



# Old Mystic Fire Department

## Reliance Fire Company No.1

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March 10, 2015

Public Health Committee  
Connecticut State Legislative Office Building  
300 Capitol Ave  
Hartford, CT 06106

Committee members:

I am writing to you in support of HB 5911, an act restructuring the Emergency Medical Services Advisory Board. I have been in the emergency services field both Fire and EMS for 39 years, the last 21 as the Career Fire Chief in the Old Mystic Fire Department. I hold a Masters Degree in Leadership, and served as a past President of the Connecticut Fire Chiefs Association (2011).

I have always been a huge supporter of good, effective emergency medical care for the public, and in my opinion, an advisory board (for any organization) consisting of 41 members is just plain non-productive. I have been an Emergency Medical Technician since 1980, and have become more and more frustrated with the red tape and mountains we must overcome to provide simple initial and refresher programs for the first responders in the state of Connecticut. I have attached two documents from the Connecticut Fire Chiefs Association (Position Statement and Justification for reducing the size of the Advisory Board). I fully support both documents.

Your goals in this state should be to provide quality pre-hospital care to all citizens in need at the same level throughout the state (one state wide protocol, not dependant on local regional councils as is the standard currently). I am asking that you, as a committee member, ask yourself, if I'm in need of pre-hospital emergency care, would I expect the same level no matter what area of the state I live in?

Thank you for your service to the citizens in this state and your attention to the importance of HB 5911.

Respectfully,

A handwritten signature in blue ink that reads "Kenneth W. Richards, Jr." with a large, sweeping flourish at the end.

Kenneth W. Richards, Jr.  
Fire Chief / Fire Marshal



# Connecticut Fire Chiefs Association



**Position Statement: Support for HB 5911 Issued March 9, 2015  
An Act Restructuring the Emergency Medical Services Advisory Board**

## Reasons to Restructure the Emergency Medical Services Advisory Board

1. The EMSAB is comprised of 41 members.
  - Only twice during the year 2014 did the EMSAB have more 50% membership attendance.
  - The EMSAB has consistently failed to comply with the provisions contained in their own bylaws related to sending letters to members who are absent from meetings and notifying their appointing authorities. DPH has no record that any letters have been sent out by the EMSAB.
2. CGS Sec. 19a-178a (e) states that "*The advisory board shall make an annual report to the commissioner.*" The EMSAB has failed comply with this statute for at least the last 5 years.
3. There is no evidence that the EMSAB has ever clearly articulated a vision for EMS in the State of Connecticut. This includes how it plans to ensure Connecticut meets the National Scope of Practice, or a process for improvement of the system. The NHTSA review of EMS in Connecticut provided guidance for the system, however if any of the recommendations have been addressed, it is not apparent to the end users of the system.
4. The Board does not appear to have an understanding of budgeting and/or the municipal budget process. They have recommended implementation of several changes to scope of practice or requirements for equipment at times of the year after budget are already set or spent. With much of the state having a municipal component to their EMS delivery system, this is problematic. At best, it shows a strong disconnect between the Board and the outside world.
5. The EMSAB has not made significant progress to unifying the State's EMS system under one (1!) set of universal protocols.
6. While they champion the importance of the regional councils, the EMSAB has yet to provide any data that quantifies their usefulness or purpose. Eliminating the 5 Regions would allow DPH to streamline protocols, initiatives and programs statewide.
7. The EMSAB is positioned to champion EMS at the legislative level; yet, the EMSAB has proposed very few bills to improve EMS in Connecticut and does not consistently submit testimony advocating for or against bills that will affect EMS in Connecticut.

## Proposed Improvements

1. Repeal sections of the relevant regulations that create the 5 regional councils, as they are an unnecessary level of bureaucracy on providers on EMS Providers.
  - Connecticut is small. We do not need 5 separate regional councils to coordinate EMS.
  - There is great disparity between the activities of the 5 Regional Councils.
  - Eliminating the 5 Regions would allow DPH to streamline protocols, initiatives and programs, assuring that all state residents receive the same level of EMS care.
2. Right-sizing the EMSAB will breathe new life into Connecticut's EMS System. This board should be charged with establishing a vision and an associated strategic plan for Connecticut's EMS System with specific, articulated benchmarks, deliverables, and deadlines.

## For additional information:

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# Connecticut Fire Chiefs Association



## Justification for Reducing the Size of the Connecticut Emergency Medical Services Advisory Board

Issued March 9, 2015

*This a snap shot of the justification for reducing the size of the EMSAB. It is not a comprehensive list.*

1. The EMSAB is not effective at communicating with the stakeholders. Meeting dates, agendas, minutes, topics of discussion and action items are not widely shared.
2. There is no evidence that the EMSAB has ever clearly articulated a vision for EMS in the State of Connecticut. This includes how it plans to ensure Connecticut meets the National Scope of Practice, or a process for improvement of the system. The NHTSA review of EMS in Connecticut provided guidance for the system, however if any of the recommendations have been addressed, it is not apparent to the end users of the system.
3. The EMSAB fails, in several areas, to comply with their statutory mandate. This includes, but is not limited to, reporting requirements to the Commissioner, and even following their own rules for committee work and action. As such, there is no evidence of any specific accomplishments, programs or other achieved benchmarks by the EMSAB that can be referenced.
4. From a public policy perspective, the bloated size of the group makes it unwieldy and slows forward momentum. The fact that on average, less than 50% of the members attends the meetings is dismal.
5. The Board does not appear to have an understanding of budgeting and/or the municipal budget process. They have recommended implementation of several changes to scope of practice or requirements for equipment at times of the year after budget are already set or spent. With much of the state having a municipal component to their EMS delivery system, this is problematic. At best, it shows a strong disconnect between the Board and the outside world.
6. The EMSAB has not made significant progress to unifying the State's EMS system under one (1!) set of universal protocols.
7. While they champion the importance of the regional councils, the EMSAB have yet to provide any data that quantifies their usefulness or purpose. Eliminating the 5 Regions would allow DPH to streamline protocols, initiatives and programs statewide.
8. The EMSAB is positioned to champion EMS at the legislative level; yet, the EMSAB has proposed very few bills to improve EMS in Connecticut and does not consistently submit testimony advocating for or against bills that will affect EMS in Connecticut.
9. The EMSAB is slow in moving initiatives forward. The SMART Triage System and SMR (spell this out) are just two examples of when EMSAB failed to deliver protocols and / or training programs in a timely manner.
10. If the users of the EMS system thought the EMSAB was efficient and effective, we wouldn't be calling for change (CFCA is but one group of users). That those who are leading the group cannot see its deficiencies is very telling.

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