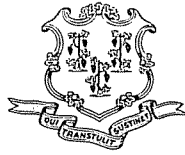


STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Jewel Mullen, M.D., M.P.H., M.P.A.
Commissioner



Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Date: August 1, 2014

To: All Connecticut Municipalities
All Connecticut Certified and Licensed EMS Organizations

From: Raphael M. Barishansky, M.P.H., M.S., CPM
Director, Office of Emergency Medical Services

Re: Changes to Statute regarding the alternative provision of EMS delivery

Connecticut Public Act 14-217 makes several changes concerning emergency medical services and primary service area responders (PSARs). The Public Act outlines the manner in which a municipality may petition the Commissioner of the Department of Public Health (DPH) to assign a new Primary Service Area Responder (PSAR) to its municipality and the timeframes in which DPH shall act in regard to the petition. The intent of this memo is to explain the changes relative to the alternative provision of EMS delivery and the petition for a new PSAR.

Section 22 of the Public Act (attached) makes changes to the process by which a municipality may petition the commissioner to assign a new PSAR.

Under current law, specifically, CGS § 19a-181c, a municipality may file a petition:

(1) at any time based on an allegation that an emergency exists and the safety, health, and welfare of the PSA's citizens are jeopardized by the responder's performance or

(2) not more than once every three years on the basis of the responder's unsatisfactory performance. The commissioner can revoke a PSAR assignment, after a contested case hearing, if she determines that

(i) either of these standards are met or

(ii) it is in the best interests of patient care to do so.

Under the new law, effective October 1, 2014, any municipality that seeks a change in a PSAR shall submit an alternative local emergency medical services plan, including the name of a recommended PSAR for each category of emergency medical response services. The circumstances under which a municipality can petition for this change are as follows:

- the municipality's current PSAR has failed to meet the standards outlined in the local EMS plan;



Phone: (860) 509-8000 • Fax: (860) 509-7184 • VP: (860) 899-1611
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer

- the municipality has established a performance crisis or unsatisfactory performance, as defined above exists;
- the PSAR does not meet a performance measure set forth in regulations;
- the municipality has developed a plan to regionalize service; or
- the municipality has developed a plan that will improve or maintain patient care and has the opportunity to align to a new PSAR that is better suited than the current one to meet the community's current needs.

If the commissioner receives such an alternative plan, including for the proposed removal of a PSAR and designation of a new PSAR, a hearing must be held. The commissioner must give the municipality's current PSAR at least 30 days' notice of the hearing. The PSAR must have an opportunity to be heard and can submit information for the commissioner's consideration. In deciding whether to approve the plan, the commissioner must consider any relevant factors, including:

- the plan's impact on (a) patient care, (b) EMS system design, including system sustainability, and (c) the local, regional, and statewide EMS system;
- the recommendation of the sponsor hospital's medical oversight staff; and
- the financial impact to the municipality without compromising the quality of patient care.

The complete text of this Public Act can be found here: <http://www.cga.ct.gov/2014/ACT/PA/2014PA-00217-R00HB-05597-PA.htm>

Please feel free to contact your Regional EMS Coordinator with any questions about these new requirements. Individual contact information may be found by visiting www.ct.gov/dph/ems.

Sec. 22 of Public Act 14-217

(a) For purposes of this section, "primary service area responder" has the same meaning as in section 19a-175 of the general statutes. A municipality that seeks a change in a primary service area responder shall submit an alternative local emergency medical services plan prepared pursuant to section 19a-181b of the general statutes, as amended by this act, to the Department of Public Health when: (1) The municipality's current primary service area responder has failed to meet the standards outlined in the local emergency medical services plan, established pursuant to section 19a-181b of the general statutes, as amended by this act; (2) the municipality has established a performance crisis or unsatisfactory performance, as defined in section 19a-181c of the general statutes, as amended by this act; (3) the primary service area responder does not meet a performance measure provided in regulations adopted pursuant to section 19a-179 of the general statutes; (4) the municipality has developed a plan for regionalizing service; or (5) the municipality has developed a plan that will improve or maintain patient care and the municipality has the opportunity to align a new primary service area responder that is better suited than the current primary service area responder to meet the community's current needs. Such plan shall include the name of a recommended primary service area responder for each category of emergency medical response services.

(b) Not later than forty-five days after a municipality submits an alternative local emergency medical services plan pursuant to the provisions of this section, each new recommended primary service area responder who agrees to be considered for the primary service area designation shall submit an application to the commissioner, on a form prescribed by the commissioner.

(c) (1) The Commissioner of Public Health shall conduct a hearing on any alternative local emergency medical services plan submitted pursuant to subsection (a) of this section, including the proposed removal of a primary service area responder and the proposed designation of a new primary service area responder. Not later than thirty days prior to the hearing, the commissioner shall notify the municipality's current primary service area responder, in writing, of the hearing. Such primary service area responder shall be given the opportunity to be heard and may submit information for the commissioner's consideration.

(2) In order to determine whether to approve or disapprove such plan, the commissioner shall consider any relevant factors, including, but not limited to: (A) The impact of the plan on patient care; (B) the impact of the plan on emergency medical services system design, including system sustainability; (C) the impact of the plan on the local, regional and state-wide emergency medical services system; (D) the recommendation from the sponsor hospital's medical oversight staff; and (E) the financial impact to the municipality without compromising the quality of patient care. If the commissioner approves the alternative plan and the application of the recommended primary service area responder, the commissioner shall issue a written decision to reassign the primary service area in accordance with the alternative plan and indicate the effective date for the reassignment. A primary service area responder shall deliver services in accordance with the local emergency medical services plan prepared pursuant to section 19a-181b of the general statutes, as amended by this act, until the effective date of the reassignment stated in the commissioner's written decision approving the alternative plan.