



Association of Connecticut Ambulance Providers

Testimony of Greg Allard, President

Public Health Committee Hearing, March 17, 2021

Regarding Section 13 of

SB1- An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic.

Senator Daugherty Abrams, Representative Steinberg, and distinguished members of the Public Health Committee:

My name is Greg Allard, I am the President of the Association of Connecticut Ambulance Providers, President of the EMS Advisory Board and Vice President of American Ambulance Services in Manchester.

On behalf of the Association of Connecticut Ambulance Providers, we wanted to **raise our concerns with Section 13 of SB1- An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic. We would ask you to instead remove the language in Section 13, amend the mobile integrated health statutes and provide funding for oversight of future mobile integrated healthcare programs.**

Section 13 of this bill requires the Commissioner of Public Health to establish a pilot program allowing Emergency Medical Services (EMS) personnel to conduct home visits in consultation with community health workers. We appreciate the recognition of EMS and the value providers can have beyond responding to emergency situations. In 2019, the legislature recognized the value of Mobile Integrated Healthcare (MIH) with the passage of Public Act 19-118 (see Sections 64-68).

Sections 64 and 65 of that Act defined mobile integrated healthcare and required the Commissioner to establish “standards to ensure the health, safety and welfare of the patients being served by [mobile integrated healthcare] programs and data collection and reporting requirements to ensure and measure quality outcomes of such programs.”

Unfortunately, full implementation of MIH and a process for approving MIH programs was not adopted by the Department of Public Health due to budgetary concerns.



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For these reasons we would urge you to:

- (1) **Amend Section 19a-180(b) to the following: “On or after July [January] 1, 202[0]1[, within available appropriations], the commissioner shall [may] authorize an...”**
- (2) **Fund the Office of Emergency Medical Services oversight position to allow for review of mobile integrated healthcare programs like the one proposed in Section 13 of SB1.**

A pilot program is not needed to implement MIH and develop home visit programs with community workers. In fact, during the pandemic ACAP, the EMS Advisory Board, and various providers urged the Department of Public Health to better utilize EMS services through full implementation and oversight of MIH programs.

Having this in place during the pandemic would have provided needed health resources to people in their homes and communities while still being under the oversight of the sponsor hospital and the Office of Emergency Medical Services. Going forward, a Department that has oversight over approving such programs is needed to ensure local provider input and provide transparency and oversight. The legislature should make it clear that this should be a priority while leaving it up to local healthcare providers and the community to establish such programs.

To do this the legislature needs to follow up on the good work of Public Act 19-118 and require DPH to comply with the intent of the legislation while ensuring appropriate funding. We need your help to get MIH programs up and running in Connecticut and better utilize the resources EMS providers have throughout the state!

Thank you for the opportunity to provide testimony. Our Association and EMS providers throughout the State stand ready and willing to work with the committee on strengthening healthcare for all citizens.

Respectfully submitted,

Gregory B. Allard
President, Association of CT Ambulance Providers
Vice President, American Ambulance Service, Inc.