APRIL 2018

Economic Affairs Interim Committee
Pat Murdo, Committee Staff

SJR 32 FINAL REPORT (DRAFT)

OVERVIEW

The Senate Joint Resolution 32 study combined aspects of Senate Bill 104, which sought changes in the way the emergency care system operates in Montana, and House Bill 612, which sought changes in how emergency care systems address the needs of veterans and members of the active military. Part of the intent of the study was to examine in more depth how those now licensed to provide emergency care might meet nonemergency needs in a community as well as the health care needs of veterans and active military. Somewhat complicating the study was the concentration on veterans' issues. Adding another element is the mixed status of emergency care providers in Montana, where many volunteers provide emergency care services by taking time out of their paying jobs. These volunteers are not necessarily available to provide other health care. Payment also may have been an issue because some, if not all, emergency care providers bill insurance and there was no guarantee that providing medication monitoring, as suggested by HB 612, would be a billable service.

BARRIERS TO NONEMERGENT COMMUNITY CARE

A key sticking point for emergency care providers being allowed to provide nonemergent community care to anyone, including veterans and active military, is in the statement of public policy behind licensure of emergency care providers. That statement with relevant language in bold italics says:

> **50-6-201. Legislative findings — duty of board.** (1) The legislature finds and declares that prompt and efficient ***emergency medical care of the sick and injured at the scene and during transport to a health care facility*** is an important ingredient necessary for reduction of the mortality and morbidity rate during the first critical minutes ***immediately after an accident or the onset of an emergent condition*** and that a program for emergency medical technicians is required in order to provide the safest and most efficient delivery of emergency care.
>
> (2) The board has a duty to ensure that emergency medical technicians provide proper treatment to patients in their care.

Senate Bill No. 104 in the 2017 session proposed changing that language to allow a "care system" for people who require emergency and community-based prehospital care. One concern was that volunteer emergency medical services might be called upon to handle nonemergency situations, which would mean that the volunteers were away from their paying job for something that was not an emergency. Not all volunteers wanted to be in that situation.

The Board of Medical Examiners, which oversees emergency care providers, supported SB 104 because the bill broadened the licensing of emergency care providers to include community-based health care. A statement from the Department of

Labor and Industry, to which the Board of Medical Examiners is administratively attached, explained in an April 2018 email:

> Removing the barrier of only providing emergency services would increase health care access and lower costs. Emergency care providers have the knowledge and skill that can be utilized in other health care settings. The Board, with appropriate input from medical professionals, could modify the licensing for nonemergency situations.

PRESENTATIONS

For the study on emergency care providers and veterans, a 6-person panel at the EAIC's Nov. 7, 2017, meeting reviewed various aspects of Senate Bill 104 and House Bill 612 neiether of which was enacted. Instead, the 2017 Legislature approved the Senate Joint Resolution 32 study that incorporated elements of both bills.

Among the November 2018 presenters were several related to veterans or military groups. Their main points were that a range of services already exist to help veterans. They suggested greater use of existing services and training opportunities. Summaries of the presentations follow.

- The state's emergency medical technician training specialist provided an overview of the various types of EMTs operating in Montana. SB 104 had proposed several changes to EMT operations. One option that the committee said it might later recommend was to revise the statutory references to align licensure with the boards that license people instead of with facility licensing statutes. See Appendix A.
- A representative from the Board of Veterans Affairs pointed out concerns related to HB 612's recommendations for training EMTs that respond to veteran mental health crises, among other health services. Of particular concern was a disconnect, Joe Foster said, between the various training programs already available and the limited criteria proposed for authorizing receipt of federal training funds under the G.I. bill.
- A representative for auxiliary service organizations, Roger Hagan of the American Legion, voiced concerns that, by expanding emergency care options, a bill like HB 612 might distract veterans from accessing existing, appropriate services.
- A representative of the National Guard noted that many Guard members are combat veterans and already have access to programs across the state, including Employee Assistance Programs that members are encouraged to access.
- An outpatient therapist at the Veterans Administration at Fort Harrison said that the outreach services sought by HB 612 already are provided by the VA and that, while EMTs go a great job of getting veterans to appropriate care, the more highly trained specialists at the VA are more likely to recognize each veteran's individual treatment needs.
- The administrator at the Montana Law Enforcement Academy reviewed training done for dispatchers, including suicide training, and how dispatchers are trained to assess risks for immediate dangers. Materials provided by Chouteau County reviewed protocols for dispatchers.

RECOMMENDATIONS

- Propose as a committee bill a version of SB 104 that revises the definition of emergency care provider to be a community care provider but provide volunteer emergency medical services groups the option of serving only emergency situations rather than all community medical needs.
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Concerns about SB 104 voiced during the 2017 Session

- Amendments proposed during discussions in the House Human Services Committee would have allowed, not required, emergency care providers to provide. The amendments were adopted but the bill was tabled in part because House Bill 612 with overlapping intent was moving forward.
- One Human Services Committee member noted that the expansion of scope might result in fewer emergency care providers because of the greater number of duties for volunteers.

Concerns about HB 612 voiced during the 2017 Session

- There was a concern that the training required by emergency care providers overlapped the required training for other personnel, who had more training and might not be contacted.
- The bill was considered unwarranted and unnecessary by some, because of the implication that veterans would be addressed with more attention than others, with particular concern that the emergency responder would need to know the amount of information included in the bill related to veterans' needs.
- There was a concern that two types of emergency responders would be required, with those able to serve veterans being trained in more fields (like nutrition) than typical emergency responder.

Background related to community medicine

TBD

Background related to volunteer emergency services

TBD

Background related to payment for emergency and nonemergent services

TBD

Sample information from other states

TBD

Study plan issues:

- Review current laws related to training, licensure, and scope of practice for emergency care providers (ECP). The ECP coordinator for the Department of Labor and Industry provided an outline of the current scope of practice for four levels of emergency care providers at the Nov. 7, 2017, Economic Affairs Interim Committee meeting. See Appendix A. The information covered types of skills for which the ECPs must be trained and referenced the licensing by the Board of Medical Examienrs.

- Study the role that emergency care providers could have in the overall health care system, particularly in providing community-based, nonemergency health care as a means of preventing the need for emergency care. The

committee did not specifically hear from those who have expanded their approaches, but the Local Government Committee, which is studying emergency medical services under SJR 21, has received a variety of information, including a report on emergency care providers and volunteer firefighter services that is somewhat related. Given the limited time that the Economic Affairs Interim Committee chose to spend on SJR 32, no presentations were planned on this subject.

- Examine the special health care needs of veterans and their families and whether a special endorsement in veteran emergency care is a solution to help address those needs. Presentations at the Nov. 7, 2017, meeting addressed this topic.

Study Plan Proposed Deliverables

- Presentations by representatives of veterans, active military, emergency medical technicians, suicide prevention specialists, dispatchers, law enforcement and others active in emergency care or nonemergency care and the training for both types of care. These presentations were made at the Nov. 7, 2017, EAIC meeting.
- Briefing papers on:
    - The status of emergency care provders' training, scope of practice, and payment mechanisms in this state and options in other staets' related to community care. The training and scope of practice information is in Appendix A. The payment information and other state comparable experience is to be provided in this report.
    - Veterans' health needs, existing services, and gaps in the system. An overview will be provided in this report.
    - Costs to patients with or without insurance for service using persons trained in various scopes of practice as compared with a person trained across disciplines; and
    - Options available for veteran mental and physical health care.