

BEFORE THE BOARD OF MEDICAL EXAMINERS  
DEPARTMENT OF LABOR AND INDUSTRY  
STATE OF MONTANA

In the matter of the amendment of	)	NOTICE OF PUBLIC HEARING ON
ARM 24.156.2701, 24.156.2705,	)	PROPOSED AMENDMENT AND
24.156.2711, 24.156.2713,	)	ADOPTION
24.156.2715, 24.156.2717,	)	
24.156.2719, 24.156.2731,	)	
24.156.2732, 24.156.2741,	)	
24.156.2745, 24.156.2751,	)	
24.156.2754, 24.156.2757,	)	
24.156.2761, 24.156.2771, and	)	
24.156.2775 emergency medical	)	
technicians, and the adoption of NEW	)	
RULES I ECP endorsement	)	
application, II continuing education	)	
requirements, III ECP post course	)	
requirements, IV obligation to report	)	
to the board, and V complaints	)	

TO: All Concerned Persons

1. On October 19, 2012, at 1:00 p.m., a public hearing will be held in room B-07, 301 South Park Avenue, Helena, Montana, to consider the proposed amendment and adoption of the above-stated rules.

2. The Department of Labor and Industry (department) will make reasonable accommodations for persons with disabilities who wish to participate in this public hearing or need an alternative accessible format of this notice. If you require an accommodation, contact the Board of Medical Examiners (board) no later than 5:00 p.m., on October 15, 2012, to advise us of the nature of the accommodation that you need. Please contact Ian Marquand, Board of Medical Examiners, 301 South Park Avenue, P.O. Box 200513, Helena, Montana 59620-0513; telephone (406) 841-2360; Montana Relay 1 (800) 253-4091; TDD (406) 444-2978; facsimile (406) 841-2305; e-mail dlibsmed@mt.gov.

3. GENERAL REASONABLE NECESSITY: In 2010, the EMT Medical Director Committee brought to the board's attention the need to align Montana's rules with changes to the National Registry of Emergency Medical Technicians (NREMT) terminology that will become effective on January 1, 2013. Additionally, the proposed amendments and new rules comply with the EMS Educational Agenda for the Future promulgated by the National Highway Traffic Safety Administration (NHTSA), the national agency that sets standards for EMT training and education.

Throughout the past year, board staff and the newly hired State EMT Medical Director traveled throughout Montana and presented these amendments to interested parties, received comments and feedback, and successfully educated

EMTs and EMS providers on these necessary updates. Among others, the proposed changes update to current terminology and processes, delete unnecessary or redundant sections, and amend rules for accuracy, consistency, and ARM formatting requirements. While NREMT is currently required for licensure, it is not a government agency with legislatively mandated controlling authority over testing. The board concluded that these rule amendments are necessary to ensure that Montana maintains the ability to educate and test its licensed EMTs, if necessary. The board points out that drafts of these proposed rules have been reviewed and discussed at full board meetings a minimum of three times, and at which meetings the Medical Director Committee also presented information about the evolution of EMT training.

Accordingly, the board has determined it is reasonably necessary to adopt New Rules I through V and generally amend the emergency medical technician rules at subchapter 27 at this time. Where additional specific bases for a proposed action exist, the board will identify those reasons immediately following that rule.

4. The rules proposed to be amended provide as follows, stricken matter interlined, new matter underlined:

24.156.2701 DEFINITIONS (1) For purposes of the rules set forth in this subchapter, the following definitions apply:

~~(1) (a)~~ "Advanced life support" or "ALS" means any provider that functions at any endorsement level above EMT-B or EMT.

~~(2) (b)~~ "Approved course" means a course of initial instruction that meets the specifications and requirements for a particular level ~~or endorsement for EMT of ECP~~ training approved by the board or its designee.

(3) remains the same, but is renumbered (c).

~~(4) (d)~~ "Basic life support" or "BLS" means any provider that functions at the endorsement level of:

~~(a) (i)~~ EMT-F or EMR;

~~(b) (ii)~~ EMT-F or EMR with any endorsements; or

~~(c) (iii)~~ EMT-B or EMT without any endorsements.

(5) remains the same, but is renumbered (e).

~~(6) (f)~~ "Clinical experience" means supervised instruction, observation, ~~and or~~ practice in a patient care setting as part of an approved course or program.

~~(7) (g)~~ "Clinical preceptor" means an individual trained to a level greater than the student, who is responsible for supervising and teaching the student in a clinical setting in an approved course or program, under the supervision of the medical director or lead instructor in the case of an EMT-basic course or EMT course after December 31, 2012.

~~(8) (h)~~ "Curriculum" means the combination of ~~instructor lesson plans, course guides, and student study guides~~ the National EMS Educational Standards and the Instructor Guidelines prepared by the United States Department of Transportation (USDOT) ~~and commonly known as the "National Standard Curriculum" (NSC)~~.

(9) remains the same, but is renumbered (i).

~~(10) (j)~~ "Emergency medical technician" ~~or "EMT"~~ means any ~~out-of-hospital~~ out-of-hospital emergency care ~~personnel~~ provider or "ECP" licensed by the board.

(41) (k) "Emergency medical technician - basic" or "EMT-B" means an individual ~~who is~~ licensed by the board as an EMT-B or, after January 1, 2013, as an "emergency medical technician" or "EMT".

(42) (l) "Emergency medical technician - first responder" or "EMT-F" means an individual ~~who is~~ licensed by the board as an EMT-F or, after January 1, 2013, as an "emergency medical responder" or "EMR".

(43) (m) "Emergency medical technician - intermediate" or "EMT-I" means an individual ~~who is~~ licensed by the board as an EMT-I or, after January 1, 2013, as an "advanced emergency medical technician" or "AEMT".

(44) (n) "Emergency medical technician - paramedic" or "EMT-P" means an individual ~~who is~~ licensed by the board as an EMT-P or, after January 1, 2013, as a "paramedic".

(o) "Endorsement" means a defined set of skills and knowledge that expands the scope of practice of the ECP. The medical director grants permission for an ECP to utilize an endorsement, provided the specific endorsement is identified on the ECP's license.

(45) (p) "Lead instructor" means a person who is licensed by the board, attended a training program conducted by the board, and is authorized to offer and conduct EMT ECP courses. The lead instructor is under the supervision of the board for BLS courses and under the supervision of the board and medical director for ALS courses.

(46) (q) "Medical director" means an unrestricted Montana licensed physician or physician assistant who is responsible professionally and legally for providing medical direction and oversight to a licensed EMT ECP and/or for the training provided in an approved program/course.

(17) and (18) remain the same, but are renumbered (r) and (s).

(t) "Offline medical direction" means general medical oversight and supervision for an emergency medical service or an ECP, including review of patient care techniques, emergency medical service procedures, and quality of care.

(49) (u) "On-line Online medical direction control" means real-time interactive medical direction, advice, or orders to EMTs from an unrestricted Montana licensed physician or physician assistant who is supervised by the medical director ECPs.

(20) (v) "Statewide protocols" means a the written, standardized manner of administering patient care statewide, approved by the board.

AUTH: 37-3-203, 50-6-203, MCA

IMP: 50-6-203, MCA

24.156.2705 UNPROFESSIONAL CONDUCT (1) and (a) remain the same.

(b) conduct likely to deceive, defraud, or harm the public including, but not limited to, practicing while subject to a physical or mental condition which renders the licensee unable to safely engage in activities required of a licensee under this subchapter;

(c) acting in such a manner as to present a danger to public health or safety, or to any patient including, but not limited to, incompetence, negligence, or malpractice;

(d) through (h) remain the same.

(i) failure to practice within the scope of practice of the EMT ECP level and endorsements;

(j) remains the same.

(k) ~~failing to maintain continuous NREMT registration while licensed as an EMT~~ complete the required continuing education requirements established by the board when identified and while licensed as an ECP in the state of Montana;

(l) through (p) remain the same.

(q) filing a complaint with, or providing information to, the board, which the licensee knows, or ought to know, is false or misleading. This provision does not apply to any filing of complaint or providing information to the board when done in good faith under 37-1-308, MCA;

(r) and (s) remain the same.

(t) failing to exercise technical competence in carrying out EMT ECP care;

(u) through (w) remain the same.

(x) failing, as a clinical preceptor or lead instructor to supervise, manage, or train students practicing under the licensee's supervision, according to:

(i) through (y) remain the same.

(z) practicing as an EMT ECP at any level without a current, active Montana license at that level;

(aa) failing to comply with any agreement the licensee has entered into with a program established by the board under 37-3-203, MCA; ~~and~~

(ab) any other act, whether specifically enumerated or not that in fact constitutes unprofessional conduct; and

(ac) failing to report to the board the unprofessional conduct of other licensed ECPs.

AUTH: 50-6-203, MCA

IMP: 37-1-131, 50-6-203, MCA

REASON: The board is striking the NREMT registration from (1)(k) and replacing it with continuing education (CE) requirement. Currently, the NREMT registration is the only CE required of EMTs. In the future, should the board no longer rely on NREMT, this amendment will allow the board to design its own CE requirements.

The board is adding the failure to report other ECP misconduct as unprofessional conduct at (1)(ac) for consistency, as this reporting is already required of all other board licensees.

24.156.2711 EMT- ECP LICENSURE QUALIFICATIONS (1) The board shall license an applicant as an EMT ECP at the appropriate level, if the applicant:

(a) ~~successfully completes a board-approved EMT~~ successfully completes a board-approved ECP course of instruction;

(b) ~~either possesses a current NREMT registration for the appropriate level of licensure or higher, except for EMT-Fs who have maintained continuous licensure prior to January 1, 2004 equal to or higher than the level applying for, or successfully completes a written and practical exam approved by the board;~~

(c) through (e) remain the same.

AUTH: 37-3-203, 50-6-203, MCA

IMP: 50-6-203, MCA

24.156.2713 EMT ECP LICENSE APPLICATION (1) An applicant for an EMT ECP license, at any level, shall submit an application on a form prescribed by the board. The application must be complete and accompanied by the appropriate fees and the following documentation:

(a) applicant's verification of course completion for the appropriate level ~~and/or endorsement levels~~ for which the applicant is applying;

(b) and (c) remain the same.

(d) a current NREMT registration card equal to or greater than the level for which the applicant is applying, or the successful completion of a board-approved written and practical examination or current licensure in a state the board recognizes as equivalent; and

(e) an unopened, current, and original NPDB self-query.

(2) Applicants licensed in another state or jurisdiction shall cause all states and jurisdictions in which the applicant holds or has ever held a license to submit a current verification of licensure directly to the board on behalf of the applicant.

(2) remains the same, but is renumbered (3).

~~(3)~~ (4) The applicant may voluntarily withdraw the application prior to the one-year deadline set forth in ~~(2)~~ (3) by submitting a withdrawal in writing to the board. All application fees submitted will be forfeited.

(4) and (5) remain the same, but are renumbered (5) and (6).

AUTH: 50-6-203, MCA

IMP: 37-1-104, 37-1-131, 37-3-203, 50-6-203, MCA

24.156.2715 EQUIVALENT EDUCATION (1) In order for the board to ~~recommend to the NREMT successful~~ recognize an alternative ECP course completion, the course for an individual must have been either:

(a) an EMT ECP educational program reviewed and approved by the board;  
or

(b) determined to be "substantially equivalent" as defined by the board. ~~The individual requesting review of their educational program must possess a currently active EMT license or certification to practice in good standing in another state.~~

(2) For the purposes of 37-1-304, MCA, the board defines "substantially equivalent" as approved training in accordance with greater than or equivalent to the board-approved USDOT curriculum standards, including revisions and statewide protocols, policies, and procedures ~~or, in the opinion of the board, completed training, experience, and passage of an examination equivalent to current board standards~~. Work experience obtained in the profession will not be considered as the sole basis of the applicant's qualifications.

(3) The individual requesting review of their education to be considered as "substantially equivalent" shall submit an application on a form prescribed by the board.

(a) Completed applications will be reviewed by the board or its designee, which may request such additional information or clarification of information provided in the application as it deems reasonably necessary.

AUTH: 50-6-203, MCA

IMP: 37-1-131, 37-1-304, 37-3-203, 50-6-203, MCA

REASON: The board is amending this rule to eliminate the licensure requirement as part of the educational review. The amendment will allow the board to evaluate education and, based on findings, use prior education or compare and contrast differences in state requirements to determine whether the requesting individual is eligible to be licensed in Montana as an EMT.

24.156.2717 EMT ECP LICENSE RENEWAL (1) remains the same.

(2) EMT ECP licenses are issued on a biennial renewal cycle. EMT ECP licenses must be renewed on or before the date set by ARM 24.101.413 ~~of~~ in the last year of the two-year cycle.

(3) ~~Except as provided in (4), in~~ In order to renew an EMT ECP license, the licensee must:

(a) remains the same.

(b) ~~submit current NREMT registration at the level equal to or greater than the licensed level~~ complete continuing education requirements as specified by the board; and

(c) remains the same.

~~(4) An individual licensed prior to January 1, 2004, as a first responder or first responder ambulance, and wishing to renew the license as an EMT-F, may either:~~

~~(a) become NREMT registered; or~~

~~(b) complete a 16-hour board-approved USDOT curriculum refresher course each renewal period. The licensee shall provide verification of completion to the board upon request.~~

(4) In addition to the requirements in (3), ALS licensees must also identify the medical director(s) who provides medical oversight to the ECP.

(5) and (6) remain the same.

AUTH: ~~37-1-141,~~ 50-6-203, MCA

IMP: 37-1-131, 37-1-141, 37-1-306, 50-6-203, MCA

REASON: Authority cites are amended to accurately reflect the statutory sources of the board's rulemaking authority.

24.156.2719 EXPIRED LICENSE (1) An expired EMT ECP license may be reactivated upon completion of an expired license renewal application. To reactivate an expired license the applicant shall:

(a) and (b) remain the same.

(c) ~~submit~~ possess a current NREMT ~~certification~~ registration for the appropriate level of licensure or higher, or successfully complete a board-approved written and practical examination.

(2) remains the same.

AUTH: 37-3-203, 50-6-203, MCA

IMP: 37-1-141, 50-6-203, MCA

24.156.2731 FEES (1) The following fees must be paid in connection with EMT licensure:

- (a) EMT-F, or after December 31, 2012, an EMR application fee \$20
  - (b) EMT-B, or after December 31, 2012, an EMT application fee 30
  - (c) EMT-I, or after December 31, 2012, an AEMT application fee 40
  - (d) EMT-P, or after December 31, 2012, a paramedic application fee 60
  - (e) remains the same.
  - (f) EMT-F, or after December 31, 2012, an EMR biennial renewal fee 20
  - (g) EMT-B, or after December 31, 2012, an EMT biennial renewal fee 30
  - (h) EMT-I, or after December 31, 2012, an AEMT biennial renewal fee 40
  - (i) EMT-P, or after December 31, 2012, a paramedic biennial renewal fee 60
  - (j) program approval 50 250
  - (k) remains the same.
  - (l) education review for determination of "substantially equivalent" 25
- (2) and (3) remain the same.

AUTH: 37-1-134, ~~37-1-141~~, 50-6-203, MCA

IMP: 37-1-134, 37-1-141, 50-6-203, MCA

REASON: It is reasonably necessary to amend this rule and adjust fees for course approval and educational review to reflect actual current costs. Specifically, the program approval process at ARM 24.156.2741 will now include the requirement of an onsite visit by at least two board staff.

The board estimates the cost of conducting an onsite visit for new and renewals is \$1500, which will cover a five-year period. The fee increase from \$50 to \$250 will cover those onsite visit costs. The board estimates this increase will affect six programs, as three program approvals are requested per year, and three will renew in FY 2013, with a total revenue increase in FY 2013 of \$1200.

The new fee for education review will affect 12 individuals and result in \$300 in additional annual revenue.

Authority cites are amended to accurately reflect the statutory sources of the board's rulemaking authority.

24.156.2732 MEDICAL DIRECTION (1) ~~Effective June 30, 2009 and within six months~~ Within 30 days of taking on the responsibilities as an EMT-off-line ECP medical director, a physician or physician assistant shall:

- (a) notify the board they are providing medical direction to ECPs on a form provided by the board; and
- (a) ~~(b)~~ complete a board-specified provide proof of completion of a board-specified medical director training program; or a board-approved exemption from the training on a form provided by the board.

~~(b) demonstrate the principals of medical direction; or  
(c) receive approval from the board in the event that (1)(a) or (b) is not available in that six month period.~~

(2) A physician or physician assistant who functions as a medical director and fails to comply with the requirements of (1) may not function as a medical director.

(3) The ~~off-line~~ medical director shall be responsible for the overall medical care provided by ~~EMTs~~ the ECPs for whom the director agrees to provide medical oversight.

(4) The ~~off-line~~ medical director must assure and have access to records of all ~~EMTs~~ ECPs for whom the director provides medical oversight. These records must include, but are not limited to:

(a) the name, address, and current Montana licensure of the ~~EMT~~ ECP, including any endorsements;

(b) date when medical oversight began and at what level the ~~EMT~~ ECP is authorized to function; and

(c) any changes to limit or approve the ~~EMT's~~ ECP's ability to function at the ~~EMT's~~ ECP's current licensure level.

(5) The ~~off-line~~ medical director must develop a process to assure continued appropriate patient care. This process may include regular review of patient care reports (PCR), direct observation of care, skills demonstrations, and ongoing involvement in ~~EMT~~ ECP education. Documentation of these activities must be maintained.

(6) ~~An off-line~~ A medical director may assign duties where appropriate, but retains the responsibility for all assigned duties.

(a) The medical director may delegate local offline medical direction responsibilities to another unrestricted Montana licensed physician or physician assistant.

(7) The medical director will approve and review the offering of online medical control.

(a) Online medical control must be provided by any unrestricted Montana licensed physician or physician assistant who has been contacted for this purpose.

~~(7)~~ (8) The off-line medical director may cease medical oversight by providing written notice to the EMT ECP and the board.

(9) The board or their designee may conduct onsite visits with medical directors for technical assistance and/or to assure compliance.

AUTH: 37-3-203, 50-6-203, MCA

IMP: 50-6-203, MCA

#### 24.156.2741 EMT ECP TRAINING PROGRAM/COURSE APPLICATION AND APPROVAL

(1) An individual, corporation, partnership, or any other organization may not initiate or conduct any initial courses for ~~EMT~~ ECP instruction without prior approval of the board or its designee.

(2) Program or course approval applications must be submitted on a form prescribed by the board with appropriate fees.

(a) The application must designate a medical director and lead instructor. An application for an ALS course or a program must also designate a medical director.

(b) Applicants applying for approval of a program must complete and submit a board-approved self-study for BLS and ALS, with the original application.

(3) Completed applications will be reviewed for compliance with board statutes, rules, board-approved USDOT curriculum, including revisions and statewide protocols, policies, and procedures. The board or its designee may request such additional information or clarification of information provided in the application as it deems reasonably necessary.

(4) Program applications require a site visit as a part of the review process to validate the self-study. Course applications may include a site visit.

(a) Site reviewers will include, but not be limited to, the state training coordinator and the state medical director.

(5) Nationally accredited programs meet all the requirements for program approval, but must submit an application and fee as prescribed by the board for approval by the board or its designee.

(a) Approval shall coincide with the nationally accredited approval renewal date.

(4) remains the same, but is renumbered (6).

~~(5)~~ (7) The medical director and/or lead instructor may voluntarily withdraw the course approval or program application prior to the one-year deadline provided in ~~(4)~~, (6) by writing to the board. All fees submitted will be forfeited.

~~(6)~~ (8) After withdrawal of an application, a new program or course approval application may be submitted, including all supporting documentation and appropriate fees to begin the course approval process.

~~(7)~~ (9) The board or its designee shall approve EMT ECP training courses or a program that ~~comply~~ complies with current board-approved USDOT curriculum, including revisions and statewide protocols, policies, and procedures.

(a) Program approvals of multiple courses offered by a single provider may be approved for ~~up to one year~~ five years without reapplication and approval.

(b) remains the same.

~~(8)~~ (10) The board shall not approve an EMT ECP training course or program which does not comply with current board-approved USDOT curriculum, including revisions and statewide protocols, policies, and procedures.

(a) remains the same.

(b) The board may cancel approval of training courses or programs for failure to comply with any of the requirements of this subchapter, providing false information, or failure to provide the board or its designee access to the course, and/or other information necessary to assure compliance with board statutes and rules.

~~(9)~~ (11) In the event the board's designee disapproves an EMT ECP training course or program, the application will be considered by the board during the next regularly scheduled board meeting, or the lead instructor and/or medical director may request in writing an alternate regularly scheduled board meeting.

~~(10)~~ (12) A lead instructor may ~~conduct~~ coordinate required EMT ECP refresher courses without preapproval from the board. The lead instructor must maintain all course records, demonstrating that NSC ~~had~~ USDOT curriculum has

been utilized and student performance is documented. All course records shall be made available for auditing purposes.

(13) The board or their designee may conduct onsite visits of approved courses and programs to assure the content, quality, and accuracy of the application utilized for the course or program approval.

(14) An approved program is renewable and is renewed by the submission of a renewal application on a form prescribed by the board with appropriate fees prior to the expiration date of the approval; otherwise, a new application for program approval is required.

AUTH: 50-6-203, MCA

IMP: 50-6-203, MCA

24.156.2745 EXAMINATIONS (1) All practical (psychomotor) and written (cognitive) examinations for all ~~EMT ECP~~ licensure levels and endorsements must be conducted in accordance with the policies and procedures established by the board.

(2) A medical director shall be responsible for the conduct of all ~~locally administered~~ examinations and shall assure that all board policies and procedures are followed. Medical directors may delegate duties where appropriate.

~~(3) Practical examination materials~~ All examinations must be requested from ~~approved by~~ the board on forms prescribed by the board no later than 30 days prior to offering an examination. ~~Examination materials will be sent to the requestor from the board office seven days prior to the scheduled examination date.~~ The All post-examination materials shall be returned within seven working days following the examination.

(4) The board or its designee may conduct onsite visits of all exams requested and approved ~~attend and audit all exams requested and offered.~~

(5) No candidate may sit for a practical (psychomotor) or written (cognitive) examination without having demonstrated successful course completion at the level of the examination or greater.

AUTH: 50-6-203, MCA

IMP: 50-6-203, MCA

REASON: The board determined it is reasonably necessary to amend this rule to clarify all levels of examinations, including psychomotor and cognitive. The board is adding (4) and (5) to implement onsite visits to assure compliance with existing requirements and more clearly define student eligibility.

24.156.2751 LEVELS OF ~~EMT ECP~~ LICENSURE INCLUDING ENDORSEMENTS (1) The board issues four levels of licenses for ~~EMTs~~ ECPs. Each level has endorsements that may be added to an ~~EMT ECP~~ license. Endorsements do not have to be acquired in the order listed below and may consist of one or more combinations within each ~~EMT ECP~~ level. The levels of licensure and endorsements are as follows:

(a) ~~For~~ EMT - first responder (EMT-F) licenses:

(i) through (iii) remain the same.

(b) For EMT - basic (EMT-B) licenses:

(i) through (vi) remain the same.

(c) For EMT - intermediate (EMT-I) licenses:

~~(i) EMT-I/needle decompression/surgical airway;~~

~~(ii) EMT-I/immunizations;~~

~~(iii) EMT-I/drips and pumps; and~~

~~(iv) EMT-I/12 lead transmit.~~

(d) For EMT - paramedic (EMT-P) licenses:

(i) through (iv) remain the same.

(2) On January 1, 2013, the levels of licensure will be adjusted as follows:

(a) EMT-FRs with the immobilization endorsement will be issued an ECP-EMR license.

(b) EMT-FRs with the immobilization endorsement and a monitoring endorsement will be issued an ECP-EMR license with a monitoring endorsement.

(c) EMT-FRs with an ambulance endorsement and a skill verification form prescribed by the board and on file with the board before December 31, 2012, will be issued an ECP-EMT license.

(d) EMT-Bs who have completed a skill verification form prescribed by the board and on file with the board before December 31, 2012, will be issued an ECP-EMT license.

(e) EMT-Bs who have the airway endorsement and completed a skill verification form prescribed by the board and on file with the board before December 31, 2012, will be issued an ECP-EMT license with an airway endorsement.

(f) EMT-Bs who have the medication endorsement and have completed a skill verification form prescribed by the board and on file with the board before December 31, 2012, will be issued an ECP-EMT license with a medication endorsement.

(g) EMT-Bs who have the IV and IO (intravenous infusion and intraosseous infusion) initiation endorsement and have completed a skill verification form prescribed by the board and on file with the board before December 31, 2012, will be issued an ECP-EMT license with an IV and IO (intravenous infusion and intraosseous infusion) initiation endorsement.

(h) EMT-Bs who have the IV and IO maintenance endorsement and have completed a skill verification form prescribed by the board and on file with the board before December 31, 2012, will be issued an ECP-EMT license with an IV and IO maintenance endorsement.

(i) EMT-Bs with an airway, IV/IO (initiation and maintenance), monitoring, medication endorsement, and a skill verification form prescribed by the board and on file with the board before December 31, 2012, will be issued an ECP-AEMT license with a medication endorsement.

(j) EMT-Intermediate 99s who have completed a skill verification form prescribed by the board and on file with the board before December 31, 2012, will be issued an ECP-AEMT licensure with an I-99 endorsement.

(k) EMT-Intermediate 99s who have completed the paramedic bridge program as developed by the board and on file with the board before December 31, 2012, will be issued a paramedic license.

(l) EMT-Paramedics who have completed a transition program developed by the board and on file with the board before December 31, 2012, will be issued a paramedic license.

(m) EMT-Paramedics who have a critical care endorsement prescribed by the board and on file with the board before December 31, 2012, will be issued a paramedic license with a critical care endorsement.

(3) Following January 1, 2013, the levels of licensure and endorsements allowed are as follows:

(a) For ECP – Emergency Medical Responder (EMR), licenses:

(i) EMR monitoring;

(b) For ECP – Emergency Medical Technician (EMT) licenses:

(i) medication;

(ii) IV and IO (intravenous infusion and intraosseous infusion) initiation;

(iii) IV and IO (intravenous infusion and intraosseous infusion) maintenance;

and

(iv) airway;

(c) For ECP - Advanced EMT (AEMT) licenses:

(i) AEMT medication; and

(ii) AEMT-99;

(d) For ECP - Paramedic licenses:

(i) paramedic critical care transport.

AUTH: 50-6-203, MCA

IMP: 37-1-131, 50-6-203, MCA

24.156.2754 INITIAL ~~EMT~~ ECP COURSE REQUIREMENTS (1) All courses and courses within an approved program for ~~EMT~~ all ECP licensure levels and endorsements must be conducted in accordance with the policies and procedures established by the board.

(2) An ~~EMT-F~~ EMT-F course or, after December 31, 2012, EMR courses shall be managed by a lead instructor. The lead instructor shall maintain overall responsibility for the quality, consistency, and management of the course. The lead instructor shall:

(a) conduct the ~~EMT-F~~ EMT-F or, after December 31, 2012, EMR courses in accordance with current board-approved USDOT curriculum, including revisions and statewide protocols, policies, and procedures;

(b) through (d) remain the same.

(3) An ~~EMT-B~~ EMT-B course or, after December 31, 2012, EMT courses shall be managed by a lead instructor. The lead instructor shall maintain overall responsibility for the quality, consistency, and management of the course. The lead instructor shall:

(a) conduct the ~~EMT-B~~ EMT-B or, after December 31, 2012, EMT courses in accordance with current board-approved USDOT curriculum, including revisions and statewide protocols, policies, and procedures;

(b) through (f) remain the same.

(4) An ~~EMT-I~~ Advanced EMT or ~~EMT-P~~ paramedic courses shall be managed by a lead instructor under the supervision of a medical director. The

~~lead instructor and~~ medical director shall maintain overall responsibility for the quality, consistency, and management of the course. The medical director may delegate duties where appropriate. The lead instructor and medical director shall:

(a) ~~conduct the EMT-I and EMT-P~~ advanced EMT or paramedic courses in accordance with current board-approved USDOT curriculum, including revisions and statewide protocols, policies, and procedures;

(b) through (d) remain the same.

(i) ~~the EMT-I~~ advanced EMT course, within 18 months from the starting date of course; and

(ii) ~~the EMT-P~~ paramedic course, within 24 months from the starting date of course.

(e) and (f) remain the same.

~~(g) provide EMT-I course clinical facilities that include but are not limited to:~~

~~(i) an emergency department with physician staffing;~~

~~(ii) intensive care beds or coronary care beds; and~~

~~(iii) an EMS operating at a level equal to or greater than the EMT-I level; and~~

~~(h)~~ (g) provide for the EMT-P paramedic course clinical facilities opportunities that include, but are not limited to:

(i) remains the same.

(ii) intensive care beds or coronary care beds;

(iii) remains the same.

(iv) pediatric beds care;

(v) remains the same.

(vi) psychiatric beds care;

(vii) through (ix) remain the same.

(x) an EMS operating at a level equal to the EMT-P paramedic level.

AUTH: 50-6-203, MCA

IMP: 37-1-131, 50-6-203, MCA

24.156.2757 EMT ECP CLINICAL REQUIREMENTS (1) Clinical opportunities for students must be coordinated with the course/program course or approved program and the clinical facility. ~~There must be a written contractual agreement in place between the course/program and the clinical facility prior to the student being allowed to function in the clinical facility.~~

(2) EMT-B or, after December 31, 2012, EMT courses or approved programs must assure that the student completes a minimum of ten hours of observational time with an EMS. An alternative patient care setting may be used if an EMS is not available. During this time the student shall complete and document:

(a) and (b) remain the same.

(3) ~~EMT-I and EMT-P~~ AEMT and paramedic courses or approved programs must assure that the student completes and documents, as a minimum, the clinical contact requirements identified in the board-approved USDOT curriculum, including revisions and statewide protocols, policies, and procedures.

AUTH: 50-6-203, MCA

IMP: 37-1-131, 50-6-203, MCA

REASON: The board determined it is reasonably necessary to amend this rule and ensure the location of the clinical work has been established prior to the approval of an application. Having an agreement in place at the time of approval assures the EMT student that the course or program has all the necessary components for them to meet eligibility requirements for potential licensure.

24.156.2761 PROCEDURES FOR REVISION OF BOARD-APPROVED EMT ECP CURRICULUM AND STATEWIDE PROTOCOLS (1) At the regularly scheduled board meetings a medical director may initiate a petition for revisions to the board-approved ~~EMT~~ ECP curriculum and/or statewide protocols, policies, and procedures.

(2) through (4)(a) remain the same.

(b) where, in the case of an individual service approval, the board finds that the public's interest in granting the revision clearly outweighs the interest of maintaining uniform board-approved USDOT curriculum, including revisions and/or statewide protocols, policies, and procedures; and

(c) where, in the opinion of the board, the revisions will provide adequate public health, safety, and welfare protection.

AUTH: 50-6-203, MCA

IMP: 50-6-203, MCA

24.156.2771 SCOPE OF PRACTICE (1) An ~~EMT~~ ECP licensed or endorsed at the BLS level may perform any acts allowed within the ~~EMT's~~ ECP's licensure or endorsement level when:

(a) operating independently within the most current version of the Montana statewide ~~EMT~~ protocols; or

(b) under the medical oversight from a medical director who is taking responsibility for the ~~EMT~~ ECP; or

(c) operating on a Montana licensed EMS with a medical director; or

(c) remains the same, but is renumbered (d).

(2) An ~~EMT~~ ECP licensed or endorsed at the ALS level may perform any acts allowed within the ~~EMT's~~ ECP's licensure level or endorsement level when:

(a) under medical oversight from a medical director who is taking responsibility for the ~~EMT~~ ECP;

(b) and (c) remain the same.

(3) An ~~EMT~~ ECP may perform beyond the level of the ~~EMT's~~ ECP's individual licensure when functioning as a student in an approved course and under the direct observation of a clinical preceptor. The ~~EMT~~ ECP must perform within the acts allowed at the level for which the ~~EMT~~ ECP is a student candidate.

(4) Except as provided in (3), an ~~EMT~~ ECP may not perform any acts that are beyond the ~~EMT's~~ ECP's level of licensure or endorsement.

(5) The medical director may limit the functioning scope of an ECP due to community needs and/or issues with maintaining competency. If after remediation and review of an individual ECP's performance the medical director has continuing

concerns as to the ECP's ability to perform to the ECP's scope of practice, this shall be reported to the board.

~~(5)~~ (6) An ~~EMT~~ ECP currently licensed and in good standing in another state may function during a state and/or federally managed incident under the Montana statewide protocols, policies, and procedures, but shall comply with all of the following:

(a) limit the ~~EMT's~~ ECP's practice to the duration of the state and/or federally managed incident;

(b) remains the same.

(c) practice at the basic level, even if the ~~EMT~~ ECP is licensed at a higher level in another state, unless the individual is licensed at an ~~EMT-I or EMT-P~~ ALS level, and the federally managed incident has medical control provided by a Montana licensed physician, and the physician authorizes the individual to function beyond the basic level;

(d) and (e) remain the same.

(7) The board or their designee may conduct onsite visits of state and/or federally managed incidents to assure compliance.

~~(6)~~ (8) In the event of a ~~bioterrorism attack~~ an emergency response in which chemical agents are used or suspected as being used, ~~EMTs~~ ECPs at all levels who are appropriately trained are authorized by the board to carry ~~auto-injectors~~ antidote auto-injector kits and administer them as instructed to themselves and any others. Instruction in the use of antidote kits is required in all ECP initial and refresher courses.

AUTH: 50-6-203, MCA

IMP: 37-1-131, 50-6-203, MCA

REASON: It is reasonably necessary for the protection of public safety and health to clarify that a medical director can limit a scope of practice for an EMT under certain circumstances, and that a medical director is obligated to report to the board an EMT who is not able to function within their scope of practice. The rule is also being amended to reflect an expanded use of antidote injector kits in emergency response situations and independent practice of Basic Life Support personnel.

24.156.2775 MANAGEMENT OF INFECTIOUS WASTES (1) Each ~~EMT~~ ECP licensed by the board shall store, transport off the premises, and dispose of infectious wastes, as defined in 75-10-1003, MCA, in accordance with the requirements set forth in 75-10-1005, MCA.

(2) Used sharps shall be properly packaged and labeled within the meaning of 75-10-1005, MCA, as required by the Occupational Safety and Health Administration (OSHA). ~~If OSHA has no such requirements, the EMT shall place used sharps in a heavy, leak proof, puncture resistant container and secure the lid with reinforced strapping tape. The container shall bear the words "used medical sharps" on a distinctive label taped or securely glued on the container.~~

AUTH: 50-6-203, MCA

IMP: 37-1-131, 50-6-203, MCA

5. The proposed new rules provide as follows:

NEW RULE I ECP ENDORSEMENT APPLICATION (1) An applicant for an ECP endorsement, at any level, shall submit an application on a form prescribed by the board. The application must be complete and accompanied by the appropriate fee and the following documentation:

(a) the applicant's verification of knowledge and skills as identified on a form provided by the board for each endorsement level for which the applicant is applying.

(2) An applicant for an ECP endorsement must have an ECP license in Montana at the appropriate level.

(3) Incomplete applications will be returned. The applicant may correct any deficiencies, complete any requirements necessary, and resubmit the application to the board office. Failure to resubmit the deficient application within one year from the date of the original submission will be treated as a voluntary withdrawal of the application and all fees will be forfeited.

(4) The applicant may voluntarily withdraw the application prior to the one-year deadline set forth in (3) by submitting a withdrawal in writing to the board. All application fees submitted will be forfeited.

(5) After withdrawal of an application, the applicant will be required to submit a new application, including supporting documentation and appropriate fees to begin the endorsement and verification process.

(6) Completed applications will be reviewed by the board or its designee, which may request such additional information or clarification of information provided in the application as it deems reasonably necessary.

AUTH: 37-3-203, 50-6-203, MCA

IMP: 50-6-203, MCA

REASON: It is reasonable and necessary to separate the application process for an EMT license from the EMT endorsement because the requirements differ. To ensure licensees understand the distinct requirements, the details related to the EMT endorsement application process are in this new rule, while the requirements for an EMT license application are found in ARM 24.156.2713.

NEW RULE II CONTINUING EDUCATION REQUIREMENTS (1) All levels of licensed ECPs are required to complete board-specified continuing education requirements prior to their expiration date.

(a) EMRs must complete a board-specific EMR refresher program, which reviews the knowledge and skills of the current curriculum, and documents continued competence.

(b) EMTs must complete 48 hours of continuing education topics contained within the original EMT course and a board-specific EMT refresher program, which reviews the knowledge and skills of the current curriculum, and documents continued competence.

(c) AEMTs must complete 36 hours of continuing education topics contained within the original EMT course and a board-specific AEMT refresher program, which reviews the knowledge and skills of the current curriculum, and documents continued competence.

(d) Paramedics must complete 24 hours of continuing education topics contained within the original EMT course and a board-specific paramedic refresher program, which reviews the knowledge and skills of the current curriculum, and documents continued competence.

(2) ECPs must complete a formal refresher course in which an individual or organization validates knowledge and skills. An ECP cannot build a refresher course by combining continuing education topics or offerings.

(3) All continuing educational requirements can be met by being currently registered and in good standing by the NREMT at a level equal to or greater than the level of Montana licensure.

(4) Endorsement continuing education requirements and continued competence is the responsibility of the medical director.

(5) Documentation of all continuing education and continued competence must be on board-supplied forms, retained by the ECP, and made available to the board or their designee as a result of an audit.

(6) The board or their designee may conduct onsite visits of continuing educational offerings to assure the content and accuracy of the offering.

AUTH: 37-3-203, 50-6-203, MCA

IMP: 50-6-203, MCA

REASON: The board is setting forth the continuing education requirements in this new rule to reflect the option of NREMT or demonstration of skills and knowledge directly to the board prior to relicensing.

NEW RULE III POST-COURSE REQUIREMENTS (1) Approved courses and programs must provide to the board a written report within ten days of the completion of a course.

(a) Course reports must include:

(i) the final agenda that reflects the actual course offering, including dates, instructors, and topics taught;

(ii) the names of students enrolled at the start of the course and their status at the end of the course to indicate if the student passed, failed, dropped, or did not complete the course; and

(iii) the skill and clinical documentation forms for each successful student.

(b) Program reports must contain:

(i) the type of course offered;

(ii) the names of students that successfully completed the course; and

(iii) the skill and clinical documentation forms for each successful student.

(2) Programs must provide to the board a written summary report by December 31 of each year following the date the program was approved. The report shall, at a minimum, contain:

(a) a breakdown of the level and type of course(s) offered;

- (b) the numbers of students accepted into the course(s) and their status at the end of the course to indicate numbers of students who passed, failed, dropped, or did not complete the course;
  - (c) the passage and failure rates of the certification/licensure examination;
- and
- (d) a copy of the type of certificates issued to the students by the program.

AUTH: 37-3-203, 50-6-203, MCA  
IMP: 50-6-203, MCA

REASON: The board is adopting this new rule to clearly set forth the report requirements for approved programs and courses upon completion of the course or program. These reports are already part of current procedures.

NEW RULE IV OBLIGATION TO REPORT TO THE BOARD (1) As permitted in 37-1-308, MCA, an EMT licensed under this chapter shall report to the board within three months from the date of a final judgment, order, or agency action, all information related to malpractice, misconduct, criminal, or disciplinary action in which the ECP is a named party.

(2) An ECP with suspected or known impairment shall self-report to the board. In lieu of reporting to the board, the ECP may self-report to the board-endorsed professional assistance program.

(3) An ECP is obligated to report suspected or known impairment of other healthcare providers to the appropriate licensing board or agency; or, in lieu of the board or agency, may report to the endorsed professional assistance program.

AUTH: 37-3-203, 50-6-203, MCA  
IMP: 50-6-203, MCA

REASON: The board is adopting New Rule IV to specify the requirements for licensed EMTs to report discipline, impairment, and other information to the board. Because licensees normally report such information at renewal, and EMTs renew every two years, it is reasonable and necessary to adopt this new rule to ensure timely and consistent reporting of legal and disciplinary actions by EMTs.

NEW RULE V COMPLAINTS INVOLVING PREHOSPITAL CARE, INTERFACILITY CARE, EMERGENCY MEDICAL TECHNICIANS (ECPs), OR EMERGENCY MEDICAL SERVICE (EMS) OPERATIONS (1) If the board receives a written complaint or otherwise obtains information that an ECP licensee, ECP license applicant, or EMS may have committed a violation of the established patient care standards for prehospital and interfacility emergency medical treatment, and transportation is in violation of applicable rules and statutes, the complaint will be reviewed by the screening panel to determine whether the complaint involves an ECP only, an EMS only, or a combination of both.

(2) Complaints found to involve EMS operations only will be referred to the Department of Public Health and Human Services (DPHHS) for investigation.

(a) If DPHHS notifies the screening panel that an ECP may have violated a board rule or the practices of an ECP may be jeopardizing patient care, the screening panel will open a complaint against the ECP.

(3) Complaints found to involve an ECP will be reviewed by the board's screening panel to determine if there is reasonable cause to believe a violation was committed by following the Department of Labor and Industry's (DLI's) complaint process.

(a) The screening panel may request an investigation by DLI to determine whether there is reasonable cause to believe that the license or license applicant has committed the violation.

(b) If a complaint involves patient care by an ECP, the screening panel will provide to DPHHS:

(i) the complaint information and the screening panel's initial findings;

(ii) any potential violation of DPHHS rules;

(iii) the existing policies or practices of EMS that may be jeopardizing patient care; and

(iv) information on the resolution of the complaint, including any sanctions imposed against an ECP licensee.

(4) If both the screening panel and DPHHS find that an investigation is needed, a joint investigation may be conducted.

(5) Unlicensed practice complaints involving an ECP or complaints involving a new ECP applicant will be reviewed by the full board.

AUTH: 37-3-203, 50-6-203, MCA

IMP: 50-6-203, MCA

REASON: The board is adopting this new rule to clearly set forth the process to be followed for complaints involving pre-hospital emergency care, interfacility care, EMTs, and EMS operations and establish a consistent mechanism for the initial review and handling of these complaints. New Rule V will clarify for licensees and the general public how complaints may be handled depending on the nature of the complaint. Further, the rule explains the possible investigation and action by both the board and DPHHS. The new rule is reflective of an internal complaint process established after the passage of HB 93 in the 2009 legislative session.

6. Concerned persons may present their data, views, or arguments either orally or in writing at the hearing. Written data, views, or arguments may also be submitted to the Board of Medical Examiners, 301 South Park Avenue, P.O. Box 200513, Helena, Montana 59620-0513, by facsimile to (406) 841-2305, or by e-mail to [dlibsdmed@mt.gov](mailto:dlibsdmed@mt.gov), and must be received no later than 5:00 p.m., October 29, 2012.

7. An electronic copy of this Notice of Public Hearing is available through the department and board's web site on the World Wide Web at [www.medicalboard.mt.gov](http://www.medicalboard.mt.gov). The department strives to make the electronic copy of this notice conform to the official version of the notice, as printed in the Montana Administrative Register, but advises all concerned persons that in the event of a

discrepancy between the official printed text of the notice and the electronic version of the notice, only the official printed text will be considered. In addition, although the department strives to keep its web site accessible at all times, concerned persons should be aware that the web site may be unavailable during some periods, due to system maintenance or technical problems, and that technical difficulties in accessing or posting to the e-mail address do not excuse late submission of comments.

8. The board maintains a list of interested persons who wish to receive notices of rulemaking actions proposed by this board. Persons who wish to have their name added to the list shall make a written request that includes the name, e-mail, and mailing address of the person to receive notices and specifies the person wishes to receive notices regarding all board administrative rulemaking proceedings or other administrative proceedings. The request must indicate whether e-mail or standard mail is preferred. Such written request may be sent or delivered to the Board of Medical Examiners, 301 South Park Avenue, P.O. Box 200513, Helena, Montana 59620-0513; faxed to the office at (406) 841-2305; e-mailed to [dlibsmed@mt.gov](mailto:dlibsmed@mt.gov); or made by completing a request form at any rules hearing held by the agency.

9. The bill sponsor contact requirements of 2-4-302, MCA, do not apply.

10. Ian Marquand, executive officer, has been designated to preside over and conduct this hearing.

BOARD OF MEDICAL EXAMINERS  
ANNA EARL, MD, CHAIRPERSON

/s/ DARCEE L. MOE  
Darcee L. Moe  
Alternate Rule Reviewer

/s/ KEITH KELLY  
Keith Kelly, Commissioner  
DEPARTMENT OF LABOR AND INDUSTRY

Certified to the Secretary of State September 10, 2012