

Unofficial Draft Copy

As of: August 11, 2008 (2:59pm)

LC0117

**** Bill No. ****

Introduced By *****

By Request of the Children, Families, Health, and Human Services
Interim Committee

A Bill for an Act entitled: "An Act providing for evaluation of emergency medical service run reviews for quality improvement purposes; providing definitions; authorizing the department of public health and human services to request local EMS medical run reviews and provide rules; establishing standards for run reviews in EMS council meetings; requiring the confidentiality of medical run review data in some instances; amending section 50-6-302, MCA; and providing an immediate effective date."

Be it enacted by the Legislature of the State of Montana:

NEW SECTION. **Section 1. Legislative purpose.** The public welfare requires the providing of assistance and encouragement for the development of enhanced review, evaluation, and improvement of emergency medical services, at the state and local level, within the state of Montana in order to ensure the provision of the highest quality emergency medical services to the residents of the state.

Section 2. Section 50-6-302, MCA, is amended to read:

"50-6-302. Definitions. As used in this part, unless the context requires otherwise, the following definitions apply:

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(1) "Aircraft" has the same meaning given in 67-1-101. The term includes any fixed-wing airplane or helicopter.

(2) (a) "Ambulance" means a privately or publicly owned motor vehicle or aircraft that is maintained and used for the transportation of patients.

(b) The term does not include:

(i) a motor vehicle or aircraft owned by or operated under the direct control of the United States; or

(ii) air transportation services, such as charter or fixed-based operators, that are regulated by the federal aviation administration and that offer no special medical services or provide only transportation to patients or persons at the direction or under the supervision of an independent physician.

(3) "Department" means the department of public health and human services provided for in 2-15-2201.

(4) "Emergency medical service" means a prehospital or interhospital emergency medical transportation or treatment service provided by an ambulance or nontransporting medical unit.

(5) "Emergency medical technician" has the meaning provided in 50-6-202(2).

(6) "EMS council" means a state or local group of emergency medical service personnel and health care professionals who serve to provide standards of service operation for air and grounds medical transport by critiquing care to improve patient outcome and developing medical standards for on-going system review and quality improvement.

~~(5)~~(7) "Medical control" means the function of a licensed

physician in providing direction, advice, or orders to an emergency medical service provider.

(5)(8) "Medical run review" means review of an emergency medical call for service after the call has been completed.

(6)(9) "Nontransporting medical unit" means an aggregate of persons who are organized to respond to a call for emergency medical service and to treat a patient until the arrival of an ambulance. Nontransporting medical units provide any one of varying types and levels of service defined by department rule but may not transport patients.

(7)(10) "Offline medical director" means a physician who is responsible and accountable for the overall medical direction and medical supervision of an emergency medical service and who is responsible for the proper application of patient care techniques and the quality of care provided by the emergency medical services personnel. The term includes only a physician who volunteers the physician's services as an offline medical director or whose total reimbursement for those services in any 12-month period does not exceed \$5,000.

(8)(11) (a) "Patient" means an individual who is sick, injured, wounded, or otherwise incapacitated or helpless.

(b) The term does not include an individual who is nonambulatory and who needs transportation assistance solely because that individual is confined to a wheelchair as the individual's usual means of mobility.

(12) "Peer review" means an evaluation of emergency medical services by a state or local professional council of emergency

medical service providers or health care providers.

(9)(13) "Person" means an individual, firm, partnership, association, corporation, company, group of individuals acting together for a common purpose, or organization of any kind, including a governmental agency other than the United States.

(14) "Quality improvement" means the process of defining medical/trauma care system performance standards, collecting data against which the standards may be applied, using the data to determine compliance with the standards, and using the data and compliance information in a nonpunitive manner, including peer review, that will continuously improve performance and facilitate compliance with the standards."

{ Internal References to 50-6-302:
50-6-401 50-6-501 }

NEW SECTION. **Section 3. Powers and duties of department -- rule making authority.** (1) The department shall request local EMS council medical run reviews for purposes of conducting statewide medical run reviews for quality improvement purposes in order to evaluate the performance of the emergency medical services system and to plan systematically for improvements in the system at all levels.

(2) In order to carry out the provisions of this part, the department shall prescribe and enforce rules for EMS councils, including rules maintaining confidentiality of information provided to the department in [section 4].

(3) The department shall develop mechanisms for protecting and continually evaluating patient data, in addition to measuring the effectiveness of the protection mechanisms utilized. The rules shall specify that examination of data, reports, and deliberations regarding medical run reviews be used only for medical quality assurance and quality improvement activities.

(4) The department shall establish criteria for a quality improvement program based upon medical run reviews which should include:

(a) an assessment of how the system is currently functioning according to the performance standards;

(b) identification of system improvements that are needed to exceed the standards; and

(c) a mechanism to measure the improvements once implemented.

NEW SECTION. Section 4. EMS council meetings. State or local EMS council meetings must be open to the public, and the information presented at the meetings is public, unless the council determines that the meeting, or a portion of the meeting, will perform quality improvement activities such as peer review or performance improvement activities, in which case:

(1) The meeting, or relevant portion of the meeting, is limited to:

(a) members of the council; and

(b) individuals who further the process of quality

improvement, are invited by the EMS council chairperson, and are approved by the EMS council in advance.

(2) Each council member and individual must sign a form indicating they will not divulge any proceedings of the closed meeting, conversations during the meeting, or documents used during the meeting beyond what is required by subsection (4).

(3) Minutes of the closed meeting must be kept and must include:

(a) date, time, and place of the meeting;

(b) list of the members in attendance; and

(c) topics discussed, with personal identifying information removed.

(4) Information other than what must be included in the minutes is confidential and not discoverable, but may be given to the department for purposes of [section 3].

NEW SECTION. Section 5. Confidentiality. (1) Review of data, or discussion of data, contained in the EMS council state or local medical run review for purposes of evaluation and improvement is not subject to discovery in a civil action and may not be introduced into evidence in a judicial or administrative proceeding.

(2) Data and reports concerning quality improvement, or the quality of field care, provided by emergency medical technicians to an offline medical director, on behalf of an EMS council, as well as the proceedings of the EMS council meetings concerning

medical run reviews as specified in [section 4] are not subject to discovery in a civil action and may not be introduced into evidence in a judicial or administrative proceeding.

(3) Information in an offline medical director report that is used to evaluate and improve the quality of emergency medical service field care is not subject to discovery and may not be introduced as evidence in a judicial or administrative proceeding.

NEW SECTION. Section 6. {standard} Codification instruction. [Sections 1 and 3 through 5] are intended to be codified as an integral part of Title 50, chapter 6, and the provisions of Title 50, chapter 6, apply to [sections 1 and 3 through 5].

NEW SECTION. Section 7. {standard} Effective date. [This act] is effective on passage and approval.

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{Name : Lisa A. Mecklenberg Jackson
Title : Legislative Staff Attorney
Agency : Legislative Services
Phone : 444-4024
E-Mail : Ljackson@mt.gov}