



Connecticut EMS Chiefs Association

*P.O. Box 209
Danielson, Connecticut 06239*

Date: 20-February-2020
To: Appropriations Committee
From: Bruce Baxter, Interim President
RE: Funding for a Mobile Integrated Health Program Association within the Department of Public Health-
Office of Emergency Medical Services Budget Request for FY'20-21.

Senator Osten, Representative Walker, Vice Chairs, Ranking Members and Member of the Appropriations Committee, my name is Bruce Baxter. I am the Interim President of the Connecticut EMS Chiefs Association as well as the CEO of New Britain Emergency Medical Services, the not-for profit lead 9-1-1 EMS provider for the City of New Britain.

The Connecticut EMS Chiefs Association represents the Chief executive Officers of those ambulance services operating in the State of Connecticut whose sole and primary mission is the response, care and medical transportation of individuals experiencing an out of hospital medical or traumatic emergency as well as working to improve the health and wellness of all residents in their respective communities. Eligible members of our association lead EMS organizations that are directly responsible for 60% of the 9-1-1 EMS response managed in Connecticut each year.

The Connecticut EMS Chiefs Associations urges the Appropriations Committee to support the Department Of Public Health's budget request to add one full time Health Program Associate in order to implement Mobile Integrated Healthcare as described in Section 68 (b) of Public Act 19-118, An Act Concerning the Department of Public Health's Recommendations for Various Revisions to the Public Health Statutes. Attached please find the relevant subsection of the Public Act for your review.

As an advocate of Mobile Integrated Healthcare Programs and a member of the 2019 Legislative Mobile Integrated Healthcare Study Committee, the implementation of MIH in Connecticut follows an established national trend designed to improve patient care by enhancing access to the most appropriate level of prehospital care while lowering overall healthcare costs to both governmental and commercial payers. For CT and its residents to reap the benefits of MIH programs, Connecticut's Department of Public Health must create a position to establish protocols and application processes for MIH and to subsequently evaluate applications to establish these programs. Such a position would require approximately \$65,000.00 of funding per year.

The benefits of MIH programs, as demonstrated in other states, includes but is not limited to programs that:

- Redirect patients to the appropriate level of out- patient care primary care practices, urgent care clinics, behavioral health crisis centers) as opposed to transporting all 9-1-1 patients to hospital emergency departments.
- Reducing the reliance of patients on hospital emergency departments as their preferred location to receive primary care through education and surveillance programs.
- Reducing the readmission of patients to hospital for select medical condition by providing in home surveillance.
- Reducing Hospice patient revocation.

States who have enabled MIH programs have demonstrated cost savings, enhanced outcomes with high levels of customer satisfaction.

Without funding such a position, MIH programs will be stalled and the State will be delayed in participating in future innovations in the field.

The Connecticut EMS Chiefs Association sees significant value associated with MIH improving patient care while saving costs. We urge the Appropriates Committee to fund the position of an MIH Health Program Associate with in the DPH EMS Program so the requisite infrastructure can be created and this important program can be brought to fruition.

Thank you for your time and consideration of this request.