



General Assembly

Raised Bill No. 1229

January Session, 2023

LCO No. 6024



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

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2 repealed and the following is substituted in lieu thereof (*Effective October*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*