Gregory J. Moore, MD FACEP

SENATE PUBLIC HEALTH, WELFARE & SAFETY
EXHIBIT NO. 5
DATE: 2-18-05
BILL NO. SB 448

February 17, 2005

Montana State Legislature
Brent R. Cromley, Chairman
Montana Senate
PO Box 200500
Helena, MT 59620-0500

Chairman Cromley and Committee Members,

I am Gregory J. Moore, M. D., a practicing emergency department physician in Missoula, Montana, as well as eight other rural emergency rooms and urgent care centers in western and central Montana. I also serve as the Chief of Staff of Community Medical Center, as well as the Medical Director of the emergency department at that facility. I also provide medical direction and leadership for eight western Montana emergency medical services.

I have been actively practicing emergency medicine for over 25 years, and during that time I have also been extensively involved in Emergency Medical Services dating back to my residency in Columbus, Ohio. In that time I have worked side by side with Emergency Medical Technicians as well as Registered Nurses in both the hospital, and pre-hospital setting.

Today I would like to express my strong support for Senate Bill (SB 448), revising the EMT statutes.

This bill adds a valuable asset to our health care team in the emergency outpatient setting. It is a well known fact that the Emergency Medical Technician (E.M.T.) are highly trained licensed personnel that can provide life saving interventions in the pre-hospital setting. The ability to provide a patient with a patent airway, early defribrillation, chest decompression, and administering life saving medications, has greatly enhanced pre-hospital survival. As the law is currently written, the E.M.T. suddenly becomes "unlicensed" when they cross the threshold of the hospital entrance and then they fall under scrutiny as to being unsafe to practice in this location. This is simply absurd as a person's skills are not a function of physical location, but truly are a function of training, skill maintenance, quality assurance, and continuing education, all of which are components of the current E.M.T. licensure. Emergency Medical Technicians can provide the same skills in an emergency outpatient setting as an integral part of the health care team as they can in the pre-hospital setting.

Support of Senate Bill (SB 448) also legitimizes what already occurs in reality in Montana. In urban as well as rural settings, trauma and medical patient care is initiated in the field. When arriving in a hospital additional hands and skill sets optimize patient outcomes. Already, E.M.T.'s become part of the health care team and streamline continuity of care when transferring patients to the emergency department. Passing this bill will provide legal definition to the scope of practice, medical control and quality assurance under the rules that are outlined by the Board of Medical Examiners of the State of Montana.

Support of Senate Bill (SB 448) also legitimizes hospital-owned flight services, which currently operate and bill as hospital extensions. E.M.T.'s already are currently operating within their defined Scope of Practice in this "hospital setting" in Missoula, Kalispell, Great Falls, and Billings without any apparent scrutiny.

The role of the E.M.T. in the emergency outpatient setting is well supported throughout the country. Most states currently have legislation supporting this role including Kentucky, Florida, Ohio, and many others. Furthermore, the American College of Emergency Physicians (A.C.E.P.) and the Emergency Nurses Association (E.N.A.) clearly recognizes the role of the E.M.T. in the hospital setting in position statements. In fact, the E.N.A. includes Paramedics as benchmark staffing of emergency departments.

Currently, even the Montana Board of Nursing appears to recognize the E.M.T.'s role as they are proposing draft rules for delegation for these providers in the emergency outpatient setting. Support of Senate Bill (SB 448) clarifies this scope clearly for everyone.

Despite arguments to the contrary, an E.M.T. cannot replace the value of other health care workers in the emergency outpatient setting. Physicians, physician's assistants, nurse practitioners, registered nurses, and emergency medical technicians all have different training as well as skill sets and scopes of practices. Not one of these professions can replace the need for the other. It is only through the combination of skill sets and abilities that patient care can be optimized.

Please support Senate Bill (SB 448) and allow Emergency Medical Technicians the ability to operate in the emergency outpatient setting to optimize our resources in our state and save the lives of many patients throughout Montana.

Sincerely,

Gregory J. Moore, M. D., F.A.C.E.P.

GJM/mjb