



General Assembly

January Session, 2015

Raised Bill No. 999

LCO No. 4152



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

***AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S
RECOMMENDATIONS REGARDING EMERGENCY MEDICAL
SERVICES.***

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

1 Section 1. (NEW) (*Effective October 1, 2015*) A provider, as defined in
2 section 19a-175 of the general statutes, as amended by this act, who
3 holds the highest classification of licensure or certification from the
4 Department of Public Health under chapters 368d and 384d of the
5 general statutes shall be responsible for making decisions concerning
6 patient care on the scene of an emergency medical call. If two or more
7 providers on such scene hold the same licensure or certification
8 classification, the provider for the primary service area responder, as
9 defined in said section, shall be responsible for making such decisions.
10 If all providers on such scene are emergency medical technicians or
11 emergency medical responders, as defined in said section, the
12 emergency medical service organization providing transportation
13 services shall be responsible for making such decisions. A provider on
14 the scene of an emergency medical call who has undertaken decision-
15 making responsibility for patient care shall transfer patient care to a

16 provider with a higher classification of licensure or certification upon
17 such provider's arrival on the scene. All providers on the scene shall
18 ensure such transfer takes place in a timely and orderly manner.

19 Sec. 2. Subdivision (8) of section 19a-177 of the general statutes is
20 repealed and the following is substituted in lieu thereof (*Effective*
21 *October 1, 2015*):

22 (8) (A) [Not later than October 1, 2001, develop or cause to be
23 developed a data collection system that will follow a patient from
24 initial entry into the emergency medical service system through arrival
25 at the emergency room and, within available appropriations, may
26 expand the data collection system to include clinical treatment and
27 patient outcome data. The commissioner shall, on a quarterly basis,
28 collect the following information] Develop an emergency medical
29 services data collection system. Each emergency medical services
30 organization licensed or certified pursuant to chapter 386d shall
31 submit to the commissioner, on a quarterly basis, data from each
32 licensed ambulance service, certified ambulance service or paramedic
33 intercept service that provides emergency medical services, including,
34 but not limited to: (i) The total number of calls for emergency medical
35 services received by such licensed ambulance service, certified
36 ambulance service or paramedic intercept service through the 9-1-1
37 system during the reporting period; (ii) each level of emergency
38 medical services, as defined in regulations adopted pursuant to section
39 19a-179, as amended by this act, required for each such call; (iii) the
40 response time for each licensed ambulance service, certified ambulance
41 service or paramedic intercept service during the reporting period; (iv)
42 the number of passed calls, cancelled calls and mutual aid calls during
43 the reporting period; and (v) for the reporting period, the prehospital
44 data for the nonscheduled transport of patients required by
45 regulations adopted pursuant to subdivision (6) of this section. The
46 information required under this subdivision may be submitted in any
47 written or electronic form selected by such licensed ambulance service,
48 certified ambulance service or paramedic intercept service and

49 approved by the commissioner, provided the commissioner shall take
50 into consideration the needs of such licensed ambulance service,
51 certified ambulance service or paramedic intercept service in
52 approving such written or electronic form. The commissioner may
53 conduct an audit of any such licensed ambulance service, certified
54 ambulance service or paramedic intercept service as the commissioner
55 deems necessary in order to verify the accuracy of such reported
56 information.

57 (B) The commissioner shall prepare a report to the Emergency
58 Medical Services Advisory Board, established pursuant to section 19a-
59 178a, that shall include, but not be limited to, the following
60 information: (i) The total number of calls for emergency medical
61 services received during the reporting year by each licensed
62 ambulance service, certified ambulance service or paramedic intercept
63 service; (ii) the level of emergency medical services required for each
64 such call; (iii) the name of the provider of each such level of emergency
65 medical services furnished during the reporting year; (iv) the response
66 time, by time ranges or fractile response times, for each licensed
67 ambulance service, certified ambulance service or paramedic intercept
68 service, using a common definition of response time, as provided in
69 regulations adopted pursuant to section 19a-179, as amended by this
70 act; and (v) the number of passed calls, cancelled calls and mutual aid
71 calls during the reporting year. The commissioner shall prepare such
72 report in a format that categorizes such information for each
73 municipality in which the emergency medical services were provided,
74 with each such municipality grouped according to urban, suburban
75 and rural classifications.

76 (C) If any licensed ambulance service, certified ambulance service or
77 paramedic intercept service does not submit the information required
78 under subparagraph (A) of this subdivision for a period of six
79 consecutive months, or if the commissioner believes that such licensed
80 ambulance service, certified ambulance service or paramedic intercept
81 service knowingly or intentionally submitted incomplete or false

82 information, the commissioner shall issue a written order directing
83 such licensed ambulance service, certified ambulance service or
84 paramedic intercept service to comply with the provisions of
85 subparagraph (A) of this subdivision and submit all missing
86 information or such corrected information as the commissioner may
87 require. If such licensed ambulance service, certified ambulance service
88 or paramedic intercept service fails to fully comply with such order not
89 later than three months from the date such order is issued, the
90 commissioner (i) shall conduct a hearing, in accordance with chapter
91 54, at which such licensed ambulance service, certified ambulance
92 service or paramedic intercept service shall be required to show cause
93 why the primary service area assignment of such licensed ambulance
94 service, certified ambulance service or paramedic intercept service
95 should not be revoked, and (ii) may take such disciplinary action
96 under section 19a-17 as the commissioner deems appropriate.

97 (D) The commissioner shall collect the information required by
98 subparagraph (A) of this subdivision, in the manner provided in said
99 subparagraph, from [each person or] each emergency medical service
100 organization licensed or certified [under section 19a-180 that provides
101 emergency medical services;] pursuant to chapter 386d. Any such
102 emergency medical services organization that fails to comply with the
103 provisions of this section shall be liable for a civil penalty not to exceed
104 one hundred dollars per day for each failure to report the required
105 information regarding emergency medical services provided to a
106 patient, as determined by the commissioner. The civil penalties set
107 forth in this subparagraph shall be assessed only after the department
108 provides a written notice of deficiency and the provider is afforded the
109 opportunity to respond to such notice. A provider shall have not more
110 than fifteen business days after the date of receiving such notice to
111 provide a written response to the department. The commissioner may
112 adopt regulations, in accordance with chapter 54, concerning the
113 development, implementation, monitoring and collection of
114 emergency medical services system data. All state agencies licensed or

115 certified as emergency medical services organizations shall be exempt
116 from the civil penalties set forth in this subparagraph.

117 Sec. 3. Section 19a-175 of the general statutes is repealed and the
118 following is substituted in lieu thereof (*Effective October 1, 2015*):

119 As used in this chapter, unless the context otherwise requires:

120 (1) "Emergency medical service system" means a system which
121 provides for the arrangement of personnel, facilities and equipment for
122 the efficient, effective and coordinated delivery of health care services
123 under emergency conditions;

124 (2) "Patient" means an injured, ill, crippled or physically
125 handicapped person requiring assistance and transportation;

126 (3) "Ambulance" means a motor vehicle specifically designed to
127 carry patients;

128 (4) "Ambulance service" means an organization which transports
129 patients;

130 (5) "Emergency medical technician" means a person who is certified
131 pursuant to [this] chapter 384d;

132 (6) "Ambulance driver" means a person whose primary function is
133 driving an ambulance;

134 (7) "Emergency medical services instructor" means a person who is
135 certified pursuant to [this] chapter 384d;

136 (8) "Communications facility" means any facility housing the
137 personnel and equipment for handling the emergency communications
138 needs of a particular geographic area;

139 (9) "Life saving equipment" means equipment used by emergency
140 medical personnel for the stabilization and treatment of patients;

141 (10) "Emergency medical service organization" means any
142 organization whether public, private or voluntary that offers
143 transportation or treatment services to patients primarily under
144 emergency conditions;

145 (11) "Invalid coach" means a vehicle used exclusively for the
146 transportation of nonambulatory patients, who are not confined to
147 stretchers, to or from either a medical facility or the patient's home in
148 nonemergency situations or utilized in emergency situations as a
149 backup vehicle when insufficient emergency vehicles exist;

150 (12) "Rescue service" means any organization, whether for-profit or
151 nonprofit, whose primary purpose is to search for persons who have
152 become lost or to render emergency service to persons who are in
153 dangerous or perilous circumstances;

154 (13) "Provider" means any person, corporation or organization,
155 whether profit or nonprofit, whose primary purpose is to deliver
156 medical care or services, including such related medical care services
157 as ambulance transportation;

158 (14) "Commissioner" means the Commissioner of Public Health;

159 (15) "Paramedic" means a person licensed pursuant to [section 20-
160 206ll] chapter 384d;

161 (16) "Commercial ambulance service" means an ambulance service
162 which primarily operates for profit;

163 (17) "Licensed ambulance service" means a commercial ambulance
164 service or a volunteer or municipal ambulance service issued a license
165 by the commissioner;

166 (18) "Certified ambulance service" means a municipal, volunteer or
167 nonprofit ambulance service issued a certificate by the commissioner;

168 (19) "Automatic external defibrillator" means a device that: (A) Is

169 used to administer an electric shock through the chest wall to the heart;
170 (B) contains internal decision-making electronics, microcomputers or
171 special software that allows it to interpret physiologic signals, make
172 medical diagnosis and, if necessary, apply therapy; (C) guides the user
173 through the process of using the device by audible or visual prompts;
174 and (D) does not require the user to employ any discretion or
175 judgment in its use;

176 (20) "Mutual aid call" means a call for emergency medical services
177 that, pursuant to the terms of a written agreement, is responded to by a
178 secondary or alternate emergency medical services provider if the
179 primary or designated emergency medical services provider is unable
180 to respond because such primary or designated provider is responding
181 to another call for emergency medical services or the ambulance or
182 nontransport emergency vehicle operated by such primary or
183 designated provider is out of service. For purposes of this subdivision,
184 "nontransport emergency vehicle" means a vehicle used by emergency
185 medical technicians or paramedics in responding to emergency calls
186 that is not used to carry patients;

187 (21) "Municipality" means the legislative body of a municipality or
188 the board of selectmen in the case of a municipality in which the
189 legislative body is a town meeting;

190 (22) "Primary service area" means a specific geographic area to
191 which one designated emergency medical services provider is
192 assigned for each category of emergency medical response services;

193 (23) "Primary service area responder" means an emergency medical
194 services provider who is designated to respond to a victim of sudden
195 illness or injury in a primary service area;

196 (24) "Interfacility critical care transport" means the interfacility
197 transport of a patient between licensed health care institutions;

198 (25) "Advanced emergency medical technician" means an individual

199 who is certified as an advanced emergency medical technician [by the
200 Department of Public Health] pursuant to chapter 384d;

201 (26) "Emergency medical responder" means an individual who is
202 certified pursuant to [this] chapter 384d;

203 (27) "Medical oversight" means the active surveillance by physicians
204 of the provision of emergency medical services sufficient for the
205 assessment of overall emergency medical service practice levels, as
206 defined by state-wide protocols;

207 (28) "Office of Emergency Medical Services" means the office
208 established within the Department of Public Health pursuant to
209 section 19a-178;

210 (29) "Sponsor hospital" means a hospital that has agreed to maintain
211 staff for the provision of medical oversight, supervision and direction
212 to an emergency medical service organization and its personnel and
213 has been approved for such activity by the Department of Public
214 Health; and

215 (30) "Paramedic intercept service" means paramedic treatment
216 services provided by an entity that does not provide the ground
217 ambulance transport.

218 Sec. 4. Subsection (a) of section 19a-197a of the general statutes is
219 repealed and the following is substituted in lieu thereof (*Effective*
220 *October 1, 2015*):

221 (a) As used in this section, "emergency medical technician" means
222 (1) any class of emergency medical technician certified under
223 regulations adopted pursuant to section [19a-179] 20-20600, as
224 amended by this act, including, but not limited to, any advanced
225 emergency medical technician, and (2) any paramedic licensed
226 pursuant to section 20-206ll, as amended by this act.

227 Sec. 5. Section 20-206jj of the general statutes is repealed and the

228 following is substituted in lieu thereof (*Effective October 1, 2015*):

229 As used in sections 20-206jj to 20-206oo, inclusive, as amended by
230 this act: ["paramedicine"]

231 (1) "Advanced emergency medical technician" means an individual
232 who is certified as an advanced emergency medical technician by the
233 Department of Public Health;

234 (2) "Commissioner" means the Commissioner of Public Health;

235 (3) "Emergency medical services instructor" means a person who is
236 certified under the provisions of section 20-206ll or 20-206mm by the
237 Department of Public Health to teach courses, the completion of which
238 is required in order to become an emergency medical technician;

239 (4) "Emergency medical responder" means an individual who is
240 certified to practice as an emergency medical responder under the
241 provisions of section 20-206ll or 20-206mm, as amended by this act;

242 (5) "Emergency medical services personnel" means an individual
243 certified to practice as an emergency medical responder, emergency
244 medical technician, advanced emergency medical technician,
245 emergency medical services instructor or an individual licensed as a
246 paramedic;

247 (6) "Emergency medical technician" means a person who is certified
248 to practice as an emergency medical technician under the provisions of
249 section 20-206ll or 20-206mm, as amended by this act;

250 (7) "Office of Emergency Medical Services" means the office
251 established within the Department of Public Health pursuant to
252 section 19a-178;

253 (8) "Paramedicine" means the carrying out of [(1)] (A) all phases of
254 cardiopulmonary resuscitation and defibrillation, [(2)] (B) the
255 administration of drugs and intravenous solutions under written or

256 oral authorization from a licensed physician, and [(3)] (C) the
257 administration of controlled substances, as defined in section 21a-240,
258 in accordance with written protocols or standing orders of a licensed
259 physician; [.] and

260 (9) "Paramedic" means a person licensed to practice as a paramedic
261 under the provisions of section 20-206ll, as amended by this act.

262 Sec. 6. Section 20-206kk of the general statutes is repealed and the
263 following is substituted in lieu thereof (*Effective October 1, 2015*):

264 (a) Except as provided in subsection (c) of this section, no person
265 shall practice paramedicine unless licensed as a paramedic pursuant to
266 section 20-206ll or 20-206mm, as amended by this act.

267 [(b)] No person shall use the title "paramedic", "emergency medical
268 responder", "emergency medical technician", "advanced emergency
269 medical technician" or "emergency medical services instructor" or
270 make use of any title, words, letters or abbreviations that may
271 reasonably be confused with licensure as a paramedic or certification
272 as an emergency medical responder, emergency medical technician,
273 advanced emergency medical technician, or emergency medical
274 services instructor unless licensed or certified pursuant to section 20-
275 206ll or 20-206mm, as amended by this act.

276 (b) No license as a paramedic or certificate as an emergency medical
277 responder, emergency medical technician, emergency medical services
278 instructor or advanced emergency medical technician shall be required
279 of (1) a person performing services within the scope of practice for
280 which he is licensed or certified by any agency of this state, or (2) a
281 student, intern or trainee pursuing a course of study in [paramedicine]
282 emergency medical services in an accredited institution of education or
283 within an emergency medical services program approved by the
284 commissioner, [as defined in section 19a-175,] provided the activities
285 that would otherwise require a license or certificate as [a paramedic]
286 an emergency medical services provider are performed under

287 supervision and constitute a part of a supervised course of study.

288 (d) Paramedics who are currently licensed by a state that maintains
289 licensing requirements equal to or higher than those in this state shall
290 be eligible for licensure as a paramedic in this state.

291 Sec. 7. Section 20-206ll of the general statutes is repealed and the
292 following is substituted in lieu thereof (*Effective October 1, 2015*):

293 (a) The commissioner [, as defined in section 19a-175,] shall issue a
294 license as a paramedic to any applicant who furnishes evidence
295 satisfactory to the commissioner that the applicant has met the
296 requirements of section 20-206mm, as amended by this act. The
297 commissioner shall develop and provide application forms. The
298 application fee shall be one hundred fifty dollars.

299 [(b)] The license may be renewed annually pursuant to section 19a-
300 88 for a fee of one hundred fifty dollars.

301 (b) The commissioner shall issue a certification as an emergency
302 medical technician, emergency medical services instructor, emergency
303 medical responder or advanced emergency medical technician to any
304 applicant who furnishes evidence satisfactory to the commissioner that
305 the applicant has met the requirements of section 20-206mm, as
306 amended by this act.

307 Sec. 8. Section 20-206mm of the general statutes is repealed and the
308 following is substituted in lieu thereof (*Effective October 1, 2015*):

309 (a) Except as provided in subsections (b) and (c) of this section, an
310 applicant for a license as a paramedic shall submit evidence
311 satisfactory to the Commissioner of Public Health that the applicant
312 has successfully (1) completed a paramedic training program
313 approved by the commissioner, and (2) passed an examination
314 prescribed by the commissioner.

315 (b) An applicant for licensure by endorsement shall present

316 evidence satisfactory to the commissioner that the applicant (1) is
317 licensed or certified as a paramedic in another state or jurisdiction
318 whose requirements for practicing in such capacity are substantially
319 similar to or higher than those of this state and that the applicant has
320 no pending disciplinary action or unresolved complaint against him or
321 her, or (2) (A) is currently licensed or certified as a paramedic in good
322 standing in any New England state, New York or New Jersey, (B) has
323 completed an initial training program consistent with the National
324 Emergency Medical Services Education Standards, as promulgated by
325 the National Highway Traffic Safety Administration for the paramedic
326 scope of practice model conducted by an organization offering a
327 program that is recognized by the national emergency medical services
328 program accrediting organization, and (C) has no pending disciplinary
329 action or unresolved complaint against him or her.

330 (c) Any person who is certified as an emergency medical technician-
331 paramedic by the Department of Public Health on October 1, 1997,
332 shall be deemed a licensed paramedic. Any person so deemed shall
333 renew his license pursuant to section 19a-88 for a fee of one hundred
334 fifty dollars.

335 (d) The commissioner may issue an emergency medical technician
336 certificate, [or] emergency medical responder certificate or advanced
337 emergency medical technician certificate to an applicant who presents
338 evidence satisfactory to the commissioner that the applicant (1) is
339 currently certified as an emergency medical technician, [or] emergency
340 medical responder, or advanced emergency medical technician in good
341 standing in any New England state, New York or New Jersey, (2) has
342 completed an initial training program consistent with the National
343 Emergency Medical Services Education Standards, as promulgated by
344 the National Highway Traffic Safety Administration for the emergency
345 medical technician, [or] emergency medical responder curriculum, or
346 advanced emergency medical technician, and (3) has no pending
347 disciplinary action or unresolved complaint against him or her.

348 (e) An emergency medical responder, emergency medical
349 technician, advanced emergency medical technician or emergency
350 medical services instructor shall be recertified every three years. For
351 the purpose of maintaining an acceptable level of proficiency, each
352 emergency medical technician who is recertified for a three-year
353 period shall complete thirty hours of refresher training approved by
354 the commissioner or meet such other requirements as may be
355 prescribed by the commissioner.

356 ~~[(e)]~~ (f) The commissioner may issue a temporary emergency
357 medical technician certificate to an applicant who presents evidence
358 satisfactory to the commissioner that (1) the applicant was certified by
359 the department as an emergency medical technician prior to becoming
360 licensed as a paramedic pursuant to section 20-206ll, as amended by
361 this act, or (2) the applicant's certification as an emergency medical
362 technician has expired and the applicant's license as a paramedic has
363 become void pursuant to section 19a-88. Such temporary certificate
364 shall be valid for a period not to exceed one year and shall not be
365 renewable.

366 ~~[(f)]~~ (g) An applicant who is issued a temporary emergency medical
367 technician certificate pursuant to subsection ~~[(e)]~~ (f) of this section may,
368 prior to the expiration of such temporary certificate, apply to the
369 department for: (1) Renewal of such person's paramedic license, giving
370 such person's name in full, such person's residence and business
371 address and such other information as the department requests,
372 provided the application for license renewal is accompanied by
373 evidence satisfactory to the commissioner that the applicant was under
374 the medical oversight of a sponsor hospital, as those terms are defined
375 in section 19a-175, as amended by this act, on the date the applicant's
376 paramedic license became void for nonrenewal; or (2) recertification as
377 an emergency medical technician, provided the application for
378 recertification is accompanied by evidence satisfactory to the
379 commissioner that the applicant completed emergency medical
380 technician refresher training approved by the commissioner not later

381 than one year after issuance of the temporary emergency medical
382 technician certificate. The department shall recertify such person as an
383 emergency medical technician without the examination required for
384 initial certification specified in regulations adopted by the
385 commissioner pursuant to section 20-20600, as amended by this act.

386 [(g)] (h) The commissioner may issue an emergency medical
387 responder, emergency medical technician or advanced emergency
388 medical technician certificate to an applicant for certification by
389 endorsement who presents evidence satisfactory to the commissioner
390 that the applicant (1) is currently certified as an emergency medical
391 responder, emergency medical technician or advanced emergency
392 medical technician in good standing by a state that maintains licensing
393 requirements that the commissioner determines are equal to, or greater
394 than, those in this state, (2) has completed an initial department-
395 approved emergency medical responder, emergency medical
396 technician or advanced emergency medical technician training
397 program that includes written and practical examinations at the
398 completion of the course, or a program outside the state that adheres
399 to national education standards for the emergency medical responder,
400 emergency medical technician or advanced emergency medical
401 technician scope of practice and that includes an examination, and (3)
402 has no pending disciplinary action or unresolved complaint against
403 him or her.

404 [(h)] (i) The commissioner may issue an emergency medical services
405 instructor certificate to an applicant who presents (1) evidence
406 satisfactory to the commissioner that the applicant is currently certified
407 as an emergency medical technician in good standing, (2)
408 documentation satisfactory to the commissioner, with reference to
409 national education standards, regarding qualifications as an
410 emergency medical service instructor, (3) a letter of endorsement
411 signed by two instructors holding current emergency medical service
412 instructor certification, (4) documentation of having completed written
413 and practical examinations as prescribed by the commissioner, and (5)

414 evidence satisfactory to the commissioner that the applicant has no
415 pending disciplinary action or unresolved complaints against him or
416 her.

417 (j) Any person certified as an emergency medical technician,
418 advanced emergency medical technician, emergency medical
419 responder or emergency medical services instructor pursuant to this
420 chapter and the regulations adopted pursuant to section 20-20600, as
421 amended by this act, whose certification has expired may apply to the
422 Department of Public Health for reinstatement of such certification as
423 follows: (1) If such certification expired one year or less from the date
424 of the application for reinstatement, such person shall complete the
425 requirements for recertification specified in regulations adopted
426 pursuant to section 20-20600, as amended by this act, as such
427 recertification regulations may be from time to time amended; (2) if
428 such recertification expired more than one year but less than three
429 years from the date of application for reinstatement, such person shall
430 complete the training required for recertification and the examination
431 required for initial certification specified in regulations adopted
432 pursuant to section 20-20600, as amended by this act, as such training
433 and examination regulations may be from time to time amended; or (3)
434 if such certification expired three or more years from the date of
435 application for reinstatement, such person shall complete the
436 requirements for initial certification set forth in this section. Any
437 certificate issued pursuant to this section shall remain valid for ninety
438 days after the expiration date of such certificate and become void upon
439 the expiration of such ninety-day period.

440 [(i)] (k) The Commissioner of Public Health shall issue an
441 emergency medical technician certification to an applicant who is a
442 member of the armed forces or the National Guard or a veteran and
443 who (1) presents evidence satisfactory to the commissioner that such
444 applicant holds a current certification as a person entitled to perform
445 similar services under a different designation by the National Registry
446 of Emergency Medical Technicians, or (2) satisfies the regulations

447 promulgated pursuant to subdivision (4) of subsection (a) of section
448 19a-179, as amended by this act. Such applicant shall be exempt from
449 any written or practical examination requirement for certification.

450 [(j)] (l) For the purposes of this section, "veteran" means any person
451 who was discharged or released under conditions other than
452 dishonorable from active service in the armed forces and "armed
453 forces" has the same meaning as provided in section 27-103.

454 Sec. 9. Section 20-206nn of the general statutes is repealed and the
455 following is substituted in lieu thereof (*Effective October 1, 2015*):

456 The Commissioner of Public Health may take any disciplinary
457 action set forth in section 19a-17 against a paramedic, emergency
458 medical technician, emergency medical responder, advanced
459 emergency medical technician or emergency medical services
460 instructor for any of the following reasons: (1) Failure to conform to
461 the accepted standards of the profession; (2) conviction of a felony, in
462 accordance with the provisions of section 46a-80; (3) fraud or deceit in
463 obtaining or seeking reinstatement of a license to practice
464 paramedicine or a certificate to practice as an emergency medical
465 technician, emergency medical responder, advanced emergency
466 medical technician or emergency medical services instructor; (4) fraud
467 or deceit in the practice of paramedicine, the provision of emergency
468 medical services or the provision of emergency medical services
469 education; (5) negligent, incompetent or wrongful conduct in
470 professional activities; (6) physical, mental or emotional illness or
471 disorder resulting in an inability to conform to the accepted standards
472 of the profession; (7) alcohol or substance abuse; or (8) wilful
473 falsification of entries in any hospital, patient or other health record.
474 The commissioner may take any such disciplinary action against [a
475 paramedic] emergency medical services personnel for violation of any
476 provision of section [20-206jj] 20-206mm, as amended by this act, or
477 any regulations adopted pursuant to section 20-206oo, as amended by
478 this act. The commissioner may order a license or certificate holder to

479 submit to a reasonable physical or mental examination if his or her
480 physical or mental capacity to practice safely is the subject of an
481 investigation. The commissioner may petition the superior court for
482 the judicial district of Hartford to enforce such order or any action
483 taken pursuant to section 19a-17. The commissioner shall give notice
484 and an opportunity to be heard on any contemplated action under said
485 section 19a-17.

486 Sec. 10. Section 20-206oo of the general statutes is repealed and the
487 following is substituted in lieu thereof (*Effective October 1, 2015*):

488 (a) The Commissioner of Public Health may adopt regulations in
489 accordance with the provisions of chapter 54 to carry out the
490 provisions of subdivision (24) of subsection (c) of section 19a-14,
491 subsection (e) of section 19a-88, [subdivision (15) of section 19a-175,]
492 subsection (b) of section 20-9, subsection (c) of section 20-195c, sections
493 20-195aa to 20-195ff, inclusive, and sections 20-206jj to 20-206oo,
494 inclusive, as amended by this act.

495 (b) The commissioner may adopt regulations in accordance with the
496 provisions of chapter 54 to (1) provide for state-wide standardization
497 of certification for each class of emergency medical services personnel,
498 including, but not limited to, (A) emergency medical technicians, (B)
499 emergency medical services instructors, (C) emergency medical
500 responders, and (D) advanced emergency medical technicians, (2)
501 allow course work for such certification to be taken state-wide, and (3)
502 allow persons so certified to perform work within their scope of
503 certification state-wide. Such regulations shall include methods and
504 conditions for the issuance, renewal and reinstatement of licensure and
505 certification or recertification of emergency medical responders,
506 emergency medical technicians, emergency medical services
507 instructors and advanced emergency medical technicians.

508 Sec. 11. Section 19a-179a of the general statutes is repealed and the
509 following is substituted in lieu thereof (*Effective October 1, 2015*):

510 [(a)] Notwithstanding any provision of the general statutes or any
511 regulation adopted pursuant to this chapter, the scope of practice of
512 any person certified or licensed as an emergency medical responder,
513 emergency medical technician, advanced emergency medical
514 technician, emergency medical services instructor or a paramedic
515 under regulations adopted pursuant to this section may include
516 treatment modalities not specified in the regulations of Connecticut
517 state agencies, provided such treatment modalities are (1) approved by
518 the Connecticut Emergency Medical Services Medical Advisory
519 Committee established pursuant to section 19a-178a and the
520 Commissioner of Public Health, and (2) administered at the medical
521 oversight and direction of a sponsor hospital.

522 [(b) The Commissioner of Public Health shall adopt regulations, in
523 accordance with chapter 54, concerning the methods and conditions
524 for the issuance, renewal and reinstatement of licensure and
525 certification or recertification of emergency medical responders,
526 emergency medical technicians and emergency medical services
527 instructors.]

528 Sec. 12. Subdivision (1) of subsection (a) of section 19a-88b of the
529 general statutes is repealed and the following is substituted in lieu
530 thereof (*Effective October 1, 2015*):

531 (a) (1) Notwithstanding section 19a-14 or any other provision of the
532 general statutes relating to continuing education or refresher training,
533 the Department of Public Health shall renew a license, certificate,
534 permit or registration issued to an individual pursuant to chapters
535 368d, 368v, 371 to 378, inclusive, 379a to 388, inclusive, 393a, 395, 398,
536 399, 400a and 400c that becomes void pursuant to section 19a-88 [or
537 19a-195b] while the holder of the license, certificate, permit or
538 registration is on active duty in the armed forces of the United States,
539 or such holder is a member of the National Guard ordered out by the
540 Governor for military service, not later than one year from the date of
541 discharge from active duty or ordered military service, upon

542 completion of any continuing education or refresher training required
 543 to renew a license, certificate, registration or permit that has not
 544 become void pursuant to section 19a-88. [or 19a-195b.] A licensee
 545 applying for license renewal pursuant to this subdivision shall submit
 546 an application on a form prescribed by the department and other such
 547 documentation as may be required by the department.

548 Sec. 13. Sections 19a-195a and 19a-195b of the general statutes are
 549 repealed. (*Effective October 1, 2015*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2015</i>	New section
Sec. 2	<i>October 1, 2015</i>	19a-177(8)
Sec. 3	<i>October 1, 2015</i>	19a-175
Sec. 4	<i>October 1, 2015</i>	19a-197a(a)
Sec. 5	<i>October 1, 2015</i>	20-206jj
Sec. 6	<i>October 1, 2015</i>	20-206kk
Sec. 7	<i>October 1, 2015</i>	20-206ll
Sec. 8	<i>October 1, 2015</i>	20-206mm
Sec. 9	<i>October 1, 2015</i>	20-206nn
Sec. 10	<i>October 1, 2015</i>	20-206oo
Sec. 11	<i>October 1, 2015</i>	19a-179a
Sec. 12	<i>October 1, 2015</i>	19a-88b(a)(1)
Sec. 13	<i>October 1, 2015</i>	Repealer section

Statement of Purpose:

To set forth the responsibility for prehospital patient care management, establish fines for emergency medical services organizations that fail to submit required data and make conforming changes to the statutes to reflect the reorganization of emergency medical services personnel.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]