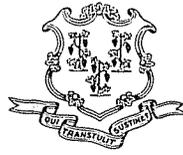


# STATE OF CONNECTICUT

## 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 Local EMS plans

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Connecticut Public Act 14-217 makes several changes concerning emergency medical services and Local EMS plans – these changes are effective October 1, 2014. The Public Act creates additional requirements regarding the timeline in which a municipality shall update its Local EMS Plan, who the municipality should be consulting with about the plan and how the Office of Emergency Medical Services (OEMS) will evaluate these plans. The intent of this memo is to explain the changes specific to the Local EMS Plans.

Sections 19 and 20 of the Public Act (attached) make changes regarding requirements for local EMS plan updates. The Public Act requires each municipality to update its plan as it determines necessary and, in updating its plan, a municipality must consult with its PSAR.

The Public Act also requires DPH to review local EMS plans and PSARs' provision of services under them at least every five years. Upon request, DPH must assist municipalities with the updating process by providing technical assistance and helping to resolve disagreements (presumably between the municipality and PSAR) concerning the plan. In conducting the review, DPH must evaluate how the PSAR has complied with applicable laws and regulations and rate the service as "meeting performance standards", "exceeding performance standards", or "failing to comply with performance standards".

If DPH rates a PSAR as "failing", the commissioner may require it to comply with a department-developed performance improvement plan. PSARs rated as "failing" may also be subject to later performance reviews or removal as the town's PSAR for failing to improve their performance.

The Public Act allows the commissioner to initiate a hearing on her own and remove the PSAR if they are rated as "failing" to comply with performance standards and the responder subsequently fails to improve its performance.



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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](http://www.ct.gov/dph/ems).

### Sec. 19 of Public Act 14-217

*(c) Each municipality shall update the plan required by subsection (a) of this section as the municipality determines is necessary. The municipality shall consult with the municipality's primary service area responder concerning any updates to the plan. The Department of Public Health shall, upon request, assist each municipality in the process of updating the plan by providing technical assistance and helping to resolve any disagreements concerning the provisions of the plan.*

*(d) Not less than once every five years, said department shall review a municipality's plan and the primary service area responder's provision of services under the plan. Such review shall include an evaluation of such responder's compliance with applicable laws and regulations. Upon the conclusion of such evaluation, the department shall assign a rating of "meets performance standards", "exceeds performance standards" or "fails to comply with performance standards" for the primary service area responder. The Commissioner of Public Health may require any primary service area responder that is assigned a rating of "fails to comply with performance standards" to meet the requirements of a performance improvement plan developed by the department. Such primary service area responder may be subject to subsequent performance reviews or removal as the municipality's primary service area responder for a failure to improve performance in accordance with section 19a-181c, as amended by this act.*

### Sec. 20 of Public Act 14-217

*(2) "Performance crisis" means (A) the responder has failed to respond to at least fifty per cent or more first call responses in any rolling three-month period and has failed to comply with the requirements of any corrective action plan agreement between the municipality and the responder, or (B) the sponsor hospital refuses to endorse or provide a recommendation for the responder due to unresolved issues relating to the quality of patient care provided by the responder.*

*(3) "Unsatisfactory performance" means the responder has failed to (A) respond to at least eighty per cent or more first call responses, excluding those responses excused by the municipality in any rolling twelve-month review period, or (B) meet defined response time standards agreed to between the municipality and responder, excluding those responses excused by the municipality, and comply with the requirements of a mutually agreed-upon corrective action plan, or (C) investigate and adequately respond to complaints related to the quality of emergency care or response times, on a repeated basis, or (D) report adverse events as required by the Commissioner of Public Health or as required under the local emergency medical services plan, on a repeated basis, or (E) communicate changes to the level of service or coverage patterns that materially affect the delivery of service as required under the local emergency medical services plan or communicate an intent to change such service that is inconsistent with such plan, or (F) communicate changes in its organizational structure that are likely to negatively affect the responder's delivery of service, and (G) deliver services in accordance with the local emergency medical services plan.*