



# The Connecticut EMS Advisory Board

John Quinlavin, Chairman

Meeting Notice  
of the  
**Legislative Committee**  
**Wednesday, January 9, 2013**  
**1:00 p.m.**  
at the  
Connecticut Hospital Associations  
110 Barnes Rd.  
Wallingford, CT 06492

## Agenda

1. Call to Order
2. Minutes
3. Chairman's Report: Charlee Tufts
  - Report to CEMSAB emailed previously
4. Legislative Initiative Status:
  - Items in discussion:
    - Response in hazardous conditions
    - Hospital diversion (see appended information)
    - Body armor restrictions eased for EMS personnel
    - FMOP/Task Force/Strike Team
    - Background checks for initial certification/licensure
  - Endorsed by CEMSAB for movement in the General Assembly:
    - Orderly transfer of Patient Care
    - Body armor restrictions eased for EMS personnel
    - Advisory Board Membership
    - Tax-free fuel for ambulances, collaborative efforts with ACAP
5. Other Business:
6. Adjournment

### ***Meeting Schedule:***

|                                    |                           |
|------------------------------------|---------------------------|
| Wednesday, October 10, 2012— ERM   | Wednesday, March 13, 2013 |
| Wednesday, November 14, 2012 — ERM | Wednesday, April 10, 2013 |
| Wednesday, December 12, 2012 — ERM | Wednesday, May 08, 2013   |
| Wednesday, January 09, 2013 — CHA  | Wednesday, June 12, 2013  |
| Wednesday, February 13, 2013 — TBA |                           |

**Notes from the previous meeting:**

Meeting held at:

Emergency Resource Management, Portland, CT  
Wednesday, December 12, 2012 at 1300 hours

Present: Bob Ziegler, Greg Allard, David Bailey, Michele Connelly, Judi Reynolds, Jonathan Lillpop, Red McKeon.

Previous meeting's notes approved by consensus.

The following was the consensus regarding the committee initiatives:

- Response in hazardous conditions – Ray Barishansky had indicated he had information for the committee to review. Consensus to (1) add provision to EMS statutes regarding 24/7 response requirement, (2) add to EMS plans as a component, (3) add hearing for cases where a town and service cannot reach agreement on the response policy, and (4) require plan review every 5 years.
- Hospital diversion – Need to discuss with ray Barishansky and ask if the OEMS has a position on this subject.
- Sale of body armor to EMS personnel – The circulated language is the same content as last meeting except that EMS organizations have been added. The data supporting the request was reviewed. Consensus to move the language forward as presented.
- FMOP/Task Force-Strike Teams – A document was presented to the group that looks at the certified provider organizations being able to bill for services rendered as part of a task force/strike team. Some language has been drafted. The group consensus is to include this in communication to the DPH Commissioner.
- Board of Examiners for EMS personnel (Peer Review): Removed from initiatives per Charlee Tufts. The Department is working administratively to address the stated objective.

A MOTION (Bailey) was made and seconded that a committee representative, preferably the Chairperson, communicate the proposed legislative initiatives to the DPH Commissioner through EMS Director Ray Barishansky for feedback and/or support. The motion passed unanimously.

The committee chairperson will meet with the legislative public health committee chairs regarding the CEMSAB approved initiatives:

- Orderly transfer of patient care
- Body armor restrictions eased for EMS personnel
- Advisory Board Membership
- Tax-free fuel – working with ACAP.

The meeting adjourned at 1510 hours.

**From:** Allard, Gregory B. [mailto:GAllard@americanamb.com]

**Subject:** PSOBA/Ambulance Diversion

**Public Safety Officers Benefits Act** – The Public Safety Officers Benefits program was enacted decades ago to provide assistance to the surviving families of police, firefighters and EMT/paramedics who died or became disabled in the line of duty. Currently, the benefit is available only to public safety officers employed by federal, state and local government entities. Sen. Patrick Leahy (D-VT) has been trying to pass legislation that would extend the benefits to paramedics and EMTs who work for private, non-profit EMS agencies. In 2009, it was introduced as the Dale Long Emergency Medical Service Providers Protection Act (named for a Vermont EMT killed in an accident) and approved by the Senate in 2010. On December 21, 2012, the House of Representatives approved the legislation as part of the annual defense authorization. The bill also reduces the appeals process for claimants, clarifies the list of eligible survivor beneficiaries, and makes those who have been catastrophically injured eligible for support and counseling programs. It was signed into law on January 2, 2013

**Ambulance Diversion – Effect on ED Crowding and Ambulance Turnaround Time** – Enclosed is a study from the December 2012 edition of the *Annals of Emergency Medicine*, the scientific journal for the American College of Emergency Physicians. The study looked at the impact ambulance diversion has on ED overcrowding, lengths of stay in the ED and ambulance turnaround time. Effective January 1, 2009, Massachusetts banned ambulance diversion, the first state to do so. This study looked at the impact this ban had on 9 hospital EDs (7 – Boston; 2 – Cambridge) for 2008 versus 2009. The hospitals, all teaching hospitals, have 77% of the ED volume in Boston and 100% in Cambridge. The other 4 area hospitals (they did not participate) are a pediatric hospital that never has ambulance diversion, an ED at a surgical specialty hospital with minimal ambulance volume and two community EDs that had incomplete data. For ambulance data, the study used only Boston EMS, which handles 98% of the 911 transports. The findings of the study were:

- none of the EDs experienced an increase in ED length of stay for admitted or discharged patients, despite a 3.6% increase in ED volume.
- there was a 10.4 minute decrease in the length of stay for admitted patients.
- there was no change in the length of stay for discharged patients.
- there was a 2.2 minute decrease in the ambulance turnaround time.

In sum, the study found that banning ambulance diversion did not increase the length of stay in the ED and reduced the turnaround time for ambulances.

Gregory B. Allard, VP

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