

TESTIMONY

Delivered by Tracy Wodatch, VP of Clinical and Regulatory Services
The Connecticut Association for Healthcare at Home

**Public Health Committee
Public Hearing
Wednesday March 11, 2015**

OPPOSE: S.B. 800: *An Act Concerning A Municipal Pilot Program Allowing Emergency Medical Services Personnel To Provide Community-Based Paramedicine.*

Senator Gerratana, Representative Ritter and honorable members of the Public Health Committee, my name is Tracy Wodatch, Vice President of Clinical and Regulatory Services at the Connecticut Association for Healthcare at Home. I am also an RN with over 30 years experience in home health, hospice, long term and acute care.

The Association is the united voice for licensed home health and hospice agencies that foster cost-effective, person-centered healthcare for the residents living in all 169 CT municipalities. Our agencies provide care in the setting people prefer most – their own homes.

We **oppose SB 800**: AAC a Municipal Pilot Program Allowing Emergency Medical Services Personnel to Provider Community-Based Paramedicine. This bill proposes a pilot to identify gaps and potential areas in need of improvement in local health care delivery. While we do need to identify these gaps and possible solutions, a pilot is pre-mature as we haven't gathered any specific data yet to support the need for a pilot.

In the past three years, Community Paramedicine or the more contemporary term, Mobile Integrated Healthcare (MIH) has been a buzz term that many CT providers have been trying to grasp. There have been several small group discussions as well as a statewide DPH program to review MIH initiatives from other states and determine applicability to CT.

Our Association has been working more recently with the CT Ambulance Providers' Association with a goal similar to the purpose of this bill but less formal—besides identifying gaps and possible solutions within healthcare delivery, we are also interested in determining ways to provide better care experiences in the right setting for the right cost. Our plan for late spring/early summer is to set up a group of key stakeholders (hospital, nursing homes, physicians, ambulance providers, home health, hospice, etc) to begin gathering the data needed to determine next steps.

Here's what we do know generally:

- There are unnecessary ambulance transports to hospitals and we know there are regulatory requirements mandating these transports.
- Not all individuals in the community receive proper healthcare support (e.g, many need referrals to home health and other services) which is why they tend to use the universal "911" call.
- People on hospice services and their loved ones sometimes panic and call "911" instead of the hospice nurse.
- First responders are exactly that...they may be the "first" to go into the homes of many unsafe individuals in need of significant healthcare and support.
- There are many providers (such as home health and hospice) already in place to manage the care needs once identified.

While we don't have the solutions to these gaps as listed, we are ready to sit down as a collective group of experts to support these gaps with data and begin to develop potential solutions. Please allow this less formal process before passing legislation mandating a pilot.

Thank you and I'm happy to answer any questions.

Tracy Wodatch