

House Bill 764

In The House

February 13, 1981	Introduced and referred to Committee on Human Services.
February 21, 1981	Committee recommend bill do pass as amended.
February 23, 1981	Bill printed and placed on members' desks.
February 24, 1981	Second reading do pass.
February 25, 1981	On motion taken from third reading and pass consideration until 46th Legislative Day.
	Correctly engrossed.
	Bill failed to meet transmittal deadline.

HOUSE BILL NO. 764

INTRODUCED BY

Vinger Kitzelmann
T. Eugene Blaylock
Bengtsen
Reedley

A BILL FOR AN ACT ENTITLED: "AN ACT TO ESTABLISH A MONTANA EMERGENCY MEDICAL SERVICES SYSTEM INCLUDING TRAINING AND SUPPORT FOR EMERGENCY CARE PROVIDERS; PROVIDING FOR A STATE EMS ADVISORY COUNCIL AND REGIONAL EMS ENTITIES."

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

Section 1. Definitions. As used in this chapter the following definitions apply:

(1) "Advisory council" means the state EMS advisory council created in [section 4].

(2) "Department" means the department of health and environmental sciences, provided for in Title 2, chapter 15, part 21.

(3) "Emergency medical services (EMS)" means the provision of immediate medical care in order to prevent loss of life or aggravation of illness or injury.

(4) "Emergency medical services system (EMSS)" means a system that provides for the coordination and cooperation of all agencies and services involved in the provision of emergency medical services (EMS).

(5) "Emergency medical technician (EMT)" means a person, as defined in 50-6-202, specially trained in

emergency care.

(6) "Regional EMS entity" means either a single agency, local government unit, or organization administering a compact or other regional arrangement or a nonprofit Montana corporate entity. Each entity shall:

(a) have the capacity and authority to receive and disburse public funds;

(b) have a mechanism of advisory input for EMS providers, local government entities, and consumers;

(c) comply with all applicable provisions of [section 3]; and

(d) have applied to the department of health and environmental sciences for and have been granted the designation as a regional EMS entity.

Section 2. Duties of department. Pursuant to the provisions of 50-6-101 through 50-6-103, the department shall:

(1) contract with regional EMS entities to carry out their responsibilities as defined in [section 3];

(2) establish and maintain a program for the planning, development, improvement, expansion, and upgrading of emergency medical services throughout the state;

(3) assure implementation and coordination of regional emergency medical services plans and programs and prevent duplication of efforts while assuring fiscal and

1 programmatic responsibility;

2 (4) provide appropriate technical assistance in all
3 aspects of an EMS system;

4 (5) provide for ongoing comprehensive evaluation of
5 the availability and quality of emergency medical services
6 provided throughout the state and report the content and
7 conclusions of such comprehensive evaluation to the advisory
8 council annually;

9 (6) coordinate with the Montana board of medical
10 examiners in the development and implementation of uniform
11 training standards, certification, and licensing and
12 examination processes for the EMT program;

13 (7) develop uniform training standards and programs
14 for instructors, coordinators, and students of other
15 emergency medical services training programs; and

16 (8) designate regional EMS entities based upon the
17 recommendations of the advisory council and based upon the
18 ability of the applicant entity to serve in accordance with
19 the provisions of [section 3].

20 Section 3. Regional EMS contracts. (1) A contract
21 between the department of health and environmental sciences
22 and a regional EMS entity must require the regional EMS
23 entity to provide a regional continuing education program,
24 training and technical assistance consistent with statewide
25 standards for ambulance personnel, emergency medical

1 technicians, first responders, physicians, nurses, and other
2 emergency health care providers.

3 (2) The contract may allow the EMS entity to perform
4 other activities considered necessary by the regional entity
5 and not in conflict with the state EMS program to promote
6 and assist with the development, updating, and coordination
7 of comprehensive regional EMS systems.

8 Section 4. State EMS advisory council. (1) There is a
9 state EMS advisory council allocated to the department for
10 administrative purposes.

11 (2) The advisory council consists of 17 members as
12 follows:

13 (a) five members as representatives of the state
14 emergency medical services regions, with one member to be
15 elected in each of the five regions by a regional advisory
16 committee or its equivalent;

17 (b) three physicians with an interest in emergency
18 medicine, at least one of whom is to be a representative of
19 a statewide medical association, appointed by the director
20 of the department;

21 (c) two registered nurses with an interest in
22 emergency medicine appointed by the director of the
23 department;

24 (d) two members appointed by a statewide organization
25 representing emergency medical technicians;

1 (e) three members representing statewide public safety
2 providers appointed by the director of the department; and

3 (f) two members at large elected by the other members
4 of the advisory council.

5 (3) The advisory council shall:

6 (a) advise the department on all aspects of its
7 EMS-related responsibilities, including the format and
8 content of any proposed standards or rules;

9 (b) serve as the statewide focal point for discussion,
10 inquiry, and investigation of all complaints and grievances
11 concerning emergency medical services that are brought to
12 the council's attention except for those complaints or
13 grievances concerning the performance of emergency medical
14 technicians, which complaints and grievances are heard by
15 the board of medical examiners; and

16 (c) perform other duties as specified by rules
17 promulgated by the department under [section 5].

18 Section 5. Rules. The department shall adopt rules to
19 implement [sections 2 through 4] and to govern the
20 allocation of funds to the regional EMS entities after
21 consultation with EMS providers.

22 Section 6. Codification instruction. (1) Section 1 is
23 intended to be codified as an integral part of Title 50,
24 chapter 6, part 1, and the provisions of Title 50, chapter
25 6, part 1, apply to section 1.

1 (2) Sections 2 through 5 are intended to be codified
2 as a separate part of Title 50, chapter 6, and the
3 provisions of Title 50, chapter 6, apply to sections 2
4 through 5.

-End-

HB 764

1 STATEMENT OF INTENT

2 HOUSE BILL 764

3 House Human Services Committee
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5 House Bill 764 requires a statement of intent because
6 it requires the department of health and environmental
7 sciences to adopt certain rules to implement the provisions
8 of the bill.

9 It is the intent of the legislature to fund regional
10 emergency medical services (EMS) programs and activities as
11 parts of a statewide EMS system. It is the intent of this
12 act to improve training opportunities available to EMS
13 providers. The legislature does not intend that rules be
14 adopted which impose additional requirements upon hospitals,
15 ambulance services, or other EMS providers.

16 It is the further intent of the legislature that the
17 funds appropriated by the state be used to replace federal
18 funds no longer available for the development of training
19 and technical assistance to EMS providers, including
20 volunteers who would have great difficulty in obtaining
21 training otherwise.

22 The legislature also intends that the rules implement
23 the bill in a way that minimizes the administrative costs
24 while maximizing the provision of training and support to
25 the regional and local providers. This will assure the very

1 best use of state funds. Also, it is the intent that the
2 rules adopted should act primarily to facilitate the
3 implementation of the program. The major concern of both
4 state and regional programs is to assist and enhance current
5 emergency medical services.

6 It is the intent of the legislature that rules be
7 adopted in the following areas: (A) concerning the
8 contracts with the department of health, (B) defining the
9 roles and responsibilities of the state and the regions,
10 (C) addressing uniform training programs, (D) concerning
11 the EMS advisory council, and (E) governing the allocation
12 of funds.

13 (A). Rules adopted concerning contracts with the
14 department of health are intended:

15 (1) to state the frequency and type of training
16 programs to be offered;

17 (2) to assure that the training programs are
18 consistent with statewide standards and practice;

19 (3) to set a salary schedule consistent with the state
20 pay plan;

21 (4) to assure that regional councils are broadly
22 representative of EMS providers and consumers; and

23 (5) to assure that regional councils are responsible
24 for personnel policies and management.

25 (B). Rules adopted concerning the definition of the

1 roles and responsibilities of the state and the regions
2 should, at the minimum, address:

- 3 (1) the training of EMS providers;
- 4 (2) fiscal administration; and
- 5 (3) prevention of duplication of efforts among state,
6 regional, and local levels.

7 (C). Rules adopted concerning uniform training
8 programs should address:

- 9 (1) the assurance of uniform training programs offered
10 for instructors, coordinators, and students; and
- 11 (2) the provision of training programs in a readily
12 accessible way for providers, coordinators, and instructors
13 who choose to take such training.

14 (D). Rules adopted concerning the EMS advisory council
15 should, at the least:

- 16 (1) maximize input from the regions, the EMS
17 providers, and from the consumers; and
- 18 (2) provide significant policy direction to the
19 department in the establishment of statewide programs and
20 goals.

21 (E). Rules adopted concerning the allocation of funds
22 should, as a minimum:

- 23 (1) in addition to the rules adopted on contracts,
24 assure fair and equitable distribution of all funds among
25 the EMS regions; and

1 (2) assure allocation in a way that maximizes the
2 provision of training and support services while keeping
3 administration costs to a minimum.

Approved by Comm. On Human Services

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INTRODUCED BY VINGER, KITSELMAN, WINSLOW, HAZELBAKER,
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