SENATE . . . . No. 1943

Text of amendment (806) (offered by Senator Donnelly et al) to the Ways and Means amendment (Senate, No. 3) to the House Bill making appropriations for the fiscal year 2016 for the maintenance of the departments, boards, commissions, institutions and certain activities of the Commonwealth, for interest, sinking fund and serial bond requirements and for certain permanent improvements

The Commonwealth of Massachusetts

In the One Hundred and Eighty-Ninth General Court
(-)

1 by inserting the following new sections:-

2 "SECTION XX. The General Laws are hereby amended by inserting after chapter 111N,
3 as appearing in the 2012 Official Edition, the following chapter:-

4 Chapter 111O. Mobile Integrated Health Care.

5 Section 1. As used in this chapter, the following words shall have the following
6 meanings, unless the context or subject matter clearly requires otherwise:-

7 "Advisory council", the group of advisors established pursuant to section 4.

8 "Commissioner", the commissioner of public health.

9 "Department", the department of public health.

10 "Community EMS program", a program developed by the primary ambulance service
11 with the approval of the local jurisdiction and the affiliate hospital medical director utilizing

12 EMS providers acting within their scope of practice to provide community outreach and
13 assistance to residents in order to advance injury and illness prevention within its community.

14 “Community paramedic provider”, a person who (1) is certified as a paramedic in
15 accordance with the provisions of chapter 111C and department regulations; and (2) has
16 successfully completed an education program for mobile integrated health care, in accordance
17 with department regulations.

18 “EMS provider”, an EMS first response service, an ambulance service, a hospital
19 including, without limitation, a trauma center or any individual associated with an EMS first
20 response service, an ambulance service or a hospital engaged in providing EMS, including,
21 without limitation, an EMS first responder, a medical communications system operator, an
22 emergency medical technician and a medical control physician, to the extent such physician
23 provides EMS.

24 “Health care facility”, a licensed institution providing health care services or a health care
25 setting, including, but not limited to, hospitals, and other inpatient centers, ambulatory surgical
26 or treatment centers, behavioral health centers, skilled nursing centers, residential treatment
27 centers, diagnostic, laboratory and imaging centers, and rehabilitation and other therapeutic
28 health centers.

29 “Health care entity”, a provider or provider organization, including, but not limited to,
30 ambulance services licensed under chapter 111C, visiting nurse associations, accountable care
31 organizations, and home health agencies.

32 “Health care provider”, a provider of medical, behavioral or health services or any other
33 person or organization that furnishes bills or is paid for health care services delivery in the
34 normal course of business.

35 “Mobile integrated health care” or “MIH”, a health care program approved by the
36 department that utilizes mobile resources to deliver care and services to patients in an out-of-
37 hospital environment in coordination with health care facilities or other health care providers.
38 Such medical care and services include, but are not limited to, community paramedic provider
39 services, chronic disease management, behavioral health, preventative care, post-discharge
40 follow-up visits, or transport or referral to facilities other than hospital emergency departments.

41 “Medical control”, the clinical oversight provided by a qualified physician or existing
42 primary care provider to all components of the MIH program, including, without limitation,
43 medical direction, training, scope of practice and authorization to practice of a community
44 paramedic provider, continuous quality assurance and improvement, and clinical protocols.

45 “Medical direction”, the authorization for treatment provided by a qualified physician or
46 existing primary care provider in accordance with clinical protocols, whether on-line, through
47 direct communication or telecommunication, or off-line through standing orders.

48 “Patient”, an individual identified by a healthcare facility, entity or provider as requiring
49 MIH services.

50 “Person”, an individual, an entity or an agency or political subdivision of the
51 commonwealth.

52 “Physician”, a medical or osteopathic doctor licensed to practice medicine in the
53 commonwealth.

54 “Scope of practice”, the clinical skills or functions (1) as defined by the Statewide
55 Treatment Protocols governing the delivery of emergency medical services under chapter 111C;
56 and (2) clinical protocols established under this chapter by the department in regulation.

57 Section 2. (a) The department shall take any action consistent with its role as state lead
58 agency for mobile integrated health services. As state lead agency, the department shall take into
59 consideration relevant standards and criteria developed or adopted by nationally recognized
60 agencies or organizations, and the recommendations of interested stakeholders, including,
61 without limitation, the statewide mobile integrated health advisory council, established in section
62 4.

63 (b) The department shall evaluate and approve MIH programs that meet the following
64 criteria:

65 (1) provide pre-hospital and post-hospital services as a coordinated continuum of care
66 that fully supports the patient’s medical needs in the community;

67 (2) address gaps in service delivery and prevent unnecessary hospitalizations, or other
68 harmful and wasteful resource delivery;

69 (3) focus on partnerships, through contracts or otherwise, between health care providers
70 and health care entities that promote coordination and utilization of existing personnel and
71 resources without duplication of services;

72 (4) adhere to clinical standards and protocols, established under this chapter by the
73 department in regulation, with the guidance of the advisory council, to ensure that MIH
74 community paramedic providers or other providers employed by a health care entity provide
75 health care services or treatment within their scope of practice;

76 (5) dispatch only those community paramedic providers or other providers employed by a
77 health care entity who have received appropriate training and demonstrate competency in the
78 MIH clinical protocols;

79 (6) meet appropriate standards related to capacity, location, personnel and equipment;

80 (7) provide access to qualified medical control and medical direction;

81 (8) provide a secure and effective medical communication subsystem linkage for on-line
82 medical direction;

83 (9) ensure activation of the 911 system in the event that a patient of an MIH program
84 experiences a medical emergency, as determined through medical direction, in the course of an
85 MIH visit provided such activation is in the best interest of patient safety and takes into account
86 how MIH programs affect EMS first response services, and provided further that the department
87 shall examine how 911 triage trees may be incorporated into MIH;

88 (10) ensure compliance with all state and federal privacy requirements with regard to
89 patient medical records and other individually identified patient health information; and

90 (11) ensure that health care providers operating MIH programs collect and maintain data,
91 including statistics on mortality and morbidity of consumers of mobile integrated health services,
92 including but not limited to, information needed to review access, availability, quality, cost and

93 third party reimbursement for such services, and coordinate and perform such data collection in
94 conjunction with other data collection activities.

95 Section 3. The department shall evaluate and approve Community EMS Programs
96 developed and operated by the primary ambulance service with the approval of the local
97 jurisdiction and the affiliate hospital medical director to provide community outreach and
98 assistance to residents of the local jurisdiction in order to advance injury and illness prevention
99 within its community.

100 The programs may work with local public health and identify members of the community
101 who use the 911 system or emergency department and connect them to their primary care
102 providers, other health care providers, low-cost medication programs, and other social services.
103 The programs may also utilize EMS providers, including EMS first responders and emergency
104 medical technicians, to provide follow-up and preventive measures including, but not limited to,
105 fall prevention, vaccinations under the direction of local public health, and health screenings
106 such as blood pressure and blood glucose checks.

107 All EMS provider training and activities related to the program must be approved by the
108 local jurisdiction and the affiliate hospital medical director. Nothing in this section authorizes an
109 EMS provider to perform any medical procedures outside their scope of practice.

110 Section 4. (a) There shall be established a mobile integrated health advisory board, which
111 shall assist and support the department in carrying out the provisions of this chapter and in
112 developing and implementing a state mobile integrated health plan, by planning, guiding and
113 coordinating the components of mobile integrated health services.

114 (b) The advisory council shall consist of the director of the bureau of health care safety
115 and quality, or a designee, who shall serve as a non-voting chair, and 18 members who shall be
116 appointed by the commissioner and who shall reflect a broad distribution of diverse perspectives
117 on mobile integrated health care, including appointees or their designees from the following
118 groups: the division of medical assistance; Massachusetts Hospital Association; Massachusetts
119 Council of Community Hospitals; a for-profit hospital system that is not a member of another
120 hospital advocacy group; Massachusetts Senior Care Association; Massachusetts Medical
121 Society; Massachusetts Chapter of the American College of Emergency Physicians;
122 Massachusetts Nurses Association; Home Care Alliance of Massachusetts; Professional Fire
123 Fighters of Massachusetts; Fire Chiefs Association of Massachusetts; International Association
124 of EMTs and Paramedics; Massachusetts Ambulance Association; Hospice and Palliative Care
125 Association of Massachusetts; Association for Behavioral Healthcare; and 3 members
126 representing payors, including one representative of the health care organization providing
127 services to MassHealth members under section 9D and 9F of Chapter 118E.

128 SECTION XX. Clause (3) of section 19 of Chapter 111C, as appearing in the 2012
129 Official Edition, is hereby amended by striking the words "approved under this chapter;" and
130 inserting in place thereof the following words:--

131 approved under this chapter or chapter 111O;"

132 SECTION XX. Community paramedic special project waivers that are currently
133 approved pilot projects by the department of public health shall remain in effect until regulations
134 to implement 111O of the General Laws are promulgated. The department of public health shall
135 promulgate said regulations not later than December 31, 2015."