



General Assembly

Substitute Bill No. 238

February Session, 2026



**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2 repealed and the following is substituted in lieu thereof (*Effective October*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.