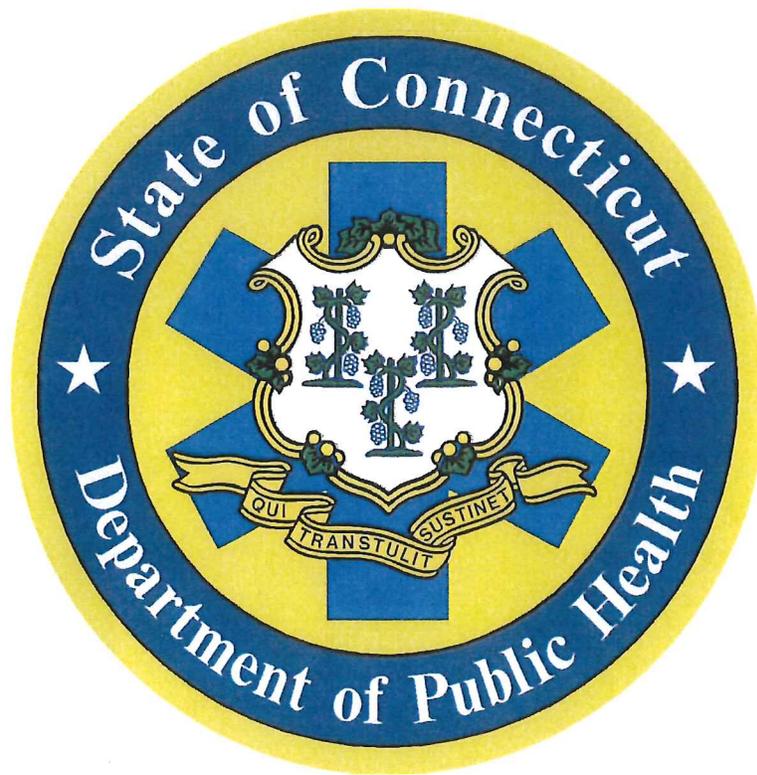


STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Primary Service Area Information

January 10, 2014

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

Essential PSA Facts

January 10, 2014

- The PSA designation system was developed to be a “safety net” across the State to assure coordinated Emergency Medical response – PSA designation implies a responsibility to the community on behalf of the EMS service to provide 24/7 coverage.
- Prior to the establishment of the PSA system, there was no specific EMS service responsible to respond to emergency calls and the potential existed for multiple providers to respond; thereby creating an increased risk to the citizens.
- The aforementioned points led to the potential for fee-for-service EMS services to focus on increasing revenue by increasing transports as opposed to focusing on patient care.
- As per both CGS and regulations, PSAs can only be assigned to one provider at each level of care (First responder, ambulance, and paramedic) for each specific geographic area - this provides for an economically sound, tiered response strategy.
- The assignment of the PSA (specifically the exclusivity and longevity factors) creates an environment where EMS agencies can invest in capital improvements and long-term projects (such as fixed facilities, community education initiatives, communication centers and the like).
- There are some misconceptions about the PSA system, the remedies that exist in instances where EMS services are not meeting the communities expectations and the importance of the local EMS plans (specifically, the inclusion of performance measures into these documents).
- The PSA system has worked well for the majority of communities across the State; there are a few isolated areas who feel the current system has been an impediment to establishing their desired system.
- One of the few imperfections of the current PSA system is that the municipalities lack the ability to have significant involvement in the designation of their EMS providers – recognizing this; DPH has proposed draft regulations that increase the municipalities’ involvement in the designation of its providers.
- The PSA system was established to create accountability and remove arbitrary, and sometimes politically motivated re-assignments – it focuses on the health, safety and welfare of our citizens and visitors. DPH continues to support the system with modifications to modernize it to meet current EMS system needs.

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Sec. 19a-175. (Formerly Sec. 19-73u). Definitions. As used in this chapter, unless the context otherwise requires:

- (23) "Primary service area" means a specific geographic area to which one designated emergency medical services provider is assigned for each category of emergency medical response services;
- (24) "Primary service area responder" means an emergency medical services provider who is designated to respond to a victim of sudden illness or injury in a primary service area;

Sec. 19a-177. (Formerly Sec. 19-73w). Duties of commissioner. The commissioner shall:

- (11) Establish primary service areas and assign in writing a primary service area responder for each primary service area;
- (12) Revoke primary services area assignments upon determination by the commissioner that it is in the best interests of patient care to do so; and

Sec. 19a-179. (Formerly Sec. 19-73aa). Regulations. Issuance of certificate for certain applicants.

Application for renewal or reinstatement by certain applicants. Definitions. (a) The commissioner shall adopt regulations, in accordance with chapter 54, concerning (1) the methods and conditions for the issuance, renewal and reinstatement of licensure and certification or recertification of emergency medical service personnel, (2) the methods and conditions for licensure and certification of the operations, facilities and equipment enumerated in section 19a-177, and (3) complaint procedures for the public and any emergency medical service organization. Such regulations shall be in conformity with the policies and standards established by the commissioner. **Such regulations shall require that, as an express condition of the purchase of any business holding a primary service area, the purchaser shall agree to abide by any performance standards to which the purchased business was obligated pursuant to its agreement with the municipality.**

Sec. 19a-181b. Local emergency medical services plan. (a) Not later than July 1, 2002, each municipality shall establish a local emergency medical services plan. **Such plan shall include the written agreements or contracts developed between the municipality, its emergency medical services providers and the public safety answering point, as defined in section 28-25, that covers the municipality.** The plan shall also include, but not be limited to, the following:

(1) The identification of levels of emergency medical services, including, but not limited to: (A) The public safety answering point responsible for receiving emergency calls and notifying and assigning the appropriate provider to a call for emergency medical services; (B) the emergency medical services provider that is notified for initial response; (C) basic ambulance service; (D) advanced life support level; and (E) mutual aid call arrangements;

(2) The name of the person or entity responsible for carrying out each level of emergency medical services that the plan identifies;

(3) **The establishment of performance standards for each segment of the municipality's emergency medical services system;** and

(4) Any subcontracts, written agreements or mutual aid call agreements that emergency medical services providers may have with other entities to provide services identified in the plan.

(b) In developing the plan required by subsection (a) of this section, each municipality: (1) May

consult with and obtain the assistance of its regional emergency medical services council established pursuant to section 19a-183, its regional emergency medical services coordinator appointed pursuant to section 19a-186a, its regional emergency medical services medical advisory committees and any sponsor hospital, as defined in regulations adopted pursuant to section 19a-179, located in the area identified in the plan; and (2) shall submit the plan to its regional emergency medical services council for the council's review and comment.

Sec. 19a-181c. Removal of responder. (a) As used in this section, "responder" means any primary service area responder that (1) is notified for initial response, (2) is responsible for the provision of basic life support service, or (3) is responsible for the provision of service above basic life support that is intensive and complex prehospital care consistent with acceptable emergency medical practices under the control of physician and hospital protocols.

(b) Any municipality may petition the commissioner for the removal of a responder. A petition may be made (1) at any time if based on an allegation that an emergency exists and that the safety, health and welfare of the citizens of the affected primary service area are jeopardized by the responder's performance, or (2) not more often than once every three years, if based on the unsatisfactory performance of the responder as determined based on the local emergency medical services plan established by the municipality pursuant to section 19a-181b and associated agreements or contracts. A hearing on a petition under this section shall be deemed to be a contested case and held in accordance with the provisions of chapter 54.

(c) If, after a hearing authorized by this section, the commissioner determines that (1) an emergency exists and the safety, health and welfare of the citizens of the affected primary service area are jeopardized by the responder's performance, (2) the performance of the responder is unsatisfactory based on the local emergency medical services plan established by the municipality pursuant to section 19-181b and associated agreements or contracts, or (3) it is in the best interests of patient care, the commissioner may revoke the primary service area responder's primary service area assignment and require the chief administrative official of the municipality in which the primary service area is located to submit a plan acceptable to the commissioner for the alternative provision of primary service area responder responsibilities, or may issue an order for the alternative provision of emergency medical services, or both.

Sec. 19a-181d. Hearing re performance standards. (a) Any municipality may petition the commissioner to hold a hearing if the municipality cannot reach a written agreement with its primary service area responder concerning performance standards. The commissioner shall conduct such hearing not later than ninety days from the date the commissioner receives the municipality's petition. A hearing on a petition under this section shall not be deemed to be a contested case for purposes of chapter 54.

(b) In conducting a hearing authorized by this section, the commissioner shall determine if the performance standards adopted in the municipality's local emergency medical services plan are reasonable based on the state-wide plan for the coordinated delivery of emergency medical services adopted pursuant to subdivision (1) of section 19a-177, model local emergency medical services plans and the standards, contracts and written agreements in use by municipalities of similar population and

characteristics.

(c) If, after a hearing authorized by this section, the commissioner determines that the performance standards adopted in the municipality's local emergency medical services plan are reasonable, the primary service area responder shall have thirty calendar days in which to agree to such performance standards. If the primary service area responder fails or refuses to agree to such performance standards, the commissioner may revoke the primary service area responder's primary service area assignment and require the chief administrative official of the municipality in which the primary service area is located to submit a plan acceptable to the commissioner for the alternative provision of primary service area responder responsibilities, or may issue an order for the alternative provision of emergency medical services, or both.

(d) If, after a hearing authorized by this section, the commissioner determines that the performance standards adopted in the municipality's local emergency medical services plan are unreasonable, the commissioner shall provide performance standards considered reasonable based on the state-wide plan for the coordinated delivery of emergency medical services adopted pursuant to subdivision (1) of section 19a-177, model emergency medical services plans and the standards, contracts and written agreements in use by municipalities of similar population and characteristics. If the municipality refuses to agree to such performance standards, the primary service area responder shall meet the minimum performance standards provided in regulations adopted pursuant to section 19a-179.

19a-179-1. Emergency medical services regulations. Definitions

Those definitions set forth in C.G.S. Sec. 19a-175 shall govern the provisions of these regulations, in addition to the following:

- (x) "Primary Service Area Responder" or "PSAR" means the designated EMS provider for first call in a primary service area.
- (y) "Primary Service Area" or "PSA" means a specific municipality or part thereof, to which one designated EMS provider is assigned for each category of emergency medical response services.

19a-179-4. Primary service area responder (PSAR)

- (a) OEMS shall assign, in writing, a primary service area responder for each primary service area. All municipalities within the State of Connecticut shall be covered by said assignments. Primary service area responders shall be either licensed or certified by OEMS pursuant to C.G.S. Sec. 19a-180. An express condition of licensure or certification as an emergency medical service provider shall be the availability and willingness of the emergency medical service provider to properly carry out any PSAR assignment made by OEMS pursuant to this section of these regulations.
- (b) The factors to be considered by OEMS in assigning any emergency medical services provider as a PSAR shall be as follows:
 - (1) Size of population to be served;
 - (2) Effect of proposed PSAR assignment on other emergency medical service providers in the area;
 - (3) Geographic locations of the proposed PSAR provider;
 - (4) The proposed PSAR's record of response time;
 - (5) The proposed PSAR's record of activation time;
 - (6) The proposed PSAR's level of licensure or certification; and,
 - (7) Other factors which OEMS determines to be relevant to the provision of efficient and effective emergency medical services to the population to be served. Prior to such assignment, OEMS shall solicit the advice and recommendation of the appropriate regional council and the chief administrative official of the municipality in which the PSAR lies for consideration in light of the above factors.
- (c) Each PSAR shall be assigned to only one designated response service for each given category of service available. Any circumstances under which another designated response service would receive first call priority, such as central dispatch sending the closest available vehicle, shall be stipulated in the assignment of the PSAR.
- (d) A PSAR assignment may be withdrawn when it is determined by OEMS that it is in the best interests of patient care to do so. Upon transmittal to OEMS of the recommendation of the appropriate regional council, along with reasons in support of said recommendation, that withdrawal of a PSAR assignment is appropriate, OEMS shall institute proceedings pursuant to C.G.S. Sec. 19a-177 through Sec. 19a-182, inclusive, and the applicable regulations of the department of health services promulgated thereunder. The regional council and the designated primary service area responder shall be permitted to present evidence and arguments to the commissioner in support of their respective positions. Upon consideration of the council recommendation and any other evidence or argument presented, the commissioner shall make a decision, in writing, whether to withdraw the assignment. If an assignment is withdrawn, OEMS shall at the same time assign the PSAR responsibility to another provider. The commissioner may initiate such

proceedings without being requested to do so by the council, but shall notify the council of its intent.

- (e) Where the chief administrative official of the municipality in which the PSA lies can demonstrate to the commissioner that an emergency exists and that the safety, health and welfare of the citizens of the affected area are jeopardized by the performance of the assigned primary service area responder, that chief administrative official may petition the commissioner in writing, to suspend the assignment immediately. In such cases, the chief administrative official shall develop a plan acceptable to the commissioner for the alternative provision of primary service area responder responsibilities. Upon a finding that an emergency exists and that the safety, health, and welfare of the citizens of the affected area are jeopardized by the performance of the assigned primary service area responder, the commissioner may suspend the assignment immediately and order a plan for alternative provision of emergency medical services, pending prompt compliance with the requirements of the subsection (d) above.
(Effective June 14, 1988.)

19a-179-5. Licensure and certification

- (e) Change of Ownership for emergency medical service organizations holding a primary service area.
- (1) The intended purchaser of any licensed or certified emergency medical service organization holding a primary service area shall:
- (A) At least 30 days prior to the intended date of purchase, provide the Department with a written notice of intent to purchase said business.
- (B) Complete an "Intent to Purchase" form provided by the Department, which shall include, at a minimum, the following:
- (i) Name of business to be purchased;
- (ii) A detailed description of what is included in the transaction;
- (iii) A description of the geographic boundaries of the Primary Service Area(s) served by the business to be purchased;
- (iv) Attestation from the purchaser and the chief administrative official of the municipality in which the Primary Service Area lies, on forms provided by the Department. Said attestation shall indicate that the purchaser has agreed to meet or exceed the performance standards to which the purchased emergency medical service organization was obligated pursuant to its agreement with the municipality. A separate attestation form shall be used for each municipality included in the transaction.
- (C) Comply with all state laws and regulations governing licensing or certification of emergency medical services organizations.
- (2) A change of ownership of any licensed or certified emergency medical service organization shall not occur unless all provisions of this section are met.
(Effective June 14, 1988; Amended effective September 27, 2001.)

Proposed PSAR Regulations 19a-179-4

Section 19a-179-4 of the Regulations of Connecticut State Agencies is amended to read as follows:

19a-179-4. Primary service area responder (PSAR)

(a) Primary Service Area Assignment

[(a)] [OEMS] The Department shall assign, in writing, a primary service area responder for each primary service area in the category of services, as identified in subsection (c) of this section. All municipalities within the [State] state of Connecticut shall be covered by said assignments. Primary service area responders shall be either licensed or certified by [OEMS] the Department pursuant to [C.G.S. Sec.] section 19a-180 of the Connecticut General Statutes. An express condition of licensure or certification as an [emergency medical service provider] EMS organization shall be the availability and willingness of the [emergency medical service provider] EMS organization to properly carry out any PSAR assignment made by [OEMS] the Department pursuant to this section of these regulations.

(b) PSAR Application

(1) An EMS organization requesting to be assigned as a PSAR shall apply to the Department on a form prescribed by the Department. The factors to be considered by [OEMS in assigning] the Department for approving an application of any [emergency medical services provider] EMS organization [,] as a PSAR shall [be as follows] include, but may not be limited to:

- [(1)](A) Size of population and geographical area to be served;
- [(2)](B) Effect of proposed PSAR assignment on other [emergency medical service providers] EMS organizations in the area;
- (C) The proposed PSAR's interaction with other providers assigned in each different category in the same area;
- [(3)](D) Geographic locations of the proposed PSAR provider;
- [(4)](E) The proposed PSAR's record of response time;
- [(5)](F) The proposed PSAR's record of activation time;
- [(6)](G) The proposed PSAR's level of licensure or certification;
- (H) The specific resources that will be allocated to servicing the geographic area, including but not limited to, the quantity and types of vehicles, branch locations, and the quantity and certification levels of personnel;
- (I) For currently licensed or certified EMS organizations, the number of calls the proposed PSAR passes to other providers;
- (J) For currently licensed or certified EMS organizations, the effect of how the new service area will be integrated into the existing PSA;
- (K) Any written agreements or contracts with any municipality served by the proposed PSAR required pursuant to section 19a-181b of the Connecticut General Statutes, if applicable;
- (L) Any proposed agreement that would allow for circumstances under which another response service would receive first call priority, including, but not limited to, a supplemental first responder; and
- [(7)](M) Other factors which [OEMS] the Department determines to be relevant to the provision of efficient and effective [emergency medical services] EMS to the population to be served. [Prior to such assignment, OEMS shall solicit the advice and recommendation of the appropriate regional council and the chief

Proposed PSAR Regulations 19a-179-4

administrative official of the municipality in which the PSAR lies for consideration in light of the above factors.]

(c) **The PSAR approval process**

- (1) The Department may consult with the appropriate regional councils and municipalities to review the application for completeness. It shall be the sole responsibility of the Department to deem the application complete.
- (2) The Department shall provide the appropriate regional councils and municipalities with a copy of the application that has been deemed complete.
- (3) The appropriate regional councils shall submit its recommendation in writing to the Department within forty-five days from the date the application is deemed complete. A regional council recommendation may either support or oppose the application for the proposed PSAR assignment. The recommendation shall contain the reasons for such support or opposition.
- (4) The appropriate municipalities shall submit its recommendation in writing to the Department within forty-five days from the date the application is deemed complete. A municipality recommendation shall either support or oppose the application for the proposed PSAR assignment. The recommendation shall contain the reasons for such support or opposition.
- (5) If a regional council or municipality does not act on an application and report to the Department within the forty-five day time limit, the Department shall consider the application to have been supported by the regional council or municipality.
- (6) The Department shall provide applicants and the appropriate regional councils and municipalities with written notification of the Department decision. Written notification shall occur within sixty days of the application being deemed complete. If a decision cannot be rendered within sixty days of the completion of the application, the Department shall notify the applicant and the appropriate regional councils and municipalities of the delay. Such delay shall not be deemed as an approval of the application.

[(c))(7) Each [PSAR] PSA shall [be] have one assigned PSAR [to only one designated response service] for each [given] of the following [category of service available.] categories of service:

- (A) First Responder;
- (B) Ambulance Service; and
- (C) Paramedic Service.

Any proposed alternative configuration shall go through the PSAR application process as an addendum to the application.

[Any circumstances under which another designated response service would receive first call priority, such as central dispatch sending the closest available vehicle, shall be stipulated in the assignment of the PSAR.]

(d) **Responsibilities of the PSAR**

- (1) Each PSAR shall be prepared to respond to calls for emergency services originated from an EMS dispatch center for its primary service area on a twenty-four hour a day, seven day a week, basis, or arrange with another certified or licensed EMS organization to provide coverage for its PSA during non-operational hours with no reduction in level of service. The EMS organization that provides coverage for the PSAR shall be approved to provide the same categories of services as the PSAR. If such arrangement with another

Proposed PSAR Regulations 19a-179-4

EMS organization is necessary, a copy of a written agreement between the PSAR and the other EMS organization shall be enclosed in the PSAR's application for the PSA, as described in section 19a-179-4(b) of these regulations. If the PSAR is an ambulance service, the following requirements shall be followed to carry out the requirement set forth above:

- (A) If the EMS organization has only one ambulance in operation or only one crew available to respond to calls, and the EMS organization is the only EMS organization within a municipality, that ambulance and crew shall be reserved for emergency calls within the organization's PSA, or for calls for mutual aid.
- (B) If the EMS organization has only one ambulance in operation but there are other licensed or certified ambulance services based within the municipality, the organization may use its only ambulance for rendering service other than emergencies only if the service first determines that there is an ambulance and crew available from the other service within the municipality to respond to emergencies.
- (C) Each responding ambulance service shall maintain contact with the dispatch center concerning the location and availability of system vehicles.
- (D) Maintain written mutual aid agreements that ensure consistent, continuous and timely EMS coverage of the responder's primary service area.

(e) Review of a PSAR assignment

- (1) Each regional EMS coordinator, in consultation with the appropriate municipalities and PSARs, shall review the PSAR assignments within the EMS coordinator's geographic areas at least every five years for:
 - (A) Performance as outlined in the local EMS Plan;
 - (B) Performance standards established by the Department;
 - (C) Response time;
 - (D) Activation Time;
 - (E) Number of calls passed to other providers;
 - (F) Review of existing agreements or contracts with any municipality served by the PSAR;
 - (G) Compliance with local, regional, and state emergency response plans; and
 - (H) Other factors determined to be relevant to the provision of efficient and effective EMS to the population served.
- (2) The PSAR shall cooperate with the review by providing the regional EMS coordinator with relevant information and documents regarding the items being reviewed.
- (3) The regional EMS coordinator shall submit to the Director of OEMS a written report of its findings for each PSAR review within thirty days of the conclusion of the review. This report shall include, but not be limited to:
 - (A) PSAR performance relative to the Regulations of Connecticut State Agencies;
 - (B) PSAR performance relative to the Local EMS Plan;
 - (C) Recommendations on performance improvements consistent with the standards of professional practice; and
 - (D) Recommendations to remediate any deficiencies.
- (4) If at any time, the regional EMS Coordinator obtains knowledge that the PSAR is not satisfactorily performing its duties, and that based upon such dereliction of duties, an emergency exists that jeopardizes the safety, health and welfare of the citizens of the

Proposed PSAR Regulations 19a-179-4

affected PSA, the regional EMS coordinator shall immediately report such information in writing to the Director of OEMS.

(f) **Withdrawal of a PSAR assignment**

(1) The commissioner may withdraw a PSAR assignment pursuant to section 19a-177(12) of the Connecticut General Statutes; and,

[A PSAR assignment may be withdrawn when it is determined by OEMS that it is in the best interests of patient care to do so. Upon transmittal to OEMS of the recommendation of the appropriate regional council, along with reasons in support of said recommendation, that withdrawal of a PSAR assignment is appropriate, OEMS shall institute proceedings pursuant to C.G.S Sec. 19a-177 through Sec. 19a-182, inclusive, and the applicable regulations of the department of health services promulgated thereunder. The regional council and the designated primary service area responder shall be permitted to present evidence and arguments to the commissioner in support of their respective positions. Upon consideration of the council recommendation and any other evidence or argument presented, the commissioner shall make a decision, in writing, whether to withdraw the assignment. If an assignment is withdrawn, OEMS shall at the same time assign the PSAR responsibility to another provider. The commissioner may initiate such proceedings without being requested to do so by the council, but shall notify the council of its intent.]

[(e)](2) Where the chief administrative official of the municipality in which the PSA lies can demonstrate to the commissioner that an emergency exists and that the safety, health and welfare of the citizens of the affected area are jeopardized by the performance of the assigned [primary service area responder] PSAR, that chief administrative official may petition the commissioner in writing, to suspend the assignment immediately. In such cases, the chief administrative official shall develop a plan acceptable to the commissioner for the alternative provision of [primary service area responder] PSAR responsibilities. Upon a finding that an emergency exists and that the safety, health, and welfare of the citizens of the affected area are jeopardized by the performance of the assigned [primary service area responder] PSAR, the commissioner may suspend the assignment immediately and order a plan for alternative provision of [emergency medical services] EMS, pending prompt compliance with the requirements of [the subsection (d) above] section 19a-181c of the Connecticut General Statutes.

(g) **Voluntary Surrender of a PSAR**

(1) If a PSAR seeks to voluntarily surrender its PSAR assignment, it shall notify the Department at least ninety days prior to the date the PSAR plans to terminate service, provided that an emergency does not exist and the safety, health, and welfare of the citizens in the affected area are not in jeopardy. The PSAR shall submit a plan for the orderly transfer of the PSAR assignment to another provider. The PSAR shall submit support of the plan from the chief administrative official of the area affected and from the providers involved in the plan. The organization that is to replace the current PSAR shall submit an application in accordance with subsection (b) of this section. In the event that another provider has not been identified to accept the PSAR assignment, the Department shall require the current PSAR to continue to provide service to the area until another provider can be assigned.

(2) If an emergency exists or the safety, health and welfare of the citizens of the affected area are in jeopardy, the organization shall notify the Department immediately. The

Proposed PSAR Regulations 19a-179-4

Commissioner shall order another service as the temporary PSAR and notify any affected providers of the emergency situation. The organization assuming permanent provision of primary service area responsibilities shall submit an application pursuant to subsection (b) of this section.

(h) Transfer of a PSAR assignment

- (1) Any sale of an existing service shall be exempt from the PSAR application process and the PSAR assignment shall transfer to the purchaser provided that the purchase agreement and other related documentation is submitted to the Department, and the Department determines that the following criteria have been met:
 - (A) Following the sale, the purchaser only provides services, operates vehicles or establishes branch locations in the areas covered by the seller and purchaser prior to the sale;
 - (B) The entire service is transferred by the seller to a single purchaser and said seller completely terminates all participation in the category of service;
 - (C) The purchaser satisfies all other conditions of certification or licensure requirements prior to the operation of the category of service;
 - (D) At least thirty days prior to the proposed transfer of the PSAR assignment, the purchaser provides notice to the Department, the appropriate regional councils and the municipalities in which the service area lies, of the pending PSAR transfer. Such notice shall be provided by submitting a completed Intent to Purchase Form to the Department, the regional council, and the municipalities;
 - (E) The purchaser agrees, in writing, to abide by any performance standards to which the purchased business was obligated pursuant to the prior agreement with the municipality and shall provide a copy of the written agreement or contract with the municipality in which the PSA lies, if applicable. A signature of approval from the chief administrative officials of the applicable municipalities shall be required.
- (2) The Department shall make the final assignment of the PSA.
- (3) Any transfer of ownership of an organization holding a PSAR that does not meet the criteria required by this subsection shall be subject to the approval process as specified in section 19a-179-4(a) through (d) of these regulations.