August 1, 2023

William Anderson

Office of the General Counsel, Department of Public Health 250 Washington Street

Boston, MA 02108

**RE: Proposed Amendments to 105 CMR 170.000: Emergency Medical Services System**

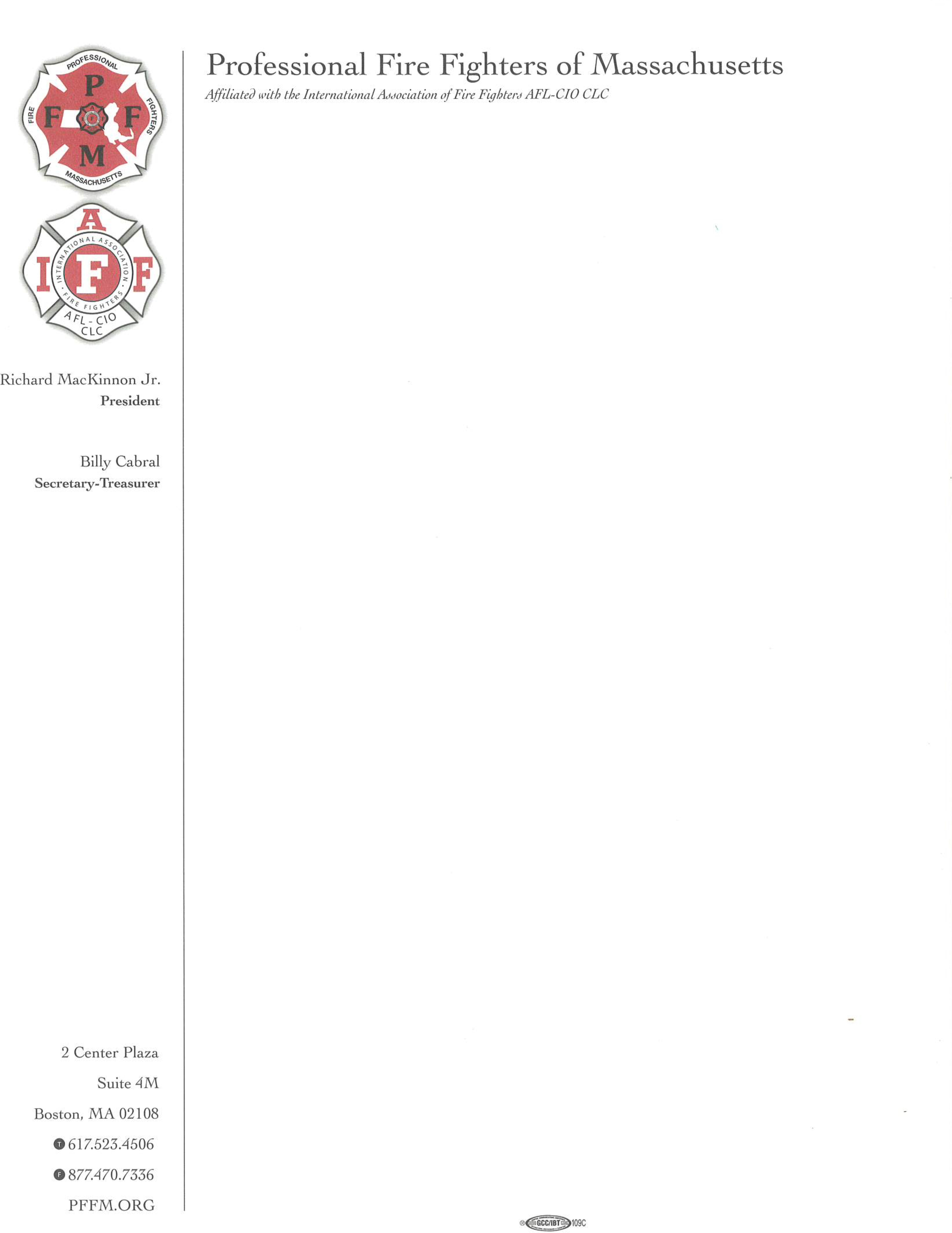
Dear Mr. Anderson,

This letter is in response to the public comment made by the Professional Fire Fighters of Massachusetts (PFFM) during the August 1, 2023, Public Health Counsel hearing regarding the proposed amendments to 105 CMR 170.000: Emergency Medical Services System by the Massachusetts Department of Public Health. These amendments pertain to emergency medical services personnel vaccinations, with certain exemptions considered.

The PFFM is a group that advocates for over 12,000 firefighters in the Commonwealth, including the largest group of Emergency Medical Services (EMS) professionals in the state. The PFFM is worried that the proposed changes to 105 CMR

170.000 may significantly affect the current EMS workforce and impose new demands that would require personnel to disclose their personal medical information.

In the past, the PFFM has collaborated with the Massachusetts Department of Public Health (DPH) and the Office of Emergency Medical Services (OEMS) to implement policies and regulations that have enhanced the delivery of service, improved EMS workforce training, and provided better care to patients in our communities. However, the proposed regulatory amendments currently under consideration have not considered our input or suggestions. These proposed changes could lead to challenges during a unified transition if the amendments are implemented as originally drafted.

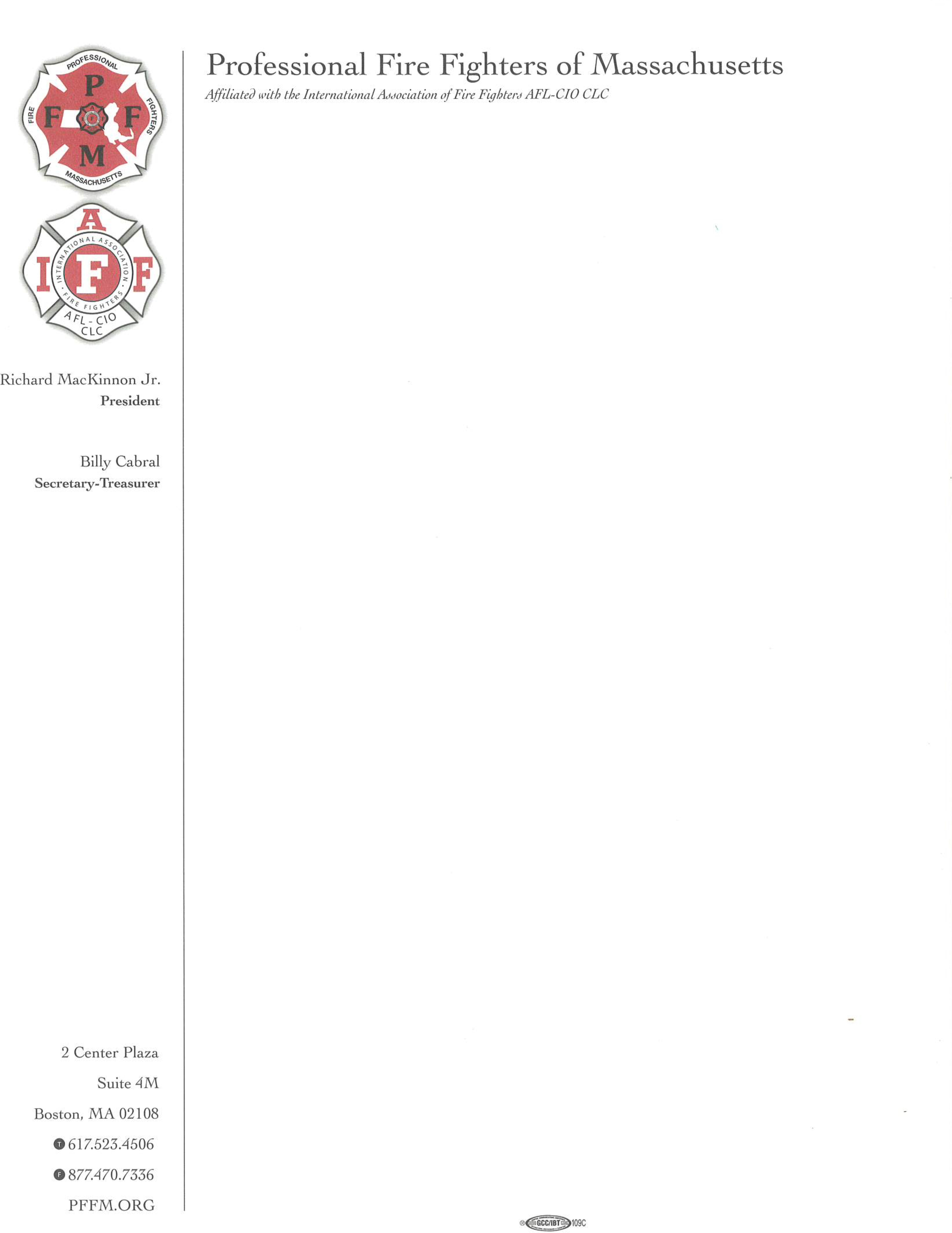
Listed below are the PFFM’s items of concern:

***170.341: Requirement for Personnel to Be Vaccinated against Influenza Virus and***

***170.342 Requirement for Personnel to Be Vaccinated against Coronavirus Disease 2019 (COVID-19) Caused by the Virus SARS-CoV-2***

* **(**A)(1) Definitions. The proposed language mandates that all EMS service providers and their outside contractors or vendors must track and mitigate any individual who enters the property. This requirement poses a significant challenge as it is a complex and ongoing task. It is akin to the operations of long-term care facilities- which is different from what EMS services are designed for. Public EMS services are particularly affected as this mandate is unfunded and will require a full-time staff member dedicated to tracking alone. Even non-patient-facing workers like ambulance sub-contractor mechanics will need to be tracked under this proposal, which is unnecessary.
* (A)(3) Definitions. The responsibility for implementing mitigation measures lies with the service, not the "Department." The PFFM opposes the proposed amendment because there is no information on the specifics or scope of the mitigation measures. The service should present a mitigation plan to DPH during their inspection to address this.
* (C) It is concerning to rely on the Commissioner's discretion when dealing with “other pandemics or novel influenza viruses.” Each situation should be evaluated on a case-by-case basis. Again without the details of the “Guidelines,” The PFFM opposes the proposed amendment.
* (C)(4) No information is available about the rationale behind and the kind of data that will be gathered. This ambiguous approach gives rise to apprehensions regarding the extent to which the "data" will be utilized and who will be authorized to access it. The PFFM opposes the proposed amendment.
* (F)(2) The responsibility for implementing mitigation measures lies with the service, not the "Department." The PFFM opposes the proposed amendment because there is no information on the specifics or scope of the mitigation measures. The service should present a mitigation plan to DPH during their inspection to address this.
* (F)(3) The PFFM is against including a "signed statement" requirement. While the memo and proposed language state that vaccination is not mandatory, the need for a signed statement could have adverse effects on disability and injury on duty provisions and cause unintended consequences for our members. It is important to allow decisions regarding such matters locally, as this language could potentially conflict with MGL chapter 150E. Our members are entitled to negotiate changes to their work conditions and any effects of new policies. The PFFM will be encouraging all of our 232 local unions to demand to bargain over the impacts of these proposed changes.

Ultimately, these regulations are an attempt to secretly push for mandatory vaccinations among our employees. The new amendments will make things difficult for providers, managers, owners, and local leaders, leading to an ongoing struggle with long-lasting consequences.



Currently, the PFFM cannot support the proposal or other changes beyond the ones mentioned above and requires more information. The PFFM is eager to cooperate with DPH and OEMS to advance our EMS services and enhance our EMS workforce. The most effective way to achieve this is by working together collaboratively. Therefore, the PFFM kindly requests that all stakeholders are invited to participate in the discussion and review of this proposed amendment. Thank you for allowing us to bring this matter to your attention.

We are looking forward to further discussion. Please don't hesitate to contact us if you require additional information.

Respectfully,

Richard D. MacKinnon Jr. President

Th*omas Henderson*

Thomas Henderson EMS Director