



General Assembly

**Raised Bill No. 7278**

January Session, 2019

LCO No. 4894



Referred to Committee on PUBLIC HEALTH

Introduced by:  
(PH)

***AN ACT CONCERNING MOBILE INTEGRATED HEALTH CARE.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-175 of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective July 1, 2019*):

3 As used in this chapter and sections 2 to 4, inclusive, of this act,  
4 unless the context otherwise requires:

5 (1) "Emergency medical service system" means a system which  
6 provides for (A) the arrangement of personnel, facilities and  
7 equipment for the efficient, effective and coordinated delivery of  
8 health care services under emergency conditions, and (B) mobile  
9 integrated health care under nonemergency conditions;

10 (2) "Patient" means an injured or ill person or a person with a  
11 physical disability requiring assistance and transportation;

12 (3) "Ambulance" means a motor vehicle specifically designed to  
13 carry patients;

14 (4) "Ambulance service" means an organization which transports

15 patients;

16 (5) "Emergency medical technician" means a person who is certified  
17 pursuant to chapter 384d;

18 (6) "Ambulance driver" means a person whose primary function is  
19 driving an ambulance;

20 (7) "Emergency medical services instructor" means a person who is  
21 certified pursuant to chapter 384d;

22 (8) "Communications facility" means any facility housing the  
23 personnel and equipment for handling the emergency communications  
24 needs of a particular geographic area;

25 (9) "Life saving equipment" means equipment used by emergency  
26 medical personnel for the stabilization and treatment of patients;

27 (10) "Emergency medical service organization" means any  
28 organization whether public, private or voluntary that offers  
29 transportation or treatment services to patients primarily under  
30 emergency conditions or mobile integrated health care under  
31 nonemergency conditions;

32 (11) "Invalid coach" means a vehicle used exclusively for the  
33 transportation of nonambulatory patients, who are not confined to  
34 stretchers, to or from either a medical facility or the patient's home in  
35 nonemergency situations or utilized in emergency situations as a  
36 backup vehicle when insufficient emergency vehicles exist;

37 (12) "Rescue service" means any organization, whether for-profit or  
38 nonprofit, whose primary purpose is to search for persons who have  
39 become lost or to render emergency service to persons who are in  
40 dangerous or perilous circumstances;

41 (13) "Provider" means any person, corporation or organization,  
42 whether profit or nonprofit, whose primary purpose is to deliver

43 medical care or services, including such related medical care services  
44 as ambulance transportation;

45 (14) "Commissioner" means the Commissioner of Public Health;

46 (15) "Paramedic" means a person licensed pursuant to chapter 384d;

47 (16) "Commercial ambulance service" means an ambulance service  
48 which primarily operates for profit;

49 (17) "Licensed ambulance service" means a commercial ambulance  
50 service or a volunteer or municipal ambulance service issued a license  
51 by the commissioner;

52 (18) "Certified ambulance service" means a municipal, volunteer or  
53 nonprofit ambulance service issued a certificate by the commissioner;

54 (19) "Automatic external defibrillator" means a device that: (A) Is  
55 used to administer an electric shock through the chest wall to the heart;  
56 (B) contains internal decision-making electronics, microcomputers or  
57 special software that allows it to interpret physiologic signals, make  
58 medical diagnosis and, if necessary, apply therapy; (C) guides the user  
59 through the process of using the device by audible or visual prompts;  
60 and (D) does not require the user to employ any discretion or  
61 judgment in its use;

62 (20) "Mutual aid call" means a call for emergency medical services  
63 that, pursuant to the terms of a written agreement, is responded to by a  
64 secondary or alternate emergency medical services provider if the  
65 primary or designated emergency medical services provider is unable  
66 to respond because such primary or designated provider is responding  
67 to another call for emergency medical services or the ambulance or  
68 nontransport emergency vehicle operated by such primary or  
69 designated provider is out of service. For purposes of this subdivision,  
70 "nontransport emergency vehicle" means a vehicle used by emergency  
71 medical technicians or paramedics in responding to emergency calls  
72 that is not used to carry patients;

73 (21) "Municipality" means the legislative body of a municipality or  
74 the board of selectmen in the case of a municipality in which the  
75 legislative body is a town meeting;

76 (22) "Primary service area" means a specific geographic area to  
77 which one designated emergency medical services provider is  
78 assigned for each category of emergency medical response services;

79 (23) "Primary service area responder" means an emergency medical  
80 services provider who is designated to respond to a victim of sudden  
81 illness or injury in a primary service area;

82 (24) "Interfacility critical care transport" means the interfacility  
83 transport of a patient between licensed health care institutions;

84 (25) "Advanced emergency medical technician" means an individual  
85 who is certified as an advanced emergency medical technician  
86 pursuant to chapter 384d;

87 (26) "Emergency medical responder" means an individual who is  
88 certified pursuant to chapter 384d;

89 (27) "Medical oversight" means the active surveillance by physicians  
90 of the provision of emergency medical services sufficient for the  
91 assessment of overall emergency medical service practice levels, as  
92 defined by state-wide protocols;

93 (28) "Office of Emergency Medical Services" means the office  
94 established within the Department of Public Health pursuant to  
95 section 19a-178;

96 (29) "Sponsor hospital" means a hospital that has agreed to maintain  
97 staff for the provision of medical oversight, supervision and direction  
98 to an emergency medical service organization and its personnel and  
99 has been approved for such activity by the Department of Public  
100 Health;

101 (30) "Paramedic intercept service" means paramedic treatment  
102 services provided by an entity that does not provide the ground  
103 ambulance transport; [and]

104 (31) "Authorized emergency medical services vehicle" means an  
105 ambulance, invalid coach or advanced emergency technician-staffed  
106 intercept vehicle or a paramedic-staffed intercept vehicle licensed or  
107 certified by the Department of Public Health for purposes of providing  
108 emergency medical care to patients;

109 (32) "Mobile integrated health care" means the provision of clinically  
110 appropriate medical evaluations, treatment, transport or referrals to  
111 other health care providers by a paramedic acting within the scope of  
112 his or her practice as part of an emergency medical services  
113 organization within the emergency medical services system in a  
114 program established by the commissioner pursuant to section 2 of this  
115 act; and

116 (33) "Alternate destination" means a destination other than an  
117 emergency department that is a medically appropriate facility  
118 approved by the commissioner.

119 Sec. 2. (NEW) (*Effective July 1, 2019*) On or before January 1, 2020,  
120 the Commissioner of Public Health shall establish, in consultation with  
121 the municipal health authorities and district departments of health, a  
122 mobile integrated health care program to enhance health outcomes of  
123 patients seeking health care services from an emergency medical  
124 service organization under nonemergency conditions. Under the  
125 program established by the commissioner, a paramedic shall be  
126 permitted to provide mobile integrated health care, including, but not  
127 limited to, the monitoring of patient health and provision of disease  
128 management education to patients.

129 Sec. 3. Subdivision (9) of section 19a-177 of the general statutes is  
130 repealed and the following is substituted in lieu thereof (*Effective July*  
131 *1, 2019*):

132 (9) (A) Establish rates for the conveyance and treatment of patients  
133 by licensed ambulance services and invalid coaches and establish  
134 emergency service rates for certified ambulance services and  
135 paramedic intercept services, provided (i) the present rates established  
136 for such services and vehicles shall remain in effect until such time as  
137 the commissioner establishes a new rate schedule as provided in this  
138 subdivision, and (ii) any rate increase not in excess of the Medical Care  
139 Services Consumer Price Index, as published by the Bureau of Labor  
140 Statistics of the United States Department of Labor, for the prior year,  
141 filed in accordance with subparagraph (B)(iii) of this subdivision shall  
142 be deemed approved by the commissioner. For purposes of this  
143 subdivision, licensed ambulance service shall not include emergency  
144 air transport services.

145 (B) Adopt regulations, in accordance with the provisions of chapter  
146 54, establishing methods for setting rates and conditions for charging  
147 such rates. Such regulations shall include, but not be limited to,  
148 provisions requiring that on and after July 1, 2000: (i) Requests for rate  
149 increases may be filed no more frequently than once a year, except  
150 that, in any case where an agency's schedule of maximum allowable  
151 rates falls below that of the Medicare allowable rates for that agency,  
152 the commissioner shall immediately amend such schedule so that the  
153 rates are at or above the Medicare allowable rates; (ii) only licensed  
154 ambulance services, certified ambulance services and paramedic  
155 intercept services that apply for a rate increase in excess of the Medical  
156 Care Services Consumer Price Index, as published by the Bureau of  
157 Labor Statistics of the United States Department of Labor, for the prior  
158 year, and do not accept the maximum allowable rates contained in any  
159 voluntary state-wide rate schedule established by the commissioner for  
160 the rate application year shall be required to file detailed financial  
161 information with the commissioner, provided any hearing that the  
162 commissioner may hold concerning such application shall be  
163 conducted as a contested case in accordance with chapter 54; (iii)  
164 licensed ambulance services, certified ambulance services and  
165 paramedic intercept services that do not apply for a rate increase in

166 any year in excess of the Medical Care Services Consumer Price Index,  
167 as published by the Bureau of Labor Statistics of the United States  
168 Department of Labor, for the prior year, or that accept the maximum  
169 allowable rates contained in any voluntary state-wide rate schedule  
170 established by the commissioner for the rate application year shall, not  
171 later than the last business day in August of such year, file with the  
172 commissioner a statement of emergency and nonemergency call  
173 volume, and, in the case of a licensed ambulance service, certified  
174 ambulance service or paramedic intercept service that is not applying  
175 for a rate increase, a written declaration by such licensed ambulance  
176 service, certified ambulance service or paramedic intercept service that  
177 no change in its currently approved maximum allowable rates will  
178 occur for the rate application year; and (iv) detailed financial and  
179 operational information filed by licensed ambulance services, certified  
180 ambulance services and paramedic intercept services to support a  
181 request for a rate increase in excess of the Medical Care Services  
182 Consumer Price Index, as published by the Bureau of Labor Statistics  
183 of the United States Department of Labor, for the prior year, shall  
184 cover the time period pertaining to the most recently completed fiscal  
185 year and the rate application year of the licensed ambulance service,  
186 certified ambulance service or paramedic intercept service.

187 (C) Establish rates for licensed ambulance services, certified  
188 ambulance services or paramedic intercept services for the following  
189 services and conditions: (i) "Advanced life support assessment" and  
190 "specialty care transports", which terms have the meanings provided  
191 in 42 CFR 414.605; and (ii) mileage, which may include mileage for an  
192 ambulance transport when the point of origin and final destination for  
193 a transport is within the boundaries of the same municipality. The  
194 rates established by the commissioner for each such service or  
195 condition shall be equal to (I) the ambulance service's base rate plus its  
196 established advanced life support/paramedic surcharge when  
197 advanced life support assessment services are performed; (II) two  
198 hundred twenty-five per cent of the ambulance service's established  
199 base rate for specialty care transports; and (III) "loaded mileage", as the

200 term is defined in 42 CFR 414.605, multiplied by the ambulance  
201 service's established rate for mileage. Such rates shall remain in effect  
202 until such time as the commissioner establishes a new rate schedule as  
203 provided in this subdivision.

204 (D) Establish rates for the treatment and release of patients by  
205 licensed paramedics who do not transport such patients to an  
206 emergency department and who are operating within their scope of  
207 practice in connection with the mobile integrated health care program  
208 established by the commissioner pursuant to section 2 of this act and  
209 following protocols approved by their sponsor hospital;

210 Sec. 4. (NEW) (*Effective July 1, 2019*) (a) A paramedic may transport a  
211 patient by ambulance to an alternate destination, in consultation with  
212 the medical director of a sponsor hospital, as part of the mobile  
213 integrated health care program established pursuant to section 2 of this  
214 act.

215 (b) Any ambulance used for transport to an alternate destination  
216 under subsection (a) of this section shall meet the requirements for a  
217 basic level ambulance, as prescribed in regulations adopted pursuant  
218 to section 19a-179 of the general statutes, including requirements  
219 concerning medically necessary supplies and services.

220 Sec. 5. Subdivision (12) of subsection (a) of section 19a-906 of the  
221 general statutes is repealed and the following is substituted in lieu  
222 thereof (*Effective July 1, 2019*):

223 (12) "Telehealth provider" means any physician licensed under  
224 chapter 370, physical therapist licensed under chapter 376,  
225 chiropractor licensed under chapter 372, naturopath licensed under  
226 chapter 373, podiatrist licensed under chapter 375, occupational  
227 therapist licensed under chapter 376a, optometrist licensed under  
228 chapter 380, registered nurse or advanced practice registered nurse  
229 licensed under chapter 378, physician assistant licensed under chapter  
230 370, psychologist licensed under chapter 383, marital and family



231 therapist licensed under chapter 383a, clinical social worker or master  
232 social worker licensed under chapter 383b, alcohol and drug counselor  
233 licensed under chapter 376b, professional counselor licensed under  
234 chapter 383c, dietitian-nutritionist certified under chapter 384b, speech  
235 and language pathologist licensed under chapter 399, respiratory care  
236 practitioner licensed under chapter 381a, audiologist licensed under  
237 chapter 397a, [or] pharmacist licensed under chapter 400j or paramedic  
238 licensed pursuant to chapter 384d, who is providing health care or  
239 other health services through the use of telehealth within such person's  
240 scope of practice and in accordance with the standard of care  
241 applicable to the profession.

|   |                     |                |
|---|---------------------|----------------|
| This act shall take effect as follows and shall amend the following sections: |                     |                |
| Section 1   | <i>July 1, 2019</i> | 19a-175        |
| Sec. 2  | <i>July 1, 2019</i> | New section    |
| Sec. 3  | <i>July 1, 2019</i> | 19a-177(9)     |
| Sec. 4  | <i>July 1, 2019</i> | New section    |
| Sec. 5  | <i>July 1, 2019</i> | 19a-906(a)(12) |

**PH**            *Joint Favorable*