

**STATE OF CONNECTICUT
EMS POLICY AND PROCEDURES MANUAL**

SUBJECT: EMS STATUTES

Reference #201A

PURPOSE: To establish the laws which govern the state's Emergency Medical Service System.

SOURCE: *General Statutes of Connecticut; revised to January, 2001; Volume 6; pp. 794-809*

CHAPTER 368d*

EMERGENCY MEDICAL SERVICES

*Annotations to former chapter 334b:

Annotation to former section 20-378:

Service designed to provide normal transportation for wheelchair passengers is not an ambulance under the statute. 161 C. 215.

Annotation to former section 20-383:

Cited. 161 C. 215.

Annotation to former section 20-385:

Cited. 161 C. 215.

Annotations to present section:

Section 19-73u et seq. Cited. 35 CS 136, 138. Former sections 19-73u through 19-73pp (now Sec. 19a-175 et seq.) cited. 37 CS 124, 128.

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

- (1) **“Emergency medical service system”** means a system which provides for the arrangement of personnel, facilities and equipment for the efficient, effective and coordinated delivery of health care services under emergency conditions;
- (2) **“Patient”** means an injured, ill, crippled or physically handicapped person requiring assistance and transportation;
- (3) **“Ambulance”** means a motor vehicle specifically designed to carry patients;
- (4) **“Ambulance service”** means an organization which transports patients;
- (5) **“Emergency medical technician”** means an individual who has successfully completed the training requirements established by the commissioner and has been certified by the Department of Public Health;
- (6) **“Ambulance driver”** means a person whose primary function is driving an ambulance;
- (7) **“Emergency medical technician instructor”** means a person who is certified by the Department of Public Health to teach courses, the completion of which is required in order to become an emergency medical technician;
- (8) **“Communications facility”** means any facility housing the personnel and equipment for handling the emergency communications needs of a particular geographic area;
- (9) **“Life saving equipment”** means equipment used by emergency medical personnel for the stabilization and treatment of patients;
- (10) **“Emergency medical service organization”** means any organization whether public, private or voluntary which offers transportation or treatment services to patients under emergency conditions;

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- (11) **“Invalid coach”** means a vehicle used exclusively for the transportation of nonambulatory patients, who are not confined to stretchers, to or from either a medical facility or the patient’s home in nonemergency situations or utilized in emergency situations as a backup vehicle when insufficient emergency vehicles exist;
- (12) **“Rescue service”** means any organization, whether profit or nonprofit, whose primary purpose is to search for persons who have become lost or to render emergency service to persons who are in dangerous or perilous circumstances;
- (13) **“Provider”** means any person, corporation or organization, whether profit or nonprofit, whose primary purpose is to deliver medical care or services, including such related medical care services as ambulance transportation;
- (14) **“Commissioner”** means the Commissioner of Public Health;
- (15) **“Paramedic”** means a person licensed pursuant to section 20-206ll;
- (16) **“Commercial ambulance service”** means an ambulance service which primarily operates for profit;
- (17) **“Licensed ambulance service”** means a commercial ambulance service or a volunteer or municipal ambulance service issued a license by the commissioner;
- (18) **“Certified ambulance service”** means a municipal or volunteer ambulance service issued a certificate by the commissioner;
- (19) **“Management service”** means an organization which provides emergency medical technicians or paramedics to any entity including an ambulance service but does not include a commercial ambulance service or a volunteer or municipal ambulance service;
- (20) **“Automatic external defibrillator”** means a device that:
- (A) Is used to administer an electric shock through the chest wall to the heart;
 - (B) contains internal decision- making electronics, microcomputers or special software that allows it to interpret physiologic signals, make medical diagnosis and, if necessary, apply therapy;
 - (C) guides the user through the process of using the device by audible or visual prompts; and
 - (D) does not require the user to employ any discretion or judgment in its use;
- (21) **“Mutual aid call”** means a call for emergency medical services that, pursuant to the terms of a written agreement, is responded to by a secondary or alternate emergency medical services provider if the primary or designated emergency medical services provider is unable to respond because such primary or designated provider is responding to another call for emergency medical services or the ambulance or nontransport emergency vehicle operated by such primary or designated provider is out of service. For purposes of this subdivision, “nontransport emergency vehicle” means a vehicle used by emergency medical technicians or paramedics in responding to emergency calls that is not used to carry patients;
- (22) **“Municipality”** means the legislative body of a municipality or the board of selectmen in the case of a municipality in which the legislative body is a town meeting;
- (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; and
- (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.

(P.A. 74-305, S. 1, 19; P.A. 75-112, S. 1, 18; P.A. 77-268, S. 1; 77-349, S. 1; 77-614, S. 323, 587, 610; P.A. 78-303, S. 85, 136; P.A. 81-259, S. 1, 3; P.A. 87-79; 87-420, S. 2, 14; P.A. 90-172, S. 1; P.A. 93-381, S. 9, 39; P.A. 95-257, S. 12, 21, 58; P.A. 96-180, S. 56, 166; P.A. 97-311, S. 15; P.A. 98-62, S. 2; 98-195, S. 3; P.A. 00-151, S. 1, 14.)

History: P.A. 75-112 deleted Subdiv. (f) defining “commission”, relettering remaining Subsecs. accordingly, added Subdiv. (o) defining “commissioner” and substituted commissioner of health for commission on hospitals and health care where necessary; P.A. 77-268 defined “health systems agency” rather than “comprehensive health planning agency” in Subdiv. (b); P.A. 77-349 added Subdiv. (p) defining

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“paramedic”; P.A. 77-614 and P.A. 78-303 replaced commissioner and department of health with commissioner and department of health services, effective January 1, 1979; P.A. 81-259 added Subdivs. (q) to (s) defining “commercial ambulance service”, “licensed ambulance service” and “certified ambulance service”; Sec. 19-73u transferred to Sec. 19a-175 in 1983; P.A. 87-79 redefined “invalid coach” to specify applicability re transportation of nonambulatory patients not confined to stretchers; P.A. 87-420 deleted Subdiv. (b) defining “health systems agency”, relettering remaining Subdivs. accordingly; P.A. 90-172 added the definition of “management service”; P.A. 93-381 replaced department and commissioner of health services with department and commissioner of public health and addiction services, effective July 1, 1993; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995; P.A. 96-180 replaced alphabetic Subdiv. indicators with numeric indicators, effective June 3, 1996; P.A. 97-311 redefined “paramedic”; P.A. 98-62 added Subdiv. (20) defining “automatic external defibrillator”; P.A. 98-195 amended Subdiv. (14) by deleting “acting through the Office of Emergency Medical Services” and amended Subdivs. (17) and (18), replacing Office of Emergency Medical Services with “commissioner” (Revisor’s note: In Subdiv. (7) the phrase “... to teach courses, the completion of which are required ...” was changed editorially by the Revisors to “... to teach courses, the completion of which is required ...”); P.A. 00-151 made technical changes and added new Subdivs. (21) to (24) defining “mutual aid call”, “municipality”, “primary service area” and “primary service area responder”, effective July 1, 2000.

Annotations to former section 19-73u:
Section 19-73u et seq. Cited. 35 CS 136, 138.
Subsec. (a):
Cited. 35 CS 136, 142.
Subsec. (k):
Cited. 37 CS 124, 127.

Sec. 19a-176. (Formerly Sec. 19-73v). Department of Public Health to administer emergency medical services program. The Department of Public Health shall be the lead agency for the state’s emergency medical services program and shall be responsible for the planning, coordination and administration of a state-wide emergency medical care service system. The Commissioner of Public Health shall set policy and establish state-wide priorities for emergency medical services utilizing the services of the state Department of Public Health and the emergency medical services councils, as established by section 19a-183.

(P.A. 74-305, S. 2, 19; P.A. 75-112, S. 2, 18; P.A. 77-268, S. 2; 77-614, S. 323, 610; P.A. 78-303, S. 94, 136; P.A. 87- 420, S. 3, 14; P.A. 93-381, S. 9, 39; P.A. 95-257, S. 12, 21, 58; P.A. 98-195, S. 4.)

History: P.A. 75-112 replaced commission on hospitals and health care with commissioner and department of health; P.A. 77-268 replaced “b” agencies with “health systems agencies”; P.A. 77-614 replaced commissioner and department of health with commissioner and department of health services, effective January 1, 1979; P.A. 78-303 removed provision re advice of advisory committee on emergency medical services in establishing policy and priorities; Sec. 19-73v transferred to Sec. 19a-176 in 1983; P.A. 87-420 deleted reference to health systems agencies and their associates and made a technical correction; P.A. 93-381 replaced department and commissioner of health services with department and commissioner of public health and addiction services, effective July 1, 1993; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995; P.A. 98-195 added that department shall be the lead agency for the state’s emergency medical services program.

Annotation to former section 19-73v:

Cited. 35 CS 136, 142.

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

- (1) With the advice of the Office of Emergency Medical Services established pursuant to section 19a-178 and of an advisory committee on emergency medical services and with the benefit of meetings held pursuant to subsection (b) of section 19a-184, adopt every five years a state-wide plan for the coordinated delivery of emergency medical services;
- (2) License or certify the following:
 - (A) Ambulance operations, ambulance drivers, emergency medical technicians and communications personnel;
 - (B) emergency room facilities and communications facilities; and
 - (C) transportation equipment, including land, sea and air vehicles used for transportation of patients to emergency facilities and periodically inspect life saving equipment, emergency facilities and emergency transportation vehicles to insure that state standards are maintained;

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- (3) Annually inventory emergency medical services resources within the state, including facilities, equipment, and personnel, for the purposes of determining the need for additional services and the effectiveness of existing services;
- (4) Review and evaluate all area-wide plans developed by the emergency medical services councils pursuant to section 19a-182 in order to insure conformity with standards issued by the commissioner;
- (5) Within thirty days of their receipt, review all grant and contract applications for federal or state funds concerning emergency medical services or related activities for conformity to policy guidelines and forward such application to the appropriate agency, when required;
- (6) Establish such minimum standards and adopt such regulations in accordance with the provisions of chapter 54, as may be necessary to develop the following components of an emergency medical service system:
- (A) Communications, which shall include, but not be limited to, equipment, radio frequencies and operational procedures;
 - (B) transportation services, which shall include, but not be limited to, vehicle type, design, condition and maintenance, life saving equipment and operational procedure;
 - (C) training, which shall include, but not be limited to, emergency medical technicians, communications personnel, paraprofessionals associated with emergency medical services, firefighters and state and local police; and
 - (D) emergency medical service facilities, which shall include, but not be limited to, categorization of emergency departments as to their treatment capabilities and ancillary services;
- (7) Coordinate training of all personnel related to emergency medical services;
- (8) (A) Not later than October 1, 2001, develop or cause to be developed a data collection system that will follow a patient from initial entry into the emergency medical service system through arrival at the emergency room. The commissioner shall, on a quarterly basis, collect the following information from each licensed ambulance service or certified ambulance service that provides emergency medical services:
- (i) The total number of calls for emergency medical services received by such licensed ambulance service or certified ambulance service through the 9-1-1 system during the reporting period;
 - (ii) each level of emergency medical services, as defined in regulations adopted pursuant to section 19a-179, required for each such call;
 - (iii) the response time for each licensed ambulance service or certified ambulance service during the reporting period;
 - (iv) the number of passed calls, cancelled calls and mutual aid calls during the reporting period; and
 - (v) for the reporting period, the prehospital data for the nonscheduled transport of patients required by regulations adopted pursuant to subdivision (6) of this section. The information required under this subdivision may be submitted in any written or electronic form selected by such licensed ambulance service or certified ambulance service and approved by the commissioner, provided the commissioner shall take into consideration the needs of such licensed ambulance service or certified ambulance service in approving such written or electronic form. The commissioner may conduct an audit of any such licensed ambulance service or certified ambulance service as the commissioner deems necessary in order to verify the accuracy of such reported information.
- (B) The commissioner shall prepare a report that shall include, but not be limited to, the following information:
- (i) The total number of calls for emergency medical services received during the reporting year by each licensed ambulance service or certified ambulance service;
 - (ii) the level of emergency medical services required for each such call;

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- (iii) the name of the provider of each such level of emergency medical services furnished during the reporting year;
 - (iv) the response time, by time ranges or fractile response times, for each licensed ambulance service or certified ambulance service, using a common definition of response time, as provided in regulations adopted pursuant to section 19a-179; and
 - (v) the number of passed calls, cancelled calls and mutual aid calls during the reporting year. The commissioner shall prepare such report in a format that categorizes such information for each municipality in which the emergency medical services were provided, with each such municipality grouped according to urban, suburban and rural classifications. Not later than March 31, 2002, and annually thereafter, the commissioner shall submit such report to the joint standing committee of the General Assembly having cognizance of matters relating to public health, shall make such report available to the public and shall post such report on the Department of Public Health web site on the Internet.
- (C) If any licensed ambulance service or certified ambulance service does not submit the information required under subparagraph (A) of this subdivision for a period of six consecutive months, or if the commissioner believes that such licensed ambulance service or certified ambulance service knowingly or intentionally submitted incomplete or false information, the commissioner shall issue a written order directing such licensed ambulance service or certified ambulance service to comply with the provisions of subparagraph (A) of this subdivision and submit all missing information or such corrected information as the commissioner may require. If such licensed ambulance service or certified ambulance service fails to fully comply with such order not later than three months from the date such order is issued, the commissioner
- (i) shall conduct a hearing, in accordance with chapter 54, at which such licensed ambulance service or certified ambulance service shall be required to show cause why the primary service area assignment of such licensed ambulance service or certified ambulance service should not be revoked, and
 - (ii) may take such disciplinary action under section 19a-17 as the commissioner deems appropriate.
- (D) On and after October 1, 2006, the commissioner shall collect the information required by subparagraph (A) of this subdivision, in the manner provided in said subparagraph, from each person or emergency medical service organization licensed or certified under section 19a-180 that provides emergency medical services. On and after October 1, 2006, such information shall be included in the annual report prepared by the commissioner in accordance with subparagraph (B) of this subdivision and such person or emergency medical service organization shall be subject to the provisions of subparagraph (C) of this subdivision;
- (9) (A) Establish rates for the conveyance of patients by licensed ambulance services and invalid coaches and establish emergency service rates for certified ambulance services, provided the present rates established for such services and vehicles shall remain in effect until such time as the commissioner establishes a new rate schedule as provided in this subdivision; and
- (B) adopt regulations, in accordance with the provisions of chapter 54, establishing methods for setting rates and conditions for charging such rates. Such regulations shall include, but not be limited to, provisions requiring that on and after July 1, 2000:
- (i) Requests for rate increases may be filed no more frequently than once a year;
 - (ii) only licensed ambulance services and certified ambulance services that apply for a rate increase and do not accept the maximum allowable rates contained in any voluntary state-wide rate schedule established by the commissioner for the rate application year shall be required to file detailed financial information with the commissioner;
 - (iii) licensed ambulance services and certified ambulance services that do not apply for a rate increase in any year or that accept the maximum allowable rates contained in any voluntary state-wide rate schedule established by the commissioner for the rate application year shall, not later than July fifteenth of such year, file with the commissioner either an audited financial statement or an

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accountant's review report pertaining to the most recently completed fiscal year of the licensed ambulance service or certified ambulance service, including total revenue and total expenses, a statement of emergency and nonemergency call volume, and, in the case of a licensed ambulance service or certified ambulance service that is not applying for a rate increase, a written declaration by such licensed ambulance service or certified ambulance service that no change in its currently approved maximum allowable rates will occur for the rate application year; and

- (iv) detailed financial and operational information filed by licensed ambulance services and certified ambulance services to support a request for a rate increase shall cover the time period pertaining to the most recently completed fiscal year and the rate application year of the licensed ambulance service or certified ambulance service;
- (10) Research, develop, track and report on appropriate quantifiable outcome measures for the state's emergency medical services system and submit to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a, on or before July 1, 2002, and annually thereafter, a report on the progress toward the development of such outcome measures and, after such outcome measures are developed, an analysis of emergency medical services system outcomes;
- (11) Establish primary service areas and assign in writing a primary service area responder for each primary service area; and
- (12) Revoke primary services area assignments upon determination by the commissioner that it is in the best interests of patient care to do so.

(P.A. 74-305, S. 3, 19; P.A. 75-112, S. 3, 18; P.A. 77-268, S. 3; P.A. 78-331, S. 12, 58; P.A. 80-480, S. 1, 3; P.A. 87-420, S. 4, 14; P.A. 98-195, S. 5; P.A. 00-151, S. 2, 14.)

History: P.A. 75-112 replaced "commission", i.e. commission on hospitals and health care, with "commissioner", i.e. commissioner of health; P.A. 77-268 replaced "b" agencies with "health systems" agencies and added reference to "benefit of meetings held pursuant to subsection (b) of section 19-73ee" in development and update of state-wide plan; P.A. 78-331 replaced reference to Sec. 19-73ee with reference to Sec. 19-73ff; P.A. 80-480 amended Subsec. (i) to replace conveyance "in commercial ambulance vehicles" with more specific reference to conveyance "by licensed ambulance services" and added provisions re establishment of emergency service rate for certified ambulance services and re adoption of regulations concerning rates; Sec. 19-73w transferred to Sec. 19a-177 in 1983; P.A. 87-420 substituted "emergency medical services councils" for "health systems agencies" in Subdivs. (a), (c) and (k); P.A. 98-195 changed Subsec. designations to Subdivs., amended Subdiv. (1) by adding advice of the Office of Emergency Medical Services and changing annually updated plan to one adopted every five years, deleted specified contents of the plan, added new Subdiv. (2) re licensure, certification and inspections, deleted former Subsec. (h) re education programs, deleted former Subsec. (j) re annual reports to the General Assembly and Governor and Subsec. (k) re plans for regions without an emergency medical services council and made technical changes; P.A. 00-151 made technical changes, amended Subdiv. (8) by revising and adding provisions re the collection and reporting of information, amended Subdiv. (9) by adding requirements for regulations re rate increases and schedules applicable on and after July 1, 2000, and added new Subdivs. (10) to (12) re outcome measures and the establishment, assignment and revocation of primary service areas, effective July 1, 2000.

Annotation to former section 19-73w:

Cited. 35 CS 136, 142.

Sec. 19a-178. (Formerly Sec. 19-73z). Office of Emergency Medical Services. State-wide coordinated delivery plan. Model local emergency medical services plans and performance agreements.

- (a) There shall be established within the Department of Public Health an Office of Emergency Medical Services. The office shall be responsible for program development activities, including, but not limited to:
 - (1) Public education and information programs;
 - (2) administering the emergency medical services equipment and local system development grant program;
 - (3) planning;
 - (4) regional council oversight;
 - (5) training; and
 - (6) providing staff support to the advisory board.

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- (b) The Office of Emergency Medical Services shall adopt a five-year planning cycle for the state-wide plan for the coordinated delivery of medical emergency services required by subsection (a) of this section. The plan shall contain:
- (1) Specific goals for the delivery of such emergency medical services;
 - (2) a time frame for achievement of such goals;
 - (3) cost data and alternative funding sources for the development of such goals; and
 - (4) performance standards for the evaluation of such goals.
- (c) Not later than July 1, 2001, the Office of Emergency Medical Services shall, with the advice of the Emergency Medical Services Advisory Board established pursuant to section 19a-178a and the regional emergency medical services councils established pursuant to section 19a-183, develop model local emergency medical services plans and performance agreements to guide municipalities in the development of such plans and agreements. In developing the model plans and agreements, the office shall take into account
- (1) the differences in the delivery of emergency medical services in urban, suburban and rural settings,
 - (2) the state-wide plan for the coordinated delivery of emergency medical services adopted pursuant to subdivision (1) of section 19a-177, and
 - (3) guidelines or standards and contracts or written agreements in use by municipalities of similar population and characteristics.

(P.A. 74-305, S. 6, 19; P.A. 75-112, S. 5, 18; P.A. 77-614, S. 323, 610; P.A. 93-381, S. 9, 39; P.A. 95-257, S. 12, 21, 58; P.A. 98-195, S. 6; P.A. 00-151, S. 3, 14.)

History: P.A. 75-112 added Subdiv. © re performance of duties assigned by health commissioner and deleted provision requiring office to report findings to commission on hospitals and health care; P.A. 77-614 replaced commissioner of health with commissioner of health services, effective January 1, 1979; Sec. 19-73z transferred to Sec. 19a-178 in 1983; P.A. 93-381 replaced department and commissioner of health services with department and commissioner of public health and addiction services, effective July 1, 1993; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995; P.A. 98-195 deleted office responsibilities re licensure, certification and inspectors, added Subdivs. (1) to (6) re program development activities and added new Subsec. (b) re five-year plan; P.A. 00-151 added new Subsec. (c) re model local emergency medical services plans and performance agreements, effective July 1, 2000.

Cited. 242 C. 152.

Sec. 19a-178a. Emergency Medical Services Advisory Board established; appointment; responsibilities.

- (a) There is established within the Department of Public Health an Emergency Medical Services Advisory Board.
- (b) The advisory board shall consist of forty-one members, including the Commissioner of Public Health and the state medical director, or their designees. The Governor shall appoint the following members: One person from each of the regional emergency medical services councils; one person from the Connecticut Association of Directors of Health; three persons from the Connecticut College of Emergency Physicians; one person from the Connecticut Committee on Trauma of the American College of Surgeons; one person from the Connecticut Medical Advisory Committee; one person from the Emergency Department Nurses Association; one person from the Connecticut Association of Emergency Medical Services Instructors; one person from the Connecticut Hospital Association; two persons representing commercial ambulance providers; one person from the Connecticut Firefighters Association; one person from the Connecticut Fire Chiefs Association; one person from the Connecticut Chiefs of Police Association; one person from the Connecticut State Police; and one person from the Connecticut Commission on Fire Prevention and Control. An additional eighteen members shall be appointed as follows: Three by the president pro tempore of the Senate; three by the majority leader of the Senate; four by the minority leader of the Senate; three by the speaker of the House of Representatives; two by the majority leader of the House of Representatives and three by the minority leader of the House of Representatives. The appointees shall include a person with experience in municipal ambulance services; a person with experience in for-profit ambulance services; three persons with experience in volunteer ambulance

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services; an emergency medical technician paramedic; an emergency medical technician; an emergency medical technician intermediate; three consumers and four persons from state-wide organizations with interests in emergency medical services as well as any other areas of expertise that may be deemed necessary for the proper functioning of the advisory board.

- (c) The Commissioner of Public Health shall appoint a chairperson from among the members of the advisory board who shall serve for a term of one year. The advisory board shall elect a vice-chairperson and secretary. The advisory board shall have committees made up of such members as the chairperson shall appoint and such other interested persons as the committee members shall elect to membership. The advisory board may, from time to time, appoint nonmembers to serve on such ad hoc committees as it deems necessary to assist with its functions. The advisory board shall develop bylaws. The advisory board shall establish a Connecticut Emergency Medical Services Medical Advisory Committee as a standing committee. The standing committee shall provide the commissioner, the advisory board and other ad hoc committees with advice and comment regarding the medical aspects of their projects. The standing committee may submit reports directly to the commissioner regarding medically-related concerns that have not, in the standing committee's opinion, been satisfactorily addressed by the advisory board.
- (d) The term for each appointed member of the advisory board shall be coterminous with the appointing authority. Appointees shall serve without compensation.
- (e) The advisory board, in addition to other power conferred and in addition to functioning in a general advisory capacity, shall assist in coordinating the efforts of all persons and agencies in the state concerned with the emergency medical service system, and shall render advice on the development of the emergency medical service system where needed. The advisory board shall make an annual report to the commissioner.
- (f) The advisory board shall be provided a reasonable opportunity to review and make recommendations on all regulations, medical guidelines and policies affecting emergency medical services before the department establishes such regulations, medical guidelines or policies. The advisory board shall make recommendations to the Governor and to the General Assembly concerning legislation which, in the advisory board's judgment, will improve the delivery of emergency medical services.

(P.A. 98-195, S. 1.)

Sec. 19a-178b. Grants for enhancing emergency medical services and equipment.

- (a) The Commissioner of Public Health shall establish an Emergency Medical Services Equipment and Local System Development grant program. The program shall provide incentive grants for enhancing emergency medical services and equipment. The commissioner shall define the nature, description and systems designed for grant proposals.
- (b) The commissioner shall adopt regulations, in accordance with the provisions of chapter 54, to determine the entities eligible to receive grants under the grant program established pursuant to subsection (a) of this section. In determining eligibility, the commissioner shall consider:
 - (1) The demonstrated need within the community;
 - (2) the degree to which the proposal serves the emergency medical services system plan; and
 - (3) the extent to which there is available adequate trained staff to carry out the proposal.
- (c) The commissioner shall maintain a priority list of eligible proposals and shall establish a system setting the priority of grant funding. In establishing such a priority list and ranking system, the commissioner shall consider all relevant factors including, but not limited to:
 - (1) The public health and safety;
 - (2) the population affected;
 - (3) the attainment of state emergency medical services goals and standards; and

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(4) consistency with the state plan for emergency medical services.

- (d) The commissioner shall consult with the appropriate regional council by sending such council a copy of any grant proposal. The regional emergency medical services council shall review and comment upon any proposal. Each council shall indicate how the grant proposal addresses the regional emergency medical services plan established priorities. The commissioner shall consider the recommendation of the regional council when making a final grant determination.

(P.A. 98-195, S. 2.)

Sec. 19a-179. (Formerly Sec. 19-73aa). Regulations. 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.
- (a) Any person certified as an emergency medical technician, emergency medical technician-intermediate, medical response technician or emergency medical services instructor pursuant to chapter 368d of the general statutes and the regulations adopted pursuant to section 19a-179 of the general statutes, as amended by this act, whose certification has expired may apply to the Department of Public Health for reinstatement of such certification as follows:
- (1) If such certification expired one year or less from the date of application for reinstatement, such person shall complete the requirements for recertification specified in regulations adopted pursuant to section 19a-179 of the general statutes, as amended by this act, as such recertification regulations may be from time to time amended;
 - (2) if such certification expired more than one year but less than three years from the date of application for reinstatement, such person shall complete the training required for recertification and the examination required for initial certification specified in regulations adopted pursuant to section 19a-179 of the general statutes, as amended by this act, as such training and examination regulations may be from time to time amended; or
 - (3) if such certification expired three or more years from the date of application for reinstatement, such person shall complete the requirements for initial certification specified in regulations adopted pursuant to section 19a-179 of the general statutes, as amended by this act, as such initial certification regulations may be from time to time amended.
- (b) Any certificate issued pursuant to chapter 368d of the general statutes and the regulations adopted pursuant to section 19a-179 of the general statutes, as amended by this act, which expires on or after January 1, 2001, shall remain valid for ninety days after the expiration date of such certificate. Any such certificate shall become void upon the expiration of such ninety-day period.

(P.A. 74-305, S. 7, 8, 19; P.A. 75-112, S. 6, 18; P.A. 77-614, S. 323, 610; P.A. 93-381, S. 9, 39; P.A. 95-257, S. 12, 21, 58; P.A. 98-195, S. 7; P.A. 00-151, S. 4, 14; P.A. 01-1)

History: P.A. 75-112 replaced commission on hospitals and health care with commissioner of health, qualified new regulations as ones "which repeal, amend or replace specific regulations" and transferred power to adopt regulations from director of office of emergency medical services to commissioner of health; P.A. 77-614 replaced commissioner of health with commissioner of health services, effective January 1, 1979; Sec. 19-

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73aa transferred to Sec. 19a-179 in 1983; P.A. 93-381 replaced commissioner of health services with commissioner of public health and addiction services, effective July 1, 1993; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995; P.A. 98-195 amended former Subsec. (a) to eliminate appointment of a director of Office of Emergency Medical Services and obsolete references to Ambulance Commission, deleted former Subsec. (b) re obsolete references to Ambulance Commission and deleted former Subsec. (c) re authority of director eliminated from Subsec. (a); P.A. 00-151 made technical changes and added provisions re condition of purchase of a business holding a primary service area, effective July 1, 2000. P.A. 01-1 replaced section 19a-179, and allowed for grace periods on EMS certifications.

Sec. 19a-180. (Formerly Sec. 19-73bb). Ambulance licensure and certification. Suspension or revocation. Records. Penalties. Advertisement.

- (a) No person shall operate any ambulance service, rescue service or management service without either a license or a certificate issued by the commissioner. No person shall operate a commercial ambulance service or commercial rescue service or a management service without a license issued by the commissioner. A certificate shall be issued to any volunteer or municipal ambulance service which shows proof satisfactory to the commissioner that it meets the minimum standards of the commissioner in the areas of training, equipment and personnel. Applicants for a license shall use the forms prescribed by the commissioner and shall submit such application to the commissioner accompanied by an annual fee of one hundred dollars. In considering requests for approval of permits for new or expanded emergency medical services in any region, the commissioner shall consult with the Office of Emergency Medical Services and the emergency medical services council of such region and shall hold a public hearing to determine the necessity for such services. Written notice of such hearing shall be given to current providers in the geographic region where such new or expanded services would be implemented, provided, any volunteer ambulance service which elects not to levy charges for services rendered under this chapter shall be exempt from the provisions concerning requests for approval of permits for new or expanded emergency medical services set forth in this subsection. Each applicant for licensure shall furnish proof of financial responsibility which the commissioner deems sufficient to satisfy any claim. The commissioner may adopt regulations, in accordance with the provisions of chapter 54, to establish satisfactory kinds of coverage and limits of insurance for each applicant for either licensure or certification. Until such regulations are adopted, the following shall be the required limits for licensure:
- (1) For damages by reason of personal injury to, or the death of, one person on account of any accident, at least five hundred thousand dollars, and more than one person on account of any accident, at least one million dollars,
 - (2) for damage to property at least fifty thousand dollars, and
 - (3) for malpractice in the care of one passenger at least two hundred fifty thousand dollars, and for more than one passenger at least five hundred thousand dollars. In lieu of the limits set forth in subdivisions (1) to (3), inclusive, of this subsection, a single limit of liability shall be allowed as follows:
 - (A) For damages by reason of personal injury to, or death of, one or more persons and damage to property, at least one million dollars; and
 - (B) for malpractice in the care of one or more passengers, at least five hundred thousand dollars. A certificate of such proof shall be filed with the commissioner.

Upon determination by the commissioner that an applicant is financially responsible, properly certified and otherwise qualified to operate a commercial ambulance service, the commissioner shall issue a license effective for one year to such applicant. If the commissioner determines that an applicant for either a certificate or license is not so qualified, the commissioner shall notify such applicant of the denial of the application with a statement of the reasons for such denial. Such applicant shall have thirty days to request a hearing on the denial of the application.

- (b) Any person or emergency medical service organization which does not maintain standards or violates regulations adopted under any section of this chapter applicable to such person or organization may have such person's or organization's license or certification suspended or revoked or may be subject to any other disciplinary action specified in section 19a-17 after notice by certified mail to such person or organization of the facts or conduct which warrant the intended action. Such person or emergency medical service organization

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shall have an opportunity to show compliance with all requirements for the retention of such certificate or license. In the conduct of any investigation by the commissioner of alleged violations of the standards or regulations adopted under the provisions of this chapter, the commissioner may issue subpoenas requiring the attendance of witnesses and the production by any medical service organization or person of reports, records, tapes or other documents which concern the allegations under investigation. All records obtained by the commissioner in connection with any such investigation shall not be subject to the provisions of section 1-210 for a period of six months from the date of the petition or other event initiating such investigation, or until such time as the investigation is terminated pursuant to a withdrawal or other informal disposition or until a hearing is convened pursuant to chapter 54, whichever is earlier. A complaint, as defined in subdivision (6) of section 19a-13, shall be subject to the provisions of section 1-210 from the time that it is served or mailed to the respondent. Records which are otherwise public records shall not be deemed confidential merely because they have been obtained in connection with an investigation under this chapter.

- (c) Any person or emergency medical service organization aggrieved by an act or decision of the commissioner regarding certification or licensure may appeal in the manner provided by chapter 54.
- (d) Any person guilty of any of the following acts shall be fined not more than two hundred fifty dollars, or imprisoned not more than three months, or be both fined and imprisoned:
 - (1) In any application to the commissioner or in any proceeding before or investigation made by the commissioner, knowingly making any false statement or representation, or, with knowledge of its falsity, filing or causing to be filed any false statement or representation in a required application or statement;
 - (2) issuing, circulating or publishing or causing to be issued, circulated or published any form of advertisement or circular for the purpose of soliciting business which contains any statement that is false or misleading, or otherwise likely to deceive a reader thereof, with knowledge that it contains such false, misleading or deceptive statement;
 - (3) giving or offering to give anything of value to any person for the purpose of promoting or securing ambulance or rescue service business or obtaining favors relating thereto;
 - (4) administering or causing to be administered, while serving in the capacity of an employee of any licensed ambulance or rescue service, any alcoholic liquor to any patient in such employee's care, except under the supervision and direction of a licensed physician;
 - (5) in any respect wilfully violating or failing to comply with any provision of this chapter or wilfully violating, failing, omitting or neglecting to obey or comply with any regulation, order, decision or license, or any part or provisions thereof;
 - (6) with one or more other persons, conspiring to violate any license or order issued by the commissioner or any provision of this chapter.
- (e) No person shall place any advertisement or produce any printed matter that holds that person out to be an ambulance service unless such person is licensed or certified pursuant to this section. Any such advertisement or printed matter shall include the license or certificate number issued by the commissioner.

(P.A. 74-305, S. 9, 19; P.A. 75-112, S. 7, 18; 75-140; P.A. 77-614, S. 323, 610; P.A. 80-480, S. 2, 3; P.A. 81-259, S. 2, 3; 81-472, S. 47, 159; P.A. 85-585, S. 2; P.A. 86-59, S. 1, 2; P.A. 88-172, S. 1; P.A. 90-172, S. 2; P.A. 93-381, S. 9, 39; P.A. 95-257, S. 12, 21, 58; 95-271, S. 37; P.A. 98-195, S. 8; P.A. 00-151, S. 5, 14.)

History: P.A. 75-112 replaced commission on hospitals and health care with commissioner of health, transferred duty to establish regulations re insurance coverage and limits in Subsec. (a) and subpoena power in Subsec. (b) from office of emergency medical services to commissioner of health, exempted volunteer ambulance or rescue services from requirement of furnishing proof of financial responsibility in licensure application under Subsec. (a) and required issuance of temporary permits on or before December 1, 1975, in Subsec. (d); P.A. 75-140 inserted new Subdivs. (3) and (4) in Subsec. (e) re gift or offer of gift of value to promote or secure ambulance or rescue service business and re administering alcoholic liquor to patient except as directed by physician and renumbered former Subdivs. (3) and (4) accordingly; P.A. 77-614 replaced commissioner of health with commissioner of health services, effective January 1, 1979; P.A. 80-480 added provisions in Subsec. (a) re hearing procedure requests for approval of permits for new or expanded emergency medical services; P.A. 81-259 amended Subsec. (a) to conform with the definitions contained in Subsecs. (q), (r) and (s); P.A. 81-472 made technical changes; Sec. 19-73bb transferred to Sec. 19a-180 in 1983; P.A. 85-585 added provisions in Subsec. (b) re the confidentiality of investigations by the commission; P.A. 86-59 amended Subsec. (a) to increase the required

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insurance limits for licensure of any commercial ambulance or rescue service as follows: (1) Personal injury, from one hundred to five hundred thousand dollars for one person, and from three hundred thousand to one million dollars for more than one person; (2) property damage, from twenty-five to fifty thousand dollars; and (3) malpractice, from one hundred to two hundred fifty thousand dollars for one person, and from three hundred to five hundred thousand dollars for more than one person and to establish single liability limits of one million dollars for personal injury and five hundred thousand dollars for malpractice; P.A. 88-172 amended Subsec. (b) by adding the reference to “any other disciplinary action specified in Sec. 19a-17” and made technical changes; P.A. 90-172 added the references to a management service and made technical changes; P.A. 93-381 replaced commissioner of health services with commissioner of public health and addiction services, effective July 1, 1993; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995; P.A. 95-271 added Subsec. (f) re advertisements or printed matter; P.A. 98-195 transferred from the Office of Emergency Medical Services to the Commissioner of Public Health responsibility for authority over ambulance services, made adoption of regulations discretionary rather than mandatory, deleted obsolete former Subsec. (d) relettering remaining sections accordingly and made technical changes (Revisor’s note: In codifying this section, two erroneous references in Subsec. (b) to “section 1-16” were deemed by the Revisors to be “section 1-19”, as they had been prior to a technical error in P.A. 98-195, and therefore codified as “section 1-210” since section 1-19 was transferred to that number in 1999); P.A. 00-151 made technical changes, effective July 1, 2000.

Cited. 242 C. 152.
Subsec. (a):
Cited. 242 C. 152.
Subsec. ©:
Cited. 242 C. 152.

Sec. 19a-181. (Formerly Sec. 19-73cc). Registration of ambulance or rescue vehicles. Suspension or revocation of registration certificates.

- (a) Each ambulance or rescue vehicle used by an ambulance or rescue service shall be registered with the Department of Motor Vehicles pursuant to chapter 246. Said Department of Motor Vehicles shall not issue a certificate of registration for any such ambulance or rescue vehicle unless the applicant for such certificate of registration presents to said department a safety certificate from the Commissioner of Public Health certifying that said ambulance or rescue vehicle has been inspected and has met the minimum standards prescribed by the commissioner. Each vehicle so registered with the Department of Motor Vehicles shall be inspected once every two years thereafter by the Commissioner of Public Health on or before the anniversary date of the issuance of the certificate of registration. Each inspector, upon determining that such ambulance or rescue vehicle meets the standards of safety and equipment prescribed by the Commissioner of Public Health, shall affix a safety certificate to such vehicle in such manner and form as the commissioner designates, and such sticker shall be so placed as to be readily visible to any person in the rear compartment of such vehicle.
- (b) The Department of Motor Vehicles shall suspend or revoke the certificate of registration of any vehicle inspected under the provisions of this section upon certification from the Commissioner of Public Health that such ambulance or rescue vehicle has failed to meet the minimum standards prescribed by said commissioner.

(P.A. 74-305, S. 10, 19; P.A. 75-112, S. 8, 18; P.A. 98-195, S. 9.)

History: P.A. 75-112 replaced references to standards of office of emergency services and commission on hospitals and health care with references to standards of commissioner; Sec. 19-73cc transferred to Sec. 19a-181 in 1983; (Revisor’s note: In 1995 the word “Medical” was added editorially by the Revisors to correct reference to “Office of Emergency Services” and in 1997 references throughout the general statutes to “Motor Vehicle(s) Commissioner” and “Motor Vehicle(s) Department” were replaced editorially by the Revisors with “Commissioner of Motor Vehicles” or “Department of Motor Vehicles”, as the case may be, for consistency with customary statutory usage); P.A. 98-195 transferred authority over ambulance services from the Office of Emergency Medical Services to the Commissioner of Public Health.

Sec. 19a-181a. Indemnification of emergency medical technician instructors. The state shall save harmless and indemnify any person certified as an emergency medical technician instructor by the Department of Public Health under this chapter from financial loss and expense, including legal fees and costs, if any, arising out of any claim, demand, suit or judgment by reason of alleged negligence or other act resulting in personal injury or property damage, which acts are not wanton, reckless or malicious, provided such person at the time of the acts resulting in such injury or damage was acting in the discharge of his duties in providing emergency medical technician training and instruction.

(P.A. 89-278, S. 2; P.A. 93-381, S. 9, 39; P.A. 95-257, S. 12, 21, 58.)

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History: P.A. 93-381 replaced department of health services with department of public health and addiction services, effective July 1, 1993; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995.

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-185, 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.

(P.A. 00-151, S. 9, 14.)

History: P.A. 00-151 effective July 1, 2000.

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

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- (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.

(P.A. 00-151, S. 10, 14.)

History: P.A. 00-151 effective July 1, 2000.

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.

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(P.A. 00-151, S. 11, 14.)

History: P.A. 00-151 effective July 1, 2000.

Sec. 19a-181e. Pilot program for municipal selection of emergency medical services provider based on issuance of requests for proposals.

- (a) Not later than February 1, 2001, the Commissioner of Public Health shall submit to the joint standing committee of the General Assembly having cognizance of matters relating to public health a plan of action for the implementation of a pilot program, in not more than two municipalities that consent to participate in such pilot program, to assess the effect of assigning a primary service area to a selected provider of emergency medical services based on the issuance of requests for proposals with a right of first refusal granted to the provider that holds the primary service area at the time of such issuance. The plan of action shall identify the elements of and the means of implementing the pilot program, including, but not limited to:
- (1) The procedure for selection of the participating municipalities;
 - (2) the design and measurement of standards for the pilot program;
 - (3) the identification of emergency service factors to be assessed;
 - (4) the identification of the evaluating entity; and
 - (5) the estimated time period for the implementation and completion of the pilot program. The commissioner shall hold a public hearing on the plan of action prior to such submission. The joint standing committee of the General Assembly having cognizance of matters relating to public health shall meet to consider the plan of action not later than sixty days after the date of its submission. If the plan of action is rejected by the committee, the commissioner shall submit a revised plan of action not later than ninety days after the date of such rejection. The committee shall approve a plan of action or amend and approve a plan of action not later than February 1, 2002.
- (b) Unless otherwise modified or rejected by the joint standing committee of the General Assembly having cognizance of matters relating to public health, the pilot program shall begin on October 1, 2005. The pilot program shall, at a minimum, establish:
- (1) An appropriate time frame within the expiration of a participating municipality's current emergency medical services contract for the initial issuance of requests for proposals and the initial selection of a provider of emergency medical services by the participating municipality under the pilot program, provided this subdivision shall not be construed to prevent a participating municipality from selecting or otherwise renewing any contract with its current provider of emergency medical services;
 - (2) An appropriate time period from the date of initial selection under subdivision (1) of this subsection after which a participating municipality may solicit requests for proposals from alternative providers of emergency medical services, provided such time period shall be reasonably sufficient to permit the initial provider to recoup any investment made for the purpose of providing emergency medical services in the participating municipality, but shall not exceed eight years;
 - (3) Criteria for selection and approval of an alternative provider of emergency medical services that submits a bona fide proposal, including, but not limited to,
 - (A) a right of first refusal, granted to the provider that holds the primary service area at the time the requests for proposals are issued, that may be exercised by such provider if such provider makes a bona fide offer matching the proposal submitted by the selected alternative provider,
 - (B) a requirement for approval by the legislative body of the participating municipality by a greater than majority vote, and

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- (C) approval of any such selected alternative provider by the commissioner as appropriate to protect the public health and safety; and
- (4) Requirements, including a time frame, for reporting the status and results of the pilot program, and the recommendations of the commissioner with respect to the continuation or expansion of the pilot program, to the joint standing committee of the General Assembly having cognizance of matters relating to public health.
- (c) Nothing in this section shall be construed to authorize the termination of any contract in effect on the date the pilot program begins or to otherwise interfere with any rights or duties created by any such contract.

(P.A. 00-135, S. 17, 21; 00-151, S. 12, 14.)

History: P.A. 00-151 effective July 1, 2000; P.A. 00-135 amended Subsec. (a) by adding requirement that plan of action be approved or amended and approved not later than February 1, 2002, effective July 1, 2000.

Sec. 19a-182. (Formerly Sec. 19-73dd). Emergency medical services councils. Plans for delivery of services.

- (a) The emergency medical services councils shall be the area-wide planning and coordinating agencies for emergency medical services and shall provide continuous evaluation of emergency medical services for their respective geographic areas.
- (b) Each emergency medical services council shall develop and revise every five years a plan for the delivery of emergency medical services in its area, using a format established by the Office of Emergency Medical Services. Each council shall submit an annual update for each regional plan to the Office of Emergency Medical Services detailing accomplishments made toward plan implementation. Such plan shall include an evaluation of the current effectiveness of emergency medical services and detail the needs for the future, and shall contain specific goals for the delivery of emergency medical services within their respective geographic areas, a time frame for achievement of such goals, cost data for the development of such goals, and performance standards for the evaluation of such goals. Special emphasis in such plan shall be placed upon coordinating the existing services into a comprehensive system. Such plan shall contain provisions for, but shall not be limited to, the following:
- (1) Clearly defined geographic regions to be serviced by each provider including cooperative arrangements with other providers and backup services;
 - (2) an adequate number of trained personnel for staffing of ambulances, communications facilities and hospital emergency rooms, with emphasis on former military personnel trained in allied health fields;
 - (3) a communications system that includes a central dispatch center, two-way radio communication between the ambulance and the receiving hospital and a universal emergency telephone number; and
 - (4) a public education program that stresses the need for adequate training in basic lifesaving techniques and cardiopulmonary resuscitation. Such plan shall be submitted to the Commissioner of Public Health no later than June thirtieth each year the plan is due.

(P.A. 74-305, S. 11, 19; P.A. 75-112, S. 9, 18; P.A. 77-268, S. 4; 77-614, S. 323, 610; P.A. 87-420, S. 5, 14; P.A. 93-381, S. 9, 39; P.A. 95-257, S. 12, 21, 58; P.A. 98-195, S. 10.)

History: P.A. 75-112 required submission of plan to commissioner of health rather than to commission on hospitals and health care in Subsec. (b); P.A. 77-268 replaced "comprehensive health planning 'b' agency" with "health systems agency" and required annual revision of plan and submission of revision annually, replacing previous provisions which had set deadlines for initial development of plan and initial report; P.A. 77-614 replaced commissioner of health with commissioner of health services, effective January 1, 1979; Sec. 19-73dd transferred to Sec. 19a-182 in 1983; P.A. 87-420 substituted "emergency medical services councils" for "health systems agencies", deleted provision re performance of health systems agency's functions, and substituted June thirtieth for December thirty-first re submission of plan; P.A. 93-381 replaced commissioner of health services with commissioner of public health and addiction services, effective July 1, 1993; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995; P.A. 98-195 amended Subsec. (b) to require revision of plan every five years rather than annually, to require format established by the Office of Emergency Medical Services and to require the council to submit annual updates on progress toward plan implementation.

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Annotation to former section 19-73dd:
Cited. 35 CS 136, 143.

Sec. 19a-183. (Formerly Sec. 19-73ee). Regional emergency medical services councils. There shall be established an emergency medical services council in each region. A region shall be composed of the towns so designated by the commissioner. Opportunity for membership shall be available to all appropriate representatives of emergency medical services including, but not limited to, one representative from each of the following:

- (1) Local governments;
- (2) fire and law enforcement officials;
- (3) medical and nursing professions, including mental health, paraprofessional and other allied health professionals;
- (4) providers of ambulance services, at least one of which shall be a member of a volunteer ambulance association;
- (5) institutions of higher education;
- (6) federal agencies involved in the delivery of health care; and
- (7) consumers.

All emergency medical services councils, including those in existence on July 1, 1974, shall submit to the commissioner information concerning the organizational structure and council bylaws for the commissioner's approval. The commissioner shall foster the development of emergency medical services councils in each region.

(P.A. 74-305, S. 12, 19; P.A. 75-112, S. 10, 18; P.A. 77-268, S. 5; 77-614, S. 323, 610; P.A. 87-420, S. 6, 14; P.A. 93- 381, S. 9, 39; P.A. 95-257, S. 12, 21, 58; P.A. 00-27, S. 17, 24.)

History: P.A. 75-112 replaced commission on hospitals and health care with commissioner of health; P.A. 77-268 replaced "comprehensive health planning agency" with "health system agency"; P.A. 77-614 replaced commissioner of health with commissioner of health services, effective January 1, 1979; Sec. 19-73ee transferred to Sec. 19a-183 in 1983; P.A. 87-420 redefined the composition of a region and made technical changes; P.A. 93-381 replaced department of health services with department of public health and addiction services, effective July 1, 1993; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995; P.A. 00-27 made technical changes, effective May 1, 2000.

Annotation to former section 19-73ee:
Cited. 35 CS 136, 138. Cited. 37 CS 124, 128.

Sec. 19a-184. (Formerly Sec. 19-73ff). Functions of regional emergency medical services councils.

- (a) Each emergency medical services council shall
 - (1) forward to the Commissioner of Public Health the emergency medical services plan for its region, and
 - (2) review and within sixty days forward to the commissioner, together with its recommendations, all grant and contract applications for federal and state funds pertaining to emergency medical services from the following entities within its region:
 - (A) A unit of local government,
 - (B) a public entity administering a compact or other regional arrangement or consortium, or
 - (C) any other public entity or any nonprofit private agency.
- (b) The chairpersons, or their designees, of said councils shall meet as a group, at least bimonthly, with the Office of Emergency Medical Services to discuss the planning, coordination and implementation of the state-wide emergency medical care service system.

(P.A. 74-305, S. 13, 19; P.A. 75-112, S. 11, 18; P.A. 77-268, S. 6; 77-614, S. 323, 610; P.A. 87-420, S. 7, 14; P.A. 93- 381, S. 9, 39; P.A. 95-257, S. 12, 21, 58; P.A. 98-195, S. 11.)

History: P.A. 75-112 replaced commission on hospitals and health care with commissioner of health; P.A. 77-268 replaced "b" agencies with "health systems" agencies and added Subsec. © re monthly meetings of council chairpersons and director of office of emergency medical

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services; P.A. 77-614 replaced commissioner of health with commissioner of health services, effective January 1, 1979; Sec. 19-73ff transferred to Sec. 19a-184 in 1983; P.A. 87-420 deleted all references to health systems agencies, the thirty-day limit for review and the provision requiring comments from the emergency medical services council; P.A. 93-381 replaced Commissioner of health services with commissioner of public health and addiction services, effective July 1, 1993; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995; P.A. 98-195 amended Subsec. (b) by deleting "the director of" before "Office of Emergency Medical Services".

Sec. 19a-185. (Formerly Sec. 19-73gg). Regional emergency medical services coordinators; appointment. There shall be a regional emergency medical services coordinator in each region who shall be appointed by the emergency medical services council or councils within the region subject to the approval of the commissioner. In those regions where no emergency medical services council exists such coordinator shall be appointed by the commissioner.

(P.A. 74-305, S. 14, 19; P.A. 75-112, S. 12, 18; P.A. 77-268, S. 7; P.A. 87-420, S. 8, 14.)

History: P.A. 75-112 replaced "commission", i.e. commission on hospitals and health care, with "commissioner", i.e. commissioner of health; P.A. 77-268 replaced "b" agencies with "health systems" agencies; P.A. 77-614 made "commissioner" refer to commissioner of health services, effective January 1, 1979; Sec. 19-73gg transferred to Sec. 19a-185 in 1983; P.A. 87-420 deleted references to health systems agencies.

Sec. 19a-186. (Formerly Sec. 19-73hh). Functions of regional emergency medical services coordinators. The regional emergency medical services coordinator shall be responsible for:

- (1) Facilitating the work of the emergency medical services council in developing the plan for the coordination of emergency medical services within the region,
- (2) implementation of the regional plan formulated by the emergency medical services council pursuant to subsection (b) of section 19a-182,
- (3) continuous monitoring and evaluation of all emergency medical services in that region and
- (4) making a complete inventory of all personnel, facilities and equipment within the region related to the delivery of emergency medical services pursuant to guidelines established by the Commissioner of Public Health.

(P.A. 74-305, S. 15, 19; P.A. 75-112, S. 13, 18; P.A. 77-268, S. 8; 77-614, S. 323, 610; P.A. 87-420, S. 9, 14; P.A. 93-381, S. 9, 39; P.A. 95-257, S. 12, 21, 58.)

History: P.A. 75-112 replaced commission on hospitals and health care with commissioner of health; P.A. 77-268 replaced "b" agencies with "health systems" agencies; P.A. 77-614 replaced commissioner of health with commissioner of health services, effective January 1, 1979; Sec. 19-73hh transferred to Sec. 19a-186 in 1983; P.A. 87-420 substituted "emergency medical services council" for "health systems agencies"; P.A. 93-381 replaced commissioner of health services with commissioner of public health and addiction services, effective July 1, 1993; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995.

Sec. 19a-187. (Formerly Sec. 19-73ii). Cooperation of state agencies. Advice and consultation by The University of Connecticut Health Center.

- (a) All state agencies which are concerned with the emergency medical service delivery system shall, to the fullest extent consistent with their authorities under state law administered by them, carry out programs under their control in such a manner as to further the policy of establishing a coordinated state-wide emergency medical service system.
- (b) All such state agencies shall cooperate with the Office of Emergency Medical Services, and the regional emergency medical service coordinators and emergency medical services councils in developing the state emergency medical services program under this chapter.
- (c) All state agencies concerned with the state-wide emergency medical services system shall cooperate with the appropriate agencies of the United States or of other states or interstate agencies with respect to the planning and coordination of emergency medical services.

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- (d) The Commissioner of Public Health and the trustees of The University of Connecticut may contract for the provision of medical advice and consultation by The University of Connecticut Health Center to the Office of Emergency Medical Services. This subsection shall not affect the responsibilities of said University and health center under subsections (a), (b) and (c) of this section.

(P.A. 74-305, S. 16, 19; P.A. 75-112, S. 14, 18; P.A. 77-268, S. 9; 77-614, S. 323, 587, 610; P.A. 78-303, S. 85, 136; P.A. 87-420, S. 10, 14; P.A. 93-381, S. 9, 39; P.A. 95-257, S. 12, 21, 58.)

History: P.A. 75-112 deleted requirement that agencies cooperate with commission on hospitals and health care in Subsec. (b); P.A. 77-268 replaced "b" agencies with "health systems" agencies in Subsec. (b) and added Subsec. (d) re contracts between commissioner of health and University of Connecticut trustees; P.A. 77-614 and P.A. 78-303 replaced commissioner of health with commissioner of health services, effective January 1, 1979; Sec. 19-73ii transferred to Sec. 19a- 187 in 1983; P.A. 87-420 deleted reference to health systems agencies in Subsec. (b); P.A. 93-381 replaced commissioner of health services with commissioner of public health and addiction services, effective July 1, 1993; in 1995 in Subsec. (d) of words "the health center of said University" were changed editorially by the Revisors to "The University of Connecticut Health Center" for consistency with other statutory references; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995.

Sec. 19a-188. (Formerly Sec. 19-73jj). Transfer of staff and funds. All existing staff, equipment and office supplies and all budgeted funds for the Emergency Medical Services Division of the Commission on Hospitals and Health Care are hereby transferred to and made part of the Office of Emergency Medical Services.

(P.A. 75-112, S. 15, 18; P.A. 95-257, S. 39, 58.)

History: Sec. 19-73jj transferred to Sec. 19a-188 in 1983; P.A. 95-257 replaced Commission on Hospitals and Health Care with Office of Health Care Access, effective July 1, 1995 (Revisor's note: This section took effect on May 16, 1975, and since its provisions are obsolete the Revisors did not change the reference to the former Commission on Hospitals and Health Care).

Secs. 19a-189 to 19a-192. (Formerly Secs. 19-73kk to 19-73nn). Definitions. Municipal contracts with volunteer ambulance companies; residence requirements. Volunteer ambulance personnel compensated under chapter 568; hypertension or heart disease presumptions. Benefits for volunteers serving another ambulance company. Sections 19a-189 to 19a-192, inclusive, are repealed, effective July 1, 1997.

(P.A. 75-102, S. 1-4; P.A. 77-502, S. 2; P.A. 79-376, S. 22, 23; P.A. 81-279; June 18 Sp. Sess. P.A. 97-8, S. 87, 88.)

Sec. 19a-192a. Transferred to Chapter 447, Sec. 23-14a.

Sec. 19a-193. Transferred to Chapter 384d, Sec. 20-206jj.

Sec. 19a-194. (Formerly Sec. 19-73pp). Motorcycle rescue vehicles.

- (a) A motorcycle equipped to handle medical emergencies shall be deemed a rescue vehicle for the purposes of section 19a-181. The commissioner shall issue a safety certificate to such motorcycle upon examination of such vehicle and a determination that such motorcycle
- (1) is in satisfactory mechanical condition,
 - (2) is as safe to operate as the average motorcycle, and
 - (3) is equipped with such emergency medical equipment as may be required by subsection (b) of this section.
- (b) The commissioner may adopt regulations in accordance with the provisions of chapter 54 specifying the equipment a motorcycle must carry to operate as a rescue vehicle pursuant to this section. Such equipment shall include those items that would enable an emergency medical technician, paramedic or other individual similarly trained to render to a person requiring emergency medical assistance the maximum benefit possible from the operation of such motorcycle rescue vehicle.

(P.A. 78-156, S. 1; P.A. 98-195, S. 12.)

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History: Sec. 19-73pp transferred to Sec. 19a-194 in 1983; P.A. 98-195 transferred authority over motorcycle rescue vehicles from the director of the Office of Emergency Medical Services to the Commissioner of Public Health, and made regulations discretionary rather than mandatory.

Sec. 19a-195. Regulations re staffing of emergency medical response vehicles. The commissioner shall adopt regulations in accordance with the provisions of chapter 54 to require all emergency medical response services to be staffed by at least one certified emergency medical technician, who shall be in the patient compartment attending the patient during all periods in which a patient is being transported, and one certified medical response technician.

(P.A. 81-260.)

Sec. 19a-195a. Regulations re recertification and state-wide standardization of certification.

- (a) The Commissioner of Public Health shall adopt regulations in accordance with the provisions of chapter 54 to provide that any person who has completed six years of continuous service as an emergency medical services technician shall be recertified every three years rather than every two years. For the purpose of maintaining an acceptable level of proficiency, each emergency medical services technician who is recertified for a three-year period shall complete twenty-five hours of refresher training approved by the commissioner at intervals not to exceed thirty-six months.
- (b) The commissioner shall adopt regulations, in accordance with the provisions of chapter 54, to
 - (1) provide for state-wide standardization of certification for each class of
 - (A) emergency medical technicians, including, but not limited to, paramedics,
 - (B) emergency medical services instructors, and
 - (C) medical response technicians,
 - (2) allow course work for such certification to be taken state-wide, and
 - (3) allow persons so certified to perform within their scope of certification state-wide.

(P.A. 83-240; P.A. 93-381, S. 9, 39; P.A. 95-257, S. 12, 21, 58; P.A. 97-170; P.A. 00-135, S. 6, 21.)

History: P.A. 93-381 replaced commissioner of health services with commissioner of public health and addiction services, effective July 1, 1993; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995; P.A. 97-170 designated existing provisions as Subsec. (a) and added new Subsec. (b) requiring regulations re state-wide standardization of certification for "emergency medical technician-intermediate"; P.A. 00-135 amended Subsec. (b)(1) by deleting reference to emergency medical technician-intermediate and adding provisions re emergency medical technicians, including paramedics, emergency medical services instructors and medical response technicians, effective May 26, 2000.

Sec. 19a-196. Complaints against emergency medical services councils, hearings and appeals.

- (a) For purposes of this section and sections 19a-196a and 19a-196b, "municipality" means any town, city or borough, whether consolidated or unconsolidated.
- (b) For purposes of this section, the Commissioner of Public Health may appoint hearing officers to investigate complaints filed pursuant to this section.
- (c) Any municipality aggrieved by any action of an emergency medical service council may file a written complaint with the commissioner describing such action and shall mail a copy of such complaint to the party that is the subject of the complaint. Any complaint filed pursuant to this section shall be filed not later than one hundred eighty days after the alleged act. Upon receipt of a properly filed complaint, the commissioner shall refer such complaint to a hearing officer appointed to investigate such complaints. The hearing officer shall, after investigation and not later than ninety days after the date of such referral, either
 - (1) make a report to the commissioner recommending dismissal of the complaint or
 - (2) issue an official written complaint charging the emergency medical service council with the appropriate violation. Upon receiving a report from the officer recommending dismissal of the complaint, the

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commissioner may issue an order dismissing the complaint or may order a further investigation or a hearing thereon. Upon receiving a complaint issued by the officer, the commissioner shall set a time and place for the hearing. The hearing shall be held in accordance with the provisions of chapter 54. If no such report or complaint is issued, the commissioner may, in his discretion, proceed to a hearing upon the party's original complaint in accordance with the provisions of chapter 54.

- (d) A final decision shall be in writing and shall include any findings of fact and conclusions of law necessary to the commissioner's decision. Findings of fact shall be based exclusively on the evidence in the record. The final decision shall be delivered promptly to each party or his authorized representative, personally or by United States mail, certified or registered, postage prepaid, return receipt requested. The final decision shall be effective when personally delivered or mailed.
- (e) A municipality aggrieved by a decision of the commissioner pursuant to this section may appeal therefrom to the Superior Court in accordance with the provisions of section 4-183.

(P.A. 95-198, S. 1; 95-257, S. 12, 21, 58; P.A. 98-195, S. 13.)

History: P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995; P.A. 98-195 transferred authority over complaints against council from the director of the Office of Emergency Medical Services to the Commissioner of Public Health, and made technical changes.

Sec. 19a-196a. Termination of services to municipalities restricted. No emergency medical service council or emergency communication system shall terminate service to any municipality which participates in such council or system or which is a member of an agency or regional emergency medical service council which participates in such council or system for nonpayment of a disputed bill during the pendency of any complaint, investigation, hearing or appeal involving such dispute, provided the subscriber shall pay the amount of any current and undisputed bills during such pendency.

(P.A. 95-198, S. 2.)

Sec. 19a-196b. Response to calls from other municipalities. Each emergency medical service council and emergency medical service system shall respond to and honor calls from any municipality which participates in another emergency medical service council or emergency communication system or which is a member of an agency which participates in such council or system.

(P.A. 95-198, S. 3.)

Sec. 19a-197. Automatic external defibrillators. Registry established. Regulations. Simultaneous communication with physician not required.

- (a) Any person in possession of an automatic external defibrillator shall provide notice of the location of such automatic external defibrillator to the Office of Emergency Medical Services.
- (b) The Office of Emergency Medical Services shall establish a registry of automatic external defibrillators located within the state and shall establish a procedure facilitating the use of the enhanced 9-1-1 service, as defined in section 28-25, for the location of such automatic external defibrillator nearest to the caller.
- (c) The commissioner may adopt regulations, in accordance with the provisions of chapter 54, to carry out the provisions of subsections (a) and (b) of this section.
- (d) No paramedic shall be required to be in simultaneous communication with a licensed physician when using an automatic external defibrillator in the practice of paramedicine, as defined in section 20-206jj.

(P.A. 98-62, S. 3; P.A. 00-47, S. 1.)

History: P.A. 00-47 made technical changes in Subsecs. (a), (b) and (c), and added new Subsec. (d) providing that simultaneous communication with a physician is not required for automatic external defibrillator use in the practice of paramedicine.

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Sec. 19a-197a. Administration of epinephrine.

- (a) As used in this section, “emergency medical technician” means
- (1) any class of emergency medical technician certified under regulations adopted pursuant to section 19a-179, including, but not limited to, any emergency medical technician-intermediate, and
 - (2) any paramedic licensed pursuant to section 20-206ll.
- (b) Any emergency medical technician who has been trained, in accordance with national standards recognized by the Commissioner of Public Health, in the administration of epinephrine using automatic prefilled cartridge injectors or similar automatic injectable equipment and who functions in accordance with written protocols and the standing orders of a licensed physician serving as an emergency department director may administer epinephrine using such injectors or equipment. All emergency medical technicians shall receive such training. All licensed or certified ambulances shall be equipped with epinephrine in such injectors or equipment which may be administered in accordance with written protocols and standing orders of a licensed physician serving as an emergency department director.

(P.A. 00-135, S. 16, 21.)

History: P.A. 00-135 effective January 1, 2001.

Secs. 19a-198 and 19a-199. Reserved for future use.