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

In the matter of the amendment of ARM 24.156.2701 definitions, 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

NOTICE OF PUBLIC HEARING ON PROPOSED AMENDMENT, ADOPTION, AND REPEAL

TO: All Concerned Persons

1. On December 1, 2021, at 1:00 p.m., a public hearing will be held via remote conferencing to consider the proposed amendment, adoption, and repeal of the above-stated rules. There will be no in-person hearing. Interested parties may access the remote conferencing platform in the following ways:
   Meeting ID: 856 6108 0367, Passcode: 403371
-OR-
b. Dial by telephone, +1 406 444 9999 or +1 646 558 8656
   Meeting ID: 856 6108 0367, Passcode: 403371

   The hearing will begin with a brief introduction by department staff to explain the use of the videoconference and telephonic platform. All participants will be muted except when it is their time to speak.

2. The Department of Labor and Industry (department) will make reasonable accommodations for persons with disabilities who wish to participate in this public hearing or need an alternative accessible format of this notice. If you require an accommodation, contact the Board of Medical Examiners no later than 5:00 p.m., on November 24, 2021, to advise us of the nature of the accommodation that you need. Please contact Samuel Hunthausen, Board of Medical Examiners, 301 South Park Avenue, P.O. Box 200513, Helena, Montana 59620-0513; telephone (406) 841-2360; Montana Relay 1 (800) 253-4091; TDD (406) 444-2978; facsimile (406) 841-2305; or dlibsdmed@mt.gov (board's e-mail).

3. GENERAL REASON: The board determined it is reasonably necessary to amend several rules to eliminate the board's alternative written examination as a pathway to Emergency Care Provider (ECP) licensure and align examination and
continued competency standards with the National Registry of Emergency Medical Technicians (NREMT) requirements. Prompted by licensees' comments and staff recommendations, the board concluded that serious issues exist with the alternative written examination in its current form, including content quality, administration security, and lack of an accommodations process. The alternative written examination currently operates on an unsupported platform/website configured by a third-party vendor not under contract with the state. To address issues with the current examination and continue offering it as an option, the board would need to undertake a complete overhaul of the exam and how it is administered. Such an overhaul would include obtaining a psychometric evaluation of the examination, the cost of which would ultimately be passed on to licensees. To inform its decision, the board conducted a survey of licensees (ECPs, medical directors, and lead instructors) with questions regarding examination and continuing education. The board reviewed the survey results and data gathered by staff, including but not limited to geographic information of licensees utilizing the alternative written examination versus NREMT examinations and testing data. The board determined that elimination of the alternative written examination will not significantly reduce testing access for ECP applicants and will ultimately provide a consistent process and high-quality examination for licensee candidates in Montana. Alignment with this national organization promotes department goals of standardization, consistency, and efficiency gains by reducing state-level duplication of effort already occurring at the national organization. Additionally, alignment with NREMT promotes licensee mobility.

The board is also proposing a broad fee reduction and a fee schedule reorganization. The board's cash balance is in excess of its allowable legislative appropriation and renewal fees have already been 100% abated over the course of two fiscal years. A 25% fee reduction, recommended by the department's fiscal officer, is needed to reduce the risk of sweeping of funds and to more accurately assess application and license fees. Along with the reduction in fees, the board is proposing to repeal the current fee rules as separated by license type, and reorganize all board fees in a single consolidated fee schedule in NEW RULE I. These changes will greatly improve the fees' organization and make the rules more useful and efficient for the public and staff. Consolidation will also make future fee changes simpler and more efficient, as only one rule will require amendment. The board estimates the fee reductions will affect 24,332 licensees and license applicants and will decrease revenue by approximately $3,825,000 over five years.

Accordingly, the board has determined there is reasonable necessity to generally amend, adopt, and repeal certain rules at this time. Where additional specific bases for a proposed action exist, the board will identify those reasons immediately following that rule.

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

24.156.2701 DEFINITIONS (1) through (1)(r) remain the same.
(s) “Refresher” means a program, training, or course that reviews and documents the knowledge and skills of an ECP’s current licensure level.
(t) remains the same but is renumbered (s).

AUTH: 37-3-203, 50-6-203, MCA
IMP: 37-3-102, 37-3-203, 50-6-101, 50-6-105, 50-6-201, 50-6-202, 50-6-203, 50-6-301, 50-6-302, MCA

REASON: The use of the terms "refresher" and "continuing education" creates licensee confusion because each term has a distinct meaning in the broader concept of continued competency. Because the National Registry of Emergency Medical Technicians (NREMT) does not refer to these terms separately and to align with proposed changes to ARM 24.156.2718, the board is striking the definition of "refresher."

24.156.2711  ECP LICENSURE QUALIFICATIONS

1. The board shall license an applicant as an ECP at the appropriate licensure level if the applicant:
   (a) remains the same.
   (b) possesses a current active or inactive NREMT certification equal to or greater than the level applied for, or successfully completes a written and practical third-party examination approved by the board, or provides a current unrestricted substantially equivalent ECP license or certification in another state which has a complaint process;
   (c) and (d) remain the same.

2. If an applicant does not qualify for certification by NREMT, the board or its designee may approve the applicant to undergo an assessment exam administered by NREMT.

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

REASON: To align licensure requirements with NREMT standards, the board is eliminating the alternative written examination as a licensing pathway from (1)(b). With the exam's elimination, the board determined it is reasonably necessary to establish a licensure avenue for applicants not meeting NREMT requirements and is adding (2) to provide for licensure via passage of an NREMT assessment exam.

24.156.2713  ECP LICENSE APPLICATION

1. An applicant for an initial ECP license, at any level, shall submit an application, the appropriate fees, and:
   (a) remains the same.
   (b) documentation of a current active or inactive NREMT certification equal to or greater than the level applied for, or the successful completion of a board-approved written and practical third-party examination, or current substantially equivalent licensure in another state.

2. If an applicant does not qualify for certification by NREMT, the board or its designee may approve the applicant to undergo an assessment exam administered by NREMT.

(2) remains the same but is renumbered (3).
(3) (4) A current Montana ECP licensee who is applying for an ECP license at a greater level shall submit an application, the appropriate fees, and documentation of a current active or inactive NREMT certification equal to or greater than the level applied for, or verification of the successful completion of a board-approved written and practical examination, or current substantially equivalent licensure in another state.

(4) through (6) remain the same but are renumbered (5) through (7).

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

REASON: See REASON for ARM 24.156.2711.

24.156.2718 CONTINUING EDUCATION AND REFRESHER CONTINUED COMPETENCY REQUIREMENTS

(1) All licensed ECPs are required to complete continuing education (CE) and refresher continued competency requirements prior to their license expiration date.

(a) EMRs must complete an EMR level refresher.
(b) EMTs must complete 48 hours of CE and an EMT refresher.
(c) AEMTs must complete 36 hours of CE and an AEMT refresher.
(d) Paramedics must complete 24 hours of CE and a paramedic refresher.

(2) Proof of completion shall be retained by the ECP and submitted to the department upon request in one of the following forms:
(a) a current active or inactive NREMT certification card; or
(b) a certificate of completion issued and signed by the lead instructor and/or medical director of the continued competency training.

(2) CE consists of topics contained within the current curriculum of the ECP licensure level.

(3) ECPs must complete a refresher in which a lead instructor or medical director validates knowledge and skills.

(a) An ECP may not meet refresher program requirements by combining CE courses;
(b) The refresher must assess the licensee's competency, demonstrated during the course, to function at the ECP license level in accordance with the scope of education and practice; and
(c) The refresher may be a course of instruction or a combination of quality improvement and quality assurance activities coordinated by an active local medical director, and the content must be structured to assess competency of the core knowledge and skills for the level of the ECP's license.

(4) ECPs certified by the NREMT may report completed CE and refresher credits to the NREMT for registration purposes and also to the board to meet, in whole or in part, the requirements of (1), (2), and (3).

(5) (3) The lead instructor is responsible for the quality, consistency, and management of the refresher continued competency training at the EMR and EMT levels and shall maintain records of all courses conducted including an agenda and detailed student performances that document the licensee's ability demonstrated during the refresher training.
(6) (4) The medical director is responsible for the quality, consistency, and management of the refresher continued competency training at the EMT with endorsement(s), AEMT, and paramedic levels. The medical director may assign duties as appropriate, but retains the overall responsibility for the refresher training.

(7) (5) All ECPs shall affirm understanding of their recurring duty to comply with CE continued competency requirements as part of license renewal.

(a) The ECP is responsible for maintaining documentation of completed CE and refresher continued competency training and their medical director's authorization/attestation of continued competence (including endorsement skills) on a board-approved form which shall be made available to the board upon request.

(b) The medical director may require the ECP to complete additional CE hours of training to ensure competency of endorsement skills.

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

REASON: The board is amending this rule to also align continuing education (CE) requirements with NREMT standards. A June 2021 survey of medical directors and lead instructors indicated their support for CE requirements to align with NREMT. To ensure continued competency training requirements are the same regardless of whether a licensee is NREMT-certified or not, the board is amending (2) to provide completion options for both NREMT-certified licensees and licensees without the certification. To align with changes proposed to ARM 24.156.2701, the board is eliminating the terms "refresher" and "continuing education" and unifying the requirements under the concept of "continued competency."

5. The proposed new rule is as follows:

NEW RULE I  FEE SCHEDULE  (1) Initial license application fees:
(a) Physician license application fee $375
(b) Physician letter of qualification for interstate compact 225
(c) Resident 75
(d) Podiatrist 375
(e) Podiatrist ankle surgery certification 75
(f) Nutritionist 75
(g) Acupuncturist 75
(h) Physician assistant 375
(i) Emergency medical responder 20
(j) Emergency medical technician 35
(k) Advanced emergency medical technician 55
(l) Paramedic 75
(m) Emergency care provider endorsement—per submission 10
   (A single submission may include multiple endorsement applications from a single applicant.)
(2) License renewal application fees:
(a) Physician (active status) 375
(b) Physician (inactive status) 190
(c) Resident 75
(d) Podiatrist (active status) 375
(e) Podiatrist (inactive status) 190
(f) Nutritionist 75
(g) Acupuncturist 75
(h) Physician assistant (active) 190
(i) Physician assistant (inactive) 115
(3) Inactive to active status conversion fees:
   (a) Physician 185
   (b) Podiatrist 185
   (c) Physician assistant 75
(4) Montana Health Corps Registration 25
(5) Additional standardized fees to be charged are specified in ARM 24.101.403.
(6) All fees are nonrefundable.


REASON: See GENERAL REASON. To address ongoing questions to licensing staff, the board is clarifying in (1)(m) that ECP endorsement application fees are $10 per submission, not per endorsement. The board is eliminating the $25 supervision agreement fee for physician assistants (in ARM 24.156.1618) because a previous rules project replaced the board-member interview with automated educational modules, and the cost to process these applications now is minimal.

6. The rules proposed to be repealed are as follows:

24.156.601 FEE SCHEDULE

AUTH: 37-1-134, 37-3-203, 37-3-307, 37-3-308, 37-3-356, MCA
IMP: 37-1-134, 37-1-141, 37-3-305, 37-3-307, 37-3-308, 37-3-309, 37-3-313, 37-3-356, MCA

REASON: See REASON for NEW RULE I for the repeal of this rule and ARM 24.156.631, 24.156.1002, 24.156.1302, 24.156.1402, 24.156.1618, and 24.156.2731.

24.156.631 FEES

AUTH: 37-1-134, 37-3-203, 37-3-802, 37-3-804, MCA
IMP: 37-1-134, 37-3-804, MCA

24.156.1002 FEES
AUTH: 37-1-134, 37-6-106, MCA
IMP: 37-1-134, 37-1-141, 37-6-302, MCA

24.156.1302 FEES

AUTH: 37-1-134, 37-25-201, MCA
IMP: 37-1-134, 37-1-141, 37-25-302, MCA

24.156.1402 FEES

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

24.156.1618 PHYSICIAN ASSISTANT FEES

AUTH: 37-1-134, 37-20-202, MCA
IMP: 37-1-134, 37-1-141, 37-20-302, MCA

24.156.2721 FINAL PRE-LICENSE EXAMINATIONS

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

REASON: The board is repealing this rule to align with the proposed elimination of the alternative written examination since all examination qualifications will be addressed in ARM 24.156.2711.

24.156.2731 FEES

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

7. Concerned persons may present their data, views, or arguments either orally or in writing at the hearing. Written data, views, or arguments may also be submitted to the Board of Medical Examiners, 301 South Park Avenue, P.O. Box 200513, Helena, Montana 59620-0513, by facsimile to (406) 841-2305, or e-mail to dlibsdmed@mt.gov, and must be received no later than 5:00 p.m., December 3, 2021.

8. An electronic copy of this notice of public hearing is available at http://boardsbsd.dli.mt.gov/med (department and board's web site). Although the department strives to keep its web sites accessible at all times, concerned persons should be aware that web sites may be unavailable during some periods, due to system maintenance or technical problems, and that technical difficulties in accessing a web site do not excuse late submission of comments.
9. The board maintains a list of interested persons who wish to receive notices of rulemaking actions proposed by this board. Persons who wish to have their name added to the list shall make a written request that includes the name, e-mail, and mailing address of the person to receive notices and specifies that the person wishes to receive notices regarding all board administrative rulemaking proceedings or other administrative proceedings. The request must indicate whether e-mail or standard mail is preferred. Such written request may be sent or delivered to the Board of Medical Examiners, 301 South Park Avenue, P.O. Box 200513, Helena, Montana 59620-0513; faxed to the office at (406) 841-2305; e-mailed to dlibsdmed@mt.gov; or made by completing a request form at any rules hearing held by the agency.

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

11. Regarding the requirements of 2-4-111, MCA, the board has determined that the amendment of ARM 24.156.2701, 24.156.2711, 24.156.2713, and 24.156.2718 will not significantly and directly impact small businesses.

   Regarding the requirements of 2-4-111, MCA, the board has determined that the adoption of NEW RULE I will not significantly and directly impact small businesses.

   Regarding the requirements of 2-4-111, MCA, the board has determined that the repeal of 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, will not significantly and directly impact small businesses.

   Documentation of the board's above-stated determinations is available upon request to the Board of Medical Examiners, 301 South Park Avenue, P.O. Box 200513, Helena, Montana 59620-0513; telephone (406) 841-2360; facsimile (406) 841-2305; or to dlibsdmed@mt.gov.

12. Department staff has been designated to preside over and conduct this hearing.

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

   /s/ DARCEE L. MOE       /s/ LAURIE ESAU
   Darcee L. Moe           Laurie Esau, Commissioner
   Rule Reviewer           DEPARTMENT OF LABOR AND INDUSTRY

   Certified to the Secretary of State October 26, 2021.