ACTS PASSED IN 2015 AND 2016 AFFECTING EMERGENCY MEDICAL SERVICE PERSONNEL AND FIREFIGHTERS

2016-R-0165

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August 31, 2016
NOTICE TO READERS

This report summarizes laws passed during the 2015 and 2016 regular and special sessions affecting emergency medical service personnel and firefighters. In each summary, we indicate the public act (PA) number. We do not include vetoed public acts, unless the legislature overrode the governor’s veto.

Not all provisions of the acts are included. Complete summaries of all 2016 Public Acts are available on OLR’s webpage: http://www.cga.ct.gov/olr.

Readers are encouraged to obtain the full text of acts that interest them from the Connecticut State Library, the House Clerk’s Office, or the General Assembly’s website (http://www.cga.ct.gov/default.asp).
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PAYMENTS TO AMBULANCE SERVICES
A law passed in 2015 requires ambulance services to make a good faith effort to determine whether a person has health insurance before attempting to collect payment from the person for services provided.

If they determine that the person is insured, the act prohibits the service from trying to collect payment, other than a coinsurance, copayment, or deductible, from the person for covered medical services before receiving notice from the insurer that it is not paying for the services. If the insurer does not pay for the service or provide notice that it declines to do so within 60 days after receiving the bill, the ambulance service may attempt to collect payment from the person (PA 15-110, effective October 1, 2015).

SICK LEAVE BENEFITS FOR INJURED VOLUNTEER FIREFIGHTERS
A law passed in 2015 generally allows state employees who are active volunteer firefighters to use their available paid sick time to supplement the workers' compensation benefits they receive for injuries suffered while performing volunteer firefighter duties on or after January 1, 2014. The weekly sum of the sick time benefits and any workers' compensation wage replacement benefits the employee receives for the injury cannot exceed the weekly wage replacement benefits for which the employee would be eligible if the injury occurred in the course of his or her state employment.

The new law specifies that the (1) employee's accumulation of sick time cannot affect his or her seniority or pension benefit accrual and (2) act does not preempt or override the terms of any collective bargaining agreement in effect before July 1, 2015 (PA 15-128 effective July 1, 2015).

EMERGENCY MEDICAL SERVICES (EMS) PERSONNEL AUTHORITY
A 2015 law

1. establishes a hierarchy for determining which emergency medical service (EMS) provider is responsible for making patient care decisions at the scene of an emergency call, giving decision-making authority to the provider holding the highest classification of licensure or certification;

2. specifies that these provisions do not limit the authority of the fire officer-in-charge to control and direct emergency activities at the scene;

3. establishes a civil penalty of up to $100 per day for an EMS organization's failure to report data as required, in addition to existing penalties;

4. allows the Department of Public Health (DPH) commissioner to
adopt regulations on the EMS data collection system; and

5. specifies certain exemptions from EMS provider certification, extending an existing exemption from paramedic licensure.

With regard to patient care decisions at emergency scenes, the act establishes a hierarchy for determining which EMS provider is responsible for making patient care decisions at the scene of an emergency medical call. Under the act, the EMS provider holding the highest classification of DPH licensure or certification makes the decisions. The classification order, from highest to lowest, is (1) paramedic, (2) advanced emergency medical technician, (3) emergency medical technician (EMT), and (4) emergency medical responder (EMR).

If multiple providers hold the same licensure or certification, the provider for the primary service area responder makes the decisions. If all providers on the scene are EMTs or EMRs, the EMS organization providing transportation services makes the decisions.

The act requires the provider with decision-making responsibility to transfer patient care on the arrival of a provider with a higher licensure or certification. All providers must ensure that the transfer occurs in a timely and orderly manner.

The act specifies that these provisions do not limit the existing authority of the fire chief or fire officer-in-charge to control and direct emergency activities at the scene. Under CGS § 7-313e, these officials have this authority when responding to a fire, service call, or other emergency in their town (PA 15-223, § 8, effective October 1, 2015).

MANDATED REPORTERS

A 2015 law requires certain professionals (mandated reporters) to notify the Department of Social Services when they reasonably suspect an elderly person (1) has been abused, neglected, abandoned, or exploited or (2) needs protective services. The act adds as mandated reporters the following licensed or certified emergency medical service providers: paramedics; emergency medical responders, technicians, advanced technicians, and technician-paramedics; service instructors; and any of these professionals who are members of a municipal fire department (PA 15-236, effective October 1, 2015).

PRIMARY SERVICE AREA RESPONDERS

A 2015 law allows certain primary service area responders (PSARs) to apply to DPH, on a short form application, to change the address of their principal or branch locations within the primary service area, without necessarily going through the standard hearing process. This applies to licensed or certified volunteer, hospital-based, or municipal ambulance services that are PSARs. By law, a primary service area is
a specific geographic area to which DPH assigns a designated EMS provider for each category of emergency medical response service. These providers are termed PSARs (PA 15-242, § 8, effective October 1, 2015).

EMS CALL VOLUME REPORTS
A 2015 law extends, from July 15 to the last business day of August, the filing deadline for EMS call volume reports.

By law, DPH must establish EMS rates and adopt regulations that establish rate-setting methods. The regulations must specify that ambulance or paramedic intercept services that do not apply for a rate increase in a given year beyond the medical care services consumer price index, or that accept the maximum allowable rates in a voluntary statewide rate schedule, must file certain information. This information includes (1) a statement of call volume and (2) if the service is not applying for an increase, a written declaration that it will not change its approved maximum rates during the rate year (PA 15-242, § 10, effective October 1, 2015).

EMS VEHICLE INSPECTIONS
PA 14-231 made various changes concerning required biennial inspections of EMS vehicles, including (1) allowing the inspections to be performed by state or municipal employees, or Department of Motor Vehicles-licensed motor vehicle repairers or dealers, qualified under federal regulations and (2) requiring the inspections to be conducted in accordance with federal regulations. Under a law passed in 2015, these provisions apply only to ambulances and invalid coaches, not to intercept vehicles staffed by advanced emergency technicians or paramedics. (Generally, these intercepts provide advanced life support.)

In addition to this inspection, the act specifies that all such, invalid coaches, and intercept vehicles must also be inspected by DPH, to verify their compliance with minimum standards for vehicle design and equipment. Also, the DPH commissioner may inspect any rescue vehicle used by an EMS organization, for compliance with minimum equipment standards (PA 15-242, §§ 11 & 12, effective October 1, 2015).

SUPPLEMENTAL FIRST RESPONDER AUTHORIZATION
A 2015 special act allows the public health commissioner to issue a certificate of authorization for a supplemental first responder to an emergency medical services provider who operates only in a municipality with a population of between 105,000 and 115,000 as determined by DPH’s most recent population estimate. The EMS provider must meet the commissioner’s minimum standards in the areas of training, equipment, and emergency medical services personnel and maintain liability insurance of not less than $1 million (SA 15-8, effective upon passage).
ALLOWING CERTAIN YOUNG DRIVERS TO TRANSPORT PASSENGERS WHEN RETURNING FROM EMERGENCIES

The law establishes certain passenger and hour restrictions for 16- and 17-year-old licensed drivers but makes an exception for licensees who are active members of an EMS organization or a volunteer ambulance or fire department when they are responding to an emergency. The act specifies that such 16- and 17-year-olds may transport passengers and drive during restricted hours while returning from, in addition to responding to, emergencies (PA 15-5, June Special Session, § 220, effective upon passage).

COMMUNITY-BASED HEALTH CARE SERVICES STUDY

A 2015 act requires the DSS and DPH commissioners to study the effectiveness of providing community-based health care services in the state. They must submit a preliminary report on the study by February 1, 2016, and a final report by June 1, 2016, to the Human Services and Public Health committees. The study must include at least a review of the need for, and feasibility of, EMS personnel providing home visits to people at a high risk of being frequent, repeat users of the emergency department, to help them manage chronic diseases and adhere to medication plans (PA 15-5, June Special Session, § 359, effective upon passage).

FIREFIGHTERS CANCER RELIEF PROGRAM

A new law creates a wage replacement benefit program for eligible firefighters diagnosed with cancer. Firefighters are eligible for the program as of July 1, 2019. Benefits are limited to two years. The program will be funded through a diversion from the enhanced emergency 9-1-1-program, which is funded through an existing monthly subscriber fee on telephone service. Under the act, “firefighter” includes (1) volunteer and paid firefighters and (2) local fire marshals, fire investigators, fire inspectors, and other classes of inspectors and investigators who meet minimum state qualification standards (PA 16-10, effective February 1, 2017).

EMS PERSONNEL TO BE EQUIPPED WITH OPIOID ANTAGONIST

A new law requires each municipality, by October 1, 2016, to amend its local EMS plan to ensure that the EMS responder (e.g., EMS personnel or resident state trooper) likely to be the first person to arrive on the scene of a medical emergency is equipped with an opioid antagonist and has received DPH-approved training in administering it.

Under the new law, “EMS personnel” includes an individual certified as an emergency medical responder, emergency medical technician, advanced emergency medical
technician, EMS instructor, or paramedic (PA 16-43, § 1, effective upon passage).

**PROPERTY TAX RELIEF**

A new law extends the existing optional municipal property tax relief program for certain non-retired volunteer personnel to specific retired personnel. Retired volunteer firefighters, fire police officers, and emergency medical technicians who volunteered at least 25 years in the municipality are now eligible for the program. The relief may take the form of a tax (1) abatement of up to $1,000 in property taxes due in any fiscal year or (2) exemption applicable to the assessed value of real or personal property up to $1 million, divided by the mill rate (expressed as a whole number per $1,000 of assessed value) at the time of the assessment (PA 16-99, effective July 1, 2016).

**VETERANS' HEALTH RECORDS**

A new law act prohibits certain health care providers and institutions from charging their patients, or the patients' attorneys or authorized representatives, for copies of any medical records necessary to support a claim or appeal relating to any provision authorized under federal or state veterans statutes. A request for records must include documentation of the claim or appeal and the providers and institutions must furnish such records within 30 days of the written request.

The new law applies to licensed health care institutions (e.g., hospitals, nursing homes, and home health care agencies) and various licensed and certified providers (e.g., EMS personnel, physicians, chiropractors, naturopaths, podiatrists, and dentists) (PA 16-109, effective upon passage).

**NEXT GEN. 9-1-1**

A new law requires the Division of State-Wide Emergency Telecommunications (DSET) within the Department of Emergency Services and Public Protection to implement a “next generation 9-1-1 telecommunication system” (“Next Gen. 9-1-1”) as part of the statewide enhanced emergency 9-1-1 program.

DSET must also coordinate and assist in statewide planning for the new system, which must have enhanced 9-1-1 service capabilities and allow users to reach public safety answering points (PSAP) by transmitting text messages, images, or videos. Telephone companies and certain voice over Internet protocol service providers must provide specified features to implement the system.

The act requires (1) municipalities to submit proposals for new PSAPs, and PSAPs to submit proposals for changes to an existing PSAP, to DSET for approval prior to implementation and (2) each PSAP to begin annually certifying to DSET, by January 1, 2017, that the information in the 9-1-1 service utilization plan is accurate.
The act allows DSET to amend the technical and operational standards for private safety answering points that use the E 9-1-1 network. By law, DSET adopts these standards after consulting with private companies, corporations, or institutions. The standards are subject to the E 9-1-1 Commission's review and approval.

The act extends immunity for releasing certain subscriber information or equipment failure to more people in the service providers' companies (PA 16-150, effective October 1, 2016).

“MOVE OVER” LAW EXPANSION

The legislature has expanded the circumstances under which drivers approaching emergency vehicles on a highway must slow down and move over one lane. Previously, drivers had to do so only when a stationary emergency vehicle was located on the shoulder, lane, or breakdown lane of a highway. Under this new law, a driver must also slow down and move over for emergency vehicles traveling significantly below the speed limit (PA 16-151 § 3, effective July 1, 2016).

EMS ADVISORY BOARD

A new law (1) adds the president of each of the five regional EMS councils, or their designees, to the EMS Advisory Board in place of a gubernatorial appointee from each council and (2) requires regional EMS council bylaws to include a process for electing a president (PA 16-185, effective upon passage).

BUILDING AND FIRE CODE ADOPTION PROCESS

A new law changes the process for adopting the state building and fire codes, which are now adopted under the Uniform Administrative Procedure Act (UAPA) (i.e., the act that agencies must follow when adopting regulations). The new law maintains many of UAPA’s essential elements, including (1) notice requirement, (2) a public comment period, and (3) approval by the Legislative Regulation Review Committee. But the committee may waive its review, and if it fails to meet or act on a proposed code or amendment within prescribed deadlines, the code is deemed approved (PA 16-215, effective upon passage).

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