



State by State Community Paramedicine – Mobile Integrated Healthcare (CP-MIH) Status Board

March 2018

NASEMSO CP-MIH COMMITTEE

This Status Board is intended as a resource for state EMS officials and other EMS leaders to better understand the progress and implementation of CP-MIH in states and locales, and to access legislative and regulatory language, and other tools, from those “who have gone before” in the CP-MIH evolution.

It is based on information reported from an in-process NASEMSO 2017 survey of state EMS offices (Black Print) and updates from state offices, information reported in 2015 from a 2014-15 NASEMSO survey of state EMS offices (Red Print), and from NASEMSO staff experience (Green Print). The survey was a product of the CP-MIH Committee and tested in five states before general distribution.

Montana



Activity Reported:	Montana continues to have discussions, but no substantive progress on implementation of CP-MIH have been realized.
Enabling Legislation:	Montana’s legislation does not clearly allow CP. The term ‘emergency’ medical services, etc. in statutes confuses the discussion about how to implement community-based non-emergency or preventative care. After discussions and proposed legislation over two sessions, only legislation to study this over the next two years passed the 2017 session.
Enabling/Facilitating/Regulating Language of Rules/Regulations:	Department of Health statutes are broad enough to allow discussions about the issue. However, legal interpretations about whether EMTs or paramedics can provide CP services are unclear. Most recently, an opinion was expressed the non-emergency care is not under the medical board’s authority and they may not be able to prohibit it, but cannot regulate it either
Medicaid Support Sought:	Without the ability to create defined education, medical oversight and protocols for CP practice, payers such as Medicaid or others are reticent to pay for an unknown practice or defined provider.
3rd Party Payer Support Sought:	
Health Systems Supporting CP Activities:	
State Benchmarking Activity:	
Education/Training Requirement:	
Regional/Statewide Stakeholder Meetings Used to Introduce CP-MIH?	While have had meetings and forums about CP, without statutory clarification, it’s difficult to make substantive steps to implement CP.
Lessons learned?	
Community Gap Analysis/Needs Assessment Requirement:	
Community Gap Analysis/Needs Assessment Resources:	
CP Medical Director Requirement:	
Patient Care Record Requirement:	
EMS Agencies Providing CP:	While the statutory landscape does not define CP, several services are offering CP services which are within scope practice. However, this work is all done voluntarily and without reimbursement.

Documents Available:

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