

# **SJR 5 Study: Emergency Medical Services**

## **Revisions to Draft Legislation**

August 2008

### Background

The Children, Families, Health, and Human Services Interim Committee took public comment on six proposed bill drafts at its June 11, 2008, meeting. The questions raised and comments provided at that meeting resulted in revisions to the bill drafts that are detailed below.

### LCS5-1: Special License Plates for Volunteer EMTs

The principal changes to this bill draft include:

- A paid EMT may obtain the license plate and the license plate tax credit if the person also meets the new definition of volunteer EMT.
- An EMT must volunteer a minimum of 120 hours of time to qualify for the statutorily created license plate. [*Section 2(1)(a)*]
- The tax credit is available for either the statutorily created license plate or any generic specialty plate for EMTs, such as the plate offered by Richland County. [*Section 3(1)*]
- An EMT seeking a tax credit for either license plate must volunteer a minimum of 120 hours to obtain the tax credit. [*Section 3(2)(b)*]
- The tax credit is capped at \$120, and that amount is available to anyone who has volunteered 1,200 hours or more in the previous year. The tax credit is pro-rated based on the number of hours volunteered. [*Section 3(3)*]

### LCS5-2: Ambulance Staffing Requirements

This bill draft allows one EMT and one driver trained in the operation of emergency vehicles to staff an ambulance providing emergency medical transport in smaller counties. The revised draft was changed in Section 2(2) to limit the lower staffing levels to counties with a population of fewer than 20,000 residents, rather than the original level of 80,000 residents.

Five counties would have met the original threshold of 80,000 residents: Cascade, Flathead, Gallatin, Missoula, and Yellowstone. The change prohibits the lower staffing level in four additional counties: Lake, Lewis and Clark, Ravalli, and Silver Bow.

### LCS5-3: EMT on the Board of Medical Examiners

The revised version of this bill draft contains two significant changes:

- The new definition for volunteer EMT would allow paid EMTs to be considered for appointment to the board, if they also volunteer their time.
- The appointee must have a demonstrated interest in and knowledge of state and national EMS issues. [*Section 2(4)(b)*]

It also contains an immediate effective date, because the terms for Board members begin on September 1 of the year of appointment. This would allow an appointment to be made in time for the EMT to begin serving on the board in September 2009, rather than September 2010.

### LCS5-4: Tax Incentives for Volunteer EMTs and Employers

Key changes to this bill include:

- The new definition for volunteer EMT would allow paid EMTs to qualify for tax incentives if they meet all of the requirements.
- An EMT must provide a minimum of 120 hours of volunteer emergency medical care to qualify for the tax credit. [*Section 2(1)(a)*]
- The maximum tax credit of \$1,000 is available only to EMTs who have volunteered 1,200 hours or more in the tax year. The tax credit is pro-rated based on the number of hours volunteered. [*Section 2(2)(b)*]
- The number of training hours that may count toward the time requirement is increased from 40 per year to 200 per year. [*Section 2(3)*]
- Employers are no longer required to provide a monthly report to the Board of Medical Examiners detailing the number of hours they gave an employee time off to respond to calls. That information is instead reported to the Department of Revenue when claiming a tax deduction. [*Section 3(3)*]

#### LCS5-5: EMS Grant Program

Several changes were made to this bill, including some designed to provide more structure to the grant review process. The key changes are:

- An EMS provider is eligible for a grant if the majority of its active EMTs are volunteers. Private ambulance companies and private businesses and public agencies that employ EMTs on a regular basis with a regular wage would be ineligible. [*Section 3(2) and (3)*]
- The local matching requirement is 10 percent, a decrease from the 25 percent proposed in the original draft. [*Section 3(4)*]
- The membership of the grant review committee is specified, and members would be reimbursed by the EMS grant account for expenses related to committee work. [*Section 4(2) and (4)*]
- A new section [*Section 6*] allows an appeals process if the department does not award a grant that was recommended by the grant review committee.

#### LCS5-6: Confidentiality for Medical Run Reviews (now LC 117)

The principal changes to this bill draft include:

- A requirement that DPHHS develop criteria and standards for a quality assurance program utilizing state and local run review data. [*Section 3*]
- A requirement that the department prescribe rules maintaining confidentiality of materials provided to DPHHS by EMS councils. [*Section 3(2)*]
- A requirement that if an EMS Council meeting is closed for quality review purposes, minutes must be kept. [*Section 4(4)*]