

CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
PUBLIC HEALTH HEARING OFFICE

IN RE: DECLARATORY RULING :
PROCEEDING REGARDING :
EMERGENCY MEDICAL :
SERVICE ISSUES : JULY 31, 2002

**PREFILED TESTIMONY OF
CAROLYN BRADY
VICE PRESIDENT, PATIENT CARE AND REGULATORY SERVICES
CONNECTICUT HOSPITAL ASSOCIATION**

Introduction

The Connecticut Hospital Association (“CHA”) appreciates the opportunity to participate as an intervenor in this Declaratory Ruling Proceeding. CHA is a trade association representing the interests of all thirty-one acute care hospitals in Connecticut. CHA respectfully submits this testimony regarding the relationship between sponsor hospitals and emergency medical services providers (“EMS Providers”) in order to assist in resolving the issues identified in the Department of Public Health’s May 21, 2002 Notice of Declaratory Ruling Proceeding.

The issues identified in the Notice concern the circumstances under which an EMS Provider may provide emergency medical services in an area in which it is not the primary service area responder. Guidance from the Department of Public Health (DPH) in this area is critical to the efficient functioning of and quality of care delivered by the EMS system in Connecticut.

In any decision DPH renders in this proceeding, it must safeguard the quality of emergency medical care by ensuring that the regulatory-based ability of sponsor hospitals to provide oversight to EMS Providers remains intact. Specifically, CHA requests that any DPH

ruling on the questions presented affirm the current abilities of a sponsor hospital to limit the geographic range in which it will provide medical control for an EMS Provider, and to withhold medical control if the sponsor hospital determines that the EMS Provider's provision of services in widespread geographic areas is adversely affecting patient care.

Oversight of EMS Providers by Sponsor Hospitals

Connecticut has designed its EMS system based on the principle that physicians, specifically medical directors designated by sponsor hospitals, must oversee the activities of EMS Providers. Both the Connecticut Emergency Medical Services Medical Advisory Committee ("CEMSMAC") and the American College of Emergency Physicians ("ACEP") emphasize the importance of having coordinated medical control of EMS providers and have created detailed descriptions of the responsibilities of medical directors. *See* CEMSMAC Recommendations for Physician Oversight of EMS (ratified December 13, 2001) (attached as Tab 1) and ACEP Policy Resource and Education Paper on Medical Direction of Prehospital Emergency Medical Services (attached as Tab 2).

In order for an EMS Provider to be eligible to provide certain emergency medical services in Connecticut, the EMS Provider must have a written agreement with at least one sponsor hospital. Although the sponsor hospital requirement described in Connecticut Regulations Section 19a-179-12 expressly applies to mobile intensive care (MIC) providers and MIC personnel, effective January 1, 2001 all licensed or certified ambulances are required by Connecticut General Statute Section 19a-197a to carry epinephrine injectors as part of their standard equipment. This new requirement has caused additional EMS Providers to enter into

sponsor hospital agreements in order to obtain medical direction for use of the epinephrine injectors.

The sponsor hospital is responsible for providing both on-line and off-line medical direction. On-line medical direction involves giving EMS Providers in the field specific guidance regarding treatment of a particular patient. Off-line medical direction describes a much broader range of activities, including monitoring quality assurance, training personnel, and establishing treatment protocols. A designated MIC medical director at each sponsor hospital has primary responsibility for carrying out these activities. In this testimony, we use the phrase “medical control” to encompass both the on-line and off-line responsibilities of the sponsor hospital to provide oversight, direction and control.

Protocols established by the sponsor hospital address common circumstances in which an EMS Provider would transport a patient to a non-sponsor hospital, such as an expressed patient preference. In some cases, transport of a patient to a hospital other than the sponsor hospital actually is mandated by Connecticut Regulations Section 19a-177-5, which designates particular categories of trauma patients that must be transported to Level I or Level II trauma centers. The protocols established by sponsor hospitals typically require that the receiving hospital provide on-line medical direction regarding the specific patient in order to facilitate continuity of care. The sponsor hospital continues to be responsible for overall medical control, including ongoing quality monitoring. Based on these common protocols, we respectfully suggest that with regard to question 1, DPH confirm in the declaratory ruling that there are circumstances in which an EMS Provider may render emergency medical services in an area in which the receiving hospital does not provide medical control.

Although there are many circumstances in which an EMS Provider will transport a particular patient to a recipient hospital that is not the sponsor hospital, an EMS Provider cannot compel its sponsor hospital to provide medical control in any geographic location. The sponsor hospital has the ability to establish limits on the geographical range in which it is willing to provide medical control. For example, a sponsor hospital may agree to provide medical control for an EMS Provider's activities within a particular region, but refuse to provide medical control for the EMS Provider's activities in another region on the grounds that it cannot exercise appropriate oversight for the EMS Provider's activities in that region. In that case, if the EMS Provider intends to operate in the other region, it must obtain another sponsor hospital for its activities in that region, and the MIC medical directors at both sponsor hospitals must agree to the arrangement.

In order to ensure quality patient care, irrespective of what decision DPH makes regarding areas of operation for EMS Providers, CHA urges DPH to expressly affirm that the sponsor hospital retains the authority to limit the geographic range in which it will provide medical control for the EMS Provider. For example, even if DPH did not impose any geographic restrictions on where an EMS Provider could provide emergency medical services, the sponsor hospital could impose geographic restrictions in order to enable the sponsor hospital to provide meaningful oversight of the EMS Provider. We also urge DPH to emphasize that if an EMS Provider intends to provide emergency medical services outside of the geographic region in which its sponsor hospital has agreed to provide medical control, it must obtain another sponsor hospital to provide medical control for its activities in that region.

In addition, we request that DPH confirm in the declaratory ruling that a sponsor hospital may withhold medical control if the EMS Provider's activities in other regions impair its ability

to effectively provide services in the region in which the sponsor hospital is providing oversight. Connecticut regulations require a sponsor hospital to withhold medical control from an EMS Provider or individual EMS personnel when withholding control is “in the interest of patient care.” Section 19a-179-12(a)(6)(D)(iv). In addition to this general mandate, Connecticut regulations specifically state that a sponsor hospital may withhold medical control from an EMS provider or individual personnel that “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.” Section 19a-179-15(b). The sponsor hospital’s authority to withhold medical control is independent of the Department of Public Health’s ability to revoke or suspend the license of an EMS Provider or personnel, although the hospital may recommend such action to the DPH Office of Emergency Medical Services and the regional medical director. Section 19a-179-15(b).

Conclusion

CHA appreciates the opportunity to intervene in this declaratory ruling proceeding. Physician oversight of the EMS system is essential and the relationship between sponsor hospitals and EMS Providers must be preserved. CHA believes it is imperative that DPH’s ruling not create any ambiguity about sponsor hospitals’ regulatory authority to exercise medical control. In addition, CHA respectfully suggests that the overall efficiency and quality of the EMS system would be enhanced if DPH expressly affirms in its ruling that a sponsor hospital has the authority to limit the geographic range in which it will provide medical control for an EMS Provider and that the sponsor hospital may withhold medical control if it determines that the EMS Provider’s activities, including the provision of services in widespread geographic areas,

are adversely affecting patient care in the geographic area for which the sponsor hospital is providing medical control.

The Connecticut Hospital
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By: _____
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