



# Association of Connecticut Ambulance Providers

Aetna Ambulance :- Ambulance Service of Manchester :- American Ambulance Service  
Campion Ambulance Service :- Hunter's Ambulance Service

## **Testimony of the Association of CT Ambulance Providers**

### ***In Support of***

### **Proposed Bill No. 317, AN ACT CONCERNING COMMUNITY BASED HEALTH CARE SERVICES.**

*Public Health Committee Hearing, February 17, 2017*

Senators Gerratana and Somers, Representative Steinberg and distinguished members of the Public Health Committee: The Association of Connecticut Ambulance Providers (ACAP) appreciates the opportunity to offer testimony on Proposed Bill No. 317, AN ACT CONCERNING COMMUNITY-BASED HEALTH CARE SERVICES.

I am here today representing the Association of Ct Ambulance Provider to speak to you about Sen Leone's Proposed Bill No. 317 and the benefits of Community Paramedicine also known as Mobile Integrated Health. I want to thank Senator Leone for bringing this innovative advance in the delivery of health care to the forefront in Connecticut. Sen Leone originally proposed a bill on Community Paramedicine to this legislative body in SFY 2015 (SB800). With the support and assistance from Sen Gerratana, DSS, DPH and paramedic service providers, new language was crafted mandating a DSS and DPH joint review of and report on the feasibility and advisability of providing community based health services through paramedic services. The language was included in the budget implementer, PA 15-5.

I would like to provide some context on the report recently issued jointly by DSS and DPH. As licensed healthcare providers we looked forward to meeting with DSS and DPH officials along with other health care stakeholders to set the stage for a robust person centered approach to community paramedicine. A single meeting with stakeholders was held in early 2016 where stakeholders discussed various community paramedicine initiatives across the country. While this was a productive a meeting, there were no additional meetings, conference calls or discussions between the stakeholders and the agencies regarding the report. On January 13, 2017 DSS and DPH issued their report

With the report delayed, as an association of EMS providers we began an ongoing dialogue with CT Hospital Association officials, the CT Association for Health Care at Home officials and the EMS advisory board. In our conference calls we have discussed various community paramedic options that have been implemented throughout the country and how we can work together. This is a cooperative and collegial effort to identify what is doable in the short term and how we can work together going forward. This collaboration is a grass roots initiative that seeks to address the triple aim of the Institute for Healthcare Improvement:

- Better Care for Individuals
- Better Health for Populations
- Lower Per Capita Costs

Community paramedicine services can enhance the quality of care and outcomes for patients, avoid costly care in inappropriate settings and deliver care that is truly person centered. At last count, 30 states have successfully implemented some version of community paramedicine with program designs that utilize the clinical level of expertise of licensed paramedics acting within their existing scope of practice to deliver care that meets the need of the individuals that live in their communities in both rural and urban settings. Simply put, Community paramedicine works when all stakeholders work in a collaborative fashion for the wellbeing of the patient.

One of the positive recommendations in the DSS DPH report supports moving to a system that allows appropriate alternative destination transports for 911 calls. The report sets out the process for achieving this objective and along with other stakeholders we are committed to move on this initiative.

The report also identifies other positive impact community paramedic initiatives but proffers the opinion that these initiatives are beyond the existing scope of practice for paramedics. We respectfully disagree with their stance. It is our opinion that a Community Paramedicine/Mobile Integrated Health program or pilot can be implemented without changes to scope of practice but to allow paramedics to perform their function in “non emergency” settings. To this end, we are committed to exploring additional community paramedic initiatives with other stakeholders and state agencies and we are committed to identifying issues and potential barriers such as current protocols.

By engaging all current healthcare stakeholders, we are able to look holistically at the manner in which we deliver high quality, lower cost healthcare across the state, assess gaps in the system and develop collaborative strategies to fill the gaps. This process is designed to assure inclusion vs. exclusion, as well as minimizing the duplication of services by evaluating the scope of practice of the existing healthcare provider stakeholders.

If community paramedicine is implemented correctly

.... it does not replace or encroach on health services provided by other providers.

.... it expedites appropriate services delivered in the most appropriate setting.

....it informs and involves the members of the health care provider team that serve the patient.

....it identifies unmet needs of the patients being served and assists in connecting patients to available services.

....it is a value added service which reduces the overall cost of healthcare for patients and payors.

In summary, we appreciate Sen Leone’s proposed legislation and will continue to work with the administration, legislators and other stakeholders to implement cost effective, quality enhanced community paramedicine initiatives for the residents of this state.

Thank you,

*David D. Lowell*

David D. Lowell, President  
[davidl@huntersamb.com](mailto:davidl@huntersamb.com)  
203-537-5111