

## SJR 5: Emergency Medical Services Summary of Testimony

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During the first three meetings on the Senate Joint Resolution 5 study of emergency medical services, a number of people involved with the system – from state and city officials to EMS providers and hospital officials – spoke about the challenges they believe the system faces. Speakers generally agreed that recruitment, retention, and cost issues were affecting the availability or continued viability of EMS services across the state.

The following table is intended to provide a summary of the obstacles and ideas that have been discussed to date by 12 invited speakers and to show – at a glance – which areas were more universally seen as either concerns to be addressed or potential solutions for the system.

<b>Speaker/ Affiliation</b>	<b>EMT Incentives</b>	<b>EMT Training</b>	<b>Payment Issues</b>	<b>Quality Review</b>	<b>Equipment Needs</b>	<b>Rule Changes</b>
Jim DeTienne DPHHS	x	x		x	x	
Jeannie Worsech/Ken Threet Board of Medical Examiners				x		x
Jamie Doggett Meagher County Commission	x	x			x	x
Randy Brodehl Kalispell Fire Department	x	x	x			x
Teresia Moore EMS Service -- Volunteer	x	x	x		x	x
Joleen Weatherwax EMS Service -- Paid/Tribal		x			x	
Delbert Abbey EMS Service -- Volunteer	x	x	x		x	
Mike McGree EMS Service -- Private/Paid			x			
Scot Mitchell Hospital -- Rural	x	x	x	x		x
John Bleicher Hospital -- Urban		x		x		
John Ungaretti Billing Service			x			
Nels Sanddal Nonprofit EMS Research	x	x	x	x	x	x
Debbie Ogden Local EMS Council						
Cliff Christian Advocacy Organizations						
Ken Threet EMT						
<b>Total</b>	<b>7</b>	<b>9</b>	<b>7</b>	<b>5</b>	<b>6</b>	<b>6</b>

### Public Comment

At each of the committee's meetings, time was set aside for public comment specific to the SJR 5 study. Committee members heard from a number of people representing private, volunteer, and fire-based EMS providers and from the Montana Nurses' Association. Comments touched on the following topics:

- The study should include the transportation of mentally ill patients in an ambulance, rather than in a law enforcement vehicle.
- The committee needs to consider public fire departments as part of the EMS system and focus assistance on public ambulance services, rather than private ambulance services.
- The committee needs to be careful about expanding the scope of authority for emergency medical technicians to include taking care of patients inside a hospital, because patients expect a higher level of care when they reach a hospital.
- Emergency medical dispatch issues should be included in the study.
- Private ambulance services fill a need and face the same reimbursement issues as volunteer or public services.

### Legislative Performance Audit

During the committee's January 2008 meeting, the Legislative Audit Division presented the preliminary results of its ongoing audit of the EMS and Trauma Systems Section in the Department of Public Health and Human Services. The Division expects the final audit report to be published by May and anticipates that it will contain some recommendations for legislative action in the following areas:

- fees and funding for EMS services;
- statutory guidance on the provision of EMS services to communities;
- EMS system analysis and quality improvement efforts;
- EMS system oversight; and
- coordination of EMS efforts between DPHHS and the Board of Medical Examiners.

### Options Presented by Speakers

Some speakers, during both the formal presentations and the public comment periods, proposed general solutions to the issues that have been raised. Those solutions are summarized in the table on the following page.

All of the proposals involve action at the state level, unless indicated otherwise with an asterisk. Some of the proposals have been presented in previous legislative sessions, as discussed on P. 4.

Topic	Ideas
EMT Incentives	<ul style="list-style-type: none"> <li>• Tax incentives for volunteer EMTs who meet certain requirements</li> <li>• Tax incentives to cover training and/or equipment costs for EMTs</li> <li>• Tax incentives to employers who allow their employees paid time off for EMS calls</li> <li>• Include volunteer EMTs in a retirement system</li> <li>• Provide stipends for volunteer EMTs</li> <li>• Provide some type of payment for EMTs who make lengthy non-emergency patient transfers between facilities</li> </ul>
EMT Training	<ul style="list-style-type: none"> <li>• Pay for training costs, such as the costs of clinical requirements when people need to travel elsewhere to gain that experience</li> <li>• Pay for equipment to allow for telecommunications training</li> <li>• Pay for training tailored to the needs of different areas of the state</li> <li>• Fund mobile training resources</li> <li>• Have state act as a clearinghouse for information on training sessions, so people can attend sessions elsewhere if they miss training in their hometowns*</li> <li>• Coordinate training sessions among communities*</li> <li>• Bring training to the providers, rather than vice versa*</li> </ul>
Payment Issues	<ul style="list-style-type: none"> <li>• Increase Medicaid reimbursement rates</li> <li>• Make ambulance service a covered service under the Children's Health Insurance Program (CHIP)</li> <li>• Allow some type of reimbursement for calls that don't result in a transport to a hospital</li> <li>• Allow some type of reimbursement for interfacility transports, for the EMTs who make those calls</li> </ul>
Quality Review	<ul style="list-style-type: none"> <li>• Require internal and/or external review of EMS calls to improve quality</li> <li>• Develop and train medical directors for EMS services</li> <li>• Create the position of state medical director</li> <li>• Provide confidentiality for the call review process</li> <li>• Fund collection of data for review and analysis</li> </ul>
Equipment Needs	<ul style="list-style-type: none"> <li>• Help support the costs of equipment and other "costs of readiness"</li> <li>• Exempt ambulances and EMS vehicles from license and fuel taxes</li> <li>• Place a fee on vehicle registrations or traffic tickets to help pay for equipment</li> </ul>
Rule/Statutory Changes	<ul style="list-style-type: none"> <li>• Allow ambulance services to operate with one EMT and one driver</li> <li>• Allow EMTs to provide care in hospital emergency rooms</li> <li>• Regulate the level of service that must be available in an area</li> <li>• Regulate the service boundaries for ambulance providers</li> <li>• Revise laws relating to medical directors</li> <li>• Consolidate EMS/EMT oversight functions in one state agency</li> </ul>
Other	<ul style="list-style-type: none"> <li>• Provide consistent funding for evaluation and development of a comprehensive emergency care system</li> <li>• Examine issues related to training of medical dispatchers</li> <li>• Tort reform</li> <li>• Public information and education programs*</li> <li>• Have EMTs play a role in community health care by providing preventive health care education*</li> </ul>

### Past EMS-Related Legislation

While the 2007 Legislature approved the EMS study, previous legislatures have considered bills related to a number of issues raised in the study. Providing incentives for emergency workers was a common theme in several legislative sessions, while other issues highlighted during the study also were the subject of legislation at one time or another. However, all of the bills introduced in this area in the last four legislative sessions have failed.

In 2007, 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 Gov. Schweitzer vetoed it. His veto message cited the bill's fiscal note of nearly \$1 million for the biennium and said signing the bill would be "fiscally irresponsible" when the Legislature had adjourned without passing a budget.
- 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.

HB 675 was similar to HB 276, which was introduced but died in the 2005 Legislature.

Other legislation in previous sessions included:

- SB 448 in 2005, to allow the Board of Medical Examiners to adopt rules allowing EMTs to provide emergency or other care in hospital emergency rooms. The bill was tabled in the Senate Public Health, Welfare, and Safety Committee.
- HB 551 in 2003, to allow EMTs to become members of pension and disability plans established for volunteer firefighters. The bill was tabled in the House State Administration Committee.
- HB 415 in 2003, to limit liability for volunteer EMTs or other EMS providers employed by a private entity. The bill was tabled in the House State Administration Committee.
- HB 240 in 2001, to place a 30-cent fee on vehicle registrations to pay for operating a statewide trauma care system that included data collection, technical assistance, and operation of the state trauma registry. The bill was tabled in the House Appropriations Committee. The trauma care system does, however, receive some general fund monies.