



General Assembly

February Session, 2014

Amendment

LCO No. 5420

HB0554205420HDO

Offered by:

REP. JOHNSON, 49th Dist.
REP. DEMICCO, 21st Dist.
REP. COOK, 65th Dist.
REP. SRINIVASAN, 31st Dist.
SEN. SLOSSBERG, 14th Dist.
SEN. BYE, 5th Dist.
REP. ABERCROMBIE, 83rd Dist.
REP. DAVIS P., 117th Dist.
REP. RYAN, 139th Dist.

REP. MARONEY, 119th Dist.
REP. WALKO, 150th Dist.
REP. SAYERS, 60th Dist.
REP. REBIMBAS, 70th Dist.
REP. ESPOSITO, 116th Dist.
REP. AMAN, 14th Dist.
REP. ROSE, 118th Dist.
REP. BECKER, 19th Dist.

To: Subst. House Bill No. 5542

File No. 533

Cal. No. 341

"AN ACT CONCERNING THE RECOMMENDATIONS OF THE CONNECTICUT EMERGENCY MEDICAL SERVICES PRIMARY SERVICE AREA TASK FORCE."

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

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 Section 19a-181b of the general statutes is repealed and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

5 (a) Not later than July 1, 2002, each municipality shall establish a
6 local emergency medical services plan. Such plan shall include the
7 written agreements or contracts developed between the municipality,

8 its emergency medical services providers and the public safety
9 answering point, as defined in section 28-25, that covers the
10 municipality. The plan shall also include, but not be limited to, the
11 following:

12 (1) The identification of levels of emergency medical services,
13 including, but not limited to: (A) The public safety answering point
14 responsible for receiving emergency calls and notifying and assigning
15 the appropriate provider to a call for emergency medical services; (B)
16 the emergency medical services provider that is notified for initial
17 response; (C) basic ambulance service; (D) advanced life support level;
18 and (E) mutual aid call arrangements;

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

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

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

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

36 (c) Each municipality shall update the plan required by subsection
37 (a) of this section as the municipality determines is necessary. The
38 municipality shall consult with the municipality's primary service area

39 responder concerning any updates to the plan. The Department of
40 Public Health shall, upon request, assist each municipality in the
41 process of updating the plan by providing technical assistance and
42 helping to resolve any disagreements concerning the provisions of the
43 plan.

44 (d) Not less than once every five years, said department shall review
45 a municipality's plan and the primary service area responder's
46 provision of services under the plan. Such review shall include an
47 evaluation of such responder's compliance with applicable laws and
48 regulations. Upon the conclusion of such evaluation, the department
49 shall assign a rating of "meets performance standards", "exceeds
50 performance standards" or "fails to comply with performance
51 standards" for the primary service area responder. The Commissioner
52 of Public Health may require any primary service area responder that
53 is assigned a rating of "fails to comply with performance standards" to
54 meet the requirements of a performance improvement plan developed
55 by the department. Such primary service area responder may be
56 subject to subsequent performance reviews or removal as the
57 municipality's primary service area responder for a failure to improve
58 performance in accordance with section 19a-181c, as amended by this
59 act.

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

62 (a) As used in this section [, "responder"] and section 4 of this act:

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

70 (2) "Performance crisis" means (A) the responder has failed to

71 respond to at least fifty per cent or more first call responses in any
72 rolling three-month period and has failed to comply with the
73 requirements of any corrective action plan agreement between the
74 municipality and the responder, or (B) the sponsor hospital refuses to
75 endorse or provide a recommendation for the responder due to
76 unresolved issues relating to the quality of patient care provided by
77 the responder.

78 (3) "Unsatisfactory performance" means the responder has failed to
79 (A) respond to at least eighty per cent or more first call responses,
80 excluding those responses excused by the municipality in any rolling
81 twelve-month review period, or (B) meet defined response time
82 standards agreed to between the municipality and responder,
83 excluding those responses excused by the municipality, and comply
84 with the requirements of a mutually agreed-upon corrective action
85 plan, or (C) investigate and adequately respond to complaints related
86 to the quality of emergency care or response times, on a repeated basis,
87 or (D) report adverse events as required by the Commissioner of
88 Public Health or as required under the local emergency medical
89 services plan, on a repeated basis, or (E) communicate changes to the
90 level of service or coverage patterns that materially affect the delivery
91 of service as required under the local emergency medical services plan
92 or communicate an intent to change such service that is inconsistent
93 with such plan, or (F) communicate changes in its organizational
94 structure that are likely to negatively affect the responder's delivery of
95 service, and (G) deliver services in accordance with the local
96 emergency medical services plan.

97 (b) Any municipality may petition the commissioner for the
98 removal of a responder. A petition may be made (1) at any time if
99 based on an allegation that [an emergency] a performance crisis exists
100 and that the safety, health and welfare of the citizens of the affected
101 primary service area are jeopardized by the responder's performance,
102 or (2) not more often than once every three years, if based on the
103 unsatisfactory performance of the responder. [as determined based on
104 the local emergency medical services plan established by the

105 municipality pursuant to section 19a-181b and associated agreements
106 or contracts.] A responder for whom a municipality seeks removal
107 pursuant to a petition under this section shall not transfer its
108 responsibilities to another responder while the petition is pending. A
109 hearing on a petition under this section shall be deemed to be a
110 contested case and held in accordance with the provisions of chapter
111 54.

112 (c) If, after a hearing authorized by this section, the commissioner
113 determines that (1) [an emergency] a performance crisis exists and the
114 safety, health and welfare of the citizens of the affected primary service
115 area are jeopardized by the responder's performance, (2) the
116 [performance of the responder is unsatisfactory based on the local
117 emergency medical services plan established by the municipality
118 pursuant to section 19-181b and associated agreements or contracts]
119 responder has demonstrated unsatisfactory performance, or (3) it is in
120 the best interests of patient care, the commissioner may revoke the
121 primary service area responder's primary service area assignment and
122 require the chief administrative official of the municipality in which
123 the primary service area is located to submit a plan acceptable to the
124 commissioner for the alternative provision of primary service area
125 responder responsibilities, or may issue an order for the alternative
126 provision of emergency medical services, or both.

127 (d) The commissioner, or the commissioner's designee, shall open
128 any petition for the removal of a responder (1) not later than five
129 business days after receipt of a petition where a performance crisis is
130 alleged and shall conclude the investigation on such petition not later
131 than thirty days after receipt of such petition, or (2) not later than
132 fifteen business days after receipt of a petition where unsatisfactory
133 performance is alleged and shall conclude the investigation on such
134 petition not later than ninety days after receipt of such petition. The
135 commissioner may redesignate any petition received pursuant to this
136 section as due to a performance crisis or unsatisfactory performance
137 based on the facts alleged in the petition and shall comply with the
138 time requirements in this subsection that correspond to the

139 redesignated classification.

140 (e) The commissioner may develop and implement procedures to
141 designate a temporary responder for a municipality when such
142 municipality has alleged a performance crisis in the petition during the
143 time such petition is under the commissioner's consideration.

144 (f) The commissioner may hold a hearing and revoke a responder's
145 primary service area assignment in accordance with the provisions of
146 this section, although a petition has not been filed, where the
147 commissioner has assigned a responder a rating of "fails to comply
148 with performance standards" in accordance with section 19a-181b, as
149 amended by this act, and the responder subsequently failed to
150 improve its performance.

151 Sec. 3. (NEW) (*Effective from passage*) A primary service area
152 responder, as defined in section 19a-175 of the general statutes, shall
153 notify the Department of Public Health and the chief elected official or
154 the chief executive officer of the municipality to which it is assigned
155 not later than sixty days prior to the sale or transfer of more than fifty
156 per cent of its ownership interest or assets. Any person who intends to
157 obtain ownership or control of a primary service area responder in a
158 sale or transfer for which notification is required under this section
159 shall submit an application for approval of such purchase or change in
160 control on a form prescribed by the Commissioner of Public Health.
161 The commissioner shall, in determining whether to grant approval of
162 the sale or transfer, consider: (1) The applicant's performance history in
163 the state or another state; and (2) the applicant's financial ability to
164 perform the responsibilities of the primary service area responder in
165 accordance with the local emergency medical services plan, established
166 in accordance with section 19a-181b of the general statutes, as
167 amended by this act. The commissioner shall approve or reject the
168 application not later than forty-five calendar days after receipt of the
169 application. The commissioner shall consult with any municipality or
170 sponsor hospital in the primary service area, as such terms are defined
171 in section 19a-175 of the general statutes, in making a determination on

172 the application and may hold a hearing on the application.

173 Sec. 4. (NEW) (*Effective October 1, 2014*) (a) For purposes of this
174 section, "primary service area responder" has the same meaning as in
175 section 19a-175 of the general statutes. A municipality that seeks a
176 change in a primary service area responder shall submit an alternative
177 local emergency medical services plan prepared pursuant to section
178 19a-181b of the general statutes, as amended by this act, to the
179 Department of Public Health when: (1) The municipality's current
180 primary service area responder has failed to meet the standards
181 outlined in the local emergency medical services plan, established
182 pursuant to section 19a-181b of the general statutes, as amended by
183 this act; (2) the municipality has established a performance crisis or
184 unsatisfactory performance, as defined in section 19a-181c of the
185 general statutes, as amended by this act; (3) the primary service area
186 responder does not meet a performance measure provided in
187 regulations adopted pursuant to section 19a-179 of the general statutes;
188 (4) the municipality has developed a plan for regionalizing service; or
189 (5) the municipality has developed a plan that will improve or
190 maintain patient care and the municipality has the opportunity to align
191 a new primary service area responder that is better suited than the
192 current primary service area responder to meet the community's
193 current needs. Such plan shall include the name of a recommended
194 primary service area responder for each category of emergency
195 medical response services.

196 (b) Not later than forty-five days after a municipality submits an
197 alternative local emergency medical services plan pursuant to the
198 provisions of this section, each new recommended primary service
199 area responder who agrees to be considered for the primary service
200 area designation shall submit an application to the commissioner, on a
201 form prescribed by the commissioner.

202 (c) (1) The Commissioner of Public Health shall conduct a hearing
203 on any alternative local emergency medical services plan submitted
204 pursuant to subsection (a) of this section, including the proposed

205 removal of a primary service area responder and the proposed
 206 designation of a new primary service area responder. Not later than
 207 thirty days prior to the hearing, the commissioner shall notify the
 208 municipality's current primary service area responder, in writing, of
 209 the hearing. Such primary service area responder shall be given the
 210 opportunity to be heard and may submit information for the
 211 commissioner's consideration.

212 (2) In order to determine whether to approve or disapprove such
 213 plan, the commissioner shall consider any relevant factors, including,
 214 but not limited to: (A) The impact of the plan on patient care; (B) the
 215 impact of the plan on emergency medical services system design,
 216 including system sustainability; (C) the impact of the plan on the local,
 217 regional and state-wide emergency medical services system; (D) the
 218 recommendation from the sponsor hospital's medical oversight staff;
 219 and (E) the financial impact to the municipality without compromising
 220 the quality of patient care. If the commissioner approves the
 221 alternative plan and the application of the recommended primary
 222 service area responder, the commissioner shall issue a written decision
 223 to reassign the primary service area in accordance with the alternative
 224 plan and indicate the effective date for the reassignment. A primary
 225 service area responder shall deliver services in accordance with the
 226 local emergency medical services plan prepared pursuant to section
 227 19a-181b of the general statutes, as amended by this act, until the
 228 effective date of the reassignment stated in the commissioner's written
 229 decision approving the alternative plan."

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| 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>from passage</i> | New section |
| Sec. 4 | <i>October 1, 2014</i> | New section |