

**Testimony Before the Public Health Committee
Regarding Senate Bill 800
March 11, 2015**

Distinguished members of the Public Health Committee:

This testimony is in support of S.B. 800, An Act Concerning a Municipal Pilot Program Allowing Emergency Medical Services Personnel to Provide Community-Based Paramedicine introduced by Sen. Carlo Leone, 27th Dist.

The existing framework for the delivery of emergency medical care, derived in the '60s and '70s, is inadequate to meet the 21st Century needs of patients and the demands of government and private payors. Patients are seeking greater access to limited medical resources and payors are increasingly focused on value, a function of improved health outcomes and reduced costs. Current regulations limit EMS response for scheduled visits, circumscribe the scope of pre-hospital care and dictate transport decisions as well as destinations. A community paramedic pilot program would enable a willing organization the flexibility to meet today's healthcare challenges.

At least sixteen states, including Alabama, California, Colorado, Florida, Illinois, Kentucky, Maine, Minnesota, Missouri, Nebraska, North Carolina, North Dakota, Pennsylvania, Texas, Washington and Wisconsin, have implemented community paramedic programs or are exploring pilot programs. These states have recognized that emergency medical responders, such as EMTs and paramedics, are uniquely positioned through existing resources and training to triage and treat a variety of patients and conditions in non-institutional settings 24 hours a day, 365 days a year. While each community paramedic program is tailored to meet the individualized needs of its catchment area, community paramedic programs across the country have shown their effectiveness by:

- 1. Reducing costs through curtailing unnecessary readmissions or hospitalizations and by navigating patients away from emergency rooms and hospitals to more appropriate and less costly care provided by alternate destinations, such as urgent care clinics, behavioral health facilities and doctors' offices;**
- 2. Increasing access to care by acting as physician extenders through enabling remote consultations, sharing biometric data and performing under established guidelines for patients who are otherwise unable to utilize traditional health care resources due to lack of availability, poverty, illness or limited health literacy; and**
- 3. Improving health outcomes by integrating hospital care with out-of-hospital care through additional patient education, evaluation, treatment and monitoring from in-home follow up.**

An example of a community paramedic pilot program that illustrates these three points is the MedStar Community Health Program, which serves approximately 880,000 people in the greater Fort Worth, Texas area. The program identified 186 individuals who accounted for a disproportionate number of transports and targeted them, among a few other tailored interventions, for home visits by community paramedics in order to reduce unnecessary 911

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calls. According to an Agency for Healthcare Research and Quality analysis,¹ 911 calls from these individuals dropped by 58% over the two year study period. As a result, annual EMS transport costs for enrolled patients fell by more than \$900,000 and other charges fell by more than \$2.8 million. The region's emergency departments estimated an even larger reduction in charges and costs, including a \$9 million reduction in ED charges and as much as an additional 14,000 bed hours of capacity.

Community paramedic programs augment and support patient-centered models of healthcare delivery. They serve to restructure the existing framework to better integrate the hospital setting with the out-of-hospital world, and as a result lead to reduced costs, increased access to care and improved health outcomes. I hope you all will support this bill to empower EMS organizations striving to progress and to reduce health disparities within the state.

Thank you for your consideration.

Respectfully submitted,

A handwritten signature in red ink that reads "Robert G. Canning Jr.".

Rob Canning
Connecticut Licensed Paramedic

¹ AHRQ, *Trained Paramedics Provide Ongoing Support to Frequent 911 Callers, Reducing Use of Ambulance and Emergency Department Services* (Jan. 18, 2012), <https://innovations.ahrq.gov/profiles/trained-paramedics-provide-ongoing-support-frequent-911-callers-reducing-use-ambulance-and>.