

Legislation 2017

Community Health EMS

First described in 1996 EMS Agenda for the Future, community health EMS (CHEMS) is an emerging healthcare delivery model that increases access to basic services through the use of trained emergency medical service (EMS) providers. CHEMS expands the traditional 9-1-1 role of emergency responders to primary care such as health assessments, monitoring of chronic disease, medication reconciliation and follow-up after hospital discharges. Community Health Providers (EMTs and paramedics) can fill gaps in healthcare access (especially in rural communities) and they can complement the roles of other health care providers such as home health and public health.

CHEMS is important for two reasons:

- 1) CHEMS can help fill gaps in health care, especially in our rural communities with limited health care services and providers. EMS is still in most communities, even if there is no longer a hospital or clinic there. Even in communities where public health and home health programs exist, their resources are often limited. CHEMS can enhance these programs by becoming part of the team to provide services to their patients. Additionally, many patients do not qualify for such programs and their access to basic healthcare may very well be the 9-1-1 call and ambulance ride to an emergency room – an expensive and resource intensive option and not the most appropriate way to receive primary care.
- 2) EMS services and providers are also becoming a limited resource. Current volunteers are aging and not enough new ones are getting trained to fill service rosters. While CHEMS will not by itself save rural EMS services from extinction, it can extend the EMS life of older EMTs and it can be a strategy to help support paid community health EMTs and paramedics to supplement volunteer workforces.

While there are challenges to development of CHEMS such as education, medical oversight and reimbursement reform for EMS, no less than 20 states have initiated legislation updates in order to accommodate CHEMS. Montana, like many states, formed its EMS office in the 1970's and legislative intent as to what 'emergency medical services' is have been long forgotten. Health care is changing and EMS is changing with it. Our authorizing legislation describes 'EMS services', 'EMS systems' and 'EMS programs' and it's not clear how they should be defined.

To date, BOME's legal counsel has interpreted that statutes only allow EMS to respond to 9-1-1 calls and CHEMS is not allowed. While a definitive legal interpretation of this is still needed, it's prudent to assure that there are no statutory stumbling blocks to the implementation of CHEMS. The attached draft CHEMS legislation:

- 1) Modifies the EMS Act to consistently use the term 'emergency care system' as the department's broad authority to continue to develop a 'system of systems' (EMS, trauma, cardiac, pediatric).
- 2) Adds language to the act to clarify the department's role to access and revise functions and components of the emergency care systems, as appropriate, to reflect changes in the overall health care system.
- 3) Modifies the ambulance service licensing act to authorize EMS services to be able to provide "community-based health care services that are integrated with the overall health care system".
- 4) Adds a new definition for an 'emergency care system' to clarify its use.
- 5) Modifies the BOME/DofL Emergency Medical Technician Act to allow EMTs and paramedics to provide 'community-based' health care.

Community paramedicine is coming and we need to assure that we're prepared statutorily. Recently, a ballot initiative to authorize EMTs to provide CHEMS services to veterans was filed. The effect of this initiative on CHEMS development is unknown. However, we need to begin work on this soon. Various health care providers such as home health and other nurses and the Montana Nurses Association will adamantly oppose this if they are not educated and engaged and invited as partners in how community health EMS should be implemented.

EMS Agenda for the Future (1996)

The Vision

Emergency medical services (EMS) of the future will be community-based health management that is fully integrated with the overall health care system. It will have the ability to identify and modify illness and injury risks, provide acute illness and injury care and follow-up, and contribute to treatment of chronic conditions and community health monitoring. This new entity will be developed from redistribution of existing health care resources and will be integrated with other health care providers and public health and public safety agencies. It will improve community health and result in more appropriate use of acute health care resources. EMS will remain the public's emergency medical safety net.

TITLE 50. HEALTH AND SAFETY

CHAPTER 6. EMERGENCY MEDICAL SERVICES

Part 1. Development of Program

50-6-101. Legislative purpose.

50-6-102. Department to establish and administer program.

50-6-103. Powers of department.

50-6-104. Interdepartmental cooperation required.

50-6-105. Emergency medical care standards -- review process.

50-6-101. Legislative purpose. The public welfare requires the providing of assistance and encouragement for the development of a comprehensive **emergency care system** for Montanans who each year are dying and suffering needlessly because of inadequate emergency medical services. The repeated loss of persons who die unnecessarily because necessary life-support personnel and equipment are not available to victims of accidents and sudden illness is a tragedy that can and must be eliminated. The development of an **emergency care system** is in the interest of the social well-being and health and safety of the state and all its people **who require emergency and community-based medical care.**

50-6-102. Department to establish and administer program. The department of public health and human services shall establish and administer an **emergency care system.**

50-6-103. Powers of department. (1) The department of public health and human services is authorized to confer and cooperate with any other persons, organizations, and governmental agencies that have an interest in emergency medical services problems and needs.

(2) The department is authorized to accept, receive, expend, and administer any funds that are now available or that may be donated, granted, or appropriated to the department.

(3) The department may, after consultation with the trauma care committee, the Montana committee on trauma of the American college of surgeons, the Montana hospital association, and the Montana medical association, adopt rules necessary to implement part 4 of this chapter.

(4) **The department shall continually assess and, as needed, revise the functions and components of the emergency care system that it regulates to improve the quality of emergency medical services and have the emergency care system adapt to changing emergency medical needs of the citizens of Montana.**

(5) **The emergency care system should be fully integrated with the overall health care system, and in particular, with the public health system, to identify, modify and manage illness and injury.**

TITLE 50. HEALTH AND SAFETY
CHAPTER 6. EMERGENCY MEDICAL SERVICES
Part 3. Ambulance Service Licensing

50-6-301. Findings

50-6-302. Definitions

50-6-304. Cooperative agreements -- gifts, grants, and donations

50-6-306. License required

50-6-307. License fee

50-6-308. Cancellation of license

50-6-310. Notice and hearing required.

50-6-311. Return of license for destruction or deletion

50-6-313. Inspections

50-6-314. Authority of department to compel and take testimony

50-6-315. County attorney to prosecute violations

50-6-316. Criminal and civil penalties

50-6-317. Liability protection

50-6-320. Private air ambulance service -- findings -- exemptions from insurance code

50-6-322. Staffing -- nonemergency ambulance transports -- transports in rural areas

50-6-323. Powers and duties of department

50-6-324. Advisory committee

50-6-325. Waiver of licensing requirements

50-6-326. Injunction to require compliance

50-6-327. Administrative enforcement

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

(5) "Emergency medical service" means an ambulance service or nontransporting unit licensed by the department to provide:

(a) prehospital or interfacility emergency medical transportation or treatment services, or

(b) community-based health care services that are integrated with the overall health care system.

(6) "Emergency care system" means an organized system of emergency medical care including prevention and community-based care of injury and illness, recognition of an emergency, access of the system, provision of prehospital care and definitive care in the hospital.

TITLE 50. HEALTH AND SAFETY
CHAPTER 6. EMERGENCY MEDICAL SERVICES
Part 2. Emergency Medical Technicians

50-6-201. Legislative findings -- duty of board.

50-6-202. Definitions.

50-6-203. Rules.

50-6-206. Consent.

50-6-207. Construction.

50-6-201. Legislative findings -- duty of board. (1) The legislature finds and declares that:

(a) a program for emergency medical technicians is required in order to provide the safest and most efficient delivery of emergency medical care, and

(b) prompt and efficient emergency medical care of the sick and injured at the scene and during transport to a health care facility is an important ingredient necessary for reduction of the mortality and morbidity rate during the first critical minutes immediately after an accident or the onset of an emergent condition, and

(c) community-based health care integrated with the overall health care system can help prevent illness and injury.

(2) The board has a duty to ensure that emergency medical technicians provide proper treatment to patients in their care.

Other Statutory Considerations

- Medicaid Legislation or Rules changes to allow CHEMS services to be reimbursed such as Nebraska, North Dakota, and Minnesota have implemented
- Consider liability protections
- Develop definitions of Community Health EMS under EMS service licensing rules
 - Service permit?
 - Program roles
 - Medical oversight
 - Reporting
- Develop definitions for Community Health EMT and Community Health Paramedic under BOME rules
 - Education
 - Medical direction
 - Endorsement?