



Senate

General Assembly

File No. 637

January Session, 2015

Senate Bill No. 800

Senate, April 14, 2015

The Committee on Public Health reported through SEN. GERRATANA of the 6th Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

***AN ACT CONCERNING A PILOT PROGRAM ALLOWING
EMERGENCY MEDICAL SERVICES PERSONNEL TO PROVIDE
COMMUNITY-BASED HEALTH CARE SERVICES.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (*Effective from passage*) (a) Not later than January 1, 2016,
2 the Department of Public Health shall establish a pilot program in up
3 to three municipalities to allow emergency medical services personnel
4 to provide community-based health care services that include, but are
5 not limited to, (1) transporting persons to a destination other than a
6 hospital emergency department for health care services when the
7 emergency department is not the most appropriate place for such
8 persons to receive such services, (2) providing short-term follow-up
9 home visits for persons who have recently been discharged from a
10 hospital until such time as other health care providers are able to
11 provide home visits or other follow-up health care services, (3)
12 providing home visits to persons who are at a high risk of being
13 frequent, repeat users of the emergency department to help such
14 persons manage their chronic diseases, adhere to medication plans,

15 enroll in insurance coverage or access social services, and (4) providing
 16 primary care services for medically underserved populations in areas
 17 where the total number of calls for emergency medical services
 18 received through the 9-1-1 system are few as compared to other areas.

19 (b) Not later than January 1, 2017, the Commissioner of Public
 20 Health shall report, in accordance with the provisions of section 11-4a
 21 of the general statutes, on the implementation of the pilot program to
 22 the joint standing committee of the General Assembly having
 23 cognizance of matters relating to public health. Such report shall assess
 24 the effectiveness of the pilot program and include legislative
 25 recommendations concerning implementation of the pilot program on
 26 a state-wide basis. The pilot program shall terminate on July 1, 2017.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section

PH *Joint Favorable*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 16 \$	FY 17 \$
Public Health, Dept.	GF - Cost	17,677	26,000
State Comptroller - Fringe Benefits ¹	GF - Cost	6,442	10,049

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill results in a cost of \$17,677 in FY 16 and \$26,000 in FY 17 to the Department of Public Health (DPH) from implementing and administering the pilot program to allow emergency medical services personnel to provide community-based health care services.

The components of the DPH cost include \$16,667 for Personal Services in FY 16 for a durational half-time Office Assistant with a 10/1/15 hire date, and \$1,010 for Other Expenses for a computer and software and \$26,000 for salary in FY 17 for a durational half-time Office Assistant. This position will track and monitor the work of the EMS organizations chosen for the pilot program and develop and prepare a final report for the General Assembly.

The State Comptroller fringe benefit cost for the Office Assistant is \$6,442 in FY 16 and \$10,049 in FY 17.

The Out Years

¹The fringe benefit costs for most state employees are budgeted centrally in accounts administered by the Comptroller. The estimated active employee fringe benefit cost associated with most personnel changes is 38.65% of payroll in FY 16 and FY 17.

Since the pilot program ends on July 1, 2017, the cost is limited to FY 16 and FY 17.

OLR Bill Analysis

SB 800

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EMERGENCY MEDICAL SERVICES PERSONNEL TO PROVIDE
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SUMMARY:

The Office of Legislative Research does not analyze Special Acts.

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 24 Nay 1 (03/30/2015)