



Senate

General Assembly

File No. 17

February Session, 2026

Substitute Senate Bill No. 238

Senate, March 11, 2026

The Committee on Public Health reported through SEN. ANWAR of the 3rd Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

***AN ACT CONCERNING EMERGENCY MEDICAL SERVICES
RESPONSE TIME TRANSPARENCY.***

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

1 Section 1. Subdivision (8) of section 19a-177 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective October*
3 *1, 2026*):

4 (8) (A) Develop an emergency medical services data collection
5 system. Each emergency medical service organization licensed or
6 certified pursuant to this chapter shall submit data to the commissioner,
7 on a [~~quarterly~~] monthly basis, from each licensed ambulance service,
8 certified ambulance service or paramedic intercept service that provides
9 emergency medical services. Such submitted data shall include, but not
10 be limited to: (i) The total number of and reasons for calls for emergency
11 medical services received by such licensed ambulance service, certified
12 ambulance service or paramedic intercept service through the 9-1-1
13 system during the reporting period; (ii) each level of emergency medical
14 services, as defined in regulations adopted pursuant to section 19a-179,

15 required for each such call; (iii) the response time for each licensed
16 ambulance service, certified ambulance service or paramedic intercept
17 service during the reporting period; (iv) the number of passed calls,
18 cancelled calls and mutual aid calls, both made and received, during the
19 reporting period; and (v) for the reporting period, the prehospital data
20 for the nonscheduled transport of patients required by regulations
21 adopted pursuant to subdivision (6) of this section. The data required
22 under this subdivision may be submitted in any electronic form selected
23 by such licensed ambulance service, certified ambulance service or
24 paramedic intercept service and approved by the commissioner,
25 provided the commissioner shall take into consideration the needs of
26 such licensed ambulance service, certified ambulance service or
27 paramedic intercept service in approving such electronic form. The
28 commissioner may conduct an audit of any such licensed ambulance
29 service, certified ambulance service or paramedic intercept service as
30 the commissioner deems necessary in order to verify the accuracy of
31 such reported data.

32 (B) On or before June 1, 2023, and annually thereafter, the
33 commissioner shall prepare a report to the Emergency Medical Services
34 Advisory Board, established pursuant to section 19a-178a, that shall
35 include, but not be limited to, the following data: (i) The total number
36 of calls for emergency medical services received during the reporting
37 year by each licensed ambulance service, certified ambulance service or
38 paramedic intercept service; (ii) the level of emergency medical services
39 required for each such call; (iii) the name of the emergency medical
40 service organization that provided each such level of emergency
41 medical services furnished during the reporting year; (iv) the response
42 time, by time ranges or fractile response times, for each licensed
43 ambulance service, certified ambulance service or paramedic intercept
44 service, using a common definition of response time, as provided in
45 regulations adopted pursuant to section 19a-179; (v) the number of
46 passed calls, cancelled calls and mutual aid calls during the reporting
47 year; and (vi) any shortage of emergency medical services personnel in
48 the state. The commissioner shall prepare such report in a format that
49 categorizes such data for each municipality in which the emergency

50 medical services were provided, with each such municipality grouped
51 according to urban, suburban and rural classifications.

52 (C) If any licensed ambulance service, certified ambulance service or
53 paramedic intercept service does not submit the data required under
54 subparagraph (A) of this subdivision for a period of six consecutive
55 months, or if the commissioner believes that such licensed ambulance
56 service, certified ambulance service or paramedic intercept service
57 knowingly or intentionally submitted incomplete or false data, the
58 commissioner shall issue a written order directing such licensed
59 ambulance service, certified ambulance service or paramedic intercept
60 service to comply with the provisions of subparagraph (A) of this
61 subdivision and submit all missing data or such corrected data as the
62 commissioner may require. If such licensed ambulance service, certified
63 ambulance service or paramedic intercept service fails to fully comply
64 with such order not later than three months from the date such order is
65 issued, the commissioner (i) shall conduct a hearing, in accordance with
66 chapter 54, at which such licensed ambulance service, certified
67 ambulance service or paramedic intercept service shall be required to
68 show cause why the primary service area assignment of such licensed
69 ambulance service, certified ambulance service or paramedic intercept
70 service should not be revoked, and (ii) may take such disciplinary action
71 under section 19a-17 as the commissioner deems appropriate.

72 (D) The commissioner shall collect the data required by
73 subparagraph (A) of this subdivision, in the manner provided in said
74 subparagraph, from each emergency medical service organization
75 licensed or certified pursuant to this chapter. Any such emergency
76 medical service organization that fails to comply with the provisions of
77 this section shall be liable for a civil penalty not to exceed one hundred
78 dollars per day for each failure to report the required data regarding
79 emergency medical services provided to a patient, as determined by the
80 commissioner. The civil penalties set forth in this subparagraph shall be
81 assessed only after the department provides a written notice of
82 deficiency and the organization is afforded the opportunity to respond
83 to such notice. An organization shall have not more than fifteen business

84 days after the date of receiving such notice to provide a written response
 85 to the department. The commissioner may adopt regulations, in
 86 accordance with chapter 54, concerning the development,
 87 implementation, monitoring and collection of emergency medical
 88 service system data. All state agencies licensed or certified as emergency
 89 medical service organizations shall be exempt from the civil penalties
 90 set forth in this subparagraph.

91 (E) The commissioner shall, with the recommendation of the
 92 Connecticut Emergency Medical Services Advisory Board established
 93 pursuant to section 19a-178a, adopt for use in trauma data collection the
 94 most recent version of the National Trauma Data Bank's National
 95 Trauma Data Standards and Data Dictionary and nationally recognized
 96 guidelines for field triage of injured patients.

97 (F) On or before June 1, 2024, and annually thereafter, the
 98 commissioner shall submit the report described in subparagraph (B) of
 99 this subdivision, in accordance with the provisions of section 11-4a, to
 100 the joint standing committee of the General Assembly having
 101 cognizance of matters relating to public health.

102 (G) The commissioner shall establish and maintain an emergency
 103 medical services response time dashboard. Such dashboard (i) shall be
 104 capable of collecting and displaying emergency medical services
 105 response time data to the public, disaggregated by geography, call type
 106 and time of day, and (ii) shall not include any patient identifying
 107 information. The Commissioners of Public Health, Social Services and
 108 Emergency Services and Public Protection shall use data obtained from
 109 the emergency medical services response time dashboard to support
 110 any applications for federal emergency medical services response grants
 111 and direct such grants to the communities in greatest need for improved
 112 emergency medical services response times;

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2026	19a-177(8)

PH *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 27 \$	FY 28 \$
Public Health, Dept.	GF - Cost	90,000	Up to 10,000

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill requires the Department of Public Health (DPH) to establish and maintain an emergency medical services (EMS) response time dashboard, resulting in a cost to DPH of \$90,000 in FY 27 and up to \$10,000 annually thereafter.

This includes a one-time cost of \$80,000 in FY 27 to support the work of a Data Engineering Consultant to develop the EMS data pull from the source system into the existing DPH system.

The agency may choose to either hire a part-time Research Analyst or additional consultant to create and maintain the dashboard, resulting in an ongoing cost of up to \$10,000 starting in FY 27 and annually thereafter, depending on the scope of data included.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**sSB 238*****AN ACT CONCERNING EMERGENCY MEDICAL SERVICES RESPONSE TIME TRANSPARENCY.*****SUMMARY**

This bill requires the Department of Public Health (DPH) commissioner to create and maintain an emergency medical services (EMS) response time dashboard that collects and displays EMS response time data to the public, broken out by geography, call type, and time of day. The dashboard must not include patient identifying information.

Under the bill, the DPH, Department of Social Services, and Department of Emergency Services and Public Protection commissioners must (1) use data from the dashboard to support any applications for federal EMS response grants and (2) direct these grants to the communities that most need improved EMS response times.

The bill also increases the frequency, from quarterly to monthly, of EMS organizations' required reporting to DPH on their call data (such as the level of EMS required for each call, response times, and number of mutual aid calls).

EFFECTIVE DATE: October 1, 2026

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 23 Nay 8 (03/02/2026)