

Connecticut Department of Public Health

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GOALS

- Provide overview of the role of The Office of Emergency Medical Services, (OEMS) in Connecticut
- Provide Information regarding rate setting for EMS.

- CT General Statutes: Chapter 368d Emergency Medical Services
- This Chapter designates the Department of Public Health as the lead agency for the state's emergency medical services (EMS) program, which is responsible for the planning, coordination and administration of a state-wide emergency medical care service system. It gives the Commissioner the authority to set policy and establish state-wide priorities for EMS.
- The Commissioner designates the Office of Emergency Medical Services under the Department's Healthcare Quality and Safety Branch as the lead for licensing, certification and enforcement of all aspects of EMS.

The specific sections of the Connecticut State Statutes as they pertain to OEMS:

- Office of Emergency Medical Services (Secs. 19a-175 to 19a-199)
- Office of Emergency Medical Services Personnel Licensing Services (Secs. 20-206jj to 20-206oo)
- Mandatory Reporting for Suspected Child Abuse (Secs. 17a-101a to 17a-101e)
- Mandatory Reporting for Suspected Elder Abuse (Sec. 17a-412)
- Mandatory Reporting regarding the inability of health care professional to practice with reasonable skill or safety (Sec. 19a-12e)

The specific sections of the Regulations of Connecticut State Agencies as the pertain to OEMS:

- Office of Emergency Medical Services (Secs. 19a-179 -1 to 19a-179-21)
- Statewide Trauma System (Secs. 19a-177-1 to 19a-177-9)
- Equipment Grants for Emergency Medical Services (Secs. 19a-178b-1 to 19a-178b-6)
- Need for Emergency Medical Services (Secs. 19a-180-1 to 19a-180-10)
- DNR Orders (Secs. 19a-580d-1 to 19a-580d-9)

The Office of Emergency Medical Services, (OEMS) is responsible for the EMS agencies and the enforcement of the Regulations that guide them.

A fundamental component of the statewide health system is the provision of EMS care and transportation, along with the assurance that trauma, stroke and ST elevation myocardial infarction patients, (STEMI) are transported to the most appropriate facility in a timely manner.

- OEMS has significant authority in terms of responsibility to administer, oversee and regulate the statewide EMS and trauma system. Areas include:
 - Ambulance rate setting authority
 - Assignment of specific primary services areas, (PSA's), for first response, basic ambulance and advanced life support functions
 - Implementation of statewide treatment protocols
 - Data collection

Emergency Medical Services in Connecticut

- The Department reviews all EMS organizations initial license/certification applications and approves renewals yearly.
 - Certified: 159 (911 only)
 - Licensed: 19 (911 and non-emergency transport)
 - First Responder Services: 121
 - Supplemental First Responder Services: 97
- Each EMS organization is assigned a categorization of emergency services.
 - Basic Life Support, (BLS): 99
 - Advanced Life Support, (ALS): 66
 - ALS Non-transport vehicles: 13
- There are 402 authorized EMS Vehicles.

Emergency Medical Services in Connecticut

	2019	2020	2021	2022
EMR Emergency Medical Responder	7063	7137	7409	7636
EMT Emergency Medical Technician	13,358	14,534	16,399	17,101
AEMT Advanced Emergency Medical Technician	17	24	35	43
EMSI Emergency Medical Services Instructor	656	732	837	875
Paramedic	2534	2602	2801	2889
Total	23,628	25,029	27,481	28,544

The CT Emergency Medical Services Advisory Board (CEMSAB) was established pursuant to CT General Statutes 19a-178a.

The advisory board functions in a general advisory capacity, shall assist in coordinating the efforts of all persons and agencies in the state concerned with the emergency medical service system, and shall render advice on the development of the emergency medical service system where needed.

The Office collaborates with EMS stakeholders.

Through meetings, communication and our team of regional EMS coordinators, OEMS ensures that EMS agencies and practitioners are kept aware of timely information critical to quality patient care.

Statewide EMS Protocols.

This ongoing project continues to be a cooperative effort between the Connecticut EMS Medical Advisory Committee (CEMSMAC), the EMS Protocols subcommittee, the five Regional EMS Council Medical Advisory Committees, as well as many EMS stakeholders across Connecticut.

CT Statewide Opioid Reporting Directive (SWORD)

OEMS in collaboration with Injury and Violence Prevention Program and the Connecticut Poison Control Center (CPCC) at UCONN Health, and pursuant to **Public Act No. 18-166, Sec. 5** have enacted a real time reporting mechanism for Opioid Overdoses in the State through Emergency Medical Services called the CT EMS Statewide Opioid Reporting Directive (SWORD).

Statutes and Regulations for Rate Setting

- CT General Statutes: 19a-177 Duties of the Commissioner
- (9) (A) Establish rates for the conveyance and treatment of patients by licensed ambulance services and invalid coaches and establish emergency service rates for certified ambulance services and paramedic intercept services, provided (i) the present rates established for such services and vehicles shall remain in effect until such time as the commissioner establishes a new rate schedule as provided in this subdivision, and (ii) any rate increase not in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, filed in accordance with subparagraph (B)(iii) of this subdivision shall be deemed approved by the commissioner. For purposes of this subdivision, licensed ambulance services and paramedic intercept services shall not include emergency air transport services or mobile integrated health care programs.
- CT Regulations 19a-179-21 Rate Setting for Emergency Medical Services

RATE CALCULATIONS

- OEMS Accountant reviews
 - Bureau of Labor Statistics – Medical Care Services Consumer Price Index

- Establish 2023 Rates

12-month average from 2021 and the 12-month average from 2022 and compares the difference to get the CPI for 2023 which is 2.8%

Always one full year behind in calculations as we do not have full 2022 data to calculate the next year's increase as the rate applications are sent out in April of each year

RATE APPLICATION PROCESS

- Short Form
 - Provider accepts statewide annual increase as determined by accountant
- Long Form
 - Provider requests increase in excess of statewide annual increase
 - Financial information based upon Actual funding/expenses for the past two years and current budget for upcoming year
 - Revenue and Rate Calculations
 - Expenses – Personnel costs and other costs to include but not limited to motor vehicle expenses, depreciation expenses, medical supplies etc.)
 - Call volume by rate categories
 - Staffing- direct labor, Administrative and Corporate Officers
 - Analysis – statistical information, Financial Performance Measures, Operating Performance measures and Allowable discounts
- Applications due by last business day in August

Rate Increase and application submissions for EMS Providers for the past 5 years

Year	CPI Increase	Long Forms	Short Forms	Did not submit	Non-charging
2019	2.3%	2	127	30	20
2020	2%	1	142	16	19
2021	3.1%	3	121	35	19
2022	4.1%	2	150	6	19
2023	2.8%	7*	TBD	TBD	19
*requested as of 7/13/22					

Thank you!