AN ACT CONCERNING MOBILE INTEGRATED HEALTH CARE.

SUMMARY

This bill makes various changes regarding mobile integrated health care programs. Specifically, it:

1. requires the Department of Public Health (DPH) to license or certify mobile integrated health care programs and establishes requirements for these programs generally similar to those under existing law for ambulance services;

2. requires DPH to adopt regulations establishing minimum program standards, including (a) standards to ensure patients’ health, safety, and welfare and (b) data collection and reporting requirements;

3. starting January 1, 2020, allows DPH to authorize an Emergency Medical Services (EMS) organization to establish a mobile integrated health program under the organization’s existing license or certification;

4. allows the DPH commissioner to implement policies and procedures to administer these programs and requires her to post them on the DPH website and the state’s e-regulation system within 20 days after they are implemented;

5. generally makes patients who receive services from a mobile integrated health care program liable for reasonable and necessary service costs, regardless of whether they agreed or consented to such liability;

6. allows a licensed or certified EMS organization or provider to transport patients by ambulance to alternate destinations (i.e.,
medically appropriate facilities other than emergency
departments) in consultation with the medical director of a
sponsor hospital;

7. allows certain ambulance services assigned as a primary service
area responder by September 1, 2019, to be deemed as the
primary service area’s licensed mobile integrated health care
program;

8. requires DPH to establish rates for licensed or certified EMS
organizations or providers who treat and release patients
without transporting them to an emergency department when
such treatment is not part of a mobile integrated health program;

9. adds paramedics to the list of health care providers authorized to
provide telehealth services.

Under the bill, a “mobile integrated health care program” is a DPH-
approved program in which a licensed or certified ambulance service
or paramedic intercept service provides services, including clinically
appropriate medical evaluations, treatment, transport, or referrals to
other health care providers under nonemergency conditions by a
paramedic acting within his or her scope of practice as part of an EMS
organization within the EMS system.

Lastly, the bill makes technical and conforming changes.

*House Amendment “A” (1) modifies the definitions of “mobile
integrated health care” and “EMS organization” and (2) defines the
term “alternate destination.” Among other things, it also adds the
provisions (1) requiring DPH to license or certify programs, (2)
allowing EMS organizations to operate programs under their existing
license or certificate, (3) making patients liable for program service
costs, and (4) deeming certain primary service area responders as the
mobile integrated health care program in their assigned areas.

EFFECTIVE DATE: July 1, 2019
§§ 2 & 5-6 — LICENSING MOBILE INTEGRATED HEALTH PROGRAMS

License or Certification Required

The bill requires DPH to license or certify mobile integrated health care programs and prohibits anyone from operating or advertising such programs without a license or certificate. Under the bill, the requirements for mobile integrated health programs are generally similar to those in existing law for ambulance services. For example:

1. licensure or certification applicants must show proof of financial responsibility and hold set amounts of insurance,

2. licenses or certificates must be renewed annually for a $200 fee, and

3. DPH must generally hold a hearing to determine the need for the service before granting a permit for a new or expanded program in any region.

Establishing a Program Under an Existing License or Certificate

Starting January 1, 2020, the bill allows the DPH commissioner to authorize an EMS organization to establish a mobile integrated health care program under the organization’s current license or certification. To do so, the EMS organization must provide to the commissioner satisfactory evidence that it meets the program licensure or certification requirements described above.

(Because the bill requires a mobile integrated health program to be operated by a licensed or certified ambulance service or paramedic intercept service, it is unclear when a separate program license or certification would be required.)

Liability for Service Costs

The bill makes anyone who receives services from a mobile integrated health program generally liable for the reasonable and necessary cost of those services, even if the person did not agree or consent to the liability.
Under the bill, this provision is subject to certain conditions in existing law, including requirements that insurers cover medically necessary ambulance services. The provision does not apply to anyone receiving services for injuries arising out of and in the course of his or her employment, as defined in the workers’ compensation law.

**Program Standards**

The bill requires DPH to adopt regulations establishing minimum standards for mobile integrated health care programs and prohibits the department from issuing a license or certificate to a program operated by a state agency that does not comply with state laws on the use of wheelchair transportation devices when transporting patients.

**Primary Service Area Responders**

Notwithstanding the bill’s licensure and certification requirements, it allows an ambulance service that is assigned as the primary service area responder for a primary service area (PSA) on or before September 1, 2019, to be deemed authorized by DPH as the PSA’s licensed mobile integrated health care program. The ambulance service must notify DPH’s Office of Emergency Medical Services in writing by October 1, 2019, (1) of its assignment as PSA responder and (2) attesting to its compliance with laws and regulations on the operation of an ambulance service.

**§ 3 — TRANSPORTATION TO ALTERNATE DESTINATIONS**

The bill allows a licensed or certified EMS organization or provider to transport a patient by ambulance to an alternate destination (i.e., medically appropriate facilities other than emergency departments) in consultation with a sponsor hospital’s medical director. An ambulance that does so must meet state regulatory requirements for a basic level ambulance, including those regarding medically necessary supplies and services.

**§ 2 — RATE SETTING**

The bill requires the DPH commissioner to establish rates for licensed or certified EMS organizations or providers who treat and release patients without transporting them to an emergency
department. EMS organizations and providers must provide these services within their scope of practice and following protocols approved by their sponsor hospital.

The bill specifies that these rates do not apply to treatment provided to patients through mobile integrated health care programs.

§ 4 — TELEHEALTH PROVIDERS

The bill adds licensed paramedics to the list of health care providers authorized to provide health care services using telehealth. They must do so within their profession’s scope of practice and standard of care, just as other telehealth providers must under existing law. By law, telehealth means delivering healthcare services through information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's physical and mental health.

Existing law already allows the following providers to provide health care services using telehealth: licensed physicians, advanced practice registered nurses, registered nurses, physician assistants, pharmacists, occupational and physical therapists, naturopaths, chiropractors, optometrists, podiatrists, psychologists, marital and family therapists, clinical or master social workers, alcohol and drug counselors, professional counselors, dietician-nutritionists, speech and language pathologists, respiratory care practitioners, and audiologists.

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 21  Nay 0  (03/22/2019)