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Budget Summary FY2016

Outside Section 93

Data Current as of: 7/17/2015

Mobile Integrated Health Care

SECTION 93. The General Laws are hereby amended by inserting after chapter 111N the following chapter:-

Chapter 111O. Mobile Integrated Health Care.

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

"Advisory council", the group of advisors established in section 4.

"Commissioner", the commissioner of public health.

"Community EMS program", a program developed by the primary ambulance service with the approval of the local jurisdiction and the affiliate hospital medical director utilizing emergency medical services providers acting within their scope of practice to provide community outreach and assistance to residents to advance injury and illness prevention within the community.

"Community paramedic provider", a person who: (i) is certified as a paramedic pursuant to chapter 111C; and (ii) has successfully completed an education program for mobile integrated health care pursuant to department regulations.

"Department", the department of public health.

"EMS", emergency medical services.

"EMS provider", an EMS first response service, an ambulance service, a hospital including, but not limited to, a trauma center or an individual associated with an EMS first response service, an ambulance service or a hospital engaged in providing EMS, including, but not limited to, an EMS first responder, a medical communications system operator, an emergency medical technician and a medical control physician, to the extent that physician provides EMS.

"Health care entity", a provider or provider organization, including, but not limited to, an ambulance service licensed under chapter 111C, a visiting nurse association, accountable care organization and a home health agency.

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

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

"Medical control", the clinical oversight provided by a qualified physician or existing primary care provider to all components of the MIH program, including, but not limited to, medical direction, training, scope of practice and authorization to practice of a community paramedic provider, continuous quality assurance and improvement and clinical protocols.

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

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

"Patient", an individual identified by a health care facility, entity or provider as requiring MIH services.

"Person", an individual, entity or agency or a political subdivision of the commonwealth.

"Physician", a medical or osteopathic doctor licensed to practice medicine in the commonwealth.

"Scope of practice", the clinical skills or functions: (i) as defined by the statewide treatment protocols governing the delivery of emergency medical services under chapter 111C; and (ii) clinical protocols established by the department by regulation pursuant to this chapter.

Section 2. (a) The department shall take any action consistent with its role as state lead agency for mobile integrated health services. As the lead agency, the department shall take into consideration relevant standards and criteria developed or adopted by nationally recognized agencies or organizations, and the recommendations of interested stakeholders, including, but not limited to, the statewide mobile integrated health advisory council, established in section 4.

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

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

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

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

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

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

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

(vii) provide access to qualified medical control and medical direction;

(viii) provide a secure and effective medical communication subsystem linkage for on-line

medical direction;

(ix) ensure activation of the 911 system in the event that a patient of an MIH program experiences a medical emergency, as determined through medical direction, in the course of an MIH visit; provided, however, that the activation shall be in the best interest of patient safety and takes into account how MIH programs affect EMS first response services; and provided further, that the department shall examine how 911 triage assessment tools may be incorporated into MIH;

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

(xi) ensure that health care providers operating MIH programs collect and maintain data, including statistics on mortality and morbidity of consumers of mobile integrated health services, including, but not limited to, information needed to review access, availability, quality, cost and third party reimbursement for such services and coordinate and perform the data collection in conjunction with other data-collection activities.

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

A community EMS program may work with local public health agencies or officials and identify members of the community who use the 911 system or emergency department and connect them to their primary care providers, other health care providers, low-cost medication programs, and other social services. The programs may also utilize EMS providers to provide follow-up and preventive measures including, but not limited to, fall prevention, vaccinations under the direction of local public health agencies or officials, and health screenings, including blood pressure and blood glucose checks.

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

Section 4. (a) There shall be a mobile integrated health advisory council, which shall assist and support the department in carrying out this chapter by planning, guiding and coordinating the components of mobile integrated health services.

(b) The advisory council shall consist of the director of healthcare safety and quality or a designee, who shall serve as a non-voting chair, and 18 members who shall be appointed by the commissioner and who shall reflect a broad distribution of diverse perspectives on mobile integrated health care, including appointees or their designees from the following groups: the division of medical assistance; the Massachusetts Hospital Association, Inc.; the Massachusetts Council of Community Hospitals, Inc.; a for-profit hospital system that is not a member of another hospital advocacy group; the Massachusetts Senior Care Association, Inc.; the Massachusetts Medical Society; the Massachusetts chapter of the American College of Emergency Physicians; the Massachusetts Nurses Association; the Home Care Alliance of Massachusetts, Inc.; the Professional Fire Fighters of Massachusetts; the Fire Chiefs' Association of Massachusetts, Inc.; the International Association of EMTs and Paramedics; the Massachusetts Ambulance Association, Incorporated; the Hospice & Palliative Care Federation of Massachusetts, Inco*.; the Association for Behavioral Healthcare, Inc.; and 3 members representing payors, including 1 representative of the health care organization providing services to MassHealth members under sections 9D and 9F of chapter 118E.

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