

LAWS AND RULES COMMITTEE MEETING MINUTES
of the
BOARD OF MEDICAL EXAMINERS
301 S. Park Avenue, Basement Conference Room (B-07), Helena MT
8:00 a.m. to 10:00 a.m.
September 4, 2014

1. Call To Order - Establish Quorum (00:22)

Committee Members Present:

Dr. Bruce Hayward (Presiding Officer)

Professor Ana Diaz

Ms. Pat Bollinger

Ms. Tanja Brekke

Dr. Nathan Thomas

Committee Members Absent:

Dr. Mary Anne Guggenheim

STAFF PRESENT:

Mr. Ian Marquand – Executive Officer

Anne O’Leary, Esq. – Board Counsel

Ms. L’Joy Griebenow - Board Management

Dr. Harry Sibold – State Medical Director

Mr. Ken Threet – EMT Training Officer (by telephone)

2. Approval and Tentative Modification of Agenda Order (00:55)

- a. The Committee reviewed the September 4, 2014 agenda.

MOTION: Ms. Bollinger moved to approve the [September 4, 2014] agenda; Ms. Brekke seconded the motion. Motion passed unanimously. (1:21)

3. Review and Approve Minutes (1:42)

- a. The Committee reviewed the March 19, 2014 minutes.

MOTION: Ms. Bollinger moved to accept the [December 6, 2013] minutes after misspellings in names have been corrected; Ms. Diaz seconded the motion. (3:40)

Ms. Bollinger amended her motion:

MOTION: Ms. Bollinger moved to accept the [December 6, 2013] minutes as amended; Ms. Diaz seconded the motion. Motion passed unanimously. (4:16)

4. Public Opportunity to Comment (4:39)

The Presiding Officer read the statement of public participation and opened the meeting for public comment. There was no public comment.

5. Board Action (5:23)

- a. ECP rule amendments (From Medical Direction Committee) **(5:30)**

[Changes with yellow highlighting reflect changes proposed to the Laws & Rules Committee by the Medical Direction Committee. Changes with blue highlighting reflect further refinements made during today's Laws & Rules Committee meeting.]

24.156.2701 - Definitions

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

~~(a)~~ **(a)** "American Board of Prehospital Care" or "ABPC" means board certification as an EMS Provider issued by the American Board of Prehospital Care, an organization that certifies EMS care providers.

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

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

~~(d)~~ **(d)** "Approved program" means a multiple of approved courses offered by an entity and approved by the board or its designee.

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

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

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

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

~~(f)~~ **(f)** "Board" means the Board of Medical Examiners.

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

~~(h)~~ **(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~~.

~~(i)~~ **(i)** "Curriculum" means the combination of the National EMS Educational Standards and the Instructor Guidelines prepared by the United States Department of Transportation (USDOT).

~~(j)~~ **(j)** "Emergency medical service" or "EMS" means out of hospital care and/or transportation furnished by a combination of persons licensed by the board and resources that are licensed by the Department of Public Health and Human Services pursuant to Title 50, chapter 6, MCA.

~~(k)~~ **(k)** "Emergency medical technician" means any out-of-hospital emergency care provider or "ECP" licensed by the board.

~~(l)~~ **(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".

~~(m)~~ **(m)** "Emergency medical technician - ~~emergency medical responder" first 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".

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

~~(o)~~ **(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".

~~(p)~~ **(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.

~~(q)~~ **(q)** "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 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.

(q) (r) "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 ECP and/or for the training provided in an approved program/course.

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

(t) (u) "NPDB" means the National Practitioner Databank established by Public Law 99-660 (42 USC 11101, et seq.).

(v) (w) "NREMT" means the National Registry of Emergency Medical Technicians, an independent, not-for-profit, nongovernmental certification agency based in Columbus, Ohio.

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

(z) (aa) "Online medical control" means real-time interactive medical advice or orders to ECPs.

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

MOTION: Ms. Bollinger moved to accept the "Definitions" as recently amended in section 24.156.2701; Ms. Brekke seconded the motion. Motion passed unanimously. (20:01)

24.156.2706 – Obligation to Report to Board (20:36)

~~(1) An EMT 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 EMT is a named party.~~

24.156.2707 – Obligation to Report to Board (20:36)

(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) 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.

MOTION: Prof. Diaz moved to strike [all of the language of] 24.156.2706 and accept the [proposed] changes to 24.156.2707; Dr. Thomas seconded the motion. Motion passed unanimously. (21:07)

24.156.2711 – ECP Licensure Qualifications (21:42)

(1) The board shall license an applicant as an ECP at the appropriate level if the applicant:

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

~~(b) either~~ possesses a current NREMT registration, or an ABPC board 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 licensure in another state in which they were the applicant was originally tested and that state which has a valid and reliable complaint process;

- (c) provides all the information necessary to establish eligibility for licensure according to the licensure requirements as specified by the board or its designee;
- (d) possesses a high school diploma or equivalency; and
- (e) is 18 years of age or older.

MOTION: Ms. Bollinger moved to accept the changes as just stated to 24.156.2711; Ms. Brekke seconded the motion. Motion passed unanimously. (27:56)

24.156.2713 – ECP License Application (28:27)

(1) An applicant for an ~~original~~ ~~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 level or above the appropriate~~ level for which the applicant is applying;

~~(b)~~ proof the applicant possesses a high school diploma or its equivalent;

~~(e b)~~ a copy of the applicant's birth certificate or other verifiable evidence of the applicant's date of birth, such as a driver's license;

~~(e c)~~ a current NREMT ~~certification or a ABPC board certification 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 d)~~ an unopened, current, and original NPDB self-query.

~~(2) An applicant for an ECP license at any level that who already holds a current Montana ECP licensure and who is applying for an ECP license at a higher ECP 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 registration card or possesses a ABPC board 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 at any level, who already holds a current Montana ECP licensure and is applying for an ECP license st a lower level may request to be licensed at a level lower than their current licensure but shall submit an application on a form prescribed by the board. The application must be complete and accompanied by the appropriate fees.~~

~~(2 4)~~ 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.

~~(3 5)~~ Incomplete applications will be returned. The applicant may correct any deficiencies, complete any requirements necessary for licensure, 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 6)~~ 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 7)~~ After withdrawal of an application, the applicant will be required to submit a new application, including supporting documentation and appropriate fees to begin the licensing and verification process.

~~(6 8)~~ 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.

MOTION: Prof. Diaz moved to accept the changes to 24.156.2713; Ms. Bollinger seconded the motion. Motion passed unanimously. (38:12)

24.156.2717 – ECP License Renewal (38:42)

- (1) Renewal notices will be sent as specified in ARM [24.101.414](#).
- (2) ECP licenses are issued on a biennial renewal cycle. ECP licenses must be renewed on or before the date set by ARM [24.101.413](#) in the last year of the two-year cycle.
- (3) In order to renew an ECP license, the licensee must:
 - (a) submit a license renewal application on a form or through electronic means prescribed and supplied by the board;
 - (b) complete continuing education requirements as specified by the board; and
 - (c) submit payment of the renewal fee set in ARM [24.156.2731](#).
- (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) Incomplete renewal applications will **be returned to the licensee and** will not be considered received by the board.
- (6) The provisions of ARM [24.101.408](#) apply.
- (7) **An audit shall be conducted following renewal to assure compliance with renewal requirements. The audit shall constitute 5% of the renewing licensee's, unless the board determines a different percentage. If audited, the licensee shall document compliance on a board specified form. The audit may be repeated if non-compliance is unacceptable as determined by the board.**

MOTION: Ms. Brekke moved to accept the amended 24.156.2717; Prof. Diaz seconded the motion. Motion passed unanimously. (50:34)

24.156.2718 – Continuing Education Requirements (50:58)

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

MOTION: Dr. Thomas moved to accept 24.156.2718 as amended; Ms. Bollinger seconded the motion. (52:44) Discussion ensued. Motion passed unanimously. (54:26)

24.156.2719 – Expired License (54:57)

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

- (a) complete an expired license renewal application and submit it to the board;
- (b) pay the license fee plus late penalty fee as specified in ARM [24.101.403](#) for each year the license has expired up to two years; and
- (c) possess a current NREMT registration for the appropriate level of licensure or higher, or a ABPC board certification, 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) The provisions of ARM [24.101.408](#) apply.

MOTION: Ms. Brekke moved to accept the amended 24.156.2719; Prof. Diaz seconded the motion. Motion passed unanimously. (1:04:07)

24.156.2731 – Fees (1:04:34)

(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
- (b) ~~EMT-B, or after December 31, 2013, an~~ EMT application fee \$30
- (c) ~~EMT-I, or after December 31, 2013, an~~ AEMT application fee \$40
- (d) ~~EMT-P, or after December 31, 2013, a~~ paramedic application fee \$60
- (e) endorsement application fee \$10
- (f) ~~EMT-F, or after December 31, 2013, an~~ EMR biennial renewal fee \$20
- (g) ~~EMT-B, or after December 31, 2013, an~~ EMT biennial renewal fee \$30
- (h) ~~EMT-I, or after December 31, 2013, an~~ AEMT biennial renewal fee \$40
- (i) ~~EMT-P, or after December 31, 2013, a~~ paramedic biennial renewal fee \$60
- (j) program approval \$250
- (k) course approval \$15
- (l) education review for determination of "substantially equivalent" \$25

(2) Additional standardized fees are specified in ARM [24.101.403](#).

(3) All fees provided for in this rule are nonrefundable and are not prorated for portions of the licensing period.

MOTION: Ms. Bollinger moved to accept 24.156.2731 as presented with "\$" signs and strike-outs; Ms. Brekke seconded the motion. Motion passed unanimously. (1:04:54)

24.156.2732 – Medical Direction (1:05:25)

(1) Within 60 days of taking on the responsibilities of providing medical oversight as a medical director to as an individual or group of ECPs ~~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

(b) 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.

(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 medical director shall be responsible for the overall medical care provided by the ECPs for whom the director agrees to provide medical oversight.

(4) The medical director must assure and have access to records of all 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 ECP, including any endorsements;

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

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

(5) The 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 ECP education. Documentation of these activities must be maintained.

(6) 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.

(8) The medical director may cease medical oversight by providing written notice to the ECP and the board.

(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 EMT course consists of: review of agenda, selection of instructors, review of evaluation tools, and review of clinical offering 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 component, and identification of successful course completion for each student.

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

MOTION: Ms. Bollinger moved to accept in 24.156.2732 the changes as presented along with the “s” added [to “offering” in subsection] 9b; Dr. Thomas seconded the motion. Motion passed unanimously. (1:06:22)

24.156.2751 – Levels of ECP Licensure Including Endorsements (1:07:01)

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

(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) 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.

MOTION: Prof. Diaz moved to accept 24.156.2751 as changed; Ms. Brekke seconded the motion. Motion passed unanimously. (1:07:24)

24.156.2754 – Initial ECP Course Requirements (1:07:51)

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

(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) document student skill proficiency on forms prescribed and supplied by the board;

(c) complete the course within six months of the date the course commences; and

(d) provide at least one instructor per six students when practical skills are taught.

(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) document student skill proficiency on forms prescribed and supplied by the board;

(c) complete the course within 12 months of the date the course commences;

(d) provide at least one instructor per six students when practical skills are taught;

(e) provide a minimum of ten hours of clinical experience with an EMS or in a local patient care setting; and

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

(4) Advanced EMT or paramedic courses shall be managed by a lead instructor under the supervision of a medical director. The 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 advanced EMT or paramedic courses in accordance with current board-approved USDOT curriculum, including revisions and statewide protocols, policies, and procedures;

(b) document student skill proficiency on forms prescribed and supplied by the board;

(c) provide clinical experience as specified in the approved curriculum and in accordance with this subchapter; and

(d) provide that the course is completed as follows:

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

(ii) the paramedic course, within 24 months from the starting date of course.

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

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

~~(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.~~

MOTION: Ms. Brekke moved to accept 24.156.2754 with the proposed amendment; Ms. Bollinger seconded the motion. Motion passed unanimously. (1:14:24)

24.156.2757 – ECP Clinical Requirements (1:15:09)

(1) Clinical opportunities for students must be coordinated with the course or approved program and the clinical facility.

(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) at least five patient contacts during which the student can observe patient care; and
- (b) at least five patient contacts in which the student conducts a patient assessment.

(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.

MOTION: Ms. Bollinger moved to accept 24.156.2757 with the two changes as presented; Prof. Diaz seconded the motion. Motion passed unanimously. (1:16:49)

Dr. Thomas departed the meeting (1:17:15); quorum was maintained.

24.156.2761 – Procedures for Revision of Board-Approved ECP Curriculum and Statewide Protocols (1:17:42)

(1) At the regularly scheduled board meetings a medical director may initiate a petition for revisions to the board-approved ECP curriculum and/or statewide protocols, policies, and procedures.

(2) The petition must be submitted on a form prescribed by the board with the following supporting documentation:

- (a) a written recommendation and/or position statement for revision to the board-approved curriculum and/or statewide protocols, policies, and procedures; and
- (b) literature supporting the petitioner's recommendations and/or position.

(3) Upon receiving the petition application for consideration, 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 to place the petition as an action item on the agenda for ~~the proposed revision~~. ~~If they choose to proceed approved, the board will schedule public comment for a vote on the petition during the next regularly scheduled board meeting;~~

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

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

(4) The board shall approve the proposed revision:

(a) when it is demonstrated to the satisfaction of the board that granting the petitioner's request for revision of the board-approved curriculum and/or statewide protocols, policies, and procedures is necessary to provide appropriate standards of medical care;

(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.

MOTION: Ms. Brekke moved to accept the amended recommendation for 24.156.2761; Prof. Diaz seconded the motion. Motion passed unanimously. (1:29:37)

24.156.2771 – Scope of Practice (1:30:20)

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

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

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

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

(d) participating in a continuing education program.

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

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

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

(c) participating in a continuing education program.

(3) An ECP student may perform beyond the level of his or her ECP's individual licensure when functioning as a student in an 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 they functions under the direct supervision observation of a clinical preceptor licensed in Montana. The ECP student must perform within the Montana Scope of Practice acts-allowed at the level for which the ECP student is a student candidate.

(4) Except as provided in (3), an ECP may not perform any acts that are beyond the 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.

(6) An 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 ECP's practice to the duration of the state and/or federally managed incident;

(b) practice within the geographic area, whether on federal, state, or private land, designated as being within the state and/or federally managed incident;

(c) practice at the basic level, even if the ECP is licensed at a higher level in another state, unless the individual is licensed at an 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) provide proof of current licensure and good standing in another state; and

(e) submit the appropriate form to the board.

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

(8) In the event of an emergency response in which chemical agents are used or suspected as being used, ECPs at all levels who are appropriately trained are authorized by the board to carry 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.

MOTION: Ms. Bollinger moved to accept 24.156.2771 as amended; Prof. Diaz seconded the motion. Motion passed unanimously. (1:32:51)

MOTION: Ms. Bollinger moved to refer the entire ECP rules package to the full Board at its September 19 meeting for purposes of [advancing]

the rules package for notice; Ms. Brekke seconded the motion. Motion passed unanimously. (1:34:28)

- b. Request from MT Academy of Physician Assistants re: chart review & duties/delegation **(1:33:33)**

[This matter was tabled by consensus.]

- c. Acupuncture Rules (From Acupuncture Committee) **(1:35:17)**

Mr. Marquand led the discussion.

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) A maximum of eight clock hours may be given for the first-time preparation of a new course, in-service training workshop, or seminar which is related to the enhancement of acupuncture practice, values, skills, and knowledge; or a maximum of eight clock hours credit may be given for the preparation by the author or authors of a professional acupuncture paper published for the first time in a recognized professional journal; or given for the first time at a statewide or national professional meeting.

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

(4) Any licensee may apply for a hardship exemption from the continuing acupuncture education requirements of these rules by filing a statement with the board setting forth good faith reasons why he or she is unable to comply with these rules and an exemption may be granted by the board.

(5) Continuing education is not required for licensees renewing their license for the first time. ~~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 license renewal. Acupuncture applicants licensed between November 1 and April 30 are required to meet the 15-hour requirement. (History: 37-1-131, 37-1-319, 37-13-201, MCA; IMP, 37-1-131, 37-1-306, 37-13-201, MCA; NEW, 2012 MAR p. 404, Eff. 2/24/12.)~~

MOTION: Ms. Brekke moved to approve the amended changes to the Acupuncture [continuing education] requirements rule; Ms. Bollinger seconded the motion. Motion passed unanimously. (1:41:16)

MOTION: Ms. Brekke moved to present these changes to the full Board on September 19th; Prof. Diaz seconded the motion. Motion passed unanimously. (1:41:59)

6. Adjourn

MOTION: Ms. Bollinger moved to adjourn; Ms. Brekke seconded the motion. Motion passed unanimously. (1:44:12)

The meeting adjourned. **(1:44:34)**