AN ACT CONCERNING MOBILE INTEGRATED HEALTH CARE.

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

Section 1. Section 19a-175 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

As used in this chapter and sections 2 to 4, inclusive, of this act, unless the context otherwise requires:

(1) "Emergency medical service system" means a system which provides for (A) the arrangement of personnel, facilities and equipment for the efficient, effective and coordinated delivery of health care services under emergency conditions, and (B) mobile integrated health care under nonemergency conditions;

(2) "Patient" means an injured or ill person or a person with a physical disability requiring assistance and transportation;

(3) "Ambulance" means a motor vehicle specifically designed to carry patients;

(4) "Ambulance service" means an organization which transports
patients;

(5) "Emergency medical technician" means a person who is certified pursuant to chapter 384d;

(6) "Ambulance driver" means a person whose primary function is driving an ambulance;

(7) "Emergency medical services instructor" means a person who is certified pursuant to chapter 384d;

(8) "Communications facility" means any facility housing the personnel and equipment for handling the emergency communications needs of a particular geographic area;

(9) "Life saving equipment" means equipment used by emergency medical personnel for the stabilization and treatment of patients;

(10) "Emergency medical service organization" means any organization whether public, private or voluntary that offers transportation or treatment services to patients primarily under emergency conditions or mobile integrated health care under nonemergency conditions;

(11) "Invalid coach" means a vehicle used exclusively for the transportation of nonambulatory patients, who are not confined to stretchers, to or from either a medical facility or the patient's home in nonemergency situations or utilized in emergency situations as a backup vehicle when insufficient emergency vehicles exist;

(12) "Rescue service" means any organization, whether for-profit or nonprofit, whose primary purpose is to search for persons who have become lost or to render emergency service to persons who are in dangerous or perilous circumstances;

(13) "Provider" means any person, corporation or organization, whether profit or nonprofit, whose primary purpose is to deliver
medical care or services, including such related medical care services as ambulance transportation;

(14) "Commissioner" means the Commissioner of Public Health;

(15) "Paramedic" means a person licensed pursuant to chapter 384d;

(16) "Commercial ambulance service" means an ambulance service which primarily operates for profit;

(17) "Licensed ambulance service" means a commercial ambulance service or a volunteer or municipal ambulance service issued a license by the commissioner;

(18) "Certified ambulance service" means a municipal, volunteer or nonprofit ambulance service issued a certificate by the commissioner;

(19) "Automatic external defibrillator" means a device that: (A) Is used to administer an electric shock through the chest wall to the heart; (B) contains internal decision-making electronics, microcomputers or special software that allows it to interpret physiologic signals, make medical diagnosis and, if necessary, apply therapy; (C) guides the user through the process of using the device by audible or visual prompts; and (D) does not require the user to employ any discretion or judgment in its use;

(20) "Mutual aid call" means a call for emergency medical services that, pursuant to the terms of a written agreement, is responded to by a secondary or alternate emergency medical services provider if the primary or designated emergency medical services provider is unable to respond because such primary or designated provider is responding to another call for emergency medical services or the ambulance or nontransport emergency vehicle operated by such primary or designated provider is out of service. For purposes of this subdivision, "nontransport emergency vehicle" means a vehicle used by emergency medical technicians or paramedics in responding to emergency calls that is not used to carry patients;
(21) "Municipality" means the legislative body of a municipality or the board of selectmen in the case of a municipality in which the legislative body is a town meeting;

(22) "Primary service area" means a specific geographic area to which one designated emergency medical services provider is assigned for each category of emergency medical response services;

(23) "Primary service area responder" means an emergency medical services provider who is designated to respond to a victim of sudden illness or injury in a primary service area;

(24) "Interfacility critical care transport" means the interfacility transport of a patient between licensed health care institutions;

(25) "Advanced emergency medical technician" means an individual who is certified as an advanced emergency medical technician pursuant to chapter 384d;

(26) "Emergency medical responder" means an individual who is certified pursuant to chapter 384d;

(27) "Medical oversight" means the active surveillance by physicians of the provision of emergency medical services sufficient for the assessment of overall emergency medical service practice levels, as defined by state-wide protocols;

(28) "Office of Emergency Medical Services" means the office established within the Department of Public Health pursuant to section 19a-178;

(29) "Sponsor hospital" means a hospital that has agreed to maintain staff for the provision of medical oversight, supervision and direction to an emergency medical service organization and its personnel and has been approved for such activity by the Department of Public Health;
(30) "Paramedic intercept service" means paramedic treatment services provided by an entity that does not provide the ground ambulance transport; [and]

(31) "Authorized emergency medical services vehicle" means an ambulance, invalid coach or advanced emergency technician-staffed intercept vehicle or a paramedic-staffed intercept vehicle licensed or certified by the Department of Public Health for purposes of providing emergency medical care to patients;

(32) "Mobile integrated health care" means the provision of clinically appropriate medical evaluations, treatment, transport or referrals to other health care providers by a paramedic acting within the scope of his or her practice as part of an emergency medical services organization within the emergency medical services system in a program established by the commissioner pursuant to section 2 of this act; and

(33) "Alternate destination" means a destination other than an emergency department that is a medically appropriate facility approved by the commissioner.

Sec. 2. (NEW) (Effective July 1, 2019) On or before January 1, 2020, the Commissioner of Public Health shall establish, in consultation with the municipal health authorities and district departments of health, a mobile integrated health care program to enhance health outcomes of patients seeking health care services from an emergency medical service organization under nonemergency conditions. Under the program established by the commissioner, a paramedic shall be permitted to provide mobile integrated health care, including, but not limited to, the monitoring of patient health and provision of disease management education to patients.

Sec. 3. Subdivision (9) of section 19a-177 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):
(9) (A) Establish rates for the conveyance and treatment of patients by licensed ambulance services and invalid coaches and establish emergency service rates for certified ambulance services and paramedic intercept services, provided (i) the present rates established for such services and vehicles shall remain in effect until such time as the commissioner establishes a new rate schedule as provided in this subdivision, and (ii) any rate increase not in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, filed in accordance with subparagraph (B)(iii) of this subdivision shall be deemed approved by the commissioner. For purposes of this subdivision, licensed ambulance service shall not include emergency air transport services.

(B) Adopt regulations, in accordance with the provisions of chapter 54, establishing methods for setting rates and conditions for charging such rates. Such regulations shall include, but not be limited to, provisions requiring that on and after July 1, 2000: (i) Requests for rate increases may be filed no more frequently than once a year, except that, in any case where an agency's schedule of maximum allowable rates falls below that of the Medicare allowable rates for that agency, the commissioner shall immediately amend such schedule so that the rates are at or above the Medicare allowable rates; (ii) only licensed ambulance services, certified ambulance services and paramedic intercept services that apply for a rate increase in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, and do not accept the maximum allowable rates contained in any voluntary state-wide rate schedule established by the commissioner for the rate application year shall be required to file detailed financial information with the commissioner, provided any hearing that the commissioner may hold concerning such application shall be conducted as a contested case in accordance with chapter 54; (iii) licensed ambulance services, certified ambulance services and paramedic intercept services that do not apply for a rate increase in
any year in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, or that accept the maximum allowable rates contained in any voluntary state-wide rate schedule established by the commissioner for the rate application year shall, not later than the last business day in August of such year, file with the commissioner a statement of emergency and nonemergency call volume, and, in the case of a licensed ambulance service, certified ambulance service or paramedic intercept service that is not applying for a rate increase, a written declaration by such licensed ambulance service, certified ambulance service or paramedic intercept service that no change in its currently approved maximum allowable rates will occur for the rate application year; and (iv) detailed financial and operational information filed by licensed ambulance services, certified ambulance services and paramedic intercept services to support a request for a rate increase in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, shall cover the time period pertaining to the most recently completed fiscal year and the rate application year of the licensed ambulance service, certified ambulance service or paramedic intercept service.

(C) Establish rates for licensed ambulance services, certified ambulance services or paramedic intercept services for the following services and conditions: (i) "Advanced life support assessment" and "specialty care transports", which terms have the meanings provided in 42 CFR 414.605; and (ii) mileage, which may include mileage for an ambulance transport when the point of origin and final destination for a transport is within the boundaries of the same municipality. The rates established by the commissioner for each such service or condition shall be equal to (I) the ambulance service's base rate plus its established advanced life support/paramedic surcharge when advanced life support assessment services are performed; (II) two hundred twenty-five per cent of the ambulance service's established base rate for specialty care transports; and (III) "loaded mileage", as the
term is defined in 42 CFR 414.605, multiplied by the ambulance service’s established rate for mileage. Such rates shall remain in effect until such time as the commissioner establishes a new rate schedule as provided in this subdivision.

(D) Establish rates for the treatment and release of patients by licensed paramedics who do not transport such patients to an emergency department and who are operating within their scope of practice in connection with the mobile integrated health care program established by the commissioner pursuant to section 2 of this act and following protocols approved by their sponsor hospital;

Sec. 4. (NEW) (Effective July 1, 2019) (a) A paramedic may transport a patient by ambulance to an alternate destination, in consultation with the medical director of a sponsor hospital, as part of the mobile integrated health care program established pursuant to section 2 of this act.

(b) Any ambulance used for transport to an alternate destination under subsection (a) of this section shall meet the requirements for a basic level ambulance, as prescribed in regulations adopted pursuant to section 19a-179 of the general statutes, including requirements concerning medically necessary supplies and services.

Sec. 5. Subdivision (12) of subsection (a) of section 19a-906 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

(12) "Telehealth provider" means any physician licensed under chapter 370, physical therapist licensed under chapter 376, chiropractor licensed under chapter 372, naturopath licensed under chapter 373, podiatrist licensed under chapter 375, occupational therapist licensed under chapter 376a, optometrist licensed under chapter 380, registered nurse or advanced practice registered nurse licensed under chapter 378, physician assistant licensed under chapter 370, psychologist licensed under chapter 383, marital and family
therapist licensed under chapter 383a, clinical social worker or master
social worker licensed under chapter 383b, alcohol and drug counselor
licensed under chapter 376b, professional counselor licensed under
chapter 383c, dietitian-nutritionist certified under chapter 384b, speech
and language pathologist licensed under chapter 399, respiratory care
practitioner licensed under chapter 381a, audiologist licensed under
chapter 397a, [or] pharmacist licensed under chapter 400j or paramedic
licensed pursuant to chapter 384d, who is providing health care or
other health services through the use of telehealth within such person's
scope of practice and in accordance with the standard of care
applicable to the profession.

This act shall take effect as follows and shall amend the following
sections:

<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
<th>Amendment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>July 1, 2019</td>
<td>19a-175</td>
</tr>
<tr>
<td>Sec. 2</td>
<td>July 1, 2019</td>
<td>New section</td>
</tr>
<tr>
<td>Sec. 3</td>
<td>July 1, 2019</td>
<td>19a-177(9)</td>
</tr>
<tr>
<td>Sec. 4</td>
<td>July 1, 2019</td>
<td>New section</td>
</tr>
<tr>
<td>Sec. 5</td>
<td>July 1, 2019</td>
<td>19a-906(a)(12)</td>
</tr>
</tbody>
</table>

PH Joint Favorable