

Senator Gerratana, Representative Ritter, and members of the Public health committee, thank you for the opportunity to provide testimony today. I am Dr. Kyle McClaine, and have been a practicing Emergency Medicine Physician at Backus Hospital in Norwich for the past 15 years. I have been the the EMS Medical Director for the past 10 years, and am responsible for the Medical oversight of over 600 first responders, EMT's, and Paramedics. In addition, I am the Regional EMS Medical Director for the Eastern part of Connecticut (Region 4), and am currently in my second year as the CT EMS Medical Advisory Committee Co Chairman.

I am here today to offer you testimony for Bills 5911 and 6658.

6658:

One strength of the CT EMS system is that it allows Medical Oversight the ability to decide how best to tailor EMS practice to local need. In terms of the ability vs requirement for any level of EMS provider to carry or be trained for a specific intervention, this should not be specifically legislated. Keeping this ability fluid, and not written as static in State Law, is important, as the best evidence-based medical practice requires real time input and modification.

In some areas of the state, a requirement to carry and be trained to administer Naloxone or NTG would be redundant, never used, with expensive medications potentially being wasted and thrown away. There are already shortages and price increases of Naloxone, and a greater need for it outside of the EMS system. All levels of EMS providers are eligible for Naloxone training and utilization, when seen necessary by local Medical Direction. In addition, any service that feels a need to provide a level of intervention, that it is not currently authorized to do so, has opportunity to voice the potential for change through a well established process that involves Local Medical Direction, Regional Medical Advisory Committee, CEMSMAC, the EMS Advisory board, and the DPH.

I want to voice strong concern regarding 6658 as I believe it will undermine the current process for medical oversight as well as potentially misappropriate training and resources in an already overtaxed EMS System.

5911:

1. As co-chairman of CEMSMAC, a standing sub-committee of the EMSAB, I can say that I attend 100% of the monthly meetings, and see very active participation and countless dedicated people on several committees of the Board. The original design of the CT EMS Advisory Board is inclusive of well thought out stakeholders in EMS operations in CT.

2. The current group of active participants do make important statewide contributions to EMS every year.
3. The board should always seek to become as efficient as possible, should look at attendance enforcement, should streamline where it can. From what I see, any reduction in the size of the board on paper only reduces the opportunity for stakeholders to participate, gives fewer parties a place at the table. A consequence of diminishing the size of the EMSAB however, could result in additional stakeholders that are not informed or included.
4. The board does communicate recommendations to the State regularly. It may be important to consider that the process of implementing change in the EMS System in CT is effected not only by EMSAB performance/action but includes the time needed for the State to act on the recommendations of the Board, seek final approval from the commissioner, develop educational initiatives, etc.
5. I do not feel that legislation intending to restructure the board is needed at this time for a very important reason. I am here to testify before you not because the boards own internal system for change has failed, reached an impasse, omitted a key stakeholder, refused to place a concern on the agenda, etc. I want to point out to the committee that the group who is so vehemently supporting this legislation has not provided a representative at the EMSAB for several years until Chief Steve Pendl from Cromwell joined the board in September of 2014. Since that time, I feel that the lines of communication are now being opened, and see no reason why the Fire Chiefs representation cannot use the exact design of the board to impact positive changes. I can say this with confidence, as I have able to do so myself as the CEMSMAC representative to the board.

Thank you very much for your time and consideration. I welcome the opportunity to answer any questions you may have, and am available to return to speak with you in person or in writing upon request.

Sincerely,

Kyle B McClaine, MD, FACEP

Co-Chairman, Connecticut EMS Medical Advisory Committee