

AN ACT REVISING LAWS RELATED TO EMERGENCY CARE PROVIDERS; TRANSFERRING LICENSING OVERSIGHT FOR EMERGENCY CARE PROVIDERS FROM THE BOARD OF MEDICAL EXAMINERS TO THE DEPARTMENT OF LABOR AND INDUSTRY; REVISING THE MEMBERSHIP OF THE BOARD OF MEDICAL EXAMINERS; REVISING LAWS RELATED TO MEDICAL CARE STANDARDS; REVISING DEFINITIONS; DEFINING COMMUNITY-INTEGRATED HEALTH CARE; PROVIDING RULEMAKING AUTHORITY TO THE DEPARTMENT OF LABOR AND INDUSTRY; AMENDING SECTIONS 2-15-1731, 37-1-401, 37-3-102, 37-3-203, 39-71-118, 50-6-104, 50-6-105, 50-6-201, 50-6-202, 50-6-203, 50-6-302, 50-6-323, 50-32-603, AND 61-2-502, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

**Section 1.** Section 2-15-1731, MCA, is amended to read:

**"2-15-1731. Board of medical examiners.** (1) In accordance with 37-1-123, there is a Montana state board of medical examiners.

- (2) The board consists of 1211 members:
- (a) five doctors of medicine, including one with experience in emergency medicine, none of whom may be from the same county;
  - (b) one doctor of osteopathy;
  - (c) one podiatrist;
  - (d) one nutritionist;
  - (e) one physician assistant; and
- (f) one emergency care provider, as defined in 50-6-202, who may be a volunteer emergency care provider; and
  - (g) (f) two public members.



69th Legislature 2025 SB 518

(3) The board is allocated to the department as prescribed in 2-15-121."

Section 2. Section 37-1-401, MCA, is amended to read:

"37-1-401. (Temporary) Uniform regulation for licensing programs without boards -- definitions. As used in this part, the following definitions apply:

- (1) "Complaint" means a written allegation filed with the department that, if true, warrants an injunction, disciplinary action against a licensee, or denial of an application submitted by a license applicant.
  - (2) "Department" means the department of labor and industry provided for in 2-15-1701.
- (3) "Investigation" means the inquiry, analysis, audit, or other pursuit of information by the department, with respect to a complaint or other information before the department, that is carried out for the purpose of determining:
  - (a) whether a person has violated a provision of law justifying discipline against the person;
  - (b) the status of compliance with a stipulation or order of the department;
  - (c) whether a license should be granted, denied, or conditionally issued; or
  - (d) whether the department should seek an injunction.
- (4) "License" means permission in the form of a license, permit, endorsement, certificate, recognition, or registration granted by the state of Montana to engage in a business activity or practice at a specific level in a profession or occupation governed by:
  - (a) Title 37, chapter 2, part 6;
  - (b) Title 37, chapter 16, 40, 56, 60, 72, or 73; or
  - (c) Title 50, chapter <u>6</u>, 39, 74, or 76.
- (5) "Profession" or "occupation" means a profession or occupation regulated by the department under the provisions of:
  - (a) Title 37, chapter 2, part 6;
  - (b) Title 37, chapter 16, 40, 49, 56, 60, 72, or 73; or
  - (c) Title 50, chapter <u>6</u>, 39, 74, or 76. (Terminates June 30, 2031--sec. 10, Ch. 628, L. 2023.)
- 37-1-401. (Effective July 1, 2031) Uniform regulation for licensing programs without boards -- definitions. As used in this part, the following definitions apply:



69th Legislature 2025 SB 518

(1) "Complaint" means a written allegation filed with the department that, if true, warrants an injunction, disciplinary action against a licensee, or denial of an application submitted by a license applicant.

- (2) "Department" means the department of labor and industry provided for in 2-15-1701.
- (3) "Investigation" means the inquiry, analysis, audit, or other pursuit of information by the department, with respect to a complaint or other information before the department, that is carried out for the purpose of determining:
  - (a) whether a person has violated a provision of law justifying discipline against the person;
  - (b) the status of compliance with a stipulation or order of the department;
  - (c) whether a license should be granted, denied, or conditionally issued; or
  - (d) whether the department should seek an injunction.
- (4) "License" means permission in the form of a license, permit, endorsement, certificate, recognition, or registration granted by the state of Montana to engage in a business activity or practice at a specific level in a profession or occupation governed by:
  - (a) Title 37, chapter 16, 40, 56, 60, 72, or 73; or
  - (b) Title 50, chapter <u>6</u>, 39, 74, or 76.
- (5) "Profession" or "occupation" means a profession or occupation regulated by the department under the provisions of:
  - (a) Title 37, chapter 16, 40, 49, 56, 60, 72, or 73; or
  - (b) Title 50, chapter <u>6</u>, 39, 74, or 76."

Section 3. Section 37-3-102, MCA, is amended to read:

"37-3-102. **Definitions.** Unless the context requires otherwise, in this chapter, the following definitions apply:

- (1) "ACGME" means the accreditation council for graduate medical education.
- (2) "AOA" means the American osteopathic association.
- (3) "Approved internship" means an internship training program of at least 1 year in a program that either is approved for intern training by the AOA or conforms to the standards for intern training established by the ACGME or successors. However, the board may, upon investigation, approve any other internship.



SB 518

- (4) "Approved medical school" means a school that either is accredited by the AOA or conforms to the education standards established by the LCME or the world health organization or successors for medical schools that meet standards established by the board by rule.
- (5) "Approved residency" means a residency training program conforming to the standards for residency training established by the ACGME or successors or approved for residency training by the AOA.
  - (6) "Board" means the Montana state board of medical examiners provided for in 2-15-1731.
- (7) "Community-integrated health care" means the provision of out-of-hospital medical services that an emergency care provider with an endorsement may provide as determined by board rule.
- (8) (7) "Department" means the department of labor and industry provided for in Title 2, chapter 15, part 17.
- (9) "Emergency care provider" or "ECP" 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.
  - (10) (8) "LCME" means the liaison committee on medical education.
- (11) (9) "Medical assistant" means an unlicensed allied health care worker who functions under the supervision of a physician, physician assistant, or podiatrist in a physician's or podiatrist's office and who performs administrative and clinical tasks.
- (12) (10) "Physician" means a person who holds a degree as a doctor of medicine or doctor of osteopathy and who has a valid license to practice medicine or osteopathic medicine in this state.
- (13) (11) "Practice of medicine" means the diagnosis, treatment, or correction of or the attempt to or the holding of oneself out as being able to diagnose, treat, or correct human conditions, ailments, diseases, injuries, or infirmities, whether physical or mental, by any means, methods, devices, or instrumentalities, including electronic and technological means such as telemedicine. If a person who does not possess a license to practice medicine in this state under this chapter and who is not exempt from the licensing requirements of this chapter performs acts constituting the practice of medicine, the person is practicing medicine in violation of this chapter.
  - (14) (12) "Store-and-forward technology" means electronic information, imaging, and



69th Legislature 2025 SB 518

communication that is transferred, recorded, or otherwise stored in order to be reviewed at a later date by a health care provider or health care facility at a distant site without the patient present in real time. The term includes interactive audio, video, and data communication.

- (15) (13) (a) "Telemedicine" means the practice of medicine using interactive electronic communications, information technology, audio-only conversations, or other means between a licensee in one location and a patient in another location with or without an intervening health care provider. Telemedicine includes the application of secure videoconferencing or store-and-forward technology.
- (b) The term does not mean an e-mail or instant messaging conversation or a message sent by facsimile transmission.
- (c) For physicians providing written certification of a debilitating medical condition pursuant to 16-12-509, the term does not include audio-only communication unless the physician has previously established a physician-patient relationship through an in-person encounter."

Section 4. Section 37-3-203, MCA, is amended to read:

"37-3-203. Powers and duties -- rulemaking authority. (1) The board may:

- (a) adopt rules necessary or proper to carry out the requirements in this chapter and of chapters covering podiatry, physician assistants, <u>and</u> nutritionists, <u>and emergency care providers</u> as set forth in Title 37, chapters 6, 20, and 25, <u>and 50-6-203</u>, respectively. Rules adopted for emergency care providers with an endorsement to provide community-integrated health care must address the scope of practice, competency requirements, and educational requirements.
- (b) hold hearings and take evidence in matters relating to the exercise and performance of the powers and duties vested in the board;
- (c) aid the county attorneys of this state in the enforcement of parts 1 through 4 and 8 of this chapter as well as Title 37, chapters 6, 20, and 25, and Title 50, chapter 6, regarding emergency care providers licensed by the board. The board also may assist the county attorneys of this state in the prosecution of persons, firms, associations, or corporations charged with violations of the provisions listed in this subsection (1)(c).
  - (d) review certifications of disability and determinations of eligibility for a permit to hunt from a



vehicle as provided in 87-2-803(11); and

(e) fund additional staff, hired by the department, to administer the provisions of this chapter, by increasing license fees as necessary.

- (2) (a) The board shall establish a medical assistance program to assist and rehabilitate licensees who are subject to the jurisdiction of the board and who are found to be physically or mentally impaired by habitual intemperance or the excessive use of addictive drugs, alcohol, or any other drug or substance or by mental illness or chronic physical illness.
- (b) The board shall ensure that a licensee who is required or volunteers to participate in the medical assistance program as a condition of continued licensure or reinstatement of licensure must be allowed to enroll in a qualified medical assistance program within this state and may not require a licensee to enroll in a qualified treatment program outside the state unless the board finds that there is no qualified treatment program in this state.
- (3) (a) The board shall report annually on the number and types of complaints it has received involving physician practices in providing written certification, as defined in 16-12-502, for the use of marijuana for a debilitating medical condition provided for in Title 16, chapter 12, part 5. The report must contain:
  - (i) the number of complaints received by the board pursuant to 37-1-308;
- (ii) the number of complaints for which a reasonable cause determination was made pursuant to 37-1-307;
  - (iii) the general nature of the complaints;
- (iv) the number of investigations conducted into physician practices in providing written certification; and
- (v) the number of physicians disciplined by the board for their practices in providing written certification for the use of marijuana for a debilitating medical condition.
- (b) Except as provided in subsection (3)(c), the report may not contain individual identifying information regarding the physicians about whom the board received complaints.
- (c) For each physician against whom the board takes disciplinary action related to the physician's practices in providing written certification for the use of marijuana for a debilitating medical condition, the report must include:



69th Legislature 2025 SB 518

- (i) the name of the physician;
- (ii) the general results of the investigation of the physician's practices; and
- (iii) the disciplinary action taken against the physician.
- (d) The board shall provide the report to the economic affairs interim committee in accordance with 5-11-210 and shall make a copy of the report available on the board's website.
- (4) The board may enter into agreements with other states for the purposes of mutual recognition of licensing standards and licensing of physicians and emergency care providers from other states under the terms of a mutual recognition agreement."

**Section 5.** Section 39-71-118, MCA, is amended to read:

"39-71-118. Employee, worker, volunteer, volunteer firefighter, and volunteer emergency care provider defined -- election of coverage. (1) As used in this chapter, the term "employee" or "worker" means:

- (a) each person in this state, including a contractor other than an independent contractor, who is in the service of an employer, as defined by 39-71-117, under any appointment or contract of hire, expressed or implied, oral or written. The terms include aliens and minors, whether lawfully or unlawfully employed, and all of the elected and appointed paid public officers and officers and members of boards of directors of quasi-public or private corporations, except those officers identified in 39-71-401(2), while rendering actual service for the corporations for pay. Casual employees, as defined by 39-71-116, are included as employees if they are not otherwise covered by workers' compensation and if an employer has elected to be bound by the provisions of the compensation law for these casual employments, as provided in 39-71-401(2). Household or domestic employment is excluded.
- (b) any juvenile who is performing work under authorization of a district court judge in a delinquency prevention or rehabilitation program;
- (c) a person who is receiving on-the-job vocational rehabilitation training or other on-the-job training under a state or federal vocational training program, whether or not under an appointment or contract of hire with an employer, as defined in 39-71-117, and, except as provided in subsection (7), whether or not receiving payment from a third party. However, this subsection (1)(c) does not apply to students enrolled in vocational training programs, as outlined in this subsection, while they are on the premises of a public school or



community college.

(d) an aircrew member or other person who is employed as a volunteer under 67-2-105;

- (e) a person, other than a juvenile as described in subsection (1)(b), who is performing community service for a nonprofit organization or association or for a federal, state, or local government entity under a court order, or an order from a hearings officer as a result of a probation or parole violation, whether or not under appointment or contract of hire with an employer, as defined in 39-71-117, and whether or not receiving payment from a third party. For a person covered by the definition in this subsection (1)(e):
- (i) compensation benefits must be limited to medical expenses pursuant to 39-71-704 and an impairment award pursuant to 39-71-703 that is based upon the minimum wage established under Title 39, chapter 3, part 4, for a full-time employee at the time of the injury; and
- (ii) premiums must be paid by the employer, as defined in 39-71-117(3), and must be based upon the minimum wage established under Title 39, chapter 3, part 4, for the number of hours of community service required under the order from the court or hearings officer.
- (f) an inmate working in a federally certified prison industries program authorized under 53-30-132;
- (g) a volunteer firefighter as described in 7-33-4109 or a person who provides ambulance services under Title 7, chapter 34, part 1;
- (h) a person placed at a public or private entity's worksite pursuant to 53-4-704. The person is considered an employee for workers' compensation purposes only. The department of public health and human services shall provide workers' compensation coverage for recipients of cash assistance, as defined in 53-4-201, or for participants in the food stamp program, as defined in 53-2-902, who are placed at public or private worksites through an endorsement to the department of public health and human services' workers' compensation policy naming the public or private worksite entities as named insureds under the policy. The endorsement may cover only the entity's public assistance participants and may be only for the duration of each participant's training while receiving cash assistance or while participating in the food stamp program under a written agreement between the department of public health and human services and each public or private entity. The department of public health and human services may not provide workers' compensation coverage for individuals who are covered for workers' compensation purposes by another state or federal employment



training program. Premiums and benefits must be based upon the wage that a probationary employee is paid for work of a similar nature at the assigned worksite.

- (i) subject to subsection (11), a member of a religious corporation, religious organization, or religious trust while performing services for the religious corporation, religious organization, or religious trust, as described in 39-71-117(1)(d); and
- (j) a member of the army national guard or air national guard while performing state military duty as defined in 10-1-1003.
  - (2) The terms defined in subsection (1) do not include a person who is:
- (a) performing voluntary service at a recreational facility and who receives no compensation for those services other than meals, lodging, or the use of the recreational facilities;
- (b) performing services as a volunteer, except for a person who is otherwise entitled to coverage under the laws of this state. As used in this subsection (2)(b), "volunteer" means a person who performs services on behalf of an employer, as defined in 39-71-117, but who does not receive wages as defined in 39-71-123.
- (c) serving as a foster parent, licensed as a foster care provider in accordance with 52-2-621, and providing care without wage compensation to no more than six foster children in the provider's own residence. The person may receive reimbursement for providing room and board, obtaining training, respite care, leisure and recreational activities, and providing for other needs and activities arising in the provision of in-home foster care.
- (d) performing temporary agricultural work for an employer if the person performing the work is otherwise exempt from the requirement to obtain workers' compensation coverage under 39-71-401(2)(r) with respect to a company that primarily performs agricultural work at a fixed business location or under 39-71-401(2)(d) and is not required to obtain an independent contractor's exemption certificate under 39-71-417 because the person does not regularly perform agricultural work away from the person's own fixed business location. For the purposes of this subsection, the term "agricultural" has the meaning provided in 15-1-101(1)(a).
- (3) With the approval of the insurer, an employer may elect to include as an employee under the provisions of this chapter a volunteer as defined in subsection (2)(b) or a volunteer firefighter as defined in 7-



33-4510.

- (4) (a) If the employer is a partnership, limited liability partnership, sole proprietor, or a member-managed limited liability company, the employer may elect to include as an employee within the provisions of this chapter any member of the partnership or limited liability partnership, the owner of the sole proprietorship, or any member of the limited liability company devoting full time to the partnership, limited liability partnership, proprietorship, or limited liability company business.
- (b) In the event of an election, the employer shall serve upon the employer's insurer written notice naming the partners, sole proprietor, or members to be covered and stating the level of compensation coverage desired by electing the amount of wages to be reported, subject to the limitations in subsection (4)(d). A partner, sole proprietor, or member is not considered an employee within this chapter until notice has been given.
- (c) A change in elected wages must be in writing and is effective at the start of the next quarter following notification.
- (d) All weekly compensation benefits must be based on the amount of elected wages, subject to the minimum and maximum limitations of this subsection (4)(d). For premium ratemaking and for the determination of the weekly wage for weekly compensation benefits, the electing employer may elect an amount of not less than \$900 a month and not more than 1 1/2 times the state's average weekly wage.
- (5) (a) If the employer is a quasi-public or a private corporation or a manager-managed limited liability company, the employer may elect to include as an employee within the provisions of this chapter any corporate officer or manager exempted under 39-71-401(2).
- (b) In the event of an election, the employer shall serve upon the employer's insurer written notice naming the corporate officer or manager to be covered and stating the level of compensation coverage desired by electing the amount of wages to be reported, subject to the limitations in subsection (5)(d). A corporate officer or manager is not considered an employee within this chapter until notice has been given.
- (c) A change in elected wages must be in writing and is effective at the start of the next quarter following notification.
- (d) For the purposes of an election under this subsection (5), all weekly compensation benefits must be based on the amount of elected wages, subject to the minimum and maximum limitations of this



subsection (5)(d). For premium ratemaking and for the determination of the weekly wage for weekly compensation benefits, the electing employer may elect an amount of not less than \$200 a week and not more than 1 1/2 times the state's average weekly wage.

- (6) Except as provided in Title 39, chapter 8, an employee or worker in this state whose services are furnished by a person, association, contractor, firm, limited liability company, limited liability partnership, or corporation, other than a temporary service contractor, to an employer, as defined in 39-71-117, is presumed to be under the control and employment of the employer. This presumption may be rebutted as provided in 39-71-117(3).
- (7) (a) A student currently enrolled in an elementary, secondary, or postsecondary educational institution who is participating in work-based learning activities and who is paid wages by the educational institution or business partner is the employee of the entity that pays the student's wages for all purposes under this chapter.
- (b) An elementary or secondary student who is not paid wages by the business partner or the educational institution in which the student is enrolled is a volunteer for whom coverage must be provided. The business partner and the educational institution shall mutually determine and agree in writing whether the business partner or the educational institution shall elect coverage for the student.
  - (8) For purposes of this section, an "employee or worker in this state" means:
- (a) a resident of Montana who is employed by an employer and whose employment duties are primarily carried out or controlled within this state;
- (b) a nonresident of Montana whose principal employment duties are conducted within this state on a regular basis for an employer;
- (c) a nonresident employee of an employer from another state engaged in the construction industry, as defined in 39-71-116, within this state; or
- (d) a nonresident of Montana who does not meet the requirements of subsection (8)(b) and whose employer elects coverage with an insurer that allows an election for an employer whose:
  - (i) nonresident employees are hired in Montana;
  - (ii) nonresident employees' wages are paid in Montana;
  - (iii) nonresident employees are supervised in Montana; and



- (iv) business records are maintained in Montana.
- (9) An insurer may require coverage for all nonresident employees of a Montana employer who do not meet the requirements of subsection (8)(b) or (8)(d) as a condition of approving the election under subsection (8)(d).
- (10) (a) An ambulance service not otherwise covered by subsection (1)(g) or a paid or volunteer nontransporting medical unit, as defined in 50-6-302, in service to a town, city, or county may elect to include as an employee within the provisions of this chapter a volunteer emergency care provider who serves public safety through the ambulance service not otherwise covered by subsection (1)(g) or the paid or volunteer nontransporting medical unit. The ambulance service or nontransporting medical unit may purchase workers' compensation coverage from any entity authorized to provide workers' compensation coverage under plan No. 1, 2, or 3 as provided in this chapter.
- (b) If there is an election under subsection (10)(a), the employer shall report payroll for all volunteer emergency care providers for premium and weekly benefit purposes based on the number of volunteer hours of each emergency care provider, but no more than 60 hours, times the state's average weekly wage divided by 40 hours.
- (c) An ambulance service not otherwise covered by subsection (1)(g) or a paid or volunteer nontransporting medical unit, as defined in 50-6-302, may make a separate election to provide benefits as described in this subsection (10) to a member who is either a self-employed sole proprietor or partner who has elected not to be covered under this chapter, but who is covered as a volunteer emergency care provider pursuant to subsection (10)(a). When injured in the course and scope of employment as a volunteer emergency care provider, a member may instead of the benefits described in subsection (10)(b) be eligible for benefits at an assumed wage of the minimum wage established under Title 39, chapter 3, part 4, for 2,080 hours a year. If the separate election is made as provided in this subsection (10), payroll information for those self-employed sole proprietors or partners must be reported and premiums must be assessed on the assumed weekly wage.
- (d) A volunteer emergency care provider who receives workers' compensation coverage under this section may not receive disability benefits under Title 19, chapter 17, if the individual is also eligible as a volunteer firefighter.
  - (e) An ambulance service not otherwise covered by subsection (1)(g) or a nontransporting medical



69th Legislature 2025 SB 518

unit, as defined in 50-6-302, that does not elect to purchase workers' compensation coverage for its volunteer emergency care providers under the provisions of this section shall annually notify its volunteer emergency care providers that coverage is not provided.

- of medical examiners department as provided in Title 50, chapter 6, part 2, and who serves the public through an ambulance service not otherwise covered by subsection (1)(g) or a paid or volunteer nontransporting medical unit, as defined in 50-6-302, in service to a town, city, or county.
- (ii) The term does not include a volunteer emergency care provider who serves an employer as defined in 7-33-4510.
- (g) The term "volunteer hours" means the time spent by a volunteer emergency care provider in the service of an employer or as a volunteer for a town, city, or county, including but not limited to training time, response time, and time spent at the employer's premises.
- (11) The definition of "employee" or "worker" in subsection (1)(i) is limited to implementing the administrative purposes of this chapter and may not be interpreted or construed to create an employment relationship in any other context."

Section 6. Section 50-6-104, MCA, is amended to read:

"50-6-104. Interdepartmental cooperation required. The department of public health and human services, the board of medical examiners department of labor and industry, and other interested departments or divisions shall develop in writing a mutually agreeable plan of cooperation so that governmental efforts are not duplicated and governmental resources are applied on a reasonable priority basis."

Section 7. Section 50-6-105, MCA, is amended to read:

- "50-6-105. Medical care standards -- review process. (1) The board of medical examiners

  department of labor and industry, in consultation with the department of public health and human services, shall establish patient care standards for:
  - (a) out-of-hospital emergency medical treatment and interfacility transportation; and
  - (b) community-integrated health care.



(2) (a) Complaints involving out-of-hospital care, interfacility care, community-integrated health care, patient care within a health care facility, or the operation of an emergency medical service, as defined in 50-6-302, must be filed with the board and reviewed by a screening panel pursuant to 37-1-307 department of labor and industry pursuant to 37-1-402.

- (b) If a complaint is initially filed with the department of public health and human services, the department it shall refer the complaint to the board for review by a screening panel department of labor and industry.
- (3) (a) When a complaint involves the operation or condition of an emergency medical service, the screening panel shall department of labor and industry shall refer the complaint to the department of public health and human services for investigation as provided in 50-6-323.
- (b) When a complaint involves patient care provided by an emergency care provider, the screening panel shall:
  - (i) refer the complaint to the board for investigation as provided in 37-1-308 and 50-6-203; and
- (ii) forward to the department the complaint and the results of the screening panel's initial review as soon as the review is completed.
- (c) (b) When a complaint involves a combination of patient care and emergency medical service matters, the screening panel department of labor and industry shall refer the complaint to both the department of public health and human services and the board for matters that fall within the its jurisdiction of each entity.
  - (4) For a complaint involving patient care, the board department of labor and industry shall:
- (a) immediately share with the department <u>of public health and human services</u> any information indicating:
  - (i) a potential violation of department of public health and human services rules; or
- (ii) that the existing policies or practices of an emergency medical service may be jeopardizing patient care; and
  - (b) notify the department of public health and human services when:
  - (i) a sanction is imposed on an emergency care provider; or
  - (ii) the complaint is resolved.
  - (5) For a complaint involving an emergency medical service, the department of public health and



\*\*\*\*

69th Legislature 2025 SB 518

## human services shall:

(a) immediately share with the board\_department of labor and industry any information indicating:

- (i) a potential violation of board department of labor and industry rules; or
- (ii) that the practices of an emergency care provider may be jeopardizing patient care; and
- (b) notify the board-department of labor and industry when:
- (i) a sanction is imposed on an emergency medical service; or
- (ii) the complaint is resolved."

Section 8. Section 50-6-201, MCA, is amended to read:

"50-6-201. Legislative findings -- duty of board department of labor and industry. (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 emergency care providers 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-department of labor and industry has a duty to ensure that emergency care providers are properly licensed and provide proper treatment to patients in their care."

Section 9. Section 50-6-202, MCA, is amended to read:

"50-6-202. **Definitions.** As used in this part, the following definitions apply:

(1) "Board" means the Montana state board of medical examiners provided for in 2-15-1731.



69th Legislature 2025 SB 518

(1) "Community-integrated health care" means the provision of out-of-hospital medical services
that an emergency care provider with an endorsement may provide as determined by department of labor and industry rule.

- (2) "Emergency care provider" means a person licensed by the board department of labor and industry, 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.
- (4) "Volunteer emergency care provider" means an individual who is licensed pursuant to this part and provides out-of-hospital, emergency medical, or community-integrated health care, patient care within a health care facility, or interfacility transport:
  - (a) on the days and at the times of the day chosen by the individual; and
  - (b) for an emergency medical service other than:
- (i) a private ambulance company unless the care is provided without compensation and outside of 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."

**Section 10.** Section 50-6-203, MCA, is amended to read:

"50-6-203. Rules. (1) The board department of labor and industry, after consultation with the department of public health and human services and other appropriate departments, associations, and organizations, shall adopt rules of the board-implementing this part, including but not limited to:

- (a) training and licensure of emergency care providers;
- (b) the administration of drugs by emergency care providers; and
- (c) the handling of complaints involving patient care provided by emergency care providers.
- (2) The board-department of labor and industry may, by rule, establish various levels of emergency care provider licensure and shall specify for each level the training requirements, acts allowed, relicensure



69th Legislature 2025 SB 518

requirements, and any other requirements regarding the training, performance, or licensure of that level of emergency care provider that it considers necessary, subject to the provisions of 37-1-138."

## Section 11. Section 50-6-302, MCA, is amended to read:

**"50-6-302. Definitions.** As used in this part, unless the context requires otherwise, the following definitions 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:
- (i) a motor vehicle or aircraft owned by or operated under the direct control of the United States; 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.
- (4) "Community-integrated health care" means the provision of out-of-hospital medical services that an emergency care provider with an endorsement may provide as determined by board department of labor and industry rule.
- (5) "Department" means the department of public health and human services provided for in 2-15-2201.
- (6) "Emergency medical service" means an out-of-hospital health care treatment service or interfacility emergency medical transportation provided by an ambulance or nontransporting medical unit that is 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, 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 other than the United States.
- (13) "Volunteer emergency care provider" means an individual who is licensed pursuant to Title 50, 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:



69th Legislature 2025 SB 518

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

- (b) for an emergency medical service other than:
- (i) a private ambulance company, unless the care is provided without compensation and outside of 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."

## Section 12. Section 50-6-323, MCA, is amended to read:

- **"50-6-323. Powers and duties of department.** (1) The department has general authority to supervise and regulate emergency medical services in Montana.
- (2) Upon referral by a screening panel the department of labor and industry pursuant to 50-6-105, the department shall review and may investigate complaints relating to the operation of any emergency medical service.
  - (3) In investigating a complaint, the department may review:
- (a) the type and condition of equipment and procedures used by an emergency medical service to provide care at the scene during prehospital or interfacility transportation or in other out-of-hospital care settings;
  - (b) the condition of any vehicle or aircraft used as an ambulance;
  - (c) general performance by an emergency medical service; and
- (d) the results of any investigation conducted by the board-department of labor and industry concerning patient care by an emergency care provider who was, at the time of the complaint, providing care through the emergency medical service that is the subject of a complaint under investigation by the department.
- (4) Upon completion of an investigation as provided in subsection (3), the department shall take appropriate action, including sharing information regarding complaints with the board-department of labor and industry as provided in 50-6-105 and initiating any necessary legal proceedings as authorized under this part.
- (5) In order to carry out the provisions of this part, the department shall prescribe and enforce rules for emergency medical services. Rules of the department may include but are not limited to the following:



69th Legislature 2025 SB 518

(a) the classification and identification of specific types and levels of interfacility medical transportation or out-of-hospital treatment services;

- (b) procedures for issuing, denying, renewing, and canceling licenses issued under this part;
- (c) minimum licensing standards for each type and level of service, including requirements for personnel, offline medical direction, online medical direction, maintenance, equipment, reporting, recordkeeping, sanitation, and minimum insurance coverage as determined appropriate by the department; and
- (d) other requirements necessary and appropriate to ensure the quality, safety, and proper operation and administration of emergency medical services.
  - (6) A rule adopted pursuant to this section must comply with Title 2, chapter 4."

Section 13. Section 50-32-603, MCA, is amended to read:

**"50-32-603. Definitions.** As used in this part, the following definitions apply:

- (1) "Administer" means to apply an opioid antagonist to the body of another person by injection, inhalation, ingestion, auto-injector, or another means.
- (2) "Department" means the department of public health and human services provided for in 2-15-2201.
  - (3) "Dispense" or "dispensing" has the meaning provided in 37-7-101.
  - (4) "Distribute" has the meaning provided in 37-7-101.
  - (5) "Eligible recipient" means:
  - (a) a person who is at risk of experiencing an opioid-related drug overdose;
- (b) a family member, friend, or other person who is in a position to assist a person who is at risk of experiencing an opioid-related drug overdose;
  - (c) a first responder or a first responder entity;
  - (d) a harm reduction organization or its representative;
  - (e) the Montana state crime laboratory or its representative;
- (f) a person who, on behalf of or at the direction of a law enforcement agency or officer, may process, store, handle, test, transport, or possess a suspected or confirmed opioid;
  - (g) a probation, parole, or detention officer;



69th Legislature 2025 SB 518

(h) a county or other local public health department or its representative; or

- (i) a veterans' organization or its representative.
- (6) "First responder" means a paid or volunteer firefighter, law enforcement officer, or other authorized person who responds to an emergency in a professional or volunteer capacity. The term does not include an ECP, also known as an emergency care provider, as defined in 37-3-102 50-6-202.
- (7) "Harm reduction organization" means an organization that provides direct assistance and services, including but not limited to counseling, screening, and drug treatment, to persons at risk of experiencing an opioid-related drug overdose.
- (8) "Law enforcement officer" means a person who is a peace officer as defined in 46-1-202 or any other agent of a criminal justice agency as defined in 44-5-103.
  - (9) "Medical practitioner" has the meaning provided in 37-2-101.
- (10) "Opioid antagonist" means a drug that binds to opioid receptors and blocks or inhibits the effects of opioids acting on those receptors. The term includes naloxone hydrochloride and any other similarly acting drug approved by the United States food and drug administration.
- (11) "Opioid-related drug overdose" means an acute condition evidenced by symptoms, including but not limited to physical illness, pinpoint pupils, coma, decreased level of consciousness, or respiratory depression, resulting from the consumption or use of an opioid or another substance with which an opioid is combined.
- (12) "Standing order" means a written document prepared by a medical practitioner that authorizes an eligible recipient to acquire, distribute, or administer medication without a person-specific prescription.
- (13) "State medical officer" means a physician licensed to practice medicine under Title 37, chapter 3, who is employed by the department to, among other things, provide advice and expertise to the department on medical policy and issues of public health importance."

**Section 14.** Section 61-2-502, MCA, is amended to read:

**"61-2-502. Definitions.** As used in this part, the following definitions 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:
- (i) a motor vehicle or aircraft owned by or operated under the direct control of the United States; 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.
  - (4) (3) "Department" means the department of transportation provided for in 2-15-2501.
- (5) (4) "Emergency care provider" means a person licensed by the board pursuant to Title 50, chapter 6, part 2, 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.
- (6) (5) "Emergency medical service" means an out-of-hospital treatment service or interfacility emergency medical transportation provided by an ambulance or nontransporting medical unit.
- (7) (6) (a) "Emergency response vehicle" means a vehicle used for the dedicated purpose of responding to emergency medical calls.
  - (b) The term does not include a vehicle used for an individual's personal purposes.
- (8) (7) "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 of public health and human services rule but may not transport patients.
- (9) (8) (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.



69th Legislature 2025 SB 518

(10) (9) "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 other than the United States.

- (11) (10) "Volunteer emergency care provider" means an individual who is licensed pursuant to Title 50, chapter 6, part 2, and provides out-of-hospital, emergency medical, or community-integrated health care or interfacility transport:
  - (a) on the days and the times of the day chosen by the individual; and
  - (b) for an emergency medical service other than:
- (i) a private ambulance company, unless the care is provided without compensation and outside of 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."

**Section 15. Effective date.** [This act] is effective January 1, 2026.

- END -



I hereby certify that the within bill,	
SB 518, originated in the Senate.	
Secretary of the Senate	
President of the Senate	
Signed this	da
of	, 2025
Speaker of the House	
Signed this	
of	, 2025

## SENATE BILL NO. 518

INTRODUCED BY D. HARVEY, M. LEE, C. SCHOMER, E. TILLEMAN, D. ZOLNIKOV, E. BUTTREY, G. HUNTER, J. KASSMIER, G. LAMMERS, M. THANE, S. DEMAROIS, J. LYNCH

AN ACT REVISING LAWS RELATED TO EMERGENCY CARE PROVIDERS; TRANSFERRING LICENSING OVERSIGHT FOR EMERGENCY CARE PROVIDERS FROM THE BOARD OF MEDICAL EXAMINERS TO THE DEPARTMENT OF LABOR AND INDUSTRY; REVISING THE MEMBERSHIP OF THE BOARD OF MEDICAL EXAMINERS; REVISING LAWS RELATED TO MEDICAL CARE STANDARDS; REVISING DEFINITIONS; DEFINING COMMUNITY-INTEGRATED HEALTH CARE; PROVIDING RULEMAKING AUTHORITY TO THE DEPARTMENT OF LABOR AND INDUSTRY; AMENDING SECTIONS 2-15-1731, 37-1-401, 37-3-102, 37-3-203, 39-71-118, 50-6-104, 50-6-105, 50-6-201, 50-6-202, 50-6-203, 50-6-302, 50-6-323, 50-32-603, AND 61-2-502, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE."