

SJR 5 Study: Emergency Medical Services Statutory Changes

Background

Over the course of the study, stakeholders suggested several ideas for changes to current laws. These suggestions have resulted in two bill drafts and a request for a third draft. Each is summarized below; and each summary contains points for the committee to consider.

LCS5-2: Change Ambulance Staffing Requirements for Certain Transports

Current Department of Public Health and Human Services rules require that ground ambulances be staffed for all calls with two people who are either licensed emergency medical technicians (EMTs) or who are physicians.

The legislation drafted for committee consideration would:

- Create a definition for "non-emergency ambulance transports," to cover transportation of patients between health care facilities when they do not need emergency care; and
- Allow an emergency medical service to use one EMT and one driver trained in operation of emergency vehicles for both non-emergency transports and emergency medical transports in a county with a population of fewer than 80,000 residents.

Questions and issues for committee consideration include:

- **Should reduced staffing levels be allowed for emergency medical transport?**
 - ▶ Proponents, including the Board of Medical Examiners, say it would help small rural services that don't always have two EMTs available to respond to a call.
 - ▶ Some providers say that when some ambulance services do not have enough EMTs available for a call, they already use fewer EMTs than required by rule. These stakeholders suggest it would be better to set some statutory guidelines.
 - ▶ Opponents, including DPHHS, believe the reduced staffing levels could jeopardize patient care and would be a step backward.
- **If allowed, should the practice be limited to certain counties or areas based on population?**

The draft allows the lower staffing level in a county with fewer than 80,000 residents.

 - ▶ This essentially allows the practice in all counties except Cascade, Flathead, Gallatin, Missoula, and Yellowstone. These five counties have Advanced Life Support providers available around the clock.
 - ▶ As a point of comparison, a population limit of 20,000 residents would prohibit lower staffing levels in four more counties: Lake, Lewis & Clark, Ravalli, and Silver Bow.
- **Should this change be made through administrative rule, rather than statute?**
 - ▶ DPHHS has the authority to change its rules on staffing levels without any legislative action. DPHHS has indicated it would be willing to start the administrative rules process to allow one EMT and a driver to provide interfacility transfers.
 - ▶ Administrative rules can be changed at any time with little legislative oversight.
 - ▶ Setting staffing levels in statute would indicate the Legislature's intent, and any future changes would require legislative action.

LCS5-3: Add a Volunteer EMT to the Board of Medical Examiners

Under state law, the Board of Medical Examiners is responsible for licensing EMTs. Until 2004, the Board gave DPHHS the authority to license EMTs. Now that the Board is handling licensing, staff believes it would be helpful to have the views of EMS providers represented on the Board.

The legislation drafted for committee consideration would:

- Increase the size of the Board of Medical Examiners from 11 to 12 members;
- Require that one member be a licensed EMT who provides care on a volunteer basis;
- Define volunteer by reference to the law that establishes compensation levels; and
- Require the EMT member to have five years of experience, to match the requirement for other non-public Board members.

Questions and issues for committee consideration include:

- **Should the number of Board members be increased to accommodate an EMT representative?**
 - ▶ Increasing the number of members will increase the costs of Board meetings, because members are paid for each day of service and reimbursed for travel costs.
 - ▶ Keeping the number of members the same and changing the makeup of the Board would be cost-neutral but may be seen as diluting the presence or perspectives of other types of members.
- **Should the makeup of the existing board be changed to include an emergency medicine perspective?**
 - ▶ Requiring one of the physician members to be an emergency medicine physician would add an emergency medicine perspective to the Board but would not give an EMT-specific representative to the Board.
 - ▶ Adding an EMT would give those licensees a voice in Board decisions, but would require a reduction in the number of one of the other types of representatives.
 - ▶ Changing the membership makeup, rather than the number of members, would be cost-neutral.

LCS5-6: Confidentiality for Review of EMS Responses

The Missoula County Attorney has advised the Missoula EMS Council that its discussion of past cases involving EMS response could be subject to discovery in civil lawsuits, unless the Legislature provides confidentiality protections for the information. Other stakeholders have testified about the importance of reviewing cases to help improve the response to future calls.

A bill draft addressing confidentiality and peer review issues will be presented at the June 11 meeting.

At least one question for committee consideration is:

- **Will confidentiality provisions make it harder for people to pursue legal action?**
 - ▶ Supporters of the legislation say the confidentiality provisions would only involve the quality review discussions, while the records involving each EMS call would still be open to legal discovery.