



# Senate

General Assembly

**File No. 485**

February Session, 2014

Substitute Senate Bill No. 439

*Senate, April 10, 2014*

The Committee on Public Health reported through SEN. GERRATANA of the 6th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

***AN ACT CONCERNING RECOMMENDATIONS OF THE EMERGENCY MEDICAL SERVICES ADVISORY BOARD.***

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

1 Section 1. (NEW) (*Effective October 1, 2014*) A provider, as defined in  
2 section 19a-175 of the general statutes, who holds the highest  
3 classification of licensure or certification from the Department of  
4 Public Health under chapters 368d and 384d of the general statutes  
5 shall be responsible for making decisions concerning patient care on  
6 the scene of an emergency medical call. If two or more providers on  
7 such scene hold the same licensure or certification classification, the  
8 provider for the primary service area responder shall be responsible  
9 for making such decisions. If all providers on such scene are  
10 emergency medical technicians or emergency medical responders, as  
11 defined in section 19a-175 of the general statutes, the emergency  
12 medical service organization providing transportation services shall be  
13 responsible for making such decisions. A provider on the scene of an  
14 emergency medical call who has undertaken decision-making

15 responsibility for patient care shall transfer patient care to a provider  
16 with a higher classification of licensure or certification upon such  
17 provider's arrival on the scene. All providers on the scene shall ensure  
18 such transfer takes place in a timely and orderly manner.

19 Sec. 2. Section 53-341b of the general statutes is repealed and the  
20 following is substituted in lieu thereof (*Effective October 1, 2014*):

21 (a) No person, firm or corporation shall sell or deliver body armor  
22 to another person unless the transferee meets in person with the  
23 transferor to accomplish the sale or delivery.

24 (b) The provisions of subsection (a) of this section shall not apply to  
25 the sale or delivery of body armor to (1) a sworn member or  
26 authorized official of an organized local police department, the  
27 Division of State Police within the Department of Emergency Services  
28 and Public Protection, the Division of Criminal Justice, the Department  
29 of Correction, the Board of Pardons and Paroles or the Department of  
30 Motor Vehicles, (2) an authorized official of a municipality or the  
31 Department of Administrative Services that purchases body armor on  
32 behalf of an organized local police department, the Division of State  
33 Police within the Department of Emergency Services and Public  
34 Protection, the Division of Criminal Justice, the Department of  
35 Correction, the Board of Pardons and Paroles or the Department of  
36 Motor Vehicles, (3) an authorized official of the Judicial Branch who  
37 purchases body armor on behalf of a probation officer, [or] (4) a  
38 member of the National Guard or the armed forces reserve, or (5) a  
39 person who is a provider, as defined in section 19a-175, or an  
40 authorized official of an emergency medical service organization that  
41 is certified or licensed by the Department of Public Health under  
42 section 19a-180 on behalf of a provider.

43 (c) As used in this section, "body armor" means any material  
44 designed to be worn on the body and to provide bullet penetration  
45 resistance.

46 (d) Any person, firm or corporation that violates the provisions of

47 this section shall be guilty of a class B misdemeanor.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2014</i>	New section
Sec. 2	<i>October 1, 2014</i>	53-341b

**PH**      *Joint Favorable Subst.*

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.

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**OFA Fiscal Note**

**State Impact:**

Agency Affected	Fund-Effect	FY 15 \$	FY 16 \$
Resources of the General Fund	GF - Potential Revenue Loss	Minimal	Minimal

**Municipal Impact:** None

**Explanation**

The bill expands an exemption to a statutory requirement concerning the sale or delivery of body armor, resulting in a potential minimal revenue loss. There were no violations of this provision under current law in FY 13.

There is no fiscal impact to the Department of Public Health from the establishment of a hierarchy for which individuals are responsible to make patient care decisions on the scene of an emergency call under the bill.

**The Out Years**

The annualized ongoing fiscal impact identified above would continue into the future subject to the number of exempted violations.

**OLR Bill Analysis****sSB 439*****AN ACT CONCERNING RECOMMENDATIONS OF THE  
EMERGENCY MEDICAL SERVICES ADVISORY BOARD.*****SUMMARY:**

This bill establishes a hierarchy for determining which emergency medical services (EMS) provider is responsible for making patient care decisions at the scene of an emergency call. Under the bill:

1. the EMS provider holding the highest classification of emergency medical responder (EMR), emergency medical technician (EMT), or paramedic licensure or certification from the Department of Public Health (DPH) makes the decision (see BACKGROUND);
2. if multiple providers hold the same licensure or classification, the provider for the primary service area responder makes the decision; and
3. if all providers on the scene are EMTs or EMRs, the EMS organization providing transportation services makes the decision.

The bill requires the provider on the scene who has the decision-making responsibility to transfer patient care if a provider with a higher licensure or certification arrives. All providers must ensure that such a transfer takes place in a timely and orderly manner.

By law, unchanged by the bill, the fire chief (or acting fire chief) of a municipality is authorized to control and direct emergency services when responding to a fire, service call, or other emergency (CGS § 7-313e).

The bill also allows EMS providers to purchase body armor without meeting in person with the transferor to accomplish the sale or delivery. With certain exceptions, the law requires anyone selling or delivering body armor in the state to meet personally with the buyer or recipient when the delivery or sale takes place. The bill exempts from this requirement EMS providers and authorized officials of DPH licensed or certified EMS organizations who buy body armor on behalf of EMS providers.

EFFECTIVE DATE: October 1, 2014

## **BACKGROUND**

### ***DPH-Licensed EMS Providers***

DPH licenses at least four categories of emergency medical personnel, listed below in order of their increasing educational requirements:

1. EMRs (also called Medical Response Technicians);
2. EMTs;
3. Advanced EMTs (A-EMTs, also called EMT-Is); and
4. Paramedics,

The department also licenses EMS instructors.

### ***Related Bills***

HB 5580, reported favorably by the Planning and Development Committee, and sHB 5542, reported favorably by the Public Health Committee, require municipalities to update their emergency medical services plans as necessary. Among other components, the plans govern how EMS organizations respond to emergency calls.

## **COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 25    Nay 0    (03/25/2014)