

SJR 5: Emergency Medical Services

Final Study Plan

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INTRODUCTION

What if you had an accident, or suffered a heart attack or stroke, and no one was available to come when you dialed for help?

That concern prompted the introduction of Senate Joint Resolution 5 in the 2007 Legislature, a resolution requesting a study of the availability and viability of acute care and emergency medical services across Montana.

Legislators ranked the study 11th in the post-session poll of interim studies, and the Legislative Council in May assigned it to the Children, Families, Health and Human Services Interim Committee.

SJR 5 directs the committee to:

- gather information on the state's emergency care system;
- conduct a statewide assessment of issues that communities face relating to emergency medical services;
- identify challenges to the continued viability of the state's emergency care system; and
- identify objectives and strategies that will help ensure the continued viability of the system.

In gathering information, the committee is to work with the many stakeholders in this area, including local and tribal emergency services providers, emergency medical services systems, hospitals, physicians and other health care providers, elected officials, organizations representing emergency medical services providers, and state agencies.

EMS IN MONTANA

Montana's system of pre-hospital emergency medical services encompasses a vast array of paid and volunteer services, ranging from full-time, paid ambulance services run by private companies to volunteer emergency medical technicians who leave their regular jobs by day or their homes by night to answer calls for assistance. Some people simply provide care at the scene, until an ambulance can arrive, while others are licensed to transport and care for the victim all the way to the hospital.

By the Numbers

Approximately 4,300 Montanans are licensed as emergency medical technicians (EMTs) in one of four categories, based on the amount and type of training they have received. Nearly 90% of Montana's EMTs are licensed to provide basic life support, as First Responders or EMT-Basics.

First Responders are trained to treat and stabilize a patient at the scene, while EMT-Basics are trained to treat and stabilize a patient at the scene and safely transport the patient in an ambulance. About 400 of the EMTs are licensed as paramedics, meaning they have received 2,000 to 3,000 hours of training and may undertake many emergency medical procedures, such as inserting endotracheal tubes or administering emergency medications, while working on a patient at the scene or during transport to a hospital.

About 140 ambulance services are licensed in Montana, ranging from those operated by hospitals and local or tribal governments to those owned by private companies to serve either the public or the employees of a specific company. Another 125 non-transporting services, many located in remote, rural areas, are licensed to provide care until an ambulance can arrive.

Some EMS providers fear that a number of factors are taking a toll on the volunteer EMS force, making recruitment and retention of providers an ongoing concern.

Under the Law

Title 50, Chapter 6 of the Montana Code Annotated generally governs emergency medical services in Montana. This chapter:

- designates the Department of Public Health and Human Services (DPHHS) as the lead agency for the state's emergency care system, giving it the power to work with other agencies, to receive and expend funds available for emergency medical services, to inspect and license ambulance services, and to investigate complaints about the operation of any emergency medical service.
- gives the Board of Medical Examiners the authority to certify EMTs and to specify the training requirements and the scope of practice for various levels of licensure determined by the board.
- requires DPHHS to oversee the state's trauma care system, including setting standards for the various levels of trauma facilities, protocols for trauma care, and collection of data relating to severe and sudden injuries.
- creates EMS and trauma care advisory committees to help DPHHS in its efforts.

Within these broad guidelines established in law, local communities have wide latitude to establish and fund local emergency medical services.

Paying the Way

DPHHS receives about \$470,000 in general fund each year of the biennium to carry out its responsibilities for overseeing the assessment, planning, development and promotion of a comprehensive emergency medical care system. DPHHS also has received a variety of federal grants that have supported its efforts as the lead agency for Montana's emergency care system, including:

- development of and training for a trauma register that tracks information about the most severely injured patients in Montana hospitals.
- injury prevention, planning and training efforts focused on the needs of children.
- purchase and distribution of automated external defibrillators.

- distribution of home smoke alarms

The Board of Medical Examiners funds its licensure and training activities solely through EMT licensing fees.

Locally, emergency services are funded any number of ways. Private companies may offer full-time, paid employment to their ambulance and EMT crews. Volunteer forces may offer no compensation or a small stipend or minimum wage for each emergency call a person makes. Some cities or counties help support an ambulance service, while other services charge fees or seek donations.

EMS-Related Legislation in 2007

During the regular session, lawmakers considered a handful of EMS-related bills, including:

- SB 552, to provide a \$100 income tax credit for volunteer firefighters and EMTs who have been active, unpaid members of a volunteer service during the full fiscal year. The Legislature passed the bill handily, but the governor vetoed it.
- HB 639, to create a retirement system for volunteer emergency medical technicians. The bill was tabled in the House Appropriations Committee.
- HB 675, to levy a 20% surtax on residential property if the owner has not paid Montana income taxes in the previous year. The money would have been used for "state emergency services," which focus primarily on law enforcement and firefighting services but also include, under state law, ambulance or medical services. The bill was tabled in the House Taxation Committee.

STUDY RESOURCES

The issue of how best to provide emergency medical services has emerged around the country, particularly in rural states, as an issue of concern. Thus a number of resources exist for the committee to draw upon as it studies the emergency care system in Montana.

For example, several national groups conduct research and provide direction and assistance to the states on EMS matters, while several states have taken steps, through legislation or other means, to improve emergency services. Meanwhile, the EMS and Trauma Systems Section of DPHHS is planning for statewide EMS issues and will share information and survey results.

And the Legislative Audit Division is in the midst of a performance audit of the EMS and Trauma Systems Section, including field work to determine the number of paid and volunteer EMTs and providers. Audit materials will be made available to the committee throughout the study period; the division anticipates the audit will be completed in November 2007.

OUTLINE OF STUDY ACTIVITIES

The study will include the following activities during the time periods noted:

1. **Compile background information: June 2007-January 2008.** This stage includes several steps that will provide the committee with information on the current system and the concerns of those involved with the system, including:
 - a. reviewing published materials, existing Montana laws, efforts in other states, and survey results in Montana and elsewhere, if available. *Committee staff will disseminate background information to committee members via written reports and/or presentations at committee meetings throughout the study process.*
 - b. hearing from stakeholders during committee meetings. Staff envisions an overview presentation on the state's emergency care system by the Board of Medical Examiners and DPHHS's EMS and Trauma Systems Section, as well as subsequent testimony from EMS providers in both rural and urban areas, hospital representatives, local government officials, and other interested parties. *September 2007: Overview/information from state agencies. November 2007 and January 2008: Stakeholder presentations/testimony.*
 - c. presentations or written reports from Legislative Audit Division staff on the information gathered during the performance audit of the EMS and Trauma Systems Section and the division's recommendations to the Legislative Audit Committee. *November 2007: Audit results from LAD staff.*
2. **Identify issues: January 2008.** Study activities at this meeting will include discussing the information compiled to date, with committee identification of issues it would like to address with further analysis or legislation. The study resolution specifically asks that the committee identify challenges to the continued viability of emergency care services in Montana. This phase of the study will help the committee focus its attention on those issues it considers of greatest importance, so it can obtain any additional information it would like to receive before identifying potential solutions. *January 2008: Identification of issues and requests for further analysis.*
3. **Review and decide legislative options: March 2008-August 2008.** After compiling the background information, identifying issues, and researching options, the committee will discuss and act on issues it wants to address through the legislative process. *March and June 2008: Identify options and review as developed. August 2008: Final review of and action on legislative proposals.*