

2018 RESOLUTIONS

RESOLUTION

COST ESTIMATE

RESOLUTION #1

**NON-PROFIT HOSPITAL/HEALTH SYSTEM 911 BASED
AMBULANCE REIMBURSEMENT & REQUIREMENTS**

NONE

Legislative Committee

RESOLUTION #2

**RE-ALIGN MASSACHUSETTS OEMS & MIH UNDER THE DIRECTION OF THE
EXECUTIVE OFFICE OF PUBLIC SAFETY & SECURITY**

NONE

Legislative Committee

RESOLUTION #3

**PFFM MEMBERS RESPONDING TO ACTIVE SHOOTER & OTHER HOSTILE
EVENTS**

NONE

Legislative Committee

RESOLUTION #4

POST TRAUMATIC STRESS DISORDER (PTSD)

NONE

Legislative Committee

RESOLUTION #5

PFOA'S

NONE

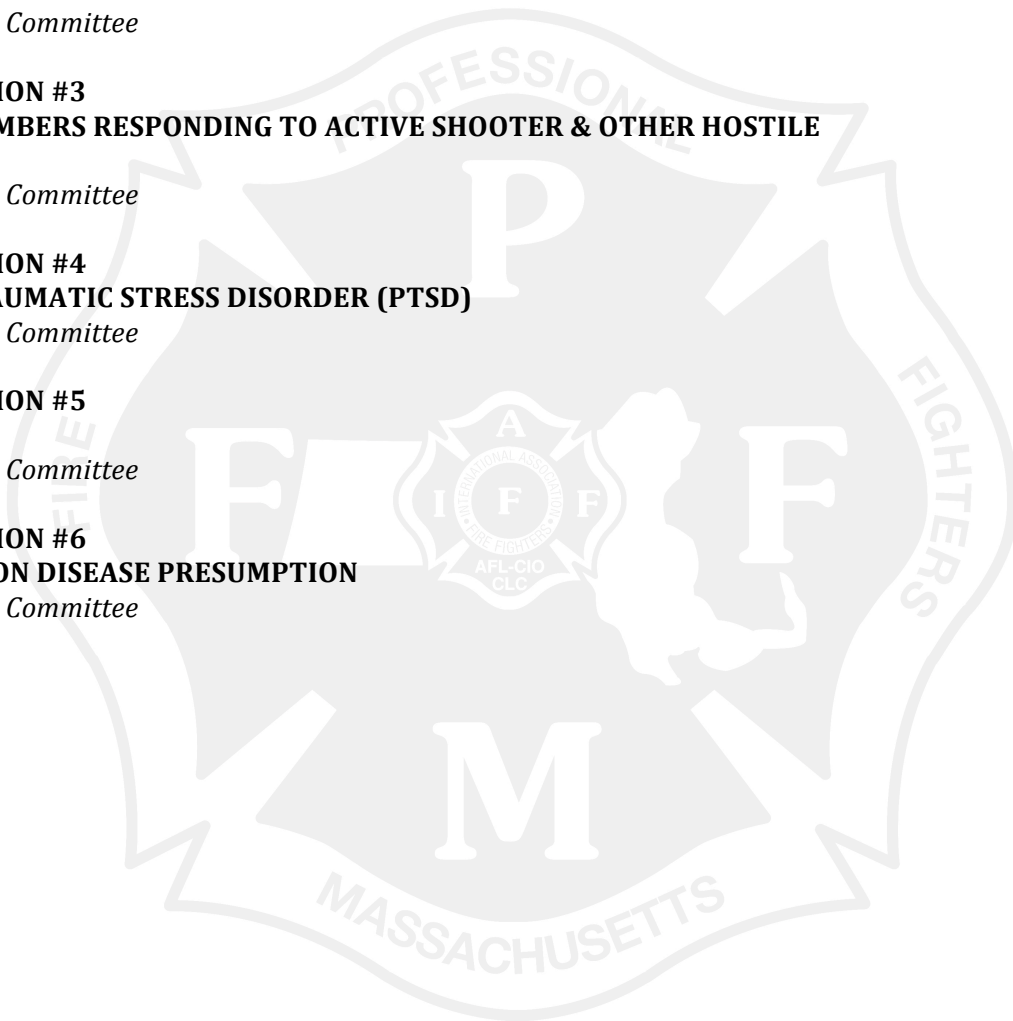
Legislative Committee

RESOLUTION #6

PARKINSON DISEASE PRESUMPTION

NONE

Legislative Committee



1 RESOLUTION NO. 1

2 Legislative Committee

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5 **RE: NON-PROFIT HOSPITAL/HEALTH SYSTEM 911 BASED**
6 **AMBULANCE REIMBURSEMENT & REQUIREMENTS**
7

8 WHEREAS: Commercial Payers, Medicare and Medicaid reimbursement models
9 along with the associated statutory and regulatory laws are driving
10 changes in traditional healthcare delivery and the design of local EMS
11 systems; and
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13 WHEREAS: Local healthcare systems are changing to embrace the savings or
14 avoid penalties set forth in the ACA including the delivery of 911
15 based EMS Services; and
16

17 WHEREAS: A Non-Profit Hospital/Health System has begun to evaluate and
18 operationalize 911 based EMS services; and
19

20 WHEREAS: Non-Profit Hospital/Health System has significant funding streams that limit
21 the risk and exposure of beginning and operating a 911 based ambulance
22 service; and
23

24 WHEREAS: Non-Profit Hospital/Health System could have better buying power on
25 equipment and supplies; and
26

27 WHEREAS: Non-Profit Hospital/Health System is allowed to collect ambulance
28 reimbursement under various section of Medicare, Medicaid and
29 commercial insurance that public EMS systems cannot; and
30

31 WHEREAS: Non-Profit Hospital/Health System with different billing rates, less overall
32 cost and the ability to collect data from all EMS service that deliver patients
33 into the Non-Profit Hospital/Health, makes them a potential threat to Fire
34 Based EMS services across the Commonwealth; therefore, be it
35

36 RESOLVED: That if any such Non-Profit Hospital/Health System provider licensed under
37 Chapter 111 of the General Laws is awarded a 911 contract, so-called, by a
38 municipality, such hospital or provider shall contribute 33% of the gross
39 ambulance receipts toward the cost of such municipality's fire based service
40 for the purposes of enhancing such city or town's public safety
41 infrastructure and fire based services; and, be it further
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43 RESOLVED: That if a Non-Profit Hospital/Health System provider licensed under
44 Chapter 111 of the General Laws is awarded a 911 contract, so-called, by a
45 municipality, such hospital or provider shall pay no less than 50% of the
46 gross ambulance receipts of the cost to operate the Public Safety Answering
47 Point (PSAP), so-called, in order to support the dispatching of 911 services
48 in such municipality; and, be it further

49 RESOLVED: That the Non-Profit Hospital/Health System ambulance provider shall be
50 required to report all collected revenues to the Massachusetts Center for
51 Health Information and Analysis (CHIA) each year.
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54 /s/ EMS Committee, PFFM
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56 COST ESTIMATE: **NONE**
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59 COMMITTEE RECOMMENDATION:
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62 CONVENTION ACTION:



1 RESOLUTION NO. 2

2 Legislative Committee

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5 **RE: RE-ALIGN MASSACHUSETTS OEMS & MIH UNDER THE DIRECTION**
6 **OF THE EXECUTIVE OFFICE OF PUBLIC SAFETY & SECURITY**
7 **(EOPSS)**
8

9 WHEREAS: The current structure in Massachusetts EMS oversight is listed as the
10 Office of Emergency Medical Services which is a division of Health,
11 Quality and Safety under the Department of Public Health; and
12

13 WHEREAS: Numerous layers of oversight exist in the current structure of OEMS
14 and DPH making new and innovative changes difficult and timely; and
15

16 WHEREAS: Many of the laws in place that provide oversight for OEMS
17 administration, oversight and governance were created when the EMS
18 system was first developed; and
19

20 WHEREAS: Many of the current practices are proven that they create in the delay
21 of oversight of EMS. The most glaring is the size of the Emergency
22 Medical Care Advisory Board (EMCAB). Even with over 40 members,
23 the committee constantly struggles to achieve a quorum. A lack in
24 quorum just adds an unnecessary delay in advisement to the
25 leadership of the Office of Emergency Medical Services (OEMS) and
26 the Department of Public Health (DPH); and
27

28 WHEREAS: In a 2015 study, Massachusetts is currently the 39th worst funded EMS
29 system in America (\$0.24 per capita versus Utah, who is the best
30 funded, at \$4.02 per capita. Median is \$0.80 per capita spending), and
31 under federal annual per capita, Massachusetts ranks 32nd out of 45
32 states (\$0.11 per capita compared to a total group per capita of \$0.37
33 and to Wyoming's high of \$2.60 per capita). Permanent and reliable
34 funding along with a streamlined governance system remain the most
35 significant roadblocks to needed EMS improvements and reforms in
36 Massachusetts. The state fiscal year 2015 (FY 2015) budget allows
37 DPH to expend \$2.6 million in revenue collected from ambulance
38 licensure and recertification of EMS providers. Any additional
39 revenues collected over the \$2.6 are sent to the General Fund;
40 therefore, be it
41

42 RESOLVED: That MGL 111c "Emergency Medical Services System" and MGL
43 Chapter 111o "Mobile Integrated Health Care" will be changed in the
44 appropriate sections to have the Executive Office of Public Safety and
45 Security (EOPSS) be the governing body.
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/s/ EMS Committee, PFFM

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49 COST ESTIMATE: **NONE**

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52 COMMITTEE RECOMMENDATION:

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55 CONVENTION ACTION:



1 RESOLUTION NO. 3

2 Legislative Committee

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5 **RE: PFFM MEMBERS RESPONDING TO ACTIVE SHOOTER AND OTHER**
6 **HOSTILE EVENTS**
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8 WHEREAS: The emerging threat of homegrown violent extremists (HVE)
9 conducting acts of terrorism, specifically, small unit "active shooter"
10 and improvised explosive device (IED) attacks, remains a concern for
11 the fire service; and
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13 WHEREAS: An attack by radicals armed with weapons in public areas, such as
14 concert halls, hotels, schools, shopping malls, churches or any other
15 locations where people congregate is a real threat to a sense of security
16 and daily lives; and
17

18 WHEREAS: "Active shooter" scenarios are unfolding across the nation; homegrown
19 violent extremists are finding new ways to attack innocent people
20 during mass gathering events or in their everyday lives; and
21

22 WHEREAS: These new tactics include use of edged weapons, vehicle ramming, and
23 fire used as a weapon; and
24

25 WHEREAS: Fire and Law Enforcement departments, regardless of size or capacity,
26 must find ways to marshal appropriate and effective responses to these
27 events; and
28

29 WHEREAS: Local fire and law enforcement departments faced with responding to
30 active shooter and other hostile events are establishing standard
31 operating procedures to deal with these unusual, highly volatile, and
32 extraordinarily dangerous scenarios; and
33

34 WHEREAS: Fire and Law Enforcement departments, regardless of size or capacity,
35 must find ways to marshal appropriate and effective responses to these
36 events; and
37

38 WHEREAS: PFFM local leaders throughout the Massachusetts need information
39 and guidance as these protocols are developed and negotiated;
40 therefore, be it
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42 RESOLVED: That the PFFM support and promote the NFPA 3000 Standard for
43 Preparedness and Response to Active Shooter and/or Hostile Events;
44 and, be it further
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47 RESOLVED: That the PFFM file legislation to adopt the NFPA 3000 Standard as
48 the standardized guideline for Active Shooter response in
49 Massachusetts; and, be it further

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51 RESOLVED: That law enforcement and fire departments should train together
52 both initially and regularly to assure all personnel are prepared for
53 response as assigned; and, be it further

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55 RESOLVED: That fire departments must ensure appropriate protective gear for
56 personnel exposed to risk just as they provide PPE for response to
57 fire; and, be it further

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59 RESOLVED: That fire departments must provide post-response behavioral
60 health programs for responders to these events; and, be it further

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62 RESOLVED: That the PFFM and its local affiliates advocate for these minimum
63 best practices whenever they are involved in the planning for
64 response to these events; and, be it further

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66 RESOLVED: That the PFFM transmit copies of this resolution to the Fire Chiefs
67 Association of Massachusetts and all national law enforcement
68 organizations, both management and labor, and the PFFM shall
69 encourage these organizations to adopt the tenets of this resolution.

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71 /s/ EMS Committee, PFFM

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73 COST ESTIMATE: **NONE**

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76 COMMITTEE RECOMMENDATION:

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79 CONVENTION ACTION:

1 RESOLUTION NO. 4

2 Legislative Committee

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5 **RE: POST TRAUMATIC STRESS DISORDER (PTSD)**

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7 WHEREAS: Firefighting is one of the most dangerous occupations in the country;
8 and
9

10 WHEREAS: Fire Fighters are exposed to tremendous stressors and traumatic
11 events throughout their career; and
12

13 WHEREAS: Data shows the frequency of PTSD and other Behavioral Health Issues
14 resulting from job exposure is more than twice the National average
15 in Firefighters than the General population; and
16

17 WHEREAS: The rates of suicide and self-harm due to the challenges and stressors
18 of Firefighting has been increasing exponentially in recent years; and
19

20 WHEREAS: Fire and Law Enforcement departments, regardless of size or capacity,
21 must find ways to marshal appropriate and effective responses to these
22 events; and
23

24 WHEREAS: If left untreated, PTSD leads to very serious consequences, rendering
25 Fire Fighters from being able to perform their duties or even suicide;
26 therefore be it
27

28 RESOLVED: That the PFFM make mental health wellness a priority by actively
29 lobbying the Massachusetts State House to have PTSD recognized as
30 an on the job injury; and, be it further
31

32 RESOLVED: That the PFFM file legislation to adopt the NFPA 3000 Standard as the
33 standardized guideline for Active Shooter response in Massachusetts;
34 and, be it further
35

36 RESOLVED: That the PFFM protect Fire Fighters by drafting legislation to make
37 PTSD and Behavioral health issues and conditions that are presumed
38 to have been suffered in the line of duty for purposes of benefits
39 provided under MGL Ch. 32.
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41 /s/ Somerville Local 76

42 COST ESTIMATE: **NONE**

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44 COMMITTEE RECOMMENDATION:

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46 CONVENTION ACTION:

1 RESOLUTION NO. 5

2 Legislative Committee

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5 **RE: PFOA'S**

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7 WHEREAS: Cancer rates among Fire Fighters are disproportionately high in
8 comparison to the civilian population; and
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10 WHEREAS: The causes of Fire Fighter occupational Cancer varies greatly; and
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12 WHEREAS: A cause of Fire Fighter occupational Cancer is believed to be related to
13 the materials used to produce Fire Fighter turnout gear; and
14

15 WHEREAS: These products can be specifically identified as the perfluorinated
16 compounds known as perfluorooctanoic acids (PFOA's) and
17 perfluorooctane sulfonates (PFOS's); therefore be it
18

19 RESOLVED: That the Professional Fire Fighters of Massachusetts file legislation to
20 further the testing, studying, and regulations of PFOA's and PFOS's in
21 the manufacture of Fire Fighter turnout gear.
22

23 /s/ Worcester Local 1009

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25 COST ESTIMATE: **NONE**

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28 COMMITTEE RECOMMENDATION:
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31 CONVENTION ACTION:

1 RESOLUTION NO. 6

2 Legislative Committee

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5 **RE: PARKINSON DISEASE PRESUMPTION**

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7 WHEREAS: Throughout the years, the PFFM have known of, and experienced first
8 hand the dangers toxic products of combustion poses to our
9 members; and

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11 WHEREAS: Exposure to toxins is known to be a contributing factor to the
12 contacting of Parkinson's disease

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14 WHEREAS: Our members put their lives on the line every day to protect their
15 communities and if become sick shouldn't have to worry about
16 payment of medical expenses, disability retirement benefits, lost
17 wages, or benefits for spouse/family; and

18
19 WHEREAS: Massachusetts still does not provide Parkinson's disease presumptive
20 protections for its' firefighters who contract this illnesses in the
21 performance of their duties; therefore be it

22
23 RESOLVED: That the Professional Fire Fighters of Massachusetts (PFFM) again file
24 legislation to amend MGL Chapter 41, Section 111F and Chapter 32
25 Retirement Systems and Pensions to include Parkinson's diseases by
26 inserting after section 94B the following section: - "Section 94C.
27 Notwithstanding the provisions of any general or special law to the
28 contrary affecting the non-contributory or contributory system, any
29 condition of impairment of health caused by Parkinson's disease
30 resulting in total or partial disability or death to a uniformed member
31 of a paid fire department, shall, if he/she successfully passed a
32 physical examination on entry into such service, or subsequently
33 successfully passed a physical examination, which examination failed
34 to reveal any evidence of such condition, be presumed to have been
35 suffered in the line of duty, unless the contrary be shown by
36 competent evidence.

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39 /s/ Westfield Local 1111

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41 COST ESTIMATE: **NONE**

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44 COMMITTEE RECOMMENDATION:

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47 CONVENTION ACTION:

CURRENT PFFM LEGISLATION STATUS

HB413 - An Act increasing the annual stipend for members of the Commonwealth's hazardous material response teams

- Referred to House Committee on Ways & Means

HB1242 - An Act relative to critical incident intervention by emergency service providers - Ordered to a third reading

HB1245/1175 - An Act to protect children, families, and firefighters from harmful flame retardants - Extension order filed until 7/13/2018

HB1326 - An Act relative to residency- Accompanied study order

HB1328 - An Act relative to the Devens Fire Department - Signed by the Governor

HB1361/SB1386 - An Act relative to firefighters cessation program

- Attached to favorable report by Joint Committee

HB1444 - An Act providing a bone marrow registry for firefighter candidates - Joint Committee on Health Care Financing

HB1446 - An Act pertaining to firefighter disability - Joint Committee on Health Care Financing

HB1455 - An Act relative to Parkinson's disease disability and death in firefighters - Referred to House Committee on Ways & Means

HB2515 - An Act relative to disability benefits - Ordered to a third reading

HB2790 - An Act directing the Fall River Retirement Board to pay a certain retirement benefit to the surviving spouse of Adam Franco - Signed by the Governor

HB3237/SB1192 - An Act relative to emergency medical services oversight - Joint Committee on Health Care Financing

HB3240 - An Act relative to HLTV 111 tests - Extension order filed until 7/13/2018

HB3278 -- An Act relative to disability or death caused by contagious diseases, presumption - Referred to House Committee on Ways & Means

HB3279/4260 - An Act relative to survivor retirement benefits

- Referred to House Committee on Ways & Means

HB3289 - An Act relative to firefighter training

- Referred to House Committee on Ways & Means

HB3520 - An Act establishing a municipal bulk purchasing program for industrial washing machines for fire departments

- Referred to House Committee on Ways & Means

HB4098 - Resolve reviving and continuing the special commission studying cutting, welding and hot work processes regulated by the state fire code - Signed by the Governor

HB4535 - An Act relative to the disability retirement of Brian Patrick Carroll, a firefighter for the city of Worcester- Referred to Joint Committee on Public Service

SB404 - An Act relative to increasing the annual stipend for members of the Commonwealth's Hazardous Material Response Team - Referred to Senate Committee on Ways & Means

SB1380 - An Act relative to the creation of the Commonwealth Technical Rescue Regions and Coordinating Council - Referred to Senate Committee on Ways & Means

SB1400 - An Act relative to the annual allowance for certain survivors of public retirees and employees - Referred to Senate Committee on Ways & Means

SB1401 - An Act relative to option (D) beneficiaries - Referred to Senate Committee on Ways & Means

SB1424 - An Act relative to GIC dental and vision benefits for municipal employees - Referred to Senate Committee on Ways & Means

