CONNECTICUT EMS ADVISORY BOARD

CONNECTICUT HOSPITAL ASSOCIATION
110 BARNES ROAD, Wallingford, CT, 06450

AGENDA – Tuesday, January 11, 2017 0900-1130

CALL TO ORDER – The meeting will come to order

1. LEGISLATIVE INITIATIVES Discussion and Vote–

See attached DRAFT document

ADJOURNMENT – Is there further business to come before this meeting?

OUR MISSION STATEMENT:
To represent all persons and agencies in the state concerned with the delivery of the EMS system by making recommendations to improve the EMS patient care delivery system to the Commissioner of Public Health, the Legislature and the Governor.

2017 Legislative Advisory Agenda

1. 38a-525 (group) and 38a-498 (individual) Direct Payment

Intended change(s): no proposed language

1. Update language to reflect language used within Connecticut Statutes and Regulations as they pertain to the Office of Emergency Medical Services.
2. Question the need for "hospital policy shall be primary" in this Section.
3. Allow for transportation to other healthcare providers in 19a-17b.

4. Create a “stamp” exception for those billing electronically.
5. We are already not allowed to accept more than the maximum allowable by definition why does it need to be spelled out in these sections. Consider removing.
6. Add a ‘minimum’ that is no less than a pre-determined percentage below the maximum allowable. **OR:**
7. Establish language that requires insurers, except Medicare and Medicaid, to pay the rates established by CT DPH OEMS.

Why is it necessary?
Insurers don’t recognize the fact that Connecticut EMS is a controlled utility in that the Department of Public Health Office of Emergency Medical Services establishes our rates. We are a highly regulated industry. Insurers try to impart their “usual and customary” rates, which in most cases are lower than the Medicare Allowable.

Provider costs are taken into consideration when the CT DPH OEMS establishes these rates. Providers are required to submit financial data annually to OEMS via a rate application. These rates are not arbitrarily established by the provider, as is the case in many other states.

Sec. 38a-525. Mandatory coverage for medically necessary ambulance services. Direct payment to ambulance provider. (a) Each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (6), (11) and (12) of section 38a-469 delivered, issued for delivery, renewed, amended or continued in this state shall provide coverage for medically necessary ambulance services for persons covered by the policy. The hospital policy shall be primary if a person is covered under more than one policy. The policy shall, as a minimum requirement, cover such services whenever any person covered by the contract is transported when medically necessary by ambulance to a hospital. Such benefits shall be subject to any policy provision which applies to other services covered by such policies. Notwithstanding any other provision of this section, such policies shall not be required to provide benefits in excess of the maximum allowable rate established by the Department of Public Health in accordance with section 19a-177.

(b) (1) Each such group health insurance policy shall provide that any payment by such company, corporation or center for emergency ambulance services under coverage required by this section shall be paid directly to the ambulance provider rendering such service if such provider has complied with the provisions of this subsection and has not received payment for such service from any other source.

(2) Any ambulance provider submitting a bill for direct payment pursuant to this section shall stamp the following statement on the face of each bill: "NOTICE: This bill subject to mandatory assignment pursuant to Connecticut general statutes".

(3) This subsection shall not apply to any transaction between an ambulance provider and an insurance company, hospital or medical service corporation, health care center or other entity if the parties have entered into a contract providing for direct payment.

Sec. 38a-498. (Formerly Sec. 38-174t). Mandatory coverage for medically necessary ambulance services. Direct payment to ambulance provider. (a) Each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (6), (10), (11) and (12) of section 38a-469 delivered, issued for delivery, renewed, amended or continued in this state shall provide coverage for medically necessary ambulance services for persons covered by the policy. The hospital policy shall be primary if a person is covered under more than one policy. The policy shall, as a minimum requirement, cover such services whenever any person covered by the contract is transported when medically necessary by ambulance to a hospital. Such benefits shall be subject to any policy provision which applies to other services covered by such policies. Notwithstanding any other provision of this section, such policies shall not be required to provide benefits in excess of the maximum allowable rate established by the Department of Public Health in accordance with section 19a-177.

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(3) This subsection shall not apply to any transaction between an ambulance provider and an insurance company, hospital or medical service corporation,

health care center or other entity if the parties have entered into a contract providing for direct payment.

2. 19a-177 and 19a-178a Trauma (Field Triage & Committee)

Intended Change(s) and why it is necessary:

1. The creation of an additional Connecticut EMS Advisory Board 'standing committee' equivalent to the Connecticut EMS Medical Advisory Committee in statute. The Trauma Committee.
2. Looks to have the Commissioner adopt and issue trauma field triage protocols based upon national standards with the advice of two committees, the Medical Advisory Committee and the Trauma Committee. These protocols are currently delineated in regulation, in which the process of changing such regulations cannot keep pace with the constant evolution of the standard of care. This proposal offers the ability to maintain current standards.

Section 19a-177 of the general statutes is amended by adding subsections (14) as follows:

(14) The Commissioner shall, with the advice and recommendation of the Connecticut Emergency Medical Services Advisory Board established pursuant to Section 19a-178a of the Connecticut General Statutes, approve and issue Field Triage Protocols based upon current national standards.

Section 19a-178a Subsection (c) of the general statutes is repealed and the following is substituted in lieu thereof:

(c) The Commissioner of Public Health shall appoint a chairperson from among the members of the advisory board who shall serve for a term of one year. The advisory board shall elect a vice-chairperson and secretary. The advisory board shall have committees made up of such members as the chairperson shall appoint and such other interested persons as the committee members shall elect to membership. The advisory board may, from time to time, appoint nonmembers to serve on such ad hoc committees, as it deems necessary to assist with its functions. The advisory board shall develop bylaws. The advisory board shall establish a Connecticut Emergency Medical Services Medical Advisory Committee as a standing committee. The [standing committee] Connecticut Emergency Medical Services Medical Advisory Committee shall provide the commissioner, the advisory board and other ad hoc committees with advice and comment regarding the medical aspects of their projects. The [standing committee] Connecticut Emergency Medical Services Medical Advisory Committee may submit reports directly to the commissioner regarding medically related concerns that have not, in the [standing committee's] Connecticut Emergency Medical Services Medical Advisory Committee opinion, been

satisfactorily addressed by the advisory board. The Advisory Board shall establish a Trauma Committee as a standing committee. The Commissioner shall adopt regulations regarding the composition and role of the Trauma Committee and the development of the State's trauma system. The Trauma Committee shall provide the Commissioner, through the Advisory Board, with advice and recommendations regarding the trauma system in Connecticut.

3. 7-322c. Employers/Volunteer Services

Intended Change(s): no proposed language

1. To write an exception for municipal fire, police and licensed, commercial ambulance services. The exception could become subsection (b) (6).

Why is it necessary?
All of these services have a similar responsibilities to the communities they serve and allowing people to leave one "public safety type service" to go to another "public safety type service" creates an undue burden on the municipality/service they are leaving.

Section 7-322c. Employers prohibited from discharging or discriminating against employees who are volunteer firefighters or members of volunteer ambulance services due to volunteer service. Remedies.

(a) No employer shall discharge, or cause to be discharged, or in any manner discriminate against any employee who is an active volunteer firefighter or member of a volunteer ambulance service or company because such employee is late arriving to work or absent from work as a result of responding to a fire or ambulance call prior to or during the employee's regular hours of employment.

(b) Each employee covered by this section shall:

(1) Not later than thirty days after July 9, 2003, or the date on which the employee is certified as a volunteer firefighter or member of a volunteer ambulance service or company, whichever is later, submit to the employer a written statement signed by the chief of the volunteer fire department or the medical director or chief administrator of the ambulance service or company, as the case may be, notifying the employer of the employee's status as a volunteer firefighter or member of a volunteer ambulance service or company;

(2) Make every effort to notify the employer that the employee may report to work late or be absent from work in order to respond to an emergency fire or ambulance call prior to or during the employee's regular hours of employment;

(3) If unable to provide prior notification to the employer of a late arrival to work or an absence from work in order to respond to an emergency fire or ambulance call, submit to the employer a written statement signed by the chief of the volunteer fire department or the medical director or chief administrator of the volunteer ambulance service or company, explaining why the employee was unable to provide such prior notification;

(4) At the employer's request, submit a written statement from the chief of the volunteer fire department or the medical director or chief administrator of the volunteer ambulance service or company verifying that such employee responded to a fire or ambulance call and specifying the date, time and duration of such response;

(5) Promptly notify the employer of any change to the employee's status as a volunteer firefighter or member of a volunteer ambulance service or company, including, but not limited to, the termination of such status.

(c) An employee who is discharged or discriminated against in violation of this section may, not later than one year after the date of the violation, bring an action in the superior court for the judicial district where the violation is alleged to have occurred or where the employer has its principal office, for the reinstatement of the employee's previous job, payment of back wages and reestablishment of employee benefits to which the employee would have otherwise been entitled if such violation had not occurred. The court may award the prevailing party costs, together with reasonable attorney's fees to be taxed by the court.

(d) For purposes of this section, "employer" means a person engaged in business who has employees, including the state and any of its political subdivisions.

4. 19a-181b. EMS Plans (Opioid)

Intended Change(s) and why it is necessary: includes proposed language

1. Suggested language changes in this Section clarifies the minimum number of service providers as well as provides a technical clarification by aligning a definition from Section 19a-179-1 (emergency medical services provider).

The following language was from Public Act No. 16-43 which is not yet been updated in Section 19a-181b.

(e) Not later than October 1, 2016, each municipality shall amend its local emergency medical plan, as described in section 19a-181b, to ensure that [the emergency responder], at a minimum, one emergency medical services provider, as described in section 19a-179-1, including, but not limited to, emergency medical services personnel, as defined in section 20-206jj, or a resident state trooper, who is likely to be the first person to arrive on the scene of a medical emergency in the municipality is equipped with an opioid antagonist and such person has received training, approved by the Commissioner of Public, in the administration of opioid antagonists.

5. 53a-3 Definitions (3) and (22) & 53a-167c Assault of public safety, emergency medical, public transit or health care personnel: Class C felony. (Physical Injury)

Intended Change(s): includes proposed language

1. We would like to propose a new definition for "physical injury". The proposed definition is equivalent to 18 U.S. Code SS 1515 – Definitions for certain provisions; general provision (5) (A-E) which defines "bodily injury".

Why is this necessary?
This definition will better protect all those professions called out in Section 53a-167c, not just EMS, which are at great risk of bodily injury.

Section 53a-3. Definitions.
(3) "Physical Injury" [means impairment of physical condition or pain;] means; a cut, abrasion, bruise, burn, or disfigurement; physical pain; illness; impairment of the function of a bodily member, organ, or mental faculty; or any other injury to the body, no matter how temporary.

Note of concern;
- 1. Should we update definition (22) by removing "ambulance driver" and list other levels of providers besides EMT and Paramedic?

(22) "Employee of an emergency medical service organization means an [ambulance driver] emergency medical responder, emergency medical technician, advanced emergency medical technician, or paramedic as defined in Section 19a-175.

Section 53a-167c. Assault of public safety, emergency medical, public transit or health care personnel: Class C felony.
"Physical Injury" is referred to in (a) (1) (2)

Note of concern;
- 1. Should we look to have "emergency medical services provider" or "EMS Provider" written in to replace "employee" in (a) (1-5)?

6. 19a-175. Definitions (6)

Intended Change(s) and why it is necessary:

1. We would like to propose removing this outdated and unrecognized term from this Section of definitions and all other pertinent statutes and regulations.

Section 53a-3. Definitions.
(6) ["Ambulance driver" means a person whose primary function is driving an ambulance;]