



General Assembly

February Session, 2014

Raised Bill No. 416

LCO No. 2058



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

**AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S
RECOMMENDATIONS REGARDING ADVANCED EMERGENCY
MEDICAL TECHNICIANS.**

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

1 Section 1. Section 19a-175 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective January 1, 2017*):

3 As used in this chapter, unless the context otherwise requires:

4 (1) "Emergency medical service system" means a system [which]
5 that provides for the arrangement of personnel, facilities and
6 equipment for the efficient, effective and coordinated delivery of
7 health care services under emergency conditions;

8 (2) "Patient" means an injured, ill, crippled or physically
9 handicapped person requiring assistance and transportation;

10 (3) "Ambulance" means a motor vehicle specifically designed to
11 carry patients;

12 (4) "Ambulance service" means an organization [which] that
13 transports patients;

14 (5) "Emergency medical technician" means an individual who has
15 successfully completed the training requirements established by the
16 commissioner and has been certified by the Department of Public
17 Health;

18 (6) "Ambulance driver" means a person whose primary function is
19 driving an ambulance;

20 (7) "Emergency medical services instructor" means a person who is
21 certified by the Department of Public Health to teach courses, the
22 completion of which is required in order to become an emergency
23 medical technician;

24 (8) "Communications facility" means any facility housing the
25 personnel and equipment for handling the emergency communications
26 needs of a particular geographic area;

27 (9) "Life saving equipment" means equipment used by emergency
28 medical personnel for the stabilization and treatment of patients;

29 (10) "Emergency medical service organization" means any
30 organization whether public, private or voluntary [which] that offers
31 transportation or treatment services to patients under emergency
32 conditions;

33 (11) "Invalid coach" means a vehicle used exclusively for the
34 transportation of nonambulatory patients, who are not confined to
35 stretchers, to or from either a medical facility or the patient's home in
36 nonemergency situations or utilized in emergency situations as a
37 backup vehicle when insufficient emergency vehicles exist;

38 (12) "Rescue service" means any organization, whether profit or
39 nonprofit, whose primary purpose is to search for persons who have
40 become lost or to render emergency service to persons who are in

41 dangerous or perilous circumstances;

42 (13) "Provider" means any person, corporation or organization,
43 whether profit or nonprofit, whose primary purpose is to deliver
44 medical care or services, including such related medical care services
45 as ambulance transportation;

46 (14) "Commissioner" means the Commissioner of Public Health;

47 (15) "Paramedic" means a person licensed pursuant to section 20-
48 206ll;

49 (16) "Commercial ambulance service" means an ambulance service
50 [which] that primarily operates for profit;

51 (17) "Licensed ambulance service" means a commercial ambulance
52 service or a volunteer or municipal ambulance service issued a license
53 by the commissioner;

54 (18) "Certified ambulance service" means a municipal or volunteer
55 ambulance service issued a certificate by the commissioner;

56 (19) "Management service" means an employment organization that
57 does not own or lease ambulances or other emergency medical
58 vehicles and that provides emergency medical technicians or
59 paramedics to an emergency medical service organization;

60 (20) "Automatic external defibrillator" means a device that: (A) Is
61 used to administer an electric shock through the chest wall to the heart;
62 (B) contains internal decision-making electronics, microcomputers or
63 special software that allows it to interpret physiologic signals, make
64 medical diagnosis and, if necessary, apply therapy; (C) guides the user
65 through the process of using the device by audible or visual prompts;
66 and (D) does not require the user to employ any discretion or
67 judgment in its use;

68 (21) "Mutual aid call" means a call for emergency medical services

69 that, pursuant to the terms of a written agreement, is responded to by a
70 secondary or alternate emergency medical services provider if the
71 primary or designated emergency medical services provider is unable
72 to respond because such primary or designated provider is responding
73 to another call for emergency medical services or the ambulance or
74 nontransport emergency vehicle operated by such primary or
75 designated provider is out of service. For purposes of this subdivision,
76 "nontransport emergency vehicle" means a vehicle used by emergency
77 medical technicians or paramedics in responding to emergency calls
78 that is not used to carry patients;

79 (22) "Municipality" means the legislative body of a municipality or
80 the board of selectmen in the case of a municipality in which the
81 legislative body is a town meeting;

82 (23) "Primary service area" means a specific geographic area to
83 which one designated emergency medical services provider is
84 assigned for each category of emergency medical response services;

85 (24) "Primary service area responder" means an emergency medical
86 services provider who is designated to respond to a victim of sudden
87 illness or injury in a primary service area;

88 (25) "Interfacility critical care transport" means the interfacility
89 transport of a patient between licensed hospitals;

90 [(26) "Advanced emergency medical technician" means an
91 individual who is certified as an advanced emergency medical
92 technician by the Department of Public Health;]

93 [(27)] (26) "Emergency medical responder" means an individual who
94 is certified as an emergency medical responder by the Department of
95 Public Health;

96 [(28)] (27) "Medical oversight" means the active surveillance by
97 physicians of mobile intensive care sufficient for the assessment of

98 overall practice levels, as defined by state-wide protocols;

99 [(29)] (28) "Mobile intensive care" means prehospital care involving
100 invasive or definitive skills, equipment, procedures and other
101 therapies;

102 [(30)] (29) "Office of Emergency Medical Services" means the office
103 established within the Department of Public Health Services pursuant
104 to section 19a-178; and

105 [(31)] (30) "Sponsor hospital" means a hospital that has agreed to
106 maintain staff for the provision of medical oversight, supervision and
107 direction to an emergency medical service organization and its
108 personnel and has been approved for such activity by the Office of
109 Emergency Medical Services.

110 Sec. 2. Subsection (c) of section 19a-14 of the 2014 supplement to the
111 general statutes is repealed and the following is substituted in lieu
112 thereof (*Effective January 1, 2017*):

113 (c) No board shall exist for the following professions that are
114 licensed or otherwise regulated by the Department of Public Health:

115 (1) Speech and language pathologist and audiologist;

116 (2) Hearing instrument specialist;

117 (3) Nursing home administrator;

118 (4) Sanitarian;

119 (5) Subsurface sewage system installer or cleaner;

120 (6) Marital and family therapist;

121 (7) Nurse-midwife;

122 (8) Licensed clinical social worker;

- 123 (9) Respiratory care practitioner;
- 124 (10) Asbestos contractor and asbestos consultant;
- 125 (11) Massage therapist;
- 126 (12) Registered nurse's aide;
- 127 (13) Radiographer;
- 128 (14) Dental hygienist;
- 129 (15) Dietitian-Nutritionist;
- 130 (16) Asbestos abatement worker;
- 131 (17) Asbestos abatement site supervisor;
- 132 (18) Licensed or certified alcohol and drug counselor;
- 133 (19) Professional counselor;
- 134 (20) Acupuncturist;
- 135 (21) Occupational therapist and occupational therapist assistant;
- 136 (22) Lead abatement contractor, lead consultant contractor, lead
137 consultant, lead abatement supervisor, lead abatement worker,
138 inspector and planner-project designer;
- 139 (23) Emergency medical technician, [advanced emergency medical
140 technician,] emergency medical responder and emergency medical
141 services instructor;
- 142 (24) Paramedic;
- 143 (25) Athletic trainer;
- 144 (26) Perfusionist;

145 (27) Master social worker subject to the provisions of section 20-
146 195v;

147 (28) Radiologist assistant, subject to the provisions of section 20-74tt;

148 (29) Homeopathic physician;

149 (30) Certified water treatment plant operator, certified distribution
150 system operator, certified small water system operator, certified
151 backflow prevention device tester and certified cross connection
152 survey inspector, including certified limited operators, certified
153 conditional operators and certified operators in training; and

154 (31) Tattoo technician.

155 The department shall assume all powers and duties normally vested
156 with a board in administering regulatory jurisdiction over such
157 professions. The uniform provisions of this chapter and chapters 368v,
158 369 to 381a, inclusive, 383 to 388, inclusive, 393a, 395, 398, 399, 400a
159 and 400c, including, but not limited to, standards for entry and
160 renewal; grounds for professional discipline; receiving and processing
161 complaints; and disciplinary sanctions, shall apply, except as otherwise
162 provided by law, to the professions listed in this subsection.

163 Sec. 3. Subsections (a) and (b) of section 19a-178a of the general
164 statutes are repealed and the following is substituted in lieu thereof
165 (*Effective January 1, 2017*):

166 (a) There is established within the Department of Public Health an
167 Emergency Medical Services Advisory Board.

168 (b) The advisory board shall consist of members appointed in
169 accordance with the provisions of this subsection and shall include the
170 Commissioner of Public Health and the department's emergency
171 medical services medical director, or their designees. The Governor
172 shall appoint the following members: One person from each of the
173 regional emergency medical services councils; one person from the

174 Connecticut Association of Directors of Health; three persons from the
175 Connecticut College of Emergency Physicians; one person from the
176 Connecticut Committee on Trauma of the American College of
177 Surgeons; one person from the Connecticut Medical Advisory
178 Committee; one person from the Emergency Department Nurses
179 Association; one person from the Connecticut Association of
180 Emergency Medical Services Instructors; one person from the
181 Connecticut Hospital Association; two persons representing
182 commercial ambulance providers; one person from the Connecticut
183 Firefighters Association; one person from the Connecticut Fire Chiefs
184 Association; one person from the Connecticut Chiefs of Police
185 Association; one person from the Connecticut State Police; and one
186 person from the Connecticut Commission on Fire Prevention and
187 Control. An additional eighteen members shall be appointed as
188 follows: Three by the president pro tempore of the Senate; three by the
189 majority leader of the Senate; four by the minority leader of the Senate;
190 three by the speaker of the House of Representatives; two by the
191 majority leader of the House of Representatives and three by the
192 minority leader of the House of Representatives. The appointees shall
193 include a person with experience in municipal ambulance services; a
194 person with experience in for-profit ambulance services; three persons
195 with experience in volunteer ambulance services; a paramedic; [an]
196 two emergency medical [technician] technicians; [an advanced
197 emergency medical technician;] three consumers and four persons
198 from state-wide organizations with interests in emergency medical
199 services as well as any other areas of expertise that may be deemed
200 necessary for the proper functioning of the advisory board.

201 Sec. 4. Section 19a-179a of the general statutes is repealed and the
202 following is substituted in lieu thereof (*Effective January 1, 2017*):

203 Notwithstanding any provision of the general statutes or any
204 regulation adopted pursuant to this chapter, the scope of practice of
205 any person certified or licensed as an emergency medical [technician,
206 advanced] responder, emergency medical technician or a paramedic

207 under regulations adopted pursuant to section 19a-179 may include
208 treatment modalities not specified in the regulations of Connecticut
209 state agencies, provided such treatment modalities are (1) approved by
210 the Connecticut Emergency Medical Services Medical Advisory
211 Committee established pursuant to section 19a-178a, as amended by
212 this act, and the Commissioner of Public Health, and (2) administered
213 at the medical oversight and direction of a sponsor hospital, as defined
214 in section 28-8b.

215 Sec. 5. Section 19a-179d of the general statutes is repealed and the
216 following is substituted in lieu thereof (*Effective January 1, 2017*):

217 Notwithstanding the provisions of subdivision (1) of subsection (a)
218 of section 19a-179 and section 19a-195b, as amended by this act, the
219 Commissioner of Public Health may implement policies and
220 procedures concerning training, recertification and reinstatement of
221 certification or licensure of emergency medical responders, emergency
222 medical technicians [, advanced emergency medical technicians] and
223 paramedics, while in the process of adopting such policies and
224 procedures in regulation form, provided the commissioner prints
225 notice of the intent to adopt regulations, [in the Connecticut Law
226 Journal] in accordance with the provisions of chapter 54 of the general
227 statutes, not later than thirty days after the date of implementation of
228 such policies and procedures. Policies implemented pursuant to this
229 section shall be valid until the time final regulations are adopted.

230 Sec. 6. Section 19a-195b of the general statutes is repealed and the
231 following is substituted in lieu thereof (*Effective January 1, 2017*):

232 (a) Any person certified as an emergency medical technician,
233 [advanced emergency medical technician,] emergency medical
234 responder or emergency medical services instructor pursuant to this
235 chapter and the regulations adopted pursuant to section 19a-179
236 whose certification has expired may apply to the Department of Public
237 Health for reinstatement of such certification as follows: (1) If such

238 certification expired one year or less from the date of application for
239 reinstatement, such person shall complete the requirements for
240 recertification specified in regulations adopted pursuant to section 19a-
241 179, as such recertification regulations may be from time to time
242 amended; (2) if such certification expired more than one year but less
243 than three years from the date of application for reinstatement, such
244 person shall complete the training required for recertification and the
245 examination required for initial certification specified in regulations
246 adopted pursuant to section 19a-179, as such training and examination
247 regulations may be from time to time amended; or (3) if such
248 certification expired three or more years from the date of application
249 for reinstatement, such person shall complete the requirements for
250 initial certification specified in regulations adopted pursuant to section
251 19a-179, as such initial certification regulations may be from time to
252 time amended.

253 (b) Any certificate issued pursuant to this chapter and the
254 regulations adopted pursuant to section 19a-179 [which] that expires
255 on or after January 1, 2001, shall remain valid for ninety days after the
256 expiration date of such certificate. Any such certificate shall become
257 void upon the expiration of such ninety-day period.

258 Sec. 7. Section 19a-197a of the general statutes is repealed and the
259 following is substituted in lieu thereof (*Effective January 1, 2017*):

260 [(a) As used in this section, "emergency medical technician" means
261 (1) any class of emergency medical technician certified under
262 regulations adopted pursuant to section 19a-179, including, but not
263 limited to, any advanced emergency medical technician, and (2) any
264 paramedic licensed pursuant to section 20-206ll.]

265 [(b)] Any emergency medical technician or paramedic who has been
266 trained, in accordance with national standards recognized by the
267 Commissioner of Public Health, in the administration of epinephrine
268 using automatic prefilled cartridge injectors or similar automatic

269 injectable equipment and who functions in accordance with written
270 protocols and the standing orders of a licensed physician serving as an
271 emergency department director may administer epinephrine using
272 such injectors or equipment. All emergency medical technicians and
273 paramedics shall receive such training. All licensed or certified
274 ambulances shall be equipped with epinephrine in such injectors or
275 equipment [which] that may be administered [in accordance with
276 written protocols and standing orders of a licensed physician serving
277 as an emergency department director] under the medical oversight
278 and direction of a sponsor hospital, as defined in section 28-8b.

279 Sec. 8. Section 20-206nn of the 2014 supplement to the general
280 statutes is repealed and the following is substituted in lieu thereof
281 (*Effective January 1, 2017*):

282 The Commissioner of Public Health may take any disciplinary
283 action set forth in section 19a-17 against a paramedic, emergency
284 medical technician, emergency medical responder [, advanced
285 emergency medical technician] or emergency medical services
286 instructor for any of the following reasons: (1) Failure to conform to
287 the accepted standards of the profession; (2) conviction of a felony, in
288 accordance with the provisions of section 46a-80; (3) fraud or deceit in
289 obtaining or seeking reinstatement of a license to practice
290 paramedicine or a certificate to practice as an emergency medical
291 technician, emergency medical responder, advanced emergency
292 medical technician or emergency medical services instructor; (4) fraud
293 or deceit in the practice of paramedicine, the provision of emergency
294 medical services or the provision of emergency medical services
295 education; (5) negligent, incompetent or wrongful conduct in
296 professional activities; (6) physical, mental or emotional illness or
297 disorder resulting in an inability to conform to the accepted standards
298 of the profession; (7) alcohol or substance abuse; or (8) wilful
299 falsification of entries in any hospital, patient or other health record.
300 The commissioner may take any such disciplinary action against a
301 paramedic for violation of any provision of section 20-206jj or any

302 regulations adopted pursuant to section 20-206oo. The commissioner
303 may order a license or certificate holder to submit to a reasonable
304 physical or mental examination if his or her physical or mental
305 capacity to practice safely is the subject of an investigation. The
306 commissioner may petition the superior court for the judicial district of
307 Hartford to enforce such order or any action taken pursuant to section
308 19a-17. The commissioner shall give notice and an opportunity to be
309 heard on any contemplated action under said section 19a-17.

310 Sec. 9. Subdivision (5) of subsection (a) of section 19a-904 of the
311 general statutes is repealed and the following is substituted in lieu
312 thereof (*Effective January 1, 2017*):

313 (5) "Emergency medical technician" means any class of emergency
314 medical technician certified under regulations adopted pursuant to
315 section 19a-179, including, but not limited to, any [advanced
316 emergency medical technician or] emergency medical responder;

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2017</i>	19a-175
Sec. 2	<i>January 1, 2017</i>	19a-14(c)
Sec. 3	<i>January 1, 2017</i>	19a-178a(a) and (b)
Sec. 4	<i>January 1, 2017</i>	19a-179a
Sec. 5	<i>January 1, 2017</i>	19a-179d
Sec. 6	<i>January 1, 2017</i>	19a-195b
Sec. 7	<i>January 1, 2017</i>	19a-197a
Sec. 8	<i>January 1, 2017</i>	20-206nn
Sec. 9	<i>January 1, 2017</i>	19a-904(a)(5)

Statement of Purpose:

To implement the Department of Public Health's recommendations concerning advanced emergency medical technicians.

[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.]