



House of Representatives

General Assembly

File No. 115

January Session, 2017

Substitute House Bill No. 5755

House of Representatives, March 22, 2017

The Committee on Public Health reported through REP. STEINBERG of the 136th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING MUNICIPALITIES' LOCAL EMERGENCY MEDICAL SERVICES PLAN.

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

1 Section 1. Subsection (e) of section 17a-714a of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective*
3 *October 1, 2017*):

4 (e) Not later than October 1, 2016, each municipality shall amend its
5 local emergency medical services plan, as described in section 19a-
6 181b, to ensure that [the emergency responder] at least one emergency
7 medical services provider, as defined in the regulations of Connecticut
8 state agencies pertaining to emergency medical services, who is likely
9 to be the first person to arrive on the scene of a medical emergency in
10 the municipality, including, but not limited to, emergency medical
11 services personnel, as defined in section 20-206jj, or a resident state
12 trooper, [who is likely to be the first person to arrive on the scene of a
13 medical emergency in the municipality] is equipped with an opioid
14 antagonist and such person has received training, approved by the

15 Commissioner of Public Health, in the administration of an opioid
16 [antagonists] antagonist.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2017</i>	17a-714a(e)

PH *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note***State Impact:*** None***Municipal Impact:*** None***Explanation***

There is expected to be no fiscal impact from the bill, which clarifies the minimum number of emergency responders from each municipality that must be equipped and trained to administer opioid antagonists. Municipalities are already required to train and equip a medical responder to administer opioid antagonists. There is expected to be no change, to the extent that towns choose not to exceed the mandated minimum.

The Out Years***State Impact:*** None***Municipal Impact:*** None

OLR Bill Analysis

sHB 5755

AN ACT CONCERNING MUNICIPALITIES' LOCAL EMERGENCY MEDICAL SERVICES PLAN.

SUMMARY

Current law requires that emergency medical services (EMS) providers carry an opioid antagonist and complete a Department of Public Health-approved training on how to administer it if they are likely to arrive first on the scene of a medical emergency. This bill clarifies that the requirement is limited to at least one EMS provider, not all such providers that arrive first on the scene.

Under the bill, "EMS provider" means a person, association, or organization who provides immediate or life-saving transportation and medical care away from a hospital to a victim of sudden illness or injury, and who may also provide invalid coach services. Providers include EMS personnel (e.g., paramedics, emergency medical technicians, and advanced emergency medical technicians) and resident state troopers.

Existing law requires each municipality to amend its local EMS plan to include this requirement.

The bill also makes technical changes.

EFFECTIVE DATE: October 1, 2017

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 26 Nay 0 (03/06/2017)