

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

In the matter of the amendment of ) NOTICE OF AMENDMENT,  
ARM 24.156.2701 definitions, ) ADOPTION, AND REPEAL  
24.156.2711 ECP licensure )  
qualifications, 24.156.2713 ECP )  
license application, 24.156.2718 )  
continued competency requirements; )  
the adoption of NEW RULE I fee )  
schedule; and the repeal of )  
24.156.601, 24.156.631, 24.156.1002, )  
24.156.1302, 24.156.1402, )  
24.156.1618, 24.156.2731 fees, and )  
24.156.2721 final pre-licensing )  
examinations )

TO: All Concerned Persons

1. On November 5, 2021, the Board of Medical Examiners (board) published MAR Notice No. 24-156-92 regarding the public hearing on the proposed amendment, adoption, and repeal of the above-stated rules, at page 1482 of the 2021 Montana Administrative Register, Issue No. 21.

2. On December 1, 2021, a public hearing was held on the proposed amendment, adoption, and repeal of the above-stated rules via the videoconference and telephonic platform. Comments were received by the December 3, 2021, deadline.

3. The board has thoroughly considered the comments received. A summary of the comments and the board responses are as follows:

Comments 1 through 18 apply to the rule changes in general:

COMMENT #1: Several commenters express generalized support for the changes.

RESPONSE #1: The board appreciates all comments received in the rulemaking process.

COMMENT #2: Several commenters expressed generalized opposition to the rule changes.

RESPONSE #2: The board appreciates all comments received in the rulemaking process.

COMMENT #3: One commenter suggested that the board provide a list of licenses from other states that are considered equivalent to Montana licenses.

RESPONSE #3: The suggestion is beyond the scope of this rule proposal.

COMMENT #4: One commenter suggested providing lead instructors or training officers with access to the license records of ECPs working within their respective services to assist in tracking ECPs' ongoing continuing education.

RESPONSE #4: The suggestion is beyond the scope of this rule proposal.

COMMENT #5: One commenter asked when the proposed rule changes would become effective.

RESPONSE #5: The intended filing date for this project is April 5, 2022, which has a corresponding publication date of April 15, 2022, per the Secretary of State's filing and publication schedule. With this publication, the rules will become effective April 16, 2022. The department's procedure is to send notice to commenters and impacted licensees when rule changes are adopted.

COMMENT #6: One commenter criticized the NREMT website and the NREMT application process.

RESPONSE #6: The board appreciates all comments received in the rulemaking process.

COMMENT #7: One commenter expressed concern regarding how the rule proposal would impact EMS agency reporting through Image Trend.

RESPONSE #7: Image Trend administration is not a program that is under the board's jurisdiction.

COMMENT #8: One commenter asked who sponsored the bill for the changes proposed.

RESPONSE #8: The board is proposing changes to administrative rules, not statutes; therefore, the changes are not associated with any bill. In the proposal notice, paragraph (10) indicates that the bill sponsor contact requirements of 2-4-302, MCA, do not apply to this rulemaking project.

COMMENT #9: One commenter alleged that the rule proposal language was drafted or informed by the Department of Public Health and Human Services (DPHHS).

RESPONSE #9: At the direction of the board, staff drafted the proposed rule changes and the board reviewed and approved the changes. Board staff requested DPHHS data in analyzing how changes to ECP examination might impact licensees,

particularly with regard to rural and/or volunteer ECPs. DPHHS staff, along with other stakeholders, participated in board meetings which included ECP discussion. Section 50-6-203, MCA, requires that the board consult with the Department of Public Health and Human Services when engaged in ECP rulemaking.

COMMENT #10: Numerous commenters appreciate the board's interest in establishing efficient licensure processes.

RESPONSE #10: The board appreciates all comments received in the rulemaking process.

COMMENT #11: Numerous commenters stated the department's expertise is in record keeping and documentation, not education and examination, and that requiring a national examination fosters a better organizational structure for the department.

RESPONSE #11: The board agrees and appreciates all comments received in the rulemaking process.

COMMENT #12: Multiple commenters stated that the department's licensure methodologies should be different for different license types - like those of plumbers, electricians, and barbers - issued by different licensing boards.

RESPONSE #12: The board only has authority to establish licensure qualifications for the license types under its jurisdiction.

COMMENT #13: Numerous commenters oppose making policy decisions based on goals of standardization, consistency, efficiency, and licensee mobility. Commenters stated the board should focus on patient care and safety.

RESPONSE #13: Public health, safety, and welfare have always been and continue to be the board's mission and responsibility. Standardization, consistency, and efficiency all contribute to quality health care and enhanced patient safety. Finally, license portability benefits licensees and the public.

COMMENT #14: Multiple commenters state that the department provides support to the board, and its internal goals should not drive the direction of rulemaking.

RESPONSE #14: As the agency administratively attached to the professional and occupational licensing boards, the department is responsible for, among other things, providing all administrative, legal, and clerical services needed by the board. See 37-1-101, MCA. The board thoroughly reviewed, revised, discussed, and ultimately approved the rule changes prior to filing with the Secretary of State.

COMMENT #15: Numerous commenters state that physicians have experienced long delays in getting communications-related decisions of the screening panel and in having complaints reviewed.

RESPONSE #15: This comment is outside the scope of the rule proposal.

COMMENT #16: One commenter stated the board is acting too quickly in suggesting the proposed changes.

RESPONSE #16: The board disagrees and notes that the board held several meetings to discuss the changes involved in this proposal, starting in May 2021. Additionally, as stated in previous responses, the board reviewed numerous comments and data points prior to its decision to proceed with this rule proposal.

COMMENT #17: One commenter expressed confusion regarding the scope of practice for AEMT licensees.

RESPONSE #17: Scope of practice for AEMT licensees is not part of this rule proposal.

COMMENT #18: One commenter expressed concern that previous comments to the board regarding these proposed rule changes were hidden or ignored.

RESPONSE #18: The board disagrees and has reviewed all comments submitted to the board and department regarding this rule proposal. The board also reviewed all comments received in response to the licensee survey on the rule changes.

Comments 19 through 27 apply to ARM 24.156.2701, 24.156.2711, 24.156.2713, 24.156.2718, and 24.156.2721:

COMMENT #19: Several commenters were concerned that the proposed changes will be burdensome for ECPs, reduce the number of licensed ECPs in Montana, deter volunteers, and noted that ECPs will quit if required to take another test.

RESPONSE #19: The board disagrees. Prior to finalization of the proposed rules, the board conducted several surveys of ECP licensees, lead instructors, and medical directors; reviewed examination and licensee and EMS service data; evaluated examination data; and solicited stakeholder input during its 2021 meetings. Following a thorough review of the information obtained, the board concluded that requiring applicants for ECP licensure to pass NREMT certification examination(s) will not decrease the licensee population. Additionally, the board would like to clarify that the proposed rules do not require currently licensed ECPs to become NREMT certified or pass an NREMT certification exam.

COMMENT #20: Two commenters were concerned with the cost of maintaining NREMT certification.

RESPONSE #20: The board is reducing license application and renewal fees in NEW RULE I. Further, assessing and revising the alternative written examination would be a significant cost that would ultimately be passed on to ECP licensees.

The board believes it is fiscally responsible to require NREMT examination rather than maintain the alternative written examination.

COMMENT #21: Numerous commenters thanked the board for its thoughtful consideration of ECP licensure changes which included discussion over the course of several meetings, surveys of licensees, and solicitation of stakeholder input prior to drafting the proposed rule changes.

RESPONSE #21: The board appreciates all comments received in the rulemaking process.

COMMENT #22: One commenter stated that the board is abandoning EMS in rural Montana and asked what drove this decision.

RESPONSE #22: The board has carefully considered the impact to ECPs working in rural areas. Board staff surveyed licensees, analyzed geographic examination and licensure data, and included stakeholders in discussions leading up to this proposal. Recorded minutes of the board's discussion are available on the board's website (May 6 and 7, 2021; July 16, 2021; September 17, 2021). Following thorough review, the board determined that eliminating the state written examination will not negatively impact the number of ECPs licensed in rural Montana.

COMMENT #23: One commenter requested that the board publish the results of the lead instructor and medical director survey that was conducted.

RESPONSE #23: The survey is public information and can be requested through the public records request process. It was included in the public board books for the July 16 and September 17, 2021, meetings when it was discussed.

COMMENT #24: Multiple commenters noted that 50-6-203, MCA, requires the board to consult the Department of Public Health and Human Services (DPHHS) when making ECP rule changes. The commenters urged the board to review the statute and convene a meeting to engage DPHHS in a meaningful way.

RESPONSE #24: DPHHS officials participated in every meeting and discussion about ECP licensing changes and the current rule proposal. The department also provided data collected by DPHHS, which the board reviewed to aid in its decision making. Additionally, associations and organizations have been, and continue to be, able to participate in all public meetings of the board. The board has met its statutory obligations in regard to the rule changes and the rulemaking process.

COMMENT #25: Numerous commenters appreciated the effort to conduct a survey of medical directors but question its value. The commenters stated that some medical directors received a single question survey, and that medical directors could provide greater insight to the board.

RESPONSE #25: The medical director survey included seven questions and was distributed by email to all medical director licensees. Forty percent of recipients opened the email that included the survey, and approximately 26% of recipients completed the survey, which far exceeds standard email response benchmarks. The survey was sent to the 149 medical director-endorsed physicians and physician assistants, and 38 medical directors completed the survey during the five-week period it was open. Additionally, members of the board's Medical Direction Committee were invited to and participated in the July 2021 board meeting and its ECP rules discussion.

COMMENT #26: One commenter opposed the proposed changes, stating the current rules are fair and provide a competency-based system of licensure for ECPs. The commenter also believed the medical director committee provided the board a mechanism to obtain recommendations on issues such as exam content.

RESPONSE #26: The board appreciates all comments received in the rulemaking process.

COMMENT #27: One commenter opposes NREMT in general.

RESPONSE #27: The board appreciates all comments received in the rulemaking process.

Comments 28 through 30 apply to ARM 24.156.2701 and 24.156.2718:

COMMENT #28: Several commenters state that the proposed changes to ARM 24.156.2701 and 24.156.2718 simplify or clarify the continuing education process.

RESPONSE #28: The board appreciates all comments received in the rulemaking process.

COMMENT #29: Several commenters stated that the current renewal process is loosely detailed and open to interpretation by services and instructors, which results in a wide range of ECP competency. Commenters also stated that the current renewal process places content burden on the lead instructor and medical director and supported allowing NREMT certification to demonstrate continued competency for licensing renewal, as it will reduce administrative burden.

RESPONSE #29: The board notes that one intent of the rule changes is to clarify and streamline the renewal process.

COMMENT #30: Numerous commenters stated that focusing on competency provides increased flexibility to service medical directors to tailor education to the needs of each service.

RESPONSE #30: The board agrees.

Comment 31 applies to ARM 24.156.2711:

COMMENT #31: Numerous commenters support the amendment provided in ARM 24.156.2711(2), contingent on the addition of testing locations in Montana. Commenters also suggested adding language to allow for flexibility for any periodic recertifications.

RESPONSE #31: The proposed amendment to ARM 24.156.2718 includes language to allow flexibility in meeting continued competency requirements. Additionally, NREMT is assisting the board in identifying and acquiring additional testing sites.

Comments 32 through 40 relate to ARM 24.156.2711 and 25.156.2713:

COMMENT #32: Numerous commenters support Montana again requiring NREMT examination for ECP licensure because it will standardize the testing process and reduce confusion for EMS agencies, instructors, prospective ECPs, patients, and employers. Commenters noted that NREMT provides consistent and clear expectations in training and patient care, many services/agencies in Montana already require NREMT certification, and examination inconsistencies lead to inconsistencies in patient care.

RESPONSE #32: The board appreciates all comments received in the rulemaking process.

COMMENT #33: Numerous commenters support maintaining a pathway to licensure for ECPs with a current unrestricted, substantially equivalent license from another state with a complaint process.

RESPONSE #33: The proposed rule changes do not affect this pathway.

COMMENT #34: Two commenters criticized sections (2) of ARM 24.156.2711 and 24.156.2713 providing that "the board or its designee may approve the applicant to undergo an assessment exam." The commenters noted the rules do not specify the applicants must pass the examination and suggested amending the sections to require successful completion of the NREMT exam and set a passing score.

RESPONSE # 34: Because the board's intent has always been that applicants are required to pass the assessment exam, the board is amending ARM 24.156.2711(2) and 24.156.2713(2) accordingly to clarify this intent.

COMMENT #35: One commenter expressed concern that AEMT qualifications are higher for NREMT certification than for Montana licensure.

RESPONSE #35: Part of the board's intent in proposing these rule changes is to standardize qualifications for licensure.

COMMENT #36: One commenter suggested that requiring NREMT certification for new ECP licensure will not increase license mobility.

RESPONSE #36: The board disagrees.

COMMENT #37: One commenter supports that the NREMT certificate will be the only license required for ECPs.

RESPONSE #37: The board will remain the licensing authority; however, one way for applicants to qualify for ECP licensure in Montana will be passage of a NREMT examination. This licensure pathway is not new and has been available to applicants. One of the main purposes of the rule proposal is to discontinue use of the alternative written examination for ECP applicants to qualify for licensure.

COMMENT #38: Several commenters stated that current licensing requirements are confusing to instructors, students, employers, and patients. One commenter stated that streamlining and cleaning up licensing requirements will improve things for ECPs and the public.

RESPONSE #38: The board agrees and notes the intent of this proposal is to eliminate confusion.

COMMENT #39: One commenter stated that language in the rule proposal stating "assessment exam administered by NREMT" means a DPHHS employee paid by NREMT.

RESPONSE #39: While the assessment examination is substantively identical to the NREMT certification examination, the difference is that upon passage of the NREMT assessment examination, the candidate is not certified by NREMT. DPHHS employees do not administer any written examination offered by NREMT. The board is unaware of NREMT's agreements with those who administer practical examinations, but notes that they are not required to be DPHHS employees.

COMMENT #40: One commenter stated that one avenue to licensure through NREMT is not the best for Montana citizens.

RESPONSE #40: The board disagrees.

Comments 41 through 53 apply to ARM 24.156.2718:

COMMENT #41: A few commenters were concerned about the process for licensees (who became licensed by taking the alternative written examination) to maintain their licensure.

RESPONSE #41: In the proposed rule changes, two methods are available to meet continued competency requirements. NREMT certification is not proposed to be a



requirement of currently licensed ECPs. The board does not intend to require currently licensed ECPs to become NREMT certified if they are not already.

COMMENT #42: Numerous commenters support that the proposed change to continuing competency will allow currently licensed ECPs who do not wish to become NREMT certified to maintain their licenses through continuing competency education that is approved by their lead instructors or medical directors. One commenter noted that the proposed rule changes regarding the examination accepted for licensure applies to individuals applying for a Montana license.

RESPONSE #42: The board appreciates all comments received in the rulemaking process.

COMMENT #43: Two commenters opposed having two pathways to demonstrate continued competency and requested the current requirements stay in place. One commenter believes the proposed rule change establishes two different standards for ECP renewal.

RESPONSE #43: The board is proposing two pathways for meeting continued competency requirements to accommodate ECPs currently licensed in Montana who are not NREMT certified and do not wish to become NREMT certified. ARM 24.156.2718(2)(a) simplifies the renewal process for NREMT registered ECPs; (2)(b) allows currently licensed ECPs to renew their licenses without registering with NREMT, but requires meeting the same competency training as for NREMT certified licensees. To clarify its intent that all continued competency requirements be the same for all ECPs, regardless of NREMT certification, the board is amending ARM 24.156.2718(2)(b) accordingly.

COMMENT #44: Two commenters expressed concern regarding NREMT continued competency requirements. The commenters opined that the NREMT requirements allow ECPs to simply attend continuing education classes rather than demonstrate continued competency and that NREMT requirements are not skills based.

RESPONSE #44: NREMT continued competency requirements were thoroughly discussed during at least two public board meetings, including specific details, including number of hours, topics to be covered, and requirements for in-person hours. The requirements are broken down by topic area and license type and can all be located on the NREMT website. Additionally, the NREMT continued competency program includes practice performance as one of its key principles, and the local component allows Montana medical directors and lead instructors to incorporate additional skills based hands-on learning to meet community needs. Finally, current board rules lack specific requirements regarding knowledge or skills to be addressed in refresher courses and the board has determined, based upon review and public comment, that alignment with NREMT requirements provides needed clarity and uniformity for licensees, lead instructors, and medical directors.

COMMENT #45: Several commenters were concerned if licensed ECPs who are not currently or who have never been NREMT certified, will have to pass an NREMT examination to maintain their Montana license.

RESPONSE #45: Current licensees will not be required to take the NREMT examination. Additionally, the proposal provides license renewal requirements in ARM 24.156.2718 which provide licensees the opportunity to provide proof of completion of continued competency requirements without providing a current active or inactive NREMT certification card.

COMMENT #46: Two commenters expressed concerns regarding what the continued competency requirements are and who can administer training.

RESPONSE #46: The requirements are provided in ARM 24.156.2718 of the proposal and are specifically available on the NREMT website.

COMMENT #47: One commenter asked if medical directors can "sign off" on continued competency for EMTs and AEMTs.

RESPONSE #47: ARM 24.156.2718(2)(b) provides that a lead instructor or medical director may issue and sign a certificate of completion of the NREMT continued competency requirements.

COMMENT #48: One commenter stated that holding the lead instructor responsible for the training and documentation may put hardship on rural volunteer services.

RESPONSE #48: The board disagrees. Allowing NREMT certification to meet continued competency requirements simplifies documentation for both paid and volunteer lead instructors. Additionally, current rules already place responsibility for the quality, consistency, and management of refresher training at the EMR and EMT levels on the lead instructor and allow a medical director to delegate that responsibility to a lead instructor at higher levels of ECP licensure. The rule proposal does not include additional requirements.

COMMENT #49: Several commenters oppose any rule changes that do not "grandfather" Montana ECPs licensed by taking the alternative written examination.

RESPONSE #49: ARM 24.156.2718(2)(b) provides that a lead instructor or medical director may issue and sign a certificate of completion of the NREMT continued competency training as an alternative to (2)(a), which requires NREMT certification. Additionally, the rule proposal does not require currently licensed ECPs to pass a NREMT examination in order to maintain current licensure.

COMMENT #50: One commenter stated that NREMT requires a training officer or medical director to verify submitted education completion but does not require those individuals to be licensed by the Montana Board of Medical Examiners.

RESPONSE #50: Board rules currently provide that a Montana-licensed physician acting as a medical director is ultimately responsible for ensuring the competency of ECPs working under his or her supervision. Additionally, a lead instructor as defined by board rules is also licensed by the board.

COMMENT #51: One commenter believed the rule proposal does not identify which level of licensee requires a lead instructor versus a medical director, and that a lead instructor with an EMR license should not be able to verify the continued competency for a higher-level licensee.

RESPONSE #51: The board suggests the commenter review ARM 24.156.2718, as the first part of the comment is addressed in the rule language. Additionally, the board's current rules do not address any requirement regarding the level of the lead instructor in relation to the licensure level of ECPs participating in the course or being instructed; thus, the suggested change would be a substantive change to the rule proposal. The board also suggests the commenter review the definition and responsibilities of a lead instructor specified in board rules.

COMMENT #52: One commenter suggested the board amend ARM 24.156.2718(2) to require that lead instructors verify documentation of continued competency for EMR and EMT licensees and that medical directors verify the same for AEMT and paramedic licensees.

RESPONSE #52: The suggested amendment would be a substantive change to the rule proposal that cannot be made in a final notice. The board may consider the suggestion in future rulemaking.

COMMENT #53: One commenter stated that the continued competency requirements are vague because hour requirements have been removed.

RESPONSE #53: The board disagrees and suggests the commenter review the continued competency requirements on the NREMT website, noting the information contains numerous clearly stated hour requirements for each level of licensure.

Comments 54 through 65 apply to ARM 24.156.2711, 24.156.2713, and 24.156.2721:

COMMENT #54: Three commenters requested the board expend funds to "fix" or update the current alternative exam rather than discontinue its administration.

RESPONSE #54: The board determined that maintaining a separate, duplicative examination is not a responsible use of board funds, which are ultimately generated by fees paid by licensees.

COMMENT #55: One commenter feels that NREMT assessments at higher licensure levels are not "done" as well as the alternative state examinations. The commenter specifically mentioned the AEMT practical skills assessment.

RESPONSE #55: The board disagrees.

COMMENT #56: Several commenters expressed their dislike of the current alternative state examination. Commenters noted that the alternative state examination is "substandard," "not validated," "not user friendly," "not well put together," and "a joke." Additionally, several commenters noted that the exam question answer bank is accessible online.

RESPONSE #56: The board recognizes issues associated with the alternative state examination, and addressing those issues is one of the main purposes for this rule proposal. The board believes the NREMT examination provides a standardized, psychometrically evaluated, and secure assessment for ECP license applicants.

COMMENT #57: One commenter stated that as a student, having two exams as options for licensure is confusing, and sets students up for complications in seeking employment with an EMS agency because many agencies require NREMT certification for employment.

RESPONSE #57: The board appreciates all comments received in the rulemaking process.

COMMENT #58: Numerous commenters suggested that requiring NREMT examination for initial licensure will align Montana requirements with surrounding states' requirements, which may reduce agency barriers to ECP recruitment.

RESPONSE #58: The board concurs.

COMMENT #59: Two commenters expressed concern that "NREMT does not provide a testing service." One commenter specified "a testing service for licensure agencies to utilize."

RESPONSE #59: The testing site can be conveniently located for the applicant. Written examinations are administered by a third party with procedures that ensure secure and standardized administration. Although NREMT itself may not conduct the exams, NREMT does develop the examinations and ensures the exams are psychometrically evaluated.

COMMENT #60: Multiple commenters expressed concerns regarding rural ECP candidates' access to NREMT examinations and approved testing centers. Commenters specifically noted travel time and associated costs. Commenters also suggested the proposed rules created an "access barrier" for rural ECPs.

RESPONSE #60: Approved testing centers ensure examination administration integrity. Additionally, NREMT allows remote proctored testing utilizing a computer at any location with an internet connection for EMT and AEMT level examinations, which make up a majority of the examinations administered in Montana. NREMT is

also currently analyzing testing site and access needs in Montana and assisting to ensure access to NREMT examination.

COMMENT #61: One commenter stated that the current alternative written examination content is adequate and that there are not integrity problems or accommodations issues with it.

RESPONSE #61: The board disagrees.

COMMENT #62: One commenter stated that requiring NREMT examination for initial ECP licensing will enhance prehospital patient care.

RESPONSE #62: The board agrees.

COMMENT #63: Numerous commenters support the use of a high-quality examination that is readily available to ECP licensure candidates.

RESPONSE #63: The board agrees and believes the rule proposal provides for a high-quality examination that is readily available to ECP candidates.

COMMENT #64: Numerous commenters expressed concern regarding the number of testing centers available to administer NREMT examinations to ECP licensure candidates. Commenters opined that requiring ECPs to travel long distances to a test location will reduce the number of ECPs licensed in Montana.

RESPONSE #64: NREMT allows remote proctoring for EMT and AEMT level examinations, which are the two most common examinations administered in Montana. Remote proctored examinations require the same equipment that the alternative state examination requires, which is a computer and internet access. The board disagrees that the changes will reduce the number of ECPs licensed in Montana.

COMMENT #65: Numerous commenters supported delaying adoption of the rule proposal until a plan is implemented to establish additional testing sites equally distributed across the state, particularly in eastern Montana, and to consider the use of workforce centers or colleges as testing sites.

RESPONSE #65: The board has carefully considered the impact to ECPs practicing in rural areas. The board surveyed ECP licensees and medical directors, analyzed geographic examination and licensure data, and included stakeholders in several discussions prior to filing this rule proposal. Recorded minutes are available on the board's website (May 6 and 7, 2021; July 16, 2021; September 17, 2021). NREMT allows remote proctoring for EMT and AEMT level examinations, which are the two most common examinations administered in Montana. Remote proctored examinations require the same equipment that the alternative state examination requires, which is a computer and internet access. NREMT is also assisting to identify and establish additional testing sites.

Comments 66 through 69 apply to ARM 24.156.2711, 24.156.2713, and 24.156.2718:

COMMENT #66: Two commenters were concerned the proposed rules require Montana ECPs to join and pay for an organization they may not wish to be a part of.

RESPONSE #66: The proposed rules require an applicant to provide proof of NREMT certification equal to or greater than the licensure level applied for, current substantially equivalent licensure in another state, or passage of an assessment exam administered by NREMT if the applicant does not qualify for NREMT certification. The proposed rules also allow for renewal of a license with submission of a current NREMT certification or proof of completion of the NREMT continued competency requirements signed by the licensee's lead instructor and/or medical director, which provides a method to renew without current NREMT certification.

COMMENT #67: One commenter stated that NREMT is not a national organization, and that it is a private company.

RESPONSE #67: The board is aware that NREMT is not a governmental organization; however, it is a national organization. NREMT is a not-for-profit national organization that provides a valid, uniform process to assess the knowledge and skills required for competent practice by EMS professionals.

COMMENT #68: One commenter recommended establishing a proficiency verification requirement to be governed by the board and allow public and licensee input over its design and requirements.

RESPONSE #68: The board believes the proposed rule changes meet this request.

COMMENT #69: One commenter stated that the proposed rules require a NREMT training officer to conduct ECP courses and that may create difficulties.

RESPONSE #69: The rule proposal does not require a NREMT training officer to conduct ECP courses.

Comments 70 through 79 apply to ARM 24.156.2711, 24.156.2713, 24.156.2718, and 24.156.2721:

COMMENT #70: A few commenters stated that the board is establishing regulation that is not subject to public input or review and one believed that NREMT does not allow for public input in establishing its requirements.

RESPONSE #70: The board has presented these rule changes in compliance with the Montana Administrative Procedure Act, including this comment and response process. Additionally, the board solicited stakeholder involvement on several occasions through meetings in 2021, prior to drafting this proposal for official public

comment. Further, NREMT maintains a board which solicits public comment for any rule and requirement changes NREMT intends to implement. NREMT's process and procedure for such comment is available on its website.

COMMENT #71: Two commenters stated that alignment with NREMT standards will make ECP licenses more portable, allowing Montana ECPs to better aid other states when need arises.

RESPONSE #71: The board agrees and appreciates all comments received in the rulemaking process.

COMMENT #72: One commenter stated that NREMT does not allow the board to have input in setting its requirements.

RESPONSE #72: NREMT accepts public comment and maintains a publicly available process detailed on its website. The board remains the statutorily authorized licensing authority with jurisdiction over Montana licensees.

COMMENT #73: One commenter supported the proposal because NREMT certification supports the Federal Aviation Administration regulatory requirements regarding patient care.

RESPONSE #73: The board appreciates all comments received in the rulemaking process.

COMMENT #74: One commenter stated that the proposal will not cause Montana to lose any currently licensed ECPs.

RESPONSE #74: The board agrees.

COMMENT #75: Three commenters noted that Montana has utilized NREMT certification for licensure and renewal for many years and that many services or agencies currently and historically require ECPs to be NREMT certified.

RESPONSE #75: The board agrees.

COMMENT #76: Two commenters supported standardized training.

RESPONSE #76: The board agrees.

COMMENT # 77: One commenter noted that not all states have adopted NREMT.

RESPONSE #77: The board appreciates all comments received in the rulemaking process.

COMMENT #78: One commenter expressed concern regarding NREMT controlling qualification requirements for lead instructors and medical directors.

RESPONSE #78: The board disagrees as the comment is inaccurate. Medical director endorsement requirements are established by board rule in ARM 24.156.2732 and the lead instructor endorsement is found in ARM 24.156.2751.

COMMENT #79: Numerous commenters stated the licensure process should ensure ECPs are properly licensed and provide proper patient care.

RESPONSE #79: The board agrees.

Comments 80 through 82 apply to NEW RULE I:

COMMENT #80: Two commenters were concerned the board no longer employs a training coordinator.

RESPONSE #80: The comment is outside the scope of the rule proposal and FTE allocations are made by the department and not within the board's jurisdiction.

COMMENT #81: Numerous commenters generally supported a reduction of fees but were concerned that a fee reduction may jeopardize hiring of a qualified physician as board medical director, prevent addressing delays with filed complaints, and prevent establishing additional NREMT testing sites.

RESPONSE #81: Hiring of staff is the department's responsibility and not within the board's jurisdiction. Additionally, as noted in the general reason for this proposal, the reduction of fees is necessary to comply with statutory requirements of 37-1-134, MCA.

COMMENT #82: Numerous commenters suggested the board hire a part-time physician medical director to support medical directors, emergency service managers, and offer expert guidance to the board. The commenters noted that the board established and hired a medical director ten years ago, and that Montana physicians supported a license fee increase at the time to fund the position since it impacted the delivery of care in rural settings. The commenters suggested that the medical director could update practice guidelines, endorsement requirements, and serve as liaison to the Department of Public Health and Human Services.

RESPONSE #82: This comment is outside the scope of the rule proposal. Hiring staff is a department responsibility and not within the board's jurisdiction.

4. The board has amended ARM 24.156.2701 exactly as proposed.

5. The board has adopted NEW RULE I (ARM 24.156.409) exactly as proposed.



6. The board has repealed ARM 24.156.601, 24.156.631, 24.156.1002, 24.156.1302, 24.156.1402, 24.156.1618, 24.156.2721, and 24.156.2731 exactly as proposed.

7. The board has amended ARM 24.156.2711, 24.156.2713, and 24.156.2718 with the following changes, stricken matter interlined, new matter underlined:

24.156.2711 ECP LICENSURE QUALIFICATIONS (1) remains as proposed.

(2) If an applicant ~~does not qualify~~ is not eligible for certification by NREMT, the board or its designee may approve the applicant to undergo an assessment exam administered by NREMT and provide proof of passage of the assessment exam to the department in lieu of a NREMT certification card.

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

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

24.156.2713 ECP LICENSE APPLICATION (1) remains as proposed.

(2) If an applicant ~~does not qualify~~ is not eligible for certification by NREMT, the board or its designee may approve the applicant to undergo an assessment exam administered by NREMT and provide proof of passage of the assessment exam to the department in lieu of a NREMT certification card.

(3) through (7) remain as proposed.

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

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

24.156.2718 CONTINUED COMPETENCY REQUIREMENTS (1) through (2)(a) remain as proposed.

(b) a certificate of completion, issued and signed by the lead instructor and/or medical director, of the NREMT continued competency training requirements.

(3) through (5) remain as proposed.

AUTH: 50-6-203, MCA

IMP: 50-6-203, MCA

BOARD OF MEDICAL EXAMINERS  
CHRISTINE EMERSON, R.D.  
PRESIDENT

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

/s/ LAURIE ESAU  
Laurie Esau, Commissioner  
DEPARTMENT OF LABOR AND INDUSTRY

Certified to the Secretary of State April 5, 2022.