

COMMITTEE ON HEALTH, HOSPITALS AND
HUMAN SERVICES

12/7/2023-REPORTED OUT TO THE FLOOR

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BILL NO. 35-0119

Thirty-Fifth Legislature of the Virgin Islands

August 22, 2023

An Act amending title 19 Virgin Islands Code by adding a chapter 7A directing the Department of Health to develop and approve Mobile Integrated Healthcare Programs

PROPOSED BY: Senators Marise C. James and Angel L. Bolques, Jr.
Co-sponsors: Ray Fonseca, Novelle E. Francis, Jr. and
Samuel Carrión

1 *Be it enacted by the Legislature of the Virgin Islands:*

2 **SECTION 1.** Title 19 Virgin Islands Code is amended by adding a chapter 7A to read
3 as follows:

4 **“Chapter 7A. Mobile Integrated Healthcare Programs**

5 **§ 155. Definitions**

6 As used in this chapter:

7 (1) “Community paramedic” means an individual who:

8 (A) is licensed as a paramedic;

1 (B) meets the requirements for additional licensure as a community paramedic
2 under this chapter that may be required by the Commissioner of the Department;

3 (C) works within a designated MIH program under medical control as part of a
4 community-based team of health and social services providers; and

5 (D) provides services to a patient who has been identified by the individual's
6 treating physician as an individual for whom community paramedic services would
7 likely:

8 (i) prevent admission to or allow discharge from a nursing facility;

9 (ii) prevent readmission to a hospital or nursing home; or

10 (iii) prevent injury and illness.

11 (2) "Emergency department avoidance or ED avoidance" means a component of an
12 MIH program that, after primary ambulance response, assessment, and consultation with on-
13 line medical direction, utilizes community paramedics with advanced training and nurse
14 practitioners to manage the patient as an MIH patient in accordance with this chapter and
15 Department guidelines.

16 (3) "Emergency medical services" or "EMS" means providing any of the following:

17 (A) emergency ambulance services or other services, including extrication and
18 rescue services, utilized in serving an individual's need for immediate medical care to
19 prevent loss of life or aggravation of physiological or psychological illness or injury; or

20 (B) transportation services, acute care, chronic condition services, disease
21 management services, or other healthcare services provided as part of a MIH program.

1 (4) “Healthcare facility” means a licensed institution providing healthcare services or
2 a healthcare setting, including, but not limited to, hospitals and other licensed inpatient centers,
3 ambulatory, surgical or treatment centers, skilled nursing centers, residential treatment centers,
4 diagnostic, laboratory and imaging centers, and rehabilitation and other therapeutic health
5 settings.

6 (5) “Healthcare personnel” or “personnel” means an individual or individuals employed
7 by or affiliated with a healthcare provider, who provide direct patient care, to include, but is not
8 limited to, community paramedics, EMS personnel, nurses, nurse practitioners, physician
9 assistants, and social workers.

10 (6) “Healthcare provider” means a provider of medical, behavioral or health services,
11 or any other person or organization that is paid for healthcare services delivery in the normal
12 course of business, to include primary care providers, home care agencies, visiting nurse
13 associations, or other in-home services. A visiting nurse association, also known as a visiting
14 nurse agency or home healthcare agency or association, means any of various organizations
15 that provide home healthcare and hospice services through a network of nurses, therapists,
16 social workers, and other healthcare associates for patients who are housebound, recovering
17 from an illness or injury, or are living with a disability or chronic condition.

18 (7) “Medical control” means the clinical oversight provided by a physician or existing
19 primary care provider to all components of the MIH program, including medical direction,
20 training, scope of practice, continuous quality assurance and improvement of healthcare delivery
21 and clinical protocols.

1 (8) “Medical direction” means the authorization for treatment provided by a physician
2 or existing primary care provider to healthcare personnel in accordance with clinical protocols,
3 whether on-line through direct communication, or telecommunication, or off-line through
4 standing orders.

5 (9) “Scope of practice” mean the procedures, actions, activities, and processes that
6 healthcare personnel are permitted to undertake in keeping with the terms of their professional
7 license and is limited to that which the law allows for the specific education, experience, and
8 demonstrated competency.

9 **“§ 156. Development and approval of mobile integrated healthcare programs**

10 (a) Mobile Integrated Healthcare (“MIH”) means patient-centered care delivered in a
11 patient's home or in a mobile environment that focuses on improving patient outcomes by
12 integrating the larger spectrum of community healthcare and technology.

13 (b) MIH components include traditional emergency medical services (“EMS”)
14 response, community paramedics, physician assistants, nurse practitioners, community health
15 workers, social workers, mental health providers, 911 nurse triage lines, public safety,
16 telemedicine, and alternate destination or emergency room diversion.

17 (c) A Department-approved MIH program, including MIH programs with an emergency
18 department avoidance component, that utilizes healthcare personnel to deliver healthcare services
19 to patients in an out-of-hospital environment in coordination with healthcare facilities or
20 healthcare providers may provide healthcare services such as chronic disease management,
21 dental care, behavioral health, maternal and infant health, preventative care, post-discharge follow-
22 up visits, or transport or referral to facilities other than a hospital emergency department.

1 (d) The Virgin Islands Department of Health (“Department”) shall develop and approve
2 mobile integrated healthcare programs consistent with its role as the territorial lead agency for
3 healthcare-related services. In so doing, the Department shall consider the following:

4 (1) the type of healthcare that can be provided under the program;

5 (2) the training, educational, and certification requirements for community
6 paramedics and other healthcare personnel in providing services under the program;

7 (3) the degree of oversight, reporting, and enforcement needed for the program;

8 (4) relevant standards and criteria developed or adopted by nationally recognized
9 agencies or organizations; and

10 (5) the recommendations of interested stakeholders.

11 (e) The Department, pursuant to its mandate under 3 V.I.C. § 418(a) and its
12 responsibility under 3 V.I.C. § 418(a)(11), and its licensing and certification authority under
13 chapter 15 of this title, shall establish or approve MIH programs that meet the following criteria:

14 (1) provide pre-hospital and post-hospital services as a coordinated continuum
15 of care that fully supports the patient's medical needs;

16 (2) address gaps in service delivery and prevent unnecessary hospitalizations, or
17 other harmful and wasteful resource delivery;

18 (3) focus on partnerships through contracts or otherwise between healthcare
19 providers and healthcare facilities, as defined in this chapter, respectively, that promote
20 coordination and utilization of existing personnel and resources without duplication of
21 services;

1 (4) adhere to clinical standards and protocols adopted by the Department to
2 ensure that MIH healthcare providers employed by healthcare facilities provide
3 healthcare services or treatment within their scope of practice;

4 (5) dispatch only those community paramedics or other healthcare providers
5 employed by a healthcare facility who have—received appropriate training and
6 demonstrate competency in the MIH clinical protocols;

7 (6) meet appropriate standards related to capacity, location, personnel, and
8 equipment;

9 (7) provide access to qualified medical control and medical direction;

10 (8) provide a secure and effective medical communication subsystem linkage for
11 online medical direction;

12 (9) have an activated 911 system to ensure that if an MIH program patient
13 experiences a medical emergency during an MIH visit there will be a rapid response by
14 emergency services;

15 (10) ensure compliance with all territorial and federal privacy requirements
16 regarding patient medical records and other individually identified patient health
17 information; and

18 (11) ensure that healthcare providers operating MIH programs collect and
19 maintain data of mobile integrated health services, including statistics on mortality and
20 morbidity; the information needed to review access, availability, quality, cost, and third-
21 party reimbursement for the services; and coordinate and perform the data collection in
22 conjunction with other data-collection activities.

1 (f) In addition, the Department shall examine how 911 triage assessment tools may be
2 incorporated into MIH, with the objective of enhancing the efficiency and effectiveness of MIH
3 programs.

4 **§ 157. Mobile Integrated Healthcare Revolving Fund**

5 (a) There is established a separate and distinct fund within the Treasury of the
6 Government of the Virgin Islands, the Mobile Integrated Healthcare Revolving Fund (“the
7 Fund”). The Fund is established to fund the development, implementation, and services of the
8 mobile integrated healthcare program within the Department of Health. The Commissioner of
9 Finance shall maintain and provide for the administration of the Fund.

10 (b) The Fund consists of all sums appropriated to it from time to time by the Legislature
11 of the Virgin Islands, federal monies, public and private grants, donations, gifts, and bequests
12 of all money made to the Fund.

13 (c) The Commissioner of Finance shall disburse monies deposited into the Fund upon
14 warrant of the Commissioner of Health. Monies in the Fund must be used solely for the benefit
15 of the mobile integrated healthcare program, including administrative expenses, personnel
16 expenses, equipment costs, and all reasonable direct and indirect costs required to implement
17 and support the program.

18 (d) The Commissioner of Finance shall maintain a record of all monies deposited into
19 and disbursed from the Fund and shall report the status of the Fund annually to the Governor,
20 the Legislature, and the Commissioner of Health,

21 **SECTION 2.** Not later than 120 days after the effective date of this act, the
22 Commissioner of the Virgin Islands Department of Health shall adopt regulations to implement

1 and administer mobile integrated healthcare programs, licensing and certification, medical
2 protocols and guidelines, Health Insurance Portability and Accountability Act of 1996
3 compliance, reimbursement and billing, quality assurance and performance metrics, and
4 collaborative agreements.

5 **BILL SUMMARY**

6 This bill mandates that the Virgin Islands Department of Health establish mobile
7 integrated healthcare programs and provides the criteria that must be considered in establishing
8 various models of the MIH program. It also defines important terms in the chapter. The bill
9 establishes the Mobile Integrated Healthcare Revolving Fund and requires the monies in that
10 Fund to be used solely for the Department of Health's mobile integrated healthcare program.
11 Finally, the bill mandates that the Commissioner of Health promulgate regulations to
12 administer the chapter.

13 **BR23-0253/August 2, 2023/SLR**