

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 24.156.601, 24.156.805,	)	PROPOSED AMENDMENT AND
24.156.1002, 24.156.1302,	)	REPEAL
24.156.1402, 24.156.1618, and	)	
24.156.2731 fees, 24.156.1408 and	)	
24.156.2718 continuing education,	)	
24.156.2701 definitions, 24.156.2707	)	
obligation to report to board,	)	
24.156.2711, 24.156.2713,	)	
24.156.2717, 24.156.2719, and	)	
24.156.2751 regarding ECP licenses,	)	
24.156.2732 medical direction,	)	
24.156.2754 initial ECP course	)	
requirements, 24.156.2757 ECP	)	
clinical requirements, 24.156.2761	)	
procedures for board-approved ECP	)	
curriculum, and 24.156.2771 scope of	)	
practice, and the repeal of ARM	)	
24.156.2706 obligation to report to	)	
board	)	

TO: All Concerned Persons

1. On March 19, 2015, at 1:30 p.m., a public hearing will be held in the Basement Conference Room, 301 South Park Avenue, Basement Floor, Helena, Montana, to consider the proposed amendment and repeal 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 March 13, 2015, 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; or dlibsmed@mt.gov (board's e-mail).

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

24.156.601 FEE SCHEDULE (1) remains the same.

(a) License application fee

~~\$325~~ 500

(b) Temporary license fee	325 <u>100</u>
<del>(c) Temporary locum tenens</del>	<del>50</del>
(d) <del>(c) Renewal Physician renewal</del> fee (active)	400 <u>500</u>
(e) <del>(d) Renewal Physician renewal</del> fee (inactive)	200 <u>400</u>
(f) <del>(e) Renewal Physician renewal</del> fee (inactive-retired)	<del>65</del>
<u>Until March 31, 2016. After that date, physicians no longer may renew as inactive-retired under the provisions of ARM 24.156.615 and ARM 24.156.617.</u>	
(g) <del>(f) Limited temporary (resident) fee</del> <u>Resident physician renewal</u>	100
<del>(h) Limited temporary (resident) extension fee</del>	<del>50</del>
(2) and (3) remain the same.	

AUTH: 37-1-134, 37-1-319, 37-3-203, MCA

IMP: 37-1-134, 37-1-141, 37-3-304, 37-3-305, 37-3-308, 37-3-309, 37-3-311, 37-3-313, MCA

REASON: The board has seen expenses rise since 2011 with no parallel increase in revenues. To achieve its fiduciary responsibility to match revenues with expenses not only for the coming fiscal year, but for a longer period of time, the board is now proposing to increase license application and renewal fees for all license types. The board intends for the new fee schedule to be in place for winter/spring 2016 renewals. The board estimates that the fee changes will affect approximately 2,599 physician and resident physician applicants and licensees, and increase revenue by \$298,025.

In 2014, the board received the first applications for one-year temporary licenses for residents in the Missoula residency program. Because these residents required licensure for longer than three months, they did not qualify for the limited temporary license and paid \$325. The board found that inequitable when considering that short-term residents pay \$100, and resident applications take far less effort to process than do physician applications, regardless of the limited licensure term sought. The board concluded that all residents should pay the same application fee, regardless of the desired length of licensure, and is amending (1)(b) to reduce the temporary license fee accordingly.

The board is eliminating the temporary locum tenens fee at (1)(c) because the board has never charged nor collected this fee, and there is no corresponding license type in statute. Additionally, the board is seeking legislative changes in 2015, including the ability to grant temporary licenses for less than 2-year terms. With this change, there will be no need for a temporary resident extension fee and the board is eliminating (1)(h). Also to align with the anticipated statutory changes, the board is replacing the limited temporary resident fee with a resident physician renewal fee.

24.156.805 FEES (1) remains the same.

(a) The applicant shall submit an application fee of ~~\$300~~ 500 in the form of a check or money order payable to the board.

(b) The licensee shall submit a renewal fee of ~~\$300~~ 500 (on or before the date set by ARM 24.101.413) in the form of a check or money order payable to the board, together with a completed renewal form.

(2) through (4) remain the same.

AUTH: 37-1-134, 37-3-203, MCA

IMP: 37-1-134, 37-1-141, 37-3-344, 37-3-345, 37-3-347, MCA

REASON: The board has seen expenses rise since 2011 with no parallel increase in revenues. To achieve its fiduciary responsibility to match revenues with expenses not only for the coming fiscal year, but for a longer period of time, the board is now proposing to increase license application and renewal fees for all license types. The board intends for the new fee schedule to be in place for winter/spring 2016 renewals. The board estimates that the fee increases will affect approximately 92 telemedicine physicians applicants and licensees, and increase revenue by \$18,400.

24.156.1002 FEES (1) remains the same.

(a) license application fee	<del>\$325</del> <u>500</u>
(b) active license renewal	<del>400</del> <u>500</u>
(c) inactive license renewal	<del>200</del> <u>400</u>
(2) remains the same.	

AUTH: 37-1-134, 37-6-106, MCA

IMP: 37-1-134, 37-1-141, 37-6-302, MCA

REASON: The board has seen expenses rise since 2011 with no parallel increase in revenues. To achieve its fiduciary responsibility to match revenues with expenses not only for the coming fiscal year, but for a longer period of time, the board is now proposing to increase license application and renewal fees for all license types. The board intends for the new fee schedule to be in place in time for autumn 2015 renewals. The board estimates that the fee increases will affect approximately 35 podiatrist applicants and licensees, and increase revenue by \$4,100.

24.156.1302 FEES (1) remains the same.

(a) Initial fee	<del>\$58.50</del> <u>100</u>
(b) Renewal fee	<del>400</del> <u>150</u>
(2) remains the same.	

AUTH: 37-1-134, 37-25-201, MCA

IMP: 37-1-134, 37-1-141, 37-25-302, MCA

REASON: The board has seen expenses rise since 2011 with no parallel increase in revenues. To achieve its fiduciary responsibility to match revenues with expenses not only for the coming fiscal year, but for a longer period of time, the board is now proposing to increase license application and renewal fees for all license types. The board intends for the new fee schedule to be in place for autumn 2015 renewals. The board estimates that the fee increases will affect approximately 176 nutritionist applicants and licensees, and increase revenue by \$8,588.

24.156.1402 FEES (1) An applicant for licensure shall remit a license fee of ~~\$65~~ 100 with his or her application.

(2) The renewal fee to practice acupuncture will be: ~~\$400~~ 150

(3) remains the same.

AUTH: 37-1-134, 37-13-201, MCA

IMP: 37-1-134, 37-1-141, 37-13-302, 37-13-304, MCA

REASON: The board has seen expenses rise since 2011 with no parallel increase in revenues. To achieve its fiduciary responsibility to match revenues with expenses not only for the coming fiscal year, but for a longer period of time, the board is now proposing to increase license application and renewal fees for all license types. The board intends for the new fee schedule to be in place for autumn 2015 renewals. The board estimates that the fee increases will affect approximately 91 acupuncturist applicants and licensees, and increase revenue by \$4,325.

24.156.1408 CONTINUING EDUCATION FOR ACUPUNCTURISTS

(1) Each acupuncture licensee of the Board of Medical Examiners shall earn ~~45~~ 30 clock hours of accredited continuing acupuncture education during each two-year licensing period. Clock hours or contact hours shall be the actual number of hours during which instruction was given.

(2) remains the same.

(3) If a licensee completes more than ~~45~~ 30 hours of continuing education in a two-year licensing period, excess hours in an amount not to exceed 15 hours may be carried forward to the next two-year licensing period.

(4) remains the same.

~~(5) Acupuncture applicants licensed after May 1 are required to obtain one-half of the 15-hour requirement; and those licensed after August 1, will not be required to obtain continuing education credits for renewal. Acupuncture applicants licensed between November 1 and April 30 are required to meet the 15-hour requirement. Continuing education is not required for licensees renewing their license for the first time.~~

AUTH: 37-1-131, 37-1-319, 37-13-201, MCA

IMP: 37-1-131, 37-1-306, 37-13-201, MCA

REASON: The board's acupuncture committee considered questions, comments, and complaints that this rule was confusing, specifically when the 30 credit hours could be earned and if licensees had to earn exactly 15 in each single year. When it was adopted in 2012, the board and committee intended for the rule to guide licensees and the department for the first year of implementation; after which there would be no need for a reference to a single year's worth of CE. The board is now amending this rule to provide a 30-hour requirement for a two-year license period and allow licensees to earn their hours at any time during the period, with no minimum or maximum for a given single year.

Additionally, licensees have found the provisions of (5) confusing, specifically the full or partial waiver of CE requirements depending on licensing date. To

effectively address the confusion, the board is amending (5) to waive the CE requirement for all new licensees up through their first license renewal. After the first renewal, a licensee will have to comply with all aspects of the rule.

24.156.1618 PHYSICIAN ASSISTANT FEES (1) remains the same.

(a) license application fee	\$325 <u>500</u>
<del>(b) 90-day temporary license fee</del>	<del>400</del>
<del>(c)</del> (b) active renewal fee	200 <u>300</u>
<del>(d)</del> (c) inactive renewal fee	<del>400</del> <u>200</u>
(e) remains the same, but is renumbered (d).	
(2) and (3) remain the same.	

AUTH: 37-1-134, 37-20-202, MCA

IMP: 37-1-134, 37-1-141, 37-20-302, MCA

REASON: The board has seen expenses rise since 2011 with no parallel increase in revenues. To achieve its fiduciary responsibility to match revenues with expenses not only for the coming fiscal year, but for a longer period of time, the board is now proposing to increase license application and renewal fees for all license types. The board intends for the new fee schedule to be in place for autumn 2015 renewals. The board estimates that the fee increases will affect approximately 306 physician assistant applicants and licensees, and increase revenue by \$34,500.

Following the review of all license fees, the board is eliminating the 90-day temporary license fee for physician assistants. As part of the fee amendments to improve the board's overall financial health and sustainability, and since the board has not issued any PA temporary licenses since at least 2011, the board is eliminating this unnecessary fee.

24.156.2701 DEFINITIONS (1) remains the same.

(a) "ABPC" means the American Board of Prehospital Care, an organization that certifies EMS care providers.

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

(b) through (d) remain the same, but are renumbered (c) through (e).

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

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

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

(e) and (f) remain the same, but are renumbered (f) and (g).

~~(g)~~ (h) "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, 2013.

(h) through (j) remain the same, but are renumbered (i) through (k).

~~(k)~~ (l) "Emergency medical technician" ~~-basic-~~ or "EMT-B" means an individual licensed by the board as an ~~EMT-B~~ or, after January 1, 2014, as an "emergency medical technician" or "EMT".

~~(l)~~ (m) "Emergency medical technician - first emergency medical responder" or "~~EMT-F~~" means an individual licensed by the board as an ~~EMT-F~~ or, after January 1, 2014, as an "emergency medical responder" or "EMR".

~~(m)~~ (n) "Emergency medical technician - ~~intermediate~~" or "~~EMT-I~~" advanced emergency medical technician" means an individual licensed by the board as an ~~EMT-I~~ or, after January 1, 2014, as an "advanced emergency medical technician" or "AEMT".

~~(n)~~ (o) "Emergency medical technician - paramedic" or "~~EMT-P~~" means an individual licensed by the board as an ~~EMT-P~~ or, after January 1, 2014, as a "paramedic".

~~(o)~~ (p) "Endorsement" means a defined set of skills and knowledge, determined and approved by the board, 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.

(p) and (q) remain the same, but are renumbered (q) and (r).

(s) "Montana Statewide ECP Protocols" or "Statewide Protocols" means the written standardized protocols development, approved and distributed by the board, which provides guidance to medical directors and all licensed ECP practice at all levels.

(r) and (s) remain the same, but are renumbered (t) and (u).

~~(t)~~ (v) "Offline medical direction" means general medical oversight and supervision for an emergency medical service or an ECP, including, but not limited to, review of patient care techniques, emergency medical service procedures, and quality of care.

(u) remains the same, but is renumbered (w).

~~(v)~~ "~~Statewide protocols~~" means 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

REASON: Since the last amendments to rules regarding emergency care providers in 2013, the board and its medical direction committee have continued to examine the rules regarding ECPs or emergency medical technicians. Upon the committee's recommendation, the board is amending this rule to remove outdated terms and nomenclature regarding ECPs, including dates which now have passed.

Additionally, these rule changes address new forms of testing that will be accepted for licensure, and include commonly used terms not previously represented in the definitions. The board has determined it is reasonably necessary to add further detail to some definitions, while refining others to accurately reflect their meaning. Following suggestions of the committee, the board is amending this rule to update relevant definitions of this chapter to align with the rules which follow.

Authority citations are being amended to accurately reflect the statutory source of the board's rulemaking authority.

24.156.2707 OBLIGATION TO REPORT TO THE BOARD (1) As permitted in 37-1-308, MCA, an ~~EMT~~ ECP 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) and (3) remain the same.

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

IMP: 50-6-203, MCA

REASON: The board is amending this rule to replace the former generic term for licensees, "EMT," with "ECP," the correct term as of January 1, 2014, and align with language used elsewhere in this chapter. Authority citations are being amended to accurately reflect the statutory source of the board's rulemaking authority.

24.156.2711 ECP LICENSURE QUALIFICATIONS (1) remains the same.

(a) ~~has successfully completes a board-approved~~ completed an ECP course of instruction at or above the level of requested licensure;

(b) ~~either possesses a current NREMT registration or ABPC certification~~ equal to or higher than the level applying for, or successfully completes a written and practical exam approved by the board, or provides a current unrestricted EMR, EMT, AEMT, or paramedic license in another state in which the applicant was originally tested and which has a valid and reliable complaint process;

(c) through (e) remain the same.

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

IMP: 50-6-203, MCA

REASON: After studying the pathways to licensure as an ECP, the board's medical direction committee determined that additional examination options besides the NREMT exam and registration should be allowed to applicants regarding examinations. The board agreed with the committee's recommendation and is proposing these amendments accordingly.

Authority citations are being amended to accurately reflect the statutory source of the board's rulemaking authority.

24.156.2713 ECP LICENSE APPLICATION (1) An applicant for an initial 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~~ or above the level for which the applicant is applying;

(b) and (c) remain the same.

(d) a current NREMT ~~registration card~~ certification or ABPC certification 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) remains the same.

(2) An applicant for an ECP license who already holds a current Montana ECP license and who is applying for an ECP license at a higher 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) a current NREMT certification or ABPC certification 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.

(3) An applicant for an ECP license who already holds a current Montana ECP license and is applying for an ECP license at a lower level shall submit an application on a form prescribed by the board. The application must be complete and accompanied by the appropriate fees.

(2) through (6) remain the same, but are renumbered (4) through (8).

AUTH: 50-6-203, MCA

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

REASON: The board and its medical direction committee have studied application processes for ECP license applicants and determined that current rules provide no guidance to ECP licensees who wish to change their level of licensure to one above or below their current level. The committee completed its work on the rules in mid-2014 and the board is now proposing the changes recommended by the committee. The board is also amending this rule to clarify the specific level of education and the type of examination that applicants must demonstrate upon applying for a license.

Implementation citations are being amended to accurately reflect all statutes implemented through the rule.

24.156.2717 ECP LICENSE RENEWAL (1) through (4) remain the same.

(5) Incomplete renewal applications ~~will be returned to the licensee and will not be considered received by the board.~~

(6) remains the same.

(7) An audit shall be conducted following renewal to assure compliance with renewal requirements. If audited, the licensee shall document compliance on a board-specified form.

AUTH: 50-6-203, MCA

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

REASON: To comply with current department application processes, and because most renewals are done electronically with no hard copy applications to return, the board is eliminating the provision from (5).

Following recommendations by the medical direction committee, the board is adding (7) to place renewal audit requirements in rule, rather than directing audits by board motion. This subject has become increasingly important following the adoption of rule amendments regarding ECPs in 2013. The board and committee hoped to have this audit provision in its renewal rule in time for the 2015 renewal cycle. That now is unlikely, but the requirement can be in place for the 2016 cycle.

24.156.2718 CONTINUING EDUCATION REQUIREMENTS (1) remains the same.

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

(3) and (4) remain the same.

(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~~ if requested.

(6) remains the same.

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

IMP: 50-6-203, MCA

REASON: The board and its medical direction committee scrutinized the continuing education for ECPs rule and determined that (2) is too vague regarding who is able to supervise refresher courses. The committee suggested to the board that only a lead instructor or medical director should supervise the courses and the board is amending the rule accordingly.

After determining that no specific forms for documenting ECP continuing education exist, the board is amending (5) to clarify the process and place the requirement for record-keeping clearly on licensees.

Authority citations are being amended to accurately reflect the statutory source of the board's rulemaking authority.

24.156.2719 EXPIRED LICENSE (1) through (1)(b) remain the same.

(c) possess a current NREMT ~~registration~~ or ABPC certification for the appropriate level of licensure or higher, or successfully complete a board-approved written and practical examination or provide documentation of completion of all renewal requirements required for the ECP license being reactivated.

(2) remains the same.

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

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

REASON: Following review by the board and its medical direction committee, the board is updating this rule to align with proposed amendments expanding the examinations allowed by the board. The board is also correcting a reference to NREMT "certification" instead of "registration."

Authority citations are being amended to accurately reflect the statutory source of the board's rulemaking authority.

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

(a) ~~EMT-F, or after December 31, 2013, an EMR application fee~~ \$20 30

- (b) ~~EMT-B, or after December 31, 2013, an EMT application fee~~ 30 50
- (c) ~~EMT-I, or after December 31, 2013, an AEMT application fee~~ 40 70
- (d) ~~EMT-P, or after December 31, 2013, a paramedic application fee~~ 60 100
- (e) remains the same.
- (f) ~~EMT-F, or after December 31, 2013, an EMR biennial renewal fee~~ 20 30
- (g) ~~EMT-B, or after December 31, 2013, an EMT biennial renewal fee~~ 30 50
- (h) ~~EMT-I, or after December 31, 2013, an AEMT biennial renewal fee~~ 40 70
- (i) ~~EMT-P, or after December 31, 2013, a paramedic biennial renewal fee~~ 60 100
- (j) through (3) remain the same.

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

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

REASON: The board has seen expenses rise since 2011 with no parallel increase in revenues. To achieve its fiduciary responsibility to match revenues with expenses not only for the coming fiscal year, but for a longer period of time, the board is now proposing to increase license application and renewal fees for all license types. The board intends for the new fee schedule to be in place for winter/spring 2016 renewals. The board estimates that the fee increases will affect approximately 1,827 applicants and licensees, and increase revenue by \$49,420.

24.156.2732 MEDICAL DIRECTION (1) Within 60 days of taking on the responsibilities ~~as of providing medical oversight as a medical director to an ECP medical director~~ individual or group of ECPs, a physician or physician assistant shall:

(a) and (b) remain the same.

(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) through (8) remain the same.

(9) The medical director of an ECP course shall be responsible for the overall quality, consistency, and management of the ECP course in which they agree to provide medical oversight. The medical director may delegate duties where appropriate.

(a) Medical oversight of an ECP course consists of review of agenda, selection of instructors, review of evaluation tools, and review of clinical offerings and objectives.

(b) Medical direction of an AEMT or paramedic course consists of approval of agenda, approval and selection of instructors, involvement in the development and implementation of evaluation tools, participation as an instructor, approval of clinical offerings and objectives to be met in clinical components, and identification of successful course completion for each student.

(9) remains the same, but is renumbered (10).

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

IMP: 50-6-203, MCA

REASON: In 2014, the board and its medical direction committee conducted a comprehensive review of the duties of ECP medical directors and determined that this rule is inadequate to describe those duties, especially regarding supervision of courses. The board is amending this rule to clearly delineate those duties, and to align with requirements in ARM 24.156.2718 and 24.156.2754.

Authority citations are being amended to accurately reflect the statutory source of the board's rulemaking authority.

24.156.2751 LEVELS OF ECP LICENSURE INCLUDING ENDORSEMENTS

(1) remains the same.

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

~~(i) EMT-F/immobilization;~~

~~(ii) EMT-F/monitoring; and~~

~~(iii) EMT-F/ambulance.~~

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

~~(i) EMT-B/airway;~~

~~(ii) EMT-B/monitoring;~~

~~(iii) EMT-B/IV and IO (intervenous infusion and interosseous infusion) initiation;~~

~~(iv) EMT-B/IV and IO maintenance;~~

~~(v) EMT-B/endotracheal intubation, for patients more than eight years old;~~

and

~~(vi) EMT-B/medication.~~

~~(c) EMT - intermediate (EMT-I) licenses;~~

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

~~(i) EMT-P/12 lead interpretation;~~

~~(ii) EMT-P/medications;~~

~~(iii) EMT-P/fibrinolytic with 12 lead interpretation; and~~

~~(iv) EMT-P/critical care transport.~~

~~(2) On January 1, 2014, 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, 2013, 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, 2013, 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, 2013, 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, 2013, 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, 2013, 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, 2013, 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, 2013, 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, 2013, 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, 2013, 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, 2013, 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, 2013, will be issued a paramedic license with a critical care endorsement.~~

~~(3) Following January 1, 2014, the levels of licensure and endorsements allowed are as follows:~~

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

~~(i) remains the same.~~

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

~~(i) through (iv) remain the same.~~

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

~~(i) and (ii) remain the same.~~

~~(d) For ECP - Paramedic licenses:~~

~~(i) remains the same.~~

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 throughout to remove outdated nomenclature and dates that have passed. The remaining provisions provide the correct ECP licensure levels and follow this chapter's definitions and other ECP rules.

24.156.2754 INITIAL ECP COURSE REQUIREMENTS (1) remains the same.

(2) ~~EMT-F or, after December 31, 2013,~~ 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 or, after December 31, 2013,~~ 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) ~~EMT-B or, after December 31, 2013,~~ 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 or, after December 31, 2013,~~ EMT courses in accordance with current board-approved USDOT curriculum, including revisions and statewide protocols, policies, and procedures;

(b) through (e) remain the same.

(f) have access to a medical director involved in either the course development, presentation, or evaluation.

(4) through (4)(d)(ii) remain the same.

(e) provide clinical experiences with no fewer than one clinical preceptor for every two students; and

(f) provide a sufficient patient volume to allow students to complete all clinical experiences within the course dates; and

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

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

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

~~(iii) operating/recovery room;~~

~~(iv) pediatric care;~~

~~(v) labor/delivery room/newborn nursery;~~

~~(vi) psychiatric care;~~

~~(vii) morgue;~~

~~(viii) radiology department;~~

~~(ix) respiratory therapy department; and~~

~~(x) an EMS operating at a level equal to the paramedic level.~~

AUTH: 50-6-203, MCA

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

REASON: The board is amending this rule to remove outdated nomenclature and dates that have passed. The remaining provisions provide the correct ECP initial course requirements and align with this chapter's definitions and other ECP rules. The board and the medical direction committee concluded that these amendments clarify the role of the medical director in ECP courses.

24.156.2757 ECP CLINICAL REQUIREMENTS (1) remains the same.

(2) ~~EMT-B or, after December 31, 2013,~~ 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) AEMT and paramedic courses or approved programs must assure that the student completes and documents on the board-approved clinical requirement form, as a minimum, the clinical contact requirements identified in the board-approved 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 is amending (2) to remove outdated language and dates that have passed and align with this chapter's definitions and other ECP rules.

The board is amending (3) to clarify that students must document the clinical contact requirements on a standard, board-approved form. Although the form is currently required as part of an application package, the requirement was not previously set forth in rule.

24.156.2761 PROCEDURES FOR REVISION OF BOARD-APPROVED ECP CURRICULUM AND STATEWIDE PROTOCOLS (1) and (2) remain the same.

(3) Upon receiving the petition application, the board will proceed ~~in three phases,~~ as follows:

(a) the board will consider ~~the petitioner's an~~ initial petition to determine whether ~~or not to proceed with public comment for the proposed revision. If approved, the board will schedule public comment for the petition during~~ to place the petition as an action item on the agenda for the next regularly scheduled board meeting;

(b) the board ~~will~~ may request an opinion of the medical direction committee and may accept public comment ~~to gather information and take testimony regarding the proposed recommendations for revision of the USDOT curriculum and/or statewide protocols, policies, and procedures~~ petition; and

(c) the board will consider the ~~information and~~ comments and ~~approve or deny~~ take action on the proposed revision petition no sooner than the next regularly scheduled board meeting.

(4) remains the same.

AUTH: 50-6-203, MCA

IMP: 50-6-203, MCA

REASON: The board and its medical direction committee realized that this rule does not accurately reflect the current process for board review and approval of amendments to the board's statewide protocols. The board is amending this rule to better describe the procedure and provide future requestors with a clear understanding of the process. The amendments will also assist staff in their interactions with requestors.

24.156.2771 SCOPE OF PRACTICE (1) and (2) remain the same.

(3) An ECP legally licensed in good standing in the state which they are responding from may perform within their licensed protocols, when functioning as a member of a licensed ambulance service which finds itself within the boundaries of Montana, while responding to an emergency where the border is not clearly known, or when responding on an emergency in accordance to a mutual aid agreement with a Montana-licensed EMS service or when conducting a routine transfer to or from a Montana medical facility. The ECP must perform within the acts allowed at the level for which the ECP is licensed.

~~(3)~~ (4) An ECP A student may perform beyond the level of the ~~ECP's~~ his or her individual licensure when functioning as a student in ~~an~~ a board-approved course or if the student is participating in a clinical component of a course or program of instruction originating in another state that has a clinical contract with a Montana healthcare facility or a Montana-licensed EMS agency and functions under the direct observation supervision of a clinical preceptor licensed in Montana. The ~~ECP~~ student must perform within the ~~acts allowed~~ Montana scope of practice at the level for which the ~~ECP~~ student is a student candidate.

(4) through (8) remain the same, but are renumbered (5) through (9).

AUTH: 50-6-203, MCA

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

REASON: In 2014, the board and its medical direction committee conducted a comprehensive review of ECP licensure and education rules. During the review, it was noted that this rule lacks a provision for a Montana student to participate in an educational program provided by an out-of-state entity. It is reasonably necessary to amend (4) to clarify which out-of-state courses are approved, and the authorization of a student to practice while a student.

In addition, the committee and the board responded to requests for clarification of licensing requirements for ECPs in neighboring states who enter Montana for mutual aid or emergency response when Montana-based ECPs are not available. Previously, the board had responded to an inquiry via motion, then rescinded that motion. The board is adding (3) to state the approach in rule.

4. The board proposes to repeal the following rule:

24.156.2706 OBLIGATION TO REPORT TO BOARD found at ARM page 24-15669.

AUTH: 37-1-131, 37-1-319, 50-6-203, MCA

IMP: 37-1-131, 37-1-319, 50-6-203, MCA

REASON: The board is repealing this duplicative rule because the relevant provisions are set forth in ARM 24.156.2707, which was adopted in 2013.

5. 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 e-mail to [dlibsmed@mt.gov](mailto:dlibsmed@mt.gov), and must be received no later than 5:00 p.m., March 27, 2015.

6. An electronic copy of this notice of public hearing is available at [www.medicalboard.mt.gov](http://www.medicalboard.mt.gov) (department and board's web site). 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.

7. 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 that 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.

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

9. With regard to the requirements of 2-4-111, MCA, the board has determined that the amendment of ARM 24.156.2701, 24.156.2707, 24.156.2711, 24.156.2713, 24.156.2717, 24.156.2718, 24.156.2719, 24.156.2751, 24.156.2754, 24.156.2757, 24.156.2761, and 24.156.2771 will not significantly and directly impact small businesses.

With regard to the requirements of 2-4-111, MCA, the board has determined that the amendment of ARM 24.156.601, 24.156.805, 24.156.1002, 24.156.1302, 24.156.1402, 24.156.1408, 24.156.1618, 24.156.2731, and 24.156.2732 will significantly and directly impact small businesses.

With regard to the requirements of 2-4-111, MCA, the board has determined that the repeal of ARM 24.156.2706 will not significantly and directly impact small businesses.

Documentation of the board's above-stated determinations is available upon request 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 e-mail to [dlibsmed@mt.gov](mailto:dlibsmed@mt.gov).

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

BOARD OF MEDICAL EXAMINERS  
MARY ANNE GUGGENHEIM, PHYS,  
PRESIDENT

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

/s/ PAM BUCY  
Pam Bucy, Commissioner  
DEPARTMENT OF LABOR AND INDUSTRY

Certified to the Secretary of State February 17, 2015