August 1st, 2023

Good Afternoon,

This letter is to serve as submission of written testimony to the Department of Public Health in relation to the proposed amendments to 105 CMR 170.00, *Emergency Medical Services- Vaccination Requirements.* There are several items of concern found within the language of the proposed amendments as they currently stand which could affect the ability of EMS agencies in the Western Massachusetts area to continue operating at their current capacities. The language amendments regarding influenza and COVID-19 are very similar; allow me to address the concerns as shared topics between them both.

The “Definitions” section identify a very broad spectrum of parties that would be considered personnel under the proposed amendments. In the environment of EMS this broad definition includes a variety of people not involved in direct patient care or even employed by the EMS agency. Subcontractors providing services to the facility (HVAC technicians, pest control, biowaste disposal, equipment service technicians: all of whom are generally on an annual contract to agencies) would be subject to the vaccine requirement, waiver, and reporting standards. EMS agencies would be required to collect healthcare information or a waiver from all of these parties and then share that information with the Department of Public Health. In the situation where an EMS agency operates out of a public safety complex this broad definition would seem to include all parties reporting to work in the building, in-turn including law enforcement, dispatch, and in some specific locations town hall and school employees.

Later within the amendments language exists that each service *“shall, at no cost to any personnel, provide or arrange for vaccination of all personnel who cannot provide proof of current immunization…”*. Many EMS agencies in Western Massachusetts are smaller in size, and either part-time/on-call services or fully volunteer in nature. These agencies would not have the local capacity to administer vaccines on their own and would have to contract with work-health clinics or hospitals to create this capability. In the Western Massachusetts area facilities of this type are geographically far apart. The financial commitment in paying for the vaccine administration would be an additional significant unfunded burden on already cash-strapped EMS agencies. The cost of career agencies of paying their employees for time committed to travel and to obtain their vaccinations would have to be factored in and could be a subject of collective bargaining for some employee groups. On-call and volunteer personnel would likely be made to commit more of their time to facilitate vaccination. This no-cost language could also be construed to include any sick time needed to cover leave following post-vaccination symptoms, and arguments can be made how that would be calculated for an on-call or volunteer member who misses time from non-healthcare employment as a result.

The language referring to documentation requirements states *“each service shall maintain a central system to track the vaccination status of all personnel.”*. Setting aside the broad definition of personnel mentioned before this task will involve a significant time and financial commitment from each EMS agency. Where the Commonwealth is already maintaining a searchable database of vaccination records at <https://myvaxrecords.mass.gov/> this seems to represent a duplicate effort of record keeping for the involved EMS agencies. The majority of parties identified as personnel within the proposed amendments carry certification/licensure monitored by the Commonwealth within the Massachusetts Health Professions License System (<https://madph.mylicense.com/Verification/>), and nearly all EMS agencies must maintain a Massachusetts Controlled Substance Registration (<https://www.mass.gov/mcsr-for-facilities>) for the medications stored on their ambulances and within their facilities. Recently the MCSR system underwent an upgrade to allow for online renewal and electronic linking of online accounts to standing records. Where the Commonwealth is already in possession of all the required datapoints to facilitate this tracking, it would seem more efficient to create electronic linking of these records (vaccine records to health licenses, and health licenses to agencies via MCSR) without creating several hundred duplicate record systems across the Commonwealth that would most likely be pulling their data from these same existing systems.

Taking all this into account Western Massachusetts EMS, Inc., does not support the proposed amendments in their current form. As the regional EMS office representing the entirety of Berkshire, Franklin, Hampshire, and Hampden counties we request that the proposed amendments not progress further and would be happy to participate in editing or redrafting of future amendments on the topic of vaccination requirements for EMS agencies.

Respectfully submitted,

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