



# House of Representatives

General Assembly

**File No. 507**

February Session, 2014

Substitute House Bill No. 5580

*House of Representatives, April 10, 2014*

The Committee on Planning and Development reported through REP. ROJAS of the 9th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

***AN ACT CONCERNING THE PESTICIDE ADVISORY COUNCIL, THE RECOMMENDATIONS OF THE EMERGENCY MEDICAL SERVICES PRIMARY SERVICE AREA TASK FORCE AND THE ELIMINATION OF A MUNICIPAL MANDATE.***

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

1 Section 1. Subsection (d) of section 22a-65 of the general statutes is  
2 repealed and the following is substituted in lieu thereof (*Effective*  
3 *October 1, 2014*):

4 (d) The commissioner shall establish a Pesticide Advisory Council  
5 consisting of, but not limited to, the director of the Agricultural  
6 Experiment Station, the Commissioner of Agriculture, the  
7 Commissioner of Public Health, and the dean of the college of  
8 agriculture of The University of Connecticut or their respective  
9 designees. The council shall meet at least annually and the  
10 commissioner may consult with the Pesticide Advisory Council on  
11 technical matters involving the application and use of pesticides, the

12 determination of imminent hazards and the unreasonable adverse  
13 effects on the environment before promulgating regulations or orders  
14 in carrying out this part, subsection (a) of section 23-61a and sections  
15 23-61b and 23-61f. The council shall, on an ongoing basis, review all  
16 new pesticides for safety and effectiveness and report the results of  
17 such review to the commissioner for consideration in adopting  
18 regulations. The commissioner shall, in consultation with the council,  
19 create, publish and regularly update a report on best practices  
20 regarding the safe and effective use of synthetic and organic pesticides  
21 for use by municipalities.

22 Sec. 2. Section 22a-65 of the general statutes is amended by adding  
23 subsection (e) as follows (*Effective October 1, 2014*):

24 (NEW) (e) The commissioner shall establish a regional purchasing  
25 program through which municipalities may purchase pesticides for a  
26 reduced price.

27 Sec. 3. (*Effective October 1, 2014*) The Commissioner of Energy and  
28 Environmental Protection shall, in consultation with the Pesticide  
29 Advisory Council established pursuant to section 22a-65 of the general  
30 statutes, as amended by this act, review the integrated pest  
31 management monitoring web site maintained by the state of  
32 Massachusetts for the purpose of determining whether to create a  
33 similar resource in the state of Connecticut.

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

36 (a) Not later than July 1, 2002, each municipality shall establish a  
37 local emergency medical services plan. Such plan shall include the  
38 written agreements or contracts developed between the municipality,  
39 its emergency medical services providers and the public safety  
40 answering point, as defined in section 28-25, that covers the  
41 municipality. The plan shall also include, but not be limited to, the  
42 following:

43 (1) The identification of levels of emergency medical services,  
44 including, but not limited to: (A) The public safety answering point  
45 responsible for receiving emergency calls and notifying and assigning  
46 the appropriate provider to a call for emergency medical services; (B)  
47 the emergency medical services provider that is notified for initial  
48 response; (C) basic ambulance service; (D) advanced life support level;  
49 and (E) mutual aid call arrangements;

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

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

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

57 (b) In developing the plan required by subsection (a) of this section,  
58 each municipality: (1) May consult with and obtain the assistance of its  
59 regional emergency medical services council established pursuant to  
60 section 19a-183, its regional emergency medical services coordinator  
61 appointed pursuant to section 19a-186a, its regional emergency  
62 medical services medical advisory committees and any sponsor  
63 hospital, as defined in regulations adopted pursuant to section 19a-179,  
64 located in the area identified in the plan; and (2) shall submit the plan  
65 to its regional emergency medical services council for the council's  
66 review and comment.

67 (c) Each municipality shall update the plan required by subsection  
68 (a) of this section as the municipality determines is necessary. The  
69 municipality shall consult with the municipality's primary service area  
70 responder concerning any updates to the plan. The Department of  
71 Public Health shall assist each municipality in the process of updating  
72 the plan by providing technical assistance and helping to resolve any  
73 disagreements concerning the provisions of the plan.

74 (d) Not less than once every five years, the department shall review  
75 a municipality's plan and the primary service area responder's  
76 provision of services under the plan. Such review shall include an  
77 evaluation of such responder's compliance with applicable laws and  
78 regulations. Upon the conclusion of such evaluation, the department  
79 shall assign a rating of "meets performance standards", "exceeds  
80 performance standards" or "fails to comply with performance  
81 standards" for the primary service area responder. The Commissioner  
82 of Public Health may require any primary service area responder that  
83 is assigned a rating of "fails to comply with performance standards" to  
84 meet the requirements of a performance improvement plan developed  
85 by the department. Such primary service area responder may be  
86 subject to subsequent performance reviews or removal as the  
87 municipality's primary service area responder for a failure to improve  
88 performance in accordance with section 19a-181c, as amended by this  
89 act.

90 Sec. 5. Section 19a-181c of the general statutes is repealed and the  
91 following is substituted in lieu thereof (*Effective October 1, 2014*):

92 (a) As used in this section [, "responder"] and section 8 of this act:

93 (1) "Responder" means any primary service area responder that [(1)]  
94 (A) is notified for initial response, [(2)] (B) is responsible for the  
95 provision of basic life support service, or [(3)] (C) is responsible for the  
96 provision of service above basic life support that is intensive and  
97 complex prehospital care consistent with acceptable emergency  
98 medical practices under the control of physician and hospital  
99 protocols; [.]

100 (2) "Emergency" means (A) the responder has failed to respond to  
101 fifty per cent or more first call responses in any three-month period  
102 and has failed to comply with the requirements of any corrective  
103 action plan agreement between the municipality and the responder, or  
104 (B) the sponsor hospital refuses to endorse or provide a  
105 recommendation for the responder due to unresolved issues relating to  
106 the quality of patient care provided by the responder; and

107       (3) "Unsatisfactory performance" means the responder has failed to  
108 (A) respond to eighty per cent or more first call responses, excluding  
109 those responses excused by the municipality, (B) meet defined  
110 response time standards agreed to between the municipality and  
111 responder, excluding those responses excused by the municipality, and  
112 comply with the requirements of any corrective action plan, (C)  
113 investigate and adequately respond to complaints related to the  
114 quality of emergency care or response times, on a repeated basis, (D)  
115 report adverse events as required by the Commissioner of Public  
116 Health or as required under the local emergency medical services plan,  
117 on a repeated basis, (E) communicate changes to the level of service or  
118 coverage patterns that materially affect the delivery of service as  
119 required under the local emergency medical services plan or  
120 communicate an intent to change such service that is inconsistent with  
121 such plan, or (F) communicate changes in its organizational structure  
122 that are likely to negatively affect the responder's delivery of service.

123       (b) Any municipality may petition the commissioner for the  
124 removal of a responder. A petition may be made (1) at any time if  
125 based on an allegation that an emergency exists and that the safety,  
126 health and welfare of the citizens of the affected primary service area  
127 are jeopardized by the responder's performance, or (2) not more often  
128 than once every three years, if based on the unsatisfactory performance  
129 of the responder. [as determined based on the local emergency medical  
130 services plan established by the municipality pursuant to section 19a-  
131 181b and associated agreements or contracts.] A hearing on a petition  
132 under this section shall be deemed to be a contested case and held in  
133 accordance with the provisions of chapter 54.

134       (c) If, after a hearing authorized by this section, the commissioner  
135 determines that (1) an emergency exists and the safety, health and  
136 welfare of the citizens of the affected primary service area are  
137 jeopardized by the responder's performance, (2) the [performance of  
138 the responder is unsatisfactory based on the local emergency medical  
139 services plan established by the municipality pursuant to section 19-  
140 181b and associated agreements or contracts] responder has

141 demonstrated unsatisfactory performance, or (3) it is in the best  
142 interests of patient care, the commissioner may revoke the primary  
143 service area responder's primary service area assignment and require  
144 the chief administrative official of the municipality in which the  
145 primary service area is located to submit a plan acceptable to the  
146 commissioner for the alternative provision of primary service area  
147 responder responsibilities, or may issue an order for the alternative  
148 provision of emergency medical services, or both.

149 (d) The commissioner shall act on any petition for the removal of a  
150 responder (1) not later than five business days after receipt of a  
151 petition where an emergency is alleged and shall issue a determination  
152 on such petition not later than thirty days after receipt of such petition,  
153 or (2) not later than fifteen business days after receipt of a petition  
154 where unsatisfactory performance is alleged and shall issue a  
155 determination on such petition not later than ninety days after receipt  
156 of such petition. The commissioner may redesignate any petition  
157 received pursuant to this section as due to an emergency or  
158 unsatisfactory performance based on the facts alleged in the petition  
159 and may comply with the time requirements in this subsection that  
160 correspond to the redesignated classification.

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

165 (f) The commissioner may hold a hearing and revoke a responder's  
166 primary service area assignment in accordance with the provisions of  
167 this section, although a petition has not been filed, where the  
168 commissioner has assigned a responder a rating of "fails to comply  
169 with performance standards" in accordance with section 19a-181b, as  
170 amended by this act, and the responder subsequently failed to  
171 improve its performance.

172 Sec. 6. Section 19a-181d of the general statutes is repealed and the  
173 following is substituted in lieu thereof (*Effective October 1, 2014*):

174 (a) Any municipality may petition the [commissioner]  
175 Commissioner of Public Health to hold a hearing if the municipality  
176 cannot reach a written agreement with its primary service area  
177 responder concerning performance standards or the primary service  
178 area responder fails to deliver services in accordance with the  
179 municipality's local emergency medical services plan, as described in  
180 section 19a-181b, as amended by this act. The commissioner shall  
181 conduct such hearing not later than ninety days from the date the  
182 commissioner receives the municipality's petition. A hearing on a  
183 petition under this section shall not be deemed to be a contested case  
184 for purposes of chapter 54.

185 (b) In conducting a hearing authorized by this section, the  
186 commissioner shall determine if the performance standards adopted in  
187 the municipality's local emergency medical services plan are  
188 reasonable based on the state-wide plan for the coordinated delivery of  
189 emergency medical services adopted pursuant to subdivision (1) of  
190 section 19a-177, model local emergency medical services plans and the  
191 standards, contracts and written agreements in use by municipalities  
192 of similar population and characteristics.

193 (c) If, after a hearing authorized by this section, the commissioner  
194 determines that the performance standards adopted in the  
195 municipality's local emergency medical services plan are reasonable,  
196 the primary service area responder shall have thirty calendar days in  
197 which to agree to such performance standards. If the primary service  
198 area responder fails or refuses to agree to such performance standards,  
199 the commissioner may revoke the primary service area responder's  
200 primary service area assignment and require the chief administrative  
201 official of the municipality in which the primary service area is located  
202 to submit a plan acceptable to the commissioner for the alternative  
203 provision of primary service area responder responsibilities, or may  
204 issue an order for the alternative provision of emergency medical  
205 services, or both.

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

207 determines that the performance standards adopted in the  
208 municipality's local emergency medical services plan are unreasonable,  
209 the commissioner shall provide performance standards considered  
210 reasonable based on the state-wide plan for the coordinated delivery of  
211 emergency medical services adopted pursuant to subdivision (1) of  
212 section 19a-177, model emergency medical services plans and the  
213 standards, contracts and written agreements in use by municipalities  
214 of similar population and characteristics. If the municipality refuses to  
215 agree to such performance standards, the primary service area  
216 responder shall meet the minimum performance standards provided  
217 in regulations adopted pursuant to section 19a-179.

218 Sec. 7. (NEW) (*Effective October 1, 2014*) A primary service area  
219 responder, as defined in section 19a-175 of the general statutes, shall  
220 notify the Department of Public Health not later than sixty days prior  
221 to the sale or transfer of more than fifty per cent of its ownership  
222 interest or assets. Any person who intends to obtain ownership or  
223 control of a primary service area responder in a sale or transfer for  
224 which notification is required under this section shall submit an  
225 application for approval of such purchase or change in control on a  
226 form prescribed by the Commissioner of Public Health. The  
227 commissioner shall, in determining whether to grant approval of the  
228 sale or transfer, consider: (1) The applicant's performance history in the  
229 state or another state; and (2) the applicant's financial ability to  
230 perform the responsibilities of the primary service area responder in  
231 accordance with the local emergency medical services plan, established  
232 in accordance with section 19a-181b of the general statutes, as  
233 amended by this act. The commissioner shall approve or reject the  
234 application not later than forty-five calendar days after receipt of the  
235 application. The commissioner may hold a hearing on such application  
236 and may consult with any municipality or sponsor hospital in the  
237 primary service area in making a determination on the application.

238 Sec. 8. (NEW) (*Effective October 1, 2014*) (a) For purposes of this  
239 section, "primary service area responder" has the same meaning as in  
240 section 19a-175 of the general statutes. Any municipality may submit a

241 local emergency medical services plan prepared pursuant to section  
242 19a-181b of the general statutes, as amended by this act, to the  
243 Department of Public Health for the alternative provision of primary  
244 service area responder responsibilities. Such plan may be submitted  
245 for any of the following purposes: (1) Providing improved patient care;  
246 (2) delivering efficient emergency medical services; (3) allocating  
247 resources more efficiently; (4) aligning with a new emergency medical  
248 services provider better suited to meet the community's current needs;  
249 (5) regionalizing services; or (6) improving response times.

250 (b) The Commissioner of Public Health shall conduct a hearing on  
251 any plan for the alternative provision of primary service area  
252 responder responsibilities submitted pursuant to subsection (a) of this  
253 section. In order to determine whether to approve or disapprove such  
254 plan, the commissioner shall consider any relevant factors, including,  
255 but not limited to: (1) The impact of the plan on patient care; (2) the  
256 impact of the plan on emergency medical services system design,  
257 including system sustainability; (3) the impact of the plan on the local,  
258 regional and state-wide emergency medical services system; and (4)  
259 the recommendation from the medical oversight sponsor hospital. If  
260 the commissioner approves the plan, the commissioner shall reassign  
261 the primary service area in accordance with such plan. The responder  
262 named in such plan must apply for, and the commissioner must  
263 approve, primary service area assignment before such assignment  
264 becomes effective.

265 Sec. 9. Subsection (a) of section 7-163e of the general statutes is  
266 repealed and the following is substituted in lieu thereof (*Effective*  
267 *October 1, 2014*):

268 (a) The legislative body of a municipality, or in any municipality  
269 where the legislative body is a town meeting or representative town  
270 meeting, the board of selectmen, shall conduct a public hearing on the  
271 sale, lease or transfer of real property owned by the municipality prior  
272 to final approval of such sale, lease or transfer. Notice of the hearing  
273 shall be published on the Internet web site of the municipality or in a

274 newspaper or other publicly available weekly print publication having  
 275 a general circulation in such municipality where the real property that  
 276 is the subject of the hearing is located at least twice, at intervals of not  
 277 less than two days, the first not more than fifteen days or less than ten  
 278 days and the last not less than two days before the date set for the  
 279 hearing. The municipality shall also post a sign conspicuously on the  
 280 real property that is the subject of the public hearing.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2014	22a-65(d)
Sec. 2	October 1, 2014	22a-65
Sec. 3	October 1, 2014	New section
Sec. 4	October 1, 2014	19a-181b
Sec. 5	October 1, 2014	19a-181c
Sec. 6	October 1, 2014	19a-181d
Sec. 7	October 1, 2014	New section
Sec. 8	October 1, 2014	New section
Sec. 9	October 1, 2014	7-163e(a)

**Statement of Legislative Commissioners:**

Technical changes were made to sections 1 and 5 and in section 5, the definitions were expanded to include section 8.

**PD**      *Joint Favorable Subst. -LCO*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

**OFA Fiscal Note**

**State Impact:**

<b>Agency Affected</b>	<b>Fund-Effect</b>	<b>FY 15 \$</b>	<b>FY 16 \$</b>
Comptroller- Fringe Benefits <sup>1</sup>	GF - Cost	51,023	69,314
Public Health, Dept.	GF - Cost	144,178	194,073

**Municipal Impact:**

<b>Municipalities</b>	<b>Effect</b>	<b>FY 15 \$</b>	<b>FY 16 \$</b>
Various Municipalities	Savings	Potential	Potential

**Explanation**

The bill requires the Department of Public Health (DPH) to review a municipality's emergency medical services (EMS) plan and the primary service area responder's (PSAR) provision of services under the plan not less than once every five years, assign a rating to these plans and act on petitions for removal of a responder, which may include implementing procedures to designate a temporary responder and holding hearings. These requirements result in a cost to DPH of \$144,178 in FY 15 and \$194,073 in FY 16, and a cost to State Comptroller - Fringe Benefits of \$51,023 in FY 15 and \$69,314 in FY 16.

The cost to DPH in FY 15 for staff reflects a 10/1/14 start date. The salary and other expenses for two full-time Health Program Assistants (HPAs) and a half-time Special Investigator and half-time Staff Attorney are \$144,178 in FY 15 and \$194,073 in FY 16. The associated cost to State Comptroller -Fringe Benefits for these positions is \$51,023

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<sup>1</sup>The fringe benefit costs for most state employees are budgeted centrally in accounts administered by the Comptroller. The estimated active employee fringe benefit cost associated with most personnel changes is 36.66% of payroll in FY 15 and FY 16.

in FY 15 and \$69,314 in FY 16. HPAs are included in order to provide approximately 17 municipalities each (34 annually for a five-year total of just over 169) with technical assistance and disagreement resolution for these plans that are extensive and complex.<sup>2</sup> The half-time Special Investigator and half-time Staff Attorney are included to act on petitions for removal of a responder, which may include implementing procedures to designate a temporary responder and holding hearings.

The bill allows municipalities to post notices of public hearings regarding the sale, lease, or transfer of real property on their Internet web site, rather than a newspaper. This results in a savings that will vary based on how many such hearings each municipality has, and the cost of posting such notices. For example, Fairfield spent approximately \$20,000 on posting legal notices in FY 13, whereas Stamford spends approximately \$50,000 to \$55,000 per year on notices and advertising. However, it is not known how much of the cost to either town was due to the posting of public hearings regarding the sale, lease, or transfer of real property specifically.

The bill also requires the Department of Energy and Environmental Protection (DEEP) to review all new pesticides for safety and effectiveness on an ongoing basis. There is no fiscal impact, as it is anticipated that existing staff can perform this review. The agency receives approximately 1100 applications for the registration of new pesticides annually.

### ***The Out Years***

Any municipal savings in the outyears depend on the current number of hearings and newspaper postings. The annualized ongoing cost described above would continue into the future subject to inflation.

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<sup>2</sup>There are 169 municipalities in Connecticut.

**OLR Bill Analysis****sHB 5580*****AN ACT CONCERNING THE PESTICIDE ADVISORY COUNCIL, THE RECOMMENDATIONS OF THE EMERGENCY MEDICAL SERVICES PRIMARY SERVICE AREA TASK FORCE AND THE ELIMINATION OF A MUNICIPAL MANDATE.*****SUMMARY:**

This bill makes several changes concerning emergency medical services (EMS) and primary service area responders (PSARs).

It requires municipalities to update their local EMS plans as they determine necessary, and consult with their PSAR when doing so. It requires the Department of Public Health (DPH), at least every five years, to review local EMS plans and PSARs' provision of services under them and then rate the responders' performance. A "failing" rating has various consequences, including possible removal as PSAR if the responder fails to improve.

The bill makes changes to the process for municipalities to petition for removal of a PSAR. Among other things, it (1) defines what constitutes an "emergency" or "unsatisfactory performance" for this purpose and (2) sets deadlines for the commissioner to act on these petitions.

The bill provides a new avenue for municipalities to request a change to their PSARs. It does so by allowing them, for specified reasons, to submit plans to DPH for the alternative provision of PSAR responsibilities. If the commissioner approves the alternative plan after a hearing, she must reassign the primary service area (PSA) to another responder.

The bill also requires a PSAR to give prior notice to DPH before selling its ownership interest or assets, and requires the buyer to obtain

DPH's approval.

By law, a "primary service area" is a specific geographic area to which DPH assigns a designated EMS provider for each category of emergency medical response services. These providers are termed "primary service area responders" (CGS § 19a-175).

The bill requires the Pesticide Advisory Council (PAC), established by the Department of Energy and Environmental Protection (DEEP), to review, on an ongoing basis, all new pesticides for safety and effectiveness. (The bill does not define "new pesticides.") It must report its findings to the DEEP commissioner for his consideration in promulgating regulations.

The bill requires the DEEP commissioner to:

1. create, publish, and regularly update, in consultation with PAC, a report on best practices for municipalities' safe and effective use of synthetic and organic pesticides;
2. create a regional pesticide purchasing program for municipalities; and
3. review, in consultation with PAC, Massachusetts' integrated pest management monitoring website to determine whether Connecticut should create a similar website.

Under current law, before holding a public hearing on the sale, lease, or transfer of its real property, a municipality must twice publish a legal notice in a newspaper having general circulation in the municipality. The bill specifies that these legal notices may also be published (1) in a weekly print publication having general circulation in the municipality or (2) on the municipality's website.

EFFECTIVE DATE: October 1, 2014

#### **§§ 4 & 5 — LOCAL EMS PLAN UPDATES AND DPH REVIEW**

By law, each municipality had to establish a local EMS plan by July

1, 2002 (see BACKGROUND). The bill requires each municipality to update its plan as it determines necessary. In updating its plan, a municipality must consult with its PSAR. DPH must assist municipalities by (1) providing technical assistance and (2) helping to resolve disagreements (presumably between the municipality and PSAR) concerning the plan.

The bill also requires DPH, at least every five years, to review local EMS plans and PSARs' provision of services under them. In conducting the review, DPH must evaluate how the PSAR has complied with applicable laws and regulations and rate the service as "meeting performance standards," "exceeding performance standards," or "failing to comply with performance standards."

If DPH rates a PSAR as failing, the commissioner may require it to comply with a department-developed performance improvement plan. PSARs rated as failing may also be subject to (1) later performance reviews or (2) removal as the town's PSAR for failing to improve their performance.

The commissioner may initiate a hearing on her own and remove the PSAR if she rated it as failing to comply with performance standards and the responder subsequently fails to improve its performance. The town may also petition for removal, as explained below.

## **§§ 5 & 6 — REMOVAL OF PSAR**

### **§ 5 — *Petitions Based on Emergency or Unsatisfactory Performance***

By law, a municipality can petition the DPH commissioner to remove a PSAR not meeting certain standards. This applies to PSARs notified for initial response as well as those responsible for basic life support or services above basic life support. A municipality can file a petition (1) at any time based on an allegation that an emergency exists and the safety, health, and welfare of the PSA's citizens are jeopardized by the responder's performance or (2) not more than once every three years on the basis of the responder's unsatisfactory

performance. The commissioner can revoke a PSAR assignment, after a contested case hearing, if she determines that (1) either of these standards are met or (2) it is in the best interests of patient care to do so.

For this purpose, current law (1) does not define “emergency” and (2) specifies that “unsatisfactory performance” is determined under the local EMS plan and associated agreements or contracts. The bill instead defines both terms. Under the bill, an “emergency” means:

1. the PSAR failed to (a) respond to 50% or more first-call responses in any three-month period and (b) comply with any corrective action plan agreement between the PSAR and municipality or
2. the sponsor hospital refuses to endorse or recommend the responder due to unresolved issues relating to the PSAR’s quality of patient care. (By law, a sponsor hospital provides medical oversight, supervision, and direction to an EMS organization and its personnel.)

Under the bill, “unsatisfactory performance” means a PSAR:

1. failed to respond to 80% or more first-call responses, excluding those the municipality excused;
2. failed to meet defined response time standards agreed to between the municipality and responder, excluding responses the municipality excused, and the responder failed to comply with any corrective action plan;
3. repeatedly failed to investigate and adequately respond to complaints about quality of emergency care or response times;
4. repeatedly failed to report adverse events as required by the commissioner or under the local EMS plan;
5. failed to communicate (a) changes to service level or coverage

patterns that materially affect service delivery as required under the local EMS plan or (b) an intent to change service in a manner inconsistent with the plan; or

6. failed to communicate changes in its organizational structure likely to negatively affect its service delivery.

The bill requires the commissioner to act on such a petition (1) within five business days after receipt, for petitions alleging an emergency, and (2) within 15 business days after receipt, for those alleging unsatisfactory performance. (It is unclear what, specifically, the commissioner must do within these timeframes.) She must issue a determination within (1) 30 days after receipt for petitions alleging an emergency or (2) 90 days after receipt for those alleging unsatisfactory performance.

The bill allows the commissioner, based on the facts alleged in a petition, to reclassify an emergency petition as an unsatisfactory performance petition and vice versa. If she does so, she may comply with the timeframes corresponding with her reclassification.

The bill authorizes the commissioner to develop and implement procedures for designating temporary responders while an emergency petition is under her review.

### **§ 6 — *Enforcement Hearing***

The bill also allows a municipality to petition the commissioner to hold a hearing if the PSAR failed to deliver services in accordance with the local EMS plan.

By law, the hearing's purpose is to determine if the performance standards in the local EMS plan are reasonable, based on certain comparative documents. Under the bill, this hearing has the same purpose and procedures as those under existing law if the town and PSAR cannot reach a written agreement on performance standards (see BACKGROUND).

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**§ 8 — PLANS FOR ALTERNATIVE PROVISION OF PSAR RESPONSIBILITIES**

The bill allows municipalities to submit to DPH local EMS plans for the alternative provision of PSAR responsibilities. Towns can do so for any of the following purposes:

1. improving patient care,
2. delivering efficient emergency medical services,
3. allocating resources more efficiently,
4. aligning with a new EMS provider better suited for the community's current needs,
5. regionalizing services, or
6. improving response times.

If the commissioner receives such an alternative plan, she must hold a hearing. (The bill does not specify a deadline for her to hold a hearing or make a decision after the hearing.)

In deciding whether to approve the plan, the commissioner must consider any relevant factors, including:

1. the plan's impact on (a) patient care, (b) EMS system design, including system sustainability, and (c) the local, regional, and statewide EMS system and
2. the medical oversight sponsor hospital's recommendation.

If the commissioner approves the plan, she must reassign the PSA according to the plan. Before the new PSAR assignment takes effect, the responder named in the plan must apply for and receive the commissioner's approval.

**§ 7 — SALE OR TRANSFER OF PSAR**

Under the bill, a PSAR must give DPH at least 60 days' notice before

selling or transferring more than half of its ownership interest or assets. The intended buyer or transferee must apply to DPH for approval, on a form the commissioner prescribes.

In deciding whether to approve the transaction, the commissioner must consider the applicant's (1) performance history in Connecticut or other states and (2) financial ability to perform PSAR responsibilities under the local EMS plan.

The bill gives the commissioner 45 days to approve or reject the application. It allows her to hold a hearing on the application. She also may consult with any municipality or sponsor hospital in the PSA in making her determination.

## **BACKGROUND**

### ***Local EMS Plans***

By law, a municipality's local EMS plan must include written agreements or contracts between the town, its EMS providers, and the public safety answering point covering the municipality. The plan must also include:

1. identification of specified levels of EMS;
2. the person or entity responsible for each EMS level identified in the plan;
3. performance standards for each part of the town's EMS system; and
4. any subcontracts, written agreements, or mutual aid call agreements that EMS providers have with other entities to provide services identified in the plan.

### ***Petition Regarding Failing to Reach Agreement on Performance Standards***

By law, a municipality can petition the DPH commissioner to hold a hearing if the town and PSAR cannot reach a written agreement on performance standards. If so, the commissioner must hold a hearing,

which is not considered a contested case for purposes of the Uniform Administrative Procedure Act.

After the hearing, if the commissioner determines that the performance standards in the local EMS plan are reasonable, the responder has 30 days to agree to them. If the responder fails or refuses to do so, the commissioner can (1) revoke the responder's PSA assignment and require the town to submit an acceptable plan for alternative PSAR responsibilities, (2) issue an order for alternative EMS provision, or (3) do both.

If the commissioner determines that the adopted standards are unreasonable, she must provide reasonable performance standards based on the statewide plan for coordinated EMS delivery, model EMS plans, and the standards and agreements used by similar towns. If the town refuses to agree to such standards, the responder must meet the minimum performance standards in state regulations.

### **PAC**

According to DEEP's Bureau of Materials Management and Compliance Assurance, PAC has not convened since the mid-1990s.

### **Related Bills**

sHB 5542, favorably reported by the Public Health Committee, has similar provisions as this bill regarding EMS and PSARs.

sSB 40, favorably reported by the Planning and Development Committee, permits legal notices (1) to be advertised in weekly newspapers distributed to town residents free of charge and (2) if advertised by municipalities, to include only a brief description of the matter being noticed and a reference to the newspaper's website where the full legal notice can be found.

### **COMMITTEE ACTION**

Planning and Development Committee

Joint Favorable

Yea 18 Nay 2 (03/25/2014)