



# House of Representatives

**File No. 888**

General Assembly

January Session, 2015

**(Reprint of File No. 402)**

House Bill No. 5907  
As Amended by House Amendment  
Schedule "A"

Approved by the Legislative Commissioner  
May 26, 2015

***AN ACT CONCERNING SUPPLEMENTAL FIRST RESPONDERS.***

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

1 Section 1. (*Effective from passage*) (a) For the purposes of this section,  
2 "supplemental first responder" means an emergency medical services  
3 provider who holds a certificate of authorization by the Commissioner  
4 of Public Health and responds to a victim of sudden illness or injury  
5 when available and only when called upon, but does not offer  
6 transportation to patients or operate an ambulance service or  
7 paramedic intercept service, "emergency medical services personnel"  
8 means an individual certified pursuant to chapter 384d of the general  
9 statutes to practice as an emergency medical responder, emergency  
10 medical technician, advanced emergency medical technician or  
11 emergency medical services instructor or an individual licensed  
12 pursuant to chapter 384d of the general statutes as a paramedic, and  
13 "patient", "ambulance service", "provider", "paramedic intercept  
14 service" and "emergency medical technician" have the same meanings  
15 as provided in section 19a-175 of the general statutes.

16 (b) Notwithstanding the provisions of subsection (a) of section 19a-  
17 180 of the general statutes, the Commissioner of Public Health may  
18 issue a certificate of authorization for a supplemental first responder to  
19 an emergency medical services provider who operates only in a  
20 municipality with a population of at least one hundred five thousand,  
21 but not more than one hundred fifteen thousand, as determined by the  
22 most recent population estimate by the Department of Public Health.  
23 A certificate of authorization shall be issued to an emergency medical  
24 services provider that shows proof satisfactory to the commissioner  
25 that such emergency medical services provider (1) meets the minimum  
26 standards of the commissioner in the areas of training, equipment and  
27 emergency medical services personnel, and (2) maintains liability  
28 insurance in an amount not less than one million dollars. Applications  
29 for such certificate of authorization shall be made in the form and  
30 manner prescribed by the commissioner. Upon determination by the  
31 commissioner that an applicant is qualified to be a supplemental first  
32 responder, the commissioner shall issue a certificate of authorization  
33 effective for two years to such applicant. Such certificate of  
34 authorization shall be renewable biennially. If the commissioner  
35 determines that an applicant for such license is not so qualified, the  
36 commissioner shall provide such applicant with written notice of the  
37 denial of the application with a statement of the reasons for such  
38 denial. Such applicant shall have thirty days to request a hearing  
39 concerning the denial of the application. Any hearing conducted  
40 pursuant to this subsection shall be conducted in accordance with the  
41 provisions of chapter 54 of the general statutes. If the commissioner's  
42 denial of a certificate of authorization is sustained after such hearing,  
43 an applicant may make new application not less than one year after the  
44 date on which such denial was sustained.

45 (c) The commissioner may suspend or revoke a holder's certificate  
46 of authorization for a supplemental first responder if such holder does  
47 not maintain the minimum standards of the commissioner pursuant to  
48 subdivisions (1) and (2) of subsection (b) of this section or violates any  
49 provision of chapter 368d of the general statutes. Such holder shall

50 have an opportunity to show compliance with all requirements for the  
51 retention of such certificate of authorization.

52 Sec. 2. (*Effective from passage*) (a) For the purposes of this section,  
53 "primary service area responder" has the same meaning as provided in  
54 section 19a-175 of the general statutes and "supplemental first  
55 responder" has the same meaning as provided in section 1 of this act.

56 (b) If a primary service area responder and a supplemental first  
57 responder are both on the scene of an emergency medical call, the  
58 primary service area responder shall control and direct emergency  
59 activities at such scene.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>from passage</i>	New section

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:*** None***Municipal Impact:*** None***Explanation***

The bill allows the Department of Public Health to issue a certificate of authorization for a supplemental first responder to an emergency medical services provider who operates only in a municipality with a population between 105,000 and 115,000. As there are no fees associated with the certificate, the bill has no fiscal impact.

House "A" strikes the underlying bill and eliminates its associated fiscal impact.

***The Out Years******State Impact:*** None***Municipal Impact:*** None

**OLR Bill Analysis**

**HB 5907 (as amended by House "A")**

***AN ACT CONCERNING NOTIFICATION TO EMERGENCY MEDICAL SERVICES ORGANIZATIONS REGARDING PATIENTS DIAGNOSED WITH AN INFECTIOUS DISEASE.***

**SUMMARY:**

The Office of Legislative Research does not analyze Special Acts.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable

Yea 27    Nay 0    (03/23/2015)