



# Senate

General Assembly

**File No. 573**

January Session, 2023

Senate Bill No. 1229

*Senate, April 13, 2023*

The Committee on Public Health reported through SEN. ANWAR of the 3rd Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

## ***AN ACT CONCERNING EMERGENCY MEDICAL SERVICES.***

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

1 Section 1. Subdivision (8) of section 19a-177 of the general statutes is  
2 repealed and the following is substituted in lieu thereof (*Effective October*  
3 *1, 2023*):

4 (8) (A) Develop an emergency medical services data collection  
5 system. Each emergency medical service organization licensed or  
6 certified pursuant to this chapter shall submit data to the commissioner,  
7 on a quarterly basis, from each licensed ambulance service, certified  
8 ambulance service or paramedic intercept service that provides  
9 emergency medical services. Such submitted data shall include, but not  
10 be limited to: (i) The total number of and reasons for calls for emergency  
11 medical services received by such licensed ambulance service, certified  
12 ambulance service or paramedic intercept service through the 9-1-1  
13 system during the reporting period; (ii) each level of emergency medical  
14 services, as defined in regulations adopted pursuant to section 19a-179,  
15 required for each such call; (iii) the response time for each licensed

16 ambulance service, certified ambulance service or paramedic intercept  
17 service during the reporting period; (iv) the number of passed calls,  
18 cancelled calls and mutual aid calls, both made and received, during the  
19 reporting period; and (v) for the reporting period, the prehospital data  
20 for the nonscheduled transport of patients required by regulations  
21 adopted pursuant to subdivision (6) of this section. The data required  
22 under this subdivision may be submitted in any electronic form selected  
23 by such licensed ambulance service, certified ambulance service or  
24 paramedic intercept service and approved by the commissioner,  
25 provided the commissioner shall take into consideration the needs of  
26 such licensed ambulance service, certified ambulance service or  
27 paramedic intercept service in approving such electronic form. The  
28 commissioner may conduct an audit of any such licensed ambulance  
29 service, certified ambulance service or paramedic intercept service as  
30 the commissioner deems necessary in order to verify the accuracy of  
31 such reported data.

32 (B) On or before June 1, 2023, and annually thereafter, the  
33 commissioner shall prepare a report to the Emergency Medical Services  
34 Advisory Board, established pursuant to section 19a-178a, as amended  
35 by this act, that shall include, but not be limited to, the following data:  
36 (i) The total number of calls for emergency medical services received  
37 during the reporting year by each licensed ambulance service, certified  
38 ambulance service or paramedic intercept service; (ii) the level of  
39 emergency medical services required for each such call; (iii) the name of  
40 the emergency medical service organization that provided each such  
41 level of emergency medical services furnished during the reporting  
42 year; (iv) the response time, by time ranges or fractile response times,  
43 for each licensed ambulance service, certified ambulance service or  
44 paramedic intercept service, using a common definition of response  
45 time, as provided in regulations adopted pursuant to section 19a-179;  
46 and (v) the number of passed calls, cancelled calls and mutual aid calls  
47 during the reporting year. The commissioner shall prepare such report  
48 in a format that categorizes such data for each municipality in which the  
49 emergency medical services were provided, with each such  
50 municipality grouped according to urban, suburban and rural

51 classifications.

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

72 (D) The commissioner shall collect the data required by  
73 subparagraph (A) of this subdivision, in the manner provided in said  
74 subparagraph, from each emergency medical service organization  
75 licensed or certified pursuant to this chapter. Any such emergency  
76 medical service organization that fails to comply with the provisions of  
77 this section shall be liable for a civil penalty not to exceed one hundred  
78 dollars per day for each failure to report the required data regarding  
79 emergency medical services provided to a patient, as determined by the  
80 commissioner. The civil penalties set forth in this subparagraph shall be  
81 assessed only after the department provides a written notice of  
82 deficiency and the organization is afforded the opportunity to respond  
83 to such notice. An organization shall have not more than fifteen business  
84 days after the date of receiving such notice to provide a written response

85 to the department. The commissioner may adopt regulations, in  
86 accordance with chapter 54, concerning the development,  
87 implementation, monitoring and collection of emergency medical  
88 service system data. All state agencies licensed or certified as emergency  
89 medical service organizations shall be exempt from the civil penalties  
90 set forth in this subparagraph.

91 (E) The commissioner shall, with the recommendation of the  
92 Connecticut Emergency Medical Services Advisory Board established  
93 pursuant to section 19a-178a, as amended by this act, adopt for use in  
94 trauma data collection the most recent version of the National Trauma  
95 Data Bank's National Trauma Data Standards and Data Dictionary and  
96 nationally recognized guidelines for field triage of injured patients.

97 (F) On or before June 1, 2024, and annually thereafter, the  
98 commissioner shall submit the report described in subparagraph (B) of  
99 this subdivision, in accordance with the provisions of section 11-4a, to  
100 the joint standing committee of the General Assembly having  
101 cognizance of matters relating to public health;

102 Sec. 2. Section 19a-178a of the general statutes is repealed and the  
103 following is substituted in lieu thereof (*Effective October 1, 2023*):

104 (a) There is established within the Department of Public Health an  
105 Emergency Medical Services Advisory Board.

106 (b) The advisory board shall consist of members appointed in  
107 accordance with the provisions of this subsection and shall include the  
108 Commissioner of Public Health, the department's emergency medical  
109 services medical director and the president of each of the regional  
110 emergency medical services councils, or their designees. The Governor  
111 shall appoint the following members: (1) One person from the  
112 Connecticut Association of Directors of Health; (2) three persons from  
113 the Connecticut College of Emergency Physicians; (3) one person from  
114 the Connecticut Committee on Trauma of the American College of  
115 Surgeons; (4) one person from the Connecticut Medical Advisory  
116 Committee; (5) one person from the Emergency Nurses Association; (6)

117 one person from the Connecticut Association of Emergency Medical  
118 Services Instructors; (7) one person from the Connecticut Hospital  
119 Association; (8) two persons representing commercial ambulance  
120 services; (9) one person from the Connecticut State Firefighters  
121 Association; (10) one person from the Connecticut Fire Chiefs  
122 Association; (11) one person from the Connecticut Police Chiefs  
123 Association; (12) one person from the Connecticut State Police; and (13)  
124 one person from the Connecticut Commission on Fire Prevention and  
125 Control. An additional eighteen members shall be appointed as follows:  
126 (A) Three by the president pro tempore of the Senate; (B) three by the  
127 majority leader of the Senate; (C) four by the minority leader of the  
128 Senate; (D) three by the speaker of the House of Representatives; (E) two  
129 by the majority leader of the House of Representatives; and (F) three by  
130 the minority leader of the House of Representatives. The appointees  
131 shall include a person with experience in municipal ambulance services;  
132 a person with experience in for-profit ambulance services; three persons  
133 with experience in volunteer ambulance services; a paramedic; an  
134 emergency medical technician; an advanced emergency medical  
135 technician; a person from an association in the state representing  
136 paramedics and emergency medical technicians; three consumers and  
137 four persons from state-wide organizations with interests in emergency  
138 medical services as well as any other areas of expertise that may be  
139 deemed necessary for the proper functioning of the advisory board. Any  
140 appointment to the advisory board that is vacant for more than one year  
141 shall be filled by the Commissioner of Public Health. The commissioner  
142 shall notify the appointing authority of the identity of the  
143 commissioner's appointment not later than thirty days before making  
144 such appointment.

145 (c) The Commissioner of Public Health shall appoint a chairperson  
146 from among the members of the advisory board who shall serve for a  
147 term of one year. The advisory board shall elect a vice-chairperson and  
148 secretary. The advisory board shall have committees made up of such  
149 members as the chairperson shall appoint and such other interested  
150 persons as the committee members shall elect to membership. The  
151 advisory board may, from time to time, appoint nonmembers to serve

152 on such ad hoc committees as it deems necessary to assist with its  
153 functions. The advisory board shall develop bylaws. The advisory board  
154 shall establish a Connecticut Emergency Medical Services Medical  
155 Advisory Committee as a standing committee. The standing committee  
156 shall provide the commissioner, the advisory board and other ad hoc  
157 committees with advice and comment regarding the medical aspects of  
158 their projects. The standing committee may submit reports directly to  
159 the commissioner regarding medically-related concerns that have not,  
160 in the standing committee's opinion, been satisfactorily addressed by  
161 the advisory board.

162 (d) The term for each appointed member of the advisory board shall  
163 be coterminous with the appointing authority. Appointees shall serve  
164 without compensation.

165 (e) The advisory board, in addition to other power conferred and in  
166 addition to functioning in a general advisory capacity, shall assist in  
167 coordinating the efforts of all persons and agencies in the state  
168 concerned with the emergency medical service system, and shall render  
169 advice on the development of the emergency medical service system  
170 where needed. The advisory board shall make an annual report to the  
171 commissioner.

172 (f) The advisory board shall be provided a reasonable opportunity to  
173 review and make recommendations on all regulations, medical  
174 guidelines and policies affecting emergency medical services before the  
175 department establishes such regulations, medical guidelines or policies.  
176 The advisory board shall make recommendations to the Governor and  
177 to the General Assembly concerning legislation which, in the advisory  
178 board's judgment, will improve the delivery of emergency medical  
179 services.

180 (g) The advisory board shall conduct an annual study of emergency  
181 medical services in the state. Such study shall include an analysis of the  
182 report prepared by the Commissioner of Public Health pursuant to  
183 subparagraph (B) of subdivision (8) of section 19a-177, as amended by  
184 this act, an evaluation of trends and patterns of risk affecting emergency

185 medical services and identification of areas of the state that are at risk of  
 186 receiving delayed emergency medical services. Not later than January  
 187 1, 2024, and annually thereafter, the advisory board shall report, in  
 188 accordance with the provisions of section 11-4a, to the joint standing  
 189 committee of the General Assembly having cognizance of matters  
 190 relating to public health regarding such study.

191       Sec. 3. (*Effective from passage*) The Emergency Medical Services  
 192 Advisory Board, established pursuant to section 19a-178a of the general  
 193 statutes, as amended by this act, shall study and make  
 194 recommendations to address the shortage of emergency medical  
 195 services personnel in the state. Not later than January 1, 2024, the  
 196 advisory board shall report, in accordance with the provisions of section  
 197 11-4a of the general statutes, to the joint standing committee of the  
 198 General Assembly having cognizance of matters relating to public  
 199 health regarding such study.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2023</i>	19a-177(8)
Sec. 2	<i>October 1, 2023</i>	19a-178a
Sec. 3	<i>from passage</i>	New section

**PH**       *Joint Favorable*

*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:**

Agency Affected	Fund-Effect	FY 24 \$	FY 25 \$
Public Health, Dept.	GF - Cost	32,106	32,908
State Comptroller - Fringe Benefits <sup>1</sup>	GF - Cost	13,748	14,091

Note: GF=General Fund

**Municipal Impact:** None

**Explanation**

The bill, which requires the Emergency Medical Services Advisory Board within the Department of Public Health (DPH) to provide a report, by 1/1/24 and annually thereafter, that includes an evaluation of trends and patterns of risk affecting Emergency Medical Services (EMS) and identifies areas of Connecticut that are at risk of receiving delayed EMS, results in a cost to DPH of \$32,106 in FY 24 and \$32,908, and a cost for fringe benefits of \$13,748 in FY 24 and \$14,091 in FY 25. Costs reflect support for a half-time Epidemiologist I in DPH's Office of EMS to provide the required evaluation and report.

**The Out Years**

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

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<sup>1</sup>The fringe benefit costs for most state employees are budgeted centrally in accounts administered by the Comptroller. The estimated active employee fringe benefit cost associated with most personnel changes is 42.82% of payroll in FY 24.



**OLR Bill Analysis****SB 1229*****AN ACT CONCERNING EMERGENCY MEDICAL SERVICES.*****SUMMARY**

This bill makes changes affecting emergency medical services (EMS) data collection and the Department of Public Health's (DPH) EMS Advisory Board.

Current law requires EMS organizations to report to DPH quarterly on specified EMS call data, including the number of 9-1-1 calls received. The bill requires organizations to also report the reasons for the calls. Under existing law, unchanged by the bill, EMS organizations must also report the (1) level of EMS required for each call; (2) response time; (3) number of passed, cancelled, and mutual aid calls made and received; and (4) prehospital data for unscheduled patient transport.

By law, DPH must annually report on the data it collects to the EMS Advisory Board. Starting June 1, 2024, the bill requires the commissioner to also annually submit the report to the Public Health Committee.

For the EMS Advisory Board, the bill requires one of the legislative leaders' 18 existing appointments to be a person from a Connecticut association representing paramedics and emergency medical technicians.

Additionally, the bill expands the advisory board's responsibilities to include an annual study of the state's EMS services, including (1) analyzing DPH's annual report on the EMS data, (2) evaluating risk trends and patterns affecting EMS, and (3) identifying areas of the state at risk of receiving EMS delays. Starting by January 1, 2024, the advisory board must annually report on the study to the Public Health

Committee.

The bill also requires the advisory board to study and make recommendations to address the shortage of EMS personnel in the state. It must report to the Public Health Committee on the study by January 1, 2024.

EFFECTIVE DATE: October 1, 2023, except that the provision requiring the advisory board to study the EMS personnel shortage takes effect upon passage.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable

Yea 37 Nay 0 (03/27/2023)