General Assembly  

January Session, 2019  

LCO No. 7907

Amendment

Offered by:

REP. STEINBERG, 136th Dist.
SEN. DAUGHERTY ABRAMS, 13th Dist.

To: House Bill No. 7278  File No. 580  Cal. No. 353

"AN ACT CONCERNING MOBILE INTEGRATED HEALTH CARE."

1 Strike everything after the enacting clause and substitute the following in lieu thereof:

"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 Section 19a-175 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):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, section 3 of this act and sections 19a-177, 19a-180, 19a-193a and 19a-906, as amended by 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;"
(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 corporation or organization whether public, private or voluntary that (A) is licensed or certified by the Department of Public Health's Office of Emergency Medical Services, and (B) offers ambulance transportation or treatment services to patients primarily under emergency conditions or a mobile integrated health care program;

(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 program" means a program approved by the commissioner in which a licensed or certified ambulance service or paramedic intercept service provides services, including clinically appropriate medical evaluations, treatment, transport or referrals to other health care providers under nonemergency conditions 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; and

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

Sec. 2. Section 19a-177 of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

The commissioner shall:

(1) With the advice of the Office of Emergency Medical Services established pursuant to section 19a-178 and of an advisory committee on emergency medical services and with the benefit of meetings held pursuant to subsection (b) of section 19a-184, adopt every five years a
state-wide plan for the coordinated delivery of emergency medical services;

(2) License or certify the following: (A) Ambulance operations, ambulance drivers, emergency medical services personnel [and] communications personnel and mobile integrated health care programs; (B) emergency room facilities and communications facilities; and (C) transportation equipment, including land, sea and air vehicles used for transportation of patients to emergency facilities and periodically inspect life saving equipment, emergency facilities and emergency transportation vehicles to ensure state standards are maintained;

(3) Annually inventory emergency medical services resources within the state, including facilities, equipment, and personnel, for the purposes of determining the need for additional services and the effectiveness of existing services;

(4) Review and evaluate all area-wide plans developed by the emergency medical services councils pursuant to section 19a-182 in order to insure conformity with standards issued by the commissioner;

(5) Not later than thirty days after their receipt, review all grant and contract applications for federal or state funds concerning emergency medical services or related activities for conformity to policy guidelines and forward such application to the appropriate agency, when required;

(6) Establish such minimum standards and adopt such regulations in accordance with the provisions of chapter 54, as may be necessary to develop the following components of an emergency medical service system: (A) Communications, which shall include, but not be limited to, equipment, radio frequencies and operational procedures; (B) transportation services, which shall include, but not be limited to, vehicle type, design, condition and maintenance, and operational procedures; (C) training, which shall include, but not be limited to, emergency medical technicians, communications personnel,
paraprofessionals associated with emergency medical services, firefighters and state and local police; [and] (D) emergency medical service facilities, which shall include, but not be limited to, categorization of emergency departments as to their treatment capabilities and ancillary services; and (E) mobile integrated health care programs, which shall include, but not be limited to, the standards to ensure the health, safety and welfare of the patients being served by such programs and data collection and reporting requirements to ensure and measure quality outcomes of such programs;

(7) Coordinate training of all personnel related to emergency medical services;

(8) (A) Develop an emergency medical services data collection system. Each emergency medical service organization licensed or certified pursuant to chapter 386d shall submit data to the commissioner, on a quarterly basis, from each licensed ambulance service, certified ambulance service or paramedic intercept service that provides emergency medical services. Such submitted data shall include, but not be limited to: (i) The total number of calls for emergency medical services received by such licensed ambulance service, certified ambulance service or paramedic intercept service through the 9-1-1 system during the reporting period; (ii) each level of emergency medical services, as defined in regulations adopted pursuant to section 19a-179, required for each such call; (iii) the response time for each licensed ambulance service, certified ambulance service or paramedic intercept service during the reporting period; (iv) the number of passed calls, cancelled calls and mutual aid calls, both made and received, during the reporting period; and (v) for the reporting period, the prehospital data for the nonscheduled transport of patients required by regulations adopted pursuant to subdivision (6) of this section. The data required under this subdivision may be submitted in any written or electronic form selected by such licensed ambulance service, certified ambulance service or paramedic intercept service and approved by the commissioner, provided the
commissioner shall take into consideration the needs of such licensed ambulance service, certified ambulance service or paramedic intercept service in approving such written or electronic form. The commissioner may conduct an audit of any such licensed ambulance service, certified ambulance service or paramedic intercept service as the commissioner deems necessary in order to verify the accuracy of such reported data.

(B) On or before December 31, 2018, and annually thereafter, the commissioner shall prepare a report to the Emergency Medical Services Advisory Board, established pursuant to section 19a-178a, that shall include, but not be limited to, the following data: (i) The total number of calls for emergency medical services received during the reporting year by each licensed ambulance service, certified ambulance service or paramedic intercept service; (ii) the level of emergency medical services required for each such call; (iii) the name of the provider of each such level of emergency medical services furnished during the reporting year; (iv) the response time, by time ranges or fractile response times, for each licensed ambulance service, certified ambulance service or paramedic intercept service, using a common definition of response time, as provided in regulations adopted pursuant to section 19a-179; and (v) the number of passed calls, cancelled calls and mutual aid calls during the reporting year. The commissioner shall prepare such report in a format that categorizes such data for each municipality in which the emergency medical services were provided, with each such municipality grouped according to urban, suburban and rural classifications.

(C) If any licensed ambulance service, certified ambulance service or paramedic intercept service does not submit the data required under subparagraph (A) of this subdivision for a period of six consecutive months, or if the commissioner believes that such licensed ambulance service, certified ambulance service or paramedic intercept service knowingly or intentionally submitted incomplete or false data, the commissioner shall issue a written order directing such licensed ambulance service, certified ambulance service or paramedic intercept
service to comply with the provisions of subparagraph (A) of this subdivision and submit all missing data or such corrected data as the commissioner may require. If such licensed ambulance service, certified ambulance service or paramedic intercept service fails to fully comply with such order not later than three months from the date such order is issued, the commissioner (i) shall conduct a hearing, in accordance with chapter 54, at which such licensed ambulance service, certified ambulance service or paramedic intercept service shall be required to show cause why the primary service area assignment of such licensed ambulance service, certified ambulance service or paramedic intercept service should not be revoked, and (ii) may take such disciplinary action under section 19a-17 as the commissioner deems appropriate.

(D) The commissioner shall collect the data required by subparagraph (A) of this subdivision, in the manner provided in said subparagraph, from each emergency medical service organization licensed or certified pursuant to this chapter. Any such emergency medical service organization that fails to comply with the provisions of this section shall be liable for a civil penalty not to exceed one hundred dollars per day for each failure to report the required data regarding emergency medical services provided to a patient, as determined by the commissioner. The civil penalties set forth in this subparagraph shall be assessed only after the department provides a written notice of deficiency and the organization is afforded the opportunity to respond to such notice. An organization shall have not more than fifteen business days after the date of receiving such notice to provide a written response to the department. The commissioner may adopt regulations, in accordance with chapter 54, concerning the development, implementation, monitoring and collection of emergency medical service system data. All state agencies licensed or certified as emergency medical service organizations shall be exempt from the civil penalties set forth in this subparagraph;

(E) The commissioner shall, with the recommendation of the Connecticut Emergency Medical Services Advisory Board established
264 pursuant to section 19a-178a, adopt for use in trauma data collection
265 the most recent version of the National Trauma Data Bank's National
266 Trauma Data Standards and Data Dictionary and nationally
267 recognized guidelines for field triage of injured patients.

268 (9) (A) Establish rates for the conveyance and treatment of patients
269 by licensed ambulance services and invalid coaches and establish
270 emergency service rates for certified ambulance services and
271 paramedic intercept services, provided (i) the present rates established
272 for such services and vehicles shall remain in effect until such time as
273 the commissioner establishes a new rate schedule as provided in this
274 subdivision, and (ii) any rate increase not in excess of the Medical Care
275 Services Consumer Price Index, as published by the Bureau of Labor
276 Statistics of the United States Department of Labor, for the prior year,
277 filed in accordance with subparagraph (B)(iii) of this subdivision shall
278 be deemed approved by the commissioner. For purposes of this
279 subdivision, licensed ambulance [service] services and paramedic
280 intercept services shall not include emergency air transport services or
281 mobile integrated health care programs.

282 (B) Adopt regulations, in accordance with the provisions of chapter
283 54, establishing methods for setting rates and conditions for charging
284 such rates. Such regulations shall include, but not be limited to,
285 provisions requiring that on and after July 1, 2000: (i) Requests for rate
286 increases may be filed no more frequently than once a year, except
287 that, in any case where an agency's schedule of maximum allowable
288 rates falls below that of the Medicare allowable rates for that agency,
289 the commissioner shall immediately amend such schedule so that the
290 rates are at or above the Medicare allowable rates; (ii) only licensed
291 ambulance services, certified ambulance services and paramedic
292 intercept services that apply for a rate increase in excess of the Medical
293 Care Services Consumer Price Index, as published by the Bureau of
294 Labor Statistics of the United States Department of Labor, for the prior
295 year, and do not accept the maximum allowable rates contained in any
296 voluntary state-wide rate schedule established by the commissioner for
297 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 a licensed or certified emergency medical services organization or a provider who does not transport such patients to an emergency department and who is operating within the scope of such organization's or provider's practice and following protocols approved by the sponsor hospital. The rates established pursuant to this subparagraph shall not apply to the treatment provided to patients through mobile integrated health care programs;

(10) Research, develop, track and report on appropriate quantifiable outcome measures for the state's emergency medical service system and submit to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a, on or before July 1, 2002, and annually thereafter, a report on the progress toward the development of such outcome measures and, after such outcome measures are developed, an analysis of emergency medical services system outcomes;

(11) Establish primary service areas and assign in writing a primary service area responder for each primary service area. Each state-owned campus having an acute care hospital on the premises shall be designated as the primary service area responder for that campus;

(12) Revoke primary service area assignments upon determination by the commissioner that it is in the best interests of patient care to do
so; and

(13) Annually issue a list of minimum equipment requirements for ambulances and rescue vehicles based upon current national standards. The commissioner shall distribute such list to all emergency medical service organizations and sponsor hospital medical directors and make such list available to other interested stakeholders. Emergency medical service organizations shall have one year from the date of issuance of such list to comply with the minimum equipment requirements.

Sec. 3. (NEW) (Effective July 1, 2019) (a) A licensed or certified emergency medical services organization or provider may transport a patient by ambulance to an alternate destination, in consultation with the medical director of a sponsor hospital.

(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. 4. 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 397az [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.

Sec. 5. Section 19a-180 of the general statutes is repealed and the
following is substituted in lieu thereof (Effective July 1, 2019):

(a) No person shall operate any ambulance service, paramedic
intercept service, [or] rescue service or mobile integrated health care
program without either a license or a certificate issued by the
commissioner. No person shall operate a commercial ambulance
service or commercial rescue service without a license issued by the
commissioner. A certificate shall be issued to any volunteer or
municipal ambulance service or any ambulance service, [or] paramedic
intercept service or mobile integrated health care program that is
operated and maintained by a state agency and that shows proof
satisfactory to the commissioner that it meets the minimum standards
of the commissioner in the areas of training, equipment and personnel.
No license or certificate shall be issued to any volunteer, municipal or
commercial ambulance service, paramedic intercept service or rescue
service or any ambulance service, [or] paramedic intercept service or
mobile integrated health care program that is operated and maintained
by a state agency, unless it meets the requirements of subsection (e) of
section 14-100a. Applicants for a license shall use the forms prescribed
by the commissioner and shall submit such application to the
commissioner accompanied by an annual fee of two hundred dollars.
In considering requests for approval of permits for new or expanded
emergency medical services or mobile integrated health care programs
in any region, the commissioner shall consult with the Office of
Emergency Medical Services and the emergency medical services
council of such region and shall hold a public hearing to determine the
necessity for such services. Written notice of such hearing shall be
given to current providers in the geographic region where such new or
expanded services would be implemented, provided, any volunteer
ambulance service which elects not to levy charges for services
rendered under this chapter shall be exempt from the provisions
concerning requests for approval of permits for new or expanded
emergency medical services set forth in this subsection. A primary
service area responder that operates in the service area identified in the
application shall, upon request, be granted intervenor status with
opportunity for cross-examination. Each applicant for licensure shall
furnish proof of financial responsibility which the commissioner
deems sufficient to satisfy any claim. The commissioner may adopt
regulations, in accordance with the provisions of chapter 54, to
establish satisfactory kinds of coverage and limits of insurance for each
applicant for either licensure or certification. Until such regulations are
adopted, the following shall be the required limits for licensure: (1) For
damages by reason of personal injury to, or the death of, one person on
account of any accident, at least five hundred thousand dollars, and
more than one person on account of any accident, at least one million
dollars, (2) for damage to property at least fifty thousand dollars, and
(3) for malpractice in the care of one passenger at least two hundred
fifty thousand dollars, and for more than one passenger at least five
hundred thousand dollars. In lieu of the limits set forth in subdivisions
(1) to (3), inclusive, of this subsection, a single limit of liability shall be
allowed as follows: (A) For damages by reason of personal injury to, or
death of, one or more persons and damage to property, at least one
million dollars; and (B) for malpractice in the care of one or more
passengers, at least five hundred thousand dollars. A certificate of such
proof shall be filed with the commissioner. Upon determination by the
commissioner that an applicant is financially responsible, properly
certified and otherwise qualified to operate a commercial ambulance
service, paramedic intercept service [or] rescue service or mobile
integrated health care program, the commissioner shall issue the
appropriate license effective for one year to such applicant. If the
commissioner determines that an applicant for either a certificate or
license is not so qualified, the commissioner shall notify such applicant of the denial of the application with a statement of the reasons for such denial. Such applicant shall have thirty days to request a hearing on the denial of the application.

(b) On or after January 1, 2020, the commissioner may authorize an emergency medical services organization that furnishes evidence satisfactory to the commissioner that such organization has met the requirements of this section to establish a mobile integrated health care program under the provisions of such organization's current license or certification. Emergency medical services organizations requesting approval to establish such mobile integrated health care program shall use the forms prescribed by the commissioner and shall submit such application to the commissioner. No emergency medical services organization shall provide a mobile integrated health care program unless authorized by the commissioner to provide such program. The commissioner may implement policies and procedures to administer the mobile integrated health care programs established in accordance with this section. The commissioner shall post such policies and procedures to the department's Internet web site and the eRegulations System not later than twenty days after the date of implementation.

[(b)] (c) Any person or emergency medical service organization that does not maintain standards or violates regulations adopted under any section of this chapter applicable to such person or organization may have such person's or organization's license or certification suspended or revoked or may be subject to any other disciplinary action specified in section 19a-17 after notice by certified mail to such person or organization of the facts or conduct that warrant the intended action. Such person or emergency medical service organization shall have an opportunity to show compliance with all requirements for the retention of such certificate or license. In the conduct of any investigation by the commissioner of alleged violations of the standards or regulations adopted under the provisions of this chapter, the commissioner may issue subpoenas requiring the attendance of witnesses and the production by any medical service organization or
person of reports, records, tapes or other documents that concern the allegations under investigation. All records obtained by the commissioner in connection with any such investigation shall not be subject to the provisions of section 1-210 for a period of six months from the date of the petition or other event initiating such investigation, or until such time as the investigation is terminated pursuant to a withdrawal or other informal disposition or until a hearing is convened pursuant to chapter 54, whichever is earlier. A complaint, as defined in subdivision (6) of section 19a-13, shall be subject to the provisions of section 1-210 from the time that it is served or mailed to the respondent. Records that are otherwise public records shall not be deemed confidential merely because they have been obtained in connection with an investigation under this chapter.

[(c)] (d) Any person or emergency medical service organization aggrieved by an act or decision of the commissioner regarding certification or licensure may appeal in the manner provided by chapter 54.

[(d)] (e) Any person who commits any of the following acts shall be guilty of a class C misdemeanor: (1) In any application to the commissioner or in any proceeding before or investigation made by the commissioner, knowingly making any false statement or representation, or, with knowledge of its falsity, filing or causing to be filed any false statement or representation in a required application or statement; (2) issuing, circulating or publishing or causing to be issued, circulated or published any form of advertisement or circular for the purpose of soliciting business which contains any statement that is false or misleading, or otherwise likely to deceive a reader thereof, with knowledge that it contains such false, misleading or deceptive statement; (3) giving or offering to give anything of value to any person for the purpose of promoting or securing ambulance, invalid coach, paramedic intercept vehicle or rescue service business or obtaining favors relating thereto; (4) administering or causing to be administered, while serving in the capacity of an employee of any licensed ambulance or rescue service, any alcoholic liquor to any
patient in such employee's care, except under the supervision and
direction of a licensed physician; (5) in any respect wilfully violating or
failing to comply with any provision of this chapter or wilfully
violating, failing, omitting or neglecting to obey or comply with any
regulation, order, decision or license, or any part or provisions thereof;
or (6) with one or more other persons, conspiring to violate any license
or order issued by the commissioner or any provision of this chapter.

[(e)] (f) No person shall place any advertisement or produce any
printed matter that holds that person out to be an ambulance service or
a mobile integrated health care program provider unless such person
is licensed or certified pursuant to this section. Any such
advertisement or printed matter shall include the license or certificate
number issued by the commissioner.

[(f)] (g) Each licensed or certified emergency medical service
organization shall: (1) Ensure that its emergency medical personnel,
whether such personnel are employees or contracted through an
employment agency or personnel pool, are appropriately licensed or
certified by the Department of Public Health to perform their job
duties and that such licenses or certifications remain valid; (2) ensure
that any employment agency or personnel pool, from which the
emergency medical service organization obtains personnel meets the
required general liability and professional liability insurance limits
described in subsection (a) of this section and that all persons
performing work or volunteering for the medical service organization
are covered by such insurance; and (3) secure and maintain medical
oversight, as defined in section 19a-175, by a sponsor hospital, as
defined in section 19a-175.

[(g)] (h) Each applicant whose request for new or expanded
evacuation medical services is approved shall, not later than six
months after the date of such approval, acquire the necessary
resources, equipment and other material necessary to comply with the
terms of the approval and operate in the service area identified in the
application. If the applicant fails to do so, the approval for new or
expanded medical services shall be void and the commissioner shall rescind the approval.

[(h) (i)] Notwithstanding the provisions of subsection (a) of this section, any volunteer, hospital-based or municipal ambulance service or any ambulance service or paramedic intercept service operated and maintained by a state agency that is licensed or certified and is a primary service area responder may apply to the commissioner to add one emergency vehicle to its existing fleet every three years, on a short form application prescribed by the commissioner. No such volunteer, hospital-based or municipal ambulance service or any ambulance service or paramedic intercept service operated and maintained by a state agency may add more than one emergency vehicle to its existing fleet pursuant to this subsection regardless of the number of municipalities served by such volunteer, hospital-based or municipal ambulance service. Upon making such application, the applicant shall notify in writing all other primary service area responders in any municipality or abutting municipality in which the applicant proposes to add the additional emergency vehicle. Except in the case where a primary service area responder entitled to receive notification of such application objects, in writing, to the commissioner not later than fifteen calendar days after receiving such notice, the application shall be deemed approved thirty calendar days after filing. If any such primary service area responder files an objection with the commissioner within the fifteen-calendar-day time period and requests a hearing, the applicant shall be required to demonstrate need at a public hearing as required under subsection (a) of this section.

[(i)] [(j)] The commissioner shall develop a short form application for primary service area responders seeking to add an emergency vehicle to their existing fleets pursuant to subsection [(h) (i)] of this section. The application shall require an applicant to provide such information as the commissioner deems necessary, including, but not limited to, (1) the applicant's name and address, (2) the primary service area where the additional vehicle is proposed to be used, (3) an explanation as to why the additional vehicle is necessary and its proposed use, (4) proof
of insurance, (5) a list of the providers to whom notice was sent pursuant to subsection [(h)] [(i) of this section and proof of such notification, and (6) total call volume, response time and calls passed within the primary service area for the one-year period preceding the date of the application.

[(j) Notwithstanding the provisions of subsection (a) of this section, any ambulance service or paramedic intercept service operated and maintained by a state agency on or before October 1, 2014, that notifies the Department of Public Health's Office of Emergency Medical Services, in writing, not later than September 1, 2014, of such operation and attests to the ambulance service or paramedic intercept service being in compliance with all statutes and regulations concerning such operation (1) shall be deemed certified by the Commissioner of Public Health, or (2) shall be deemed licensed by the Commissioner of Public Health if such ambulance service or paramedic intercept service levies charges for emergency and nonemergency services.]

(k) Notwithstanding the provisions of subsection (a) of this section, any volunteer, hospital-based or municipal ambulance service or mobile integrated health care program that is licensed or certified and a primary service area responder may apply to the commissioner, on a short form application prescribed by the commissioner, to change the address of a principal or branch location within its primary service area. Upon making such application, the applicant shall notify in writing all other primary service area responders in any municipality or abutting municipality in which the applicant proposes to change principal or branch locations. Unless a primary service area responder entitled to receive notification of such application objects, in writing, to the commissioner and requests a hearing on such application not later than fifteen calendar days after receiving such notice, the application shall be deemed approved thirty calendar days after filing. If any such primary service area responder files an objection with the commissioner within the fifteen-calendar-day time period and requests a hearing, the applicant shall be required to demonstrate need to change the address of a principal or branch location within its primary...
service area at a public hearing as required under subsection (a) of this
section.

(I) The commissioner shall develop a short form application for
primary service area responders seeking to change the address of a
principal or branch location pursuant to subsection (k) of this section.
The application shall require an applicant to provide such information
as the commissioner deems necessary, including, but not limited to, (1)
the applicant's name and address, (2) the new address where the
principal or branch is to be located, (3) an explanation as to why the
principal or branch location is being moved, and (4) a list of the
providers to whom notice was sent pursuant to subsection (k) of this
section and proof of such notification.

(m) Notwithstanding the provisions of subsection (a) of this section,
any ambulance service assigned as the primary service area responder
for a primary service area on or before September 1, 2019, that notifies
the Department of Public Health's Office of Emergency Medical
Services, in writing, not later than October 1, 2019, of such assignment
and attests to the ambulance service being in compliance with all
statutes and regulations concerning the operation of such ambulance
service shall be deemed authorized by the Commissioner of Public
Health as the licensed mobile integrated health care program for the
primary service area within which the ambulance service is the
primary service area responder.

Sec. 6. Section 19a-193a of the general statutes is repealed and the
following is substituted in lieu thereof (Effective July 1, 2019):

(a) Except as provided in subsection (b) of this section and subject to
the provisions of sections 19a-177, as amended by this act, 38a-498 and
38a-525, any person who receives emergency medical treatment
services or transportation services from a licensed ambulance service,
certified ambulance service, [or] paramedic intercept service or mobile
integrated health care program shall be liable to such ambulance
service or mobile integrated health care system for the reasonable and
necessary costs of providing such services, irrespective of whether such person agreed or consented to such liability.

(b) The provisions of this section shall not apply to any person who receives emergency medical treatment services or transportation services from a licensed ambulance service, certified ambulance service, [or] paramedic intercept service or mobile integrated health care program for an injury arising out of and in the course of [his] such person's employment as defined in section 31-275."

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

| Section 1 | July 1, 2019 | 19a-175 |
| Sec. 2    | July 1, 2019 | 19a-177 |
| Sec. 3    | July 1, 2019 | New section |
| Sec. 4    | July 1, 2019 | 19a-906(a)(12) |
| Sec. 5    | July 1, 2019 | 19a-180 |
| Sec. 6    | July 1, 2019 | 19a-193a |