

Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009

M-39 REV. 1/77

Page 1 of pages 42

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Regulations.

STATE OF CONNECTICUT
REGULATION
OF

Department of Public Health
Name of Agency

Concerning
Office of Emergency Medical Services
SUBJECT MATTER OF REGULATION

Section 19a-179-1 of the Regulations of Connecticut State Agencies is amended to read as follows:

19a-179-1. Emergency medical services regulations. Definitions.

Those definitions set forth in ~~C.G.S. Sec.~~ [section 19a-175 of the Connecticut General Statutes](#) shall govern the provisions of these regulations, in addition to the following:

- ~~(a)~~ (1) "Activation time" means the measure of time from notification to the EMS provider that an emergency exists, to the beginning of the response of the emergency vehicle~~[-];~~
- (2) ["Advanced Life Support \(ALS\) service" means the organized provision of intensive, complex pre-hospital care, consistent with acceptable emergency medical practices, utilizing qualified personnel supervised by physicians and hospitals as part of a written emergency medical services agreement between the ALS provider and the sponsor hospital;](#)
- ~~(b)~~ (3) "Advertising" means the promotion or announcement of one's business name and services in a manner intended to attract members of the public to use such business services~~[-];~~
- (4) ["Air ambulance" means an aircraft, either rotary or fixed wing, used for emergency medical assistance;](#)
- (5) ["Basic Life Support \(BLS\) service" means the organized provision of basic pre-hospital care, consistent with acceptable emergency medical practices, utilizing qualified personnel supervised by physicians and hospitals as part of a written emergency medical services agreement between the BLS provider and the sponsor hospital;](#)
- ~~(c)~~ (6) "Commissioner" means the ~~commissioner~~ [Commissioner of ~~health services~~ Public Health \[as defined in Sec. 19a-175 of the C.G.S.\]](#);
- (7) ~~"Department" means the Connecticut state department of health services.~~ [Department of Public Health;](#)
- ~~(d)~~ (8) "Council" means regional emergency medical services council~~[-];~~
- ~~(e)~~ ~~"Director" means the director of the office of emergency medical services (OEMS);~~
- ~~(f)~~ (9) "Dispatch ~~Center~~ [center](#)" means the organization responsible for receiving emergency calls and notifying the appropriate ~~emergency medical service~~ providers of such calls for help, and assigning them to respond to such calls~~[-];~~
- ~~(g)~~ (10) "Emergency ~~Medical Services Provider~~" [medical services provider](#) or "EMS Provider" ~~[means a person, association, or organization who provides immediate and/or life saving transportation and medical care away from a hospital to a victim of sudden illness or injury, and who may also provide invalid coach services.]~~ [means "Provider" as defined in section 19a-175 of the Connecticut General Statutes, as amended from time to time;](#)
- (11) ["Emergency Medical Responder " or "EMR" means an individual who is qualified pursuant to section 19a-179-16a\(b\) of these regulations and certified by OEMS;](#)
- ~~(h)~~ (12) "Emergency ~~Medical Services Instructor~~ [medical services instructor](#)" or "EMS-I" means an individual ~~[who has successfully completed the requirements of Sec. 19a-179-16 (d)]~~ [qualified pursuant to section 19a-179-16a\(e\) of these regulations and \[is\] certified by \[the office of emergency medical services\] OEMS to teach, supervise and conduct courses in \[EMS\] emergency medical services training programs\[-\];](#)

**Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009**

- 70
- 71 ~~{(i)}~~ (13) "Emergency Medical Technician" or "EMT" means an individual ~~[who has~~
72 ~~successfully completed the requirements established by Sec. 19a-179-16 (b)]~~
73 ~~qualified pursuant to section 19a-179-16a(c)]~~ of these regulations and ~~[is]~~ certified
74 as an EMT by ~~[the office of emergency medical services.]~~ OEMS;
- 75 ~~{(j)}~~ (14) "~~[Medical Technician-Intermediate]~~ Advanced emergency medical technician " or
76 "A-EMT" means an individual ~~[who has successfully completed the requirements~~
77 ~~established by Sec. 19a-179-16 (c)]~~ qualified pursuant to section 19a-179-16a(d)
78 of these regulations and ~~[is]~~ certified ~~[as an EMT-] by [the office of emergency~~
79 ~~medical services.]~~ OEMS;
- 80 ~~{(k)}~~ (15) "~~[Emergency Medical Technician-] Paramedic~~ ~~[or "EMT-P"]~~ means an individual
81 ~~[who has successfully completed the requirements established by Sec. 19a-179-~~
82 ~~16 (c)]~~ qualified pursuant to section 19a-179-16a(f) of these regulations and ~~[is~~
83 ~~certified]~~ licensed [as an EMT-P licensed] by ~~[the office of emergency medical~~
84 ~~services]~~ OEMS.
- 85 ~~{(l)}~~ (16) "First ~~[Responder]~~ responder" means the EMS provider who is notified for initial
86 response to a victim of sudden illness or injury~~[-];~~
- 87 ~~{(m)}~~ ~~-----~~ "~~Invalid Coach Transportation~~" means ~~transportation to or from a private home,~~
88 ~~health care facility, or hospital for examination, diagnosis treatment, therapy or~~
89 ~~consultation. Invalid Coach transportation is only to include the transportation of~~
90 ~~non-stretcher patients for whom the need for resuscitation, suctioning, or other~~
91 ~~emergency medical care or continuous observation is not evident.]~~
- 92 (17) "Chair van" means a vehicle used exclusively for the transportation of patients
93 who are not confined to stretchers, to or from either a medical facility or the
94 patient's home in non-emergency situations, or utilized in emergency situations
95 as a backup vehicle when insufficient emergency vehicles exist;
- 96 (18) "Management service" means "management service" as defined in section 19a-
97 175 of the Connecticut General Statutes, as amended from time to time
- 98 ~~{(n)}~~ (19) "Medical ~~[Communications Coordination Center]~~ communications coordination
99 center" means an organization responsible for the coordination of medical
100 frequencies to ensure allocation of such frequencies on a priority basis to ~~[EMS]~~
101 provider personnel requesting communications with a medical facility~~[-];~~
- 102 ~~{(o)}~~ ~~-----~~ "~~Medical Control~~" means ~~the active surveillance by physicians of mobile intensive~~
103 ~~care sufficient for the assessment of overall practice levels as defined by~~
104 ~~statewide protocols.~~
- 105 ~~{(p)}~~ ~~-----~~ "~~Medical Direction~~" means ~~the provision of medical advice, consultation,~~
106 ~~instruction and authorization to appropriately trained or certified personnel by~~
107 ~~designated staff members at sponsor hospitals.~~
- 108 ~~{(q)}~~ ~~-----~~ "~~Medical Response Technician~~" or "MRT" means an individual who has
109 ~~successfully completed the requirements established by Sec. 19a-179-16 (a) of~~
110 ~~these regulations and is certified as an MRT by the office of emergency medical~~
111 ~~service.~~
- 112 ~~{(r)}~~ ~~-----~~ "~~Mobile Intensive Care~~ " or "MIC" means ~~pre-hospital care involving invasive or~~
113 ~~definitive skills, equipment, procedures, and other therapies.]~~
- 114 ~~{(s)}~~ (20) "~~[Mobile Intensive Care Medical Director]~~ EMS medical director " means a
115 physician on the staff of the sponsor hospital, who is trained in emergency
116 medicine, and appointed by the sponsor hospital to be medically responsible for
117 the facility's participation in the ~~[mobile intensive care system]~~ EMS system. Any
118 physician appointed as an EMS medical director following the effective date of
119 these regulations shall be board certified in emergency medicine.
- 120 ~~{(t)}~~ ~~-----~~ "~~Mobile Intensive Care Service~~" means ~~the organized provision of intensive,~~
121 ~~complex prehospital care, consistent with acceptable emergency medical~~
122 ~~practices, utilizing qualified personnel supervised by physicians and hospitals as~~
123 ~~part of a written emergency medical services agreement with the mobile~~
124 ~~intensive care provider;~~
- 125 ~~{(u)}~~ ~~-----~~ "~~Mobile Intensive Care Unit~~ " means ~~an emergency vehicle equipped in~~
126 ~~accordance with Sec. 19a-179-18 (a) of these regulations and operated by a~~
127 ~~mobile intensive care provider.];~~
- 128 ~~{(v)}~~ (21) "Mutual Aid" means a written agreement between emergency medical service
129 providers or among a group of such providers to ensure cooperative aid in times
130 of need.
- 131 ~~{(w)}~~ (22) "Office of Emergency Medical Services" or "OEMS" means the office established
132 within the department ~~[of health services pursuant to C.G.S. Sec. 19a-178.]~~
133 pursuant to section 19a-178 of the Connecticut General Statutes;
- 134 ~~{(x)}~~ (23) "Primary Service Area Responder" or "PSAR" means ~~[the designated EMS~~
135 ~~provider for first call in a primary service area.]~~ the primary service area
136 responder as defined in section 19a-175 of the Connecticut General Statutes, as
137 amended from time to time;

**Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009**

- 138 ~~{(y)}~~ (24) "Primary Service Area" or "PSA" ~~[means a specific municipality or part thereof, to~~
139 ~~which one designated EMS provider is assigned for each category of emergency~~
140 ~~medical response services.]~~ means a primary service area as defined in section
141 19a-175 of the Connecticut General Statutes, as amended from time to time;
142 (25) "Paramedic intercept" or "PI" means the delivery of ALS services by a paramedic
143 that operates separately from the EMS organization providing the ambulance
144 transport;
145 ~~{(z)}~~ (26) "Regional ~~[Medical Advisory Committee]~~ medical advisory committee" or "RMAC"
146 means a committee composed of physicians and other members appointed by
147 the regional emergency medical services council, for the purpose of advising the
148 council on medical practices and medical quality assurances~~[-];~~
149 ~~{(aa)}~~ ~~"Regional Medical Director" means a physician licensed to practice medicine in~~
150 ~~Connecticut who is authorized by the council to develop and represent council~~
151 ~~positions on medical matters.]~~
152 ~~{(bb)}~~ (27) "Response ~~[Time]~~ time" means the total measure of time from notification to the
153 EMS provider that an emergency exists, to arrival of the EMS provider~~[-];~~ at the
154 patient's side, and is the total of "activation time" and "travel time"~~[-];~~
155 ~~{(cc)}~~ (28) "Sponsor ~~[Hospital]~~ hospital" means a hospital which has agreed to maintain staff
156 for the provision of ~~[medical control]~~ direct and indirect medical oversight to
157 ~~[emergency medical service]~~ EMS providers and which has been ~~[approved by~~
158 ~~OEMS in accordance with Sec. 19a-179-12 (a) (7) of these regulations.]~~
159 approved pursuant to section 19a-179-12 of these regulations;
160 ~~{(dd)}~~ (29) ~~"[State Medical Advisory Committee]~~ Connecticut Emergency Medical Services
161 Medical Advisory Committee" or "[SMAC]" "CEMSMAC" means a committee
162 composed of the medical directors of each regional emergency medical
163 ~~[Services]~~ services council and the medical director of OEMS, for the purpose of
164 advising the OEMS on medical matters within the emergency medical services
165 system in the state~~[-];~~
166 (30) "Supplemental First Responder" means a certified first responder that is not a
167 PSAR at the first responder level but operates under an agreement with the
168 PSAR and the municipality, and serves as a first responder when available and
169 when called upon;
170 ~~{(ee)}~~ (31) "Travel ~~[Time]~~ time" means the measure of time from the beginning of the
171 response of the emergency vehicle to arrival ~~[on scene]~~ of the EMS provider, at
172 the patient's side [-];
173 (32) "Direct medical oversight" means immediate and concurrent clinical directives to
174 EMS field personnel, provided by a physician charged with giving medical advice,
175 consultation, instruction and authorization to appropriately trained or certified
176 personnel;
177 (33) "Indirect medical oversight" means administrative medical directives to EMS field
178 personnel, provided by a physician charged with medical oversight.
179 Administrative medical directives include, but are not limited to written policies
180 and protocols, education, system design, and quality management;
181 (34) "EMS Coordinator" means a sponsor hospital staff person who is responsible for
182 facilitating the roles and responsibilities of the EMS Medical Director as
183 delegated;
184 (35) "State EMS Medical Director" means a physician licensed to practice medicine in
185 Connecticut and board certified in emergency medicine whose duties include, but
186 are not limited to, providing medical aspects of leadership, oversight,
187 coordination, access to best practices, system quality management, and
188 research, to ensure the safest and highest quality care for patients served by the
189 state's EMS system, in cooperation with sponsor hospitals and regional EMS
190 medical directors;
191 (36) "Statewide EMS protocols" means a single set of medical treatment, triage, and
192 destination protocols to be used by EMS organizations and providers at all levels
193 throughout the state.

194
195
196 **Section 19a-179-2 of the Regulations of Connecticut State Agencies is amended to**
197 **read as follows:**

198
199 **19a-179-2. Regional emergency medical services councils**

- 200 (a) There shall be a regional emergency medical services council in each EMS
201 region of the state~~[-];~~ ~~[such]~~ Such regional council boundaries shall be designated
202 by the commissioner. Each council shall provide advice and guidance on policy
203 to OEMS and the regional coordinator as to the regional problems, needs, and
204 priorities in the area of emergency medical services.

**Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009**

- 205 (b) Opportunity for membership on each council shall be available to all appropriate
206 representatives of emergency medical services including, but not limited to, one
207 representative from each of the following:
208 (1) Local governments;
209 (2) Fire service and law enforcement officials;
210 (3) Medical and nursing professions, including mental health,
211 paraprofessional and other allied health professions;
212 (4) Providers of ambulance services, certified and licensed;
213 (5) Institutions of higher education;
214 (6) Consumers;
215 (7) Management Service Organizations; and
216 (8) federal agencies involved in the delivery of health care.
217

218 (c) Each regional ~~[emergency medical services]~~ EMS council shall ~~[consider matters~~
219 ~~of policy and priority regarding emergency medical services within its region and~~
220 ~~shall annually develop an EMS plan for its region and submit the plan annually to~~
221 ~~OEMS]~~ develop a plan in accordance with section 19a-182(b) of the Connecticut
222 General Statutes.

223 (d) The Council shall submit to OEMS for its approval information concerning its
224 organizational structure, membership, officers and by-laws pursuant to ~~[C.G.S.~~
225 ~~Sec.]~~ section 19a-183 of the Connecticut General Statutes. Any changes in this
226 submitted information shall be forwarded to OEMS quarterly.

227 ~~[(e) — Each regional council shall review and within sixty (60) days forward to the~~
228 ~~commissioner, together with its recommendations, all grant and contract~~
229 ~~applications for federal and state funding pertaining to emergency medical~~
230 ~~services.]~~
231

232 **Section 19a-179-3 of the Regulations of Connecticut State Agencies is amended to**
233 **read as follows:**
234

235 **19a-179-3. Regional EMS coordinators**

236 (a) There shall be a regional EMS coordinator in each region who shall be appointed
237 by the regional EMS council, subject to the ~~[Commissioner"]~~ commissioner's
238 approval that the EMS coordinator can perform the duties in this section in a
239 manner as to enhance the EMS system. In those regions where no regional EMS
240 council exists, such coordinator shall be appointed by the commissioner.

- 241 (b) The regional EMS coordinator shall be responsible for the following:
242 (1) Facilitating the work of the regional EMS council in developing the plan
243 for the coordination of emergency medical services within the region;
244 (2) Implementing the regional EMS plan;
245 (3) Continuous monitoring and evaluation of all emergency medical services
246 in that region, including review of the PSAR assignments as specified in
247 subsection 19a-179-4(e) of these regulations;
248 (4) Making a complete inventory of all personnel, facilities and equipment
249 within the region related to the delivery of emergency medical services
250 pursuant to guidelines established by the commissioner.
251 (5) Maintaining liaison with the director of OEMS or his or her designee;
252 (6) Acting as staff for the council;
253 (7) Coordinating EMS planning activities related to disasters and mass
254 casualty events and assisting in the establishment of mutual aid
255 agreements; ~~[and]~~
256 (8) Working collaboratively with OEMS to achieve statewide uniform
257 standards;
258 (9) Conducting and overseeing education, training, and testing for EMRs;
259 (10) Facilitating effective communication between all regional councils; and
260 ~~[(8)]~~ (11) Performing such other duties as are negotiable between the council and
261 the commissioner.
262
263

264 **Section 19a-179-4 of the Regulations of Connecticut State Agencies is amended to**
265 **read as follows:**
266

267 **19a-179-4. Primary service area responder (PSAR)**

- 268 (a) Primary Service Area Assignment
269 ~~[(a)]~~ OEMS shall assign, in writing, a primary service area responder for each primary
270 service area in the category of services, as identified in subsection (c) of this
271 section. All municipalities within the ~~[State]~~ state of Connecticut shall be covered
272 by said assignments. Primary service area responders shall be either licensed or

**Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009**

certified by OEMS pursuant to ~~C.G.S. Sec.~~ section 19a-180 of the Connecticut General Statutes. An express condition of licensure or certification as an emergency medical service ~~provider~~ organization shall be the availability and willingness of the emergency medical service ~~provider~~ organization to properly carry out any PSAR assignment made by OEMS pursuant to this section of these regulations.

(b) **PSAR Application**

(1) An emergency medical service organization requesting to be assigned as a PSAR shall apply to OEMS on a form prescribed by OEMS. The factors to be considered by OEMS ~~in assigning~~ for approving an application of any emergency medical services ~~provider~~ organization ~~]~~ as a PSAR shall ~~be as follows~~ include, but may not be limited to:

- ~~(1)~~ (A) Size of population and geographical area to be served;
- ~~(2)~~ (B) Effect of proposed PSAR assignment on other emergency medical service ~~providers~~ organizations in the area;
- (C) the proposed PSAR's interaction with other providers assigned at each different category in the same area;
- ~~(3)~~ (D) Geographic locations of the proposed PSAR provider;
- ~~(4)~~ (E) The proposed PSAR's record of response time;
- ~~(5)~~ (F) The proposed PSAR's record of activation time;
- ~~(6)~~ (G) The proposed PSAR's level of licensure or certification;
- (H) The specific resources that will be allocated to servicing the geographic area, including but not limited to, the quantity and types of vehicles, branch locations, and the quantity and certification levels of personnel;
- (I) For currently licensed or certified EMS organizations, the number of calls the proposed PSAR passes to other providers;
- (J) For currently licensed or certified EMS organizations, the effect of how the new service area will be integrated into the existing PSA;
- (K) Any written agreements or contracts with any municipality served by the proposed PSAR required pursuant to section 19a-181b of the Connecticut General Statutes, if applicable;
- (L) Any proposed agreement that would allow for circumstances under which another response service would receive first call priority, including, but not limited to, a supplemental first responder; and
- ~~(7)~~ (M) Other factors which OEMS determines to be relevant to the provision of efficient and effective emergency medical services to the population to be served. ~~Prior to such assignment, OEMS shall solicit the advice and recommendation of the appropriate regional council and the chief administrative official of the municipality in which the PSAR lies for consideration in light of the above factors.]~~

(c) **The PSAR approval process**

- (1) OEMS may consult with the appropriate regional councils and municipalities to review the application for completeness. It shall be the sole responsibility of OEMS to deem the application complete.
- (2) OEMS shall provide the appropriate regional councils and municipalities with a copy of the application which has been deemed complete.
- (3) The appropriate regional councils shall submit its recommendation in writing to OEMS within 45 days from the date the application is deemed complete. A regional council recommendation may either support or oppose the application for the proposed PSAR assignment. The recommendation shall contain the reasons for such support or opposition.
- (4) The appropriate municipalities shall submit its recommendation in writing to OEMS within 45 days from the date the application is deemed complete. A municipality recommendation shall either support or oppose the application for the proposed PSAR assignment. The recommendation shall contain the reasons for such support or opposition.
- (5) If a regional council or municipality does not act on an application and report to OEMS within the 45 day time limit, OEMS shall consider the application to have been approved and supported by the regional council or municipality.
- (6) OEMS shall provide applicants and the appropriate regional councils and municipalities with written notification of the OEMS decision. Written notification will usually occur within sixty days of the application being

**Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009**

341 deemed complete. If a decision cannot be rendered within sixty days of
342 the completion of the application, OEMS shall notify the applicant and the
343 appropriate regional councils and municipalities of the delay. Such delay
344 shall not be deemed as an approval of the application.

345 ~~(e)~~ (7) Each ~~[PSAR] PSA~~ shall ~~be~~ have one assigned ~~PSAR~~ ~~[to only one~~
346 ~~designated response service]~~ for each ~~[given]~~ of the following category of
347 ~~[service available]~~ services:

- 348 (A) First Responder;
- 349 (B) Ambulance Service; and
- 350 (C) Paramedic Service.

351 Any proposed alternative configuration shall go through the PSAR
352 application process as an addendum to the application.

353 ~~[Any circumstances under which another designated response service would~~
354 ~~receive first call priority, such as central dispatch sending the closest available~~
355 ~~vehicle, shall be stipulated in the assignment of the PSAR.]~~

356
357 (d) **Responsibilities of the PSAR**

358 (1) Each ~~[basic ambulance service and mobile intensive care service]~~ PSAR
359 shall be prepared to respond to calls for emergency services originated
360 from an EMS dispatch center for its primary service area on a 24 hour a
361 day, 7 day a week, basis, or arrange with ~~[other]~~ another certified or
362 licensed ~~[response services to offer]~~ EMS organization to provide
363 coverage for its PSA during non-operational hours with no reduction in
364 level of service. The EMS organization that provides coverage for the
365 PSAR shall be approved to provide the same categories of services as
366 the PSAR. If such arrangement with ~~[other services]~~ another EMS
367 organization is necessary, a copy of a written agreement between the
368 ~~[services]~~ PSAR and the other EMS organization ~~[to that effect]~~ shall be
369 enclosed in the ~~[response service's]~~ PSAR's application for the PSA, as
370 described in ~~[Sec. 19a-179-5]~~ section 19a-179-4(b) of these regulations.
371 ~~[The]~~ If the PSAR is a transport service, the following requirements shall
372 be followed ~~[in carrying]~~ to carry out the requirement set forth above:

- 373 (A) If ~~[a service]~~ the EMS organization has only one ambulance in
374 operation or only one crew available to respond to calls, and the
375 ~~[service]~~ EMS organization is the only ~~[service]~~ EMS organization
376 within a municipality, that ambulance and crew shall be reserved
377 for emergency calls within the service's PSA, or for calls for
378 mutual aid.
- 379 (B) If ~~[a service]~~ the EMS organization has only one ambulance in
380 operation but there are other licensed or certified ambulance
381 services based within the municipality, the ~~[service]~~ organization
382 may use its only ambulance for rendering service other than
383 emergencies only if the service first determines that there is an
384 ambulance and crew available from the other service within the
385 municipality to respond to emergencies.
- 386 (C) If ~~[a service]~~ the EMS organization has only one ambulance in
387 ~~[operation]~~ service but there is a written mutual aid agreement in
388 effect for basic ambulance coverage from an adjacent PSA
389 ambulance service and there is a designated first responder
390 ~~[service]~~ in the municipality, the ambulance service may make its
391 only vehicle available for rendering service other than
392 emergencies.
- 393 (D) Each ~~[response]~~ responding ambulance service shall maintain
394 contact with the dispatch center concerning the location and
395 availability of system vehicles.

396
397 ~~(e)~~ (e) **Review of a PSAR assignment**

398 (1) Each regional EMS coordinator, in consultation with the appropriate
399 municipalities and PSARs, shall review the PSAR assignments within the
400 EMS coordinator's geographic areas every 5 years for:

- 401 (A) Performance as outlined in the local EMS Plan;
- 402 (B) Response time;
- 403 (C) Activation Time;
- 404 (D) Number of calls passed to other providers;
- 405 (E) Review of existing agreements or contracts with any municipality
406 served by the PSAR;
- 407 (F) Compliance with local, regional, and state emergency response
408 plans; and

**Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009**

- 409 (G) Other factors determined to be relevant to the provision of efficient
410 and effective emergency medical services to the population
411 served.
412 (2) The PSAR shall cooperate with the review by providing the regional EMS
413 coordinator with relevant information and documents regarding the items
414 being reviewed.
415 (3) The regional EMS coordinator shall submit a written report of its findings
416 for each PSAR review to OEMS within 30 days of the conclusion of the
417 review. This report shall include, but not be limited to:
418 (A) PSAR performance relative to the Regulations of Connecticut
419 State Agencies;
420 (B) PSAR performance relative to the Local EMS Plan;
421 (C) Recommendations on performance improvements consistent with
422 the standards of professional practice; and
423 (D) A plan to remediate any deficiencies.
424 (4) If at any time, the regional EMS Coordinator obtains knowledge that the
425 PSAR is not satisfactorily performing its duties, and that based upon such
426 dereliction of duties, an emergency exists that jeopardizes the safety,
427 health and welfare of the citizens of the affected PSA, the regional EMS
428 Coordinator shall immediately report such information in writing to the
429 director of OEMS.
430
431 (f) **Withdrawal of a PSAR assignment**
432 (1) The commissioner may withdraw a PSAR assignment pursuant to section
433 19a-177(12) of the Connecticut General Statutes; and,
434 ~~[A PSAR assignment may be withdrawn when it is determined by OEMS~~
435 ~~that it is in the best interests of patient care to do so. Upon transmittal to~~
436 ~~OEMS of the recommendation of the appropriate regional council, along~~
437 ~~with reasons in support of said recommendation, that withdrawal of a~~
438 ~~PSAR assignment is appropriate, OEMS shall institute proceedings~~
439 ~~pursuant to C.G.S. Sec. 19a-177 through Sec. 19a-182, inclusive, and the~~
440 ~~applicable regulations of the department of health services promulgated~~
441 ~~thereunder. The regional council and the designated primary service area~~
442 ~~responder shall be permitted to present evidence and arguments to the~~
443 ~~commissioner in support of their respective positions. Upon consideration~~
444 ~~of the council recommendation and any other evidence or argument~~
445 ~~presented, the commissioner shall make a decision, in writing, whether to~~
446 ~~withdraw the assignment. If an assignment is withdrawn, OEMS shall at~~
447 ~~the same time assign the PSAR responsibility to another provider. The~~
448 ~~commissioner may initiate such proceedings without being requested to~~
449 ~~do so by the council, but shall notify the council of its intent.]~~
450 (e) (2) Where the chief administrative official of the municipality in which the PSA
451 lies can demonstrate to the commissioner that an emergency exists and
452 that the safety, health and welfare of the citizens of the affected area are
453 jeopardized by the performance of the assigned ~~[primary service area~~
454 ~~responder]~~ PSAR, that chief administrative official may petition the
455 commissioner in writing, to suspend the assignment immediately. In such
456 cases, the chief administrative official shall develop a plan acceptable to
457 the commissioner for the alternative provision of ~~[primary service area~~
458 ~~responder]~~ PSAR responsibilities. Upon a finding that an emergency
459 exists and that the safety, health, and welfare of the citizens of the
460 affected area are jeopardized by the performance of the assigned
461 ~~[primary service area responder]~~ PSAR, the commissioner may suspend
462 the assignment immediately and order a plan for alternative provision of
463 emergency medical services, pending prompt compliance with the
464 requirements of ~~[the subsection (d) above]~~ section 19a-181c of the
465 Connecticut General Statutes.
466
467 (g) **Voluntary Surrender of a PSAR**
468 (1) If a PSAR seeks to voluntarily surrender its PSAR assignment, it shall
469 notify OEMS at least ninety (90) days prior to the date the PSAR plans to
470 terminate service, provided that an emergency does not exist and the
471 safety, health, and welfare of the citizens in the affected area are not in
472 jeopardy. The PSAR shall submit a plan for the orderly transfer of the
473 PSAR assignment to another provider. The PSAR shall submit support of
474 the plan from the chief administrative official of the area affected and from
475 the providers involved in the plan. The organization that is to replace the
476 current PSAR shall submit an application in accordance with subsection

**Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009**

477 (b) of this section. In the event that another provider has not been
478 identified to accept the PSAR assignment, OEMS shall require the current
479 PSAR to continue to provide service to the area until another provider can
480 be assigned.

481 (2) If an emergency exists and/or the safety, health and welfare of the
482 citizens of the affected area are in jeopardy, the organization shall notify
483 OEMS immediately. OEMS shall designate another service as the
484 temporary PSAR and notify any affected providers of the emergency
485 situation. The organization assuming permanent provision of primary
486 service area responsibilities shall submit an application pursuant to
487 subsection (b) of this section.
488

489 **(h) Transfer of a PSAR assignment**

490 (1) Any sale of an existing service shall be exempt from the PSAR
491 application process and the PSAR assignment shall transfer to the
492 purchaser provided that the purchase agreement and other related
493 documentation is submitted to OEMS, and OEMS determines that the
494 following criteria have been met:

495 (A) Following the sale, the purchaser only provides services, operates
496 vehicles or establishes branch locations in the areas covered by
497 the seller and purchaser prior to the sale;

498 (B) The entire service is transferred by the seller to a single purchaser
499 and said seller completely terminates all participation in the
500 category of service;

501 (C) The purchaser satisfies all other conditions of certification or
502 licensure requirements prior to the operation of the category of
503 service;

504 (D) At least thirty (30) days prior to the proposed transfer of the PSAR
505 assignment, the purchaser provides notice to OEMS, the
506 appropriate regional councils and the municipalities in which the
507 service area lies, of the pending PSAR transfer. Such notice shall
508 be provided by submitting a completed Intent to Purchase Form to
509 OEMS, the regional council, and the municipalities;

510 (E) The purchaser agrees, in writing, to abide by any performance
511 standards to which the purchased business was obligated
512 pursuant to the prior agreement with the municipality and shall
513 provide a copy of the written agreement or contract with the
514 municipality in which the PSA lies, if applicable. A signature of
515 approval from the chief administrative officials of the applicable
516 municipalities shall be required.

517 (2) OEMS shall make the final assignment of the PSA.

518 (3) Any transfer of ownership of an organization holding a PSAR that does
519 not meet the criteria required by this subsection shall be subject to the
520 approval process as specified in section 19a-179-4(a) through (d) of
521 these regulations.
522
523

524 **Section 19a-179-5 of the Regulations of Connecticut State Agencies is amended to**
525 **read as follows:**
526

527 **19a-179-5. Licensure and certification of EMS organizations**

528 (a) Any ~~person~~ entity wishing to provide emergency medical services as described
529 in Chapter 368d of the Connecticut General Statutes and the Regulations of
530 Connecticut State Agencies promulgated thereunder, shall apply to ~~the~~ OEMS
531 for a license or a certificate ~~[as appropriate to the service offered in accordance~~
532 ~~with C.G.S. Sec. 19a-180 and any regulations promulgated thereunder]~~. All
533 applicants ~~[response services]~~ shall apply to ~~the~~ OEMS indicating that ~~[such]~~
534 the service is a duly incorporated agency under Connecticut law, with a chief
535 executive officer who shall sign the application for certification or licensure and
536 who is specifically accountable for the EMS operations as such agency, or that
537 such service is a duly designated element of a governmental body with a chief
538 executive officer who shall sign the application for certification or licensure and
539 with an officer of the agency who shall be directly responsible for EMS operations
540 of that agency. Such application shall be made on forms provided by ~~the~~ OEMS
541 and shall contain sufficient information to establish that the proposed service
542 complies with all limitations, conditions and procedures required by ~~the~~ OEMS
543 in accordance with ~~[C.G.S. Sec. 19a-175 through Sec. 19a-179, inclusive,~~

**Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009**

- 544 ~~Regulations of Connecticut State Agencies, Sec. 19a-180-1 to 19a-180-10,~~
545 ~~inclusive and these regulations.] Chapter 368d of the Connecticut General~~
546 ~~Statutes and the Regulations of Connecticut State Agencies promulgated~~
547 ~~thereunder.~~
- (b) Each service holding a license shall apply on forms provided by ~~the~~ OEMS for
548 renewal of such license not later than December 31st of each calendar year.
549 Each service holding a certificate of operation shall apply on forms provided by
550 ~~the~~ OEMS for renewal of such certificate not later than the last day of each
551 assigned quarter during the calendar year. Applications for annual licensure or
552 certification renewal shall include the following information and fee:
553 (1) Services to be provided;
554 (2) Address of business location;
555 (3) Total number of EMS vehicles, by category;
556 (4) Names and licensing or certification level of current EMS personnel;
557 ~~(4)~~ (5) Certificates of malpractice and public liability insurance;
558 ~~(5)~~ (6) Name and address of any owner of the service in the case of a
559 commercial service, and the names and addresses of its officers if the
560 owner is a corporation, or the name and address of officers in the case of
561 a volunteer service, or the name and address of the chief elected official
562 and any other municipal service;
563 ~~(6)~~ (7) Agent for service of process and all other official notices required
564 pursuant to ~~[C.G.S. Sec. 19a-175 through Sec. 19a-199, inclusive, and~~
565 ~~any regulations promulgated thereunder;]~~ Chapter 368d of the
566 Connecticut General Statutes and the Regulations of Connecticut State
567 Agencies promulgated thereunder;
568 ~~(7)~~ (8) For licensed ~~service~~ services only, payment of the ~~one~~ two hundred
569 dollar ~~[\$100.00]~~ [\$200.00] annual fee imposed by ~~[C.G.S. Sec. 19a-180]~~
570 ~~section 19a-180 of the Connecticut General Statutes.~~ The renewal
571 application shall be signed by the chief executive officer.
572 (9) Copies of any contractual agreements with any other EMS organizations
573 to provide coverage for its PSA as described in subdivision 19a-179-
574 4(d)(1) of these regulations.
575
576
- (c) **Issuance and renewal of licenses or certificates.**
577 (1) Upon determination by OEMS that an applicant is in compliance with all
578 applicable statutes and regulations, OEMS shall issue a license or
579 certificate, or a renewal of license or certificate, to operate the service for
580 a period not to exceed twelve (12) months.
581 (2) A license or certificate shall be issued in the name of the service applying
582 for a license or certificate.
583 (3) The license or certificate shall not be transferable to any other person or
584 service except as provided by ~~[Sec. 19a-180-1 through Sec. 19a-180-10]~~
585 ~~sections 19a-180-1 through 19a-180-10,~~ inclusive, of the Regulations of
586 Connecticut State Agencies.
587
588
- (d) **Change in status.**
589 (1) Any change of ownership, services provided, number of vehicles or
590 location shall require a new license or certificate to be issued. The
591 licensee or certificate holder shall apply to OEMS in writing prior to the
592 implementation of any such change.
593 (2) Any change in other information required by ~~[Sec.]~~ section 19a-179-5 (b)
594 ~~[(1) through (6)],~~ inclusive shall be reported to OEMS within ten (10)
595 business days of the implementation of any such change.
596
597
- ~~(e) **Change of Ownership for emergency medical service organizations holding**~~
598 ~~a primary service area.~~
599 (1) ~~The intended purchaser of any licensed or certified emergency medical~~
600 ~~service organization holding a primary service area shall:~~
601 (A) ~~At least 30 days prior to the intended date of purchase, provide~~
602 ~~the Department with a written notice of intent to purchase said~~
603 ~~business.~~
604 (B) ~~Complete an "Intent to Purchase" form provided by the~~
605 ~~Department, which shall include, at a minimum, the following:~~
606 (i) ~~Name of business to be purchased;~~
607 (ii) ~~A detailed description of what is included in the~~
608 ~~transaction;~~
609 (iii) ~~A description of the geographic boundaries of the Primary~~
610 ~~Service Area(s) served by the business to be purchased;~~
611

**Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009**

612 ~~(iv) — Attestation from the purchaser and the chief administrative~~
613 ~~official of the municipality in which the Primary Service Area lies,~~
614 ~~on forms provided by the Department. Said attestation shall~~
615 ~~indicate that the purchaser has agreed to meet or exceed the~~
616 ~~performance standards to which the purchased emergency~~
617 ~~medical service organization was obligated pursuant to its~~
618 ~~agreement with the municipality. A separate attestation form shall~~
619 ~~be used for each municipality included in the transaction.~~

621 ~~(G) — Comply with all state laws and regulations governing licensing or~~
622 ~~certification of emergency medical services organizations.~~

623 ~~—(2) — A change of ownership of any licensed or certified emergency medical~~
624 ~~service organization shall not occur unless all provisions of this section~~
625 ~~are met.]~~

626
627

Section 19a-179-6 of the Regulations of Connecticut State Agencies is amended to read as follows:

630

19a-179-6. When license or certification not required

632 When an ambulance service which is operated from a location or headquarters outside
633 the ~~[State]~~ state of Connecticut, provides emergency medical services inside of the
634 ~~[State]~~ state of Connecticut, no license or certificate shall be required of the service or its
635 personnel under ~~[C.G.S. Sec.]~~ section 19a-180 of the Connecticut General Statutes with
636 respect to the following activities ~~[of such ambulance service], provided that the~~
637 ambulance service meets all the licensing and certification requirements of the
638 jurisdiction in which it operates:

- 639 (a) Transporting a patient from a location outside the state to a location within the
640 state; or,
641 (b) Transporting a patient from a location within the state to a location outside the
642 state; or,
643 (c) Utilization within Connecticut for assistance during times of mutual aid mass
644 casualty or disaster situations; or,
645 (d) Responding in this state in accordance with a written mutual aid agreement
646 which has been approved by OEMS.

647
648

Section 19a-179-7 of the Regulations of Connecticut State Agencies is amended to read as follows:

650

19a-179-7. Records

- 653 (a) Each licensed or certified emergency medical service shall maintain for a period
654 of at least five (5) years, records on each person employed by the service in a
655 paid or unpaid capacity. Such records shall include at least the following
656 information:
657 (1) Name;
658 (2) Address and telephone number;
659 (3) Type and date of training; and,
660 (4) Certification levels, including date of issuance and renewal.
- 661 (b) Each licensed and certified emergency medical service shall maintain, for a
662 period of at least seven (7) years, records on each request for service. Such
663 record shall include at least the following information:
664 (1) Name of the patient;
665 (2) Date of the response;
666 (3) Time of notification;
667 (4) Time of response;
668 (5) Location of response;
669 (6) Time of arrival at scene;
670 (7) Patient condition upon arrival for emergency patients;
671 (8) Treatment rendered;
672 (9) Destination location; and,
673 (10) Time of arrival at destination;
- 674 (c) Licensed and certified emergency medical service providers shall maintain all
675 business records, including those required to be maintained by this section, at
676 the business location set forth on the most recent licensure or certification
677 application or renewal form.
- 678 (d) All records maintained by a licensed or certified emergency medical services
679 provider, including those required to be maintained by this section shall be

**Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009**

680 subject to routine inspection by ~~the~~ OEMS upon reasonable notice to the
681 service. In cases involving investigations by the OEMS, such records shall be
682 made available to ~~the~~ OEMS during normal business hours, without prior notice.
683 The failure to grant OEMS access to such ~~files~~ records shall be grounds for
684 suspension or revocation of a license or certificate or other disciplinary action
685 authorized pursuant to sections 19a-180 and 19a-17 of the Connecticut General
686 Statutes.

687
688
689 **Section 19a-179-8 of the Regulations of Connecticut State Agencies is amended to**
690 **read as follows:**

691 **19a-179-8. Accident reports**

692 Each ~~ambulance service~~ EMS provider, management service, or ~~invalid coach~~ chair
693 van service shall report to OEMS, in writing, within ten (10) business days of occurrence,
694 any accident ~~which has been deemed by the law enforcement agency or primary~~
695 ~~jurisdiction to be the fault of the service or~~ which has resulted in personal injury, ~~or~~
696 ~~property damage estimated to be in excess of six hundred dollars (\$600.00), or both.~~
697 ~~Such report shall include a copy of the accident investigation report by the investigating~~
698 ~~law enforcement officer or a copy of the report filed with the Connecticut department of~~
699 ~~motor vehicles by the driver of the vehicle involved~~ In the case of law enforcement or
700 fire departments that provide EMS service, such reports shall only need to be filed if the
701 accident occurred while the vehicle was involved in an EMS response or other EMS
702 activities.

703
704
705
706 **Section 19a-179-9 of the Regulations of Connecticut State Agencies is amended to**
707 **read as follows:**

708 **19a-179-9. Specifically prohibited acts**

- 709 (a) No person acting as an emergency medical service provider shall possess or
710 carry dangerous weapons such as firearms, night sticks, explosive devices or
711 knives with blades over four (4) inches long in an emergency medical service
712 vehicle. This provision shall not apply to sworn law enforcement officers while on
713 duty as such.
- 714 (b) No person acting as an emergency medical service provider shall possess or
715 carry handcuffs. Nor shall any person possess or carry any other restraint
716 devices except those approved by OEMS in accordance with subsection 19a-
717 179-18 (a)(2) ~~(R)~~ of these regulations. This provision shall not apply to sworn
718 law enforcement officers while on duty as such.
- 719 (c) No person shall smoke in ~~the patient compartment of~~ an emergency medical
720 service vehicle.
- 721 (d) No person, organization, association or entity shall represent itself as being
722 ~~recognized~~ certified or licensed by the OEMS unless it has in its possession a
723 current certificate or license issued by OEMS.
- 724 (e) No person shall represent herself or himself to be an ~~"MRT," "medical response~~
725 ~~technician," "EMT," "emergency medical technician," "intermediate" or~~
726 ~~"paramedic"~~ EMR, EMT, A-EMT or paramedic unless she or he is currently
727 certified or licensed as such by OEMS in accordance with these regulations.
- 728 (f) No person engaged in the provision of emergency medical services shall commit
729 an act or omission which constitutes negligent, illegal or incompetent conduct, or
730 otherwise places ~~which is detrimental to~~ the safety, health, or welfare of a
731 patient or the general public in jeopardy.
- 732 (g) No person, acting as part of the emergency medical services system, shall
733 perform treatment methods unless she or he is certified or licensed by ~~the~~
734 OEMS at a level which allows such performance.
- 735 (h) No person, acting as part of the emergency medical services system, shall
736 perform treatment methods beyond that for which the responding service is
737 certified or licensed.
- 738 (i) No person, regardless of certification or licensure, shall independently perform
739 treatment methods ~~identified in Sec. 19a-179-12 (b)~~ authorized by CEMSMAC
740 in accordance with section 19a-179-14(a) unless acting as part of the emergency
741 medical services system, in accordance with ~~Sec.~~ section 19a-179-12.
- 742 (j) No certified or licensed EMS provider shall display on a uniform, a level of
743 service higher than that which the EMS organization for which such EMS
744 provider is currently employed, is authorized to provide.

**Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009**

748 **Section 19a-179-10 of the Regulations of Connecticut State Agencies is amended**
749 **to read as follows:**

750 ~~**[19a-179-10. Categorization of and staffing requirement for services**~~

751 ~~(a) First Responder. A first responder service shall have the capability of providing~~
752 ~~at least the following at the scene of each EMS call to which it responds:~~

753 ~~(1) Personnel.~~

754 ~~(A) One medical response technician (MRT) who:~~

755 ~~(i) Is certified [in accordance with Sec. 19a-177-16 (a) of~~
756 ~~these regulations; and,~~

757 ~~(ii) Has the ability to respond to EMS calls with a two-way~~
758 ~~radio compatible with the first responder service~~
759 ~~dispatcher.~~

760 ~~(2) Supplies.~~

761 ~~(A) Bandaging material and dressing sufficient to control hemorrhage;~~

762 ~~(B) Oropharyngeal or mouth-to-mouth airways in infant, child and~~
763 ~~adult sizes. Such airways shall be nonrigid and nonmetal in~~
764 ~~construction;~~

765 ~~(C) Portable oxygen administration apparatus with 30 minutes supply~~
766 ~~at 7 lpm flow rate, which is operable totally detached from the~~
767 ~~parent vehicle. Such unit shall be capable of accepting attachment~~
768 ~~to a nasal cannula, mouth/nose mask or as enrichment feed to a~~
769 ~~forced ventilation unit.~~

770 ~~(b) Basic Ambulance Service. A basic ambulance service shall have the capability of~~
771 ~~providing at least the following at the scene of each EMS call to which it~~
772 ~~responds:~~

773 ~~Minimum Personnel~~

774 ~~(A) One medical response technician (MRT) who is certified in~~
775 ~~accordance with Sec. 19a-179-16 (a) of these regulations; and~~

776 ~~(B) One emergency medical technician (EMT) who:~~

777 ~~(i) Is certified in accordance with Sec. 19a-179-16 (b) of these~~
778 ~~regulations; and,~~

779 ~~(ii) Shall attend the patient in the patient compartment of the~~
780 ~~ambulance at all times.~~

781 ~~(2) Basic ambulance service vehicles shall comply with Sec. 19a-179-18 (a)~~
782 ~~of these regulations.~~

783 ~~(c) Mobile Intensive Care-Intermediate Level (MIC-I). A MIC-I level shall have the~~
784 ~~capability of providing at least the following at the scene of each EMS call to~~
785 ~~which it responds:~~

786 ~~(1) One emergency medical technician (EMT) who is certified in accordance~~
787 ~~with Sec. 19a-179-16 (a) of these regulations~~

788 ~~(2) One emergency medical technician-intermediate (EMT-I) who:~~

789 ~~(A) Is certified in accordance with Sec. 19a-179-16 (c) of these~~
790 ~~regulations; and~~

791 ~~(C) Shall attend the patient in the patient compartment of the~~
792 ~~ambulance at all times.~~

793 ~~(3) MIC-Intermediate level vehicles shall comply with Sec. 19a-179-18 (b) of~~
794 ~~these regulations.~~

795 ~~(d) Mobile Intensive Care-Paramedic Level (MIC-P). A MIC-P service shall have the~~
796 ~~capability of providing at least the following at the scene of each EMS call to~~
797 ~~which it responds:~~

798 ~~(1) A minimum of one (1) basic EMT, certified in accordance with Sec. 19a-~~
799 ~~179-16 (b) of these regulations, and one (1) EMT-P, certified in~~
800 ~~accordance with Sec. 19a-179-16 (c) of these regulations. The EMT-P~~
801 ~~shall provide advanced level skills; and~~

802 ~~(2) MIC-P service vehicles shall comply with Sec. 19a-197-18 (b) of these~~
803 ~~regulations.~~

804 ~~(e) Invalid Coaches. An invalid coach service shall have the capability of providing at~~
805 ~~least the following for each request for service to which it responds.~~

806 ~~(1) Within ninety (90) days of effective date of these regulations, a minimum~~
807 ~~of one person trained in CPR in accordance with standards of the~~
808 ~~American Heart Association or the American Red Cross, and who may~~
809 ~~also serve as the driver.~~

810 ~~(2) An invalid coach vehicle shall comply with Sec. 19a-179-18 (c) of these~~
811 ~~regulations.~~

812 ~~(f) A service may be licensed/certified in one or more categories of service.]~~
813
814
815

**Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009**

- 816 **19a-179-10. Categorization of services, and minimum staffing and equipment**
817 **requirements**
- 818 (a) A First Responder shall provide at least the following at the scene of each EMS
819 call to which it responds:
- 820 (1) A person who is certified or licensed to perform the duties of an EMR as
821 defined by 19a-179-16a.
- 822 (2) Minimum Equipment Requirements:
- 823 (A) A two-way radio compatible with the first responder dispatch center;
824 (B) Bandaging material and dressings sufficient to control hemorrhage;
825 (C) Oropharyngeal or mouth- to-mouth airways in infant, child, and adult
826 sizes. Such airways shall be nonrigid and nonmetal in construction;
827 (D) Portable oxygen administration apparatus with 30 minutes supply at
828 7 l/m flow rate, which is operable totally detached from the parent
829 vehicle. Such unit shall be capable of accepting attachment to a
830 nasal cannula, mouth/nose mask or as an enrichment to feed a
831 forced ventilation unit;
- 832 (E) Automatic external defibrillator (AED);
833 (F) Other required equipment as identified on the most current OEMS
834 minimum equipment list.
- 835 (b) A Basic Life Support (BLS) Ambulance shall provide at least the following at the
836 scene of each EMS call to which it responds:
- 837 (1) One EMR and one EMT, meeting the requirements of section 19a-179-
838 16a. The EMT shall attend the patient in the patient compartment of the
839 ambulance at all times;
- 840 (2) The minimum BLS ambulance equipment requirements as prescribed by
841 OEMS;
- 842 (3) A vehicle that complies with section 19a-179-18(a) of these regulations.
- 843 (c) An Advanced Life Support Ambulance shall provide at least the following at the
844 scene of each EMS call to which it responds:
- 845 (1) One EMT and one A-EMT, meeting the requirements of section 19a-179-
846 16a of these regulations;
- 847 (2) The minimum Advanced Life Support ambulance equipment requirements
848 as prescribed by OEMS;
- 849 (3) A vehicle that complies with section 19a-179-18(a) of these regulations.
- 850 (d) A Paramedic Ambulance shall provide at least the following at the scene of each
851 EMS call to which it responds:
- 852 (1) One EMT and one Paramedic, meeting the requirements of section 19a-
853 179-16a of these regulations;
- 854 (2) The minimum Paramedic ambulance equipment requirements as
855 prescribed by OEMS;
- 856 (3) A vehicle that complies with section 19a-179-18(a) of these regulations.
- 857
- 858 (e) A Paramedic Intercept shall provide at least the following at the scene of each
859 EMS call to which it responds:
- 860 (1) One paramedic meeting the requirements of section 19a-179-16a of
861 these regulations;
- 862 (2) The minimum Paramedic Intercept equipment requirements as prescribed
863 by OEMS.
- 864
- 865 (f) A Chair Van shall provide at least the following for each service call to which it
866 responds:
- 867 (1) One person trained in CPR in accordance with the standards of the
868 American Heart Association, the American Red Cross or other OEMS
869 approved program. This same person may also serve as the driver.
- 870 (2) A vehicle that complies with section 19a-179-18 (c) of these regulations.

Section 19a-179-11 of the Regulations of Connecticut State Agencies is repealed:

~~**19a-179-11. Availability of response services**~~

~~Each basic ambulance service and mobile intensive care service shall be prepared to respond to calls for emergency services originated from an EMS dispatch center for its primary service area on a 24 hour a day, 7 day a week, basis, or arrange with other certified or licensed response services to offer coverage for its PSA during nonoperational hours with no reduction level of service. If such arrangement with other services is necessary, a copy of a written agreement between the services to that effect shall be enclosed in the response service's application, described in Section~~

**Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009**

882 ~~19a-179-5 of these regulations. The following requirements shall be followed in~~
883 ~~carrying out the requirement set forth above:~~

- 884
- 885 ~~(a) If a service has only one ambulance in operation or only one crew available to~~
886 ~~respond to calls, and the service is the only service within a municipality, that~~
887 ~~ambulance and crew shall be reserved for emergency calls within the service's~~
888 ~~PSA, or for calls for mutual aid.~~
- 889 ~~(b) If a service has only one ambulance in operation but there are other licensed or~~
890 ~~certified services based within the municipality, the service may use its only~~
891 ~~ambulance for rendering service other than emergencies only if the service first~~
892 ~~determines that there is an ambulance and crew available from the other~~
893 ~~service within the municipality to respond to emergencies.~~
- 894 ~~(c) If a service has only one ambulance in operation but there is a written mutual~~
895 ~~aid agreement in effect for basic ambulance coverage from and adjacent PSA~~
896 ~~service and there is a designated first responder service in the municipality, the~~
897 ~~service may make its only vehicle available for rendering service other than~~
898 ~~emergencies.~~
- 899 ~~(d) Each response service shall maintain contact with the dispatch center~~
900 ~~concerning the location and availability of system vehicles.]~~
- 901
- 902

903 **Section 19a-179-12 of the Regulations of Connecticut State Agencies is amended**
904 **to read as follows:**

905

906 **19a-179-12. ~~[Mobile intensive care services (MICS): MICS authorization for patient~~**
907 **~~treatment and establishment of mobile intensive care services]~~ EMS organizations**
908 **and sponsor hospital oversight**

- 909 (a) ~~[Establishment of Mobile Intensive Care Services]~~ All certified or licensed EMS
910 providers shall have a sponsor hospital medical oversight agreement, approved
911 in accordance with subsection (d) of this section.
- 912 ~~[(1) A proposal for the establishment of a mobile intensive care service (MICS)~~
913 ~~shall be submitted to OEMS at least 45 days prior to its anticipated~~
914 ~~implementation.]~~
- 915 (1) To be approved by the OEMS as a sponsor hospital, a hospital must:
- 916 (A) Be licensed pursuant to sections 19a-490 through 19a-493,
917 inclusive;
- 918 ~~[(B) Appoint an emergency department staff person as liaison to the~~
919 ~~MIC personnel;]~~
- 920 ~~[(C)]~~ (B) Have two-way radio communications system interface with the
921 capability to provide ~~[prehospital medical direction]~~ direct medical
922 oversight;
- 923 ~~[(D)]~~ (C) Appoint an ~~[MIC]~~ EMS medical director and an EMS coordinator
924 who shall be responsible for the following:
- 925 i. Oversee a data collection system and establish measurable
926 standards to evaluate the appropriateness of current operating
927 protocols related to system performance, individual patient care,
928 dispatch, and patient outcomes;
- 929 ii. Verify hospital credentialing requirements for all EMS personnel
930 involved in patient care;
- 931 ~~[(ii)]~~ iii. ~~[Review of MIC]~~ Evaluate EMS personnel medical performance.
932 Such evaluation shall include, but not be limited to, the EMS
933 provider's compliance with patient care and transport protocols
934 and standard operating procedures.
- 935 iv. Assurance of medical supervision and training of ~~[MIC]~~ EMS
936 personnel by:
- 937 a. making available, on-going educational opportunities for
938 remediation, prevention and enhancement of the patient
939 care system; and
- 940 b. ensuring appropriate training of emergency department
941 physicians who provide direct medical oversight to EMS
942 personnel.
- 943 v. Withholding of medical authorization and the recommendation of
944 suspension of ~~[MIC]~~ EMS personnel from the system when in
945 the interest of patient care, in accordance with ~~[Sec. 19a-179-~~
946 ~~15(c)]~~ section 19a-179-15(b) of these regulations ~~[on licensure~~
947 ~~and certification].~~
- 948 vi. Provide information to the medical community regarding any
949 disciplinary actions pending against the EMS personnel, if in the

**Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009**

- 950 discretion of the EMS medical director, it is in the best interest of
951 the public to do so.
- 952
- 953 (b) Each sponsor hospital shall provide OEMS with documentation that shall include:
954 (1) A description of the role that the hospital is to have in the EMS system;
955 (2) A description of the procedures to be followed by EMS personnel in obtaining
956 medical oversight;
957 (3) The treatment protocols to be used which shall include adherence to state-
958 wide standardized protocols and modifications approved by the
959 Commissioner;
960 (4) Procedure for modification of treatment protocols; and
961 (5) A description of the quality assurance function.
- 962
- 963 (c) Upon completion of the requirements in subsections (a) and (b) above, OEMS
964 shall approve the hospital as a sponsor hospital. Such approval shall continue so
965 long as:
966 (1) The hospital continues to meet the requirements in subsection (a) above, as
967 documented by periodic submission of documentation as outlined in
968 subsection (b). The schedule for periodic submission to OEMS of the
969 required documentation shall be every five years.
970 (2) The hospital notifies OEMS of any changes in the information supplied to
971 OEMS pursuant to section (b) above within thirty (30) days thereof.
- 972
- 973 (d) Review Process of the Application for Medical Oversight.
974 (1) The sponsor hospital shall be the hospital to which the EMS organization
975 transports a majority of its patients, except that an alternative hospital may be
976 approved as a sponsor hospital upon the EMS organization showing that the
977 health and welfare of the public will not be jeopardized by the alternative
978 hospital providing medical oversight.
979 (2) The EMS organization shall submit a written application to the appropriate
980 regional council for approval of the medical oversight agreement, and send
981 notice to OEMS that an application has been submitted. Such notice shall
982 indicate the date the application was filed with the regional coordinator. ~~[This~~
983 ~~proposal must]~~ The application shall contain:
- 984 (A) A plan identifying the relationship between the ~~[MICS]~~ EMS organization
985 applicant and the sponsor hospital. This relationship shall be documented
986 by a written agreement between the ~~[MICS]~~ EMS organization applicant
987 and the hospital's chief executive officer, the EMS Medical Director, and
988 the EMS Coordinator ~~[and the proposal shall include a copy of this~~
989 ~~agreement]~~. This agreement shall specifically include the standards for
990 ~~[MICS]~~ EMS personnel and ~~[programs]~~ other requirements set forth in
991 ~~[Secs.]~~ sections 19a-179-10, 19a-179-16 and 19a-179-17 of these
992 regulations. A copy of this agreement shall be submitted along with the
993 application.
- 994 (B) ~~[A statement that the MICS will provide adequate and qualified personnel~~
995 ~~to ensure that the MICS will be continuously available on a 24 hour a day,~~
996 ~~7 day a week, basis.] A roster of current EMS personnel as submitted to~~
997 ~~its sponsor hospital.~~
- 998
- 999 ~~[(2) OEMS will notify the appropriate regional council within five (5) days of~~
1000 ~~receipt of an MICS application. Each regional council will consider the application~~
1001 ~~and make its recommendations to OEMS within forty (40) days. Where a regional~~
1002 ~~council recommendation is not adopted, OEMS will provide written comments to~~
1003 ~~the appropriate regional council.]~~
- 1004 (3) The regional EMS coordinator shall review the application within 10 business
1005 days to determine completeness of the application. If deemed incomplete, the
1006 regional coordinator shall inform the EMS organization of each deficiency of
1007 the application. The regional EMS coordinator shall notify OEMS that the
1008 application was deemed incomplete. Upon completion of the application, the
1009 regional EMS coordinator shall verify that the proposed agreement complies
1010 with 19a-179-12(a) of this regulation, in that the proposed sponsor hospital is
1011 where the EMS provider transports the majority of its patients, or that a
1012 medical oversight agreement with the proposed alternative sponsor hospital
1013 does not jeopardize the health and welfare of the public. The regional EMS
1014 coordinator shall submit a recommendation and the completed original
1015 application to OEMS and provide a copy of the recommendation to the EMS
1016 organization.

**Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009**

- 1017 (4) OEMS, within ten (10) business days of its receipt of the proposal, shall
1018 review the application and the recommendation of the regional coordinator.
1019 OEMS shall approve or deny the EMS organization's application and provide
1020 the regional coordinator and the EMS organization with written notification of
1021 its decision.
1022
- ~~(3) MIC activities shall be subject to medical control and direction by sponsor
1023 hospitals.~~
1024
- ~~(2) MIC personnel shall be under the supervision and direction of a physician
1025 at the sponsor hospital from which they are receiving medical direction.~~
1026
- ~~(3) MIC services shall be under the control of the MIC medical director, or his
1027 or her designee, such as an on-line emergency department staff member.~~
1028
- ~~(4) To be approved by the OEMS as a sponsor hospital, a hospital must:~~
1029
~~(A) Be licensed under C.G.S. Sec. 19a-490 through Sec. 19a-493,
1030 inclusive;~~
1031
~~(B) Appoint an emergency department staff person as liaison to the
1032 MIC personnel;~~
1033
~~(C) Have two-way radio communications system interface with the
1034 capability to provide prehospital medical direction;~~
1035
~~(D) Appoint an MIC medical director who shall be responsible for the
1036 following:~~
1037
~~(i) Appropriateness of current operating protocols.
1038 (ii) Assurance of medical supervision and training of MIC
1039 personnel.
1040 (iii) Review of MIC personnel medical performance.
1041 (iv) Withholding of medical authorization and the
1042 recommendation of suspension of MIC personnel from the
1043 system when in the interest of patient care, in accordance
1044 with Sec. 19a-179-15 (c) of these regulations on licensure
1045 and certification.~~
1046
- ~~(7) Each sponsor hospital must provide OEMS with documentation that shall
1047 include:~~
1048
~~(A) A description of the role that the hospital is to have in the MIC
1049 system.
1050 (B) A description of the procedures to be followed by MIC personnel
1051 in obtaining medical direction.
1052 (A) The treatment protocols to be used.
1053 (B) Procedure for modification of treatment protocols.
1054 (C) A description of the quality assurance function.~~
1055
- ~~(8) Upon completion of the requirements of subdivisions (5) and (6) above,
1056 OEMS shall approve the hospital as a sponsor hospital. Such approval
1057 shall continue so long as:~~
1058
~~(A) The hospital continues to meet the requirements of subdivision (5)
1059 above, and;
1060 (B) The hospital notifies OEMS of any changes in the information
1061 supplied to OEMS pursuant to subdivision (6) above within thirty
1062 (30) days thereof.~~
1063
- ~~(9) Any service providing mobile intensive care on the effective date of these
1064 regulations shall have twelve (12) months to comply with these
1065 regulations.~~
1066
- ~~(b) MICS Authorization for Patient Treatment~~
1067
~~(1) Certified MIC personnel functioning with an approved MICS are
1068 authorized to perform the following medical care treatments under
1069 medical control:~~
1070
~~(A) EMT - Intermediates (EMT-I's) may:~~
1071
~~(i) Administer intravenous solutions.
1072 (ii) Apply pneumatic antishock garment.
1073 (iii) Perform pulmonary ventilation by esophageal obturator
1074 airway or gastric-gastric tube airway.~~
1075
- ~~(B) EMT - Paramedics (EMT-P's) may:~~
1076
~~(i) Administer intravenous solutions.
1077 (ii) Perform pulmonary ventilations by intubation.
1078 (i) Apply pneumatic antishock garment.
1079 (ii) Administer parenteral medication included in approved
1080 protocols.
1081 (iii) Perform cardiac defibrillation.~~
1082
1083
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**Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009**

- 1085 ~~(iv) Perform other procedures and treatments as indicated by~~
1086 ~~patient need when consistent with training and ability and~~
1087 ~~protocols.~~
1088 ~~(2) Persons other than certified MIC personnel who function with an~~
1089 ~~approved MICS may be authorized to perform any of the medical care~~
1090 ~~treatments under medical control set forth in subsection (b) (1) above~~
1091 ~~provided that:~~
1092 ~~(A) all other criteria of this section are met; and,~~
1093 ~~(B) prior application is made and written approval of OEMS is~~
1094 ~~obtained based on its determination that such personnel can~~
1095 ~~perform said treatments at least as proficiently as persons who~~
1096 ~~are certified. Such persons shall be registered but not certified by~~
1097 ~~OEMS.~~
1098 ~~(3) Prior to licensure or certification, a MICS must submit a roster of its~~
1099 ~~mobile intensive care personnel to its sponsor hospital and to OEMS. The~~
1100 ~~roster must be corrected as changes occur.~~
1101 (c) ~~Any service licensed or certified on the effective date of these regulations shall~~
1102 ~~have twelve (12) months to comply with Sec. 19a-179-12 (a) of these~~
1103 ~~regulations.]~~
1104
1105

1106 **The regulations of Connecticut State Agencies are amended by adding section**
1107 **19a-179-12a as follows:**
1108

1109 **(NEW) 19a-179-12a Statewide EMS Protocols**

- 1110 (a) The statewide EMS protocols shall:
1111 (1) Define the scope of practice and treatment options available to
1112 emergency medical providers at each level, based upon the current
1113 national EMS scope of practice model; and
1114 (2) Establish local criteria for determining patient destination.
1115 (b) The state-wide EMS protocols shall be approved by CEMSMAC and the
1116 commissioner. The CEMSMAC chair shall appoint a sub-committee to be
1117 composed of such CEMSMAC and non-CEMSMAC members as may be
1118 necessary, to make recommendations for the state-wide protocols. The sub-
1119 committee shall include, but not be limited to:
1120 (1) A representative of OEMS;
1121 (2) A representative of sponsor hospital EMS coordinators;
1122 (3) At least one member of each RMAC;
1123 (4) A representative of the Connecticut Committee on Trauma;
1124 (5) A representative of the Connecticut Society of EMS Instructors;
1125 (6) At least one EMR, one EMT, one A-EMT, and one Paramedic not
1126 currently affiliated with any of the above organizations; and,
1127 (7) Other members as deemed necessary by the CEMSMAC chair.
1128 (c) The statewide EMS protocols shall be established no later than October 1,
1129 following the effective date of these regulations. Such protocols shall be
1130 reviewed, and updated if necessary, no less than every two years.
1131 (d) Individual sponsor hospitals may petition CEMSMAC and the commissioner for
1132 approval of local variations in scope of practice and treatment protocols. Such
1133 petitions shall be made in writing.
1134
1135

1136 **Section 19a-179-13 of the Regulations of Connecticut State Agencies is amended**
1137 **to read as follows:**
1138

1139 **19a-179-13. Release of care to physician on scene**

1140 Except in the case where a physician is responding to a scene as a member of an EMS
1141 organization, EMS personnel may release patient care responsibility to an on-scene
1142 physician only after:

- 1143 (a) The physician has been identified as a Connecticut licensed physician and has
1144 offered some form of identification, such as a driver's license, which confirms the
1145 credentials; and,
1146 (b) ~~[Obtaining from]~~ the physician has made a commitment to accompany the patient
1147 to the hospital in the vehicle transporting the patient; and,
1148 (c) ~~[Having the physician speak directly to the person responsible for medical~~
1149 ~~direction and receiving authority to release the patient]~~ a physician providing
1150 medical oversight at the receiving emergency department reviews the case with
1151 the on-scene physician and authorizes the release of care to the on-scene
1152 physician.

**Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009**

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Section 19a-179-14 of the Regulations of Connecticut State Agencies is amended to read as follows:

19a-179-14. Scope of Practice Guidelines. Personnel equivalency.

- (a) Certified or licensed EMS providers functioning with an approved EMS organization shall only perform those medical care treatments that are authorized by CEMSMAC and the commissioner for the applicable category of service, and with the medical oversight required pursuant to section 19a-179-12 of these regulations.
- (b) The following personnel equivalencies shall apply:
 - ~~(a)~~ (1) EMT personnel are qualified and authorized to perform the functions of ~~[MRT] EMR~~ personnel.
 - ~~(b)~~ (2) ~~[EMT-I, and EMT-P]~~ A-EMT personnel and paramedics are qualified and authorized to perform the functions of EMT personnel.

Section 19a-179-15 of the Regulations of Connecticut State Agencies is amended to read as follows:

19a-179-15. Reprimand, suspension, revocation of a license or certificate

- (a) The commissioner ~~[of health services]~~, after a hearing, may issue a written reprimand to, or suspend or revoke a license or certificate of, any ~~[emergency medical services]~~ EMS provider or organization, or may temporarily or permanently suspend from practice any emergency medical service provider in any case in which ~~[he]~~ the commissioner finds that there has been a substantial failure to comply with the requirements established under C.G.S. Secs. 19a-175, to 19a-199, inclusive, and these regulations, or in which ~~[he]~~ the commissioner finds that the provider has failed to maintain the standards of the emergency medical services profession. Notice of such hearing to the holder of a license or certificate shall be effected by registered or certified mail or by personal service, setting forth the particular reasons for the proposed action and fixing a date, not less than thirty days from the date of such mailing or service, at which the holder of such license or certificate shall be given an opportunity for a hearing. Such hearing may be conducted by the commissioner ~~[of health services]~~, a deputy commissioner, or by ~~[a member of the department of health services designated by said commissioner]~~ the commissioner's designee. On the basis of such hearing, or upon default of the holder of such license or certificate, the person conducting such hearing shall specify his findings and conclusions, and said department may, upon the basis of such findings and conclusions, revoke or suspend the license or certificate or take any interaction it deems necessary. A copy of such decision shall be sent by registered or certified mail or served personally upon the holder of such license or certificate. The procedure governing hearings authorized by this section shall be in accordance with C.G.S. Secs. 4-177 to 4-182, inclusive, and with Secs. 19-2a-1 to 19-2a-41, inclusive, of the Regulations of Connecticut State Agencies. A full and complete record shall be kept of all proceedings. A copy or copies of the transcript may be obtained by any interested party on payment of the cost of preparing such copy of copies.
- (b) ~~[A-MIC]~~ If an EMS medical director has reason to believe that an EMS provider or organization has acted in a manner that evidences incompetence or negligence, or otherwise poses a threat to public health or safety, or acts in a manner that is contrary to medical oversight, such EMS Medical Director may withhold medical authorization ~~[from, and may recommend to OEMS and the regional medical director the removal from practice of, any MIC level personnel or service when such personnel or service act in a manner which evidences incompetence, negligence, or otherwise poses a threat to public health or safety or which is contrary to medical direction].~~ Immediately after the withholding of medical authorization, the following procedures shall take place:
 - (1) The EMS Medical Director shall:
 - (A) immediately notify the department of the decision to withhold medical oversight. Notification shall include the name of the involved EMS provider or organization and a description of the circumstances leading to the decision to withhold medical oversight;
 - (B) commence an internal review of the matter to determine whether the facts that were relied upon to withhold medical oversight are accurate and that such circumstances warrant such action; and

**Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009**

- 1221 (C) report the findings of the internal review and provide a
1222 recommendation to the department within 96 hours following the
1223 decision to withhold medical oversight.
1224 (2) The department shall:
1225 (A) provide written notice to the EMS provider or organization that the
1226 department has been informed that medical oversight has been
1227 withheld for such EMS provider or organization. The notice shall
1228 include a description of the facts leading to the decision to withhold
1229 medical oversight, and of the right to request a hearing.
1230 (B) Upon receipt, the department shall review the findings and
1231 recommendations from the EMS Medical Director. Based upon
1232 these findings and recommendations, the department shall decide
1233 whether to reinstate medical authorization or continue the
1234 withholding of medical authorization.
1235 (C) If the withholding of medical authorization is continued, and the
1236 EMS provider or organization requests a hearing, the hearing shall
1237 be conducted in accordance with subsection (a) of this section.
1238
1239

1240 **Section 19a-179-16a of the Regulations of Connecticut State Agencies is amended**
1241 **to read as follows:**

1242
1243 **19a-179-16a. General Requirements for EMS personnel. Minimum ~~personnel~~**
1244 **~~qualifications--~~ training requirements for certification and licensure**

- 1245 (a) No person shall hold out to the public or otherwise represent that such person is
1246 an EMR, EMT, A-EMT, or paramedic unless such person has been certified or
1247 licensed by OEMS, in accordance with the provisions of this section. All EMS
1248 personnel shall meet the following general requirements in order to qualify for
1249 certification or licensure:
1250 (1) Attain minimum age and entry requirements for the applicable category of
1251 service:
1252 (A) For EMR certification, an applicant shall be at least 14 years old,
1253 and if under 18 years old, obtain written consent from a parent
1254 or legal guardian. A certified EMR who is less than 18 years old
1255 shall comply with Chapter 557 of the Connecticut General
1256 Statutes and guidelines issued by the Connecticut Department
1257 of Labor concerning employment of minors;
1258 (B) For EMT certification, an applicant shall be at least 16 years old,
1259 and if under 18 years old, obtain written consent from a parent
1260 or legal guardian. A certified EMT who is less than 18 years old
1261 shall comply with Chapter 557 of the Connecticut General
1262 Statutes and guidelines issued by the Connecticut Department
1263 of Labor concerning employment of minors;
1264 (C) For A-EMT certification, an applicant shall be at least 18 years
1265 old and have practiced for at least two years as an EMT;
1266 (D) For Paramedic licensure, an applicant shall be at least 18 years
1267 old and have practiced for at least two years as an EMT;
1268 (E) For EMS-I certification, an applicant shall be at least 21 years
1269 old, and have practiced for at least two years as an EMS
1270 provider at the EMT level or higher;
1271 (2) Be physically, emotionally, and mentally capable of performing the scope
1272 of duties defined for the applicable category of service;
1273 (3) Have no prior criminal conviction that places the welfare of the general
1274 public at risk; and
1275 (4) Have no complaint pending or substantiated in this state or another
1276 jurisdiction that places the welfare of the general public at risk.
1277
1278 (b) ~~Medical Response Technician~~. Emergency Medical Responder
1279 (1) In order to qualify for initial ~~medical response technician~~ EMR
1280 certification, or for ~~current certification~~ reinstatement of a ~~lapsed~~
1281 certificate that has lapsed for three or more years, an applicant shall
1282 ~~meet one of the following requirements~~:
1283 (A) Satisfy one of the following training or credentialing requirements:
1284 (i) successfully complete ~~[, within twelve months of the date of~~
1285 application for certification,] a training program, which if
1286 offered outside Connecticut, adheres to ~~[a United States~~
1287 Department of Transportation, National Highway Traffic Safety
1288 Administration, First Responder National Standard Curriculum]

Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009

- 1289 national education standards for the EMR scope of practice
1290 ~~[and includes an examination]~~. A training program offered in
1291 Connecticut shall be approved by the Department pursuant to
1292 section 19a-179-17 of the Regulations of Connecticut State
1293 Agencies ~~[and shall include an examination approved by the~~
1294 ~~Department]~~. All training programs must include at the
1295 conclusion of the program, a written and practical examination.
1296 For training programs offered in Connecticut, such exams
1297 must be approved by OEMS;
- 1298 (ii) hold a current ~~[certification as a person entitled]~~ certificate to
1299 perform similar services under a different designation by the
1300 National Registry of Emergency Medical Technicians for the
1301 EMR scope of practice, or its successor organization as
1302 approved by the Department, or by a state which maintains
1303 certification requirements equal to or higher than those in this
1304 state; ~~[or]~~
- 1305 (iii) have held ~~[emergency medical technician]~~, within three years
1306 prior to the date of application, EMT or A-EMT certification
1307 pursuant to these regulations ~~[section 19a-179-16a(b) of the~~
1308 ~~Regulations of Connecticut State Agencies or emergency~~
1309 ~~medical technician-intermediate pursuant to section 19a-179-~~
1310 ~~16a(c) of the Regulations of Connecticut State Agencies]~~ or
1311 paramedic licensure pursuant to chapter 384d of the
1312 Connecticut General Statutes, and ~~[completed]~~ complete the
1313 examination required in subparagraph ~~[(A)]~~ (B) of this
1314 subdivision, along with eighteen hours of EMR refresher
1315 training; or
- 1316 (iv) Have completed, within two years prior to the date of
1317 application, an OEMS approved EMT training program
1318 pursuant to section 19a-179-17 of the Regulations of
1319 Connecticut State Agencies, along with eighteen hours of
1320 EMR refresher training and successful completion of the
1321 examination required by subparagraph (B) of this subdivision.
- 1322 (B) Successfully complete, within two years from the completion of a
1323 training program, an OEMS approved written and practical
1324 examination.
- 1325
- 1326 (2) EMR certification shall be renewed every three years. In order to qualify
1327 for ~~[recertification]~~ renewal of a current EMR certification, or for
1328 reinstatement of an EMR certification that has expired within three years
1329 from the date of application for reinstatement, an applicant shall ~~[meet the~~
1330 ~~following requirement]~~:
- 1331 (A) Complete refresher training as prescribed by section 19a-195a of the
1332 Connecticut General Statutes. The refresher training shall be
1333 satisfied by meeting one of the following requirements:
- 1334 i. complete, within eighteen months prior to the expiration of the
1335 certification, a minimum of ~~[fifteen]~~ eighteen hours of refresher
1336 training approved by the Department pursuant to section 19a-
1337 179-17 of ~~[the Regulations of Connecticut State Agencies, at~~
1338 ~~intervals not to exceed twenty-four months for the period~~
1339 ~~starting with the date of the initial certification and extending~~
1340 ~~through the end of the sixth consecutive year of certification.~~
1341 ~~Starting in the seventh year of certification and thereafter, an~~
1342 ~~applicant shall complete fifteen (15) hours of refresher training,~~
1343 ~~approved by the Department pursuant to section 19a-179-17~~
1344 ~~of the Regulations of Connecticut State Agencies, at intervals~~
1345 ~~not to exceed thirty-six months; Refresher training programs~~
1346 ~~shall include both written and practical testing;]~~ these
1347 regulations. The refresher training shall include at least twelve
1348 hours of instruction in all core content areas for the EMR
1349 scope of practice. The remaining six hours of training may
1350 include elective content areas as approved by OEMS or an
1351 OEMS designee. At least twelve hours shall be obtained by
1352 live classroom instruction, and the remaining six hours may be
1353 obtained through other approved learning formats, including
1354 but not limited to, on-line courses. The content and format of
1355 the alternative modules shall be approved by OEMS or an
1356 organization endorsed by OEMS;

Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009

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ii. Hold a current EMR certificate from the national Registry of Emergency Medical Technicians for the appropriate scope of practice, or its successor organization as approved by OEMS; or

~~[(B)]~~ iii. ~~[individuals may complete one]~~ Complete, within eighteen months prior to the date of expiration of the certification, an out-of-state refresher training program ~~[throughout the lifetime of the certificate which]~~ approved by the regulatory body of such other state. Such refresher training may be accepted in lieu of a refresher training program required pursuant to ~~[section 19a-179-16a(a)(2)(A) of the Regulations of Connecticut State Agencies]~~ subclause (i) of this subparagraph provided:

1. the individual is currently certified as ~~[a medical response technician]~~ an EMR or as a person entitled to perform similar services under a different designation in another state; and
2. the refresher training program ~~[is]~~ requirements are equal to or higher than the refresher training program required ~~[pursuant to section 19a-179-16a(a)(2)(A) of the Regulations of Connecticut State Agencies; and~~
3. ~~the refresher training program is approved by the approved regulatory body of such other state]~~ by subclause (i) of this subparagraph.

(B) Successfully complete a written and practical exam in accordance with the following provisions:

- (i) For renewal of a current certificate or reinstatement of a certificate that has expired for one year or less, successfully complete a written and practical examination as prescribed by OEMS for renewal/ reinstatement of an EMR certificate. Such exams shall be completed within six months from the date of the application for renewal or reinstatement. The written and practical examinations shall test competencies in all EMR core content areas, as prescribed by OEMS. The exams shall be approved by OEMS and administered by OEMS or an OEMS designee.
- (ii) For reinstatement of a certificate that has expired for more than one year but less than three years from the date of application, successfully complete the initial EMR examinations required by section 19a-179-16a(b)(1)(B) of these regulations.

(C) In lieu of the refresher training and examinations required in this section, an applicant may satisfy these requirements by successfully completing the EMR National Registry exam or an exam administered by its successor organization as approved by the department.

(D) Maintain written documentation of completion of the requirements pursuant to section 19a-179-16a(b)(2) of these regulations for a period of six years. OEMS may inspect such certificate holder records as it deems necessary. Such documentation shall be submitted to OEMS only upon the request of OEMS. The certificate holder shall submit such records to OEMS within thirty days of the request from OEMS.

~~[(3)]—No certificate shall be issued to a person applying for certification pursuant to section 19a-179-16a(b)(1) of the Regulations of Connecticut State Agencies against whom a complaint is pending adjudication in another state or with the Department of Public Health.]~~

~~[(b)]~~ (c) Emergency Medical Technician

(1) In order to qualify for initial ~~[emergency medical technician]~~ EMT certification, or for ~~[current certification]~~ reinstatement of a ~~[lapsed]~~ certificate that has lapsed for three or more years, an applicant shall ~~[successfully complete a written and practical examination prescribed by the Department and meet one of the following requirements]:~~

(A) ~~[successfully complete]~~ Satisfy one of the following training or

Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009

- 1425 credentialing requirements:
1426 (i) a training program which, if offered outside Connecticut,
1427 adheres to ~~the United States Department of~~
1428 ~~Transportation, National Highway Traffic Safety~~
1429 ~~Administration, Emergency Medical Technician National~~
1430 ~~Standard Curriculum]~~ national education standards for the
1431 EMT scope of practice. A training program offered in
1432 Connecticut shall be approved by the Department pursuant
1433 to section 19a-179-17 of the Regulations of Connecticut
1434 State Agencies. All training programs must include at the
1435 conclusion of the program, a written and practical
1436 examination. For training programs offered in Connecticut,
1437 such exams must be approved by OEMS;
1438 (ii) hold a current ~~certification]~~ certificate to perform similar
1439 services under a different designation by the National
1440 Registry of Emergency Medical Technicians for the EMT
1441 scope of practice, or its successor organization as
1442 approved by the Department, or by a state which maintains
1443 certification requirements equal to or higher than those in
1444 this state; ~~or]~~
1445 (iii) hold a current unrestricted Connecticut registered nurse,
1446 advanced practice registered nurse, physician/surgeon, or
1447 physician assistant license and complete a minimum of
1448 ~~twenty-five (25)]~~ thirty hours of refresher training,
1449 approved by the Department pursuant to section 19a-179-
1450 17 of ~~the Regulations of Connecticut State Agencies]~~
1451 these regulations; or
1452 (iv) have held within the three years preceding the date of
1453 application, A-EMT certification pursuant to section 19a-
1454 179-16a(d) of the Regulations of Connecticut State
1455 Agencies or paramedic licensure pursuant to Chapter 384d
1456 of the Connecticut General Statutes, and complete a
1457 minimum of thirty hours of refresher training, approved by
1458 the Department pursuant to section 19a-179-17 of the
1459 Regulations of Connecticut State Agencies.
1460
1461 (B) Successfully complete, within two years from the completion of a
1462 training program, an OEMS approved written and practical
1463 examination.
1464
1465 (2) EMT certification shall be renewed every three years. In order to qualify
1466 for ~~recertification]~~ renewal of a current EMT certification, or for
1467 reinstatement of an EMT certification that has expired within three years
1468 from the date of application for reinstatement, an applicant shall ~~meet~~
1469 ~~one of the following requirements]:~~
1470 (A) complete refresher training as prescribed by section 19a-195a of
1471 the Connecticut General Statutes. The refresher training shall be
1472 satisfied by meeting one of the following requirements:
1473 (i) Complete, within eighteen months prior to the expiration of
1474 the certification, a minimum of ~~twenty-five (25)]~~ thirty
1475 hours of refresher training, approved by the Department
1476 pursuant to section 19a-179-17 of ~~the Regulations of~~
1477 ~~Connecticut State Agencies, at intervals not to exceed~~
1478 ~~twenty-four months for the period starting with the date of~~
1479 ~~the initial certification and extending through the end of the~~
1480 ~~sixth consecutive year of certification. Starting in the~~
1481 ~~seventh year of certification and thereafter, an applicant~~
1482 ~~shall complete twenty-five (25) hours of refresher training,~~
1483 ~~approved by the Department pursuant to section 19a-179-~~
1484 ~~17 of the Regulations of Connecticut State Agencies, at~~
1485 ~~intervals not to exceed thirty-six months. Such refresher~~
1486 ~~training programs shall include both written and practical~~
1487 ~~testing]~~ these regulations. The refresher training shall
1488 include at least twenty hours of instruction in all core
1489 content areas for the EMT scope of practice. The
1490 remaining ten hours of training may include elective
1491 content areas as approved by OEMS or an OEMS
1492 designee. At least twenty hours shall be obtained by live

Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009

1493 classroom instruction, and the remaining ten hours may be
1494 obtained through other approved learning formats,
1495 including but not limited to, on-line courses. The content
1496 and format of the alternative modules shall be approved by
1497 OEMS or an organization endorsed by OEMS;
1498

1499 ~~[(B)—successfully complete the examination required pursuant to section~~
1500 ~~19a-179-16a(b)(1) of the Regulations of Connecticut State~~
1501 ~~Agencies at intervals not to exceed twenty-four months for the~~
1502 ~~period starting with the date of the initial certification and~~
1503 ~~extending through the end of the sixth consecutive year of~~
1504 ~~certification. Starting in the seventh year of certification and~~
1505 ~~thereafter, an applicant shall complete the examination required~~
1506 ~~pursuant to section 19a-179-16a(b)(1) of the Regulations of~~
1507 ~~Connecticut State Agencies, at intervals not to exceed thirty-six~~
1508 ~~months;]~~

1509
1510 (ii) Hold a current EMT certificate from the National Registry of
1511 Emergency Medical Technicians for the appropriate scope
1512 of practice, or its successor organization as approved by
1513 OEMS;
1514

1515 ~~[(C)]~~ (iii) ~~[individuals may complete one]~~ Complete, within eighteen
1516 months prior to the date of expiration of the certification, an
1517 out-of-state refresher training program approved by the
1518 regulatory body of such other state. Such refresher training
1519 ~~[throughout the lifetime of the certificate which]~~ may be
1520 accepted in lieu of a refresher training program required
1521 ~~[pursuant to section 19a-179-16a(b)(2)(A) of the Regulations~~
1522 ~~of Connecticut State Agencies]~~ by subclause (i) of this
1523 subparagraph provided:

- 1524 1. the individual is currently certified as an
1525 ~~[emergency medical technician]~~ EMT or as a
1526 person entitled to perform similar services under a
1527 different designation in another state;
- 1528 2. the refresher training program ~~[is]~~ requirements are
1529 equal to or higher than the refresher training
1530 program required ~~[pursuant to section 19a-179-~~
1531 ~~16a(b)(2)(A) of the Regulations of Connecticut~~
1532 ~~State Agencies; and~~
- 1533 3. ~~the refresher training program is approved by the~~
1534 ~~appropriate regulatory body of such other state; or]~~
1535 by subclause (i) of this subparagraph; or
1536

1537 ~~[(D)—an applicant who is certified as an emergency medical services-~~
1538 ~~instructor issued pursuant to section 19a-179-16a(d) of the Regulations of~~
1539 ~~Connecticut State Agencies may qualify for recertification as an~~
1540 ~~emergency medical technician provided such emergency medical~~
1541 ~~services instructor served as an emergency medical services instructor~~
1542 ~~within two years of application for recertification, for the required modules~~
1543 ~~of a training program required pursuant to section 19a-179-16a(b)(1)(A)~~
1544 ~~of the Regulations of Connecticut State Agencies or section 19a-179-~~
1545 ~~16a(b)(2)(A) of the Regulations of Connecticut State Agencies or~~
1546 ~~equivalent modules in any Department-approved initial or refresher~~
1547 ~~course.]~~
1548

1549 (iv) Have held, within two years prior to the date of application
1550 for renewal or reinstatement, (1) certification as an EMS-I,
1551 and (2) served as an instructor for the required modules of
1552 an EMT initial or refresher training program approved by
1553 OEMS pursuant to section 19a-179-17 of the Regulations
1554 of Connecticut State Agencies.
1555

1556 (B) Successfully complete a written and practical exam in accordance
1557 with the following provisions:

- 1558 (i) For renewal of a current certificate or reinstatement of a
1559 certificate that has expired for one year or less,
1560 successfully complete a written and practical examination

Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009

- 1561 as prescribed by OEMS for renewal/ reinstatement of an
1562 EMT certificate. Such exams shall be completed within six
1563 months from the date of the application for renewal or
1564 reinstatement. The written and practical examinations shall
1565 test competencies in all EMT core content areas, as
1566 prescribed by OEMS. The exams shall be approved by
1567 OEMS and administered by OEMS or an OEMS designee.
1568 (ii) For reinstatement of a certificate that has expired for more
1569 than one year but less than three years from the date of
1570 application, successfully complete the initial EMT
1571 examinations required in section 19a-179-16a(c)(1)(B) of
1572 these regulations.
1573
1574 (C) In lieu of the refresher training and examinations required by this
1575 section, an applicant may satisfy these requirements by
1576 successfully completing the EMT National Registry exam or an
1577 exam administered by its successor organization as approved by
1578 the department.
1579
1580 (D) Maintain written documentation of completion of the requirements
1581 pursuant to section 19a-179-16a(b)(2) of these regulations for a
1582 period of six years. OEMS may inspect such certificate holder
1583 records as it deems necessary. Such documentation shall be
1584 submitted to OEMS only upon the request of OEMS. The certificate
1585 holder shall submit such records to OEMS within thirty days of the
1586 request from OEMS.
1587
1588 ~~[(3) — No certificate shall be issued to a person applying for certification~~
1589 ~~pursuant to section 19a-179-16a(b)(1) of the Regulations of Connecticut~~
1590 ~~State Agencies against whom a complaint is pending adjudication in~~
1591 ~~another state or with the Department of Public Health.]~~
1592
1593 ~~[(e)]~~ (d) [Emergency Medical Technician-Intermediate] Advanced Emergency Medical
1594 Technician
1595 (1) In order to qualify for initial ~~[emergency medical technician-intermediate]~~
1596 A-EMT certification, or for ~~[current certification]~~ reinstatement of a
1597 ~~[lapsed]~~ certificate that has lapsed for three or more years, an applicant
1598 shall ~~[successfully complete, within one year of the date of application, an~~
1599 ~~examination prescribed by the Department, and meet the following~~
1600 ~~requirements]:~~
1601 (A) Satisfy one of the following training or credentialing requirements:
1602 (i) hold current ~~[emergency medical technician]~~ EMT certification
1603 issued pursuant to section ~~[19a-179-16a(b)]~~ 19a-179-16a(c) of
1604 the Regulations of Connecticut State Agencies for at least two
1605 years prior to the application for A-EMT, and successfully
1606 complete a training program which, if offered outside
1607 Connecticut, ~~[includes those modules of a United States~~
1608 ~~Department of Transportation, National Highway Traffic Safety~~
1609 ~~Administration, Emergency Medical Technician-Intermediate~~
1610 ~~National Standard Curriculum]~~ adheres to national education
1611 standards for the A-EMT scope of practice. [required by the
1612 Department or if offered in Connecticut, shall be approved by
1613 the Department.] A training program offered in Connecticut
1614 must be approved by the Department pursuant to section 19a-
1615 179-17 of the Regulations of Connecticut State Agencies. All
1616 training programs must include at the conclusion of the
1617 program, a written and practical examination. For training
1618 programs offered in Connecticut, such exams must be
1619 approved by OEMS; or
1620 (ii) hold a current [certification] certificate to perform similar
1621 services under a different designation by the National Registry
1622 of Emergency Medical Technicians or its successor
1623 organization as approved by the Department, or by a state
1624 which maintains certification requirements equal to or higher
1625 than those in this state.
1626
1627 (B) Successfully complete, within two years from the completion of a
1628 training program, an OEMS approved written and practical

Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009

- 1629 examination.
1630
1631 (2) A-EMT certification shall be renewed every three years. In order to qualify
1632 for ~~[recertification]~~ renewal of a current A-EMT certification, or for
1633 reinstatement of an A-EMT certification that has expired within three
1634 years from the date of application for reinstatement, an applicant shall
1635 ~~[meet the following requirements]:~~
1636 (A) ~~[complete]~~ Complete refresher training as prescribed by section
1637 19a-195a of the Connecticut General Statutes. The refresher
1638 training shall be satisfied by meeting one of the following
1639 requirements:
1640 (i) complete, within eighteen months prior to the expiration of
1641 the certification, a minimum of ~~[twenty-five (25)]~~ thirty
1642 hours of refresher training ~~[required pursuant to section~~
1643 ~~19a-179-16a(b)(2)(A) of the Regulations of Connecticut~~
1644 ~~State Agencies and]~~ approved by the Department pursuant
1645 to 19a-179-17 of ~~[the Regulations of Connecticut State~~
1646 ~~Agencies, at intervals not to exceed twenty-four months.~~
1647 ~~Such refresher training programs shall include both written~~
1648 ~~and practical testing; and~~
1649 (B) ~~complete a minimum of twenty-three (23) credit hours of~~
1650 ~~continuing education at intervals not to exceed twenty-four~~
1651 ~~(24) months. Such twenty-three (23) hours shall include,~~
1652 ~~but not be limited to,] these regulations. The refresher~~
1653 ~~training shall include at least twenty hours of instruction in~~
1654 ~~all core content areas for the A-EMT scope of practice.~~
1655 ~~[coursework in intravenous techniques and advanced~~
1656 ~~airway management. One credit hour shall mean a~~
1657 ~~minimum of sixty (60) minutes of live instruction which a~~
1658 ~~participant physically attends, either individually or as part~~
1659 ~~of a group.] The remaining ten hours of training may~~
1660 ~~include elective content areas as approved by OEMS or an~~
1661 ~~OEMS designee. At least twenty hours shall be obtained~~
1662 ~~by live classroom instruction, and the remaining ten hours~~
1663 ~~may be obtained through other approved learning formats,~~
1664 ~~including but not limited to, on-line courses. The content~~
1665 ~~and format of the alternative modules shall be approved by~~
1666 ~~OEMS or an organization endorsed by OEMS;~~
1667 (ii) hold a current A-EMT certificate from the National Registry
1668 of Emergency Medical Technicians for the appropriate
1669 scope of practice, or its successor organization as
1670 approved by OEMS; or
1671 (iii) complete, within eighteen months prior to the expiration of
1672 the certification, an out-of-state refresher training program
1673 approved by the regulatory body of such other state. Such
1674 refresher training may be accepted in lieu of a refresher
1675 training program required pursuant to section 19a-179-
1676 16a(d)(2)(A) of the Regulations of Connecticut State
1677 Agencies provided:
1678 1. the individual is currently certified as an A-EMT or
1679 as a person entitled to perform similar services
1680 under a different designation in another state; and
1681 2. the refresher training program requirements are
1682 equal to or higher than the refresher training
1683 program required pursuant to section 19a-179-
1684 16a(d)(2)(A) of the Regulations of Connecticut
1685 State Agencies.
1686
1687 (B) Successfully complete a written and practical examination in
1688 accordance with the following provisions:
1689 (i) For renewal of a current certificate or reinstatement of a
1690 certificate that has expired for one year or less, successfully
1691 complete a written and practical examination as prescribed
1692 by OEMS for renewal/ reinstatement of an A-EMT certificate.
1693 Such exams shall be completed within six months from the
1694 date of the application for renewal or reinstatement. The
1695 written and practical examinations shall test competencies in
1696 all A-EMT core content areas, as prescribed by OEMS. The

Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009

- 1697 exams shall be approved by OEMS and administered by
1698 OEMS or an OEMS designee.
1699 (ii) For reinstatement of a certificate that has expired for more
1700 than one year but less than three years from the date of
1701 application, successfully complete the initial A-EMT
1702 examinations required in section 19a-179-16a(d)(1)(B) of
1703 these regulations.
1704
1705 (C) In lieu of the refresher training and examinations required in this
1706 section, an applicant may satisfy these requirements by
1707 successfully completing the A-EMT National Registry exam or an
1708 exam administered by its successor organization as approved by
1709 the department.
1710
1711 ~~[(C)]~~ (D) ~~[Each certified emergency medical technician-intermediate shall~~
1712 ~~maintain]~~ Maintain written documentation of completion of
1713 ~~[continuing education activity]~~ the refresher training requirements
1714 for a period of ~~[four]~~ six years. Said documentation ~~[may]~~ shall be
1715 maintained by the A-EMT, sponsor hospital ~~[or]~~ and emergency
1716 medical services provider with which such certificate holder is or
1717 was affiliated or employed. The Department may inspect such
1718 certificate holder records as it deems necessary. Such
1719 documentation shall be submitted to the Department only upon
1720 the Department's request to the certificate holder. The certificate
1721 holder shall submit such records to the Department within ~~[forty-~~
1722 ~~five]~~ thirty days of the Department's request.
1723
1724 ~~[(3)]~~ ~~—No certificate shall be issued to a person applying for certification~~
1725 ~~pursuant to section 19a-179-16a(c)(1) of the Regulations of Connecticut~~
1726 ~~State Agencies against whom a complaint is pending adjudication in~~
1727 ~~another state or with the Department of Public Health.]~~
1728
1729 ~~[(e)]~~ (e) Emergency Medical Services-Instructor
1730 (1) In order to qualify for initial ~~[emergency medical services instructor]~~ EMS-
1731 I certification, or for ~~[current certification]~~ reinstatement of a ~~[lapsed]~~
1732 certificate that has lapsed for three or more years, an applicant shall
1733 apply on forms prescribed by the Department and shall meet the following
1734 requirements:
1735 (A) hold current ~~[emergency medical technician]~~ EMT certification
1736 issued pursuant to section ~~[19a-179-16a(b)]~~ 19a-179-16a(c) of the
1737 Regulations of Connecticut State Agencies or ~~[Emergency~~
1738 ~~Medical Technician-Intermediate]~~ A-EMT certification issued
1739 pursuant to section ~~[19a-179-16a(c)]~~ 19a-179-16a(d) of the
1740 Regulations of Connecticut State Agencies or Paramedic
1741 licensure issued pursuant to section 20-206ll of the Connecticut
1742 General Statutes;
1743 (B) be recommended by a Connecticut Emergency Medical Services
1744 Regional Council ~~[or Connecticut State Agency recommendation,~~
1745 ~~the].~~ The applicant shall submit to the regional council ~~[or~~
1746 ~~Connecticut State Agency]~~:
1747 (i) a letter of endorsement, signed by two instructors
1748 ~~[currently-certified]~~ holding current EMS-I certification,
1749 documenting that the applicant has completed, under the
1750 supervision of such instructors, at least twenty-five (25)
1751 hours of student teaching in courses approved pursuant to
1752 section 19a- 179-17 of the Regulations of Connecticut
1753 State Agencies;
1754 (ii) documentation that the applicant has a minimum of twenty-
1755 four (24) months of emergency medical service, within
1756 thirty-six (36) months of the date of application, with an
1757 ambulance or rescue organization or in the emergency
1758 medical care field as approved by the Department;
1759 (iii) evidence that the applicant satisfactorily completed, within
1760 the previous twelve (12) months, the initial written
1761 ~~[examination]~~ and practical examinations [required
1762 pursuant to subdivision (1) or (2) of subsection (b) of this
1763 section] prescribed by OEMS for EMT or A-EMT
1764 certification. The pass point for EMS-I applicants shall be

**Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009**

- 1765 prescribed by the Department; and
1766 (C) comply with one of the following:
1767 (i) successfully complete a Department approved ~~[emergency~~
1768 ~~medical services instructor]~~ EMS-I course, or its equivalent
1769 as approved by the Department. Application for
1770 ~~[emergency medical services instructor]~~ EMS-I certification
1771 must be made to the Department within two years of
1772 completing an approved instructor course or its equivalent;
1773 or
1774 (ii) ~~[individuals who have]~~ successfully ~~[completed]~~ complete
1775 an approved ~~[emergency medical services instructor]~~
1776 course or its equivalent as approved by the Department,
1777 more than two years prior to the date of application for
1778 ~~[emergency medical services instructor]~~ EMS-I
1779 certification, ~~[shall]~~ and provide evidence of at least fifty
1780 (50) hours of teaching experience every two years since
1781 completion of the course, on forms provided by the
1782 Department.
1783
1784 (2) EMS-I certification shall be renewed every three years. In order to qualify
1785 for ~~[recertification]~~ renewal of a current EMS-I certification, or
1786 reinstatement of an EMS-I certification that has expired within one year of
1787 the date of application for reinstatement, an applicant shall meet the
1788 following requirements:
1789 (A) satisfactorily accrue a minimum of ~~[fifty (50)]~~ sixty contact hours
1790 ~~[consisting of attendance at approved continuing education~~
1791 ~~courses and instruction of approved EMS courses within the prior~~
1792 ~~twenty-four (24) month period. The fifty (50) contact hours shall~~
1793 ~~include a minimum of thirty-five hours of teaching in at least five~~
1794 ~~different topics of a training program approved pursuant to section~~
1795 ~~19a-179-17 of the Regulations of Connecticut State Agencies, and~~
1796 ~~a minimum of five hours attained by attending continuing~~
1797 ~~education approved by the Department].~~ The sixty contact hours
1798 shall be satisfied as follows:
1799 (i) complete, within three years prior to the expiration of the
1800 certification, forty hours of teaching in at least five different
1801 core content areas of a training program approved
1802 pursuant to section 19a-179-17 of the Regulations of
1803 Connecticut State Agencies;
1804 (ii) complete, within eighteen months prior to the expiration of
1805 the certification, ten hours of refresher training approved by
1806 OEMS. The refresher training shall include a minimum of
1807 five hours of instructional development, and a minimum of
1808 five hours of emergency medical treatment; and
1809 (iii) complete ten additional contact hours by teaching or
1810 attending refresher training in accordance with this
1811 subparagraph.
1812
1813 (B) ~~[Each certified emergency medical services instructor shall]~~
1814 maintain written documentation of completion of the requirements
1815 prescribed pursuant to section ~~[19a-179-16a(d)(2)(A)]~~ 19a-179-
1816 16a(e)(2)(A) of the Regulations of Connecticut State Agencies for
1817 a period of ~~[four]~~ six years. The Department may inspect such
1818 certificate holder records as it deems necessary. Such
1819 documentation shall be submitted to the Department only upon
1820 the Department's request. The certificate holder shall submit such
1821 records to the Department within ~~[forty-five (45)]~~ thirty days of the
1822 Department's request.
1823
1824 (C) Maintain current certification as an ~~[emergency medical~~
1825 ~~technician]~~ EMT pursuant to section ~~[19a-179-16a(b)(2)]~~ 19a-179-
1826 16a(c)(2) of the Regulations of Connecticut State Agencies or as
1827 an ~~[emergency medical technician-intermediate]~~ A-EMT pursuant
1828 to section ~~[19a-179-16a(c)(2)]~~ 19a-179-16a(d)(2) or maintain
1829 licensure as a Paramedic pursuant to section ~~[2-20644]~~ 20-206
1830 of the Connecticut General Statutes. In addition to maintaining
1831 licensure, paramedics shall also successfully complete the written
1832 and practical examinations required pursuant to sections 19a-179-

Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009

- 1833 [16a\(c\)\(2\)\(B\) or 19a-179-16a\(d\)\(2\)\(B\) of these regulations.](#)
1834
1835 (D) [For reinstatement of an EMS-I certificate that has expired for more](#)
1836 [than one year but less than three years from the date of](#)
1837 [application, successfully complete the examinations required in](#)
1838 [sections 19a-179-16a\(c\)\(1\)\(B\) or 19a-179-16a\(d\)\(1\)\(B\) of these](#)
1839 [regulations.](#)
1840
1841 ~~[(3) — No certificate shall be issued to a person applying for certification~~
1842 ~~pursuant to section 19a-179-16a(d)(1) of the Regulations of Connecticut State~~
1843 ~~Agencies against whom a complaint is pending adjudication in another state or~~
1844 ~~with the Department of Public Health.]~~
1845
1846 ~~[(f)]~~ (e) Paramedic
1847 (1) In order to qualify for paramedic licensure an applicant shall meet the
1848 requirements of Chapter 384d of the Connecticut General Statutes.
1849
1850 (2) The training program, as used in section 20-206mm(a) of the Connecticut
1851 General Statutes, means a program that, if offered outside Connecticut,
1852 ~~[is equal to or exceeds a training program adhering to the United States~~
1853 ~~Department of Transportation, National Highway Traffic Safety~~
1854 ~~Administration, Paramedic National Standard Curriculum]~~ [adheres to](#)
1855 [national education standards for the paramedic scope of practice.](#)
1856 Training programs offered in Connecticut shall be approved in advance
1857 by the Department pursuant to section 19a-179-17 of the Regulations of
1858 Connecticut State Agencies.
1859
1860 (3) ~~[Reinstatement.]~~ A person previously licensed as a paramedic whose
1861 license has ~~[become void]~~ [expired](#) pursuant to section 19a-88 of the
1862 Connecticut General Statutes, may apply for ~~[licensure]~~ [reinstatement of](#)
1863 [the license](#) pursuant to the provisions of section 19a- 14-1 to 19a-14-5,
1864 inclusive, of the Regulations of Connecticut State Agencies.
1865
1866 (4) [Paramedics who are currently licensed by a state which maintains](#)
1867 [licensing requirements equal to or higher than those in this state, shall be](#)
1868 [eligible for paramedic licensure in this state.](#)
1869
1870

1871 **Section 19a-179-17 of the Regulations of Connecticut State Agencies is amended**
1872 **to read as follows:**

1873
1874 **19a-179-17. EMS training [entities and training](#) programs**
1875

- 1876 (a) ~~[In order to conduct an OEMS-approved training program for any classification~~
1877 ~~set forth in Sec. 19a-179-16 of these regulations, a person must:]~~
1878 [Definitions](#)
1879 [As used in this section, inclusive:](#)
1880 (1) [“EMS training entity” means a person or organization, approved by OEMS,](#)
1881 [that provides EMS training programs;](#)
1882 (2) [“EMS training program” means a curriculum of training courses and other](#)
1883 [activities provided by the training entity that prepares the individual for](#)
1884 [licensing, certification or recertification as an EMS provider.](#)
1885
1886 (b) [OEMS shall approve all EMS training entities. Such approval shall be renewed](#)
1887 [every three years. To obtain initial OEMS approval, or to renew approval as an](#)
1888 [EMS training entity, an applicant shall](#)
1889 ~~[(1) — Deliver]~~ [submit an application to OEMS](#) at least thirty (30) days prior to the
1890 planned initiation of ~~[the]~~ [a training program](#) [or thirty \(30\) days prior to the](#)
1891 [expiration of a current approval](#) ~~[a written application to conduct said~~
1892 ~~training program on a form prescribed by OEMS].~~ Such application shall [be](#)
1893 [on a form prescribed by OEMS and shall](#) include, but ~~[is]~~ not [be](#) limited to,
1894 the following information:
1895 (1) [The name and contact information of the chief administrator of the training](#)
1896 [entity;](#)
1897 (2) A list of teaching facilities to be used ~~[and of available teaching aids and~~
1898 ~~supplies]~~ [by the training entity, that contain adequate space and seating to](#)
1899 [support the training activity and the number of participating students, as](#)

**Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009**

- 1900 well as a list of testing sites to be used for the administration of final written
1901 and practical course examinations;
- 1902 (3) A list of available teaching equipment, which shall include computers,
1903 audio-visual equipment, educational support materials, emergency medical
1904 service equipment, and any other supplies which are necessary to provide
1905 effective instruction. All training equipment shall be in sound operating
1906 condition and in sufficient quantity to accommodate the number of
1907 participating students;
- 1908 ~~{B}~~ (4) A ~~{proposed}~~ list of EMS-I certified instructors, assistant instructors, clinical
1909 laboratory instructors and ~~{physician lecturers to be used during}~~ other topic
1910 area specialists who will participate in training ~~{the course of the}~~ program
1911 courses, as well as the student/faculty ratio for clinical instruction and
1912 laboratory exercises;
- 1913 (5) The name and credentials of persons designated as training program
1914 coordinators.
- 1915 (A) A training program coordinator shall meet the following criteria:
1916 (i.) hold current certification from a national certifying organization
1917 as approved by the department, at a level that is equal to or
1918 higher than the level of certification of the EMS training program
1919 for which such coordinator is in charge;
1920 (ii.) hold a paramedic license or current certification from OEMS at
1921 a level that is equal to or higher than the most advanced level of
1922 certification training that is offered by the EMS training program;
1923 and
1924 (iii.) hold current certification from the Department as an EMS-I.
- 1925 (B) the training program coordinator shall be delegated the following
1926 duties:
1927 (i) submit application materials, forms, supporting documents, and
1928 other records as required by OEMS or the regional EMS council;
1929 (ii) submit the course syllabus to OEMS and the regional EMS
1930 council that indicates the course content, the name of the course
1931 instructor, and the dates and time of the course;
1932 (iii) request an OEMS approval number;
1933 (iv) submit quality assurance data as required by OEMS; and
1934 (v) maintain attendance sheets for each class session and exam
1935 scores for all participating students.
- 1936
- 1937
- 1938 (6) The name and credentials of a person designated as the medical director for
1939 an EMS training program. The medical director for a paramedic training
1940 program shall meet the following criteria and be delegated the following
1941 duties:
1942 (i) hold an active physician license issued from Connecticut, and be
1943 board certified in emergency medicine;
1944 (ii) serve as an active staff member of a Connecticut sponsor
1945 hospital;
1946 (iii) act as the medical authority for course content procedures and
1947 protocols;
1948 (iv) recruit physicians to present materials in class;
1949 (v) settle questions of medical protocol; and
1950 (vi) act as a liaison between the training program and the medical
1951 community, including but not limited to, hospitals, emergency
1952 departments, physicians, EMS personnel, and nurses.
- 1953
- 1954 ~~{C}~~ (7) A statement of compliance that the program meets ~~{the most recent~~
1955 ~~National Standard Training Curriculae, as approved by the United States~~
1956 ~~Department of Transportation, National Highway Safety Traffic~~
1957 ~~Administration}~~ current national education standards, for the appropriate
1958 ~~{category}~~ scope of practice;
- 1959 ~~{2}~~ (8) ~~{Ensure that there is a state-certified EMS-I responsible for all class~~
1960 ~~sessions}~~ A statement of compliance that all training courses will be taught
1961 by an EMS-I that holds an EMS certification or licensure at a level that is
1962 equal to or higher than the level of certification training provided by the
1963 program. If a guest without such credentials provides a course lecture, the
1964 EMS-I responsible for the course, or a designee of the EMS-I, shall be
1965 available, in person, to address the student body if needed;

**Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009**

- 1966 ~~(3)~~ (9) ~~Follow~~ An agreement to comply with ~~the training manual~~ quality
1967 assurance system requirements developed by OEMS, as kept current and
1968 on file at OEMS, and made available to the general public; and
1969 (10) A statement of compliance that the training entity will adhere to the
1970 regulatory requirements of this section.
1971
1972 (c) An approved training entity shall notify OEMS, in writing, prior to or not later than
1973 one (1) business day following a change in any fact that materially alters the
1974 qualifications of the training entity. Reportable changes shall include those that
1975 are indicated as reportable on the approval application, as well as any other
1976 change that substantially effects the operations of the training entity.
1977
1978 ~~(4) — Maintain complete financial and administrative records for inspection by OEMS.~~
1979
1980 ~~(b)~~ (d) OEMS shall approve or disapprove such training ~~program proposal~~ entity
1981 applications and notify the appropriate regional council within twenty (20) days of
1982 the delivery of the ~~proposal~~ application to OEMS. ~~Prior to approval,~~ OEMS
1983 shall consult with the regional EMS coordinator ~~for his/her recommendation~~
1984 regarding approval of the training entity application. ~~Where~~ If a regional EMS
1985 coordinator's recommendation is not adopted, ~~the~~ OEMS will provide written
1986 comments to the regional EMS coordinator.
1987
1988 (e) An approved training entity must maintain complete financial and administrative
1989 records for inspection by OEMS, including but not limited to the following
1990 documentation:
1991 (1) liability insurance;
1992 (2) clinical site agreements;
1993 (3) OEMS approval forms for the entity and the training programs;
1994 (4) student handbooks;
1995 (5) student contracts;
1996 (6) student performance;
1997 (7) student health records
1998 (8) performance evaluations for instructors;
1999 (9) counseling and remediation records for students; and
2000 (10) financial records demonstrating financial solvency sufficient to conduct the
2001 training program.
2002
2003 ~~(e)~~ (f) To enroll in an OEMS-approved training program for any classification set forth in
2004 ~~Sec. 19a-179-16~~ section 19a-179-16a of these regulations as a student/trainee,
2005 an individual must apply to the person conducting the program in a form and
2006 manner ~~Set~~ set forth by ~~the~~ OEMS. Applicants who have not attained the age
2007 of eighteen shall submit with their application a consent form, prescribed by
2008 OEMS ~~, which had been~~ and signed by a legal guardian.
2009
2010

Section 19a-179-18 of the Regulations of Connecticut State Agencies is amended to read as follows:

19a-179-18. Minimum vehicle standards

- (a) ~~Basic ambulance vehicles~~ Ambulances shall be inspected ~~at least annually~~
biennially by OEMS and shall conform to the following design and equipment
standards:
- (1) Design.
 - (A) Minimum 60" head room in patient compartment measured from floor aisle space to head liner.
 - (B) Minimum 114" interior length in patient compartment from inside back door to rear of driver's compartment.
 - (C) Minimum 12" unobstructed aisle space between primary patient stretcher and any obstruction for full length of primary patient stretcher on one side.
 - (D) Ability to achieve and maintain an average patient compartment temperature of 65 degrees - 70 degrees regardless of weather conditions.
 - (E) Electrical intercom or signal lights or an open partition to permit exchange of patient condition information between patient compartment and driver.

**Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009**

- 2032 (F) Sufficient secure storage to permit secure loading and
2033 confinement of all items which could move freely about patient
2034 area in the event of a collision or roll over.
2035 (G) Rotating or flashing warning lights visible 3600 about vehicle.
2036 (H) Mechanical and/or electrical siren.
2037 (I) Two-way radio communications that are compatible with the state
2038 approved communications system and will allow communicating
2039 with medical communications ~~[coordinating]~~ coordination centers
2040 (e.g. regional communications centers, central emergency medical
2041 dispatch), dispatch and/or directly to the hospital.
2042 (J) Exterior identification visible on two opposite sides of vehicle
2043 showing the name of the service the vehicle is operated by.
2044 (K) Any basic ambulance vehicle shall meet or exceed the design
2045 criteria of General Services Administration Specifications KKK-A-
2046 1822, as amended, with the following exceptions and/or
2047 substitutions ~~[Federal specification number shown in parenthesis~~
2048 ~~()~~:
2049 (i) Spare tire (3.6.10)
2050 (ii) Tire changing tools (3.6.3)
2051 (iii) Engine high idle speed control, automatic (3.7.6.1)
2052 (iv) Internal 12 volt d.c. power (3.7.7.3)
2053 (v) 115 volt a.c. utility power (3.7.8)
2054 (vi) Utility power connector (3.7.8.1) - optional
2055 (vii) Electrical 115 volt a.c. receptacles (3.7.8.2)
2056 (viii) Solid state inverter (3.7.8.3)
2057 (ix) Override front bumpers (3.9.6.1)
2058 (x) Interior storage accommodations (3.11.3)
2059 (xi) Exterior storage accommodations (3.11.1)
2060 (xii) Extrication equipment and storage (3.11.2.1)
2061 (xiii) Storage compartments and cabinet design transparent
2062 doors (3.11.3)
2063 (xiv) Color, paint and finish (3.16.2)
2064 (xv) Color standards and tolerances (3.16.2.1)
2065 (xvi) Emblems and markings (3.16.4)-substitute the following:
2066 a. Front of vehicle - the word "AMBULANCE" in block,
2067 reflectorized letters, not less than four inches high
2068 shall be mirror image, centered above the grill.
2069 b. Sides and rear of vehicle - the work "AMBULANCE"
2070 shall be in block, reflectorized letters, not less than
2071 six inches high, centered on each side and rear of
2072 vehicle body.
2073 (xvii) Rustproofing (3.18)
2074 (xviii) "Star of Life" (4.3)
2075 (xix) Intended Use (6.1)

2076
2077 Any exceptions or substitutions as allowed by this section shall be
2078 approved by OEMS.

- 2079
2080 (2) ~~[Equipment~~
2081 ~~(A) — Oxygen administration apparatus with 2 hours supply at 7 lpm flow~~
2082 ~~rate, regulator controlled flow rate permitting adjustment from a~~
2083 ~~minimum of 2 lpm — 10 lpm with visual indication of flow rate.~~
2084 ~~Adaptors so that a minimum of 2 patients may be provided O(2) at~~
2085 ~~the same time. A minimum of 2 each, nasal cannulas and~~
2086 ~~mouth/nose masks.~~
2087 ~~(B) — Portable oxygen administration apparatus with 30 minutes supply~~
2088 ~~at 7 lpm flow rate, which is operable totally detached from parent~~
2089 ~~vehicle. Such unit shall be capable of accepting attachment to a~~
2090 ~~nasal cannula, mouth/nose mask or as enrichment feed to a~~
2091 ~~forced ventilation unit.~~
2092 ~~(C) — Suction apparatus capable of drawing a vacuum of 300mm of~~
2093 ~~mercury. Such unit shall be operable completely independent of~~
2094 ~~parent vehicle for a minimum period of 15 minutes. Such suction~~
2095 ~~apparatus shall be compatible with both rigid and flexible~~
2096 ~~catheters and a minimum of 1 catheter and 1 spare shall be~~
2097 ~~carried.~~
2098 ~~(D) — Mechanical forced resuscitation unit which is either hand operated~~
2099 ~~(bag mask) or cycled only by operator manual control. Pressure~~

**Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009**

- 2100 ~~cycles units are not acceptable. Such unit shall be compatible with~~
2101 ~~O(2) apparatus carried in the subject vehicle for purposes of~~
2102 ~~oxygen enrichment. Such unit shall be compatible with infant, child~~
2103 ~~and adult masks which shall be made of transparent material and~~
2104 ~~shall be carried.~~
2105 (E) ~~Nonrigid, mouth-to-mouth, oropharyngeal airway maintenance~~
2106 ~~devices in infant, child and adult sizes. A minimum of 1 and 1~~
2107 ~~spare for each size.~~
2108 (F) ~~Bite stick for maintaining an open-jawed position on an~~
2109 ~~unconscious patient.~~
2110 (G) ~~A minimum of six large dressings of the ABD or multi-trauma type.~~
2111 (H) ~~Assorted dressings and bandages to facilitate hemorrhage control~~
2112 ~~by direct pressure bandage on any area of the human body~~
2113 ~~regardless of severity of hemorrhage.~~
2114 (I) ~~Aluminum foil, sterile vaseline gauze or other air excluding~~
2115 ~~dressing material to permit air tight seal of wounds to the chest~~
2116 ~~cavity.~~
2117 (J) ~~Two sterile sheets for isolating burn patients from external sources~~
2118 ~~of contamination.~~
2119 (K) ~~A splinting device suitable for providing prolonged traction to a~~
2120 ~~lower limb on a child or adult.~~
2121 (L) ~~Splinting material to permit immobilization and protection to any~~
2122 ~~portion of a child or adult limb in any position. A minimum of 1~~
2123 ~~spare shall be carried for each size of splint.~~
2124 (M) ~~Short extrication device (e.g. short backboard with 2 straps~~
2125 ~~minimum of 9' by 2", forehead and chin restraints) to permit the~~
2126 ~~immobilization of suspected cervical fracture of a child or adult~~
2127 ~~patient during removal from a confined space while in a seated~~
2128 ~~position and during transport.~~
2129 (N) ~~A long extrication device (long backboard with 2 straps minimum~~
2130 ~~9' by 2") to permit the immobilization and transport of a spinal~~
2131 ~~column fracture without vertical or horizontal expansion,~~
2132 ~~contraction or twisting. A scoop stretcher is not a suitable device~~
2133 ~~for this requirement.~~
2134 (O) ~~cervical immobilization collars of assorted sizes (extrication type~~
2135 ~~collars are recommended).~~
2136 (P) ~~Commercial stair chair to permit the movement of a patient either~~
2137 ~~up or down within a confined stairway.~~
2138 (Q) ~~Adult and pediatric blood pressure manometer and cuff, and~~
2139 ~~stethoscope for determining patient blood pressure both outside~~
2140 ~~and inside of vehicle.~~
2141 (R) ~~Restraint devices of sufficient strength to restrain a violent adult~~
2142 ~~and sufficiently padded to prevent chafing or injury to patient.~~
2143 (S) ~~A poison treatment kit in addition to one half gallon potable water.~~
2144 (T) ~~An obstetrical kit containing a minimum of 1 pair sterile gloves,~~
2145 ~~scissors, umbilical cord clamps or tapes, sterile vaginal dressings,~~
2146 ~~2 towels, large plastic bag, and swaddling material.~~
2147 (U) ~~One emesis basin, 1 bed pan and 1 urinal.~~
2148 (V) ~~Not less than 2 pillows and 2 sets of linen to include 2 sheets 2~~
2149 ~~pillow cases, and 1 blanket per set.~~
2150 (W) ~~A minimum of 210 lb. ABC UL fire extinguishers, 1 carried in driver~~
2151 ~~compartment and 1 in patient compartment.~~
2152 (X) ~~At least two battery operated, hand carried portable lights.~~
2153 (Y) ~~One wrecking bar minimum 24" in length.~~
2154 (Z) ~~At least one cot with 2 patient securing straps. Such cot shall be~~
2155 ~~removable from the ambulance, and provision shall be made for~~
2156 ~~positive locking when the cot is positioned in the vehicle.~~
2157 (AA) ~~Glucose in a form easily ingested orally.~~
2158 (BB) ~~A rebreathing device for use in treating hyperventilation syndrome.~~
2159 (CC) ~~Highway distress signaling devices, either a minimum of 3 hours~~
2160 ~~duration red burning flares, or four reflectorized road marking~~
2161 ~~triangles.~~
2162 (DD) ~~Two sets of sandbags.~~
2163 (EE) ~~Disposable procedure gloves, gowns, masks, and goggles]~~
2164 Equipment carried shall be consistent with the current annual equipment
2165 list issued by the commissioner in accordance with section 26 of Public
2166 Act 09-232. All equipment in the patient compartment shall be secured to
2167 avoid creating a hazard in the event of a crash.

**Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009**

- 2168 (3) Each ~~[basic]~~ ambulance ~~[vehicle]~~ shall display decals supplied by OEMS
2169 on the rear exterior and in the patient compartment of the vehicle
2170 indicating it is certified by OEMS. Such decal shall be easily visible in the
2171 patient compartment and on the rear exterior of the vehicle.
- 2172 (4) All required equipment shall be in working order, and each crew member
2173 shall be knowledgeable in the operation of such equipment. Substitution
2174 for equipment may be made only with the prior written approval of OEMS,
2175 upon its determination that the substituted equipment will function at least
2176 as well as that which is specified in subsection (2) above.
- 2177 (5) Each basic ambulance certified vehicle shall be registered by the
2178 Connecticut ~~[department of motor vehicles]~~ Department of Motor Vehicles
2179 as an ambulance.
- 2180 (b) ~~[MIG Units]~~ Non-transport vehicles shall conform to the following design and
2181 equipment standards~~[.]~~ :
- 2182 (1) Design.
- 2183 (A) Compliance with all safety and design requirements of the
2184 Connecticut ~~[department of motor vehicles]~~ Department of Motor
2185 Vehicles.
- 2186 (B) Compliance with all federal requirements for vehicle safety design.
- 2187 ~~(2) [Equipment.~~
- 2188 ~~(A) — Must comply with applicable requirements for basic certification~~
2189 ~~either first responder or basic ambulance.~~
- 2190 ~~(B) — Airway maintenance equipment as defined by the RMAC and~~
2191 ~~approved by OEMS.~~
- 2192 ~~(A) — Pneumatic antishock garment.~~
- 2193 ~~(B) — Intravenous administration sets as defined by the RMAC and~~
2194 ~~approved by OEMS.~~
- 2195 ~~(C) — Intravenous solutions in nonbreakable containers as defined by~~
2196 ~~RMAC and approved by OEMS.~~
- 2197 ~~(D) — For EMT-Paramedic units only.~~
- 2198 ~~(i) — Laryngoscope, batteries and blades in adult and pediatric~~
2199 ~~sizes.~~
- 2200 ~~(ii) — Adult and pediatric endotracheal tubes.~~
- 2201 ~~(ii) — Electrocardiograph monitor with the capability of making a~~
2202 ~~permanent record.~~
- 2203 ~~(iii) — Cardiac defibrillator.~~
- 2204 ~~(iv) — Blood sampling tubes.~~
- 2205 ~~(v) Medications in amounts and administration methods as~~
2206 ~~defined by the RMAC and approved by OEMS].~~
- 2207 Equipment carried shall be consistent with the current annual equipment
2208 list issued by the commissioner in accordance with section 26 of Public
2209 Act 09-232. All equipment shall be secured to avoid creating a hazard in
2210 the event of a crash.
- 2211 (3) All equipment including that used for invasive therapies shall be cleaned
2212 and maintained between uses to assure protection from infection in
2213 subsequent use.
- 2214 (c) ~~[Invalid Coach]~~ Chair Van
- 2215 (1) Vehicle Type - The vehicle is to be a van type unit of standard
2216 manufacture which meets all specifications for operations on Connecticut
2217 highways, as evidenced by registration with the Connecticut department
2218 of motor vehicles and satisfaction of the following requirements.
- 2219 (2) Doors:
- 2220 (A) All van type vehicles used shall be equipped with operating doors
2221 on each side of the driver's compartment.
- 2222 (B) A side entrance door or doors shall be provided. These doors may
2223 be of the hinged swing double door type or sliding type single
2224 door, with a minimum opening of 40" in width and 54" in height.
2225 The door shall be equipped with a device which will activate an
2226 audible or flashing signal when the panels are not securely closed.
2227 The signal shall be clearly identifiable by the seated driver.
- 2228 (C) The vehicles shall be equipped with a rear opening door or doors
2229 of the hinged type, with a minimum opening of 45" in width and
2230 50" in height. Should the vehicle be equipped with a rear bench
2231 seat blocking the rear door the vehicle shall be equipped with a
2232 rear bench seat quick release mechanism.
- 2233 (D) Both side and rear doors shall be equipped with windows.
- 2234 (3) Interior Design:

**Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009**

- 2235 (A) The interior side walls shall be insulated with a fire resistant
2236 material and covered with suitable material at least equal to that
2237 installed by the manufacturer.
- 2238 (B) The left side of the vehicle behind the driver shall be equipped
2239 with windows to be equal to the side door glazing.
- 2240 (C) The floors shall be designed with 3/4 plywood base and covered
2241 with a linoleum, rubberized surface, or commercial grade carpet.
- 2242 (D) The vehicle shall be equipped with an operating heater and air
2243 conditioning system capable of maintaining an interior
2244 temperature of 65 degrees - 70 degrees F for the comfort of
2245 patients.
- 2246 (E) The vehicle shall be equipped with a two-way radio with the
2247 capability of communicating with a dispatcher at all times when a
2248 patient is being transported.
- 2249 (F) The minimum vehicle interior height shall be 60".
- 2250 (G) Each van shall be equipped with at least two (2) overhead or
2251 dome type interior lights of standard manufacture.
- 2252 (H) An additional light shall be provided which illuminates the lift
2253 device or ramp area. This light shall operate automatically when
2254 the side doors are opened.
- 2255 (4) Roof Design - The vehicle shall be equipped with an extended roof
2256 reinforced by rolled bars and/or cages which have been certified to
2257 withstand one and one-half times the curb weight of the unloaded vehicle.
- 2258 (5) Wheelchair Lifting Device - The vehicle shall be equipped with a
2259 commercially manufactured manual ramp or an electric or hydraulic lift,
2260 which is permanently affixed to the interior of the vehicle. The ramp or lift
2261 shall be capable of supporting a minimum total load strength of 600
2262 pounds. The lift or ramp shall be equipped with a protective flange on
2263 each longitudinal side, sufficient in height to prevent a wheelchair from
2264 accidentally falling off the side of the lift or ramp. The lift or ramp surface
2265 shall be composed of or covered with a non-skid material. If an electric or
2266 hydraulic lift is utilized, the lift shall also be capable of manual operation in
2267 the event of engine failure.
- 2268 (6) Wheelchair Restraining Devices - The vehicle shall be equipped with
2269 wheelchair locking devices securely affixed to the vehicle for each
2270 wheelchair position for which the vehicle is designed. The locking device
2271 shall be capable of immobilizing the wheelchair so that it is secured in at
2272 least two places during transport with longitudinal movement not to
2273 exceed two inches forward and backward, and without any lateral
2274 movement.
- 2275 (7) Minimum Equipment:
- 2276 (A) One first aid kit.
- 2277 (B) One charged fire extinguisher - at least rated 10 BC. by the
2278 Underwriter's Laboratory.
- 2279 (C) Four 30 minute road flares or warning reflectors.
- 2280 (D) Separate seat restraints for securing patients in wheelchairs prior
2281 to loading, in the same quantity as the maximum number of
2282 patients the vehicle is designed to accommodate.
- 2283 (E) Either motion sickness bags or plastic containers with covers in
2284 sufficient number equal to the maximum number of patients the
2285 vehicle is designed to accommodate.
- 2286 (F) Blankets made of nonflammable material in sufficient number
2287 equal to the maximum number of patients the vehicle is designed
2288 to accommodate.
- 2289 (8) Exterior Vehicle Identification:
- 2290 (A) Utilize the state approved handicapped sticker minimum of 4"
2291 height and located on each side of the vehicle.
- 2292 (B) Exterior identification visible on each side of the vehicle identifying
2293 the service which operates the vehicle with a minimum 4" lettering.
- 2294 (C) Seating capacity shall be displayed in 2" lettering at curb side of
2295 the vehicle.
- 2296 (9) All replacement ~~invalid coach vehicles~~ chair vans shall be in compliance
2297 with these regulations.
- 2298 ~~[(10) All invalid coach vehicles currently in use shall be in compliance with~~
2299 ~~these regulations by January 1, 1990.]~~
- 2300 (d) Emergency medical service vehicles shall be inspected every two years by
2301 OEMS at formally designated biennial inspections in addition to unannounced
2302 inspections or at hospital spot checks of ambulance vehicles. At such

**Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009**

- 2303 inspections, the OEMS inspector shall examine the vehicle for compliance with
2304 the above requirements and may also inspect for the following:
- 2305 (1) Tires--for minimum tread depth as required by the Department of Motor
2306 Vehicles or for structural damage to the body of the tire.
 - 2307 (2) Holes in the body of the vehicle into the driver or patient compartment.
 - 2308 (3) Broken or missing windows.
 - 2309 (4) Malfunctioning doors or door latches.
 - 2310 (5) Missing door seals.
 - 2311 (6) Missing or broken safety equipment including lights, mirrors, horns, or
2312 other devices required by law or regulation necessary to insure the safe
2313 operation of the vehicle
- 2314 (e) By virtue of the inspection as called for in Sec. 19a-179-18 (d) of these
2315 regulations, should an OEMS inspector determine that an ambulance vehicle is
2316 unsafe for any reason cited in the aforementioned section, the OEMS inspector
2317 shall affix a sticker to the outside of the window in the rear door which reads:
2318 "THIS VEHICLE IS UNSUITABLE FOR PATIENT TRANSPORTATION." The
2319 sticker shall be removed only by an OEMS inspector upon the re-inspection of
2320 the vehicle and determination that the missing or damaged equipment has been
2321 repaired or replaced. During the period of time when the sticker is affixed to the
2322 vehicle, said vehicle shall not be used for patient transportation unless otherwise
2323 ordered by the Commissioner. The owner may request a hearing before the
2324 commissioner of health services or his designee to petition for reconsideration,
2325 stating upon what grounds such petition is based. Said hearing shall be
2326 conducted within ~~forty-five (45)~~ fourteen days of the request unless otherwise
2327 agreed by the requester and the commissioner.
2328
2329

**Section 19a-179-19 of the Regulations of Connecticut State Agencies is amended
to read as follows:**

19a-179-19. Advertising

- (a) Emergency.
- 2335 (1) A provider shall not advertise emergency services by direct mailings,
2336 telephone solicitation, or other means specifically designed to solicit
2337 business unless such provider is the OEMS-approved primary service
2338 area responder in such municipality.
 - 2339 (2) Providers shall not advertise emergency services in print media which
2340 reaches beyond PSA boundaries unless the advertisement indicates the
2341 location from which the provider is authorized to operate by OEMS in
2342 letters at least as large as the name of the provider. All ads shall list "9-1-
2343 1" as the number to call for emergencies. "9-1-1" shall be in a type and
2344 size at least as large as any other phone numbers listed in the ad.
 - 2345 (3) Providers shall not advertise emergency services in audio ~~or~~ video or
2346 electronic media unless such advertisement clearly states the location
2347 from which the provider is authorized to operate by OEMS. The statement
2348 of location shall be emphasized at least as prominently as the name of
2349 the provider.
 - 2350 (4) Only the telephone numbers designated as primary response numbers by
2351 the council and approved by OEMS shall be placed in the emergency or
2352 community services sections of the telephone directories; any provider
2353 listing in the "yellow pages" section of telephone directories shall be in
2354 accordance with section (2) above.
- (b) Other than Emergency Medical Services. Licensed or certified emergency service
2356 providers may advertise services other than emergency and ~~invalid coach~~ chair van
2357 services, provided that the word "nonemergency" is explicitly and prominently stated
2358 in the advertisement and provided that no word or expression which suggests the
2359 provision of emergency services issued. Such words or expressions, which may not
2360 be used include, but are not limited to the words "emergency," "call direct,"
2361 "immediate response," "eliminate delay," or "without delay".
2362
2363

**Section 19a-179-20 of the Regulations of Connecticut State Agencies is amended
to read as follows:**

19a-179-20. Hearing

Any proceedings conducted in accordance with these regulations shall be considered a
2368 contested case ~~under the department of health services rules of practice and procedure,
2369 Secs. 19-2a-1 through 19-2a-41, Regulations of Connecticut State Agencies].~~ Hearings
2370

**Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009**

2371 [shall be held in accordance with Chapter 54 of the Connecticut General Statutes and](#)
2372 [sections 19a-9-1 to 19a-9-29, inclusive, of the Regulations of Connecticut State](#)
2373 [Agencies.](#)

2374
2375

2376 **Section 19a-179-21 of the Regulations of Connecticut State Agencies is amended**
2377 **to read as follows:**

2378

2379 **19a-179-21. Rate Setting for emergency medical services**

2380 Pursuant to the authority of C.G.S. 19a-177, the following regulations are enacted.

2381

2382 (a) Definitions

2383 ~~[(1) "Commissioner" means the commissioner of the Connecticut department of health~~
2384 ~~services, acting through the office of emergency medical services.~~

2385

2386 ~~[(2) "Department" means the Connecticut state department of health services.~~

2387

2388 ~~[(3) "Certified provider" means a municipal or volunteer ambulance service issued a~~
2389 ~~certificate of operation by the office of emergency medical services.~~

2390

2391 ~~[(4) "Licensed provider" means a commercial ambulance service issued a license by the~~
2392 ~~office of emergency medical services or any volunteer or municipal ambulance service~~
2393 ~~issued a license by the office of emergency medical services prior to July 1, 1981.]~~

2394

2395 ~~[(5)]~~ (1) "Basic ~~[level ambulance response]~~ [life support ambulance](#)" means the transportation
2396 of a patient at the basic life support level~~[-];~~

2397 ~~[(6) "Intermediate level ambulance response" means the transportation of a patient requiring~~
2398 ~~definitive medical care by a service certified to the intravenous level.]~~

2399 ~~[(7)]~~ (2) "ALS/Paramedic ~~[level]~~ ambulance response" means the transportation of a patient
2400 requiring definitive medical care by a service certified ~~[to]~~ [or licensed at](#) the
2401 ALS/Paramedic level~~[-];~~

2402 ~~[(8)]~~ (3) ~~["Invalid coach]~~ [Chair Van](#) response " means a nonemergency request to transport a
2403 ~~[wheelchair]~~ patient. [Chair van transportation shall only include the transportation of](#)
2404 [non-stretcher patients for whom the need for resuscitation, suctioning, or other](#)
2405 [emergency medical care or continuous observation is not evident;](#)

2406 ~~[(9)]~~ (4) "Maximum allowable rate" means the highest amount which a licensed or certified
2407 provider may charge a patient for a given service in accordance with the appropriate
2408 rate schedule~~[-];~~

2409 ~~[(10) "Necessary costs" means the costs directly related to the service provided.~~

2410 ~~[(11) "Reasonable return on gross revenue" means that percentage of gross revenue which~~
2411 ~~the commissioner allows to be earned as profits by licensed providers.]~~

2412 (5) ["Helicopter assist" means care provided to a patient at the scene of an emergency](#)
2413 [prior to a state licensed or mutual aid air ambulance transporting such patient;](#)

2414 (6) ["Bundle billing" refers to an agreement that allows a BLS service to submit bills for an](#)
2415 [EMS service authorized at the paramedic level, for ALS assessment and](#)
2416 [interventions;](#)

2417 (7) ["Loaded mileage" means loaded mileage as defined in 42 CFR 414.605, as](#)
2418 [amended from time to time;](#)

2419 (8) ["Advanced life support" or "ALS" means a level of care and services beyond BLS,](#)
2420 [that includes either an ALS assessment or ALS intervention as defined by 42 CFR](#)
2421 [414.605, as amended from time to time;](#)

2422 (9) ["Basic life support" or "BLS" means "basic life support" as defined by 42 CFR](#)
2423 [414.605, as amended from time to time; and](#)

2424 (10) ["Paramedic intercept" or "PI" means "Paramedic intercept" as defined in 42 CFR](#)
2425 [414.605, as amended from time to time.](#)

2426

2427 (b) The commissioner shall [annually](#) establish [a](#) maximum allowable ~~[rates]~~ [rate schedule](#)
2428 for each licensed or certified ~~[provider annually on or before December 15th of each~~
2429 ~~year]~~ [EMS organization](#). Such rate ~~[shall take effect on January 1st of the following year.~~
2430 ~~Certified and licensed providers may render charges which are less than maximum~~
2431 ~~allowable rates.~~

2432

2433 ~~[(c) The commissioner shall set]~~ [schedules](#) shall ~~[set]~~ [include](#) maximum allowable ~~[rate~~
2434 ~~schedules]~~ [rates](#) for any or all of the following classifications of services:

2435

2436 ~~[(1) Basic level ambulance response by a certified provider;~~

2437 ~~[(2) Intermediate level ambulance response by a certified provider;~~

2438 ~~[(3) ALS/Paramedic ambulance response by a certified provider;~~

**Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009**

- 2439 ~~(4) Basic level ambulance response by a licensed provider;~~
2440 ~~(5) Intermediate level ambulance response by a licensed provider;~~
2441 ~~(6) ALS/Paramedic level ambulance response by a licensed provider;~~
2442 ~~(7) Invalid coach response by a licensed provider.}~~
2443
2444 (1) Chair van transport;
2445 (2) Basic life support;
2446 (3) Advanced life support 1 – non emergency (ALS1 Non-ER) as defined
2447 by 42 CFR 414.605, as amended from time to time;
2448 (4) Advanced life support 1 – emergency (ALS1 ER) as defined by 42
2449 CFR 414.605, as amended from time to time;
2450 (5) Advanced life support 2 – (ALS2) as defined by 42 CFR 414.605, as
2451 amended from time to time;
2452 (6) Specialty care transport (SCT) as defined by 42 CFR 414.605, as
2453 amended from time to time;
2454 (7) Paramedic intercept (PI); and
2455 (8) Fixed Wing or Rotary Wing Air Ambulance; and
2456 (9) Helicopter assist.
2457
2458 (c) Voluntary state wide rate schedule. The commissioner shall issue a voluntary state wide
2459 rate schedule by May 1 of each year. Any provider that accepts the proposed rate
2460 schedule by September 15th¹ will be eligible to charge the new allowable rates on
2461 January 1st of the following year. The commissioner shall consider the following criteria
2462 when establishing the voluntary state-wide rate schedule:
2463 (1) the prior year's voluntary state-wide rate schedule adjusted for increases or
2464 decreases of the Medical Care Services Consumer Price Index, as published
2465 by the Bureau of Labor Statistics of the United States Department of Labor for
2466 factors relevant to ambulance maintenance and operation in Connecticut; and
2467 (2) any other relevant economic factors, including but not limited to utilization rates
2468 for equipment, personnel, fuel costs, and impact for compliance with federal or
2469 state laws and regulations.
2470
2471 (d) ~~[The commissioner shall set maximum allowable charges which will allow each provider~~
2472 ~~to impose the following special charges under the following conditions]~~ Ancillary Rates.
2473 In addition to the maximum allowable rates for ambulance transports, the commissioner
2474 shall set maximum allowable charges for the following ancillary items. Such charges
2475 may be imposed by an ambulance service in addition to the transport charge:
2476
2477 (1) Mileage. ~~[The mileage charge may be applied from the point of origin within the~~
2478 ~~town of movement of a patient to any final destination other than within the~~
2479 ~~town of origin. Mileage charges are not allowable when the point of origin and~~
2480 ~~the point of final destination of the call are within the boundaries of the same~~
2481 ~~town. Mileage shall be determined from the public utility control authority's~~
2482 ~~official mileage docket no. 6770]~~ Mileage charges may be assessed based on
2483 the number of loaded miles. No mileage charges shall be assessed for any
2484 portion of the service call in which a patient is not transported;
2485 (2) Waiting time. Charges for waiting time may be assessed on the basis of a
2486 minimum of one hour. When waiting time ~~[is in excess of]~~ exceeds one hour,
2487 additional time may be charged in quarter hour increments;
2488 ~~[(3) — Night time. Charges may be assessed for a response between the hours of~~
2489 ~~7:00 p.m. through 7:00 a.m. the following morning;] and~~
2490 ~~[(4)]~~ (3) Special Attendants. Charges may be assessed for use of attendants with
2491 characteristics specifically requested by or on behalf of the patient. Such
2492 special characteristics may include, but are not limited to, special training or
2493 experience or an attendant of a specific gender. There shall be no additional
2494 charge if an attendant with the requested characteristics has already been
2495 scheduled by the ~~[ambulance]~~ service provider.
2496
2497 (e) Alternative Maximum Allowable Rate Schedules. Any licensed or certified ambulance
2498 service that does not accept the voluntary state-wide rate schedule prescribed by the
2499 commissioner shall apply to the commissioner for the approval of an alternative rate
2500 schedule. The commissioner shall approve all alternative rate schedules by December
2501 15th of each year, with an effective date of January 1st of the following year. The

¹ C.G.S. section 19a-177(9)(B) requires that the ambulance service accept the voluntary state-wide rates by July 15th. DPH will need to accomplish legislative change in order for the regulations to allow for an acceptance deadline of September 15th.

**Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009**

- 2502 commissioner shall consider the following criteria when determining an alternative rate
2503 schedule:
- 2504 (1) the necessary costs incurred in providing the service. Necessary costs shall
2505 include only those costs directly related to the service provided;
 - 2506 (2) net income after taxes;
 - 2507 (3) utilization rate of equipment and personnel;
 - 2508 (4) the prior year's accepted rate schedule adjusted for increases or decreases for
2509 goods and services relevant to ambulance maintenance and operation in
2510 Connecticut, as specified in the Medical Care Services Consumer Price Index
2511 published by the United States Department of Labor Bureau of Labor Statistics;
2512 and
 - 2513 (5) other relevant economic factors.
- 2514 (f) A service provider may render charges less than its designated maximum allowable rate,
2515 but no lower than the Medicare rate for the applicable level of service.
- 2516
- 2517
- 2518 (g) A ~~certified or licensed~~ service provider shall not charge for services which are not
2519 specified in the ~~appropriate~~ accepted maximum allowable rate schedule unless such
2520 service is bundle billing.
- 2521
- 2522 ~~{(f) Filing:~~
- 2523 ~~(1) On or before July 15th of each year, all licensed or certified providers shall file~~
2524 ~~with the department the following financial information based upon the twelve~~
2525 ~~months immediately preceding April 30th of the year of the application:~~
- 2526 ~~(A) Existing rate schedule;~~
- 2527
- 2528 ~~(B) If the provider requests a rate increase, the requested rate schedule;~~
- 2529
- 2530 ~~(C) A complete financial statement for the twelve months immediately preceding~~
2531 ~~April 30th of the year of application, including:~~
- 2532
- 2533 ~~(i) a statement of income and expenses on the forms provided by the~~
2534 ~~department based on an accrual method of accounting;~~
2535 ~~(ii) a balance sheet indicating the condition of the business as of the~~
2536 ~~close of business on April 30th of the year of application;~~
2537 ~~(iii) a review financial statement prepared in accordance with~~
2538 ~~accepted accounting practices.~~
- 2539
- 2540 ~~(D) Financial projections covering all items in subsection (f) (1) (C) of this~~
2541 ~~section for the fiscal year of application reflecting the existing and~~
2542 ~~requested rate schedules;~~
- 2543 ~~(E) A schedule of real property, transportation equipment and all other~~
2544 ~~equipment owned or leased by the provider and currently in use in the~~
2545 ~~provision of ambulance services;~~
- 2546 ~~(F) A schedule of planned capital expenditure over the next three years;~~
- 2547 ~~(G) A summary by rate classification of trips logged for the immediately~~
2548 ~~preceding fiscal year;~~
- 2549 ~~(H) A schedule of annual compensation and benefits by job classification,~~
2550 ~~including corporate officers and all employees;~~
- 2551 ~~(I) Numbers, job titles, annual salary ranges and hourly rate ranges of all~~
2552 ~~corporate officers and employees.~~
- 2553 ~~(J) A schedule of any other services provided by the ambulance service~~
2554 ~~provider under the same business structure;~~
- 2555 ~~(K) A sworn statement signed by the provider or duly authorized representative~~
2556 ~~thereof that to the best of his/her knowledge the materials submitted in~~
2557 ~~satisfaction of this provision are true, correct and complete and have been~~
2558 ~~prepared from the books and records of the provider.~~
- 2559 ~~(2) Ambulance service providers shall provide the commission with any additional~~
2560 ~~financial and operational information which is relevant to the rate setting; is~~
2561 ~~covered under subdivision (1) of this subsection, and requested by it within~~
2562 ~~fifteen (15) calendar days of receipt of the request. The request for additional~~
2563 ~~information shall be made no later than August 31st of each fiscal year.~~
- 2564 ~~(3) Any licensed or certified provider who fails to file information required by~~
2565 ~~subdivisions (1) and (2) above by July 15th of each year or within fifteen (15)~~
2566 ~~days of receipt of the department's request, whichever is later, shall be subject to~~
2567 ~~sanctions as provided in section 19-73bb (b), C.G.S., and shall have a maximum~~
2568 ~~allowable rates for all purposes which are the lesser of the following rates:~~
- 2569 ~~(A) The rates set in response to the current application;~~

**Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009**

2570 ~~(B) The rates set following the last filing to which the providers were a party,~~
2571 ~~or if none, the rates in effect at the time these regulations become effective.~~
2572 ~~(4) The department reserves the right to conduct or order a provider to conduct a full~~
2573 ~~audit as it deems necessary to confirm the accuracy of submitted materials.]~~

2574
2575 (h) Authorization to charge and applications for maximum allowable rate schedules. All
2576 providers shall file annually, either a short-form maximum allowable rate application,
2577 a full rate application, or a non-charging certification statement.

2578
2579 (1) Authorization to Charge. A certified or licensed service provider may commence
2580 charging for an existing service by submitting a written request to OEMS,
2581 provided that there was no expansion of service on or after July 1, 1980. For
2582 services that were initiated or expanded on or after July 1, 1980, a provider shall
2583 apply for a determination of need as required by section 19a-180-2(e) of these
2584 regulations. An expansion of service is defined as an increase in the number of
2585 transporting or intercept vehicles.

2586
2587 (2) Short form application. A short form application shall be filed by any service
2588 provider that is not requesting a rate increase, or not requesting an increase in
2589 excess of the Medical Care Services Consumer Price Index, as published by the
2590 Bureau of Labor Statistics of the United States Department of Labor, or that is
2591 accepting the voluntary state-wide maximum rate schedule. A short-form rate
2592 application shall be filed by July 15th and shall include the following information:

2593 (A) A comprehensive summary of the following actual data from the
2594 provider's fiscal year just ended, including:
2595 (i) total service revenues;
2596 (ii) total operating expenses; and
2597 (iii) statement of emergency and non-emergency call volumes.

2598 (B) A sworn statement signed by the chief administrator of the
2599 organization, that to the best of the administrator's knowledge the
2600 materials submitted in satisfaction of the application requirements
2601 are true, accurate and complete and have been prepared from the
2602 books and records of the provider.

2603 (C) A waiver indicating acceptance of:
2604 (i) the Commissioner's proposed rate schedule for the rate
2605 application year;
2606 (ii) the applicant's current year's rates; or,
2607 (iii) the applicant's current year's rates increased based on
2608 Medical Care Services Consumer Price Index, as
2609 published by the Bureau of Labor Statistics of the United
2610 States Department of Labor.

2611 (3) Full Rate Application. A full-rate application shall be filed by any service
2612 provider requesting a rate increase in excess of the Medical Care Services
2613 Consumer Price Index. A full-rate application shall be filed by July 15th and
2614 include the following information:

2615 (A) A comprehensive summary of the following actual data from the
2616 provider's fiscal year just ended, including:
2617 (i) service revenues, contractual revenues, and other revenue
2618 and discounts;
2619 (ii) direct and general expenses;
2620 (iii) billed call volumes for emergency and nonemergency by
2621 rate classification for Medicare, Medicaid and all other
2622 payers;

2623 (iv) a schedule of full-time equivalents by job title and average
2624 salary for each job class related to emergency medical
2625 services; and
2626 (v) a schedule of all related party transactions.

2627 (B) A complete set of financial statements for the two fiscal years
2628 immediately preceding the year of application, prepared in
2629 accordance with generally accepted accounting principles. The
2630 financial statements shall include, but not be limited to:

2631 (i) balance sheets;
2632 (ii) statements of income and expenses;
2633 (iii) statements of cash flow;
2634 (iv) footnotes to the financial statements; and
2635 (v) accountant's financial review reports or audit that are
2636 based upon the provider's standard financial practice.

**Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009**

- 2637 (C) A schedule of depreciable assets listing the year of purchase,
2638 cost, depreciable life, accumulated depreciation and annual
2639 depreciation expense, and projected capital expenditures.
- 2640 (D) A sworn statement signed by the chief administrator of the
2641 organization, that, to the best of the administrator's knowledge,
2642 the materials submitted in satisfaction of the application
2643 requirements are true, accurate and complete and have been
2644 prepared from the books and records of the provider.
- 2645 (E) The commissioner may request additional financial and
2646 operational information from applicants filing the full rate
2647 application no later than thirty (30) calendar days after receipt of
2648 the filed rate. The applicant shall provide such additional
2649 information within twenty (20) calendar days of receipt of the
2650 request.
- 2651
- 2652 Any licensed or certified provider who fails to file the information as required by
2653 this subdivision shall be required to use the rate schedule following the last
2654 filing to which the providers were a party, or if none, the voluntary state-wide
2655 rates in effect at the time these regulations become effective.
- 2656
- 2657 The commissioner shall either approve or deny the proposed alternative rate
2658 schedule by December 15th of the year of application. If the proposed
2659 alternative rate schedule application is denied, the service provider may opt to
2660 accept the state-wide voluntary rate schedule, or request a hearing to contest
2661 the commissioner's decision.
- 2662
- 2663 (4) Non-charging certification statement. Any service provider that elects not to
2664 charge for a service shall annually file a non-charging certification statement.
- 2665
- 2666 (i) Full rate application review and audit
- 2667 (1) OEMS shall perform desk reviews of all providers requesting rates greater than
2668 the state-wide rate schedule, or as adjusted by the Medical Care Services
2669 Consumer Price Index as published by the Bureau of Labor Statistics of the
2670 United States Department of Labor, within 45 days following the rate application
2671 filing deadline.
- 2672 (2) Additional field reviews of a provider may be performed on the full rate
2673 application up to and including 12 months from the date of filing to ensure that
2674 accurate books and records are maintained, and that adequate internal and
2675 management controls are in place and operating effectively in accordance with
2676 generally accepted accounting principles.
- 2677
- 2678 (j) Failure to comply with instructions for filing short form rate applications and full rate
2679 applications
- 2680 ~~(3)~~ (1) Any ~~[licensed or certified]~~ provider who fails to file ~~[information required by~~
2681 ~~subdivisions (1) and (2) above by July 15th of each year or within fifteen~~
2682 ~~(15) days of receipt of the department's request, whichever is later,] its~~
2683 rate application as indicated in subsection (h) of these regulations or
2684 additional information if requested, shall be subject to [sanctions as
2685 ~~provided in section 19-73bb (b), C.G.S.,] disciplinary action as prescribed~~
2686 by section 19a-180(b) of the Connecticut General Statutes, and shall
2687 have [a] maximum allowable rates for all purposes which are the lesser of
2688 the following rates:
- 2689 (A) the rates set in response to the current application;
- 2690 (B) the rates set following the last filing to which the providers were a
2691 party, or, ~~[if none, the rates in effect at the time these regulations~~
2692 ~~become effective.]~~
- 2693 (C) the commissioner's voluntary state-wide rate schedule.
- 2694 ~~(4) — The department reserves the right to conduct or order a provider to conduct a full~~
2695 ~~audit as it deems necessary to confirm the accuracy of submitted materials.]~~
- 2696
- 2697 ~~(g)~~ (k) Hearings and waivers
- 2698 (1) For the purpose of ~~[the]~~ these regulations, any application filed in
2699 accordance with subsection ~~(f)~~ (h)(3) of this section shall be a contested
2700 case; shall require a hearing and shall be governed by sections ~~[19-2a-35~~
2701 ~~through 19-2a-41]~~ 19a-9-1 through 19a-9-29, inclusive of the Regulations
2702 of Connecticut State Agencies. Hearings will be scheduled during the
2703 third month after the rate application filing date, if necessary, for any

**Draft Regulations Concerning Office of Emergency Medical Services
For COMMENT September 9, 2009**

- 2704 service provider whose proposed alternative maximum allowable rate
2705 schedule has be denied.
- 2706 ~~[(h) — Waiver of right to hearing:]~~
2707 ~~[(1)]~~ (2) ~~[The]~~ An applicant may waive ~~[his/her]~~ the right to a hearing by filing
2708 along with the rate application a signed statement which indicates that:
2709 (A) The applicant ~~[knows of his/her]~~ understands the right to a hearing
2710 held under the provisions of sections ~~[19-2a-35 to 19-2a-41],~~ 19a-
2711 9-1 through 19a-9-29 inclusive, of the Regulations of Connecticut
2712 State Agencies; and
2713 (B) the applicant willingly waives the right to such hearing.
2714 ~~[(2) — Notwithstanding subdivision (1) above, the commissioner may order, not~~
2715 ~~later than August 15th, that a hearing be held.]~~
2716 (3) Final rates will take effect the fourth month after the filing of the
2717 application or within 30 days of the hearing officer's final recommendation
2718 to the commissioner, but not later than 6 months after filing.
2719
- 2720 ~~[(i) — All information filed by the applicant pursuant to subsections (f), (g) and (h) of this~~
2721 ~~section shall be treated by the commissioner as a substantially complete case in~~
2722 ~~support of the application.~~
- 2723 ~~[(j) — Rate Setting Method. In setting the maximum allowable rates for each provider,~~
2724 ~~the commissioner shall consider the following:~~
- 2725 ~~(1) — The necessary costs incurred in providing said service;~~
2726 ~~(2) — Net income after taxes;~~
2727 ~~(3) — Utilization rate of equipment and personnel;~~
2728 ~~(4) — Increases or decreases in the United States Department of Labor~~
2729 ~~consumer price index factors relevant to ambulance maintenance~~
2730 ~~and operation in Connecticut, and any other relevant economic~~
2731 ~~inflationary factors;~~
2732 ~~(5) — The anticipated change in cost to the provider of full compliance~~
2733 ~~with new federal and state laws and regulations;~~
2734 ~~(6) — Rate differential set and paid for by other state agencies and third~~
2735 ~~party payers;~~
2736 ~~(7) — The percentage of cancelled calls of the total number of calls~~
2737 ~~during the preceding fiscal year;~~
2738 ~~(8) — A reasonable return on gross revenue; and~~
2739 ~~(9) — Any other information the commissioner may deem relevant to the~~
2740 ~~rate setting process.]~~

2741
2742
2743 **Statement of Purpose:** The purposes of the revisions to these regulations are: (1) to
2744 make technical corrections, clarify existing regulations, and to update terminologies; and
2745 (2) to provide for a more efficient and improved Emergency Medical Services system in
2746 Connecticut.
2747
2748