



General Assembly

**Amendment**

February Session, 2014

LCO No. 4237

\*HB0554204237HDO\*

Offered by:

REP. COOK, 65<sup>th</sup> Dist.  
REP. DEMICCO, 21<sup>st</sup> Dist.  
REP. SRINIVASAN, 31<sup>st</sup> Dist.  
SEN. SLOSSBERG, 14<sup>th</sup> Dist.  
SEN. BYE, 5<sup>th</sup> 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 Section 19a-181b of the general statutes is repealed and  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 achieve a response rate of fifty per cent for 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; and

78 (3) "Unsatisfactory performance" means the responder has failed to  
79 (A) achieve a response rate of eighty per cent for first call responses,  
80 excluding those responses excused by the municipality in any rolling  
81 twelve-month review period, (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, (C) investigate and adequately respond to complaints related to  
86 the quality of emergency care or response times, on a repeated basis,  
87 (D) report adverse events as required by the Commissioner of Public  
88 Health or as required under the local emergency medical services plan,  
89 on a repeated basis, (E) communicate changes to the level of service or  
90 coverage patterns that materially affect the delivery of service as  
91 required under the local emergency medical services plan or  
92 communicate an intent to change such service that is inconsistent with  
93 such plan, (F) communicate changes in its organizational structure that  
94 are likely to negatively affect the responder's delivery of service, or (G)  
95 deliver services in accordance with the local emergency medical  
96 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 hearing on a petition under this section shall be

107 deemed to be a contested case and held in accordance with the  
108 provisions of chapter 54.

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

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

137 (e) The commissioner may develop and implement procedures to  
138 designate a temporary responder for a municipality when such  
139 municipality has alleged a performance crisis in the petition during the

140 time such petition is under the commissioner's consideration.

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

148 Sec. 3. (NEW) (*Effective October 1, 2014*) A primary service area  
149 responder, as defined in section 19a-175 of the general statutes, shall  
150 notify the Department of Public Health and the chief elected official or  
151 the chief executive officer of the municipality to which it is assigned  
152 not later than sixty days prior to the sale or transfer of more than fifty  
153 per cent of its ownership interest or assets. Any person who intends to  
154 obtain ownership or control of a primary service area responder in a  
155 sale or transfer for which notification is required under this section  
156 shall submit an application for approval of such purchase or change in  
157 control on a form prescribed by the Commissioner of Public Health.  
158 The commissioner shall, in determining whether to grant approval of  
159 the sale or transfer, consider: (1) The applicant's performance history in  
160 the state or another state; and (2) the applicant's financial ability to  
161 perform the responsibilities of the primary service area responder in  
162 accordance with the local emergency medical services plan, established  
163 in accordance with section 19a-181b of the general statutes, as  
164 amended by this act. The commissioner shall approve or reject the  
165 application not later than forty-five calendar days after receipt of the  
166 application. The commissioner shall consult with any municipality or  
167 sponsor hospital in the primary service area, as such terms are defined  
168 in section 19a-175 of the general statutes, in making a determination on  
169 the application and may hold a hearing on the application.

170 Sec. 4. (NEW) (*Effective October 1, 2014*) (a) For purposes of this  
171 section, "primary service area responder" has the same meaning as in  
172 section 19a-175 of the general statutes. A municipality that seeks a

173 change in a primary service area responder shall submit an alternative  
174 local emergency medical services plan prepared pursuant to section  
175 19a-181b of the general statutes, as amended by this act, to the  
176 Department of Public Health when: (1) The municipality's current  
177 primary service area responder has failed to meet the standards  
178 outlined in the local emergency medical services plan, established  
179 pursuant to section 19a-181b of the general statutes, as amended by  
180 this act; (2) the municipality has established a performance crisis or  
181 unsatisfactory performance, as defined in section 19a-181c of the  
182 general statutes, as amended by this act; (3) the primary service area  
183 responder does not meet a performance measure provided in  
184 regulations adopted pursuant to section 19a-179 of the general statutes;  
185 (4) the municipality has developed a plan for regionalizing service; (5)  
186 the municipality has developed a plan that will improve patient care  
187 through a higher level of service; or (6) the municipality has the  
188 opportunity to align a new primary service area responder that is  
189 better suited than the current primary service area responder to meet  
190 the community's current needs. Such plan shall include the name of a  
191 recommended primary service area responder for each category of  
192 emergency medical response services.

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

199 (c) The Commissioner of Public Health shall conduct a hearing on  
200 any alternative local emergency medical services plan submitted  
201 pursuant to subsection (a) of this section, including the proposed  
202 removal of a primary service area responder and the proposed  
203 designation of a new primary service area responder. In order to  
204 determine whether to approve or disapprove such plan, the  
205 commissioner shall consider any relevant factors, including, but not

206 limited to: (1) The impact of the plan on patient care; (2) the impact of  
 207 the plan on emergency medical services system design, including  
 208 system sustainability; (3) the impact of the plan on the local, regional  
 209 and state-wide emergency medical services system; and (4) the  
 210 recommendation from the sponsor hospital's medical oversight staff. If  
 211 the commissioner approves the alternative plan and the application of  
 212 the recommended primary service area responder, the commissioner  
 213 shall issue a written decision to reassign the primary service area in  
 214 accordance with the alternative plan and indicate the effective date for  
 215 the reassignment. A primary service area responder shall deliver  
 216 services in accordance with the local emergency medical services plan  
 217 prepared pursuant to section 19a-181b of the general statutes, as  
 218 amended by this act, until the effective date of the reassignment stated  
 219 in the commissioner's written decision approving the alternative plan."

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