Association of Connecticut Ambulance Providers

Aetna Ambulance -:- Ambulance Service of Manchester -:- American Ambulance Service
Campion Ambulance Service -:- Hunter's Ambulance Service

January 10, 2014

Representative Sayers and members of the committee, my name is David Lowell and I appreciate the opportunity to speak with you today.

In order to frame my qualifications to speak to the topic of Primary Service Area Responder practice, regulations and statutes in Connecticut, I would like to first give you my background.

I became a certified Basic Life Support Emergency Medical Technician in 1983.

I served in the Town of Simsbury for both he the Simsbury Volunteer Ambulance Association and The Simsbury Volunteer Fire Department.

I served on the Simsbury Volunteer Ambulance Board of Directors.

I became a State Emergency Medical Services Instructor and a Licensed Paramedic in 1986.

I have worked as a Paramedic for Hunter's Ambulance Service since 1986 and am currently the Executive Vice President, Chief Operating Officer of this organization.

I have served on numerous state committees as well as the EMS regional Council Board of Directors and various sub committees.

I hold a degree in Business Administration and professional certifications in LEAN Six-Sigma – Health Care from Villanova University, Labor Relations and Collective Bargaining from Cornell University, and Ambulance Service Management from American Ambulance Association/Fitch and Associates EMS Institute.

I am currently serving a four year term as an elected official on the City of Meriden City Council and serve on the Health and Human Services and Public Safety sub committees.

I am the current President of the Association of Connecticut Ambulance Providers.

The Association of Connecticut Ambulance Providers is made up of Aetna Ambulance, American Ambulance, Ambulance of Manchester, Campion Ambulance and Hunter's Ambulance. *Collectively we provide emergency medical services to approximately 200,000 patients on an annual basis. Our members cover over 35 municipalities and offers mutual aid to an additional 50 municipalities in Connecticut. We serve small and large municipalities including urban areas such as Hartford, East*

Hartford, Manchester, Norwich, Middletown, Meriden, Waterbury and Torrington. We are responsible for providing emergency services in our service areas to over 800,000 people across the state. This is done with a network of 136 ambulances and dedicated staff of over 900, including 700 EMT or paramedic employees.

It is from this perspective that I serve as one of a fifteen member legislatively appointed task that I speak with you today on the issue of Primary Service Areas and Primary Service area Responders.

Primary Service Area statutes and regulations were enacted in 1974 to provide order & stability to the emergency medical responses across the state. They [statutes and regulations] defined territories based on geographical boundaries and assigned the responsibility of response to specific entities. Updates have been made through the years and most notably in 2000 language was added that defined the process to be followed to address performance issues within a municipality and specifically the process to remove a provider. Additionally, language was added to strengthen the role of the state Office of Emergency Medical Services, regional EMS councils and regional EMS coordinators roles and responsibilities in local EMS plans for municipalities with a local-regional-statewide integrated approach.

This system is much like a public utility model where there exists rate regulation, a certificate of need process for expanded service area and resources, and Primary service area assignments.

These statutes and regulations have provided protections for our citizens and developed a vast safety net of emergency medical resources across the state. The systems development over the past 40 years has been one of progression and inclusion.

There are 5 EMS regions that are coordinated through EMS regional coordinators. Resources within and between regions are linked together through mutual aid agreements and/or practices among the individual providers.

The integrity and scalability of the system is essential. While they don't happen every day, mid to large scale emergencies are a reality with fairly regular occurrence. Even simultaneous emergencies in a community with one ambulance will necessitate regional shifting of resources. The system as it has developed has taken this regional and statewide perspective into account and we [the state as a whole] is well served because of it.

Permanency of PSAR assignments have built in an integrity that I view is an essential component to overall public health and safety. Making PSA assignments "temporary" will likely lead to an imbalance in the safety net they were established to create.

Undoubtedly the system is dynamic and deserves constant attention. As conditions and medical practices change, so too should elements of the system. Modifications should be and have been made that enhance the system, not dismantle it.

Improvements are needed. Statutes written 14 years ago have not been fully implemented. These specifically address performance and accountability as well as providing for the collaboration of the

municipality with the PSAR', regional councils & coordinators, and state DPH-OEMS. There is a responsibility to fully utilize these tools as intended. If some providers are not following the rules, or are disengaged from their municipality, they should be called to task. Statutes and regulations exist that allow for this. Whether they have been utilized properly and whether DPH has carried out its role as intended or directed is a valid question. Proper funding for the regional coordinators-regional councils in order that they may carry out their essential functions is also key.

I am committed to continue my good faith efforts to work with the task force to ensure that current regulations and statutes are understood and I will continue to promote change that in my view positively impacts the greater good of the system on behalf of our residents.

Respectfully Submitted,

David D. Lowell