

# Public Health Committee JOINT FAVORABLE REPORT

**Bill No:** SB-238 / [Bill Status](#) / [Public Hearing Testimony](#)

AN ACT CONCERNING EMERGENCY MEDICAL SERVICES RESPONSE TIME

**Title:** TRANSPARENCY.

**Vote Date:** 3/2/2026

**Vote Action:** Joint Favorable Substitute

**PH Date:** 2/23/2026

**File No.:**

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## **SPONSORS OF BILL:**

The Public health Committee.

## **REASONS FOR BILL:**

To improve transparency and strengthen applications for federal grants, this bill requires the Department of Public Health (DPH) to create and maintain an Emergency Medical Services (EMS) dashboard that collects data displaying response time to the public. The information would include geography, call type and time of day. Any information identifying a patient is prohibited. The data from the dashboard would be used by the commissioners of DPH, the Department of Social Services (DSS) and the Department of Emergency Services and Public Protection (DESPP) to support applications for federal EMS response grants. These grants would be directed to the communities in most need of improvement.

## **SUBSTITUTE LANGUAGE :**

Adds provisions increasing the frequency of the required reporting by EMS from quarterly to monthly.

## **RESPONSE FROM ADMINISTRATION/AGENCY:**

### **Manisha Juthani, MD, Commissioner of DPH:**

Currently, the DPH receives response time reports from EMS providers on a quarterly basis and publishes an annual report on its website. This bill establishes a dashboard with more frequent reporting than is currently required by the department. An online dashboard with monthly reporting would necessitate changes in statute as well as create a cost to the department for the development of an interactive public-facing website. Since the cost of developing the website is not included in the Governor's proposed budget, the department

cannot support the bill. However, DPH is happy to work with the proponents to better understand the problem they are trying to solve.

**NATURE AND SOURCES OF SUPPORT:**

**Greg Allard, President, CT Ambulance Association:**

The Association appreciates the intent of the bill to promote transparency, accountability and data-driven decisions. However, Mr. Allard notes that “response time expectations are not uniform across the state and differ based on geography, call volume, staffing models and local agreements”. There are separate response time standards for different providers operating within the same municipality as well as different response time standards relating to the level of urgency. In many towns different urgency levels are served by different providers, each operating under different contractual levels. Combining these different response times into a single average could obscure important distinctions. While the Association supports the intent of using response data to strengthen federal grant applications, “we respectfully request that the committee ensure that any dashboard information reflects local response time standards as outlined in municipal EMS plans, distinguishes between call types and service levels, and is paired with stronger statutory compliance requirements for municipal EMS planning”.

**Ben Zura, Testifying as an Individual:**

Although a member of the state’s EMS Advisory Board and a member of its data subcommittee, Mr. Zura is not representing these bodies, but testifying as an individual. Mr. Zura appreciates that many EMS leaders have concerns that a dashboard could be used against agencies “as the state has historically not made the effort to understand the issues plaguing this industry”. While response times are not the sole measure of the health of the EMS system, they are the most objective data available to evaluate the system statewide. However, the term “response time” has one definition within the industry, and a different, more general, definition to the public. This has the potential to cause significant miscommunication in the context of the bill. Currently, DPH only has half of the data which includes reports filed by the EMS providers who arrived on scene but are blind to other parts of the response process that happened before the ambulance was assigned to the call. DESPP has the other half. This blind spot includes the most important information needed to assess the health of the system: the time no ambulances were available to respond to the 911 call. He questions “how this new tool will be useful in supporting our struggling EMS agencies”?

**NATURE AND SOURCES OF OPPOSITION:**

None expressed.

**Reported by: Kathleen Panazza**

**Date: March 3, 2026**