

March 11, 2015

TESTIMONY PRESENTED TO THE PUBLIC HEALTH COMMITTEE OF THE  
CONNECTICUT GENERAL ASSEMBLY REGARDING PROPOSED SB No. 800

AN ACT CONCERNING A MUNICIPAL PILOT PROGRAM ALLOWING EMERGENCY  
MEDICAL SERVICES PERSONNEL TO PROVIDE COMMUNITY BASED  
PARAMEDICINE

Good morning. My name is Marc Kurzman. I am a partner in the law firm of Carmody Torrance Sandak & Hennessey, LLP and I am privileged to serve on the Board of Directors and the Executive Committee of Stamford Emergency Medical Services, Inc. ("SEMS").

In order not to burden this Committee with duplicative testimony, I will leave it to others to discuss with you the merits of Community Paramedicine and the potential benefits of launching Community Paramedicine Pilot Projects here in Connecticut. I will confine my presentation to explaining why such an initiative requires enabling legislation.

Chapter 368d of the Connecticut General Statutes governs emergency medical services and those who provide such services in this state. That statute is largely derived from Public Act 74-305, the 1974 legislation that began Connecticut's comprehensive regulation of emergency medical services. While the statute has been amended in various respects, the authority granted by the statute remains substantially the same as in 1974, when the function of "ambulance personnel" was primarily limited to providing first aid and emergency transportation to a hospital. Thus the statute defines:

- *an emergency medical service system* as a system which provides for the delivery of health care services under *emergency conditions*. CGS § 19a-175(1)
- *an emergency medical service organization* as an organization which offers transportation and treatment services to patients under *emergency conditions*. CGS § 19a-175(10)

Similarly, the regulations promulgated by the Connecticut Department of Public Health and administered by the Office of Emergency Medical Services ("OEMS") defines an "emergency medical service provider" as a person, association or organization who provides *immediate and/or lifesaving transportation and medical care away from a hospital to a victim of sudden illness or injury*. *Reg. of Conn. State Agencies* § 19a-179-1(g).

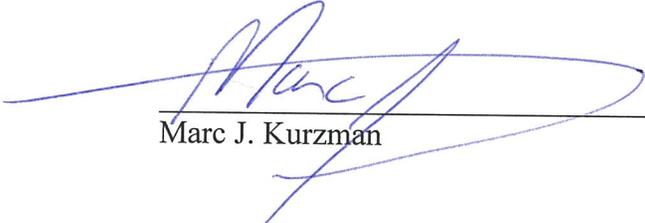
While the statutory definition of "Paramedicine" under CGS § 20-206jj is not limited to the assessment and treatment of patients in emergency circumstances, the regulations

under which SEMS and other EMS providers operate (“OEMS Regulations”) appear to authorize treatment of patients by their paramedics only if the paramedics are functioning in an approved “mobile intensive care service” -- meaning the organized provision of *intensive complex pre-hospital care* consistent with acceptable *emergency medical practices* supervised by physicians and hospitals as part of a written emergency services agreement. *Reg. of Connecticut State Agencies* §§ 19a-179-12(b) and 19a-179-1(t). Furthermore, Section 19a-179-9(i) of the OEMS Regulations prohibits the use of treatment methods otherwise authorized by the OEMS Regulations unless the Paramedic is acting as part of the emergency medical services system.

Needless to say, much has happened in the health care arena since 1974. Among other things, the alarming increase in health care costs, the imperative of reducing hospital re-admission rates and the community need for alternatives to the hospital emergency room has led in various jurisdictions to the expansion of the paramedic’s role from treating patients in the back of an ambulance to assessing and treating, under medical control protocols and hospital supervision, patients outside of the context of emergency transportation to the hospital. Under these community paramedicine programs paramedics use exactly the same assessment and treatment skills honed in the ambulance, and falling within the scope of the scope of their training and medical authorization, to assess and treat certain defined categories of patients, generally in their home, without necessarily transporting them to the hospital.

There is great impetus and enthusiasm within the EMS community for community paramedicine pilot programs here in Connecticut. Such programs would provide a means for determining whether the availability of community paramedicine services can impact in a meaningful way hospital readmission rates and effectively address other identified community health care needs. But the current statutory and regulatory scheme creates a barrier to the implementation of community paramedicine pilot programs. The proposed legislation would remove that barrier and permit EMS providers to collaborate with their sponsor hospitals to create and seek regulatory approval for community paramedicine pilot programs.

Thank you.

  
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Marc J. Kurzman