



Substitute Senate Bill No. 999

Public Act No. 15-223

**AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S
RECOMMENDATIONS REGARDING EMERGENCY MEDICAL
SERVICES.**

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

Section 1. (NEW) (*Effective October 1, 2015*) A provider, as defined in section 19a-175 of the general statutes, as amended by this act, who holds the highest classification of licensure or certification from the Department of Public Health under chapters 368d and 384d of the general statutes shall be responsible for making decisions concerning patient care on the scene of an emergency medical call. If two or more providers on such scene hold the same licensure or certification classification, the provider for the primary service area responder, as defined in said section, shall be responsible for making such decisions. If all providers on such scene are emergency medical technicians or emergency medical responders, as defined in said section, the emergency medical service organization providing transportation services shall be responsible for making such decisions. A provider on the scene of an emergency medical call who has undertaken decision-making responsibility for patient care shall transfer patient care to a provider with a higher classification of licensure or certification upon such provider's arrival on the scene. All providers with patient care responsibilities on the scene shall ensure such transfer takes place in a

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timely and orderly manner. For purposes of this section, the classification of licensure or certification from highest to lowest is: Paramedic, advanced emergency medical technician, emergency medical technician and emergency medical responder. Nothing in this section shall be construed to limit the authority of a fire chief or fire officer-in-charge under section 7-313e of the general statutes to control and direct emergency activities at the scene of an emergency.

Sec. 2. Subdivision (8) of section 19a-177 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(8) (A) [Not later than October 1, 2001, develop or cause to be developed a data collection system that will follow a patient from initial entry into the emergency medical service system through arrival at the emergency room and, within available appropriations, may expand the data collection system to include clinical treatment and patient outcome data. The commissioner shall, on a quarterly basis, collect the following information] Develop an emergency medical services data collection system. Each emergency medical service organization licensed or certified pursuant to chapter 386d shall submit data to the commissioner, on a quarterly basis, from each licensed ambulance service, certified ambulance service or paramedic intercept service that provides emergency medical services. Such submitted data shall include, but not be limited to: (i) The total number of calls for emergency medical services received by such licensed ambulance service, certified ambulance service or paramedic intercept service through the 9-1-1 system during the reporting period; (ii) each level of emergency medical services, as defined in regulations adopted pursuant to section 19a-179, as amended by this act, required for each such call; (iii) the response time for each licensed ambulance service, certified ambulance service or paramedic intercept service during the reporting period; (iv) the number of passed calls, cancelled calls and

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mutual aid calls, both made and received, during the reporting period; and (v) for the reporting period, the prehospital data for the nonscheduled transport of patients required by regulations adopted pursuant to subdivision (6) of this section. The [information] data required under this subdivision may be submitted in any written or electronic form selected by such licensed ambulance service, certified ambulance service or paramedic intercept service and approved by the commissioner, provided the commissioner shall take into consideration the needs of such licensed ambulance service, certified ambulance service or paramedic intercept service in approving such written or electronic form. The commissioner may conduct an audit of any such licensed ambulance service, certified ambulance service or paramedic intercept service as the commissioner deems necessary in order to verify the accuracy of such reported [information] data.

(B) The commissioner shall prepare a report to the Emergency Medical Services Advisory Board, established pursuant to section 19a-178a, that shall include, but not be limited to, the following [information] data: (i) The total number of calls for emergency medical services received during the reporting year by each licensed ambulance service, certified ambulance service or paramedic intercept service; (ii) the level of emergency medical services required for each such call; (iii) the name of the provider of each such level of emergency medical services furnished during the reporting year; (iv) the response time, by time ranges or fractile response times, for each licensed ambulance service, certified ambulance service or paramedic intercept service, using a common definition of response time, as provided in regulations adopted pursuant to section 19a-179, as amended by this act; and (v) the number of passed calls, cancelled calls and mutual aid calls during the reporting year. The commissioner shall prepare such report in a format that categorizes such [information] data for each municipality in which the emergency medical services were provided, with each such municipality grouped according to urban, suburban

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and rural classifications.

(C) If any licensed ambulance service, certified ambulance service or paramedic intercept service does not submit the [information] data required under subparagraph (A) of this subdivision for a period of six consecutive months, or if the commissioner believes that such licensed ambulance service, certified ambulance service or paramedic intercept service knowingly or intentionally submitted incomplete or false [information] data, the commissioner shall issue a written order directing such licensed ambulance service, certified ambulance service or paramedic intercept service to comply with the provisions of subparagraph (A) of this subdivision and submit all missing [information] data or such corrected [information] data as the commissioner may require. If such licensed ambulance service, certified ambulance service or paramedic intercept service fails to fully comply with such order not later than three months from the date such order is issued, the commissioner (i) shall conduct a hearing, in accordance with chapter 54, at which such licensed ambulance service, certified ambulance service or paramedic intercept service shall be required to show cause why the primary service area assignment of such licensed ambulance service, certified ambulance service or paramedic intercept service should not be revoked, and (ii) may take such disciplinary action under section 19a-17 as the commissioner deems appropriate.

(D) The commissioner shall collect the [information] data required by subparagraph (A) of this subdivision, in the manner provided in said subparagraph, from [each person or] each emergency medical service organization licensed or certified [under section 19a-180 that provides emergency medical services] pursuant to chapter 386d. Any such emergency medical service organization that fails to comply with the provisions of this section shall be liable for a civil penalty not to exceed one hundred dollars per day for each failure to report the

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required data regarding emergency medical services provided to a patient, as determined by the commissioner. The civil penalties set forth in this subparagraph shall be assessed only after the department provides a written notice of deficiency and the organization is afforded the opportunity to respond to such notice. An organization shall have not more than fifteen business days after the date of receiving such notice to provide a written response to the department. The commissioner may adopt regulations, in accordance with chapter 54, concerning the development, implementation, monitoring and collection of emergency medical service system data. All state agencies licensed or certified as emergency medical service organizations shall be exempt from the civil penalties set forth in this subparagraph;

Sec. 3. Section 19a-175 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

As used in this chapter, unless the context otherwise requires:

(1) "Emergency medical service system" means a system which provides for the arrangement of personnel, facilities and equipment for the efficient, effective and coordinated delivery of health care services under emergency conditions;

(2) "Patient" means an injured, ill [, crippled] or physically handicapped person requiring assistance and transportation;

(3) "Ambulance" means a motor vehicle specifically designed to carry patients;

(4) "Ambulance service" means an organization which transports patients;

(5) "Emergency medical technician" means a person who is certified pursuant to [this] chapter 384d;

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(6) "Ambulance driver" means a person whose primary function is driving an ambulance;

(7) "Emergency medical services instructor" means a person who is certified pursuant to [this] chapter 384d;

(8) "Communications facility" means any facility housing the personnel and equipment for handling the emergency communications needs of a particular geographic area;

(9) "Life saving equipment" means equipment used by emergency medical personnel for the stabilization and treatment of patients;

(10) "Emergency medical service organization" means any organization whether public, private or voluntary that offers transportation or treatment services to patients primarily under emergency conditions;

(11) "Invalid coach" means a vehicle used exclusively for the transportation of nonambulatory patients, who are not confined to stretchers, to or from either a medical facility or the patient's home in nonemergency situations or utilized in emergency situations as a backup vehicle when insufficient emergency vehicles exist;

(12) "Rescue service" means any organization, whether for-profit or nonprofit, whose primary purpose is to search for persons who have become lost or to render emergency service to persons who are in dangerous or perilous circumstances;

(13) "Provider" means any person, corporation or organization, whether profit or nonprofit, whose primary purpose is to deliver medical care or services, including such related medical care services as ambulance transportation;

(14) "Commissioner" means the Commissioner of Public Health;

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(15) "Paramedic" means a person licensed pursuant to [section 20-206ll] chapter 384d;

(16) "Commercial ambulance service" means an ambulance service which primarily operates for profit;

(17) "Licensed ambulance service" means a commercial ambulance service or a volunteer or municipal ambulance service issued a license by the commissioner;

(18) "Certified ambulance service" means a municipal, volunteer or nonprofit ambulance service issued a certificate by the commissioner;

(19) "Automatic external defibrillator" means a device that: (A) Is used to administer an electric shock through the chest wall to the heart; (B) contains internal decision-making electronics, microcomputers or special software that allows it to interpret physiologic signals, make medical diagnosis and, if necessary, apply therapy; (C) guides the user through the process of using the device by audible or visual prompts; and (D) does not require the user to employ any discretion or judgment in its use;

(20) "Mutual aid call" means a call for emergency medical services that, pursuant to the terms of a written agreement, is responded to by a secondary or alternate emergency medical services provider if the primary or designated emergency medical services provider is unable to respond because such primary or designated provider is responding to another call for emergency medical services or the ambulance or nontransport emergency vehicle operated by such primary or designated provider is out of service. For purposes of this subdivision, "nontransport emergency vehicle" means a vehicle used by emergency medical technicians or paramedics in responding to emergency calls that is not used to carry patients;

(21) "Municipality" means the legislative body of a municipality or

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the board of selectmen in the case of a municipality in which the legislative body is a town meeting;

(22) "Primary service area" means a specific geographic area to which one designated emergency medical services provider is assigned for each category of emergency medical response services;

(23) "Primary service area responder" means an emergency medical services provider who is designated to respond to a victim of sudden illness or injury in a primary service area;

(24) "Interfacility critical care transport" means the interfacility transport of a patient between licensed health care institutions;

(25) "Advanced emergency medical technician" means an individual who is certified as an advanced emergency medical technician [by the Department of Public Health] pursuant to chapter 384d;

(26) "Emergency medical responder" means an individual who is certified pursuant to [this] chapter 384d;

(27) "Medical oversight" means the active surveillance by physicians of the provision of emergency medical services sufficient for the assessment of overall emergency medical service practice levels, as defined by state-wide protocols;

(28) "Office of Emergency Medical Services" means the office established within the Department of Public Health pursuant to section 19a-178;

(29) "Sponsor hospital" means a hospital that has agreed to maintain staff for the provision of medical oversight, supervision and direction to an emergency medical service organization and its personnel and has been approved for such activity by the Department of Public Health; and

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(30) "Paramedic intercept service" means paramedic treatment services provided by an entity that does not provide the ground ambulance transport.

Sec. 4. Subsection (a) of section 19a-197a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(a) As used in this section, "emergency medical technician" means (1) any class of emergency medical technician certified under regulations adopted pursuant to section [19a-179] 20-206oo, as amended by this act, including, but not limited to, any advanced emergency medical technician, and (2) any paramedic licensed pursuant to section 20-206ll, as amended by this act.

Sec. 5. Section 20-206jj of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

As used in sections 20-206jj to 20-206oo, inclusive, as amended by this act: ["paramedicine"]

(1) "Advanced emergency medical technician" means an individual who is certified as an advanced emergency medical technician by the Department of Public Health;

(2) "Commissioner" means the Commissioner of Public Health;

(3) "Emergency medical services instructor" means a person who is certified under the provisions of section 20-206ll, as amended by this act, or 20-206mm, as amended by this act, by the Department of Public Health to teach courses, the completion of which is required in order to become an emergency medical technician;

(4) "Emergency medical responder" means an individual who is certified to practice as an emergency medical responder under the

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provisions of section 20-206ll, as amended by this act, or 20-206mm, as amended by this act;

(5) "Emergency medical services personnel" means an individual certified to practice as an emergency medical responder, emergency medical technician, advanced emergency medical technician, emergency medical services instructor or an individual licensed as a paramedic;

(6) "Emergency medical technician" means a person who is certified to practice as an emergency medical technician under the provisions of section 20-206ll, as amended by this act, or 20-206mm, as amended by this act;

(7) "Office of Emergency Medical Services" means the office established within the Department of Public Health pursuant to section 19a-178;

(8) "Paramedicine" means the carrying out of [(1)] (A) all phases of cardiopulmonary resuscitation and defibrillation, [(2)] (B) the administration of drugs and intravenous solutions under written or oral authorization from a licensed physician, and [(3)] (C) the administration of controlled substances, as defined in section 21a-240, in accordance with written protocols or standing orders of a licensed physician; [.] and

(9) "Paramedic" means a person licensed to practice as a paramedic under the provisions of section 20-206ll, as amended by this act.

Sec. 6. Section 20-206kk of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(a) Except as provided in subsection (c) of this section, no person shall practice paramedicine unless licensed as a paramedic pursuant to section 20-206ll, as amended by this act, or 20-206mm, as amended by

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this act.

(b) No person shall use the title "paramedic", "emergency medical responder", "emergency medical technician", "advanced emergency medical technician" or "emergency medical services instructor" or make use of any title, words, letters or abbreviations that may reasonably be confused with licensure as a paramedic or certification as an emergency medical responder, emergency medical technician, advanced emergency medical technician, or emergency medical services instructor unless licensed or certified pursuant to section 20-206ll, as amended by this act, or 20-206mm, as amended by this act.

(c) No license as a paramedic or certificate as an emergency medical responder, emergency medical technician, advanced emergency medical technician or emergency medical services instructor shall be required of (1) a person performing services within the scope of practice for which he is licensed or certified by any agency of this state, or (2) a student, intern or trainee pursuing a course of study in [paramedicine] emergency medical services in an accredited institution of education or within an emergency medical services program approved by the commissioner, [as defined in section 19a-175,] provided the activities that would otherwise require a license or certificate as [a paramedic] an emergency medical services provider are performed under supervision and constitute a part of a supervised course of study.

(d) Paramedics who are currently licensed by a state that maintains licensing requirements equal to or higher than those in this state shall be eligible for licensure as a paramedic in this state.

Sec. 7. Section 20-206ll of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(a) The commissioner [, as defined in section 19a-175,] shall issue a

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license as a paramedic to any applicant who furnishes evidence satisfactory to the commissioner that the applicant has met the requirements of section 20-206mm, as amended by this act. The commissioner shall develop and provide application forms. The application fee shall be one hundred fifty dollars.

[(b)] The license may be renewed annually pursuant to section 19a-88 for a fee of one hundred fifty dollars.

(b) The commissioner shall issue a certification as an emergency medical technician, emergency medical services instructor, emergency medical responder or advanced emergency medical technician to any applicant who furnishes evidence satisfactory to the commissioner that the applicant has met the requirements of section 20-206mm, as amended by this act.

Sec. 8. Section 20-206mm of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(a) Except as provided in subsections (b) and (c) of this section, an applicant for a license as a paramedic shall submit evidence satisfactory to the Commissioner of Public Health that the applicant has successfully (1) completed a paramedic training program approved by the commissioner, and (2) passed an examination prescribed by the commissioner.

(b) An applicant for licensure by endorsement shall present evidence satisfactory to the commissioner that the applicant (1) is licensed or certified as a paramedic in another state or jurisdiction whose requirements for practicing in such capacity are substantially similar to or higher than those of this state and that the applicant has no pending disciplinary action or unresolved complaint against him or her, or (2) (A) is currently licensed or certified as a paramedic in good standing in any New England state, New York or New Jersey, (B) has

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completed an initial training program consistent with the National Emergency Medical Services Education Standards, as promulgated by the National Highway Traffic Safety Administration for the paramedic scope of practice model conducted by an organization offering a program that is recognized by the national emergency medical services program accrediting organization, and (C) has no pending disciplinary action or unresolved complaint against him or her.

(c) Any person who is certified as an emergency medical technician-paramedic by the Department of Public Health on October 1, 1997, shall be deemed a licensed paramedic. Any person so deemed shall renew his license pursuant to section 19a-88 for a fee of one hundred fifty dollars.

(d) The commissioner may issue an emergency medical technician certificate, [or] emergency medical responder certificate or advanced emergency medical technician certificate to an applicant who presents evidence satisfactory to the commissioner that the applicant (1) is currently certified as an emergency medical technician, [or] emergency medical responder, or advanced emergency medical technician in good standing in any New England state, New York or New Jersey, (2) has completed an initial training program consistent with the National Emergency Medical Services Education Standards, as promulgated by the National Highway Traffic Safety Administration for the emergency medical technician, [or] emergency medical responder curriculum, or advanced emergency medical technician, and (3) has no pending disciplinary action or unresolved complaint against him or her.

(e) An emergency medical responder, emergency medical technician, advanced emergency medical technician or emergency medical services instructor shall be recertified every three years. For the purpose of maintaining an acceptable level of proficiency, each emergency medical technician who is recertified for a three-year period shall complete thirty hours of refresher training approved by

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the commissioner or meet such other requirements as may be prescribed by the commissioner. The refresher training or other requirements shall include, but not be limited to, training in Alzheimer's disease and dementia symptoms and care.

[(e)] (f) The commissioner may issue a temporary emergency medical technician certificate to an applicant who presents evidence satisfactory to the commissioner that (1) the applicant was certified by the department as an emergency medical technician prior to becoming licensed as a paramedic pursuant to section 20-206ll, as amended by this act, or (2) the applicant's certification as an emergency medical technician has expired and the applicant's license as a paramedic has become void pursuant to section 19a-88. Such temporary certificate shall be valid for a period not to exceed one year and shall not be renewable.

[(f)] (g) An applicant who is issued a temporary emergency medical technician certificate pursuant to subsection [(e)] (f) of this section may, prior to the expiration of such temporary certificate, apply to the department for: (1) Renewal of such person's paramedic license, giving such person's name in full, such person's residence and business address and such other information as the department requests, provided the application for license renewal is accompanied by evidence satisfactory to the commissioner that the applicant was under the medical oversight of a sponsor hospital, as those terms are defined in section 19a-175, as amended by this act, on the date the applicant's paramedic license became void for nonrenewal; or (2) recertification as an emergency medical technician, provided the application for recertification is accompanied by evidence satisfactory to the commissioner that the applicant completed emergency medical technician refresher training approved by the commissioner not later than one year after issuance of the temporary emergency medical technician certificate. The department shall recertify such person as an

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emergency medical technician without the examination required for initial certification specified in regulations adopted by the commissioner pursuant to section 20-206oo, as amended by this act.

[(g)] (h) The commissioner may issue an emergency medical responder, emergency medical technician or advanced emergency medical technician certificate to an applicant for certification by endorsement who presents evidence satisfactory to the commissioner that the applicant (1) is currently certified as an emergency medical responder, emergency medical technician or advanced emergency medical technician in good standing by a state that maintains licensing requirements that the commissioner determines are equal to, or greater than, those in this state, (2) has completed an initial department-approved emergency medical responder, emergency medical technician or advanced emergency medical technician training program that includes written and practical examinations at the completion of the course, or a program outside the state that adheres to national education standards for the emergency medical responder, emergency medical technician or advanced emergency medical technician scope of practice and that includes an examination, and (3) has no pending disciplinary action or unresolved complaint against him or her.

[(h)] (i) The commissioner may issue an emergency medical services instructor certificate to an applicant who presents (1) evidence satisfactory to the commissioner that the applicant is currently certified as an emergency medical technician in good standing, (2) documentation satisfactory to the commissioner, with reference to national education standards, regarding qualifications as an emergency medical service instructor, (3) a letter of endorsement signed by two instructors holding current emergency medical service instructor certification, (4) documentation of having completed written and practical examinations as prescribed by the commissioner, and (5)

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evidence satisfactory to the commissioner that the applicant has no pending disciplinary action or unresolved complaints against him or her.

(j) Any person certified as an emergency medical responder, emergency medical technician, advanced emergency medical technician or emergency medical services instructor pursuant to this chapter and the regulations adopted pursuant to section 20-20600, as amended by this act, whose certification has expired may apply to the Department of Public Health for reinstatement of such certification as follows: (1) If such certification expired one year or less from the date of the application for reinstatement, such person shall complete the requirements for recertification specified in regulations adopted pursuant to section 20-20600, as amended by this act; (2) if such recertification expired more than one year but less than three years from the date of application for reinstatement, such person shall complete the training required for recertification and the examination required for initial certification specified in regulations adopted pursuant to section 20-20600, as amended by this act; or (3) if such certification expired three or more years from the date of application for reinstatement, such person shall complete the requirements for initial certification set forth in this section. Any certificate issued pursuant to this section shall remain valid for ninety days after the expiration date of such certificate and become void upon the expiration of such ninety-day period.

[(i)] (k) The Commissioner of Public Health shall issue an emergency medical technician certification to an applicant who is a member of the armed forces or the National Guard or a veteran and who (1) presents evidence satisfactory to the commissioner that such applicant holds a current certification as a person entitled to perform similar services under a different designation by the National Registry of Emergency Medical Technicians, or (2) satisfies the regulations

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promulgated pursuant to subdivision (4) of subsection (a) of section 19a-179. Such applicant shall be exempt from any written or practical examination requirement for certification.

[(j)] (l) For the purposes of this section, "veteran" means any person who was discharged or released under conditions other than dishonorable from active service in the armed forces and "armed forces" has the same meaning as provided in section 27-103.

Sec. 9. Section 20-206nn of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

The Commissioner of Public Health may take any disciplinary action set forth in section 19a-17 against a paramedic, emergency medical technician, emergency medical responder, advanced emergency medical technician or emergency medical services instructor for any of the following reasons: (1) Failure to conform to the accepted standards of the profession; (2) conviction of a felony, in accordance with the provisions of section 46a-80; (3) fraud or deceit in obtaining or seeking reinstatement of a license to practice paramedicine or a certificate to practice as an emergency medical technician, emergency medical responder, advanced emergency medical technician or emergency medical services instructor; (4) fraud or deceit in the practice of paramedicine, the provision of emergency medical services or the provision of emergency medical services education; (5) negligent, incompetent or wrongful conduct in professional activities; (6) physical, mental or emotional illness or disorder resulting in an inability to conform to the accepted standards of the profession; (7) alcohol or substance abuse; or (8) wilful falsification of entries in any hospital, patient or other health record. The commissioner may take any such disciplinary action against [a paramedic] emergency medical services personnel for violation of any provision of section [20-206jj] 20-206mm, as amended by this act, or any regulations adopted pursuant to section 20-206oo, as amended by

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this act. The commissioner may order a license or certificate holder to submit to a reasonable physical or mental examination if his or her physical or mental capacity to practice safely is the subject of an investigation. The commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17. The commissioner shall give notice and an opportunity to be heard on any contemplated action under said section 19a-17.

Sec. 10. Section 20-206oo of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(a) The Commissioner of Public Health may adopt regulations in accordance with the provisions of chapter 54 to carry out the provisions of subdivision (24) of subsection (c) of section 19a-14, subsection (e) of section 19a-88, [subdivision (15) of section 19a-175,] subsection (b) of section 20-9, subsection (c) of section 20-195c, sections 20-195aa to 20-195ff, inclusive, and sections 20-206jj to 20-206oo, inclusive, as amended by this act.

(b) The commissioner may adopt regulations in accordance with the provisions of chapter 54 to (1) provide for state-wide standardization of certification for each class of emergency medical services personnel, including, but not limited to, (A) emergency medical technicians, (B) emergency medical services instructors, (C) emergency medical responders, and (D) advanced emergency medical technicians, (2) allow course work for such certification to be taken state-wide, and (3) allow persons so certified to perform work within their scope of certification state wide. Such regulations shall include methods and conditions for the issuance, renewal and reinstatement of certification or recertification of emergency medical technicians, emergency medical services instructors, emergency medical responders and advanced emergency medical technicians.

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Sec. 11. Section 19a-179a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

[(a)] Notwithstanding any provision of the general statutes or any regulation adopted pursuant to this chapter, the scope of practice of any person certified or licensed as an emergency medical responder, emergency medical technician, advanced emergency medical technician, emergency medical services instructor or a paramedic under regulations adopted pursuant to this section may include treatment modalities not specified in the regulations of Connecticut state agencies, provided such treatment modalities are (1) approved by the Connecticut Emergency Medical Services Medical Advisory Committee established pursuant to section 19a-178a and the Commissioner of Public Health, and (2) administered at the medical oversight and direction of a sponsor hospital.

[(b) The Commissioner of Public Health shall adopt regulations, in accordance with chapter 54, concerning the methods and conditions for the issuance, renewal and reinstatement of licensure and certification or recertification of emergency medical responders, emergency medical technicians and emergency medical services instructors.]

Sec. 12. Subdivision (1) of subsection (a) of section 19a-88b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(a) (1) Notwithstanding section 19a-14 or any other provision of the general statutes relating to continuing education or refresher training, the Department of Public Health shall renew a license, certificate, permit or registration issued to an individual pursuant to chapters 368d, 368v, 371 to 378, inclusive, 379a to 388, inclusive, 393a, 395, 398, 399, 400a and 400c that becomes void pursuant to section 19a-88 [or 19a-195b] while the holder of the license, certificate, permit or

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registration is on active duty in the armed forces of the United States, or such holder is a member of the National Guard ordered out by the Governor for military service, not later than one year from the date of discharge from active duty or ordered military service, upon completion of any continuing education or refresher training required to renew a license, certificate, registration or permit that has not become void pursuant to section 19a-88, [or 19a-195b.] A licensee applying for license renewal pursuant to this subdivision shall submit an application on a form prescribed by the department and other such documentation as may be required by the department.

Sec. 13. Sections 19a-195a and 19a-195b of the general statutes are repealed. (*Effective October 1, 2015*)

Approved July 6, 2015