

[Mass. Gen. Laws ch. 111C, §§ 1 through 3.]

§§ 1 through 3: Emergency Medical Services System

Section 1: Definitions

Section 1. (a) For the purpose of this chapter the following words shall, unless the context requires otherwise, have the following meaning:—

"Ambulance", any aircraft, boat, motor vehicle or any other means of transportation, however named, whether privately or publicly owned, which is intended to be used for, and is maintained and operated for, the response to and the transportation of sick or injured individuals.

"Ambulance service", the business or regular activity, whether for profit or not, of providing emergency medical services, emergency response, primary ambulance response, pre-hospital emergency medical care, with or without transportation, of sick or injured individuals by ambulance.

"Board", the emergency medical services system advisory board established under section 13.

"Commissioner", the commissioner of public health.

"Department", the department of public health.

"Emergency", a condition or situation in which an individual has a need for immediate medical attention, or where the potential for such need is perceived by the individual, a bystander or an emergency medical services provider.

"Emergency medical services", the pre-hospital assessment and treatment and other services utilized in responding to an emergency or provided during the transport of patients to appropriate health care facilities as defined in regulations promulgated by the department.

"EMS", emergency medical services.

"EMS first responder", a person who has, at a minimum, successfully completed a course in emergency medical care approved by the department pursuant to section 201 of chapter 111 and who provides emergency medical care through employment by or in association with an EMS first response service.

"EMS first response", the dispatch and response of the closest, most appropriate EMS personnel or EMS vehicle in the shortest practicable amount of time by a qualified EMS first response service.

"EMS first response service", the business or regular activity, whether for profit or not, by a qualified EMS provider, designated as a service zone provider for the purpose of providing rapid response and EMS.

"EMS first response vehicle", any aircraft, boat, motor vehicle or any other means of transportation, whether privately or publicly owned, which is intended and is maintained and operated for the rapid response of EMS personnel, equipment and supplies to emergencies by an EMS first response service or by an ambulance service and is not utilized for patient transport.

"EMS personnel", EMS first responders and emergency medical technicians.

"EMS plan", a plan that includes an inventory and assessment of EMS resources and a plan for the optimal maintenance, coordination and utilization of those resources (i) to improve the EMS system and its component elements, and (ii) to coordinate with all state and municipal public safety agencies' mass casualty and other public emergency plans.

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

"EMS system", all EMS providers including, without limitation, personnel, EMS first response services, ambulance services, hospitals, including, without limitation, trauma center and equipment; communications systems linking them to each other; training and education programs; the regional EMS councils and all of their operations; EMS plans, protocols, statutes, regulations and guidelines; and all other components of such system, and their interaction with each other and with patients, providing equally for all patients to quality care, operating under the leadership and direction of the department, as more specifically described in section 2.

"EMS vehicle", an EMS first response vehicle or an ambulance.

"Emergency medical technician" or "EMT", a person who has successfully completed a course in emergency medical care, approved by the department or offered by an accredited course sponsor, and who is certified by the department. The term "emergency medical technician" shall include EMT–Basic, EMT–Intermediate and EMT–Paramedic.

"Emergency response", the dispatch and response of the closest appropriate ambulance, EMS personnel and other EMS vehicle to an emergency in the shortest practicable amount of time in conformance with the service zone plan.

"Hospital", a hospital licensed or certified by the department pursuant to section 51 of chapter 111 or other applicable law, with an emergency department, and the teaching hospital of the University of Massachusetts Medical School.

"Local jurisdiction", an entity empowered by the legislative body within a city, town, fire district or water district to select service zone providers, including, but not limited to, a city council, board of selectmen, board of aldermen, mayor, or town manager.

"Medical control", the clinical oversight by a qualified physician to all components of the EMS system, including, without limitation, treatment protocols, medical direction, training of and authorization to practice for EMS personnel, quality assurance and continuous quality improvement.

"Medical direction", the authorization for treatment established in statewide EMS treatment protocols provided by a qualified medical control physician to EMS personnel whether on-line, via direct communication or telecommunication, or off-line via standing orders.

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

"Primary ambulance response", first line ambulance response, pre-hospital treatment and transportation by an ambulance service selected and designated by a local jurisdiction as a service zone provider pursuant to section 10.

"Primary ambulance service", the business or regular activity, whether for profit or not, by a qualified ambulance service, designated by a local jurisdiction for the purpose of providing rapid response and pre-hospital EMS, including, without limitation, patient assessment, patient treatment, patient preparation for transport and patient transport to appropriate health care facilities, in conformance with the service zone plan as defined in section 10.

"Region", a geographic area of the state defined by the department in regulation as an EMS planning area.

"Regional EMS council", an entity created under section 4.

"Service", an EMS first response service or an ambulance service.

"Service zone", a geographic area defined by and comprised of one or more local jurisdictions, in which a local jurisdiction may select and the department shall designate an EMS first response service and an ambulance service to provide EMS first response and primary ambulance response to the public within that defined geographic area, pursuant to section 10.

"Service zone provider", EMS provider, selected by a local jurisdiction and designated by the department to provide primary ambulance service or EMS first response, or both, to the public within a service zone, pursuant to section 10. A service zone provider shall be staffed and equipped to be available for primary ambulance service or EMS first response 24 hours a day, seven days a week.

"Special population", any person or group of persons with unique medical, physical or social problems that require other than customary emergency medical care.

(b) The department shall promulgate rules and regulations to carry out the provisions of this chapter and may further define in such rules and regulations any term used in this chapter; provided, however, that such definition is not contrary to a provision of the General Laws.

Section 2: Statewide EMS system; expectations; purpose

Section 2. The department, with the assistance of interested parties that are part of the state's EMS system, including, without limitation, the regional EMS councils, shall plan, guide and coordinate programs to ensure that the state's EMS system shall:

- (1) provide necessary EMS, using appropriate elements of the EMS system, to ensure adequate and appropriate EMS for all persons requiring the services, including, without limitation, all special populations, as an integral part of the EMS system, ensuring that the special needs of children and other special populations are recognized and provided for, and that services meeting their needs are integrated into the EMS system;
- (2) include an adequate number of EMS personnel with appropriate training and experience;
- (3) include an adequate number of EMS vehicles of appropriate types to meet the individual characteristics of the various regions such that:
 - (i) the EMS vehicles meet criteria relating to location, design, performance and equipment; and
 - (ii) all operators and other EMS personnel staffing the EMS vehicles meet appropriate training requirements;
- (4) include an adequate number of accessible hospitals which:
 - (i) are collectively capable of providing an optimal level of EMS on a continual basis;
 - (ii) have appropriate capabilities categorized by type or scope of service;
 - (iii) meet appropriate standards relating to capacity, location, personnel and equipment;
 - (iv) are coordinated with other hospitals; and
 - (v) are integrated into the state's EMS system, provided that nothing in paragraph (4) shall be construed to authorize any licensure requirements or prerequisites not explicitly authorized by other statutory authority;
- (5) provide for access, including appropriate transportation, to appropriate health care facilities as defined in regulations promulgated by the department, including, without limitation, trauma centers, in each region or, if there are no centers or an inadequate number of centers in a region, provide for access to the centers in neighboring regions in accordance with applicable regulations;
- (6) provide, as necessary, for timely inter-facility transportation of patients to hospitals, and to other facilities or programs which offer follow-up care and rehabilitation, in order to optimize utilization of available facilities;
- (7) provide for the effective utilization of the appropriate personnel, facilities and equipment of each entity providing EMS;
- (8) join EMS providers, facilities, EMS vehicles and equipment, coordinated by a statewide communication system, which system shall include a 911 access subsystem, an EMS response subsystem and a medical

communications subsystem, developed by the department in conjunction with the board, the state 911 department and other appropriate agencies, so that requests for EMS will be handled by communications facilities which:

- (i) utilize emergency telecommunications screening to determine the appropriate EMS response and to provide pre-arrival instructions to callers;
 - (ii) are accessible to the general public through a commonly known emergency telephone number and, where feasible, the universal emergency telephone number 911; and
 - (iii) will have direct communications with the appropriate EMS personnel, emergency medical services vehicles and equipment of the EMS system;
- (9) provide for a medical communications subsystem within the statewide EMS communications system, to provide without limitation:
- (i) EMS-vehicles-to-hospital communications linkage;
 - (ii) on-line medical direction;
 - (iii) mass casualty incident resource management; and
 - (iv) inter-agency coordination;
- (10) provide for continuous training for its EMS personnel, including clinical training and continuing education programs, which are coordinated with other programs which provide similar training and education;
- (11) provide for planning and coordination and implementation of planning and coordination to ensure that the EMS system in each region will be capable of providing coordinated EMS in that region during mass casualty incidents, natural disasters, mass meetings and other large scale events and declared states of emergency. Each such plan shall address, at a minimum, uniform terminology; training requirements; interaction and integration with other relevant local, state and federal agencies and health care providers; and transportation to health care facilities that can provide definitive care;
- (12) provide for programs of public education, information and prevention in each region taking into account the needs of residents of and visitors to that region to prevent illness and injury and to know means of obtaining EMS and such programs shall also take into account the health status of each region;
- (13) provide for a standardized patient data collection system which covers all phases of the EMS system. This system shall include, but shall not be limited to, information needed to review access, availability, quality, cost and third party reimbursement for EMS;
- (14) provide for:

(i) periodic comprehensive review and evaluation of the EMS provided in each region, including, without limitation, annual reports by each regional EMS council which reports shall include the projected costs of performing the services in each region pursuant to this chapter;

(ii) submission to the department of the reports of such review and evaluation;

(15) provide for the services and equipment necessary to ensure adequate and appropriate EMS for all persons requiring the services including, without limitation, children and other special populations and integrate such services and equipment into the statewide EMS system.

(16) provide for mobile integrated health programs that are also the primary ambulance service for a jurisdiction to avert emergency calls for EMS from emergency departments when care is more appropriate in a non-emergency department setting, provided, however, that: (i) the care shall occur with qualified medical direction; (ii) the mobile integrated health program shall be approved by the department pursuant to chapter 1110; and (iii) each mobile integrated health program's emergency department aversion protocols shall be approved by the department.

Section 3: Statewide EMS system; powers and duties of department of public health

Section 3. (a) It shall be the duty of the department to plan, guide, assist, coordinate and regulate the development of a unified statewide EMS system and to coordinate the system with similar systems in neighboring states.

(b) The department shall be the state lead agency for EMS in this state. The department shall have authority to:

(1) direct and coordinate a program for planning, developing, maintaining, expanding, improving and upgrading the state EMS system and its component elements;

(2) establish minimum standards and criteria for all elements of the EMS system, taking into consideration relevant standards and criteria developed or adopted by nationally recognized agencies or organizations, and the recommendations of interested parties that are part of the state's EMS system, including, without limitation, the regional EMS councils;

(3) establish minimum standards for the examination and certification of appropriate EMS personnel, including, without limitation, EMS first responders and emergency medical technicians in accordance with section 9, but excluding physicians;

(4) establish minimum standards for, inspect and certify, as appropriate, EMS vehicles in accordance with section 7, but EMS vehicles operated under this section by fire departments may be primarily red in color with a secondary color of white.

(5) establish minimum standards for, inspect and license, as appropriate, emergency medical first response services and ambulance services in accordance with section 6;

- (6) develop and implement a state EMS plan, in consultation with the regional councils, which plan shall address the distribution of all elements of the EMS system in the state, so that quality EMS shall be reasonably available to all residents of the commonwealth at the lowest aggregate reasonable cost and update said plan at least once every three years;
- (7) establish minimum standards for and designate regional EMS councils in accordance with section 4;
- (8) develop statewide coordinated trauma care systems, and establish minimum standards for and designate trauma centers, in accordance with section 11 and regulations promulgated pursuant to this chapter;
- (9) integrate all designated trauma centers into the EMS system;
- (10) investigate complaints related to the delivery of services by trauma centers, take appropriate action in accordance with this chapter and refer complaints to other agencies and organizations, as appropriate;
- (11) collect and maintain data, including statistics on mortality and morbidity of trauma victims, including but not limited to, information needed to review access, availability, quality, cost and third party reimbursement for EMS, and coordinate and perform such data collection in conjunction with other data collection activities;
- (12) establish standards for the design and implementation of studies of any aspect of the EMS system to be conducted by or on behalf of regional EMS councils;
- (13) establish minimum standards for training, including, without limitation, pediatric training and other special population training, of EMS personnel, including, without limitation, medical communications system operators, call takers and dispatchers; provided, however, that standards for training of call takers and dispatchers shall be established in conjunction with the state 911 department;
- (14) define and approve training programs and instructors and accredit course sponsors for EMS training of EMS personnel;
- (15) require the collection and maintenance of standardized patient data and information by services licensed under section 6, which services shall ensure that the responding personnel will complete a summary for each call to which they respond containing such information and on such forms as prescribed by the department, and shall make such summaries available to receiving facilities, the appropriate regional EMS council and the department in a timely manner and in reasonable detail;
- (16) establish standards and criteria governing the award and administration of contracts under this chapter;
- (17) administer contracts authorized under this chapter and grants awarded pertaining to EMS;
- (18) ensure that every service shall have access to qualified medical control and medical direction;
- (19) provide technical assistance to local governments, EMS providers and other persons, for the purpose of ensuring effective planning and execution of programs under this chapter;

- (20) maintain a continuous quality improvement program for all elements of the EMS system;
 - (21) establish fees for the issuance and renewal of certifications, licenses, certificates of inspection, designations and any other approvals issued under this chapter;
 - (22) inspect at any time any equipment, supplies, facilities and records maintained by or in connection with any EMS provider; provided, however, that a license, certificate, designation or other approval has been issued, or an application therefor has been filed, for such EMS provider;
 - (23) develop and implement a comprehensive statewide EMS communications plan and system, coordinating regional EMS councils regional plans and systems, in cooperation with other agencies having concurrent jurisdiction;
 - (24) subject to the provisions of section 6, promulgate rules and regulations regarding adequate insurance coverage for licensed services and for operators and attendants of certified emergency medical services vehicles;
 - (25) make rules, regulations, guidelines and orders, and delegate authority to its divisions, employees and agents, and to regional EMS councils, as may be necessary or appropriate to carry out the provisions of this chapter;
 - (26) take any other action consistent with its role as state lead agency for EMS.
- (c) The board shall be provided a reasonable opportunity to review and make recommendations on all rules, regulations, guidelines, standards and criteria under this chapter before the department may establish such rules, regulations, guidelines, standards or criteria.