

25 March 2016

Tim Fox, Attorney General Office of the Attorney General 215 N Sanders, Third Floor PO Box 201401 Helena, MT 59620

Dear Mr. Fox,

The Montana EMS Association requests your assistance with a concerning situation that stems from the two-pronged structure that exists between the State EMS office that oversees EMS and ambulance service businesses/EMS vehicle licensing and the State Board of Medical Examiners' (BOME's) licensing of all Emergency Medical Technicians and paramedics and their approval of these workers' scope of practice. Title 50-6-302 clearly mentions non-emergency ambulance service. However, there appears to be a conflict in the description of the EMS personnel's scope of practice since the law (50-6.201) refers to them as only "emergency medical services" providers. After meetings with representatives of both offices in early February 2016, and after multiple previous requests for clarity regarding the State's laws, the State EMS office's director Jim Detinnne states there is nothing in the law that prohibits ambulance services from offering non-urgent out-of-hospital care or non-urgent transport as covered by Title 50-6-302.5,6,and 7. The state BOME education director and medical director tell us that all the non-urgent transports or out-of-hospital care typically offered by ambulance company personnel may or may not be legal because of the way the current law is written in 50-6-201.

We find this ambiguity very troubling since our association's members continue to transport the majority of all the State's non-urgent patient transports as they have for decades. The members of our group offer the communities they serve paid and volunteer medical standby services for all kinds of special events including rodeos, fairs, concerts, charity events and high school football games at which patients receive "non-urgent and out-of-hospital" health care services like first aid. Rarely are these non-urgent patients transported although some are transported in the non-urgent mode of travel (no lights or sirens). Since there are already numerous medical/legal decisions that EMS services and organizations must work through in the best of circumstances when caring for urgent and non-urgent patients, it is very concerning to learn that we may be legally vulnerable in providing the medical services our businesses have been offering hospitals, physicians, medical facilities and patients for years. When asked for clarity as it relates to the legality of our businesses' non-urgent care or non-urgent transports, we're told the State BOME and its attorney won't offer an opinion until such legality

is challenged by an ambulance service's attorney or during a lawsuit facing one of our group's companies. Thus, we would like to <u>first</u> offer our group's assistance in immediately helping resolve this issue in any way we can.

With direct correlation to aforementioned legality issue, there are several private ambulance providers that approached the BOME and the State EMS office as early as three years ago and as late as a couple of months ago asking for leadership in evolving their businesses like many other ambulance services are doing in the United States. These evolutions would mean that the State's ambulance services might add new physician-directed and integrated out-of-hospital, healthcare services. Potentially, specially trained paramedics would work with hospitals, physician groups, hospice and mental health facilities to offer patients better access to care and better care at greater convenience and at lower cost. Since 2013, we've been dealing with the legality of our non-urgent out of hospital health care services being in question. Consequently, several members have turned away these new mobile integrated healthcare business opportunities. In the last several weeks, at least one member of our group has revisited with the BOME and the State EMS office about this type of evolution, only to receive very conflicting opinions once again. Further delay in resolving this matter presents an expensive frustration for the evolution of our businesses as well as for all Montana's private ambulance service business' continued sustainability.

Thank you for considering these very real and threatening issues for Montana's ambulance businesses. Please let us know how we might move forward to initiate a process that might result in a <u>timely</u> clarification of our legal status as not only emergency ambulance providers but also as mobile integrated healthcare providers of out-of-hospital care.

Respectfully,

Clinton Loss, President, Montana EMS Association

cc: Dr. Harry Sibold, EMS Medical Director, Board of Medical Examiners, Jim DeTienne, Section Supervisor, EMS and Trauma Systems