

## Overview:

The Primary Service Area (PSA) System in the State of Connecticut has remained relatively unchanged for the last quarter century.

The current system no longer consistently serves the needs of the State of Connecticut. It is the position of the Department of Public Health (DPH) that the PSA system needs to be updated in order for DPH to address the Emergency Medical Services (EMS) challenges that face the State today, while at the same time leaving in place the “safety net features” of our existing system that assure that the EMS needs of the residents of our state continue to be met.

Currently, the PSA is an indefinite assignment.

There are municipalities and Primary Service Area Responders that are not well-versed in the Statutes and Regulations that govern EMS in Connecticut, particularly as they relate to the PSAs and their specific roles and responsibilities.

DPH has not revoked any PSAs within the last decade.

During that same time period, DPH has received no petitions to remove a PSA; however a number of concerns were brought to the attention of the department for technical assistance.

Presently, DPH has a limited ability to act on anything less than an emergency situation. This can translate into less critical issues evolving into emergencies. The Task Force felt a regular review of EMS delivery systems by DPH would be more effective means of addressing issues before they become emergent.

## Task Force Specifics:

The Task Force met over the course of six months. The commitment of time and effort put forth by the Task Force Members is to be commended.

The final report, and all of its recommendations, reflect a commitment to consistent, quality patient care. These recommendations are genuinely a compromise between the various viewpoints that were represented on the Task Force. These compromises take into account many of the strengths and weaknesses of Connecticut’s current PSA system and are a middle-of-the-road approach at updating Connecticut’s PSA system to. These recommendations further grant DPH additional flexibility in dealing with EMS agencies, as well as municipalities, thus allowing for conflict resolution to better suit the needs of specific communities and the people they serve.

- **Recommendation #1: Changes to the Local EMS Plan** – Each municipality or authority having jurisdiction shall update the Local EMS Plan which is required by CGS 19a-181b,

to respond to the dynamic needs of their community, as well as specify EMS objectives and performance measures necessary to meet the local community needs. The municipality shall consult with the current PSAR when updating their Local EMS Plan. Municipalities and PSARs shall avail themselves of technical services available through DPH to resolve disagreements arising from the creation or implementation of the Local EMS Plan. In the event that the existing PSAR refuses to deliver the requisite level of care identified in the updated Local EMS Plan, the municipality may petition DPH for removal of the PSAR in accordance with CGS 19a-181d.

- **Recommendation #2: DPH Shall Review Local EMS Plans Every 5 Years** – Each EMS plan will be reviewed for key elements every 5 years by OEMS and a rating will be assigned (Meets Performance Standards, Exceeds Performance Standards, or Failure to Comply with Performance standards)
- **Recommendation #3: Sale or Transfer of a PSAR** - Any PSAR that sells or transfers all of its assets to another entity, or has more than fifty percent of its ownership interest sold or transferred to another entity, shall notify the DPH of such sale or transfer no later than sixty (60) days prior to the sale or transfer. The purchasing entity shall file an application with the DPH for approval of the sale or transfer of such PSA Assignment on a form prescribed by the DPH. DPH shall review such application based on the following criteria:
  - Background of purchasing entity
  - Purchasing entity's compliance history in other jurisdictions
  - Financial ability to perform the responsibilities of a PSAR in Connecticut in compliance with the local EMS Plan

DPH shall solicit input from impacted municipalities and sponsor hospitals prior to making a determination on the disposition of the PSA Assignments. The DPH shall complete its review within 45 days of receipt of the purchasing entity's application

- **Recommendation #4: Removal of a PSAR** – Expands the regulatory language specific to the removal of a PSA holder and better defines the terms “emergency” as well as “unsatisfactory performance”
- **Recommendation #5: Alternative Provision of PSA Responsibilities** – In the event that the updated Local EMS Plan demonstrates that said municipality is positioned to deliver EMS Service, or contract to have EMS Service delivered through a responder other than that which is currently designated by the state, DPH shall develop a process to assure the matter is heard and make a determination regarding the aforementioned plan. A municipality may submit a Local EMS Plan to DPH for consideration of the alternative provision of primary service area responsibilities for the following reasons - this is not an all-inclusive list:
  - Improved patient care

- More efficient EMS delivery
- More efficient allocation of resources
- Opportunity to align with a new EMS provider better suited to meet the community's current needs
- Regionalization possibilities
- Response times

When making its determination on the disposition of a plan for the alternative provision of primary service area responder responsibilities, DPH shall consider the following factors. This is not an all-inclusive list:

- Impact on patient care
- Local EMS Plan and all related factors
- EMS System Design including system sustainability
- Impact on the local, regional and statewide EMS System
- Recommendation from Medical Control / Sponsor Hospital

DPH intends to develop a thoughtful and thorough process to review individual municipal recommendations for changes in service provider.

Recommendation #5 is the only recommendation that the Task Force failed to reach consensus on – with that in mind, and barring any questions for me from the Commission members, I will cede the floor to the other Task Force members present to discuss this recommendation at greater length.

Respectfully submitted,



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