File No. 354

Substitute House Bill No. 5328

House of Representatives, April 6, 1998. The Committee on Public Health reported through REP. MCDONALD, 148th DIST., Chairman of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING THE OFFICE OF EMERGENCY MEDICAL SERVICES.

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

1 Section 1. (NEW) (a) There is established
2 within the Department of Public Health an
3 Emergency Medical Services Advisory Board.
4 (b) The advisory board shall consist of
5 forty-one members, including the Commissioner of
6 Public Health and the state medical director, or
7 their designees. The Governor shall appoint the
8 following members: One person from each of the
9 regional emergency medical services councils; one
10 person from the Connecticut Association of
11 Directors of Health; three persons from the
12 Connecticut College of Emergency Physicians; one
13 person from the Connecticut Committee on Trauma of
14 the American College of Surgeons; one person from
15 the Connecticut Medical Advisory Committee; one
16 person from the Emergency Department Nurses
17 Association; one person from the Connecticut
18 Association of Emergency Medical Services
19 Instructors; one person from the Connecticut
20 Hospital Association; two persons representing
21 commercial ambulance providers; one person from
22 the Connecticut Firefighters Association; one

23 person from the Connecticut Fire Chiefs
24 Association; one person from the Connecticut
25 Chiefs of Police Association; one person from the
26 Connecticut State Police; and one person from the
27 Connecticut Commission on Fire Prevention and
28 Control. An additional eighteen members shall be
29 appointed as follows: Three by the president pro
30 tempore of the Senate; three by the majority
31 leader of the Senate; four by the minority leader
32 of the Senate; three by the speaker of the House
33 of Representatives; two by the majority leader of
34 the House of Representatives and three by the
35 minority leader of the House of Representatives.
36 The appointees shall include a person with
37 experience in municipal ambulance services; a
38 person with experience in for-profit ambulance
39 services; three persons with experience in
40 volunteer ambulance services; an emergency medical
41 technician paramedic; an emergency medical
42 technician; an emergency medical technician
43 intermediate; three consumers and four persons
44 from state-wide organizations with interests in
45 emergency medical services as well as any other
46 areas of expertise that may be deemed necessary
47 for the proper functioning of the advisory board.
48 (c) The Commissioner of Public Health shall
49 appoint a chairperson from among the members of
50 the advisory board who shall serve for a term of
51 one year. The advisory board shall elect a vice
52 chairperson and secretary. The advisory board
53 shall have committees made up of such members as
54 the chairperson shall appoint and such other
55 interested persons as the committee members shall
56 elect to membership. The advisory board may, from
57 time to time, appoint nonmembers to serve on such
58 ad hoc committees as it deems necessary to assist
59 with its functions. The advisory board shall
60 develop bylaws. The advisory board shall establish
61 a Connecticut Emergency Medical Services Medical
62 Advisory Committee as a standing committee. The
63 standing committee shall provide the commissioner,
64 the advisory board and other ad hoc committees
65 with advice and comment regarding the medical
66 aspects of their projects. The standing committee
67 may submit reports directly to the commissioner
68 regarding medically-related concerns that have
69 not, in the standing committee's opinion, been
70 satisfactorily addressed by the advisory board.

71 (d) The term for each appointed member of the
72 advisory board shall be coterminous with the
73 appointing authority. Appointees shall serve
74 without compensation.
75 (e) The advisory board, in addition to other
76 power conferred and in addition to functioning in
77 a general advisory capacity, shall assist in
78 coordinating the efforts of all persons and
79 agencies in the state concerned with the emergency
80 medical service system, and shall render advice on
81 the development of the emergency medical service
82 system where needed. The advisory board shall make
83 an annual report to the commissioner.
84 (f) The advisory board shall be provided a
85 reasonable opportunity to review and make
86 recommendations on all regulations, medical
87 guidelines and policies affecting emergency
88 medical services before the department establishes
89 such regulations, medical guidelines or policies.
90 The advisory board shall make recommendations to
91 the Governor and to the General Assembly
92 concerning legislation which, in the advisory
93 board's judgment, will improve the delivery of
94 emergency medical services.
95 Sec. 2. (NEW) (a) The Commissioner of Public
96 Health shall establish an Emergency Medical
97 Services Equipment and Local System Development
98 grant program. The program shall provide incentive
99 grants for enhancing emergency medical services
100 and equipment. The commissioner shall define the
101 nature, description and systems designed for grant
102 proposals.
103 (b) The commissioner shall adopt regulations,
104 in accordance with the provisions of chapter 54 of
105 the general statutes, to determine the entities
106 eligible to receive grants under the grant program
107 established pursuant to subsection (a) of this
108 section. In determining eligibility, the
109 commissioner shall consider: (1) The demonstrated
110 need within the community; (2) the degree to which
111 the proposal serves the emergency medical services
112 system plan; and (3) the extent to which there is
113 available adequate trained staff to carry out the
114 proposal.
115 (c) The commissioner shall maintain a
116 priority list of eligible proposals and shall
117 establish a system setting the priority of grant
118 funding. In establishing such a priority list and

119 ranking system, the commissioner shall consider
120 all relevant factors including, but not limited
121 to: (1) The public health and safety; (2) the
122 population affected; (3) the attainment of state
123 emergency medical services goals and standards;
124 and (4) consistency with the state plan for
125 emergency medical services.
126 (d) The commissioner shall consult with the
127 appropriate regional council by sending such
128 council a copy of any grant proposal. The regional
129 emergency medical services council shall review
130 and comment upon any proposal. Each council shall
131 indicate how the grant proposal addresses the
132 regional emergency medical services plan
133 established priorities. The commissioner shall
134 consider the recommendation of the regional
135 council when making a final grant determination.
136 Sec. 3. Section 19a-175 of the general
137 statutes, as amended by section 15 of public act
138 97-311, is repealed and the following is
139 substituted in lieu thereof:
140 As used in this chapter:
141 (1) "Emergency medical service system" means
142 a system which provides for the arrangement of
143 personnel, facilities and equipment for the
144 efficient, effective and coordinated delivery of
145 health care services under emergency conditions;
146 (2) "Patient" means an injured, ill, crippled
147 or physically handicapped person requiring
148 assistance and transportation;
149 (3) "Ambulance" means a motor vehicle
150 specifically designed to carry patients;
151 (4) "Ambulance service" means an organization
152 which transports patients;
153 (5) "Emergency medical technician" means an
154 individual who has successfully completed the
155 training requirements established by the
156 Commissioner of Public Health and has been
157 certified by the Department of Public Health;
158 (6) "Ambulance driver" means a person whose
159 primary function is driving an ambulance;
160 (7) "Emergency medical technician instructor"
161 means a person who is certified by the Department
162 of Public Health to teach courses, the completion
163 of which are required in order to become an
164 emergency medical technician;
165 (8) "Communications facility" means any
166 facility housing the personnel and equipment for

167 handling the emergency communications needs of a
168 particular geographic area;
169 (9) "Life saving equipment" means equipment
170 used by emergency medical personnel for the
171 stabilization and treatment of patients;
172 (10) "Emergency medical service organization"
173 means any organization whether public, private or
174 voluntary which offers transportation or treatment
175 services to patients under emergency conditions;
176 (11) "Invalid coach" means a vehicle used
177 exclusively for the transportation of
178 nonambulatory patients, who are not confined to
179 stretchers, to or from either a medical facility
180 or the patient's home in nonemergency situations
181 or utilized in emergency situations as a backup
182 vehicle when insufficient emergency vehicles
183 exist;
184 (12) "Rescue service" means any organization,
185 whether profit or nonprofit, whose primary purpose
186 is to search for persons who have become lost or
187 to render emergency service to persons who are in
188 dangerous or perilous circumstances;
189 (13) "Provider" means any person, corporation
190 or organization, whether profit or nonprofit,
191 whose primary purpose is to deliver medical care
192 or services, including such related medical care
193 services as ambulance transportation;
194 (14) "Commissioner" means the Commissioner of
195 Public Health; [acting through the Office of
196 Emergency Medical Services;]
197 (15) "Paramedic" means a person licensed
198 pursuant to section 11 of [this act] PUBLIC ACT
199 97-311;
200 (16) "Commercial ambulance service" means an
201 ambulance service which primarily operates for
202 profit;
203 (17) "Licensed ambulance service" means a
204 commercial ambulance service [issued a license by
205 the Office of Emergency Medical Services or any]
206 OR A volunteer or municipal ambulance service
207 issued a license by the [Office of Emergency
208 Medical Services prior to July 1, 1981]
209 COMMISSIONER;
210 (18) "Certified ambulance services" means a
211 municipal or volunteer ambulance service issued a
212 certificate by the [Office of Emergency Medical
213 Services] COMMISSIONER; and

214 (19) "Management service" means an
215 organization which provides emergency medical
216 technicians or paramedics to any entity including
217 an ambulance service but does not include a
218 commercial ambulance service or a volunteer or
219 municipal ambulance service.
220 Sec. 4. Section 19a-176 of the general
221 statutes is repealed and the following is
222 substituted in lieu thereof:
223 The Department of Public Health shall be the
224 [state agency] LEAD AGENCY FOR THE STATE'S
225 EMERGENCY MEDICAL SERVICES PROGRAM AND SHALL BE
226 responsible for the planning, coordination and
227 administration of a state-wide emergency medical
228 care service system. The Commissioner of Public
229 Health shall set policy and establish state-wide
230 priorities for emergency medical services
231 utilizing the services of the state Department of
232 Public Health and the emergency medical services
233 councils, as established by section 19a-183.
234 Sec. 5. Section 19a-177 of the general
235 statutes is repealed and the following is
236 substituted in lieu thereof:
237 The commissioner shall:
238 [(a)] (1) With the advice of THE OFFICE OF
239 EMERGENCY MEDICAL SERVICES ESTABLISHED PURSUANT TO
240 SECTION 19a-178, AS AMENDED BY THIS ACT, AND OF an
241 advisory committee on emergency medical services
242 and with the benefit of [the] meetings [,] held
243 pursuant to subsection (b) of section 19a-184, AS
244 AMENDED BY THIS ACT, [develop and annually update]
245 ADOPT EVERY FIVE YEARS a state-wide plan for the
246 coordinated delivery of emergency medical
247 services; [, which plan shall take into account
248 the needs of the emergency medical services
249 councils. The plan shall contain: (1) Specific
250 goals for the delivery of such emergency medical
251 services; (2) a time frame for achievement of such
252 goals; (3) cost data and alternative funding
253 sources for the development of such goals; and (4)
254 performance standards for the evaluation of such
255 goals;]
256 (2) LICENSE OR CERTIFY THE FOLLOWING: (A)
257 AMBULANCE OPERATIONS, AMBULANCE DRIVERS, EMERGENCY
258 MEDICAL TECHNICIANS AND COMMUNICATIONS PERSONNEL;
259 (B) EMERGENCY ROOM FACILITIES AND COMMUNICATIONS
260 FACILITIES; AND (C) TRANSPORTATION EQUIPMENT,
261 INCLUDING LAND, SEA AND AIR VEHICLES USED FOR

262 TRANSPORTATION OF PATIENTS TO EMERGENCY FACILITIES
263 AND PERIODICALLY INSPECT LIFE SAVING EQUIPMENT,
264 EMERGENCY FACILITIES AND EMERGENCY TRANSPORTATION
265 VEHICLES TO INSURE THAT STATE STANDARDS ARE
266 MAINTAINED;
267 [(b)] (3) Annually inventory [or cause to be
268 inventoried] emergency medical services resources
269 within the state, including facilities, equipment,
270 and personnel, for the purposes of determining the
271 need for additional services and the effectiveness
272 of existing services;
273 [(c)] (4) Review and evaluate all area-wide
274 plans developed by the emergency medical services
275 councils pursuant to section 19a-182, AS AMENDED
276 BY THIS ACT, in order to insure conformity with
277 standards issued by said commissioner;
278 [(d)] (5) Within thirty days of their
279 receipt, review all grant and contract
280 applications for federal or state funds concerning
281 emergency medical services or related activities
282 for conformity to policy guidelines and forward
283 such application to the appropriate agency, when
284 required;
285 [(e)] (6) Establish such minimum standards
286 and adopt such regulations in accordance with the
287 provisions of chapter 54, as may be necessary to
288 develop the following components of an emergency
289 medical service system: [(1)] (A) Communications,
290 which shall include, but not be limited to,
291 equipment, radio frequencies and operational
292 procedures; [(2)] (B) transportation services,
293 which shall include, but not be limited to,
294 vehicle type, design, condition and maintenance,
295 life saving equipment and operational procedure;
296 [(3)] (C) training, which shall include, but not
297 be limited to, emergency medical technicians,
298 communications personnel, paraprofessionals
299 associated with emergency medical services,
300 firefighters and state and local police; and [(4)]
301 (D) emergency medical service facilities, which
302 shall include, but not be limited to,
303 categorization of emergency departments as to
304 their treatment capabilities and ancillary
305 services;
306 [(f)] (7) Coordinate training of all
307 personnel related to emergency medical services;
308 [(g)] (8) Develop or cause to be developed a
309 data collection system which shall include a

310 method of uniform patient record keeping which
311 will follow a patient from initial entry into the
312 emergency medical service system through discharge
313 from the emergency room; AND
314 [(h) Develop a program for public education
315 and information which takes into account the needs
316 of visitors to as well as residents of the state;]
317 [(i)] (9) Establish rates for the conveyance
318 of patients by licensed ambulance services and
319 invalid coaches and establish an emergency service
320 rate for certified ambulance services provided the
321 present rates established by the Public Utilities
322 Commission for such services and vehicles shall
323 remain in effect until such time as the
324 commissioner establishes a new rate schedule as
325 provided herein, and adopt regulations in
326 accordance with the provisions of chapter 54
327 establishing methods for setting rates and
328 conditions for charging such rates. [;]
329 [(j) No later than December 31, 1975, and
330 annually thereafter submit a report to the
331 Governor and General Assembly which shall include,
332 but not be limited to, the following: (1) An
333 accounting of all federal and state funds expended
334 for emergency medical services in the state; (2) a
335 statement and evaluation of the accomplishments of
336 the Office of Emergency Medical Services during
337 the preceding year together with a description of
338 goals for the upcoming year; and (3)
339 recommendations for any legislation which said
340 commissioner feels will facilitate a complete
341 coordinated emergency medical services system; and
342 (k) If no emergency medical services council
343 exists within a region, develop in conjunction
344 with the regional coordinator, as established by
345 section 19a-185, an emergency medical services
346 plan for such region, such plan to conform with
347 the requirements of section 19a-182.]
348 Sec. 6. Section 19a-178 of the general
349 statutes is repealed and the following is
350 substituted in lieu thereof:
351 (a) There shall be established within the
352 Department of Public Health an Office of Emergency
353 Medical Services. The office shall be responsible
354 for [(a) the licensure or certification of the
355 following: (1) Ambulance operations, ambulance
356 drivers, emergency medical technicians, and
357 communications personnel; (2) emergency room

358 facilities and communications facilities and (3)
359 transportation equipment, including land, sea and
360 air vehicles used for transportation of patients
361 to emergency facilities; (b) periodic inspections
362 of life saving equipment, of emergency facilities
363 and of emergency transportation vehicles to insure
364 that state standards are maintained; and (c)
365 perform such other duties and functions as are
366 assigned to said office by the Commissioner of
367 Public Health] PROGRAM DEVELOPMENT ACTIVITIES,
368 INCLUDING, BUT NOT LIMITED TO: (1) PUBLIC
369 EDUCATION AND INFORMATION PROGRAMS; (2)
370 ADMINISTERING THE EMERGENCY MEDICAL SERVICES
371 EQUIPMENT AND LOCAL SYSTEM DEVELOPMENT GRANT
372 PROGRAM; (3) PLANNING; (4) REGIONAL COUNCIL
373 OVERSIGHT; (5) TRAINING; AND (6) PROVIDING STAFF
374 SUPPORT TO THE ADVISORY BOARD.
375 (b) THE OFFICE OF EMERGENCY MEDICAL SERVICES
376 SHALL ADOPT A FIVE-YEAR PLANNING CYCLE FOR THE
377 STATE-WIDE PLAN FOR THE COORDINATED DELIVERY OF
378 MEDICAL EMERGENCY SERVICES REQUIRED BY SUBSECTION
379 (a) OF THIS SECTION. THE PLAN SHALL CONTAIN: (1)
380 SPECIFIC GOALS FOR THE DELIVERY OF SUCH EMERGENCY
381 MEDICAL SERVICES; (2) A TIME FRAME FOR ACHIEVEMENT
382 OF SUCH GOALS; (3) COST DATA AND ALTERNATIVE
383 FUNDING SOURCES FOR THE DEVELOPMENT OF SUCH GOALS;
384 AND (4) PERFORMANCE STANDARDS FOR THE EVALUATION
385 OF SUCH GOALS.
386 Sec. 7. Section 19a-179 of the general
387 statutes is repealed and the following is
388 substituted in lieu thereof:
389 [(a) There shall be a director of the Office
390 of Emergency Medical Services as established in
391 section 19a-178 who shall be appointed by and
392 responsible to the Commissioner of Public Health.
393 The director shall carry out the duties of the
394 Office of Emergency Medical Services as provided
395 in said section. The commissioner shall be
396 responsible for adopting] THE COMMISSIONER OF
397 PUBLIC HEALTH SHALL ADOPT regulations concerning
398 the methods and conditions for licensure and
399 certification of the operations, facilities and
400 equipment enumerated in [said] section 19a-178, AS
401 AMENDED BY THIS ACT, and regulations regarding
402 complaint procedures for the public and any
403 emergency medical service organization. Such
404 regulations shall be adopted in accordance with
405 the provisions of chapter 54 and shall be in

406 conformity with the policies and standards
407 established by the commissioner. [All regulations
408 adopted by the Ambulance Commission and in force
409 on June 30, 1974, shall remain in effect until
410 such time as new regulations which repeal, amend
411 or replace specific regulations concerning the
412 methods and conditions for licensure and
413 certification of the operations, facilities and
414 equipment enumerated in said section and
415 regulations regarding complaint procedures for the
416 public and any emergency medical service
417 organization are adopted by the commissioner in
418 accordance with the provisions of this section.
419 (b) (1) The assignment or transfer of any of
420 the functions, powers or duties of the Ambulance
421 Commission under any of the provisions of this
422 chapter shall not affect any action or proceeding,
423 civil or criminal, pending at the time of such
424 assignment or transfer, and the Office of
425 Emergency Medical Services shall be deemed
426 substituted in such action by operation of this
427 subsection without motion or order. (2) Any right
428 of action or matter undertaken or commenced by the
429 Ambulance Commission, the functions, powers or
430 duties of which are assigned or transferred, may
431 be conducted and completed by the Office of
432 Emergency Medical Services in the same manner and
433 under the same terms and conditions and with the
434 same effect as if undertaken or commenced and
435 conducted and completed by the Ambulance
436 Commission. (3) The chairman of the Ambulance
437 Commission shall deliver to the Office of
438 Emergency Medical Services, all contracts, books,
439 maps, plans, papers, records and property
440 pertaining to or used in connection with the
441 functions, powers or duties assigned or
442 transferred, to said office.
443 (c) The director of the Office of Emergency
444 Medical Services may employ, subject to the
445 provisions to chapter 67, with the approval of the
446 Commissioner of Public Health, such staff as is
447 necessary to carry out the responsibilities of the
448 office provided for in this chapter.]
449 Sec. 8. Section 19a-180 of the general
450 statutes is repealed and the following is
451 substituted in lieu thereof:
452 (a) No person shall operate any ambulance
453 service, rescue service or management service

454 without either a license or a certificate issued
455 by the [Office of Emergency Medical Services]
456 COMMISSIONER OF PUBLIC HEALTH. No person shall
457 operate a commercial ambulance or commercial
458 rescue service or a management service without a
459 license issued by the [Office of Emergency Medical
460 Services] COMMISSIONER. A certificate shall be
461 issued to any volunteer or municipal ambulance
462 service which shows proof satisfactory to the
463 commissioner that it meets the minimum standards
464 of the commissioner in the areas of training,
465 equipment and personnel. Applicants for a license
466 shall use the forms prescribed by the [Office of
467 Emergency Medical Services] COMMISSIONER and shall
468 submit such application to the [Office of
469 Emergency Medical Services] COMMISSIONER
470 accompanied by an annual fee of one hundred
471 dollars. In considering requests for approval of
472 permits for new or expanded emergency medical
473 services in any region, THE COMMISSIONER SHALL
474 CONSULT WITH the Office of Emergency Medical
475 Services [shall consult with] AND the emergency
476 medical services council of such region and shall
477 hold a public hearing to determine the necessity
478 for such services. Written notice of such hearing
479 shall be given to current providers in the
480 geographic region where such new or expanded
481 services would be implemented, provided that any
482 volunteer ambulance service which elects not to
483 levy charges for services rendered under this
484 chapter shall be exempt from the provisions
485 concerning requests for approval of permits for
486 new or expanded emergency medical services, set
487 forth above. Each applicant for licensure shall
488 furnish proof of financial responsibility which
489 the [office] COMMISSIONER deems sufficient to
490 satisfy any claim. The [Commissioner of Public
491 Health shall establish by regulation] COMMISSIONER
492 MAY ADOPT REGULATIONS IN ACCORDANCE WITH THE
493 PROVISIONS OF CHAPTER 54 TO ESTABLISH satisfactory
494 kinds of coverage and limits of insurance for each
495 applicant for either licensure or certification.
496 [, provided until such time as] UNTIL such
497 regulations are [promulgated] ADOPTED, the
498 following shall be the required limits for
499 licensure: (1) For damages by reason of personal
500 injury to, or the death of, one person on account
501 of any accident, at least five hundred thousand

502 dollars, and more than one person on account of
503 any accident, at least one million dollars, (2)
504 for damage to property at least fifty thousand
505 dollars and (3) for malpractice in the care of one
506 passenger at least two hundred fifty thousand
507 dollars, and for more than one passenger at least
508 five hundred thousand dollars. In lieu of the
509 foregoing, a single limit of liability shall be
510 allowed as follows: (A) For damages by reason of
511 personal injury to, or death of, one or more
512 persons and damage to property, at least one
513 million dollars; and (B) for malpractice in the
514 care of one or more passengers, at least five
515 hundred thousand dollars. A certificate of such
516 proof shall be filed with the [Office of Emergency
517 Medical Services] COMMISSIONER. Upon determination
518 by the [Office of Emergency Medical Services]
519 COMMISSIONER that an applicant is financially
520 responsible, properly certified and otherwise
521 qualified to operate a commercial ambulance
522 service, the [Office of Emergency Medical
523 Services] COMMISSIONER shall issue a license
524 effective for one year to such applicant. If the
525 [Office of Emergency Medical Services]
526 COMMISSIONER determines that an applicant for
527 either a certificate or license is not so
528 qualified, [it] THE COMMISSIONER shall notify such
529 applicant of the denial of his application with a
530 statement of the reasons for such denial. Such
531 applicant shall have thirty days to request a
532 hearing on the denial of said application.
533 (b) Any person or emergency medical services
534 organization which does not maintain standards or
535 violates regulations [promulgated] ADOPTED under
536 any section of this chapter applicable to such
537 person or organization may have his or its license
538 or certification suspended or revoked or may be
539 subject to any other disciplinary action specified
540 in section 19a-17 after notice by certified mail
541 to such person or organization of the facts or
542 conduct which warrant the intended action. Such
543 person or emergency medical services organization
544 shall have an opportunity to show compliance with
545 all requirements for the retention of such
546 certificate or license. In the conduct of any
547 investigation by the [Office of Emergency Medical
548 Services] COMMISSIONER of alleged violations of
549 the standards or regulations [promulgated] ADOPTED

550 under the provisions of this chapter, the
551 commissioner may issue subpoenas requiring the
552 attendance of witnesses and the production by any
553 medical services organization or person of
554 reports, records, tapes or other documents which
555 concern the allegations under investigation. All
556 records obtained by the commissioner in connection
557 with any such investigation shall not be subject
558 to the provisions of section 1-16 for a period of
559 six months from the date of the petition or other
560 event initiating such investigation, or until such
561 time as the investigation is terminated pursuant
562 to a withdrawal or other informal disposition or
563 until a hearing is convened pursuant to chapter
564 54, whichever is earlier. A complaint, as defined
565 in subdivision (6) of section 19a-13, shall be
566 subject to the provisions of section 1-16 from the
567 time that it is served or mailed to the
568 respondent. Records which are otherwise public
569 records shall not be deemed confidential merely
570 because they have been obtained in connection with
571 an investigation under this chapter.
572 (c) Any person or emergency medical service
573 organization aggrieved by an act or decision of
574 the [Office of Emergency Medical Services]
575 COMMISSIONER regarding certification or licensure
576 may appeal in the manner provided by chapter 54.
577 [(d) On or before December 31, 1975, the
578 Office of Emergency Medical Services shall issue a
579 temporary ambulance or rescue operation permit to
580 any service organization which submits
581 satisfactory evidence to the Office of Emergency
582 Medical Services that it was actively engaged in
583 operating an ambulance or rescue service on
584 January 1, 1974. Such temporary licenses shall
585 expire one year from the date of issuance.]
586 [(e)] (d) Any person guilty of any of the
587 following acts shall be fined not more than two
588 hundred fifty dollars, or imprisoned not more than
589 three months, or be both fined and imprisoned: (1)
590 In any application to the [Office of Emergency
591 Medical Services] COMMISSIONER or in any
592 proceeding before [it, or in any] OR investigation
593 made by [it or on its authority] THE COMMISSIONER,
594 knowingly [makes] MAKING any false statement or
595 representation, or, with knowledge of its falsity,
596 [files or causes] FILING OR CAUSING to be filed
597 [with the Office of Emergency Medical Services]

598 any false statement or representation in a
599 required application or statement; (2) [issues,
600 circulates or publishes, or causes] ISSUING,
601 CIRCULATING OR PUBLISHING OR CAUSING to be issued,
602 circulated or published any form of advertisement
603 or circular for the purpose of soliciting business
604 which contains any statement that is false or
605 misleading, or otherwise likely to deceive a
606 reader thereof, with knowledge that it contains
607 such false, misleading or deceptive statement; (3)
608 [gives or offers] GIVING OR OFFERING to give
609 anything of value to any person for the purpose of
610 promoting or securing ambulance or rescue service
611 business or obtaining favors relating thereto; (4)
612 [administers, or causes] ADMINISTERING OR CAUSING
613 to be administered, while serving in the capacity
614 of an employee of any licensed ambulance or rescue
615 service, any alcoholic liquor to any patient in
616 his care, except under the supervision and
617 direction of a licensed physician; (5) in any
618 respect wilfully [violates or fails] VIOLATING OR
619 FAILING to comply with any provision of this
620 chapter or wilfully [violates or fails, omits or
621 neglects] VIOLATING, FAILING, OMITTING OR
622 NEGLECTING to obey or comply with any regulation,
623 order, decision or license, or any part or
624 provisions thereof; (6) with one or more other
625 persons, [conspires] CONSPIRING to violate any
626 license or order issued by the [Office of
627 Emergency Medical Services] COMMISSIONER or any
628 provision of this chapter.
629 [(f)] (e) No person shall place any
630 advertisement or produce any printed matter that
631 holds that person out to be an ambulance service
632 unless he is licensed or certified pursuant to
633 this section. Any such advertisement or printed
634 matter shall include the license or certificate
635 number issued by the [Office of Emergency Medical
636 Services] COMMISSIONER.
637 Sec. 9. Section 19a-181 of the general
638 statutes is repealed and the following is
639 substituted in lieu thereof:
640 (a) Each ambulance or rescue vehicle used by
641 an ambulance or rescue service shall be registered
642 with the Department of Motor Vehicles pursuant to
643 chapter 246. Said Department of Motor Vehicles
644 shall not issue a certificate of registration for
645 any such ambulance or rescue vehicle unless the

646 applicant for such certificate of registration
647 presents to said department a safety certificate
648 from the [Office of Emergency Medical Services]
649 COMMISSIONER OF PUBLIC HEALTH certifying that said
650 ambulance or rescue vehicle has been inspected [by
651 said office] and has met the minimum standards
652 prescribed by the commissioner. Each vehicle so
653 registered with [said department] THE DEPARTMENT
654 OF MOTOR VEHICLES shall be inspected [annually]
655 ONCE EVERY TWO YEARS thereafter by [said office]
656 THE COMMISSIONER OF PUBLIC HEALTH on or before the
657 anniversary date of the issuance of the
658 certificate of registration. Each inspector, upon
659 determining that such ambulance or rescue vehicle
660 meets the standards of safety and equipment
661 prescribed by [said office] THE COMMISSIONER OF
662 PUBLIC HEALTH, shall affix a safety certificate to
663 such vehicle in such manner and form as [said
664 office shall designate] THE COMMISSIONER
665 DESIGNATES, and such sticker shall be so placed as
666 to be readily visible to any person in the rear
667 compartment of such vehicle.
668 (b) The Department of Motor Vehicles shall
669 suspend or revoke the certificate of registration
670 of any vehicle inspected under the provisions of
671 this section upon certification from [said Office
672 of Emergency Medical Services] THE COMMISSIONER OF
673 PUBLIC HEALTH that such ambulance or rescue
674 vehicle has failed to meet the minimum standards
675 prescribed by said commissioner.
676 Sec. 10. Section 19a-182 of the general
677 statutes is repealed and the following is
678 substituted in lieu thereof:
679 (a) The emergency medical services councils
680 shall be the area-wide planning and coordinating
681 agencies for emergency medical services and shall
682 provide continuous evaluation of emergency medical
683 services for their respective geographic areas.
684 (b) Each emergency medical services council
685 shall develop and [annually] revise EVERY FIVE
686 YEARS a plan for the delivery of emergency medical
687 services in its area, USING A FORMAT ESTABLISHED
688 BY THE OFFICE OF EMERGENCY MEDICAL SERVICES. EACH
689 COUNCIL SHALL SUBMIT AN ANNUAL UPDATE FOR EACH
690 REGIONAL PLAN TO THE OFFICE OF EMERGENCY MEDICAL
691 SERVICES DETAILING ACCOMPLISHMENTS MADE TOWARD
692 PLAN IMPLEMENTATION. Such plan shall include an
693 evaluation of the current effectiveness of

694 emergency medical services and detail the needs
695 for the future, and shall contain specific goals
696 for the delivery of emergency medical services
697 within their respective geographic areas, a time
698 frame for achievement of such goals, cost data for
699 the development of such goals, and performance
700 standards for the evaluation of such goals.
701 Special emphasis in such plan shall be placed upon
702 coordinating the existing services into a
703 comprehensive system. Such plan shall contain
704 provisions for, but shall not be limited to, the
705 following: (1) Clearly defined geographic regions
706 to be serviced by each provider including
707 cooperative arrangements with other providers and
708 backup services; (2) an adequate number of trained
709 personnel for staffing of ambulances,
710 communications facilities and hospital emergency
711 rooms, with emphasis on former military personnel
712 trained in allied health fields; (3) a
713 communications system that includes a central
714 dispatch center, two-way radio communication
715 between the ambulance and the receiving hospital
716 and a universal emergency telephone number; and
717 (4) a public education program that stresses the
718 need for adequate training in basic lifesaving
719 techniques and cardiopulmonary resuscitation. Such
720 plan shall be submitted to the Commissioner of
721 Public Health no later than June thirtieth [of]
722 each year THE PLAN IS DUE.
723 Sec. 11. Section 19a-184 of the general
724 statutes is repealed and the following is
725 substituted in lieu thereof:
726 (a) Each emergency medical services council
727 shall (1) forward to the Commissioner of Public
728 Health the emergency medical services plan for its
729 region, and (2) review and within sixty days
730 forward to the commissioner, together with its
731 recommendations, all grant and contract
732 applications for federal and state funds
733 pertaining to emergency medical services from the
734 following entities within its region: (A) A unit
735 of local government, (B) a public entity
736 administering a compact or other regional
737 arrangement or consortium, or (C) any other public
738 entity or any nonprofit private agency.
739 (b) The chairpersons, or their designees, of
740 said councils shall meet as a group, at least
741 bimonthly, with [the director of] the Office of

742 Emergency Medical Services to discuss the
743 planning, coordination and implementation of the
744 state-wide emergency medical care service system.
745 Sec. 12. Section 19a-194 of the general
746 statutes is repealed and the following is
747 substituted in lieu thereof:
748 (a) A motorcycle equipped to handle medical
749 emergencies shall be deemed a rescue vehicle for
750 the purposes of section 19a-181. The [director of
751 the Office of Emergency Medical Services]
752 COMMISSIONER shall issue a safety certificate to
753 such motorcycle upon examination of such vehicle
754 [by said director or his designee] and a
755 determination that such motorcycle (1) is in
756 satisfactory mechanical condition, (2) is as safe
757 to operate as the average motorcycle, and (3) is
758 equipped with such emergency medical equipment as
759 may be required by subsection (b) of this section.
760 (b) The [director of the Office of Emergency
761 Medical Services shall adopt regulations which
762 shall specify] COMMISSIONER MAY ADOPT REGULATIONS
763 IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 54
764 SPECIFYING the equipment a motorcycle must carry
765 to operate as a rescue vehicle pursuant to this
766 section. Such equipment shall include those items
767 that would enable an emergency medical technician,
768 paramedic or other individual similarly trained to
769 render to a person requiring emergency medical
770 assistance the maximum benefit possible from the
771 operation of such motorcycle rescue vehicle.
772 Sec. 13. Section 19a-196 of the general
773 statutes is repealed and the following is
774 substituted in lieu thereof:
775 (a) For purposes of this section and sections
776 19a-196a and 19a-196b, "municipality" means any
777 town, city or borough, whether consolidated or
778 unconsolidated.
779 (b) For purposes of this section, the
780 Commissioner of Public Health may appoint hearing
781 officers to investigate complaints filed pursuant
782 to this section. [and to report their findings to
783 the director of the Office of Emergency Medical
784 Services.]
785 (c) Any municipality aggrieved by any action
786 of an emergency medical service council may file a
787 written complaint with the [director of the Office
788 of Emergency Medical Services] COMMISSIONER
789 describing such action and shall mail a copy of

790 such complaint to the party that is the subject of
791 the complaint. Any complaint filed pursuant to
792 this section shall be filed [within] NOT LATER
793 THAN one hundred eighty days after the alleged
794 act. Upon receipt of a properly filed complaint,
795 the [director] COMMISSIONER shall refer such
796 complaint to a hearing officer appointed [by the
797 Commissioner of Public Health] to investigate such
798 complaints. The hearing officer shall, after
799 investigation and [within] NOT LATER THAN ninety
800 days after the date of such referral, either (1)
801 make a report to the [director] COMMISSIONER
802 recommending dismissal of the complaint or (2)
803 issue an official written complaint charging the
804 emergency medical service council with the
805 appropriate violation. Upon receiving a report
806 from the officer recommending dismissal of the
807 complaint, the [director] COMMISSIONER may issue
808 an order dismissing the complaint or may order a
809 further investigation or a hearing thereon. Upon
810 receiving a complaint issued by the officer, the
811 [director] COMMISSIONER shall set a time and place
812 for the hearing. The hearing shall be held in
813 accordance with the provisions of chapter 54. If
814 no such report or complaint is issued, the
815 [director] COMMISSIONER may, in his discretion,
816 proceed to a hearing upon the party's original
817 complaint in accordance with the provisions of
818 chapter 54.
819 (d) A final decision shall be in writing and
820 shall include any findings of fact and conclusions
821 of law necessary to the [director's]
822 COMMISSIONER'S decision. Findings of fact shall be
823 based exclusively on the evidence in the record.
824 The final decision shall be delivered promptly to
825 each party or his authorized representative,
826 personally or by [U.S.] UNITED STATES mail,
827 certified or registered, postage prepaid, return
828 receipt requested. The final decision shall be
829 effective when personally delivered or mailed.
830 (e) A municipality aggrieved by a decision of
831 the [director] COMMISSIONER pursuant to this
832 section may appeal therefrom to the Superior Court
833 in accordance with the provisions of section
834 4-183.
835 Sec. 14. The Commissioner of Public Health
836 shall submit a report on the implementation of the
837 emergency medical services program development to

838 the joint standing committee of the General
839 Assembly having cognizance of matters relating to
840 public health on or before January 1, 1999.
841 Sec. 15. (a) There is established a task force
842 to study the provision of emergency medical
843 services, as well as a method of funding the
844 emergency medical services system, utilizing the
845 report unanimously adopted by the Legislative
846 Program Review and Investigations Committee, on
847 December 11, 1997. The study shall include, but
848 not be limited to:
849 (1) The economic impact and strengthening of
850 the volunteer emergency medical services system;
851 (2) The need for permanent and adequate
852 funding for the Office of Emergency Medical
853 Services, the emergency medical services regional
854 councils and the grant program, as outlined in the
855 Legislative Program Review and Investigations
856 Committee report; and
857 (3) The management of costs associated with
858 quality training and education.
859 (b) The task force shall consist of:
860 (1) One member appointed by the speaker of
861 the House of Representatives, to represent the
862 Emergency Medical Services Advisory Board
863 established in section 1 of this act;
864 (2) One member appointed by the president pro
865 tempore of the Senate, to represent the emergency
866 medical services commercial sector;
867 (3) One member appointed by the minority
868 leader of the House of Representatives, to
869 represent the municipal sector;
870 (4) One member appointed by the minority
871 leader of the Senate, to represent the nonprofit
872 sector;
873 (5) One member appointed by the Council of
874 Small Towns;
875 (6) One member appointed by the council of
876 regional chairpersons, to represent the regional
877 councils;
878 (7) One member appointed by the volunteer
879 committee of the Emergency Medical Services
880 Advisory Board, to represent the volunteer sector;
881 (8) One member appointed by the house
882 chairperson of the joint standing committee of the
883 General Assembly having cognizance of matters
884 relating to public health, to represent that
885 committee;

886 (9) One member appointed by the Connecticut
887 College of Emergency Physicians, to represent that
888 agency;
889 (10) One member appointed by the American
890 College of Surgeons, to represent that agency; and
891 (11) The Commissioner of Public Health or the
892 commissioner's designee.
893 (c) All appointments to the task force shall
894 be made no later than thirty days after the
895 effective date of this section. Any vacancy shall
896 be filled by the appointing agency.
897 (d) The appointee from the joint standing
898 committee of the General Assembly having
899 cognizance of matters relating to public health
900 shall be the chairperson of this task force. The
901 chairperson shall schedule the first meeting of
902 the task force, which shall be held no later than
903 sixty days after the effective date of this
904 section.
905 (e) The task force shall report its findings
906 and recommendations, which shall include
907 recommendations concerning funding, to the joint
908 standing committee of the General Assembly having
909 cognizance of matters relating to public health
910 not later than January 15, 1999.
911 Sec. 16. This act shall take effect from its
912 passage except that sections 1 to 14, inclusive,
913 shall take effect October 1, 1998.

914 STATEMENT OF LEGISLATIVE COMMISSIONERS: Subsection
915 (c) of section 1 was reworded for clarity
916 regarding the advisory board, the ad hoc
917 committees, and the standing committees.
918 Subsection (b) of section 6 was reworded to make
919 it clear that the plan referred to is the
920 state-wide plan and references to the requirements
921 for regional councils were moved to the section of
922 the bill addressing regional councils (Section 10,
923 amending 19a-182 of the general statutes).

924 PRI COMMITTEE VOTE: YEA 11 NAY 0 JFS C/R PH
925 PH COMMITTEE VOTE: YEA 23 NAY 0 JFS

* * * * *

"THE FOLLOWING FISCAL IMPACT STATEMENT AND BILL ANALYSIS ARE PREPARED FOR THE BENEFIT OF 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 HOUSE THEREOF FOR ANY PURPOSE."

* * * * *

FISCAL IMPACT STATEMENT - BILL NUMBER sHB 5328

STATE IMPACT	Cost, see explanation below
MUNICIPAL IMPACT	Minimal Cost, Within Anticipated Budgetary Resources, see explanation below
STATE AGENCY(S)	Departments of Public Health, Public Safety, Commission on Fire Prevention and Control, Legislative Management

EXPLANATION OF ESTIMATES:

STATE IMPACT: It is anticipated that representatives of the Departments of Public Health (DPH), Public Safety and the Connecticut Commission on Fire Prevention and Control will be able to participate in the newly established Emergency Medical Services Advisory Board to the extent that their duties allow. Members of the Board are to serve without compensation. Therefore, no State cost will result from its formation. It is assumed that the Department of Public Health will be able to accommodate any needs of the Board for staff support or other incidental costs within its anticipated budgetary resources.

Section 2 requires the Department of Public Health to establish an Emergency Medical Services Equipment and Local System Development Grant program. Implementation of this program is anticipated to result in an SFY 1998-99 cost of $76,388 to the DPH. The agency will require two additional staff (a Health Program Associate and a Clerk Typist) to define the system for grant proposals, determine eligibility criteria, maintain priority lists, develop application forms and

oversee proposal review and selection. Included in this sum are personnel costs of $73,588 and one-time other expenses of $2,800.

It is assumed that expenditure of grant funds would not be initiated until after regulations defining eligible recipients have been adopted. This would be expected to occur within six months of the bill's effective date.

No funding has been included within sHB 5021 (the Revised SFY 1998-99 Appropriations Act, as favorably reported by the Appropriations Committee) for program staff or grants. An indeterminate cost will be incurred by the agency to initiate grant payments. Exact costs will be dependent upon the scope and type of services to be funded, which are not defined.

Further, the bill conforms statute to current practice by removing references to the Director of Emergency Medical Services and eliminating a requirement that the Commissioner of Public Health act through an Office of Emergency Medical Services in various instances. The position of Director of Emergency Medical Services was eliminated by the agency during January, 1998.

The agency will experience a workload decrease from adopting a biennial inspection program for ambulance or rescue vehicles. Currently, DPH staff conduct inspections of an estimated 750 vehicles.

It is anticipated that the DPH will be able to produce the mandated report by January 1, 1999 within its anticipated budgetary resources.

There is a potential minimal cost for Legislative Management as a result of passage of this bill. This is associated with the possibility of mileage reimbursement for legislators participating in the Task Force to study the provision of emergency medical services.

Other changes contained in the bill are technical in nature or remove obsolete statutory references and have no associated fiscal impact.

MUNICIPAL IMPACT: It is anticipated that representatives of local law enforcement, ambulance and health authorities named as members of the Emergency

Medical Services Advisory Board will participate to the extent that their duties allow.

* * * * *

OLR BILL ANALYSIS

sHB 5328

AN ACT CONCERNING THE OFFICE OF EMERGENCY MEDICAL SERVICES

SUMMARY: This bill eliminates the requirement that the Department of Public Health (DPH) commissioner act through the Office of Emergency Medical Services (OEMS) to license, certify, coordinate and otherwise regulate the state's emergency medical services (EMS) (see COMMENT). It eliminates the statutory authority establishing a director of OEMS but retains the office, requires the commissioner to consult with it, and gives it new administrative responsibilities. Generally these changes correspond with existing practice at the DPH. The bill requires DPH to submit a report to the Public Health Committee on EMS program implementation and development by January 1, 1999.

The bill extends, to every five years rather than annually, the planning cycle for the statewide EMS coordinated delivery plan. It also extends the regional EMS planning cycle to five years but requires annual progress reports. It extends the EMS vehicle inspection requirement from annually to every two years. And it allows, rather than requires, the DPH to adopt regulations on certain topics.

The bill establishes an EMS equipment and local system development grant program to provide incentive grants for enhancing EMS service and equipment. (It is unclear how the program is funded.) The DPH commissioner must define the nature of the proposals and adopt regulations to determine eligibility.

The bill establishes a 41-member emergency medical services advisory board within DPH to (1) advise the DPH on EMS matters; (2) coordinate EMS efforts; (3) make legislative recommendations; and (4) review EMS regulations, guidelines, and policies. It also establishes, within the advisory board, a standing

medical advisory committee to provide medical expertise to the board and the commissioner.

The bill establishes an 11-member task force to study EMS services and funding the EMS system. It must report to the Public Health Committee by January 15, 1999.

The bill deletes obsolete sections involving the Ambulance Commission and makes technical changes.

EFFECTIVE DATE: October 1, 1998, except the task force provisions are effective on passage.

FURTHER EXPLANATION

DPH Authority over EMS

DPH and OEMS Responsibilities. The bill eliminates the requirement that the DPH commissioner act through OEMS in matters relating to EMS. It transfers to the commissioner OEMS's authority to license, certify, and otherwise regulate EMS operations, equipment, and facilities and makes conforming changes. Generally these changes correspond to existing DPH practices.

The bill eliminates the statutory authority for the OEMS director, but retains the office and assigns it certain administrative responsibilities. It must (1) conduct public education and information programs (required of the commissioner under current law), (2) administer the EMS equipment and local system development grant program established by this bill, (3) assist and advise in EMS system planning, (4) oversee regional councils, (5) conduct training, and (6) provide staff for the advisory board established by this bill.

The bill eliminates the requirement that the commissioner submit an annual report to the General Assembly and the governor accounting for all state and federal funds used for EMS, evaluating OEMS's accomplishments, and recommending legislation to improve EMS in the state. It also eliminates a requirement that the commissioner develop a regional EMS plan for any region without a regional EMS council. All five regions have councils. It requires the commissioner to file a report on the implementation of

the EMS program by January 1, 1999.

Licensure and Certification and Inspection of EMS Providers. The bill transfers from OEMS to the commissioner the authority to license or certify (1) ambulance operators, drivers, medical technicians, and communications personnel; (2) emergency rooms and communication facilities; and (3) land, air, and sea EMS vehicles. It also transfers to him the responsibility of periodically inspecting life saving equipment.

Statewide and Regional EMS Coordinating Plans. The bill extends, from one to five years, the planning cycle for the statewide EMS coordinated delivery plan required by existing law. The commissioner must file the plan with the advice of, rather than acting through, OEMS and with the advice of the advisory committee on EMS. The bill also extends the regional EMS plan cycle to five years instead of one and requires regions to submit plans in a OEMS-established format. It also requires regional EMS councils to submit annual updates detailing their progress.

EMS Vehicle Inspections. The bill requires DPH to inspect EMS vehicles every two years rather than annually. By law, it must inspect and certify that the vehicles meet the minimum vehicle and equipment standards.

Regulations. The bill allows, rather than requires, the commissioner to adopt regulations establishing insurance requirements for ambulance services. By law, the minimum insurance coverage requirements for such services are up to $1 million for personal injury and property damage and $500,000 for malpractice.

The bill also allows the commissioner, rather than requires the OEMS, to adopt regulations for the minimum equipment standards for EMS motorcycles.

The EMS Equipment and Local System Development Grant Program

The bill establishes an EMS equipment and local system development grant program to provide incentive grants for enhancing EMS service and equipment. (It is unclear how the program is funded.)

The DPH commissioner must define the nature, description, and design for grant proposals and adopt regulations to determine eligibility. The eligibility requirements must consider (1) community need, (2) compatibility with the EMS system plan, and (3) availability of adequate training necessary to the proposal. He must submit all grant proposals to the appropriate regional council for review, comment, and recommendation. The councils must indicate how the proposal would address the regional EMS plan.

The commissioner must establish, maintain, and prioritize a list of eligible proposals by considering at least (1) the public health and safety, (2) the populations affected, (3) state EMS goals and standards, and (4) consistency with the statewide EMS plan.

The EMS Advisory Board

The bill establishes within the Department of Public Health a 41-member emergency medical services advisory board. The DPH commissioner must provide the board an opportunity to review and make comments on all regulations, medical guidelines, and EMS-related policies before the department establishes them. In addition, the board must assist and advise in efforts to coordinate the EMS system. The board must report annually to the commissioner and make legislative recommendations to the governor and the General Assembly.

The board consists of the DPH commissioner and the State Medical Examiner or their designees, 21 members appointed by the governor, and 18 appointed by the leaders of the House and Senate as follows: (a) four by the Senate minority leader; (b) three each by the Senate president pro tempore, the Senate majority leader, the House speaker, and the House minority leader; and (c) two by the House majority leader. The governor's appointments are as follows:

Members	From or Representing
5	Each of the regional EMS councils
3	Connecticut College of Emergency Physicians

2	Representing commercial ambulance providers
1	Connecticut Association of Directors of Health
1	American College of Surgeons Connecticut Committee on Trauma
1	Connecticut Medical Advisory Committee
1	Emergency Nurses Association
1	Connecticut Association of EMS Instructors
1	Connecticut Hospital Association
1	Connecticut Firefighters Association
1	Connecticut Fire Chiefs Association
1	Connecticut Chief of Police Association
1	Connecticut State Police
1	Connecticut Commission on Fire Prevention and Control

The House and Senate leaders' appointments in the aggregate must include (1) one person with experience in municipal ambulance service, (2) one person with experience in commercial ambulance services, (3) three people with experience in volunteer ambulance services, (4) three EMTs (one from each category), (5) three consumers, (6) four people from statewide EMS organizations, and (7) four people with any experience deemed necessary.

The DPH commissioner must appoint a board chairperson who will serve for one year. The terms of all appointed members are coterminous with the authority that appointed them and they serve without compensation. The board must elect a vice-president and a secretary and develop by-laws.

Advisory Committee within the Advisory Board. The advisory board must establish a standing committee to comment and advise the commissioner, the board, or other ad hoc committees on matters relating to the

medical aspects of their projects. It may report directly to the commissioner on matters that have not been satisfactorily addressed by the advisory board. The bill authorizes the board to establish other committees made up of board members assigned by the chairperson. The board may from time-to-time appoint nonmembers to serve on such committees.

The EMS Task Force

The bill establishes an 11-member task force to study the state's EMS services and funding using the Program Review and Investigations report. The study must evaluate (1) the economic impact and strength of volunteer services; (2) the need for permanent, adequate funding for OEMS, the regional council, and the grant program; and (3) the management of cost associated with training and education. It must report its findings and recommendations to the Public Health Committee by January 15, 1999.

The task force consists of the DPH commissioner or his designee and 10 other members appointed as follows:

One Member Representing	Appointed By
EMS advisory board	House speaker
EMS commercial services	Senate president pro tempore
Municipal services	Minority leader of the House
Nonprofit services	Senate minority leader
Council of Small Towns	Council of Small Towns
Regional council	Council of regional chairperson
Volunteer services	Volunteer Committee of the EMS Advisory Board
Public Health Committee	House chairperson of the Public Health Committee

Connecticut College of Emergency Physicians	Connecticut College of Emergency Physicians
American College of Surgeons	American College of Surgeons

The appointments must be made within 30 days of the bill's passage. The appointee of the Public Health Committee House chairperson is the chairperson of the task force and must schedule the first meeting within 60 days of the bill's passage.

COMMENT

Incorrect Cite

The provision authorizing the DPH commissioner to adopt regulations governing the licensure and certification of EMS operations and facilities refers to those operations and facilities listed in CGS Sec. 19a-178. The bill moved that list to CGS Sec. 19a-177.

COMMITTEE ACTION

Program Review and Investigations Committee

Joint Favorable Substitute Change of Reference
Yea 11 Nay 0

Public Health Committee

Joint Favorable Substitute
Yea 23 Nay 0