HOUSE DOCKET, NO. 2723 FILED ON: 1/16/2015

HOUSE . . . . No. 1920

The Commonwealth of Massachusetts

PRESENTED BY:

Mark J. Cusack and Michael J. Finn

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act An act relative to mobile integrated health care.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
Mark J. Cusack	*5th Norfolk*	*1/16/2015*
Michael J. Finn	*6th Hampden*	*10/8/2019*

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HOUSE . . . . No. 1920

By Messrs. Cusack of Braintree and Finn of West Springfield, a petition (accompanied by bill, House, No. 1920) of Mark J. Cusack and Michael J. Finn for legislation to establish a system of mobile integrated health care in the Commonwealth. Public Health.

The Commonwealth of Massachusetts

In the One Hundred and Eighty-Ninth General Court
(2015-2016)

An Act An act relative to mobile integrated health care.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. The General Laws, as so appearing in the 2012 Official Edition, are hereby
2 amended by adding the following chapter:-

3 Chapter 111O. Mobile Integrated Health Care.

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

6 “Advisory council”, the group of advisors established pursuant to section 3.

7 “Commissioner”, the commissioner of public health.

8 “Department”, the department of public health.

9 “Community paramedic provider”, a person who (1) is certified as a paramedic in
10 accordance with the provisions of chapter 111C and department regulations; and (2) has

11 successfully completed an education program for mobile integrated health care, in accordance
12 with department regulations.

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

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

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

24 “Mobile integrated health care” or “MIH”, a health care program that utilizes mobile
25 resources to deliver care and services to patients in an out-of-hospital environment in
26 coordination with health care facilities or other health care providers. Such medical care and
27 services include, but are not limited to, community paramedic provider services, chronic disease
28 management, behavioral health, preventative care, post-discharge follow-up visits, or transport or
29 referral to facilities other than hospital emergency departments.

30 “Medical control”, the clinical oversight provided by a qualified physician, nurse
31 practitioner or physician assistant, to all components of the MIH program, including, without
32 limitation, medical direction, training, scope of practice and authorization to practice of a

33 community paramedic provider, continuous quality assurance and improvement, and clinical
34 protocols established under this chapter by the department in regulation.

35 "Medical direction", the authorization for treatment provided by a qualified physician,
36 nurse practitioner or physician assistant in accordance with clinical protocols, established under
37 this chapter by the department in regulation whether on-line, through direct communication or
38 telecommunication, or off-line through standing orders.

39 "Nurse practitioner", an individual duly licensed under section 80B of chapter 112.

40 "Patient", an individual identified by a healthcare facility, entity or provider as requiring
41 MIH services in accordance with department regulations.

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

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

46 "Physician assistant", an individual duly registered under the provisions of section 9F of
47 chapter 112.

48 "Scope of practice", the clinical skills or functions (1) as defined by the Statewide
49 Treatment Protocols governing the delivery of emergency medical services under chapter 111C;
50 (2) clinical protocols established under this chapter by the department in regulation; and (3) any
51 other requirements established by department regulations.

52 Section 2. The department shall establish a program of mobile integrated health care
53 within its bureau of health care safety and quality. With respect to the program, the department
54 shall have the following powers and duties:

55 (a) to plan, guide, assist, coordinate and regulate the development of a unified MIH
56 program.

57 (b) to establish minimum standards and criteria for all elements of the program, taking
58 into consideration relevant standards and criteria developed or adopted by nationally recognized
59 agencies or organizations, and the recommendations of interested stakeholders, including,
60 without limitation, the statewide mobile integrated health advisory council, established in section
61 3;

62 (c) to develop and implement a state mobile integrated health care plan, in consultation
63 with the advisory board, which shall be updated at least once every three years and which shall
64 address the distribution of all elements of mobile integrated health care in the state, so that
65 quality services shall be reasonably available to all residents of the commonwealth at the lowest
66 aggregate reasonable cost;

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

72 (e) to establish minimum criteria for MIH to be followed by health care facilities, health
73 care entities and health care providers, to ensure that MIH programs meet the following criteria:

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

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

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

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

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

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

89 (7) ensure that every MIH program shall have access to qualified medical control and
90 medical direction;

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

93 (9) ensure activation of the 911 system in the event that a patient of an MIH program
94 experiences a medical emergency, as determined through medical direction, in the course of an
95 MIH visit provided such activation is in the best interest of patient safety; and

96 (10) ensure compliance with all state and federal privacy requirements with regard to
97 patient medical records and other individually identified patient health information.

98 (f) to issue rules, regulations, guidelines and orders, and delegate authority to its
99 divisions, employees and agents, and to the advisory board, as may be necessary or appropriate
100 to carry out the provisions of this chapter, provided that such regulations shall take into account
101 how MIH programs effect EMS first response services, and provided further that the department
102 shall examine how 911 triage trees may be incorporated into MIH; and

103 (g) to take any other action consistent with its role as state lead agency for mobile
104 integrated health services.

105 Section 3. (a) There shall be established a mobile integrated health advisory board, which
106 shall assist and support the department in carrying out the provisions of this chapter and in
107 developing and implementing the state mobile integrated health plan, by planning, guiding and
108 coordinating the components of mobile integrated health services.

109 (b) The advisory council shall consist of the director of the bureau of health care safety
110 and quality, or a designee, who shall serve as a non-voting chair, and 17 members who shall be
111 appointed by the commissioner and who shall reflect a broad distribution of diverse perspectives
112 on mobile integrated health care, including appointees or their designees from the following
113 groups: the division of medical assistance, Massachusetts Hospital Association; Massachusetts
114 Council of Community Hospitals; a for-profit hospital system that is not a member of another

115 hospital advocacy group; Massachusetts Senior Care Association; Massachusetts Medical
116 Society; Massachusetts Chapter of the American College of Emergency Physicians;
117 Massachusetts Nurses Association; Home Care Alliance of Massachusetts; Professional Fire
118 Fighters of Massachusetts; Fire Chiefs Association of Massachusetts; International Association
119 of EMTs and Paramedics; Massachusetts Ambulance Association; Hospice and Palliative Care
120 Association of Massachusetts; 2 members representing private payors; and the Massachusetts
121 Association of Hospital-Based Paramedic Services.

122 SECTION 2. Clause (3) of section 19 of Chapter 111C, as appearing in the 2012 Official
123 Edition, is hereby amended by striking the words "approved under this chapter;" and inserting in
124 place thereof the following words:--

125 approved under this chapter or chapter 111O;