

The Commonwealth of Massachusetts

Bureau of Health Care Safety and Quality Office of Emergency Medical Services Mobile Integrated Health Care Program 67 Forest Street, Marlborough MA 01752

KATHLEEN E. WALSH Secretary

ROBERT GOLDSTEIN, MD, PhD Commissioner

Tel: 617-624-6000 www.mass.gov/dph

Petition for Addition of, or Exclusion from, the List of Pre-Approved Community EMS Program Services

Community EMS is a system of collaborative care in which EMS Personnel of a primary ambulance service partner with a local public health authority to support illness or injury prevention efforts through high-value public health services. The Department of Public Health (Department) has defined a list of approved Community EMS Program services which programs may apply to provide, based on the needs of the community that they serve.

Pursuant to 105 CMR 173.060(B), Community EMS Programs may also request that the Department add to, or exclude from, the list of pre-approved services that the individual Community EMS applicants can apply for or request an exclusion.

Please complete and submit this form to petition for the addition of (or exclusion from) the List of Pre-Approved Community EMS Services. Please attach and submit additional documents, program descriptions, and letters of support to support this petition

Name of Additional (or Excluded) Service:	
*If new service proposed, description of Proposed Service:	

Supporting Evidence	
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Please identify a point of contact for your organization.

Name:

Title:

Organization:

Phone Number:

Please email completed form and additional documentation to $\underline{\text{MIH@mass.gov}}$. Questions should be directed to the MIH Program at $\underline{\text{MIH@mass.gov}}$.

Email: _____

^{*} Description, at a minimum, should outline how proposed service is consistent with community health needs, population to be served, and resource(s) that will provide service.