused by the municipality, and comply with the
81 requirements of a mutually agreed-upon corrective action plan, (C)
82 investigate and adequately respond to complaints related to the
83 quality of emergency care or response times, on a repeated basis, (D)
84 report adverse events as required by the Commissioner of Public
85 Health or as required under the local emergency medical services plan,
86 on a repeated basis, (E) communicate changes to the level of service or
87 coverage patterns that materially affect the delivery of service as
88 required under the local emergency medical services plan or
89 communicate an intent to change such service that is inconsistent with
90 such plan, or (F) communicate changes in its organizational structure
91 that are likely to negatively affect the responder's delivery of service.

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

103 (c) If, after a hearing authorized by this section, the commissioner
104 determines that (1) an emergency exists and the safety, health and
105 welfare of the citizens of the affected primary service area are
106 jeopardized by the responder's performance, (2) the [performance of
107 the responder is unsatisfactory based on the local emergency medical
108 services plan established by the municipality pursuant to section 19-
109 181b and associated agreements or contracts] responder has
110 demonstrated unsatisfactory performance, or (3) it is in the best
111 interests of patient care, the commissioner may revoke the primary
112 service area responder's primary service area assignment and require

113 the chief administrative official of the municipality in which the
114 primary service area is located to submit a plan acceptable to the
115 commissioner for the alternative provision of primary service area
116 responder responsibilities, or may issue an order for the alternative
117 provision of emergency medical services, or both.

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

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

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

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

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

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

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

176 (d) If, after a hearing authorized by this section, the commissioner

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

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

209 Sec. 5. (NEW) (*Effective October 1, 2014*) (a) For purposes of this

210 section, "primary service area responder" has the same meaning as in
211 section 19a-175 of the general statutes. Any municipality may submit
212 an alternative local emergency medical services plan prepared
213 pursuant to section 19a-181b of the general statutes, as amended by
214 this act, to the Department of Public Health that may include one or
215 more alternative primary service area responders. Such plan may be
216 submitted when: (1) The municipality's current primary service area
217 responder has failed to meet the standards outlined in the local
218 emergency medical services plan, established pursuant to section 19a-
219 181b of the general statutes, as amended by this act; (2) the
220 municipality has established an emergency or unsatisfactory
221 performance, as defined in section 19a-181c of the general statutes, as
222 amended by this act; (3) the primary service area responder does not
223 meet a performance measure provided in regulations adopted
224 pursuant to section 19a-179 of the general statutes; (4) the municipality
225 has developed a plan for regionalizing service; (5) the municipality has
226 developed a plan that will improve patient care; or (6) the municipality
227 has the opportunity to align a new primary service area responder that
228 is better suited than the current primary service area responder to meet
229 the community's current needs.

230 (b) The Commissioner of Public Health shall conduct a hearing on
231 any alternative local emergency medical services plan submitted
232 pursuant to subsection (a) of this section. In order to determine
233 whether to approve or disapprove such plan, the commissioner shall
234 consider any relevant factors, including, but not limited to: (1) The
235 impact of the plan on patient care; (2) the impact of the plan on
236 emergency medical services system design, including system
237 sustainability; (3) the impact of the plan on the local, regional and
238 state-wide emergency medical services system; and (4) the
239 recommendation from the medical oversight sponsor hospital. If the
240 commissioner approves the plan, the commissioner shall reassign the
241 primary service area in accordance with such plan. The primary
242 service area responder named in such plan must apply for, and the
243 commissioner must approve, primary service area assignment before

244 such assignment becomes effective.

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
Sec. 5	<i>October 1, 2014</i>	New section

PH *Joint Favorable Subst.*

APP *Joint Favorable*