

# SENATE AMENDMENT NO. \_\_\_\_\_

Offered by \_\_\_\_\_ of \_\_\_\_\_

Amend SS/SCS/House Bill No. 1355, Page 13, Section 84.510, Line 22,

2 of said page, by inserting immediately after said line the  
3 following:

4 "99.848. 1. Notwithstanding subsection 1 of section  
5 ~~[99.847]~~ 99.845, any district or county imposing a property tax  
6 for the purposes of providing emergency services pursuant to  
7 chapter 190 or 321 shall be entitled to reimbursement from the  
8 special allocation fund in the amount of at least fifty percent  
9 ~~[nor]~~ but not more than one hundred percent of the district's tax  
10 increment. This section shall not apply to tax increment  
11 financing projects or districts approved prior to August 28,  
12 2004.

13 2. Beginning August 28, 2018, an ambulance district board  
14 operating under chapter 190, a fire protection district board  
15 operating under chapter 321, or the governing body of a county  
16 operating a 911 center providing emergency or dispatch services  
17 under chapter 190 or chapter 321 shall annually set the  
18 reimbursement rate under subsection 1 of this section prior to  
19 the time the assessment is paid into the special allocation fund.  
20 If the redevelopment plan, area, or project is amended by  
21 ordinance or by other means after August 28, 2018, the ambulance  
22 or fire protection district board or the governing body of a  
23 county operating a 911 center providing emergency or dispatch

1 services under chapter 190 or chapter 321 shall have the right to  
2 recalculate the reimbursement rate under this section.

3 135.090. 1. As used in this section, the following terms  
4 mean:

5 (1) "Homestead", the dwelling in Missouri owned by the  
6 surviving spouse and not exceeding five acres of land surrounding  
7 it as is reasonably necessary for use of the dwelling as a home.  
8 As used in this section, "homestead" shall not include any  
9 dwelling which is occupied by more than two families;

10 (2) "Public safety officer", any firefighter, police  
11 officer, capitol police officer, parole officer, probation  
12 officer, correctional employee, water patrol officer, park  
13 ranger, conservation officer, commercial motor vehicle  
14 enforcement officer, emergency medical technician, emergency  
15 medical responder, as defined in section 190.100, first  
16 responder, or highway patrolman employed by the state of Missouri  
17 or a political subdivision thereof who is killed in the line of  
18 duty, unless the death was the result of the officer's own  
19 misconduct or abuse of alcohol or drugs;

20 (3) "Surviving spouse", a spouse, who has not remarried, of  
21 a public safety officer.

22 2. For all tax years beginning on or after January 1, 2008,  
23 a surviving spouse shall be allowed a credit against the tax  
24 otherwise due under chapter 143, excluding withholding tax  
25 imposed by sections 143.191 to 143.265, in an amount equal to the  
26 total amount of the property taxes on the surviving spouse's  
27 homestead paid during the tax year for which the credit is  
28 claimed. A surviving spouse may claim the credit authorized  
29 under this section for each tax year beginning the year of death

1 of the public safety officer spouse until the tax year in which  
2 the surviving spouse remarries. No credit shall be allowed for  
3 the tax year in which the surviving spouse remarries. If the  
4 amount allowable as a credit exceeds the income tax reduced by  
5 other credits, then the excess shall be considered an overpayment  
6 of the income tax.

7 3. The department of revenue shall promulgate rules to  
8 implement the provisions of this section.

9 4. Any rule or portion of a rule, as that term is defined  
10 in section 536.010, that is created under the authority delegated  
11 in this section shall become effective only if it complies with  
12 and is subject to all of the provisions of chapter 536 and, if  
13 applicable, section 536.028. This section and chapter 536 are  
14 nonseverable and if any of the powers vested with the general  
15 assembly pursuant to chapter 536 to review, to delay the  
16 effective date, or to disapprove and annul a rule are  
17 subsequently held unconstitutional, then the grant of rulemaking  
18 authority and any rule proposed or adopted after August 28, 2007,  
19 shall be invalid and void.

20 5. Pursuant to section 23.253 of the Missouri sunset act:

21 (1) The program authorized under this section shall expire  
22 on December 31, 2019, unless reauthorized by the general  
23 assembly; and

24 (2) This section shall terminate on September first of the  
25 calendar year immediately following the calendar year in which  
26 the program authorized under this section is sunset; and

27 (3) The provisions of this subsection shall not be  
28 construed to limit or in any way impair the department's ability  
29 to redeem tax credits authorized on or before the date the

1 program authorized under this section expires or a taxpayer's  
2 ability to redeem such tax credits.

3 190.094. 1. Any ambulance licensed in this state, when  
4 used as an ambulance and staffed with volunteer staff, shall be  
5 staffed with a minimum of one emergency medical technician and  
6 one other crew member who may be a licensed emergency medical  
7 technician, registered nurse, physician, or someone who has a  
8 **[first]** emergency medical responder certification.

9 2. When transporting a patient, at least one licensed  
10 emergency medical technician, registered nurse, or physician  
11 shall be in attendance with the patient in the patient  
12 compartment at all times.

13 3. For purposes of this section, "volunteer" shall mean an  
14 individual who performs hours of service without promise,  
15 expectation or receipt of compensation for services rendered.  
16 Compensation such as a nominal stipend per call to compensate for  
17 fuel, uniforms, and training shall not nullify the volunteer  
18 status.

19 190.100. As used in sections 190.001 to 190.245, the  
20 following words and terms mean:

21 (1) "Advanced emergency medical technician" or "AEMT", a  
22 person who has successfully completed a course of instruction in  
23 certain aspects of advanced life support care as prescribed by  
24 the department and is licensed by the department in accordance  
25 with sections 190.001 to 190.245 and rules and regulations  
26 adopted by the department pursuant to sections 190.001 to  
27 190.245;

28 (2) "Advanced life support (ALS)", an advanced level of  
29 care as provided to the adult and pediatric patient such as

1 defined by national curricula, and any modifications to that  
2 curricula specified in rules adopted by the department pursuant  
3 to sections 190.001 to 190.245;

4 [(2)] (3) "Ambulance", any privately or publicly owned  
5 vehicle or craft that is specially designed, constructed or  
6 modified, staffed or equipped for, and is intended or used,  
7 maintained or operated for the transportation of persons who are  
8 sick, injured, wounded or otherwise incapacitated or helpless, or  
9 who require the presence of medical equipment being used on such  
10 individuals, but the term does not include any motor vehicle  
11 specially designed, constructed or converted for the regular  
12 transportation of persons who are disabled, handicapped, normally  
13 using a wheelchair, or otherwise not acutely ill, or emergency  
14 vehicles used within airports;

15 [(3)] (4) "Ambulance service", a person or entity that  
16 provides emergency or nonemergency ambulance transportation and  
17 services, or both, in compliance with sections 190.001 to  
18 190.245, and the rules promulgated by the department pursuant to  
19 sections 190.001 to 190.245;

20 [(4)] (5) "Ambulance service area", a specific geographic  
21 area in which an ambulance service has been authorized to  
22 operate;

23 [(5)] (6) "Basic life support (BLS)", a basic level of  
24 care, as provided to the adult and pediatric patient as defined  
25 by national curricula, and any modifications to that curricula  
26 specified in rules adopted by the department pursuant to sections  
27 190.001 to 190.245;

28 [(6)] (7) "Council", the state advisory council on  
29 emergency medical services;

1            [(7)] (8) "Department", the department of health and  
2 senior services, state of Missouri;

3            [(8)] (9) "Director", the director of the department of  
4 health and senior services or the director's duly authorized  
5 representative;

6            [(9)] (10) "Dispatch agency", any person or organization  
7 that receives requests for emergency medical services from the  
8 public, by telephone or other means, and is responsible for  
9 dispatching emergency medical services;

10           [(10)] (11) "Emergency", the sudden and, at the time,  
11 unexpected onset of a health condition that manifests itself by  
12 symptoms of sufficient severity that would lead a prudent  
13 layperson, possessing an average knowledge of health and  
14 medicine, to believe that the absence of immediate medical care  
15 could result in:

16           (a) Placing the person's health, or with respect to a  
17 pregnant woman, the health of the woman or her unborn child, in  
18 significant jeopardy;

19           (b) Serious impairment to a bodily function;

20           (c) Serious dysfunction of any bodily organ or part;

21           (d) Inadequately controlled pain;

22           [(11)] (12) "Emergency medical dispatcher", a person who  
23 receives emergency calls from the public and has successfully  
24 completed an emergency medical dispatcher course, meeting or  
25 exceeding the national curriculum of the United States Department  
26 of Transportation and any modifications to such curricula  
27 specified by the department through rules adopted pursuant to  
28 sections 190.001 to 190.245;

29           (13) "Emergency medical responder", a person who has

1 successfully completed an emergency first response course meeting  
2 or exceeding the national curriculum of the U.S. Department of  
3 Transportation and any modifications to such curricula specified  
4 by the department through rules adopted under sections 190.001 to  
5 190.245 and who provides emergency medical care through  
6 employment by or in association with an emergency medical  
7 response agency;

8 [(12)] (14) "Emergency medical response agency", any  
9 person that regularly provides a level of care that includes  
10 first response, basic life support or advanced life support,  
11 exclusive of patient transportation;

12 [(13)] (15) "Emergency medical services for children  
13 (EMS-C) system", the arrangement of personnel, facilities and  
14 equipment for effective and coordinated delivery of pediatric  
15 emergency medical services required in prevention and management  
16 of incidents which occur as a result of a medical emergency or of  
17 an injury event, natural disaster or similar situation;

18 [(14)] (16) "Emergency medical services (EMS) system", the  
19 arrangement of personnel, facilities and equipment for the  
20 effective and coordinated delivery of emergency medical services  
21 required in prevention and management of incidents occurring as a  
22 result of an illness, injury, natural disaster or similar  
23 situation;

24 [(15)] (17) "Emergency medical technician", a person  
25 licensed in emergency medical care in accordance with standards  
26 prescribed by sections 190.001 to 190.245, and by rules adopted  
27 by the department pursuant to sections 190.001 to 190.245;

28 [(16)] (18) "Emergency medical technician-basic" or  
29 "EMT-B", a person who has successfully completed a course of

1 instruction in basic life support as prescribed by the department  
2 and is licensed by the department in accordance with standards  
3 prescribed by sections 190.001 to 190.245 and rules adopted by  
4 the department pursuant to sections 190.001 to 190.245;

5 [(17)] (19) "Emergency medical technician-community  
6 paramedic", "community paramedic", or "EMT-CP", a person who is  
7 certified as an emergency medical technician-paramedic and is  
8 certified by the department in accordance with standards  
9 prescribed in section 190.098;

10 [(18) "Emergency medical technician-intermediate" or  
11 "EMT-I", a person who has successfully completed a course of  
12 instruction in certain aspects of advanced life support care as  
13 prescribed by the department and is licensed by the department in  
14 accordance with sections 190.001 to 190.245 and rules and  
15 regulations adopted by the department pursuant to sections  
16 190.001 to 190.245;]

17 [(19)] (20) "Emergency medical technician-paramedic" or  
18 "EMT-P", a person who has successfully completed a course of  
19 instruction in advanced life support care as prescribed by the  
20 department and is licensed by the department in accordance with  
21 sections 190.001 to 190.245 and rules adopted by the department  
22 pursuant to sections 190.001 to 190.245;

23 [(20)] (21) "Emergency services", health care items and  
24 services furnished or required to screen and stabilize an  
25 emergency which may include, but shall not be limited to, health  
26 care services that are provided in a licensed hospital's  
27 emergency facility by an appropriate provider or by an ambulance  
28 service or emergency medical response agency;

29 [(21) "First responder", a person who has successfully



1 completed an emergency first response course meeting or exceeding  
2 the national curriculum of the United States Department of  
3 Transportation and any modifications to such curricula specified  
4 by the department through rules adopted pursuant to sections  
5 190.001 to 190.245 and who provides emergency medical care  
6 through employment by or in association with an emergency medical  
7 response agency;]

8 (22) "Health care facility", a hospital, nursing home,  
9 physician's office or other fixed location at which medical and  
10 health care services are performed;

11 (23) "Hospital", an establishment as defined in the  
12 hospital licensing law, subsection 2 of section 197.020, or a  
13 hospital operated by the state;

14 (24) "Medical control", supervision provided by or under  
15 the direction of physicians [to providers by written or verbal  
16 communications], or their designated registered nurse, including  
17 both online medical control, instructions by radio, telephone, or  
18 other means of direct communications, and offline medical control  
19 through supervision by treatment protocols, case review,  
20 training, and standing orders for treatment;

21 (25) "Medical direction", medical guidance and supervision  
22 provided by a physician to an emergency services provider or  
23 emergency medical services system;

24 (26) "Medical director", a physician licensed pursuant to  
25 chapter 334 designated by the ambulance service or emergency  
26 medical response agency and who meets criteria specified by the  
27 department by rules pursuant to sections 190.001 to 190.245;

28 (27) "Memorandum of understanding", an agreement between an  
29 emergency medical response agency or dispatch agency and an

1 ambulance service or services within whose territory the agency  
2 operates, in order to coordinate emergency medical services;

3 (28) "Patient", an individual who is sick, injured,  
4 wounded, diseased, or otherwise incapacitated or helpless, or  
5 dead, excluding deceased individuals being transported from or  
6 between private or public institutions, homes or cemeteries, and  
7 individuals declared dead prior to the time an ambulance is  
8 called for assistance;

9 (29) "Person", as used in these definitions and elsewhere  
10 in sections 190.001 to 190.245, any individual, firm,  
11 partnership, copartnership, joint venture, association,  
12 cooperative organization, corporation, municipal or private, and  
13 whether organized for profit or not, state, county, political  
14 subdivision, state department, commission, board, bureau or  
15 fraternal organization, estate, public trust, business or common  
16 law trust, receiver, assignee for the benefit of creditors,  
17 trustee or trustee in bankruptcy, or any other service user or  
18 provider;

19 (30) "Physician", a person licensed as a physician pursuant  
20 to chapter 334;

21 (31) "Political subdivision", any municipality, city,  
22 county, city not within a county, ambulance district or fire  
23 protection district located in this state which provides or has  
24 authority to provide ambulance service;

25 (32) "Professional organization", any organized group or  
26 association with an ongoing interest regarding emergency medical  
27 services. Such groups and associations could include those  
28 representing volunteers, labor, management, firefighters,  
29 EMT-B's, nurses, EMT-P's, physicians, communications specialists

1 and instructors. Organizations could also represent the  
2 interests of ground ambulance services, air ambulance services,  
3 fire service organizations, law enforcement, hospitals, trauma  
4 centers, communication centers, pediatric services, labor unions  
5 and poison control services;

6 (33) "Proof of financial responsibility", proof of ability  
7 to respond to damages for liability, on account of accidents  
8 occurring subsequent to the effective date of such proof, arising  
9 out of the ownership, maintenance or use of a motor vehicle in  
10 the financial amount set in rules promulgated by the department,  
11 but in no event less than the statutory minimum required for  
12 motor vehicles. Proof of financial responsibility shall be used  
13 as proof of self-insurance;

14 (34) "Protocol", a predetermined, written medical care  
15 guideline, which may include standing orders;

16 (35) "Regional EMS advisory committee", a committee formed  
17 within an emergency medical services (EMS) region to advise  
18 ambulance services, the state advisory council on EMS and the  
19 department;

20 (36) "Specialty care transportation", the transportation of  
21 a patient requiring the services of an emergency medical  
22 technician-paramedic who has received additional training beyond  
23 the training prescribed by the department. Specialty care  
24 transportation services shall be defined in writing in the  
25 appropriate local protocols for ground and air ambulance services  
26 and approved by the local physician medical director. The  
27 protocols shall be maintained by the local ambulance service and  
28 shall define the additional training required of the emergency  
29 medical technician-paramedic;

1           (37) "Stabilize", with respect to an emergency, the  
2 provision of such medical treatment as may be necessary to  
3 attempt to assure within reasonable medical probability that no  
4 material deterioration of an individual's medical condition is  
5 likely to result from or occur during ambulance transportation  
6 unless the likely benefits of such transportation outweigh the  
7 risks;

8           (38) "State advisory council on emergency medical  
9 services", a committee formed to advise the department on policy  
10 affecting emergency medical service throughout the state;

11           (39) "State EMS medical directors advisory committee", a  
12 subcommittee of the state advisory council on emergency medical  
13 services formed to advise the state advisory council on emergency  
14 medical services and the department on medical issues;

15           (40) "STEMI" or "ST-elevation myocardial infarction", a  
16 type of heart attack in which impaired blood flow to the  
17 patient's heart muscle is evidenced by ST-segment elevation in  
18 electrocardiogram analysis, and as further defined in rules  
19 promulgated by the department under sections 190.001 to 190.250;

20           (41) "STEMI care", includes education and prevention,  
21 emergency transport, triage, and acute care and rehabilitative  
22 services for STEMI that requires immediate medical or surgical  
23 intervention or treatment;

24           (42) "STEMI center", a hospital that is currently  
25 designated as such by the department to care for patients with  
26 ST-segment elevation myocardial infarctions;

27           (43) "Stroke", a condition of impaired blood flow to a  
28 patient's brain as defined by the department;

29           (44) "Stroke care", includes emergency transport, triage,

1 and acute intervention and other acute care services for stroke  
2 that potentially require immediate medical or surgical  
3 intervention or treatment, and may include education, primary  
4 prevention, acute intervention, acute and subacute management,  
5 prevention of complications, secondary stroke prevention, and  
6 rehabilitative services;

7 (45) "Stroke center", a hospital that is currently  
8 designated as such by the department;

9 (46) "Trauma", an injury to human tissues and organs  
10 resulting from the transfer of energy from the environment;

11 (47) "Trauma care" includes injury prevention, triage,  
12 acute care and rehabilitative services for major single system or  
13 multisystem injuries that potentially require immediate medical  
14 or surgical intervention or treatment;

15 (48) "Trauma center", a hospital that is currently  
16 designated as such by the department.

17 190.103. 1. One physician with expertise in emergency  
18 medical services from each of the EMS regions shall be elected by  
19 that region's EMS medical directors to serve as a regional EMS  
20 medical director. The regional EMS medical directors shall  
21 constitute the state EMS medical director's advisory committee  
22 and shall advise the department and their region's ambulance  
23 services on matters relating to medical control and medical  
24 direction in accordance with sections 190.001 to 190.245 and  
25 rules adopted by the department pursuant to sections 190.001 to  
26 190.245. The regional EMS medical director shall serve a term of  
27 four years. The southwest, northwest, and Kansas City regional  
28 EMS medical directors shall be elected to an initial two-year  
29 term. The central, east central, and southeast regional EMS

1 medical directors shall be elected to an initial four-year term.  
2 All subsequent terms following the initial terms shall be four  
3 years. The state EMS medical director shall be the chair of the  
4 state EMS medical director's advisory committee, and shall be  
5 elected by the members of the regional EMS medical director's  
6 advisory committee, shall serve a term of four years, and shall  
7 seek to coordinate EMS services between the EMS regions, promote  
8 educational efforts for agency medical directors, represent  
9 Missouri EMS nationally in the role of the state EMS medical  
10 director, and seek to incorporate the EMS system into the health  
11 care system serving Missouri.

12 2. A medical director is required for all ambulance  
13 services and emergency medical response agencies that provide:  
14 advanced life support services; basic life support services  
15 utilizing medications or providing assistance with patients'  
16 medications; or basic life support services performing invasive  
17 procedures including invasive airway procedures. The medical  
18 director shall provide medical direction to these services and  
19 agencies in these instances.

20 3. The medical director, in cooperation with the ambulance  
21 service or emergency medical response agency administrator, shall  
22 have the responsibility and the authority to ensure that the  
23 personnel working under their supervision are able to provide  
24 care meeting established standards of care with consideration for  
25 state and national standards as well as local area needs and  
26 resources. The medical director, in cooperation with the  
27 ambulance service or emergency medical response agency  
28 administrator, shall establish and develop triage, treatment and  
29 transport protocols, which may include authorization for standing

1 orders. Emergency medical technicians shall only perform those  
2 medical procedures as directed by treatment protocols approved by  
3 the local medical director or when authorized through direct  
4 communication with online medical control.

5 4. All ambulance services and emergency medical response  
6 agencies that are required to have a medical director shall  
7 establish an agreement between the service or agency and their  
8 medical director. The agreement will include the roles,  
9 responsibilities and authority of the medical director beyond  
10 what is granted in accordance with sections 190.001 to 190.245  
11 and rules adopted by the department pursuant to sections 190.001  
12 to 190.245. The agreement shall also include grievance  
13 procedures regarding the emergency medical response agency or  
14 ambulance service, personnel and the medical director.

15 5. Regional EMS medical directors and the state EMS medical  
16 director elected as provided under subsection 1 of this section  
17 shall be considered public officials for purposes of sovereign  
18 immunity, official immunity, and the Missouri public duty  
19 doctrine defenses.

20 6. The state EMS medical director's advisory committee  
21 shall be considered a peer review committee under section  
22 537.035.

23 7. Regional EMS medical directors may act to provide online  
24 telecommunication medical direction to AEMTs, EMT-Bs, [EMT-Is,]  
25 EMT-Ps, and community paramedics and provide offline medical  
26 direction per standardized treatment, triage, and transport  
27 protocols when EMS personnel, including AEMTs, EMT-Bs, [EMT-Is,]  
28 EMT-Ps, and community paramedics, are providing care to special  
29 needs patients or at the request of a local EMS agency or medical

1 director.

2 8. When developing treatment protocols for special needs  
3 patients, regional EMS medical directors may promulgate such  
4 protocols on a regional basis across multiple political  
5 subdivisions' jurisdictional boundaries, and such protocols may  
6 be used by multiple agencies including, but not limited to,  
7 ambulance services, emergency response agencies, and public  
8 health departments. Treatment protocols shall include steps to  
9 ensure the receiving hospital is informed of the pending arrival  
10 of the special needs patient, the condition of the patient, and  
11 the treatment instituted.

12 9. Multiple EMS agencies including, but not limited to,  
13 ambulance services, emergency response agencies, and public  
14 health departments shall take necessary steps to follow the  
15 regional EMS protocols established as provided under subsection 8  
16 of this section in cases of mass casualty or state-declared  
17 disaster incidents.

18 10. When regional EMS medical directors develop and  
19 implement treatment protocols for patients or provide online  
20 medical direction for patients, such activity shall not be  
21 construed as having usurped local medical direction authority in  
22 any manner.

23 11. Notwithstanding any other provision of law to the  
24 contrary, when regional EMS medical directors are providing  
25 either online telecommunication medical direction to AEMTs,  
26 EMT-Bs, [EMT-Is,] EMT-Ps, and community paramedics, or offline  
27 medical direction per standardized EMS treatment, triage, and  
28 transport protocols for patients, those medical directions or  
29 treatment protocols may include the administration of the



1 patient's own prescription medications.

2 190.105. 1. No person, either as owner, agent or  
3 otherwise, shall furnish, operate, conduct, maintain, advertise,  
4 or otherwise be engaged in or profess to be engaged in the  
5 business or service of the transportation of patients by  
6 ambulance in the air, upon the streets, alleys, or any public way  
7 or place of the state of Missouri unless such person holds a  
8 currently valid license from the department for an ambulance  
9 service issued pursuant to the provisions of sections 190.001 to  
10 190.245.

11 2. No ground ambulance shall be operated for ambulance  
12 purposes, and no individual shall drive, attend or permit it to  
13 be operated for such purposes in the state of Missouri unless the  
14 ground ambulance is under the immediate supervision and direction  
15 of a person who is holding a currently valid Missouri license as  
16 an emergency medical technician. Nothing in this section shall  
17 be construed to mean that a duly registered nurse or a duly  
18 licensed physician be required to hold an emergency medical  
19 technician's license. Each ambulance service is responsible for  
20 assuring that any person driving its ambulance is competent in  
21 emergency vehicle operations and has a safe driving record. Each  
22 ground ambulance shall be staffed with at least two licensed  
23 individuals when transporting a patient, except as provided in  
24 section 190.094. In emergency situations which require  
25 additional medical personnel to assist the patient during  
26 transportation, [a first] an emergency medical responder,  
27 firefighter, or law enforcement personnel with a valid driver's  
28 license and prior experience with driving emergency vehicles may  
29 drive the ground ambulance provided the ground ambulance service

1 stipulates to this practice in operational policies.

2 3. No license shall be required for an ambulance service,  
3 or for the attendant of an ambulance, which:

4 (1) Is rendering assistance in the case of an emergency,  
5 major catastrophe or any other unforeseen event or series of  
6 events which jeopardizes the ability of the local ambulance  
7 service to promptly respond to emergencies; or

8 (2) Is operated from a location or headquarters outside of  
9 Missouri in order to transport patients who are picked up beyond  
10 the limits of Missouri to locations within or outside of  
11 Missouri, but no such outside ambulance shall be used to pick up  
12 patients within Missouri for transportation to locations within  
13 Missouri, except as provided in subdivision (1) of this  
14 subsection.

15 4. The issuance of a license pursuant to the provisions of  
16 sections 190.001 to 190.245 shall not be construed so as to  
17 authorize any person to provide ambulance services or to operate  
18 any ambulances without a franchise in any city not within a  
19 county or in a political subdivision in any county with a  
20 population of over nine hundred thousand inhabitants, or a  
21 franchise, contract or mutual-aid agreement in any other  
22 political subdivision which has enacted an ordinance making it  
23 unlawful to do so.

24 5. Sections 190.001 to 190.245 shall not preclude the  
25 adoption of any law, ordinance or regulation not in conflict with  
26 such sections by any city not within a county, or at least as  
27 strict as such sections by any county, municipality or political  
28 subdivision except that no such regulations or ordinances shall  
29 be adopted by a political subdivision in a county with a

1 population of over nine hundred thousand inhabitants except by  
2 the county's governing body.

3 6. In a county with a population of over nine hundred  
4 thousand inhabitants, the governing body of the county shall set  
5 the standards for all ambulance services which shall comply with  
6 subsection 5 of this section. All such ambulance services must  
7 be licensed by the department. The governing body of such county  
8 shall not prohibit a licensed ambulance service from operating in  
9 the county, as long as the ambulance service meets county  
10 standards.

11 7. An ambulance service or vehicle when operated for the  
12 purpose of transporting persons who are sick, injured, or  
13 otherwise incapacitated shall not be treated as a common or  
14 contract carrier under the jurisdiction of the Missouri division  
15 of motor carrier and railroad safety.

16 8. Sections 190.001 to 190.245 shall not apply to, nor be  
17 construed to include, any motor vehicle used by an employer for  
18 the transportation of such employer's employees whose illness or  
19 injury occurs on private property, and not on a public highway or  
20 property, nor to any person operating such a motor vehicle.

21 9. A political subdivision that is authorized to operate a  
22 licensed ambulance service may establish, operate, maintain and  
23 manage its ambulance service, and select and contract with a  
24 licensed ambulance service. Any political subdivision may  
25 contract with a licensed ambulance service.

26 10. Except as provided in subsections 5 and 6, nothing in  
27 section 67.300, or subsection 2 of section 190.109, shall be  
28 construed to authorize any municipality or county which is  
29 located within an ambulance district or a fire protection

1 district that is authorized to provide ambulance service to  
2 promulgate laws, ordinances or regulations related to the  
3 provision of ambulance services. This provision shall not apply  
4 to any municipality or county which operates an ambulance service  
5 established prior to August 28, 1998.

6 11. Nothing in section 67.300 or subsection 2 of section  
7 190.109 shall be construed to authorize any municipality or  
8 county which is located within an ambulance district or a fire  
9 protection district that is authorized to provide ambulance  
10 service to operate an ambulance service without a franchise in an  
11 ambulance district or a fire protection district that is  
12 authorized to provide ambulance service which has enacted an  
13 ordinance making it unlawful to do so. This provision shall not  
14 apply to any municipality or county which operates an ambulance  
15 service established prior to August 28, 1998.

16 12. No provider of ambulance service within the state of  
17 Missouri which is licensed by the department to provide such  
18 service shall discriminate regarding treatment or transportation  
19 of emergency patients on the basis of race, sex, age, color,  
20 religion, sexual preference, national origin, ancestry, handicap,  
21 medical condition or ability to pay.

22 13. No provision of this section, other than subsections 5,  
23 6, 10 and 11 of this section, is intended to limit or supersede  
24 the powers given to ambulance districts pursuant to this chapter  
25 or to fire protection districts pursuant to chapter 321, or to  
26 counties, cities, towns and villages pursuant to chapter 67.

27 14. Upon the sale or transfer of any ground ambulance  
28 service ownership, the owner of such service shall notify the  
29 department of the change in ownership within thirty days of such

1 sale or transfer. After receipt of such notice, the department  
2 shall conduct an inspection of the ambulance service to verify  
3 compliance with the licensure standards of sections 190.001 to  
4 190.245.

5 190.131. 1. The department shall accredit or certify  
6 training entities for [first] emergency medical responders,  
7 emergency medical dispatchers, and emergency medical  
8 [technicians-basic, emergency medical technicians-intermediate,  
9 and emergency medical technicians-paramedic] technicians, for a  
10 period of five years, if the applicant meets the requirements  
11 established pursuant to sections 190.001 to 190.245.

12 2. Such rules promulgated by the department shall set forth  
13 the minimum requirements for entrance criteria, training program  
14 curricula, instructors, facilities, equipment, medical oversight,  
15 record keeping, and reporting.

16 3. Application for training entity accreditation or  
17 certification shall be made upon such forms as prescribed by the  
18 department in rules adopted pursuant to sections 190.001 to  
19 190.245. The application form shall contain such information as  
20 the department deems reasonably necessary to make a determination  
21 as to whether the training entity meets all requirements of  
22 sections 190.001 to 190.245 and rules promulgated pursuant to  
23 sections 190.001 to 190.245.

24 4. Upon receipt of such application for training entity  
25 accreditation or certification, the department shall determine  
26 whether the training entity, its instructors, facilities,  
27 equipment, curricula and medical oversight meet the requirements  
28 of sections 190.001 to 190.245 and rules promulgated pursuant to  
29 sections 190.001 to 190.245.

1           5. Upon finding these requirements satisfied, the  
2 department shall issue a training entity accreditation or  
3 certification in accordance with rules promulgated by the  
4 department pursuant to sections 190.001 to 190.245.

5           6. Subsequent to the issuance of a training entity  
6 accreditation or certification, the department shall cause a  
7 periodic review of the training entity to assure continued  
8 compliance with the requirements of sections 190.001 to 190.245  
9 and all rules promulgated pursuant to sections 190.001 to  
10 190.245.

11           7. No person or entity shall hold itself out or provide  
12 training required by this section without accreditation or  
13 certification by the department.

14           190.142. 1. (1) For applications submitted before the  
15 recognition of EMS personnel licensure interstate compact under  
16 sections 190.900 to 190.939 takes effect, the department shall,  
17 within a reasonable time after receipt of an application, cause  
18 such investigation as it deems necessary to be made of the  
19 applicant for an emergency medical technician's license.

20           (2) For applications submitted after the recognition of EMS  
21 personnel licensure interstate compact under sections 190.900 to  
22 190.939 takes effect, an applicant for initial licensure as an  
23 emergency medical technician in this state shall submit to a  
24 background check by the Missouri state highway patrol and the  
25 Federal Bureau of Investigation through a process approved by the  
26 department of health and senior services. Such processes may  
27 include the use of vendors or systems administered by the  
28 Missouri state highway patrol. The department may share the  
29 results of such a criminal background check with any emergency

1 services licensing agency in any member state, as that term is  
2 defined under section 190.900, of the recognition of EMS  
3 personnel licensure interstate compact. The department shall not  
4 issue a license until the department receives the results of an  
5 applicant's criminal background check from the Missouri state  
6 highway patrol and the Federal Bureau of Investigation, but,  
7 notwithstanding this subsection, the department may issue a  
8 temporary license as provided under section 190.143. Any fees  
9 due for a criminal background check shall be paid by the  
10 applicant.

11 (3) The director may authorize investigations into criminal  
12 records in other states for any applicant.

13 2. The department shall issue a license to all levels of  
14 emergency medical technicians, for a period of five years, if the  
15 applicant meets the requirements established pursuant to sections  
16 190.001 to 190.245 and the rules adopted by the department  
17 pursuant to sections 190.001 to 190.245. The department may  
18 promulgate rules relating to the requirements for an emergency  
19 medical technician including but not limited to:

20 (1) Age requirements;

21 (2) Emergency medical technician and paramedic education  
22 and training requirements based on respective [national curricula  
23 of the United States Department of Transportation] National  
24 Emergency Medical Services Education Standards and any  
25 modification to such curricula specified by the department  
26 through rules adopted pursuant to sections 190.001 to 190.245;

27 (3) Paramedic accreditation requirements. Paramedic  
28 training programs shall be accredited by the Commission on  
29 Accreditation of Allied Health Education Program (CAAHEP) or hold

1 a CAAHEP letter of review;

2 (4) Initial licensure testing requirements. Initial EMT-P  
3 licensure testing shall be through the national registry of EMTs  
4 [or examinations developed and administered by the department of  
5 health and senior services];

6 [(4)] (5) Continuing education and relicensure  
7 requirements; and

8 [(5)] (6) Ability to speak, read and write the English  
9 language.

10 3. Application for all levels of emergency medical  
11 technician license shall be made upon such forms as prescribed by  
12 the department in rules adopted pursuant to sections 190.001 to  
13 190.245. The application form shall contain such information as  
14 the department deems necessary to make a determination as to  
15 whether the emergency medical technician meets all the  
16 requirements of sections 190.001 to 190.245 and rules promulgated  
17 pursuant to sections 190.001 to 190.245.

18 4. All levels of emergency medical technicians may perform  
19 only that patient care which is:

20 (1) Consistent with the training, education and experience  
21 of the particular emergency medical technician; and

22 (2) Ordered by a physician or set forth in protocols  
23 approved by the medical director.

24 5. No person shall hold themselves out as an emergency  
25 medical technician or provide the services of an emergency  
26 medical technician unless such person is licensed by the  
27 department.

28 6. Any rule or portion of a rule, as that term is defined  
29 in section 536.010, that is created under the authority delegated



1 in this section shall become effective only if it complies with  
2 and is subject to all of the provisions of chapter 536 and, if  
3 applicable, section 536.028. This section and chapter 536 are  
4 nonseverable and if any of the powers vested with the general  
5 assembly pursuant to chapter 536 to review, to delay the  
6 effective date, or to disapprove and annul a rule are  
7 subsequently held unconstitutional, then the grant of rulemaking  
8 authority and any rule proposed or adopted after August 28, 2002,  
9 shall be invalid and void.

10 190.143. 1. Notwithstanding any other provisions of law,  
11 the department may grant a ninety-day temporary emergency medical  
12 technician license to all levels of emergency medical technicians  
13 who meet the following:

14 (1) Can demonstrate that they have, or will have,  
15 employment requiring an emergency medical technician license;

16 (2) Are not currently licensed as an emergency medical  
17 technician in Missouri or have been licensed as an emergency  
18 medical technician in Missouri and fingerprints need to be  
19 submitted to the Federal Bureau of Investigation to verify the  
20 existence or absence of a criminal history, or they are currently  
21 licensed and the license will expire before a verification can be  
22 completed of the existence or absence of a criminal history;

23 (3) Have submitted a complete application upon such forms  
24 as prescribed by the department in rules adopted pursuant to  
25 sections 190.001 to 190.245;

26 (4) Have not been disciplined pursuant to sections 190.001  
27 to 190.245 and rules promulgated pursuant to sections 190.001 to  
28 190.245;

29 (5) Meet all the requirements of rules promulgated pursuant

1 to sections 190.001 to 190.245.

2 2. A temporary emergency medical technician license shall  
3 only authorize the license to practice while under the immediate  
4 supervision of a licensed emergency medical [technician-basic,  
5 emergency medical technician-intermediate, emergency medical  
6 technician-paramedic] technician, registered nurse, or physician  
7 who is currently licensed, without restrictions, to practice in  
8 Missouri.

9 3. A temporary emergency medical technician license shall  
10 automatically expire either ninety days from the date of issuance  
11 or upon the issuance of a five-year emergency medical technician  
12 license.

13 190.147. 1. Emergency medical technician paramedics (EMT-  
14 Ps):

15 (1) Who have completed a standard crisis intervention  
16 training course as endorsed and developed by the state EMS  
17 medical director's advisory committee;

18 (2) Who have been authorized by their ground or air  
19 ambulance service's administration and medical director under  
20 subsection 3 of section 190.103; and

21 (3) Whose ground or air ambulance service has developed and  
22 adopted standardized triage, treatment, and transport protocols  
23 under subsection 3 of section 190.103, which address the  
24 challenge of treating and transporting behavioral health patients  
25 who present a likelihood of serious harm to themselves or others  
26 as the term "likelihood of serious harm" is defined under section  
27 632.005 or who are significantly incapacitated by alcohol or  
28 drugs; provided, that such protocols shall be reviewed and  
29 approved by the state EMS medical director's advisory committee

1 and that such protocols shall direct the EMT-P regarding the  
2 proper use of patient restraint and coordination with area law  
3 enforcement. Patient restraint protocols shall be based upon  
4 current applicable national guidelines;  
5 may make a good faith determination that such patients shall be  
6 placed into a temporary hold for the sole purposes of transport  
7 to the nearest appropriate facility; provided, that such  
8 determination shall be made in cooperation with at least one  
9 other EMT-P or other medical professional involved in the  
10 transport. Once in a temporary hold, the patient shall be  
11 treated with humane care in a manner that preserves human  
12 dignity, consistent with applicable federal regulations and  
13 nationally-recognized guidelines regarding the appropriate use of  
14 temporary holds and restraints in medical transport.

15 2. In any instance in which a good faith determination for  
16 a temporary hold of a patient has been made, such hold shall be  
17 made in a clinically appropriate and adequately justified manner,  
18 and shall be documented and attested to in writing. The writing  
19 shall be retained by the ambulance service and included as part  
20 of the patient's medical file.

21 3. EMT-Ps who have made a good faith decision for a  
22 temporary hold of a patient as authorized by this section shall  
23 no longer have to rely on the common law doctrine of implied  
24 consent and therefore shall not be civilly liable for a good  
25 faith determination made in accordance with this section and  
26 shall not have waived any sovereign immunity defense, official  
27 immunity defense, or Missouri public duty doctrine defense if  
28 employed at the time of the good faith determination by a  
29 government employer.

1           4. Any ground or air ambulance service that adopts the  
2 authority and protocols provided for by this section shall have a  
3 memorandum of understanding with applicable local law enforcement  
4 agencies in order to achieve a collaborative and coordinated  
5 response to patients displaying symptoms of either a likelihood  
6 of serious harm to themselves or others or significant  
7 incapacitation by alcohol or drugs, which require a crisis  
8 intervention response. The memorandum of understanding shall  
9 include, but not be limited to, the following:

10           (1) Administrative oversight, including coordination  
11 between ambulance services and law enforcement agencies;

12           (2) Patient restraint techniques and coordination of agency  
13 responses to situations in which patient restraint may be  
14 required;

15           (3) Field interaction between paramedics and law  
16 enforcement, including patient destination and transportation;  
17 and

18           (4) Coordination of program quality assurance.

19           5. The physical restraint of a patient by an emergency  
20 medical technician under the authority of this section shall be  
21 permitted only in order to provide for the safety of bystanders,  
22 the patient, or emergency personnel due to an imminent or  
23 immediate danger, or upon approval by local medical control  
24 through direct communications. Restraint shall also be permitted  
25 through cooperation with on-scene law enforcement officers. All  
26 incidents involving patient restraint used under the authority of  
27 this section shall be reviewed by the ambulance service physician  
28 medical director.

29           190.165. 1. The department may refuse to issue or deny

1 renewal of any certificate, permit or license required pursuant  
2 to sections 190.100 to 190.245 for failure to comply with the  
3 provisions of sections 190.100 to 190.245 or any lawful  
4 regulations promulgated by the department to implement its  
5 provisions as described in subsection 2 of this section. The  
6 department shall notify the applicant in writing of the reasons  
7 for the refusal and shall advise the applicant of his or her  
8 right to file a complaint with the administrative hearing  
9 commission as provided by chapter 621.

10 2. The department may cause a complaint to be filed with  
11 the administrative hearing commission as provided by chapter 621  
12 against any holder of any certificate, permit or license required  
13 by sections 190.100 to 190.245 or any person who has failed to  
14 renew or has surrendered his or her certificate, permit or  
15 license for failure to comply with the provisions of sections  
16 190.100 to 190.245 or any lawful regulations promulgated by the  
17 department to implement such sections. Those regulations shall  
18 be limited to the following:

19 (1) Use or unlawful possession of any controlled substance,  
20 as defined in chapter 195, or alcoholic beverage to an extent  
21 that such use impairs a person's ability to perform the work of  
22 any activity licensed or regulated by sections 190.100 to  
23 190.245;

24 (2) Being finally adjudicated and found guilty, or having  
25 entered a plea of guilty or nolo contendere, in a criminal  
26 prosecution under the laws of any state or of the United States,  
27 for any offense reasonably related to the qualifications,  
28 functions or duties of any activity licensed or regulated  
29 pursuant to sections 190.100 to 190.245, for any offense an

1 essential element of which is fraud, dishonesty or an act of  
2 violence, or for any offense involving moral turpitude, whether  
3 or not sentence is imposed;

4 (3) Use of fraud, deception, misrepresentation or bribery  
5 in securing any certificate, permit or license issued pursuant to  
6 sections 190.100 to 190.245 or in obtaining permission to take  
7 any examination given or required pursuant to sections 190.100 to  
8 190.245;

9 (4) Obtaining or attempting to obtain any fee, charge,  
10 tuition or other compensation by fraud, deception or  
11 misrepresentation;

12 (5) Incompetency, misconduct, gross negligence, fraud,  
13 misrepresentation or dishonesty in the performance of the  
14 functions or duties of any activity licensed or regulated by  
15 sections 190.100 to 190.245;

16 (6) Violation of, or assisting or enabling any person to  
17 violate, any provision of sections 190.100 to 190.245, or of any  
18 lawful rule or regulation adopted by the department pursuant to  
19 sections 190.100 to 190.245;

20 (7) Impersonation of any person holding a certificate,  
21 permit or license or allowing any person to use his or her  
22 certificate, permit, license or diploma from any school;

23 (8) Disciplinary action against the holder of a license or  
24 other right to practice any activity regulated by sections  
25 190.100 to 190.245 granted by another state, territory, federal  
26 agency or country upon grounds for which revocation or suspension  
27 is authorized in this state;

28 (9) For an individual being finally adjudged insane or  
29 incompetent by a court of competent jurisdiction;

1           (10) Assisting or enabling any person to practice or offer  
2 to practice any activity licensed or regulated by sections  
3 190.100 to 190.245 who is not licensed and currently eligible to  
4 practice pursuant to sections 190.100 to 190.245;

5           (11) Issuance of a certificate, permit or license based  
6 upon a material mistake of fact;

7           (12) Violation of any professional trust, confidence, or  
8 legally protected privacy rights of a patient by means of an  
9 unauthorized or unlawful disclosure;

10          (13) Use of any advertisement or solicitation which is  
11 false, misleading or deceptive to the general public or persons  
12 to whom the advertisement or solicitation is primarily directed;

13          (14) Violation of the drug laws or rules and regulations of  
14 this state, any other state or the federal government;

15          (15) Refusal of any applicant or licensee to respond to  
16 reasonable department of health and senior services' requests for  
17 necessary information to process an application or to determine  
18 license status or license eligibility;

19          (16) Any conduct or practice which is or might be harmful  
20 or dangerous to the mental or physical health or safety of a  
21 patient or the public;

22          (17) Repeated acts of negligence or recklessness in the  
23 performance of the functions or duties of any activity licensed  
24 or regulated by sections 190.100 to 190.245.

25          3. If the department conducts investigations, the  
26 department, prior to interviewing a licensee who is the subject  
27 of the investigation, shall explain to the licensee that he or  
28 she has the right to:

29           (1) Consult legal counsel or have legal counsel present;

1           (2) Have anyone present whom he or she deems to be  
2 necessary or desirable[, except for any holder of any  
3 certificate, permit, or license required by sections 190.100 to  
4 190.245]; and

5           (3) Refuse to answer any question or refuse to provide or  
6 sign any written statement.

7 The assertion of any right listed in this subsection shall not be  
8 deemed by the department to be a failure to cooperate with any  
9 department investigation.

10           4. After the filing of such complaint, the proceedings  
11 shall be conducted in accordance with the provisions of chapter  
12 621. Upon a finding by the administrative hearing commission  
13 that the grounds, provided in subsection 2 of this section, for  
14 disciplinary action are met, the department may, singly or in  
15 combination, censure or place the person named in the complaint  
16 on probation on such terms and conditions as the department deems  
17 appropriate for a period not to exceed five years, or may  
18 suspend, for a period not to exceed three years, or revoke the  
19 license, certificate or permit. Notwithstanding any provision of  
20 law to the contrary, the department shall be authorized to impose  
21 a suspension or revocation as a disciplinary action only if it  
22 first files the requisite complaint with the administrative  
23 hearing commission. The administrative hearing commission shall  
24 hear all relevant evidence on remediation activities of the  
25 licensee and shall make a recommendation to the department of  
26 health and senior services as to licensure disposition based on  
27 such evidence.

28           5. An individual whose license has been revoked shall wait  
29 one year from the date of revocation to apply for relicensure.



1 Relicensure shall be at the discretion of the department after  
2 compliance with all the requirements of sections 190.100 to  
3 190.245 relative to the licensing of an applicant for the first  
4 time. Any individual whose license has been revoked twice within  
5 a ten-year period shall not be eligible for relicensure.

6 6. The department may notify the proper licensing authority  
7 of any other state in which the person whose license was  
8 suspended or revoked was also licensed of the suspension or  
9 revocation.

10 7. Any person, organization, association or corporation who  
11 reports or provides information to the department pursuant to the  
12 provisions of sections 190.100 to 190.245 and who does so in good  
13 faith shall not be subject to an action for civil damages as a  
14 result thereof.

15 8. The department of health and senior services may suspend  
16 any certificate, permit or license required pursuant to sections  
17 190.100 to 190.245 simultaneously with the filing of the  
18 complaint with the administrative hearing commission as set forth  
19 in subsection 2 of this section, if the department finds that  
20 there is an imminent threat to the public health. The notice of  
21 suspension shall include the basis of the suspension and notice  
22 of the right to appeal such suspension. The licensee may appeal  
23 the decision to suspend the license, certificate or permit to the  
24 department. The appeal shall be filed within ten days from the  
25 date of the filing of the complaint. A hearing shall be  
26 conducted by the department within ten days from the date the  
27 appeal is filed. The suspension shall continue in effect until  
28 the conclusion of the proceedings, including review thereof,  
29 unless sooner withdrawn by the department, dissolved by a court

1 of competent jurisdiction or stayed by the administrative hearing  
2 commission.

3 190.173. 1. All complaints, investigatory reports, and  
4 information pertaining to any applicant, holder of any  
5 certificate, permit, or license, or other individual are  
6 confidential and shall only be disclosed upon written consent of  
7 the person whose records are involved or to other administrative  
8 or law enforcement agencies acting within the scope of their  
9 statutory authority. However, no applicant, holder of any  
10 certificate, permit, or license, or other individual shall have  
11 access to any complaints, investigatory reports, or information  
12 concerning an investigation in progress until such time as the  
13 investigation has been completed as required by subsection 1 of  
14 section 190.248.

15 2. Any information regarding the identity, name, address,  
16 license, final disciplinary action taken, currency of the  
17 license, permit, or certificate of an applicant for or a person  
18 possessing a license, permit, or certificate in accordance with  
19 sections 190.100 to 190.245 shall not be confidential.

20 3. Any information regarding the physical address, mailing  
21 address, phone number, fax number, or email address of a licensed  
22 ambulance service or a certified training entity, including the  
23 name of the medical director and organizational contact  
24 information, shall not be confidential.

25 4. This section shall not be construed to authorize the  
26 release of records, reports, or other information which may be  
27 held in department files for any holder of or applicant for any  
28 certificate, permit, or license that is subject to other specific  
29 state or federal laws concerning their disclosure.

1           5. Nothing in this section shall prohibit the department  
2 from releasing aggregate information in accordance with section  
3 192.067.

4           190.196. 1. No employer shall knowingly employ or permit  
5 any employee to perform any services for which a license,  
6 certificate or other authorization is required by sections  
7 190.001 to 190.245, or by rules adopted pursuant to sections  
8 190.001 to 190.245, unless and until the person so employed  
9 possesses all licenses, certificates or authorizations that are  
10 required.

11           2. Any person or entity that employs or supervises a  
12 person's activities as [a first] an emergency medical responder,  
13 emergency medical dispatcher, emergency medical  
14 [technician-basic, emergency medical technician-intermediate,  
15 emergency medical technician-paramedic] technician, registered  
16 nurse, or physician shall cooperate with the department's efforts  
17 to monitor and enforce compliance by those individuals subject to  
18 the requirements of sections 190.001 to 190.245.

19           3. Any person or entity who employs individuals licensed by  
20 the department pursuant to sections 190.001 to 190.245 shall  
21 report to the department within seventy-two hours of their having  
22 knowledge of any charges filed against a licensee in their employ  
23 for possible criminal action involving the following felony  
24 offenses:

- 25           (1) Child abuse or sexual abuse of a child;
- 26           (2) Crimes of violence; or
- 27           (3) Rape or sexual abuse.

28           4. Any licensee who has charges filed against him or her  
29 for the felony offenses in subsection 3 of this section shall

1 report such an occurrence to the department within seventy-two  
2 hours of the charges being filed.

3 5. The department will monitor these reports for possible  
4 licensure action authorized pursuant to section 190.165.

5 190.246. 1. As used in this section, the following terms  
6 shall mean:

7 (1) "Eligible person, firm, organization or other entity",  
8 an ambulance service or emergency medical response agency, [a  
9 certified first] an emergency medical responder, [emergency  
10 medical technical-basic] or an emergency medical  
11 [technician-paramedic] technician who is employed by, or an  
12 enrolled member, person, firm, organization or entity designated  
13 by, rule of the department of health and senior services in  
14 consultation with other appropriate agencies. All such eligible  
15 persons, firms, organizations or other entities shall be subject  
16 to the rules promulgated by the director of the department of  
17 health and senior services;

18 (2) "Emergency health care provider":

19 (a) A physician licensed pursuant to chapter 334 with  
20 knowledge and experience in the delivery of emergency care; or

21 (b) A hospital licensed pursuant to chapter 197 that  
22 provides emergency care.

23 2. Possession and use of epinephrine auto-injector devices  
24 shall be limited as follows:

25 (1) No person shall use an epinephrine auto-injector device  
26 unless such person has successfully completed a training course  
27 in the use of epinephrine auto-injector devices approved by the  
28 director of the department of health and senior services.

29 Nothing in this section shall prohibit the use of an epinephrine

1 auto-injector device:

2 (a) By a health care professional licensed or certified by  
3 this state who is acting within the scope of his or her practice;  
4 or

5 (b) By a person acting pursuant to a lawful prescription;

6 (2) Every person, firm, organization and entity authorized  
7 to possess and use epinephrine auto-injector devices pursuant to  
8 this section shall use, maintain and dispose of such devices in  
9 accordance with the rules of the department;

10 (3) Every use of an epinephrine auto-injector device  
11 pursuant to this section shall immediately be reported to the  
12 emergency health care provider.

13 3. (1) Use of an epinephrine auto-injector device pursuant  
14 to this section shall be considered first aid or emergency  
15 treatment for the purpose of any law relating to liability.

16 (2) Purchase, acquisition, possession or use of an  
17 epinephrine auto-injector device pursuant to this section shall  
18 not constitute the unlawful practice of medicine or the unlawful  
19 practice of a profession.

20 (3) Any person otherwise authorized to sell or provide an  
21 epinephrine auto-injector device may sell or provide it to a  
22 person authorized to possess it pursuant to this section.

23 4. Any person, firm, organization or entity that violates  
24 the provisions of this section is guilty of a class B  
25 misdemeanor."; and

26 Further amend said bill, page 19, section 190.335, line 16  
27 of said page, by inserting immediately after said line the  
28 following:

29 "190.900. 1. The "Recognition of EMS Personnel Licensure

1 Interstate Compact" (REPLICA) is hereby enacted into law and  
2 entered into with all other jurisdictions legally joining  
3 therein, in the form substantially as follows in sections 190.900  
4 to 190.939.

5 2. As used in sections 190.900 to 190.939, the following  
6 terms mean:

7 (1) "Advanced emergency medical technician" or "AEMT", an  
8 individual licensed with cognitive knowledge and a scope of  
9 practice that corresponds to that level in the National EMS  
10 Education Standards and National EMS Scope of Practice Model;

11 (2) "Adverse action", any administrative, civil, equitable,  
12 or criminal action permitted by a state's laws that may be  
13 imposed against licensed EMS personnel by a state EMS authority  
14 or state court including, but not limited to, actions against an  
15 individual's license such as revocation, suspension, probation,  
16 consent agreement, monitoring or other limitation, or encumbrance  
17 on the individual's practice, letters of reprimand or admonition,  
18 finances, criminal convictions, and state court judgments enforcing  
19 adverse actions by the state EMS authority;

20 (3) "Certification", the successful verification of entry-  
21 level cognitive and psychomotor competency using a reliable,  
22 validated, and legally defensible examination;

23 (4) "Commission", the national administrative body of which  
24 all states that have enacted the compact are members;

25 (5) "Emergency medical technician" or "EMT", an individual  
26 licensed with cognitive knowledge and a scope of practice that  
27 corresponds to that level in the National EMS Education Standards  
28 and National EMS Scope of Practice Model;

29 (6) "EMS", emergency medical services;

1           (7) "Home state", a member state where an individual is  
2 licensed to practice emergency medical services;

3           (8) "License", the authorization by a state for an  
4 individual to practice as an EMT, AEMT, paramedic, or a level in  
5 between EMT and paramedic;

6           (9) "Medical director", a physician licensed in a member  
7 state who is accountable for the care delivered by EMS personnel;

8           (10) "Member state", a state that has enacted this compact;

9           (11) "Paramedic", an individual licensed with cognitive  
10 knowledge and a scope of practice that corresponds to that level  
11 in the National EMS Education Standards and National EMS Scope of  
12 Practice Model;

13           (12) "Privilege to practice", an individual's authority to  
14 deliver emergency medical services in remote states as authorized  
15 under this compact;

16           (13) "Remote state", a member state in which an individual  
17 is not licensed;

18           (14) "Restricted", the outcome of an adverse action that  
19 limits a license or the privilege to practice;

20           (15) "Rule", a written statement by the interstate  
21 commission promulgated under section 190.930 of this compact that  
22 is of general applicability; implements, interprets, or  
23 prescribes a policy or provision of the compact; or is an  
24 organizational, procedural, or practice requirement of the  
25 commission and has the force and effect of statutory law in a  
26 member state and includes the amendment, repeal, or suspension of  
27 an existing rule;

28           (16) "Scope of practice", defined parameters of various  
29 duties or services that may be provided by an individual with

1 specific credentials. Whether regulated by rule, statute, or  
2 court decision, it tends to represent the limits of services an  
3 individual may perform;

4 (17) "Significant investigatory information":

5 (a) Investigative information that a state EMS authority,  
6 after a preliminary inquiry that includes notification and an  
7 opportunity to respond if required by state law, has reason to  
8 believe, if proven true, would result in the imposition of an  
9 adverse action on a license or privilege to practice; or

10 (b) Investigative information that indicates that the  
11 individual represents an immediate threat to public health and  
12 safety, regardless of whether the individual has been notified  
13 and had an opportunity to respond;

14 (18) "State", any state, commonwealth, district, or  
15 territory of the United States;

16 (19) "State EMS authority", the board, office, or other  
17 agency with the legislative mandate to license EMS personnel.

18 190.903. 1. Any member state in which an individual holds  
19 a current license shall be deemed a home state for purposes of  
20 this compact.

21 2. Any member state may require an individual to obtain and  
22 retain a license to be authorized to practice in the member state  
23 under circumstances not authorized by the privilege to practice  
24 under the terms of this compact.

25 3. A home state's license authorizes an individual to  
26 practice in a remote state under the privilege to practice only  
27 if the home state:

28 (1) Currently requires the use of the National Registry of  
29 Emergency Medical Technicians (NREMT) examination as a condition



1 of issuing initial licenses at the EMT and paramedic levels;

2 (2) Has a mechanism in place for receiving and  
3 investigating complaints about individuals;

4 (3) Notifies the commission, in compliance with the terms  
5 herein, of any adverse action or significant investigatory  
6 information regarding an individual;

7 (4) No later than five years after activation of the  
8 compact, requires a criminal background check of all applicants  
9 for initial licensure, including the use of the results of  
10 fingerprint or other biometric data checks compliant with the  
11 requirements of the Federal Bureau of Investigation, with the  
12 exception of federal employees who have suitability determination  
13 in accordance with 5 CFR 731.202 and submit documentation of such  
14 as promulgated in the rules of the commission; and

15 (5) Complies with the rules of the commission.

16 190.906. 1. Member states shall recognize the privilege to  
17 practice of an individual licensed in another member state that  
18 is in conformance with section 190.903.

19 2. To exercise the privilege to practice under the terms  
20 and provisions of this compact, an individual shall:

21 (1) Be at least eighteen years of age;

22 (2) Possess a current unrestricted license in a member  
23 state as an EMT, AEMT, paramedic, or state-recognized and  
24 licensed level with a scope of practice and authority between EMT  
25 and paramedic; and

26 (3) Practice under the supervision of a medical director.

27 3. An individual providing patient care in a remote state  
28 under the privilege to practice shall function within the scope  
29 of practice authorized by the home state unless and until

1 modified by an appropriate authority in the remote state, as may  
2 be defined in the rules of the commission.

3 4. Except as provided in subsection 3 of this section, an  
4 individual practicing in a remote state shall be subject to the  
5 remote state's authority and laws. A remote state may, in  
6 accordance with due process and that state's laws, restrict,  
7 suspend, or revoke an individual's privilege to practice in the  
8 remote state and may take any other necessary actions to protect  
9 the health and safety of its citizens. If a remote state takes  
10 action, it shall promptly notify the home state and the  
11 commission.

12 5. If an individual's license in any home state is  
13 restricted, suspended, or revoked, the individual shall not be  
14 eligible to practice in a remote state under the privilege to  
15 practice until the individual's home state license is restored.

16 6. If an individual's privilege to practice in any remote  
17 state is restricted, suspended, or revoked, the individual shall  
18 not be eligible to practice in any remote state until the  
19 individual's privilege to practice is restored.

20 190.909. An individual may practice in a remote state under  
21 a privilege to practice only in the performance of the  
22 individual's EMS duties as assigned by an appropriate authority,  
23 as defined in the rules of the commission, and under the  
24 following circumstances:

25 (1) The individual originates a patient transport in a home  
26 state and transports the patient to a remote state;

27 (2) The individual originates in the home state and enters  
28 a remote state to pick up a patient and provides care and  
29 transport of the patient to the home state;

1           (3) The individual enters a remote state to provide patient  
2 care or transport within that remote state;

3           (4) The individual enters a remote state to pick up a  
4 patient and provides care and transport to a third member state;  
5 or

6           (5) Other conditions as determined by rules promulgated by  
7 the commission.

8           190.912. Upon a member state's governor's declaration of a  
9 state of emergency or disaster that activates the Emergency  
10 Management Assistance Compact (EMAC), all relevant terms and  
11 provisions of EMAC shall apply, and to the extent any terms or  
12 provisions of this compact conflict with EMAC, the terms of EMAC  
13 shall prevail with respect to any individual practicing in the  
14 remote state in response to such declaration.

15           190.915. 1. Member states shall consider a veteran, active  
16 military service member, or member of the National Guard and  
17 Reserves separating from an active duty tour, or a spouse  
18 thereof, who holds a current, valid, and unrestricted NREMT  
19 certification at or above the level of the state license being  
20 sought as satisfying the minimum training and examination  
21 requirements for such licensure.

22           2. Member states shall expedite the process of licensure  
23 applications submitted by veterans, active military service  
24 members, or members of the National Guard and Reserves separating  
25 from an active duty tour, or their spouses.

26           3. All individuals functioning with a privilege to practice  
27 under this section remain subject to the adverse action  
28 provisions of section 190.918.

29           190.918. 1. A home state shall have exclusive power to

1 impose adverse action against an individual's license issued by  
2 the home state.

3 2. If an individual's license in any home state is  
4 restricted, suspended, or revoked, the individual shall not be  
5 eligible to practice in a remote state under the privilege to  
6 practice until the individual's home state license is restored.

7 (1) All home state adverse action orders shall include a  
8 statement that the individual's compact privileges are inactive.  
9 The order may allow the individual to practice in remote states  
10 with prior written authorization from both the home state and the  
11 remote state's EMS authority.

12 (2) An individual currently subject to adverse action in  
13 the home state shall not practice in any remote state without  
14 prior written authorization from both the home state and remote  
15 state's EMS authority.

16 3. A member state shall report adverse actions and any  
17 occurrences that the individual's compact privileges are  
18 restricted, suspended, or revoked to the commission in accordance  
19 with the rules of the commission.

20 4. A remote state may take adverse action on an  
21 individual's privilege to practice within that state.

22 5. Any member state may take adverse action against an  
23 individual's privilege to practice in that state based on the  
24 factual findings of another member state, so long as each state  
25 follows its own procedures for imposing such adverse action.

26 6. A home state's EMS authority shall coordinate  
27 investigative activities, share information via the coordinated  
28 database, and take appropriate action with respect to reported  
29 conduct in a remote state as it would if such conduct had

1 occurred within the home state. In such cases, the home state's  
2 law shall control in determining the appropriate adverse action.

3 7. Nothing in this compact shall override a member state's  
4 decision that participation in an alternative program may be used  
5 in lieu of adverse action and that such participation shall  
6 remain nonpublic if required by the member state's laws. Member  
7 states shall require individuals who enter any alternative  
8 programs to agree not to practice in any other member state  
9 during the term of the alternative program without prior  
10 authorization from such other member state.

11 190.921. A member state's EMS authority, in addition to any  
12 other powers granted under state law, is authorized under this  
13 compact to:

14 (1) Issue subpoenas for both hearings and investigations  
15 that require the attendance and testimony of witnesses and the  
16 production of evidence. Subpoenas issued by a member state's EMS  
17 authority for the attendance and testimony of witnesses or the  
18 production of evidence from another member state shall be  
19 enforced in the remote state by any court of competent  
20 jurisdiction according to that court's practice and procedure in  
21 considering subpoenas issued in its own proceedings. The issuing  
22 state's EMS authority shall pay any witness fees, travel  
23 expenses, mileage, and other fees required by the service  
24 statutes of the state where the witnesses or evidence is located;  
25 and

26 (2) Issue cease and desist orders to restrict, suspend, or  
27 revoke an individual's privilege to practice in the state.

28 190.924. 1. The compact states hereby create and establish  
29 a joint public agency known as the "Interstate Commission for EMS

1 Personnel Practice".

2 (1) The commission is a body politic and an instrumentality  
3 of the compact states.

4 (2) Venue is proper and judicial proceedings by or against  
5 the commission shall be brought solely and exclusively in a court  
6 of competent jurisdiction where the principal office of the  
7 commission is located. The commission may waive venue and  
8 jurisdictional defenses to the extent it adopts or consents to  
9 participate in alternative dispute resolution proceedings.

10 (3) Nothing in this compact shall be construed to be a  
11 waiver of sovereign immunity.

12 2. Each member state shall have and be limited to one  
13 delegate. The responsible official of the state EMS authority or  
14 his or her designee shall be the delegate to this compact for  
15 each member state. Any delegate may be removed or suspended from  
16 office as provided by the law of the state from which the  
17 delegate is appointed. Any vacancy occurring in the commission  
18 shall be filled in accordance with the laws of the member state  
19 in which the vacancy exists. In the event that more than one  
20 board, office, or other agency with the legislative mandate to  
21 license EMS personnel at and above the level of EMT exists, the  
22 governor of the state shall determine which entity shall be  
23 responsible for assigning the delegate.

24 (1) Each delegate shall be entitled to one vote with regard  
25 to the promulgation of rules and creation of bylaws, and shall  
26 otherwise have an opportunity to participate in the business and  
27 affairs of the commission. A delegate shall vote in person or by  
28 such other means as provided in the bylaws. The bylaws may  
29 provide for delegates' participation in meetings by telephone or

1 other means of communication.

2 (2) The commission shall meet at least once during each  
3 calendar year. Additional meetings shall be held as set forth in  
4 the bylaws.

5 (3) All meetings shall be open to the public, and public  
6 notice of meetings shall be given in the same manner as required  
7 under the rulemaking provisions in section 190.930.

8 (4) The commission may convene in a closed, nonpublic  
9 meeting if the commission must discuss:

10 (a) Noncompliance of a member state with its obligations  
11 under the compact;

12 (b) The employment, compensation, discipline or other  
13 personnel matters, practices, or procedures related to specific  
14 employees, or other matters related to the commission's internal  
15 personnel practices and procedures;

16 (c) Current, threatened, or reasonably anticipated  
17 litigation;

18 (d) Negotiation of contracts for the purchase or sale of  
19 goods, services, or real estate;

20 (e) Accusing any person of a crime or formally censuring  
21 any person;

22 (f) Disclosure of trade secrets or commercial or financial  
23 information that is privileged or confidential;

24 (g) Disclosure of information of a personal nature if  
25 disclosure would constitute a clearly unwarranted invasion of  
26 personal privacy;

27 (h) Disclosure of investigatory records compiled for law  
28 enforcement purposes;

29 (i) Disclosure of information related to any investigatory

1 reports prepared by or on behalf of or for use of the commission  
2 or other committee charged with responsibility of investigation  
3 or determination of compliance issues pursuant to the compact; or

4 (j) Matters specifically exempted from disclosure by  
5 federal or member state statute.

6 (5) If a meeting or portion of a meeting is closed under  
7 this section, the commission's legal counsel or designee shall  
8 certify that the meeting may be closed and shall reference each  
9 relevant exempting provision. The commission shall keep minutes  
10 that fully and clearly describe all matters discussed in a  
11 meeting and shall provide a full and accurate summary of actions  
12 taken and the reasons therefor, including a description of the  
13 views expressed. All documents considered in connection with an  
14 action shall be identified in such minutes. All minutes and  
15 documents of a closed meeting shall remain under seal, subject to  
16 release by a majority vote of the commission or order of a court  
17 of competent jurisdiction.

18 3. The commission shall, by a majority vote of the  
19 delegates, prescribe bylaws and rules to govern its conduct as  
20 may be necessary or appropriate to carry out the purposes and  
21 exercise the powers of the compact including, but not limited to:

22 (1) Establishing the fiscal year of the commission;

23 (2) Providing reasonable standards and procedures:

24 (a) For the establishment and meetings of other committees;  
25 and

26 (b) Governing any general or specific delegation of any  
27 authority or function of the commission;

28 (3) Providing reasonable procedures for calling and  
29 conducting meetings of the commission, ensuring reasonable



1 advance notice of all meetings, and providing an opportunity for  
2 attendance of such meetings by interested parties, with  
3 enumerated exceptions designed to protect the public's interest,  
4 the privacy of individuals, and proprietary information,  
5 including trade secrets. The commission may meet in closed  
6 session only after a majority of the membership votes to close a  
7 meeting in whole or in part. As soon as practicable, the  
8 commission shall make public a copy of the vote to close the  
9 meeting revealing the vote of each member with no proxy votes  
10 allowed;

11 (4) Establishing the titles, duties and authority, and  
12 reasonable procedures for the election of the officers of the  
13 commission;

14 (5) Providing reasonable standards and procedures for the  
15 establishment of the personnel policies and programs of the  
16 commission. Notwithstanding any civil service or other similar  
17 laws of any member state, the bylaws shall exclusively govern the  
18 personnel policies and programs of the commission;

19 (6) Promulgating a code of ethics to address permissible  
20 and prohibited activities of commission members and employees;

21 (7) Providing a mechanism for winding up the operations of  
22 the commission and the equitable disposition of any surplus funds  
23 that may exist after the termination of the compact after the  
24 payment or reserving of all of its debts and obligations;

25 (8) The commission shall publish its bylaws and file a copy  
26 thereof, and a copy of any amendment thereto, with the  
27 appropriate agency or officer in each of the member states, if  
28 any;

29 (9) The commission shall maintain its financial records in

1 accordance with the bylaws; and

2 (10) The commission shall meet and take such actions as are  
3 consistent with the provisions of this compact and the bylaws.

4 4. The commission shall have the following powers:

5 (1) To promulgate uniform rules to facilitate and  
6 coordinate implementation and administration of this compact.  
7 The rules shall have the force and effect of law and shall be  
8 binding on all member states;

9 (2) To bring and prosecute legal proceedings or actions in  
10 the name of the commission; provided that, the standing of any  
11 state EMS authority or other regulatory body responsible for EMS  
12 personnel licensure to sue or be sued under applicable law shall  
13 not be affected;

14 (3) To purchase and maintain insurance and bonds;

15 (4) To borrow, accept, or contract for services of  
16 personnel including, but not limited to, employees of a member  
17 state;

18 (5) To hire employees, elect or appoint officers, fix  
19 compensation, define duties, grant such individuals appropriate  
20 authority to carry out the purposes of the compact, and to  
21 establish the commission's personnel policies and programs  
22 relating to conflicts of interest, qualifications of personnel,  
23 and other related personnel matters;

24 (6) To accept any and all appropriate donations and grants  
25 of money, equipment, supplies, materials, and services, and to  
26 receive, utilize, and dispose of the same; provided that, at all  
27 times the commission shall strive to avoid any appearance of  
28 impropriety and conflict of interest;

29 (7) To lease, purchase, accept appropriate gifts or

1 donations of, or otherwise to own, hold, improve, or use any  
2 property, real, personal, or mixed; provided that, at all times  
3 the commission shall strive to avoid any appearance of  
4 impropriety;

5 (8) To sell, convey, mortgage, pledge, lease, exchange,  
6 abandon, or otherwise dispose of any property, real, personal, or  
7 mixed;

8 (9) To establish a budget and make expenditures;

9 (10) To borrow money;

10 (11) To appoint committees, including advisory committees  
11 comprised of members, state regulators, state legislators or  
12 their representatives, consumer representatives, and such other  
13 interested persons as may be designated in this compact and the  
14 bylaws;

15 (12) To provide and receive information from, and to  
16 cooperate with, law enforcement agencies;

17 (13) To adopt and use an official seal; and

18 (14) To perform such other functions as may be necessary or  
19 appropriate to achieve the purposes of this compact consistent  
20 with the state regulation of EMS personnel licensure and  
21 practice.

22 5. (1) The commission shall pay, or provide for the  
23 payment of, the reasonable expenses of its establishment,  
24 organization, and ongoing activities.

25 (2) The commission may accept any and all appropriate  
26 revenue sources, donations, and grants of money, equipment,  
27 supplies, materials, and services.

28 (3) The commission may levy on and collect an annual  
29 assessment from each member state or impose fees on other parties

1 to cover the cost of the operations and activities of the  
2 commission and its staff, which shall be in a total amount  
3 sufficient to cover its annual budget as approved each year for  
4 which revenue is not provided by other sources. The aggregate  
5 annual assessment amount shall be allocated based upon a formula  
6 to be determined by the commission, which shall promulgate a rule  
7 binding upon all member states.

8 (4) The commission shall not incur obligations of any kind  
9 prior to securing the funds adequate to meet the same; nor shall  
10 the commission pledge the credit of any of the member states,  
11 except by and with the authority of the member state.

12 (5) The commission shall keep accurate accounts of all  
13 receipts and disbursements. The receipts and disbursements of  
14 the commission shall be subject to the audit and accounting  
15 procedures established under its bylaws. However, all receipts  
16 and disbursements of funds handled by the commission shall be  
17 audited yearly by a certified or licensed public accountant, and  
18 the report of the audit shall be included in and become part of  
19 the annual report of the commission.

20 6. (1) The members, officers, executive director,  
21 employees, and representatives of the commission shall be immune  
22 from suit and liability, either personally or in their official  
23 capacity, for any claim, damage to or loss of property, personal  
24 injury, or other civil liability caused by or arising out of any  
25 actual or alleged act, error, or omission that occurred or that  
26 the person against whom the claim is made had a reasonable basis  
27 for believing occurred within the scope of commission employment,  
28 duties, or responsibilities; provided that, nothing in this  
29 subdivision shall be construed to protect any such person from

1 suit or liability for any damage, loss, injury, or liability  
2 caused by the intentional, willful, or wanton misconduct of that  
3 person.

4 (2) The commission shall defend any member, officer,  
5 executive director, employee, or representative of the commission  
6 in any civil action seeking to impose liability arising out of  
7 any actual or alleged act, error, or omission that occurred  
8 within the scope of commission employment, duties, or  
9 responsibilities, or that the person against whom the claim is  
10 made had a reasonable basis for believing occurred within the  
11 scope of commission employment, duties, or responsibilities;  
12 provided that, nothing herein shall be construed to prohibit that  
13 person from retaining his or her own counsel; and provided  
14 further, that the actual or alleged act, error, or omission did  
15 not result from that person's intentional, willful, or wanton  
16 misconduct.

17 (3) The commission shall indemnify and hold harmless any  
18 member, officer, executive director, employee, or representative  
19 of the commission for the amount of any settlement or judgment  
20 obtained against that person arising out of any actual or alleged  
21 act, error, or omission that occurred within the scope of  
22 commission employment, duties, or responsibilities, or that such  
23 person had a reasonable basis for believing occurred within the  
24 scope of commission employment, duties, or responsibilities;  
25 provided that, the actual or alleged act, error, or omission did  
26 not result from the intentional, willful, or wanton misconduct of  
27 the person.

28 190.927. 1. The commission shall provide for the  
29 development and maintenance of a coordinated database and

1 reporting system containing licensure, adverse action, and  
2 significant investigatory information on all licensed individuals  
3 in member states.

4 2. Notwithstanding any other provision of state law to the  
5 contrary, a member state shall submit a uniform data set to the  
6 coordinated database on all individuals to whom this compact is  
7 applicable as required by the rules of the commission, including:

8 (1) Identifying information;

9 (2) Licensure data;

10 (3) Significant investigatory information;

11 (4) Adverse actions against an individual's license;

12 (5) An indicator that an individual's privilege to practice  
13 is restricted, suspended, or revoked;

14 (6) Nonconfidential information related to alternative  
15 program participation;

16 (7) Any denial of application for licensure and the reasons  
17 for such denial; and

18 (8) Other information that may facilitate the  
19 administration of this compact, as determined by the rules of the  
20 commission.

21 3. The coordinated database administrator shall promptly  
22 notify all member states of any adverse action taken against, or  
23 significant investigative information on, any individual in a  
24 member state.

25 4. Member states contributing information to the  
26 coordinated database may designate information that shall not be  
27 shared with the public without the express permission of the  
28 contributing state.

29 5. Any information submitted to the coordinated database

1 that is subsequently required to be expunged by the laws of the  
2 member state contributing the information shall be removed from  
3 the coordinated database.

4 190.930. 1. The commission shall exercise its rulemaking  
5 powers pursuant to the criteria set forth in this section and the  
6 rules adopted thereunder. Rules and amendments shall become  
7 binding as of the date specified in each rule or amendment.

8 2. If a majority of the legislatures of the member states  
9 rejects a rule by enactment of a statute or resolution in the  
10 same manner used to adopt the compact, then such rule shall have  
11 no further force and effect in any member state.

12 3. Rules or amendments to the rules shall be adopted at a  
13 regular or special meeting of the commission.

14 4. Prior to promulgation and adoption of a final rule or  
15 rules by the commission, and at least sixty days in advance of  
16 the meeting at which the rule or rules shall be considered and  
17 voted upon, the commission shall file a notice of proposed  
18 rulemaking:

19 (1) On the website of the commission; and

20 (2) On the website of each member state's EMS authority or  
21 the publication in which each state would otherwise publish  
22 proposed rules.

23 5. The notice of proposed rulemaking shall include:

24 (1) The proposed time, date, and location of the meeting at  
25 which the rule shall be considered and voted upon;

26 (2) The text of the proposed rule or amendment and the  
27 reason for the proposed rule;

28 (3) A request for comments on the proposed rule from any  
29 interested person; and

1           (4) The manner in which interested parties may submit  
2 notice to the commission of their intention to attend the public  
3 hearing and any written comments.

4           6. Prior to adoption of a proposed rule, the commission  
5 shall allow persons to submit written data, facts, opinions, and  
6 arguments that shall be made available to the public.

7           7. The commission shall grant an opportunity for a public  
8 hearing before it adopts a rule or amendment if a hearing is  
9 requested by:

10           (1) At least twenty-five persons;

11           (2) A governmental subdivision or agency; or

12           (3) An association having at least twenty-five members.

13           8. If a hearing is held on the proposed rule or amendment,  
14 the commission shall publish the place, time, and date of the  
15 scheduled public hearing.

16           (1) All persons wishing to be heard at the hearing shall  
17 notify the executive director of the commission or other  
18 designated member in writing of their desire to appear and  
19 testify at the hearing not less than five business days before  
20 the scheduled date of the hearing.

21           (2) Hearings shall be conducted in a manner providing each  
22 person who wishes to comment a fair and reasonable opportunity to  
23 comment orally or in writing.

24           (3) No transcript of the hearing is required, unless a  
25 written request for a transcript is made, in which case the  
26 person requesting the transcript shall bear the cost of producing  
27 the transcript. A recording may be made in lieu of a transcript  
28 under the same terms and conditions as a transcript. This  
29 subdivision shall not preclude the commission from making a



1 transcript or recording of the hearing if it so chooses.

2 (4) Nothing in this section shall be construed as requiring  
3 a separate hearing on each rule. Rules may be grouped for the  
4 convenience of the commission at hearings required by this  
5 section.

6 9. Following the scheduled hearing date, or by the close of  
7 business on the scheduled hearing date if the hearing was not  
8 held, the commission shall consider all written and oral comments  
9 received.

10 10. The commission shall, by majority vote of all members,  
11 take final action on the proposed rule and shall determine the  
12 effective date of the rule, if any, based on the rulemaking  
13 record and the full text of the rule.

14 11. If no written notice of intent to attend the public  
15 hearing by interested parties is received, the commission may  
16 proceed with promulgation of the proposed rule without a public  
17 hearing.

18 12. Upon determination that an emergency exists, the  
19 commission may consider and adopt an emergency rule without prior  
20 notice, opportunity for comment, or hearing; provided that, the  
21 usual rulemaking procedures provided in the compact and in this  
22 section shall be retroactively applied to the rule as soon as  
23 reasonably possible, in no event later than ninety days after the  
24 effective date of the rule. For the purposes of this provision,  
25 an emergency rule is one that shall be adopted immediately in  
26 order to:

27 (1) Meet an imminent threat to public health, safety, or  
28 welfare;

29 (2) Prevent a loss of commission or member state funds;

1           (3) Meet a deadline for the promulgation of an  
2 administrative rule that is established by federal law or rule;  
3 or

4           (4) Protect public health and safety.

5           13. The commission or an authorized committee of the  
6 commission may direct revisions to a previously adopted rule or  
7 amendment for purposes of correcting typographical errors, errors  
8 in format, errors in consistency, or grammatical errors. Public  
9 notice of any revisions shall be posted on the website of the  
10 commission. The revision shall be subject to challenge by any  
11 person for a period of thirty days after posting. The revision  
12 may be challenged only on grounds that the revision results in a  
13 material change to a rule. A challenge shall be made in writing  
14 and delivered to the chair of the commission prior to the end of  
15 the notice period. If no challenge is made, the revision shall  
16 take effect without further action. If the revision is  
17 challenged, the revision may not take effect without the approval  
18 of the commission.

19           190.933. 1. The executive, legislative, and judicial  
20 branches of state government in each member state shall enforce  
21 this compact and take all actions necessary and appropriate to  
22 effectuate the compact's purposes and intent. The provisions of  
23 this compact and the rules promulgated hereunder shall have  
24 standing as statutory law.

25           2. All courts shall take judicial notice of the compact and  
26 the rules in any judicial or administrative proceedings in a  
27 member state pertaining to the subject matter of this compact  
28 which may affect the powers, responsibilities, or actions of the  
29 commission.

1           3. The commission shall be entitled to receive service of  
2 process in any such proceeding and shall have standing to  
3 intervene in such a proceeding for all purposes. Failure to  
4 provide service of process to the commission shall render a  
5 judgment or order void as to the commission, this compact, or  
6 promulgated rules.

7           4. If the commission determines that a member state has  
8 defaulted in the performance of its obligations or  
9 responsibilities under this compact or the promulgated rules, the  
10 commission shall:

11           (1) Provide written notice to the defaulting state and  
12 other member states of the nature of the default, the proposed  
13 means of curing the default, or any other action to be taken by  
14 the commission; and

15           (2) Provide remedial training and specific technical  
16 assistance regarding the default.

17           5. If a state in default fails to cure the default, the  
18 defaulting state may be terminated from the compact upon an  
19 affirmative vote of a majority of the member states, and all  
20 rights, privileges, and benefits conferred by this compact may be  
21 terminated on the effective date of termination. A cure of the  
22 default does not relieve the offending state of obligations or  
23 liabilities incurred during the period of default.

24           6. Termination of membership in the compact shall be  
25 imposed only after all other means of securing compliance have  
26 been exhausted. Notice of intent to suspend or terminate shall  
27 be given by the commission to the governor, the majority and  
28 minority leaders of the defaulting state's legislature, and each  
29 of the member states.

1           7. A state that has been terminated is responsible for all  
2 assessments, obligations, and liabilities incurred through the  
3 effective date of termination, including obligations that extend  
4 beyond the effective date of termination.

5           8. The commission shall not bear any costs related to a  
6 state that is found to be in default or that has been terminated  
7 from the compact unless agreed upon in writing between the  
8 commission and the defaulting state.

9           9. The defaulting state may appeal the action of the  
10 commission by petitioning the United States District Court for  
11 the District of Columbia or the federal district where the  
12 commission has its principal offices. The prevailing member  
13 shall be awarded all costs of such litigation, including  
14 reasonable attorney's fees.

15           10. Upon a request by a member state, the commission shall  
16 attempt to resolve disputes related to the compact that arise  
17 among member states and between member and nonmember states.

18           11. The commission shall promulgate a rule providing for  
19 both mediation and binding dispute resolution for disputes as  
20 appropriate.

21           12. The commission, in the reasonable exercise of its  
22 discretion, shall enforce the provisions and rules of this  
23 compact.

24           13. By majority vote, the commission may initiate legal  
25 action in the United States District Court for the District of  
26 Columbia or the federal district where the commission has its  
27 principal offices against a member state in default to enforce  
28 compliance with the provisions of the compact and its promulgated  
29 rules and bylaws. The relief sought may include both injunctive

1 relief and damages. In the event judicial enforcement is  
2 necessary, the prevailing member shall be awarded all costs of  
3 such litigation, including reasonable attorney's fees.

4 14. The remedies herein shall not be the exclusive remedies  
5 of the commission. The commission may pursue any other remedies  
6 available under federal or state law.

7 190.936. 1. The compact shall come into effect on the date  
8 on which the compact statute is enacted into law in the tenth  
9 member state. The provisions, which become effective at that  
10 time, shall be limited to the powers granted to the commission  
11 relating to assembly and the promulgation of rules. Thereafter,  
12 the commission shall meet and exercise rulemaking powers  
13 necessary to the implementation and administration of the  
14 compact.

15 2. Any state that joins the compact subsequent to the  
16 commission's initial adoption of the rules shall be subject to  
17 the rules as they exist on the date on which the compact becomes  
18 law in that state. Any rule that has been previously adopted by  
19 the commission shall have the full force and effect of law on the  
20 day the compact becomes law in that state.

21 3. Any member state may withdraw from this compact by  
22 enacting a statute repealing the same.

23 (1) A member state's withdrawal shall not take effect until  
24 six months after enactment of the repealing statute.

25 (2) Withdrawal shall not affect the continuing requirement  
26 of the withdrawing state's EMS authority to comply with the  
27 investigative and adverse action reporting requirements of this  
28 act prior to the effective date of withdrawal.

29 4. Nothing contained in this compact shall be construed to

1 invalidate or prevent any EMS personnel licensure agreement or  
2 other cooperative arrangement between a member state and a  
3 nonmember state that does not conflict with the provisions of  
4 this compact.

5 5. This compact may be amended by the member states. No  
6 amendment to this compact shall become effective and binding upon  
7 any member state until it is enacted into the laws of all member  
8 states.

9 190.939. This compact shall be liberally construed so as to  
10 effectuate the purposes thereof. If this compact shall be held  
11 contrary to the constitution of any member state thereto, the  
12 compact shall remain in full force and effect as to the remaining  
13 member states. Nothing in this compact supersedes state law or  
14 rules related to licensure of EMS agencies.

15 191.630. As used in sections 191.630 and 191.631, the  
16 following terms mean:

17 (1) "Communicable disease", acquired immunodeficiency  
18 syndrome (AIDS), cutaneous anthrax, hepatitis in any form, human  
19 immunodeficiency virus (HIV), measles, meningococcal disease,  
20 mumps, pertussis, pneumonic plague, rubella, severe acute  
21 respiratory syndrome (SARS-CoV), smallpox, tuberculosis,  
22 varicella disease, vaccinia, viral hemorrhagic fevers, and other  
23 such diseases as the department may define by rule or regulation;

24 (2) "Communicable disease tests", tests designed for  
25 detection of communicable diseases. Rapid testing of the source  
26 patient in accordance with the Occupational Safety and Health  
27 Administration (OSHA) enforcement of the Centers for Disease  
28 Control and Prevention (CDC) guidelines shall be recommended;

29 (3) "Coroner or medical examiner", the same meaning as

1 defined in chapter 58;

2 (4) "Department", the Missouri department of health and  
3 senior services;

4 (5) "Designated infection control officer", the person or  
5 persons within the entity or agency who are responsible for  
6 managing the infection control program and for coordinating  
7 efforts surrounding the investigation of an exposure such as:

8 (a) Collecting, upon request, facts surrounding possible  
9 exposure of an emergency care provider or Good Samaritan to a  
10 communicable disease;

11 (b) Contacting facilities that receive patients or clients  
12 of potentially exposed emergency care providers or Good  
13 Samaritans to ascertain if a determination has been made as to  
14 whether the patient or client has had a communicable disease and  
15 to ascertain the results of that determination; and

16 (c) Notifying the emergency care provider or Good Samaritan  
17 as to whether there is reason for concern regarding possible  
18 exposure;

19 (6) "Emergency care provider", a person who is serving as a  
20 licensed or certified person trained to provide emergency and  
21 nonemergency medical care as a first responder, emergency medical  
22 responder, [EMT-B, EMT-I, or EMT-P] as defined in section  
23 190.100, emergency medical technician, as defined in section  
24 190.100, firefighter, law enforcement officer, sheriff, deputy  
25 sheriff, registered nurse, physician, medical helicopter pilot,  
26 or other certification or licensure levels adopted by rule of the  
27 department;

28 (7) "Exposure", a specific eye, mouth, other mucous  
29 membrane, nonintact skin, or parenteral contact with blood or

1 other potentially infectious materials that results from the  
2 performance of an employee's duties;

3 (8) "Good Samaritan", any person who renders emergency  
4 medical assistance or aid within his or her level of training or  
5 skill until such time as he or she is relieved of those duties by  
6 an emergency care provider;

7 (9) "Hospital", the same meaning as defined in section  
8 197.020;

9 (10) "Source patient", any person who is sick or injured  
10 and requiring the care or services of a Good Samaritan or  
11 emergency care provider, for whose blood or other potentially  
12 infectious materials have resulted in exposure."; and

13 Further amend the title and enacting clause accordingly.  
14