



State of Connecticut

HOUSE OF REPRESENTATIVES STATE CAPITOL

REPRESENTATIVE IRENE HAINES
THIRTY-FOURTH ASSEMBLY DISTRICT

LEGISLATIVE OFFICE BUILDING, ROOM 4200
300 CAPITOL AVENUE
HARTFORD, CT 06106-1591

CAPITOL PHONE: (860) 240-8700
TOLL FREE: (800) 842-1423
Irene.Haines@housegop.ct.gov

RANKING MEMBER
HIGHER EDUCATION AND EMPLOYMENT ADVANCEMENT
COMMITTEE

MEMBER
EDUCATION COMMITTEE
PLANNING AND DEVELOPMENT COMMITTEE

Public Hearing Testimony

Public Health Committee

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Testimony in Support of: Senate Bill 1073, Senate Bill 1210 and House Bill 6605

Chairmen Anwar and McCarthy Vahey, Ranking Member Somers and Klarides-Ditria, and distinguished members of the Public Health Committee, thank you for allowing me the opportunity to submit testimony in support of **Senate Bill 1073, Senate Bill 1210 and House Bill 6605.**

Senate Bill 1073: An Act Requiring the Administration of Epinephrine by First Responders, if passed, will allow first responders with proper training the ability to administer epinephrine to patients in an emergency medical situation. It is imperative to understand that the first person to a scene will often be an Emergency Medical Responder, not an EMT or Paramedic. Emergency Medical Responders could be trained EMR or police or fire. But the point here is that any EMR who has been trained should be administering Epinephrine for the success of patient care. I would also encourage that it should be mandatory training for all EMRs in the administration of Epinephrine.

Senate Bill 1210: An Act Establishing a Task Force to Study Issues Concerning Rural Health, if passed, would create a task force of individuals to examine and improve health support in rural areas of Connecticut. Though making this task force is a wonderful idea, I would encourage the task force to include Emergency Response concerns in the scope of the study. Geography and proximity to medical centers are critical to the scope of practice for emergency medical response. Coming from a town of 57 square miles, it can take as much as a half hour to reach patients and double that to get to a “nearby” medical facility. Scope of practice and proximity to a medical facility and/or the medical director might differ in lifesaving protocols. Certain medical directors allow specific standards, which vary across the state. But when you factor in the geography, there might be more important protocols to consider.

House Bill 6605: An Act Concerning Primary Area Service Responders

As a municipal leader, I have become well versed in the problems with Emergency Medical Services system in our town as well as in other towns in the state of CT. It 's a complicated problem. But as a municipal leader, public safety it is my first priority. That is, when you dial 911, a trained emergency medical provider answers the call, gets to your side, delivers prompt medical attention, and gets you to the hospital to further your care.

In order to have Basic Life Support services in a town, an ambulance service must get an operator 's license, also known as the primary service area designation. That license gives them the exclusive right to perform Basic Life Support for the town. If that organization does a fair job at answering calls meaning get to at least 50% of the calls, they keep the operator 's license unless the municipality deems it unsatisfactory and schedules a hearing with the Office of Emergency Services to discuss the current organization 's performance. The State of CT has one hearing officer. The backlog is huge there. If an ambulance organization answers 80% of the calls, they are doing a satisfactory job. How would you like to be #9 or your mom be #9 on that list? As a municipal leader, I am concerned about #9 and #10 on that list. I have to be. I shouldn 't be held hostage to an "satisfactory" organization. HB 6605 gives me that opportunity to oversee my emergency responders and I will do everything in my power to make sure that #9 and #10 get the emergency responders to their house, too. If I have any doubt that there aren't enough people on shift for a particular night or our Chief of Service does not respond to an issue, I will be sure that our Chief is at the scene taking care of that patient. Who better than the chief elected official of a municipality to have the authority over who responds to the 911 calls for its citizens. Allowing each municipality to own the primary service area designation and to designate their own primary service area responder for their citizens just makes sense. If there is a lack of confidence in an existing organization providing BLS services, a town should have the authority to shop for better services, like how you shop for a better doctor.

Finally, just a word about the profession of Emergency Medical Response. Our medical responders are highly trained and at a high cost to an individual. I know this firsthand. I have recently completed the EMR class in my town. I paid \$650 to take the class. I am scheduled to take the state test practical in March 29 which I paid \$80 and the state 's written test for \$140 later in April. The expense to the individual to get trained even at the basic level is almost \$1000. EMTs and paramedics pay even more. Equipment needed such as a Lucas device, an automatic breathing device is \$20,000. Yet, the reimbursement rate for a Medicaid call could be as little as \$238.00 back to an organization. The Medicare and Medicaid rates need to be increased to help pay for this important work. The current attention that all committees are giving to our healthcare workers in terms of education and career pathways as well as incentives need to be extended to our first responders. Our emergency medical response professionals should be treated as important healthcare workers. They are the first attendant of patient care, after all. This whole profession and its needs should be elevated to emergency status because that's where it's at!

I am grateful to the Public Health Committee for the opportunity to testify on these critical matters today. Senate Bill 1073, Senate Bill 1210 and House Bill 6605 have my full support and I hope yours too. Thank you for the opportunity to testify and happy to answer any questions you may have.

Thank you,



Irene Haines
State Representative, 34th District