
68th Legislature 2023 HB 610.1

1	HOUSE BILL NO. 610					
2	INTRODUCED BY S. GIST, S. GUNDERSON, M. WEATHERWAX, J. COHENOUR, F. ANDERSON, S.					
3	KERNS, J. SCHILLINGER, M. MARLER, S. ESSMANN, B. MITCHELL, L. SHELDON-GALLOWAY, J.					
4	CARLSON, J. HINKLE, A. REGIER, K. SEEKINS-CROWE, S. GALLOWAY, F. NAVE, K. WALSH, R.					
5	FITZGERALD, J. GILLETTE, G. OBLANDER, J. BERGSTROM, G. PARRY, M. DUNWELL, G. KMETZ, T.					
6	FALK, B. BARKER, J. ETCHART, R. MINER, D. HARVEY, D. EMRICH, B. PHALEN, B. BEARD, Z. WIRTH, F					
7	KNUDSEN, N. HASTINGS					
8						
9	A BILL FOR AN ACT ENTITLED: "AN ACT ALLOWING EMERGENCY CARE PROVIDERS TO PROVIDE					
10	PATIENT CARE IN A HEALTH CARE FACILITY; PROVIDING A DEFINITION; REVISING DEFINITIONS;					
11	AMENDING SECTIONS 50-6-105, 50-6-201, 50-6-202, AND 50-6-302, MCA; AND PROVIDING AN					
12	IMMEDIATE EFFECTIVE DATE."					
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14	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:					
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16	NEW SECTION. Section 1. Provision of patient care in health care facility. An emergency care					
17	provider may provide patient care in a health care facility when the care is approved by the health care facility,					
18	provided under online medical direction as defined in 50-6-302, and within the scope of the emergency care					
19	provider's licensure level.					
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21	Section 2. Section 50-6-105, MCA, is amended to read:					
22	"50-6-105. Emergency medical Medical care standards review process. (1) The board of					
23	medical examiners shall establish patient care standards for:					
24	(a) out-of-hospital emergency medical treatment and interfacility transportation; and					
25	(b) community-integrated health care.					
26	(2) (a) Complaints involving out-of-hospital care, interfacility care, community-integrated health					
27	care, patient care within a health care facility, or the operation of an emergency medical service, as defined in					
28	50-6-302, must be filed with the board and reviewed by a screening panel pursuant to 37-1-307.					



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1	(b)	If a complaint is initially filed with the department of public health and human services, the						
2	department shall refer the complaint to the board for review by a screening panel.							
3	(3)	(a) When a complaint involves the operation or condition of an emergency medical service, the						
4	screening panel shall refer the complaint to the department for investigation as provided in 50-6-323.							
5	(b)	When a complaint involves patient care provided by an emergency care provider, the screening						
6	panel shall:							
7	(i)	refer the complaint to the board for investigation as provided in 37-1-308 and 50-6-203; and						
8	(ii)	forward to the department the complaint and the results of the screening panel's initial review						
9	as soon as the review is completed.							
10	(c)	When a complaint involves a combination of patient care and emergency medical service						
11	matters, the screening panel shall refer the complaint to both the department and the board for matters that fall							
12	within the jurisdiction of each entity.							
13	(4)	For a complaint involving patient care, the board shall:						
14	(a)	immediately share with the department any information indicating:						
15	(i)	a potential violation of department rules; or						
16	(ii)	that the existing policies or practices of an emergency medical service may be jeopardizing						
17	patient care; ar	nd						
18	(b)	notify the department when:						
19	(i)	a sanction is imposed on an emergency care provider; or						
20	(ii)	the complaint is resolved.						
21	(5)	For a complaint involving an emergency medical service, the department shall:						
22	(a)	immediately share with the board any information indicating:						
23	(i)	a potential violation of board rules; or						
24	(ii)	that the practices of an emergency care provider may be jeopardizing patient care; and						
25	(b)	notify the board when:						
26	(i)	a sanction is imposed on an emergency medical service; or						
27	(ii)	the complaint is resolved."						



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Section 3. Section 50-6-201, MCA, is amended to read:

"50-6-201. Legislative findings -- duty of board. (1) The legislature finds and declares that a program for emergency care providers is required in order to provide the safest and most efficient delivery of emergency and community-integrated health care.

- (2) The legislature further finds that prompt and efficient emergency medical care of the sick and injured at the scene and during transport to a health care facility is important in reducing the mortality and morbidity rate during the first critical minutes immediately after an accident or the onset of an emergent condition.
- (3) The legislature further finds that <u>emergency care providers community-integrated health care</u> can prevent illness and injury and can help fill gaps in the state's health care system, particularly in rural communities with limited health care services and providers, by providing:
 - (a) community-integrated health care to prevent illness and injury; and
- (b) patient care within a health care facility that is appropriate to a patient's needs and the emergency care provider's training.
- (4) The board has a duty to ensure that emergency care providers are properly licensed and provide proper treatment to patients in their care."

- **Section 4.** Section 50-6-202, MCA, is amended to read:
- **"50-6-202. Definitions.** As used in this part, the following definitions apply:
- 20 (1) "Board" means the Montana state board of medical examiners provided for in 2-15-1731.
 - (2) "Emergency care provider" means a person licensed by the board, including but not limited to an emergency medical responder, an emergency medical technician, an advanced emergency medical technician, or a paramedic. An emergency care provider with an endorsement may provide community-integrated health care.
 - (3) "Health care facility" has the meaning provided in 50-5-101.
- 26 (3)(4) "Volunteer emergency care provider" means an individual who is licensed pursuant to this part
 27 and provides out-of-hospital, emergency medical, or community-integrated health care, patient care within a
 28 health care facility, or interfacility transport:



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1 (a) on the days and at the times of the day chosen by the individual; and

- (b) for an emergency medical service other than:
- 3 (i) a private ambulance company unless the care is provided without compensation and outside of 4 the individual's regular work schedule; or
 - (ii) a private business or a public agency, as defined in 7-1-4121, that employs the individual on a regular basis with a regular, hourly wage to provide emergency medical or community-integrated health care as part of the individual's job duties."

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- Section 5. Section 50-6-302, MCA, is amended to read:
- "50-6-302. Definitions. As used in this part, unless the context requires otherwise, the followingdefinitions apply:
 - (1) "Aircraft" has the meaning provided in 67-1-101. The term includes any fixed-wing airplane or helicopter.
 - (2) (a) "Ambulance" means a privately or publicly owned motor vehicle or aircraft that is maintained and used for the transportation of patients.
 - (b) The term does not include:
- 17 (i) a motor vehicle or aircraft owned by or operated under the direct control of the United States;

18 or

- (ii) air transportation services, such as charter or fixed-based operators, that are regulated by the federal aviation administration and that offer no special medical services or provide only transportation to patients or persons at the direction or under the supervision of an independent physician.
- (3) "Board" means the Montana state board of medical examiners provided for in 2-15-1731.
- 23 (4) "Community-integrated health care" means the provision of out-of-hospital medical services 24 that an emergency care provider with an endorsement may provide as determined by board rule.
- 25 (5) "Department" means the department of public health and human services provided for in 2-15-26 2201.
- 27 (6) "Emergency medical service" means an out-of-hospital health care treatment service or 28 interfacility emergency medical transportation provided by an ambulance or nontransporting medical unit that is



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licensed by the department to provide out-of-hospital health care treatment services or interfacility emergency medical transportation, including community-integrated health care.

- (7) "Nonemergency ambulance transport" means the use of an ambulance to transport a patient between health care facilities, as defined in 50-5-101, including federal facilities, when the patient's medical condition requires special transportation considerations, supervision, or handling but does not indicate a need for medical treatment during transit or for emergency medical treatment upon arrival at the receiving health care facility.
- (8) "Nontransporting medical unit" means an aggregate of persons who are organized to respond to a call for emergency medical service and to treat a patient until the arrival of an ambulance. Nontransporting medical units provide any one of varying types and levels of service defined by department rule but may not transport patients.
- (9) "Offline medical direction" means the function of a board-licensed physician or physician assistant in providing:
- (a) medical oversight and supervision for an emergency medical service or an emergency care provider; and
 - (b) review of patient care techniques, emergency medical service procedures, and quality of care.
- (10) "Online medical direction" means the function of a board-licensed physician or physician assistant or the function of a designee of the physician or physician assistant in providing direction, advice, or orders to an emergency care provider for interfacility emergency medical transportation, er-out-of-hospital, emergency medical, or community-integrated health care, or patient care within a health care facility as identified in a plan for offline medical direction.
- (11) (a) "Patient" means an individual who is sick, injured, wounded, or otherwise incapacitated or helpless.
- (b) Unless otherwise defined by rule for community-integrated health care, the term does not include an individual who is nonambulatory and who needs transportation assistance solely because that individual is confined to a wheelchair as the individual's usual means of mobility.
- (12) "Person" means an individual, firm, partnership, association, corporation, company, group of individuals acting together for a common purpose, or organization of any kind, including a governmental agency



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- 2 (13) "Volunteer emergency care provider" means an individual who is licensed pursuant to Title 50, 3 chapter 6, part 2, and provides out-of-hospital, emergency medical, or community-integrated health care.
 - patient care within a health care facility, or interfacility emergency medical transportation:
 - (a) on the days and at the times of the day chosen by the individual; and
- 6 (b) for an emergency medical service other than:
- 7 (i) a private ambulance company, unless the care is provided without compensation and outside 8 of the individual's regular work schedule; or
- 9 (ii) a private business or a public agency, as defined in 7-1-4121, that employs the individual on a 10 regular basis with a regular, hourly wage to provide emergency medical or community-integrated health care as 11 part of the individual's job duties."

NEW SECTION. Section 6. Codification instruction. [Section 1] is intended to be codified as an integral part of Title 50, chapter 6, part 2, and the provisions of Title 50, chapter 6, part 2, apply to [section 1].

16 <u>NEW SECTION.</u> **Section 7. Effective date.** [This act] is effective on passage and approval.

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