



AETNA AMBULANCE SERVICE INC.

POST OFFICE BOX 1150
MANCHESTER, CONNECTICUT 06045-1150
PHONE: (860) 247-6792
FAX: (860) 240-7574

WWW.ASM-AETNA.COM
LOCATED AT:
140 VAN BLOCK AVENUE
HARTFORD, CT 06106

Testimony of Robert Mara, EMT Supervisor, Aetna Ambulance Service (Hartford)

In opposition to

SB 66- AN ACT CONCERNING THE NONEMERGENCY TRANSPORTATION OF ELDERLY PERSONS AND PERSONS WITH DISABILITIES CONFINED TO A STRETCHER.

Public Hearing — Department of Transportation February 13, 2019

Senator Leone, Representative Lemar, Senator Martin, Representative Devlin and members of the Transportation Committee, my name is Robert Mara and I am an EMT Supervisor with Aetna Ambulance Service, based in Hartford.

I am here today to testify in **strong opposition to Senate Bill 66- An Act Concerning the Nonemergency Transportation of Elderly Persons and Persons with Disabilities Confined to a Stretcher.**

First and foremost, let me tell you about my background. I have been an EMT since 1996, working for both volunteer and commercial ambulance services. In that capacity, I have made hundreds of ambulance transports of patients who have needed to use a stretcher. I am also presently finishing up my master's degree in business administration with a concentration in Emergency Management.

My primary concern with the legislation is that enabling stretcher vans in the state of Connecticut would jeopardize patient safety for some of the most vulnerable in the state. All EMT's successfully complete a Department of Public Health-approved Emergency Medical Technician (EMT) training program in Connecticut with a minimum of 150 hours (including written and practical examinations). EMT's are also required to re-certify every 2 years with the same level examinations.

The unique task for EMS ambulance care is the physical handling, moving, and care of "out of hospital patients." EMS personnel are required to safely handle the stretcher with or without a patient a minimum of 9 times each leg of a transport. This includes a 9 step process that EMTs are trained in.

All EMS personnel in our state are trained and tested on proper lift methods during entry-level courses. At our two companies, Ambulance Service of Manchester and Aetna Ambulance Service, we have a dedicated training room where all medical personnel (EMT's and Medics) are tested annually by completing both a written and physical exam. While this bill tries to create a similar training, there is no substitute for the training of an EMT which is continual and uses best practices that are updated over time.

Additionally, we dedicate 4 people to transport patients that are over 300 LBS. I think most ambulance companies in the state follow that rule of thumb. There are many obstacles and obstructions encountered in transporting patients, steps, lips in driveways, potholes during all types of weather. All these obstacles increase the possibility for a patient to be dropped and injured during transport.

Given the placement and direction of the stretcher inside the vehicle compartment, the need to have trained medical personnel supervising and ensuring the safety of the patient is crucial for the successful transport of the patient to their destination. When the patient is rear facing, the driver is unable to notice any medical status changes which will put the patient at risk.



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It is not uncommon during a routine transport to have to redirect the ambulance to an emergency department based on patient status changes, i.e., seizures, chest pain, difficulty breathing or psychological concerns such as anxiety. This ensures that all patients, during their most vulnerable state, receive immediate care without delay. Without personal expertly trained care besides the patient monitoring vitals, patient care is undoubtedly compromised. We must remember, these patients are not healthy, they may be debilitated or require continuous medical supervision.

Some have argued that this transportation method is needed to assist a small population of patients for personal reasons, (i.e...To attend a wedding or funeral). Ambulance companies in this State already offer those services throughout the year in charity as part of community service. I'm afraid what they are not considering is that they are jeopardizing the safety of a very **large** population of very frail and sick patients.

This mode of transportation does not fully comprehend the safety or the financial impact to this vulnerable population. As mentioned previously these patients can appear to be in good health when the appointment was scheduled, however their health can go downhill rapidly while being transported. I have been on these calls myself many times and they are daunting, and I am an experienced EMT with many years of experience. How would you expect a person who is not medically trained to handle this type of scare?

Moreover, I am sure everyone on this committee understands the complicated reimbursement rules for medical transport in our State. This is due to the fact that Medicare only recognizes ambulance transport for such patients and offering stretcher van transportation could cost shift to our Medicaid program or to someone personally.

We should entrust the well-being of our citizens with medical professionals who have the appropriate training and continuing education to assist some of the most vulnerable in the state. I want to thank every member on this committee for taking the time and listening to me and I am available to answer any questions.

Robert Mara
EMT/Field Training Supervisor
Aetna Ambulance Service, Inc.
140 Van Block Ave
Hartford, CT 06106
Office [860-247-6792](tel:860-247-6792) ext. 107
Cell [860-883-8793](tel:860-883-8793)
Email: rmara@asm-aetna.com
www.asm-aetna.com