

1 _____ BILL NO. _____

2 INTRODUCED BY _____
3 (Primary Sponsor)

4 A BILL FOR AN ACT ENTITLED: "AN ACT GENERALLY REVISING LAWS RELATED TO EMERGENCY
5 CARE PROVIDERS AND EMERGENCY MEDICAL SERVICES; ESTABLISHING A MEDICAL CARE
6 COUNCIL TO OVERSEE EMERGENCY MEDICAL SERVICES IN MONTANA; TRANSFERRING LICENSING
7 AND OTHER ADMINISTRATIVE REQUIREMENTS FOR EMERGENCY MEDICAL SERVICES AND
8 EMERGENCY CARE PROVIDERS FROM THE BOARD OF MEDICAL EXAMINERS TO THE DEPARTMENT
9 OF PUBLIC HEALTH AND HUMAN SERVICES; REVISING DEFINITIONS; PROVIDING FOR LICENSING
10 FEES; REVISING DEFINITIONS; PROVIDING RULEMAKING AUTHORITY; AMENDING SECTIONS 37-1-
11 138, 37-3-102, 37-3-203, 50-6-102, 50-6-103, 50-6-105, 50-6-201, 50-6-202, 50-6-203, 50-6-302, 50-6-317, 50-
12 6-322, 50-6-323, 50-32-603, 53-21-1208, AND 61-2-502, MCA; AND REPEALING SECTIONS 50-6-104, 50-6-
13 207, 50-6-307, AND 50-6-324, MCA."

14
15 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

17 NEW SECTION. **Section 1. Emergency medical care council.** (1) There is an emergency medical
18 care council.

- 19 (2) The council consists of members appointed by the governor as follows:
20 (a) a physician representative of the American college of emergency physicians, Montana chapter;
21 (b) a physician member of the Montana committee on trauma of the American college of surgeons;
22 (c) a physician member of the Montana academy of pediatrics;
23 (d) three members who are emergency medical services medical directors;
24 (e) a representative of the Montana hospital association;
25 (f) a member of the Montana medical association;
26 (g) a member representing the Montana board of medical examiners;
27 (h) an emergency care provider who represents volunteer providers;
28 (i) an emergency care provider who represents career providers; and

1 (j) an individual who represents the public.

2 (3) Members must be appointed for 4-year terms, except that seven of the members initially
3 appointed shall serve terms of 2 years. Members serve at the pleasure of the governor. If a vacancy occurs, the
4 governor shall appoint a replacement to fill the unexpired term. A member may be reappointed.

5 (4) A member of the council may not receive compensation for performing the member's duties but
6 must be reimbursed for expenses.

7 (5) The council is attached to the department of public health and human services for administrative
8 purposes only as provided in 2-15-121.

9 (6) The council has the duties provided in [section 2].

10
11 **NEW SECTION. Section 2. Duties of emergency medical care council.** The emergency medical
12 care council provided for in [section 1] shall provide recommendations and guidance to the department
13 concerning:

14 (1) emergency medical care, including suggestions for changes to the statewide emergency care
15 system;

16 (2) the implementation of a prehospital data collection system;

17 (3) standards for scope of practice and medical supervision for emergency care providers and
18 emergency medical services licensed by the department;

19 (4) disciplinary recommendations for personnel and emergency medical services licensed by the
20 department;

21 (5) the design and implementation of a statewide quality improvement system for emergency medical
22 care that considers the standards provided by the national highway traffic safety administration office of
23 emergency medical services and other national organizations; and

24 (6) assisting the department in conducting statewide quality improvement and peer review functions
25 by regularly analyzing the effect of the statewide emergency care system on patient care, morbidity, and
26 mortality.

27
28 **NEW SECTION. Section 3. Licensure fees -- department costs.** (1) The department shall set fees

1 related to emergency care provider licensing that provide the amount of money usually needed for the
2 operation of the department for services, including but not limited to licensing, reciprocity, renewals,
3 applications, inspections, investigations, compliance, discipline, and audits.

4 (2) There is a special revenue account in the state special revenue fund established in 17-2-102 to
5 the credit of the department for the purposes of this section, and the department shall deposit fees collected
6 under this section.

7 (3) The department shall adopt rules regarding all fees.

8
9 **NEW SECTION. Section 4. Licensure fees -- department costs.** (1) The department shall set fees
10 related to emergency medical services licensing that provide the amount of money usually needed for the
11 operation of the department for services, including but not limited to licensing, reciprocity, renewals,
12 applications, inspections, investigations, compliance, discipline, and audits.

13 (2) There is a special revenue account in the state special revenue fund established in 17-2-102 to
14 the credit of the department for the purposes of this section, and the department shall deposit fees collected
15 under this section.

16 (3) The department shall adopt rules regarding all fees.

17

18 **Section 5.** Section 37-1-138, MCA, is amended to read:

19 **"37-1-138. Protection of professional licenses for activated military reservists -- rulemaking**
20 **authority -- definitions.** (1) For the purposes of this section, the following definitions apply:

21 (a) "Activated reservist" means a member of a reserve component who has received federal military
22 orders to report for federal active duty for at least 90 consecutive days.

23 (b) "License" has the meaning provided in 37-1-302 and includes a license required in Title 50,
24 chapter 6, parts 2 and 3.

25 (c) "Reserve component" means the Montana national guard or the military reserves of the United
26 States armed forces.

27 (2) An activated reservist who holds an occupational or professional license may report the reservist's
28 activation to the appropriate professional licensing board or to the department of labor and industry if the

1 licensing requirements are administered by the department. The report must, at a minimum, include a copy of
2 the reservist's orders to federal active duty. The report may request that the reservist's professional license
3 revert to an inactive status.

4 (3) If an activated reservist has requested that the reservist's license revert to inactive status pursuant
5 to subsection (2), then for the duration of the reservist's active duty service under the orders submitted, the
6 department or licensing board may not:

7 (a) require the collection of professional licensing fees or continuing education fees from the activated
8 reservist;

9 (b) require that the activated reservist take continuing education classes or file a report of continuing
10 education classes completed; or

11 (c) revoke or suspend the activated reservist's professional license, require the license to be forfeited,
12 or allow the license to lapse for failure to pay licensing fees or continuing education fees or for failure to take or
13 report continuing education classes.

14 (4) (a) Upon release from federal active duty service, the reservist shall send a copy of the reservist's
15 discharge documents to the appropriate professional licensing board or to the department.

16 (b) The board or department shall evaluate the discharge documents, consider the military position
17 held by the reservist and the duties performed by the reservist during the active duty, and compare the position
18 and duties to the licensing requirements for the profession. The board or department shall also consider the
19 reservist's length of time on federal active duty.

20 (c) Based on the considerations pursuant to subsection (4)(b) and subject to subsection (5):

21 (i) the license must be fully restored;

22 (ii) conditions must be attached to the reservist's continued retention of the license; or

23 (iii) the license must be suspended or revoked.

24 (5) (a) A licensing board or the department may adopt rules concerning what conditions may be
25 attached to a reservist's professional license pursuant to subsection (4)(c)(ii).

26 (b) If conditions are attached pursuant to subsection (4)(c)(ii) or the license is suspended or revoked
27 pursuant to subsection (4)(c)(iii), the affected reservist may, within 90 days of the decision to take the action,
28 request a hearing by writing a letter to the board or department. The board or department shall conduct a

1 requested hearing within 30 days of receiving the written request."

2

3 **Section 6.** Section 37-3-102, MCA, is amended to read:

4 **"37-3-102. Definitions.** Unless the context requires otherwise, in this chapter, the following definitions
5 apply:

6 (1) "ACGME" means the accreditation council for graduate medical education.

7 (2) "AOA" means the American osteopathic association.

8 (3) "Approved internship" means an internship training program of at least 1 year in a program that
9 either is approved for intern training by the AOA or conforms to the standards for intern training established by
10 the ACGME or successors. However, the board may, upon investigation, approve any other internship.

11 (4) "Approved medical school" means a school that either is accredited by the AOA or conforms to the
12 education standards established by the LCME or the world health organization or successors for medical
13 schools that meet standards established by the board by rule.

14 (5) "Approved residency" means a residency training program conforming to the standards for
15 residency training established by the ACGME or successors or approved for residency training by the AOA.

16 (6) "Board" means the Montana state board of medical examiners provided for in 2-15-1731.

17 ~~(7) "Community integrated health care" means the provision of out-of-hospital medical services that
18 an emergency care provider with an endorsement may provide as determined by board rule.~~

19 ~~(8)~~(7) "Department" means the department of labor and industry provided for in Title 2, chapter 15,
20 part 17.

21 ~~(9) "Emergency care provider" or "ECP" means a person licensed by the board, including but not
22 limited to an emergency medical responder, an emergency medical technician, an advanced emergency
23 medical technician, or a paramedic. An emergency care provider with an endorsement may provide community-
24 integrated health care.~~

25 ~~(10)~~(8) "LCME" means the liaison committee on medical education.

26 ~~(11)~~(9) "Medical assistant" means an unlicensed allied health care worker who functions under the
27 supervision of a physician, physician assistant, or podiatrist in a physician's or podiatrist's office and who
28 performs administrative and clinical tasks.

1 (42)(10) "Physician" means a person who holds a degree as a doctor of medicine or doctor of
2 osteopathy and who has a valid license to practice medicine or osteopathic medicine in this state.

3 (43)(11) "Practice of medicine" means the diagnosis, treatment, or correction of or the attempt to or the
4 holding of oneself out as being able to diagnose, treat, or correct human conditions, ailments, diseases,
5 injuries, or infirmities, whether physical or mental, by any means, methods, devices, or instrumentalities,
6 including electronic and technological means such as telemedicine. If a person who does not possess a license
7 to practice medicine in this state under this chapter and who is not exempt from the licensing requirements of
8 this chapter performs acts constituting the practice of medicine, the person is practicing medicine in violation of
9 this chapter.

10 (44)(12) (a) "Telemedicine" means the practice of medicine using interactive electronic
11 communications, information technology, or other means between a licensee in one location and a patient in
12 another location with or without an intervening health care provider. Telemedicine typically involves the
13 application of secure videoconferencing or store-and-forward technology, as defined in 33-22-138.

14 (b) The term does not mean an audio-only telephone conversation, an e-mail or instant messaging
15 conversation, or a message sent by facsimile transmission."
16

17 **Section 7.** Section 37-3-203, MCA, is amended to read:

18 **"37-3-203. Powers and duties -- rulemaking authority.** (1) The board may:

19 (a) adopt rules necessary or proper to carry out the requirements in Title 37, chapter 3, parts 1
20 through 4, and of chapters covering podiatry, acupuncture, physician assistants, and nutritionists, ~~and~~
21 ~~emergency care providers~~ as set forth in Title 37, chapters 6, 13, 20, and 25, ~~and 50-6-203~~, respectively. ~~Rules~~
22 ~~adopted for emergency care providers with an endorsement to provide community-integrated health care must~~
23 ~~address the scope of practice, competency requirements, and educational requirements.~~

24 (b) hold hearings and take evidence in matters relating to the exercise and performance of the powers
25 and duties vested in the board;

26 (c) aid the county attorneys of this state in the enforcement of parts 1 through 4 and 8 of this chapter
27 as well as Title 37, chapters 6, 13, 20, and 25, and Title 50, chapter 6, regarding emergency care providers
28 licensed by the board. The board also may assist the county attorneys of this state in the prosecution of

1 persons, firms, associations, or corporations charged with violations of the provisions listed in this subsection
2 (1)(c).

3 (d) review certifications of disability and determinations of eligibility for a permit to hunt from a vehicle
4 as provided in 87-2-803(11); and

5 (e) fund additional staff, hired by the department, to administer the provisions of this chapter, by
6 increasing license fees as necessary.

7 (2) (a) The board shall establish a medical assistance program to assist and rehabilitate licensees
8 who are subject to the jurisdiction of the board and who are found to be physically or mentally impaired by
9 habitual intemperance or the excessive use of addictive drugs, alcohol, or any other drug or substance or by
10 mental illness or chronic physical illness.

11 (b) The board shall ensure that a licensee who is required or volunteers to participate in the medical
12 assistance program as a condition of continued licensure or reinstatement of licensure must be allowed to
13 enroll in a qualified medical assistance program within this state and may not require a licensee to enroll in a
14 qualified treatment program outside the state unless the board finds that there is no qualified treatment program
15 in this state.

16 (3) (a) The board shall report annually on the number and types of complaints it has received
17 involving physician practices in providing written certification, as defined in 50-46-302, for the use of marijuana
18 for a debilitating medical condition provided for in Title 50, chapter 46. The report must contain:

19 (i) the number of complaints received by the board pursuant to 37-1-308;

20 (ii) the number of complaints for which a reasonable cause determination was made pursuant to 37-1-
21 307;

22 (iii) the general nature of the complaints;

23 (iv) the number of investigations conducted into physician practices in providing written certification;

24 and

25 (v) the number of physicians disciplined by the board for their practices in providing written
26 certification for the use of marijuana for a debilitating medical condition.

27 (b) Except as provided in subsection (3)(c), the report may not contain individual identifying
28 information regarding the physicians about whom the board received complaints.

1 (c) For each physician against whom the board takes disciplinary action related to the physician's
2 practices in providing written certification for the use of marijuana for a debilitating medical condition, the report
3 must include:

- 4 (i) the name of the physician;
- 5 (ii) the general results of the investigation of the physician's practices; and
- 6 (iii) the disciplinary action taken against the physician.

7 (d) The board shall provide the report to the children, families, health, and human services interim
8 committee by August 1 of each year and shall make a copy of the report available on the board's website.

9 (4) The board may enter into agreements with other states for the purposes of mutual recognition of
10 licensing standards and licensing of physicians and emergency care providers from other states under the
11 terms of a mutual recognition agreement."
12

13 **Section 8.** Section 50-6-102, MCA, is amended to read:

14 **"50-6-102. Department to establish and administer program.** The department of public health and
15 human services shall establish and administer an emergency medical ~~services-care~~ program that includes all
16 aspects of care provided to patients, including care provided in a pre-hospital or out-of-hospital environment."
17

18 **Section 9.** Section 50-6-103, MCA, is amended to read:

19 **"50-6-103. Powers of department.** (1) The department of public health and human services is
20 authorized to confer and cooperate with any other persons, organizations, and governmental agencies that
21 have an interest in the emergency medical ~~services-care~~ program and community-integrated health care.

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

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

27 (4) The department shall continually assess and, as needed, revise the functions and components
28 that it regulates to improve the quality of emergency medical ~~services-care~~ and to ensure that the emergency

1 medical ~~services-care~~ program adapts to the changing ~~community-integrated health care~~ needs of the citizens
2 of Montana.

3 (5) The department shall collaborate with other components of the health care system to fully
4 integrate the emergency medical ~~services-care~~ program into the overall health care system.

5 (6) As part of the collaboration under subsection (5), the department shall provide guidance to
6 ambulance services and nontransporting medical units regarding their choice whether or not to engage in
7 community-integrated health care beyond offering emergency medical services."
8

9 **Section 10.** Section 50-6-105, MCA, is amended to read:

10 **"50-6-105. Emergency medical care standards -- review process.** (1) ~~The board of medical~~
11 ~~examiners department~~ shall establish patient care standards for:

- 12 (a) out-of-hospital emergency medical treatment and interfacility transportation; and
- 13 (b) community-integrated health care.

14 (2) ~~(a) The department shall review and may investigate~~ Complaints complaints involving out-of-
15 hospital care, interfacility care, community-integrated health care, and medical direction of emergency care
16 providers and emergency medical services ~~or the operation of an emergency medical service, as defined in 50-~~
17 ~~6-302, must be filed with the board and reviewed by a screening panel pursuant to 37-1-307.~~

18 ~~(b) If a complaint is initially filed with the department of public health and human services, the~~
19 ~~department shall refer the complaint to the board for review by a screening panel.~~

20 ~~(3) (a) When a complaint involves the operation or condition of an emergency medical service, the~~
21 ~~screening panel shall refer the complaint to the department for investigation as provided in 50-6-323.~~

22 ~~(b) When a complaint involves patient care provided by an emergency care provider, the screening~~
23 ~~panel shall:~~

24 ~~(i) refer the complaint to the board for investigation as provided in 37-1-308 and 50-6-203; and~~

25 ~~(ii) forward to the department the complaint and the results of the screening panel's initial review as~~
26 ~~soon as the review is completed.~~

27 ~~(c) When a complaint involves a combination of patient care and emergency medical service matters,~~
28 ~~the screening panel shall refer the complaint to both the department and the board for matters that fall within~~

1 the jurisdiction of each entity.

2 (4) ~~For a complaint involving patient care, the board shall:~~

3 ~~(a) immediately share with the department any information indicating:~~

4 ~~(i) a potential violation of department rules; or~~

5 ~~(ii) that the existing policies or practices of an emergency medical service may be jeopardizing patient~~
6 ~~care; and~~

7 ~~(b) notify the department when:~~

8 ~~(i) a sanction is imposed on an emergency care provider; or~~

9 ~~(ii) the complaint is resolved.~~

10 ~~(5) For a complaint involving an emergency medical service, the department shall:~~

11 ~~(a) immediately share with the board any information indicating:~~

12 ~~(i) a potential violation of board rules; or~~

13 ~~(ii) that the practices of an emergency care provider may be jeopardizing patient care; and~~

14 ~~(b) notify the board when:~~

15 ~~(i) a sanction is imposed on an emergency medical service; or~~

16 ~~(ii) the complaint is resolved."~~

17

18 **Section 11.** Section 50-6-201, MCA, is amended to read:

19 **"50-6-201. Legislative findings -- duty of board department.** (1) The legislature finds and declares
20 that a program for emergency care providers is required in order to provide the safest and most efficient
21 delivery of emergency and community-integrated health care.

22 (2) The legislature further finds that prompt and efficient emergency medical care of the sick and
23 injured at the scene and during transport to a health care facility is important in reducing the mortality and
24 morbidity rate during the first critical minutes immediately after an accident or the onset of an emergent
25 condition.

26 (3) The legislature further finds that community-integrated health care can prevent illness and injury
27 and can help fill gaps in the state's health care system, particularly in rural communities with limited health care
28 services and providers.

1 (4) The ~~board~~department has a duty to ensure that emergency care providers are properly licensed
2 and provide proper treatment to patients in their care."

3

4 **Section 12.** Section 50-6-202, MCA, is amended to read:

5 **"50-6-202. Definitions.** As used in this part, the following definitions apply:

6 (1) "Department" means the department of public health and human services provided for in 2-15-
7 2201."Board" means the Montana state board of medical examiners provided for in 2-15-1731.

8 (2) "Emergency care provider" means a person licensed by the ~~board~~department, including but not
9 limited to an emergency medical responder, an emergency medical technician, an advanced emergency
10 medical technician, or a paramedic. An emergency care provider with an endorsement may provide community-
11 integrated health care.

12 (3) "Volunteer emergency care provider" means an individual who is licensed pursuant to this part and
13 provides out-of-hospital, emergency medical, or community-integrated health care or interfacility transport:

14 (a) on the days and at the times of the day chosen by the individual; and

15 (b) for an emergency medical service other than:

16 (i) a private ambulance company unless the care is provided without compensation and outside of the
17 individual's regular work schedule; or

18 (ii) a private business or a public agency, as defined in 7-1-4121, that employs the individual on a
19 regular basis with a regular, hourly wage to provide emergency medical or community-integrated health care as
20 part of the individual's job duties."

21

22 **Section 13.** Section 50-6-203, MCA, is amended to read:

23 **"50-6-203. Rules.** (1) The ~~board~~department, after consultation with ~~the department of public health~~
24 ~~and human services and other~~ appropriate departments, associations, and organizations, shall adopt rules of
25 the ~~board~~department implementing this part, including but not limited to:

26 (a) training and licensure of emergency care providers;

27 (b) ~~the administration of drugs by protocols and scope of practice of~~ emergency care providers; ~~and~~

28 (c) the handling of complaints involving patient care provided by emergency care providers; and

1 (d) provisions of medical direction for emergency care providers and emergency medical services.

2 (2) The ~~board~~department may, by rule, establish various levels of emergency care provider licensure
3 and shall specify for each level the training requirements, acts allowed, relicensure requirements, and any other
4 requirements regarding the training, performance, or licensure of that level of emergency care provider that it
5 considers necessary, subject to the provisions of 37-1-138."

6

7 **Section 14.** Section 50-6-302, MCA, is amended to read:

8 **"50-6-302. Definitions.** As used in this part, unless the context requires otherwise, the following
9 definitions apply:

10 (1) "Aircraft" has the meaning provided in 67-1-101. The term includes any fixed-wing airplane or
11 helicopter.

12 (2) (a) "Ambulance" means a privately or publicly owned motor vehicle or aircraft that is maintained
13 and used for the transportation of patients.

14 (b) The term does not include:

15 (i) ~~a motor vehicle or aircraft owned by or operated under the direct control of the United States; or~~

16 (ii) ~~air transportation services, such as charter or fixed-based operators, that are regulated by the~~
17 ~~federal aviation administration and that offer no special medical services or provide only transportation to~~
18 ~~patients or persons at the direction or under the supervision of an independent physician.~~

19 (3) "Board" means the Montana state board of medical examiners provided for in 2-15-1731.

20 (4) "Community-integrated health care" means the provision of out-of-hospital medical services that
21 an emergency care provider with an endorsement may provide as determined by ~~board~~department rule.

22 (5) "Department" means the department of public health and human services provided for in 2-15-
23 2201.

24 (6) "Emergency medical service" means an out-of-hospital health care treatment service or interfacility
25 emergency medical transportation provided by an ambulance or nontransporting medical unit that is licensed by
26 the department to provide out-of-hospital health care treatment services or interfacility emergency medical
27 transportation, including community-integrated health care.

28 (7) "Nonemergency ambulance transport" means the use of an ambulance to transport a patient

1 between health care facilities, as defined in 50-5-101, including federal facilities, when the patient's medical
2 condition requires special transportation considerations, supervision, or handling but does not indicate a need
3 for medical treatment during transit or for emergency medical treatment upon arrival at the receiving health care
4 facility.

5 (8) "Nontransporting medical unit" means an aggregate of persons who are organized to respond to a
6 call for emergency medical service and to treat a patient until the arrival of an ambulance. Nontransporting
7 medical units provide any one of varying types and levels of service defined by department rule but may not
8 transport patients.

9 (9) "Offline medical direction" means the function of a board-licensed physician or physician assistant,
10 advanced practice registered nurse, or other appropriately licensed persons in providing:

11 (a) medical oversight and supervision for an emergency medical service or an emergency care
12 provider; and

13 (b) review of patient care techniques, emergency medical service procedures, and quality of care.

14 (10) "Online medical direction" means the function of a board-licensed physician or physician assistant
15 ~~or the function of a designee of the physician or physician assistant,~~ advanced practice registered nurse, or
16 other appropriately licensed persons in providing direction, advice, or orders to an emergency care provider for
17 interfacility emergency medical transportation or out-of-hospital emergency medical or community-integrated
18 health care as identified in a plan for offline medical direction.

19 (11) (a) "Patient" means an individual who is sick, injured, wounded, or otherwise incapacitated or
20 helpless.

21 (b) Unless otherwise defined by rule for community-integrated health care, the term does not include
22 an individual who is nonambulatory and who needs transportation assistance solely because that individual is
23 confined to a wheelchair as the individual's usual means of mobility.

24 (12) "Person" means an individual, firm, partnership, association, corporation, company, group of
25 individuals acting together for a common purpose, or organization of any kind, including a governmental agency
26 other than the United States.

27 ~~(13) "Volunteer emergency care provider" means an individual who is licensed pursuant to Title 50,~~
28 ~~chapter 6, part 2, and provides out-of-hospital, emergency medical, or community-integrated health care or~~

1 interfacility emergency medical transportation:

2 (a) ~~on the days and at the times of the day chosen by the individual; and~~

3 (b) ~~for an emergency medical service other than:~~

4 (i) ~~a private ambulance company, unless the care is provided without compensation and outside of~~
5 ~~the individual's regular work schedule; or~~

6 (ii) ~~a private business or a public agency, as defined in 7-1-4121, that employs the individual on a~~
7 ~~regular basis with a regular, hourly wage to provide emergency medical or community-integrated health care as~~
8 ~~part of the individual's job duties."~~

9

10 **Section 15.** Section 50-6-317, MCA, is amended to read:

11 **"50-6-317. Liability protection.** (1) A physician, physician assistant, advanced practice registered
12 nurse, or registered nurse licensed under the laws of this state who provides online medical direction to a
13 member of an emergency medical service without compensation or for compensation not exceeding \$5,000 in
14 any 12-month period and whose professional practice is not primarily in an emergency or trauma room or ward
15 is not liable for civil damages for an injury resulting from the instructions, except damages for an injury resulting
16 from the gross negligence of the physician, physician assistant, or nurse, if the instructions given by the
17 physician, physician assistant, advanced practice registered nurse, or registered nurse are:

18 (a) consistent with the protocols and the offline medical direction plan approved by the department in
19 licensing the emergency care providers and emergency medical service; and

20 (b) consistent with the level of licensure of the emergency medical services personnel instructed by
21 the physician, physician assistant, advanced practice registered nurse, or registered nurse.

22 (2) An individual who volunteers or who is reimbursed \$5,000 or less in any 12-month period for
23 providing offline medical direction is not liable for civil damages for an injury resulting from the performance of
24 the individual's offline medical direction duties, except damages for an injury resulting from the gross
25 negligence of the individual."

26

27 **Section 16.** Section 50-6-322, MCA, is amended to read:

28 **"50-6-322. Staffing -- nonemergency ambulance transports -- transports in rural areas.** An

1 emergency medical service that is staffed primarily by volunteer emergency care providers as defined in 50-6-
2 202 may staff an ambulance with one emergency care provider licensed at an emergency medical technician-
3 basic level or higher and one driver trained in the operation of emergency vehicles ~~for the following types of~~
4 ~~responses:~~

5 ~~(1) nonemergency ambulance transports;~~

6 ~~(2) emergency medical service provided by an ambulance company located in a county with a~~
7 ~~population of fewer than 20,000 residents; and~~

8 ~~(3) emergency medical service provided by an ambulance company located in a county with a~~
9 ~~population of 20,000 residents or more if the ambulance company is transporting a patient from a community~~
10 ~~within that county that has a population of 1,500 residents or less to the nearest health care facility that is able~~
11 ~~to meet the patient's medical needs."~~

12

13 **Section 17.** Section 50-6-323, MCA, is amended to read:

14 **"50-6-323. Powers and duties of department.** (1) The department has general authority to
15 supervise and regulate emergency medical services in Montana.

16 (2) ~~Upon referral by a screening panel pursuant to 50-6-105, the~~ The department shall review and
17 may investigate complaints relating to the operation of any emergency medical service.

18 (3) In investigating a complaint, the department may review:

19 (a) the type and condition of equipment and procedures used by an emergency medical service to
20 provide care at the scene during prehospital or interfacility transportation or in other out-of-hospital care
21 settings;

22 (b) the condition of any vehicle or aircraft used as an ambulance;

23 (c) general performance by an emergency medical service; and

24 ~~(d) the results of any investigation conducted by the board concerning patient care by an emergency~~
25 ~~care provider who was, at the time of the complaint, providing care through the emergency medical service that~~
26 ~~is the subject of a complaint under investigation by the department.~~

27 (4) Upon completion of an investigation as provided in subsection (3), the department shall take
28 appropriate action, including ~~sharing information regarding complaints with the board as provided in 50-6-~~

1 ~~405~~and initiating any necessary legal proceedings as authorized under this part.

2 (5) In order to carry out the provisions of this part, the department shall prescribe and enforce rules
3 for emergency medical services. Rules of the department may include but are not limited to the following:

4 (a) the classification and identification of specific types and levels of interfacility medical transportation
5 or out-of-hospital treatment services;

6 (b) procedures for issuing, denying, renewing, and canceling licenses issued under this part;

7 (c) minimum licensing standards for each type and level of service, including requirements for
8 personnel, offline medical direction, online medical direction, maintenance, equipment, reporting,
9 recordkeeping, sanitation, and minimum insurance coverage as determined appropriate by the department; and

10 (d) other requirements necessary and appropriate to ensure the quality, safety, and proper operation
11 and administration of emergency medical services.

12 (6) A rule adopted pursuant to this section must comply with Title 2, chapter 4."
13

14 **Section 18.** Section 50-32-603, MCA, is amended to read:

15 **"50-32-603. Definitions.** As used in this part, the following definitions apply:

16 (1) "Administer" means to apply an opioid antagonist to the body of another person by injection,
17 inhalation, ingestion, auto-injector, or another means.

18 (2) "Department" means the department of public health and human services provided for in 2-15-
19 2201.

20 (3) "Dispense" or "dispensing" has the meaning provided in 37-7-101.

21 (4) "Distribute" has the meaning provided in 37-7-101.

22 (5) "Eligible recipient" means:

23 (a) a person who is at risk of experiencing an opioid-related drug overdose;

24 (b) a family member, friend, or other person who is in a position to assist a person who is at risk of
25 experiencing an opioid-related drug overdose;

26 (c) a first responder or a first responder entity;

27 (d) a harm reduction organization or its representative;

28 (e) the Montana state crime laboratory or its representative;

- 1 (f) a person who, on behalf of or at the direction of a law enforcement agency or officer, may process,
- 2 store, handle, test, transport, or possess a suspected or confirmed opioid;
- 3 (g) a probation, parole, or detention officer;
- 4 (h) a county or other local public health department or its representative; or
- 5 (i) a veterans' organization or its representative.
- 6 (6) "First responder" means a paid or volunteer firefighter, law enforcement officer, or other authorized
- 7 person who responds to an emergency in a professional or volunteer capacity. The term does not include an
- 8 ECP, also known as an emergency care provider, as defined in ~~37-3-402~~ 50-6-202.
- 9 (7) "Harm reduction organization" means an organization that provides direct assistance and services,
- 10 including but not limited to counseling, screening, and drug treatment, to persons at risk of experiencing an
- 11 opioid-related drug overdose.
- 12 (8) "Law enforcement officer" means a person who is a peace officer as defined in 46-1-202 or any
- 13 other agent of a criminal justice agency as defined in 44-5-103.
- 14 (9) "Medical practitioner" has the meaning provided in 37-2-101.
- 15 (10) "Opioid antagonist" means a drug that binds to opioid receptors and blocks or inhibits the effects
- 16 of opioids acting on those receptors. The term includes naloxone hydrochloride and any other similarly acting
- 17 drug approved by the United States food and drug administration.
- 18 (11) "Opioid-related drug overdose" means an acute condition evidenced by symptoms, including but
- 19 not limited to physical illness, pinpoint pupils, coma, decreased level of consciousness, or respiratory
- 20 depression, resulting from the consumption or use of an opioid or another substance with which an opioid is
- 21 combined.
- 22 (12) "Standing order" means a written document prepared by a medical practitioner that authorizes an
- 23 eligible recipient to acquire, distribute, or administer medication without a person-specific prescription.
- 24 (13) "State medical officer" means a physician licensed to practice medicine under Title 37, chapter 3,
- 25 who is employed by the department to, among other things, provide advice and expertise to the department on
- 26 medical policy and issues of public health importance."

27
28

Section 19. Section 53-21-1208, MCA, is amended to read:

1 **"53-21-1208. (Temporary) Definitions.** As used in 53-21-1208 through 53-21-1210, the following
2 definitions apply:

3 (1) "Department" means the department of public health and human services provided for in 2-15-
4 2201.

5 (2) "Mental health crisis" means a mental health condition that manifests in symptoms of sufficient
6 severity that it is reasonable to expect the absence of immediate attention or intervention to result in:

- 7 (a) serious jeopardy to the individual's health or well-being; or
- 8 (b) a danger to others.

9 (3) "Mobile crisis intervention services" means mental health services provided by a mobile crisis unit
10 at the location where a person is having a mental health crisis, as determined through screening by dispatch.

11 Services are intended to:

- 12 (a) stabilize acute psychiatric or behavioral symptoms;
- 13 (b) evaluate treatment needs;
- 14 (c) develop a plan to meet the ongoing needs of the person having a mental health crisis; and
- 15 (d) transport the person to a more appropriate facility for care if applicable.

16 (4) "Mobile crisis unit" means a team consisting of one mobile crisis unit professional and one or more
17 support persons who provide mobile crisis intervention services and coordinate with dispatch, local law
18 enforcement, emergency medical services personnel, and other appropriate local or state resources.

19 (5) "Mobile crisis unit professional" means:

- 20 (a) a mental health professional, as defined in 37-38-102;
- 21 (b) a social worker licensure candidate as defined in 37-22-102;
- 22 (c) a professional counselor licensure candidate as defined in 37-23-102; or
- 23 (d) a marriage and family therapist licensure candidate as defined in 37-37-102.

24 (6) "Support person" means:

25 (a) a physician, physician assistant, advanced practice registered nurse, or registered nurse licensed
26 under Title 37;

27 (b) an emergency care provider as defined in ~~37-3-102~~ 50-6-202; or

28 (c) a behavioral health peer support specialist as provided for in 37-38-101, who has completed

1 additional training and certification requirements developed by the department. (Terminates June 30, 2021--
2 sec. 9, Ch. 416, L. 2019.)"

3

4 **Section 20.** Section 61-2-502, MCA, is amended to read:

5 **"61-2-502. Definitions.** As used in this part, the following definitions apply:

6 (1) "Aircraft" has the meaning provided in 67-1-101. The term includes any fixed-wing airplane or
7 helicopter.

8 (2) (a) "Ambulance" means a privately or publicly owned motor vehicle or aircraft that is maintained
9 and used for the transportation of patients.

10 (b) The term does not include:

11 (i) ~~a motor vehicle or aircraft owned by or operated under the direct control of the United States; or~~

12 (ii) ~~air transportation services, such as charter or fixed-based operators, that are regulated by the~~

13 ~~federal aviation administration and that offer no special medical services or provide only transportation to~~

14 ~~patients or persons at the direction or under the supervision of an independent physician.~~

15 (3) ~~"Board" means the Montana state board of medical examiners provided for in 2-15-1731.~~

16 (4)(3) "Department" means the department of transportation provided for in 2-15-2501.

17 (5)(4) "Emergency care provider" means a person licensed by the ~~board~~ department as defined in 50-

18 6-202, including but not limited to an emergency medical responder, an emergency medical technician, an

19 advanced emergency medical technician, or a paramedic. An emergency care provider with an endorsement

20 may provide community-integrated health care.

21 (6)(5) "Emergency medical service" means an out-of-hospital treatment service or interfacility

22 emergency medical transportation provided by an ambulance or nontransporting medical unit.

23 (7)(6) (a) "Emergency response vehicle" means a vehicle used for the dedicated purpose of

24 responding to emergency medical calls.

25 (b) The term does not include a vehicle used for an individual's personal purposes.

26 (8)(7) "Nontransporting medical unit" means an aggregate of persons who are organized to respond

27 to a call for emergency medical service and to treat a patient until the arrival of an ambulance. Nontransporting

28 medical units provide any one of varying types and levels of service defined by department of public health and

1 human services rule but may not transport patients.

2 ~~(9)~~(8) (a) "Patient" means an individual who is sick, injured, wounded, or otherwise incapacitated or
3 helpless.

4 (b) Unless otherwise defined by rule for community-integrated health care, the term does not include
5 an individual who is nonambulatory and who needs transportation assistance solely because that individual is
6 confined to a wheelchair as the individual's usual means of mobility.

7 ~~(10)~~(9) "Person" means an individual, firm, partnership, association, corporation, company, group of
8 individuals acting together for a common purpose, or organization of any kind, including a governmental agency
9 other than the United States.

10 ~~(11)~~(10) "Volunteer emergency care provider" means an individual who is licensed pursuant to Title 50,
11 chapter 6, part 2, and provides out-of-hospital, emergency medical, or community-integrated health care or
12 interfacility transport:

13 (a) on the days and the times of the day chosen by the individual; and

14 (b) for an emergency medical service other than:

15 (i) a private ambulance company, unless the care is provided without compensation and outside of
16 the individual's regular work schedule; or

17 (ii) a private business or a public agency, as defined in 7-1-4121, that employs the individual on a
18 regular basis with a regular, hourly wage to provide emergency medical or community-integrated health care as
19 part of the individual's job duties."

20

21 NEW SECTION. Section 21. Repealer. The following sections of the Montana Code Annotated are
22 repealed:

23 50-6-104. Interdepartmental cooperation required.

24 50-6-207. Construction.

25 50-6-307. License fee.

26 50-6-324. Advisory committee.

27

28 NEW SECTION. Section 22. Codification instruction. (1) [Section 1] is intended to be codified as

1 an integral part of Title 2, chapter 15, and the provisions of Title 2, chapter 15, apply to [section 1].

2 (2) [Section 2] is intended to be codified as an integral part of Title 50, chapter 6, part 1, and the
3 provisions of Title 50, chapter 6, part 1, apply to [section 2].

4 (3) [Section 3] is intended to be codified as an integral part of Title 50, chapter 6, part 2, and the
5 provisions of Title 50, chapter 6, part 2, apply to [section 3].

6 (4) [Section 4] is intended to be codified as an integral part of Title 50, chapter 6, part 3, and the
7 provisions of Title 50, chapter 6, part 3, apply to [section 4].

8 - END -