

M.O.R.E.

Mandates Sub-Committee Meeting

MEETING MINUTES

Friday, January 10, 2014

1:00 P.M. IN LOB ROOM 1D

The meeting was called to order by Representative Sayers (Chair) at 1:09 P.M.

The following Sub-Committee members were present: Rep. Sayers (Chair), Rep. David Arconti, Rep. Dan Fox, Rep. Frank Nicastro, Rep. John Piscopo, Rep. Rob Sampson, Fillmore McPherson, Kimberly Glassman, Bob Labanara, Leo Paul, Art Ward, David Roche, Sheila McKay, Ben Wenograd, James Jaskot

The Sub-Committee was also joined by Sen. Gary LeBeau.

Rep. Sayers (Chair) welcomed everyone and made opening remarks.

Sub-Committee members present introduced themselves.

Rep. Sayers introduced the Department of Public Health (DPH) as the first presenter of the day. The presentation was given by Jill Kentfield, Legislative Liaison for the Department of Public Health (DPH), and Wendy Furniss, DPH Branch Chief for Licensing of Institutions, Professionals, and EMS Providers.

Department of Public Health Presentation: An Introduction to the Emergency Medical Services (EMS) Primary Service Area (PSA) System in CT. NOTE: a full copy of the written materials provided by DPH, as well as a video of the meeting, is available on the MORE Commission website here:

<http://www.housedems.ct.gov/MORE/index.asp> .

Rep. Sayers (Chair) asked members if they had any questions for the DPH presenters. She also stated that officials from the Town of South Windsor testified in front of the Public Health Committee that the town could be charged for two ambulances responding to the same call because of the division in basic life support (BLS) and advanced life support (ALS) services between two separate PSAs. She said that she would defer to Senator Lebeau to ask questions surrounding this topic.

Sen. Lebeau stated that his primary concern was saving lives rather than saving money. He continued that a young person's life was lost in South Windsor because of a break-down in the EMS provider's network, adding that the South Windsor Town Manager would comment on that incident later in the meeting. He

questioned why DPH felt that it was the state's role to ensure that there is adequate EMS coverage for each town when towns were entrusted with providing so many other protective services for their citizens without direct state intervention. He posited that the state should only have secondary oversight, stepping in when towns are not able to ensure adequate EMS coverage for themselves.

Ms. Furniss responded that there were more facts in play during the scenario that Sen. Lebeau referenced of which he may not be aware and which may change his perspective on the role of DPH in the matter. She stated that one of these factors was that a first responder was present at the scene of the incident but failed to perform CPR- an issue that had nothing to do with the responding ambulance. She also stated that the town might have the ability to address subsequent complaints about their EMS provider through the local EMS plan and the contract between the town and the EMS provider. She further stated that if towns had primary responsibility over providing EMS coverage for their citizens, wealthier towns might be able to provide better service than towns with less money. Additionally, she said that towns populated primarily by people on Medicaid, versus towns with a mix of citizens who are privately insured and those who are on Medicaid, will be at a disadvantage at the bargaining table with EMS providers, since those contracts are less lucrative. She said the state needs to be careful not to create major health disparities between communities.

Mr. Paul asked if the blue text in the DPH document represented proposed changes.

Ms. Furniss answered that red text represented proposed deletions and that blue text in the regulatory section represented new proposed language.

Mr. Wenograd asked what the proposed change in subsection 19a-179-4(f)(1) (the ability of the DPH Commissioner to withdraw a primary service area responder's assignment) of the DPH document involved. He said it looks like this proposed change takes away ability of towns to object to recommendations from the DPH Commissioner.

Ms. Kentfield answered that the language of subsection 19a-179-4(f)(1) was outdated and that the language that is proposed to be removed from regulations here also appears in statute, so DPH was just trying to remove repetitive language.

Mr. Wenograd asked if the process that facilitates the Commissioner's authority to withdraw a primary service area responder's assignment under 19a-179-4(f)(1) would be taken away under the proposed changes.

Ms. Furniss answered that the process is currently spelled out in two places and so was redundant where it appeared in 19a-179-4(f)(1). Since this process is

also in statute and will not be affected by proposed regulation changes, input and information gathering from all parties will continue to take place.

Mr. Labanara asked how a community that wants to improve the level or quality of EMS service provided in their area may proceed (especially when the current provider does not wish to cooperate).

Ms. Furniss responded that the issue should be addressed through the local EMS plan or through contract negotiations with the EMS provider. She further stated that until local ems plans are implemented in all communities, it is difficult to say how DPH would address this problem when the current system does not work.

Mr. McPherson asked why DPH was involved in managing a town function. He said that as long as a town is providing service, there should be no need for DPH interference. He stated his opinion that DPH should only get involved with town EMS services if no such service exists in a given town.

Rep. Sayers (Chair) thanked DPH for their answers and asked the panel of presenters from various EMS services and municipalities to present to the sub-committee.

Mary-Ellen Harper, the Director of Fire and Rescue Services in Farmington and Co-Chair of the DPH Task Force on EMS PSAs gave her presentation. NOTE: a full copy of the written materials provided by Ms. Harper, as well as a video of the meeting, is available on the MORE Commission website here: <http://www.housedems.ct.gov/MORE/index.asp> .

Bruce Baxter, the New Britain EMS Chief, gave his presentation. NOTE: a full copy of the written materials provided by Chief Baxter, as well as a video of the meeting, is available on the MORE Commission website here: <http://www.housedems.ct.gov/MORE/index.asp> .

Matthew Galligan, the Town Manager of South Windsor, stated that the current EMS PSA system was confusing and dysfunctional. He said that, in 1997, it became clear that South Windsor Volunteer Ambulance response times were below acceptable standards (25 minutes). The town handled this situation, in consultation with the state, by instituting additional training for EMTs. At that point, he said, the Volunteer Service decided to become an independent nonprofit entity (unaffiliated with the town), so the town was no longer able to responsibly purchase equipment and training materials for them. He said that the service was too small to compete with other services on its own. He also stated that the town told the service it was inappropriate for them to incorporate as a separate entity. He stated that the service refused to engage in discussions to create a performance plan and refuses to pay rent on the property it occupies. The Town of South Windsor still pays for the service's gasoline and would like to

work out some type of agreement with the service. He added that the town needs advanced life support service (ALS), but the service has not acted to build ALS capacity. He recalled one occasion when an ambulance from the service took 45 minutes to respond. He then said that the Town of South Windsor put out an RFP for ALS (since the service does not supply that level of care) and the service put in a bid that undercut all other applicants even though they did not have ALS certification from the state. He said the state told the town that they must move forward with the service despite all of these issues. The major problem with the EMS PSA system as it now exists, he said, is that local government has no control over their provider. He said that towns can run police departments, homeless shelters and triage centers, so it is ridiculous to think that they cannot run EMS services as well. He said the town also is often sued when the ambulance service makes a mistake, despite the fact that the town has no control over which service is selected to provide emergency response. He asked sub-committee members to read a recent federal highway system report stating that the Connecticut EMS system is confusing. Finally, he stated that there was a role for the state and DPH in the EMS system, but that role should be as a watchdog over town action.

David Lowell, Executive Vice President/ Chief Operating Officer at Hunter's Ambulance in Meriden, gave his presentation. NOTE: a full copy of the written materials provided by Mr. Lowell, as well as a video of the meeting, is available on the MORE Commission website here:

<http://www.housedems.ct.gov/MORE/index.asp> .

Thomas Ronalter, Fire Chief of the New Britain Fire Department, gave his presentation. NOTE: a full copy of the written materials provided by Mr. Lowell, as well as a video of the meeting, is available on the MORE Commission website here: <http://www.housedems.ct.gov/MORE/index.asp> .

Rep. Sayers thanked the presenters for their expertise. She then asked if DPH's suggestion that the PSA system be reviewed every 5 years would help aid municipalities.

Ms. Harper answered yes, stating that this suggestion had been discussed by the DPH Task Force. She qualified this, though, by stating that there must be a grade given to EMS services based on their performance and that there must be an improvement plan (which must be completed within a specific amount of time) for services that are not meeting minimum standards.

Rep. Sayers asked if EMS PSAs could be sold.

Ms. Harper stated that her understanding was that whoever holds the PSA could sell it to another provider.

Rep. Sayers asked if PSAs really had a price.

Mr. Lowell responded that there is an asset value to the expected emergency call volume in a PSA transaction of transfer.

Rep. Sayers asked if DPH received money from the sale of PSAs.

Ms. Furniss responded that DPH does not receive money from the sale of PSAs. She also stated that there is currently no grade system for EMS providers, but that provider response times are currently listed on the DPH website.

Rep. Sayers asked how different types of EMS services (volunteer and professional) would be mixed in a regionalization effort.

Mr. Baxter answered that studies need to be done to determine the best way to regionalize EMS services. He stated that, in the southern US, there are county-wide EMS services that exist alongside local services and the overlap is managed effectively. He continued that the three regional EMS services that he built during his career took time to develop. He stated that, if you pull the rug out from under existing EMS services, there will be animosity; but if you give them a chance to regionalize on their own, there may still be resistance, but with study results and a chance to participate, they might start to come along. He believes that all parties affected by a regionalization effort need to come to a common table with an educated facilitator to discuss the most important issues. He further stated that, in Massachusetts, local councils of government were empowered to explore the regionalization process. He followed that example up by stating that Maine has recent experience consolidating school districts and 911 districts by using state funding as a carrot rather than a stick.

Rep. Nicastro asked if Mr. Galligan submitted written testimony to the sub-committee.

Mr. Galligan responded that he submitted written testimony to this group last year, but is currently putting together a legal suit against the local provider and needs to be careful with what he puts in writing.

Ms. Furniss asked to respond to some comments made earlier in the discussion. She stated that the DPH Commissioner put a new leadership team in place in September of 2012, so some concerns about DPH's lack of responsiveness are a product of old leadership team. She also encouraged Mr. Galligan to bring a petition to DPH because it sounds as though he has cause. She continued that, on page 3 of the proposed PSA regulations, 8 major factors for judging services are proposed. She said that she would like to put these standards into the regulations to help towns and providers to work together to provide service. She further stated that she was open to suggestions for adding benchmarks for providers to meet in this section of the regulations.

Rep. Sayers asked if the regulations took into consideration the fact that many emergency calls now require paramedic response.

Ms. Furniss answered that the regulations do not address this specific issue because DPH does not want the regulations to be overly detailed. She said that the state medical advisory group looks at clinical standards of care and distributes this information to providers. She also said that some types of emergency response that used to be just performed at the paramedic level are now becoming EMT practice (such as a pilot program that gets EMTs to perform EKGs)

Mr. Paul asked, if town cannot give a 40 year monopoly contract to a corporation, why the state did so with EMS providers through the current PSA system. He also asked why DPH could not regularly review the performance of providers in all PSAs every 5 or 10 years, and, if certain criteria were not met, give towns control over the PSA so they could put it out to bid.

Ms. Furniss answered that each provider's EMS plan and performance measures will be examined every 5 years under the new proposed regulations. She also said that DPH does not want to have anything to do with the actual awarding of a contract.

Mr. Paul asked who the responsible party was for determining how providers currently have monopoly over their PSA forever.

Ms. Furniss answered that monopolies are allowed under the current regulatory scheme, but that they will not be allowed if the new proposed regulations are adopted. She continued that DPH agrees that the current system is not functional in all cases, but she also stated that Mr. Lowell and Mr. Baxter were right in saying that if one town changes one provider, a domino effect ensues which impacts other towns and providers. She stated that a 5 year review of each provider is a huge workload for DPH to undertake, but that it is important to do so.

Mr. Paul asked when the monopoly will stop and when towns will be able to act if service is bad.

Ms. Furniss answered that, under the current system, the monopoly stops when a town has concerns that rise to the level of a petition to DPH. She continued that in the new system that has been proposed, the monopoly would stop every 5 years when a review would take place. She said that, if review is successful, then the monopoly would continue, but if the provider is not meeting the required performance standards at that point, their license would be revoked.

Mr. Paul asked when the 5 year review cycle would start.

Ms. Furniss answered that the 5 year review cycle would start as soon as the proposed regulations are adopted. She further stated that DPH cannot review every EMS service in the first year of the new program, so it will have to stagger the initial review, possibly starting with the towns that have expressed a particular concern with their provider.

Mr. Lowell stated that, in the current statutory scheme, there are 2 existing opportunities for towns to remove the EMS provider. He said that the first was if an emergency situation existed, and the second discusses a 3 year interval for review of providers that provider “unsatisfactory service.” He asked for a more clear definition of “unsatisfactory service” and said that he would be happy to provide the Chair with a summary of the existing statutory review scheme for EMS providers. He further stated that communities do have performance standards for their providers and do monitor them. He continued that 90% of emergency calls are responded to in 8 minutes or less, and that a report must be filed if a provider responds unusually slowly (12 minutes or more) with the town. He said he regularly meets with town officials where he operates to review service. He then said that, through a certificate of need process, providers can get help to bring response times down.

Ms. Harper stated that hybrid EMS systems do exist, citing Farmington, with volunteers, full time staff and part time staff, as an example. She said this is an indicator that towns do have the ability to manage different types of EMS systems coming together. She further stated that a town cannot regionalize or consolidate EMS services now because towns often do not hold their own PSA. She said that there are often different holders of different PSAs for different levels of service all responding at the same time to the same calls and towns cannot currently do anything to fix this system.

Rep. Sayers stated that, as the state has less money to give to towns, it needs to help them to regionalize and become more efficient. She then entertained a motion to adjourn the meeting from Rep. Nicastro and seconded by Mr. McPherson at 2:59 PM.

Submitted: David Desjardins