

SENATE SUBSTITUTE
FOR
SENATE BILL NO. 870

AN ACT

To repeal sections 99.848, 135.090, 190.094, 190.100, 190.103, 190.105, 190.131, 190.142, 190.143, 190.165, 190.173, 190.196, 190.246, and 191.630, RSMo, and to enact in lieu thereof twenty-nine new sections relating to emergency medical services, with existing penalty provisions.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF MISSOURI,
AS FOLLOWS:

1 Section A. Sections 99.848, 135.090, 190.094, 190.100,
2 190.103, 190.105, 190.131, 190.142, 190.143, 190.165, 190.173,
3 190.196, 190.246, and 191.630, RSMo, are repealed and twenty-nine
4 new sections enacted in lieu thereof, to be known as sections
5 99.848, 135.090, 190.094, 190.100, 190.103, 190.105, 190.131,
6 190.142, 190.143, 190.147, 190.165, 190.173, 190.196, 190.246,
7 190.900, 190.903, 190.906, 190.909, 190.912, 190.915, 190.918,
8 190.921, 190.924, 190.927, 190.930, 190.933, 190.936, 190.939,
9 and 191.630, to read as follows:

10 99.848. 1. Notwithstanding subsection 1 of section 99.847,
11 any district or 911 center providing emergency or dispatch
12 services pursuant to chapter 190 or 321 shall be entitled to
13 reimbursement from the special allocation fund in the amount of
14 at least fifty percent nor more than one hundred percent of the
15 district's tax increment.

16 2. An ambulance district board, as defined in chapter 190,
17 a fire protection district board, as defined in chapter 321, a

1 governing body operating a 911 center providing emergency or
2 dispatch services under chapter 190 or chapter 321, or an
3 emergency services board as defined in chapter 190, shall set the
4 reimbursement rate prior to the time the assessment is paid into
5 the special allocation fund. If the redevelopment plan, area, or
6 project is amended by ordinance or by other means, the board
7 shall have the right to recalculate the base year and the refund
8 amount under this section.

9 3. This section shall not apply to tax increment financing
10 projects or districts approved prior to August 28, 2004.

11 135.090. 1. As used in this section, the following terms
12 mean:

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

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

28 (3) "Surviving spouse", a spouse, who has not remarried, of

1 a public safety officer.

2 2. For all tax years beginning on or after January 1, 2008,
3 a surviving spouse shall be allowed a credit against the tax
4 otherwise due under chapter 143, excluding withholding tax
5 imposed by sections 143.191 to 143.265, in an amount equal to the
6 total amount of the property taxes on the surviving spouse's
7 homestead paid during the tax year for which the credit is
8 claimed. A surviving spouse may claim the credit authorized
9 under this section for each tax year beginning the year of death
10 of the public safety officer spouse until the tax year in which
11 the surviving spouse remarries. No credit shall be allowed for
12 the tax year in which the surviving spouse remarries. If the
13 amount allowable as a credit exceeds the income tax reduced by
14 other credits, then the excess shall be considered an overpayment
15 of the income tax.

16 3. The department of revenue shall promulgate rules to
17 implement the provisions of this section.

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

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

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

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

8 (3) The provisions of this subsection shall not be
9 construed to limit or in any way impair the department's ability
10 to redeem tax credits authorized on or before the date the
11 program authorized under this section expires or a taxpayer's
12 ability to redeem such tax credits.

13 190.094. 1. Any ambulance licensed in this state, when
14 used as an ambulance and staffed with volunteer staff, shall be
15 staffed with a minimum of one emergency medical technician and
16 one other crew member who may be a licensed emergency medical
17 technician, registered nurse, physician, or someone who has a
18 **[first]** emergency medical responder certification.

19 2. When transporting a patient, at least one licensed
20 emergency medical technician, registered nurse, or physician
21 shall be in attendance with the patient in the patient
22 compartment at all times.

23 3. For purposes of this section, "volunteer" shall mean an
24 individual who performs hours of service without promise,
25 expectation or receipt of compensation for services rendered.
26 Compensation such as a nominal stipend per call to compensate for
27 fuel, uniforms, and training shall not nullify the volunteer
28 status.

1 190.100. As used in sections 190.001 to 190.245, the
2 following words and terms mean:

3 (1) "Advanced emergency medical technician" or "AEMT", a
4 person who has successfully completed a course of instruction in
5 certain aspects of advanced life support care as prescribed by
6 the department and is licensed by the department in accordance
7 with sections 190.001 to 190.245 and rules and regulations
8 adopted by the department pursuant to sections 190.001 to
9 190.245;

10 (2) "Advanced life support (ALS)", an advanced level of
11 care as provided to the adult and pediatric patient such as
12 defined by national curricula, and any modifications to that
13 curricula specified in rules adopted by the department pursuant
14 to sections 190.001 to 190.245;

15 [(2)] (3) "Ambulance", any privately or publicly owned
16 vehicle or craft that is specially designed, constructed or
17 modified, staffed or equipped for, and is intended or used,
18 maintained or operated for the transportation of persons who are
19 sick, injured, wounded or otherwise incapacitated or helpless, or
20 who require the presence of medical equipment being used on such
21 individuals, but the term does not include any motor vehicle
22 specially designed, constructed or converted for the regular
23 transportation of persons who are disabled, handicapped, normally
24 using a wheelchair, or otherwise not acutely ill, or emergency
25 vehicles used within airports;

26 [(3)] (4) "Ambulance service", a person or entity that
27 provides emergency or nonemergency ambulance transportation and
28 services, or both, in compliance with sections 190.001 to

1 190.245, and the rules promulgated by the department pursuant to
2 sections 190.001 to 190.245;

3 [(4)] (5) "Ambulance service area", a specific geographic
4 area in which an ambulance service has been authorized to
5 operate;

6 [(5)] (6) "Basic life support (BLS)", a basic level of
7 care, as provided to the adult and pediatric patient as defined
8 by national curricula, and any modifications to that curricula
9 specified in rules adopted by the department pursuant to sections
10 190.001 to 190.245;

11 [(6)] (7) "Council", the state advisory council on
12 emergency medical services;

13 [(7)] (8) "Department", the department of health and senior
14 services, state of Missouri;

15 [(8)] (9) "Director", the director of the department of
16 health and senior services or the director's duly authorized
17 representative;

18 [(9)] (10) "Dispatch agency", any person or organization
19 that receives requests for emergency medical services from the
20 public, by telephone or other means, and is responsible for
21 dispatching emergency medical services;

22 [(10)] (11) "Emergency", the sudden and, at the time,
23 unexpected onset of a health condition that manifests itself by
24 symptoms of sufficient severity that would lead a prudent
25 layperson, possessing an average knowledge of health and
26 medicine, to believe that the absence of immediate medical care
27 could result in:

28 (a) Placing the person's health, or with respect to a

1 pregnant woman, the health of the woman or her unborn child, in
2 significant jeopardy;

3 (b) Serious impairment to a bodily function;

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

5 (d) Inadequately controlled pain;

6 [(11)] (12) "Emergency medical dispatcher", a person who
7 receives emergency calls from the public and has successfully
8 completed an emergency medical dispatcher course, meeting or
9 exceeding the national curriculum of the United States Department
10 of Transportation and any modifications to such curricula
11 specified by the department through rules adopted pursuant to
12 sections 190.001 to 190.245;

13 (13) "Emergency medical responder", a person who has
14 successfully completed an emergency first response course meeting
15 or exceeding the national curriculum of the U.S. Department of
16 Transportation and any modifications to such curricula specified
17 by the department through rules adopted under sections 190.001 to
18 190.245 and who provides emergency medical care through
19 employment by or in association with an emergency medical
20 response agency;

21 [(12)] (14) "Emergency medical response agency", any person
22 that regularly provides a level of care that includes first
23 response, basic life support or advanced life support, exclusive
24 of patient transportation;

25 [(13)] (15) "Emergency medical services for children
26 (EMS-C) system", the arrangement of personnel, facilities and
27 equipment for effective and coordinated delivery of pediatric
28 emergency medical services required in prevention and management

1 of incidents which occur as a result of a medical emergency or of
2 an injury event, natural disaster or similar situation;

3 [(14)] (16) "Emergency medical services (EMS) system", the
4 arrangement of personnel, facilities and equipment for the
5 effective and coordinated delivery of emergency medical services
6 required in prevention and management of incidents occurring as a
7 result of an illness, injury, natural disaster or similar
8 situation;

9 [(15)] (17) "Emergency medical technician", a person
10 licensed in emergency medical care in accordance with standards
11 prescribed by sections 190.001 to 190.245, and by rules adopted
12 by the department pursuant to sections 190.001 to 190.245;

13 [(16)] (18) "Emergency medical technician-basic" or
14 "EMT-B", a person who has successfully completed a course of
15 instruction in basic life support as prescribed by the department
16 and is licensed by the department in accordance with standards
17 prescribed by sections 190.001 to 190.245 and rules adopted by
18 the department pursuant to sections 190.001 to 190.245;

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

24 [(18)] "Emergency medical technician-intermediate" or
25 "EMT-I", a person who has successfully completed a course of
26 instruction in certain aspects of advanced life support care as
27 prescribed by the department and is licensed by the department in
28 accordance with sections 190.001 to 190.245 and rules and

1 regulations adopted by the department pursuant to sections
2 190.001 to 190.245;]

3 [(19)] (20) "Emergency medical technician-paramedic" or
4 "EMT-P", a person who has successfully completed a course of
5 instruction in advanced life support care as prescribed by the
6 department and is licensed by the department in accordance with
7 sections 190.001 to 190.245 and rules adopted by the department
8 pursuant to sections 190.001 to 190.245;

9 [(20)] (21) "Emergency services", health care items and
10 services furnished or required to screen and stabilize an
11 emergency which may include, but shall not be limited to, health
12 care services that are provided in a licensed hospital's
13 emergency facility by an appropriate provider or by an ambulance
14 service or emergency medical response agency;

15 [(21)] "First responder", a person who has successfully
16 completed an emergency first response course meeting or exceeding
17 the national curriculum of the United States Department of
18 Transportation and any modifications to such curricula specified
19 by the department through rules adopted pursuant to sections
20 190.001 to 190.245 and who provides emergency medical care
21 through employment by or in association with an emergency medical
22 response agency;]

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

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

1 (24) "Medical control", supervision provided by or under
2 the direction of physicians [to providers by written or verbal
3 communications], or their designated registered nurse, including
4 both online medical control, instructions by radio, telephone, or
5 other means of direct communications, and offline medical control
6 through supervision by treatment protocols, case review,
7 training, and standing orders for treatment;

8 (25) "Medical direction", medical guidance and supervision
9 provided by a physician to an emergency services provider or
10 emergency medical services system;

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

15 (27) "Memorandum of understanding", an agreement between an
16 emergency medical response agency or dispatch agency and an
17 ambulance service or services within whose territory the agency
18 operates, in order to coordinate emergency medical services;

19 (28) "Patient", an individual who is sick, injured,
20 wounded, diseased, or otherwise incapacitated or helpless, or
21 dead, excluding deceased individuals being transported from or
22 between private or public institutions, homes or cemeteries, and
23 individuals declared dead prior to the time an ambulance is
24 called for assistance;

25 (29) "Person", as used in these definitions and elsewhere
26 in sections 190.001 to 190.245, any individual, firm,
27 partnership, copartnership, joint venture, association,
28 cooperative organization, corporation, municipal or private, and

1 whether organized for profit or not, state, county, political
2 subdivision, state department, commission, board, bureau or
3 fraternal organization, estate, public trust, business or common
4 law trust, receiver, assignee for the benefit of creditors,
5 trustee or trustee in bankruptcy, or any other service user or
6 provider;

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

9 (31) "Political subdivision", any municipality, city,
10 county, city not within a county, ambulance district or fire
11 protection district located in this state which provides or has
12 authority to provide ambulance service;

13 (32) "Professional organization", any organized group or
14 association with an ongoing interest regarding emergency medical
15 services. Such groups and associations could include those
16 representing volunteers, labor, management, firefighters,
17 EMT-B's, nurses, EMT-P's, physicians, communications specialists
18 and instructors. Organizations could also represent the
19 interests of ground ambulance services, air ambulance services,
20 fire service organizations, law enforcement, hospitals, trauma
21 centers, communication centers, pediatric services, labor unions
22 and poison control services;

23 (33) "Proof of financial responsibility", proof of ability
24 to respond to damages for liability, on account of accidents
25 occurring subsequent to the effective date of such proof, arising
26 out of the ownership, maintenance or use of a motor vehicle in
27 the financial amount set in rules promulgated by the department,
28 but in no event less than the statutory minimum required for

1 motor vehicles. Proof of financial responsibility shall be used
2 as proof of self-insurance;

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

5 (35) "Regional EMS advisory committee", a committee formed
6 within an emergency medical services (EMS) region to advise
7 ambulance services, the state advisory council on EMS and the
8 department;

9 (36) "Specialty care transportation", the transportation of
10 a patient requiring the services of an emergency medical
11 technician-paramedic who has received additional training beyond
12 the training prescribed by the department. Specialty care
13 transportation services shall be defined in writing in the
14 appropriate local protocols for ground and air ambulance services
15 and approved by the local physician medical director. The
16 protocols shall be maintained by the local ambulance service and
17 shall define the additional training required of the emergency
18 medical technician-paramedic;

19 (37) "Stabilize", with respect to an emergency, the
20 provision of such medical treatment as may be necessary to
21 attempt to assure within reasonable medical probability that no
22 material deterioration of an individual's medical condition is
23 likely to result from or occur during ambulance transportation
24 unless the likely benefits of such transportation outweigh the
25 risks;

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

1 (39) "State EMS medical directors advisory committee", a
2 subcommittee of the state advisory council on emergency medical
3 services formed to advise the state advisory council on emergency
4 medical services and the department on medical issues;

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

10 (41) "STEMI care", includes education and prevention,
11 emergency transport, triage, and acute care and rehabilitative
12 services for STEMI that requires immediate medical or surgical
13 intervention or treatment;

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

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

19 (44) "Stroke care", includes emergency transport, triage,
20 and acute intervention and other acute care services for stroke
21 that potentially require immediate medical or surgical
22 intervention or treatment, and may include education, primary
23 prevention, acute intervention, acute and subacute management,
24 prevention of complications, secondary stroke prevention, and
25 rehabilitative services;

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

28 (46) "Trauma", an injury to human tissues and organs

1 resulting from the transfer of energy from the environment;

2 (47) "Trauma care" includes injury prevention, triage,
3 acute care and rehabilitative services for major single system or
4 multisystem injuries that potentially require immediate medical
5 or surgical intervention or treatment;

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

8 190.103. 1. One physician with expertise in emergency
9 medical services from each of the EMS regions shall be elected by
10 that region's EMS medical directors to serve as a regional EMS
11 medical director. The regional EMS medical directors shall
12 constitute the state EMS medical director's advisory committee
13 and shall advise the department and their region's ambulance
14 services on matters relating to medical control and medical
15 direction in accordance with sections 190.001 to 190.245 and
16 rules adopted by the department pursuant to sections 190.001 to
17 190.245. The regional EMS medical director shall serve a term of
18 four years. The southwest, northwest, and Kansas City regional
19 EMS medical directors shall be elected to an initial two-year
20 term. The central, east central, and southeast regional EMS
21 medical directors shall be elected to an initial four-year term.
22 All subsequent terms following the initial terms shall be four
23 years. The state EMS medical director shall be the chair of the
24 state EMS medical director's advisory committee, and shall be
25 elected by the members of the regional EMS medical director's
26 advisory committee, shall serve a term of four years, and shall
27 seek to coordinate EMS services between the EMS regions, promote
28 educational efforts for agency medical directors, represent

1 Missouri EMS nationally in the role of the state EMS medical
2 director, and seek to incorporate the EMS system into the health
3 care system serving Missouri.

4 2. A medical director is required for all ambulance
5 services and emergency medical response agencies that provide:
6 advanced life support services; basic life support services
7 utilizing medications or providing assistance with patients'
8 medications; or basic life support services performing invasive
9 procedures including invasive airway procedures. The medical
10 director shall provide medical direction to these services and
11 agencies in these instances.

12 3. The medical director, in cooperation with the ambulance
13 service or emergency medical response agency administrator, shall
14 have the responsibility and the authority to ensure that the
15 personnel working under their supervision are able to provide
16 care meeting established standards of care with consideration for
17 state and national standards as well as local area needs and
18 resources. The medical director, in cooperation with the
19 ambulance service or emergency medical response agency
20 administrator, shall establish and develop triage, treatment and
21 transport protocols, which may include authorization for standing
22 orders. Emergency medical technicians shall only perform those
23 medical procedures as directed by treatment protocols approved by
24 the local medical director or when authorized through direct
25 communication with online medical control.

26 4. All ambulance services and emergency medical response
27 agencies that are required to have a medical director shall
28 establish an agreement between the service or agency and their

1 medical director. The agreement will include the roles,
2 responsibilities and authority of the medical director beyond
3 what is granted in accordance with sections 190.001 to 190.245
4 and rules adopted by the department pursuant to sections 190.001
5 to 190.245. The agreement shall also include grievance
6 procedures regarding the emergency medical response agency or
7 ambulance service, personnel and the medical director.

8 5. Regional EMS medical directors and the state EMS medical
9 director elected as provided under subsection 1 of this section
10 shall be considered public officials for purposes of sovereign
11 immunity, official immunity, and the Missouri public duty
12 doctrine defenses.

13 6. The state EMS medical director's advisory committee
14 shall be considered a peer review committee under section
15 537.035.

16 7. Regional EMS medical directors may act to provide online
17 telecommunication medical direction to AEMTs, EMT-Bs, [EMT-Is,]
18 EMT-Ps, and community paramedics and provide offline medical
19 direction per standardized treatment, triage, and transport
20 protocols when EMS personnel, including AEMTs, EMT-Bs, [EMT-Is,]
21 EMT-Ps, and community paramedics, are providing care to special
22 needs patients or at the request of a local EMS agency or medical
23 director.

24 8. When developing treatment protocols for special needs
25 patients, regional EMS medical directors may promulgate such
26 protocols on a regional basis across multiple political
27 subdivisions' jurisdictional boundaries, and such protocols may
28 be used by multiple agencies including, but not limited to,

1 ambulance services, emergency response agencies, and public
2 health departments. Treatment protocols shall include steps to
3 ensure the receiving hospital is informed of the pending arrival
4 of the special needs patient, the condition of the patient, and
5 the treatment instituted.

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

12 10. When regional EMS medical directors develop and
13 implement treatment protocols for patients or provide online
14 medical direction for patients, such activity shall not be
15 construed as having usurped local medical direction authority in
16 any manner.

17 11. Notwithstanding any other provision of law to the
18 contrary, when regional EMS medical directors are providing
19 either online telecommunication medical direction to AEMTs,
20 EMT-Bs, [EMT-Is,] EMT-Ps, and community paramedics, or offline
21 medical direction per standardized EMS treatment, triage, and
22 transport protocols for patients, those medical directions or
23 treatment protocols may include the administration of the
24 patient's own prescription medications.

25 190.105. 1. No person, either as owner, agent or
26 otherwise, shall furnish, operate, conduct, maintain, advertise,
27 or otherwise be engaged in or profess to be engaged in the
28 business or service of the transportation of patients by

1 ambulance in the air, upon the streets, alleys, or any public way
2 or place of the state of Missouri unless such person holds a
3 currently valid license from the department for an ambulance
4 service issued pursuant to the provisions of sections 190.001 to
5 190.245.

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

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

28 (1) Is rendering assistance in the case of an emergency,

1 major catastrophe or any other unforeseen event or series of
2 events which jeopardizes the ability of the local ambulance
3 service to promptly respond to emergencies; or

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

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

20 5. Sections 190.001 to 190.245 shall not preclude the
21 adoption of any law, ordinance or regulation not in conflict with
22 such sections by any city not within a county, or at least as
23 strict as such sections by any county, municipality or political
24 subdivision except that no such regulations or ordinances shall
25 be adopted by a political subdivision in a county with a
26 population of over nine hundred thousand inhabitants except by
27 the county's governing body.

28 6. In a county with a population of over nine hundred

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

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

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

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

23 10. Except as provided in subsections 5 and 6, nothing in
24 section 67.300, or subsection 2 of section 190.109, shall be
25 construed to authorize any municipality or county which is
26 located within an ambulance district or a fire protection
27 district that is authorized to provide ambulance service to
28 promulgate laws, ordinances or regulations related to the

1 provision of ambulance services. This provision shall not apply
2 to any municipality or county which operates an ambulance service
3 established prior to August 28, 1998.

4 11. Nothing in section 67.300 or subsection 2 of section
5 190.109 shall be construed to authorize any municipality or
6 county which is located within an ambulance district or a fire
7 protection district that is authorized to provide ambulance
8 service to operate an ambulance service without a franchise in an
9 ambulance district or a fire protection district that is
10 authorized to provide ambulance service which has enacted an
11 ordinance making it unlawful to do so. This provision shall not
12 apply to any municipality or county which operates an ambulance
13 service established prior to August 28, 1998.

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

20 13. No provision of this section, other than subsections 5,
21 6, 10 and 11 of this section, is intended to limit or supersede
22 the powers given to ambulance districts pursuant to this chapter
23 or to fire protection districts pursuant to chapter 321, or to
24 counties, cities, towns and villages pursuant to chapter 67.

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

1 shall conduct an inspection of the ambulance service to verify
2 compliance with the licensure standards of sections 190.001 to
3 190.245.

4 190.131. 1. The department shall accredit or certify
5 training entities for [first] emergency medical responders,
6 emergency medical dispatchers, and emergency medical
7 [technicians-basic, emergency medical technicians-intermediate,
8 and emergency medical technicians-paramedic] technicians, for a
9 period of five years, if the applicant meets the requirements
10 established pursuant to sections 190.001 to 190.245.

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

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

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

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

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

12
13 The director may authorize investigations into criminal records
14 in other states for any applicant.

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

22 (1) Age requirements;

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

1 (3) Paramedic accreditation requirements. Paramedic
2 training programs shall be accredited by the Commission on
3 Accreditation of Allied Health Education Program (CAAHEP) or hold
4 a CAAHEP letter of review;

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

9 [(4)] (5) Continuing education and relicensure
10 requirements; and

11 [(5)] (6) Ability to speak, read and write the English
12 language.

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

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

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

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

27 5. No person shall hold themselves out as an emergency
28 medical technician or provide the services of an emergency

1 medical technician unless such person is licensed by the
2 department.

3 6. Any rule or portion of a rule, as that term is defined
4 in section 536.010, that is created under the authority delegated
5 in this section shall become effective only if it complies with
6 and is subject to all of the provisions of chapter 536 and, if
7 applicable, section 536.028. This section and chapter 536 are
8 nonseverable and if any of the powers vested with the general
9 assembly pursuant to chapter 536 to review, to delay the
10 effective date, or to disapprove and annul a rule are
11 subsequently held unconstitutional, then the grant of rulemaking
12 authority and any rule proposed or adopted after August 28, 2002,
13 shall be invalid and void.

14 190.143. 1. Notwithstanding any other provisions of law,
15 the department may grant a ninety-day temporary emergency medical
16 technician license to all levels of emergency medical technicians
17 who meet the following:

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

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

27 (3) Have submitted a complete application upon such forms
28 as prescribed by the department in rules adopted pursuant to

1 sections 190.001 to 190.245;

2 (4) Have not been disciplined pursuant to sections 190.001
3 to 190.245 and rules promulgated pursuant to sections 190.001 to
4 190.245;

5 (5) Meet all the requirements of rules promulgated pursuant
6 to sections 190.001 to 190.245.

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

14 3. A temporary emergency medical technician license shall
15 automatically expire either ninety days from the date of issuance
16 or upon the issuance of a five-year emergency medical technician
17 license.

18 190.147. 1. Emergency medical technician paramedics (EMT-
19 Ps):

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

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

26 (3) Whose ground or air ambulance service has developed and
27 adopted standardized triage, treatment, and transport protocols
28 under subsection 3 of section 190.103, which address the

1 challenge of treating and transporting behavioral health patients
2 who present a likelihood of serious harm to themselves or others
3 as the term "likelihood of serious harm" is defined under section
4 632.005 or who are significantly incapacitated by alcohol or
5 drugs; provided, that such protocols shall be reviewed and
6 approved by the state EMS medical director's advisory committee
7 and that such protocols shall direct the EMT-P regarding the
8 proper use of patient restraint and coordination with area law
9 enforcement. Patient restraint protocols shall be based upon
10 current applicable national guidelines;

11
12 may make a good faith determination that such patients shall be
13 placed into a temporary hold for the sole purposes of transport
14 to the nearest appropriate facility.

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

24 3. Any ground or air ambulance service that adopts the
25 authority and protocols provided for by this section shall have a
26 memorandum of understanding with applicable local law enforcement
27 agencies in order to achieve a collaborative and coordinated
28 response to patients displaying symptoms of either a likelihood

1 of serious harm to themselves or others or significant
2 incapacitation by alcohol or drugs, which require a crisis
3 intervention response. The memorandum of understanding shall
4 include, but not be limited to, the following:

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

7 (2) Patient restraint techniques and coordination of agency
8 responses to situations in which patient restraint may be
9 required;

10 (3) Field interaction between paramedics and law
11 enforcement, including patient destination and transportation;
12 and

13 (4) Coordination of program quality assurance.

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

24 190.165. 1. The department may refuse to issue or deny
25 renewal of any certificate, permit or license required pursuant
26 to sections 190.100 to 190.245 for failure to comply with the
27 provisions of sections 190.100 to 190.245 or any lawful
28 regulations promulgated by the department to implement its

1 provisions as described in subsection 2 of this section. The
2 department shall notify the applicant in writing of the reasons
3 for the refusal and shall advise the applicant of his or her
4 right to file a complaint with the administrative hearing
5 commission as provided by chapter 621.

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

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

20 (2) Being finally adjudicated and found guilty, or having
21 entered a plea of guilty or nolo contendere, in a criminal
22 prosecution under the laws of any state or of the United States,
23 for any offense reasonably related to the qualifications,
24 functions or duties of any activity licensed or regulated
25 pursuant to sections 190.100 to 190.245, for any offense an
26 essential element of which is fraud, dishonesty or an act of
27 violence, or for any offense involving moral turpitude, whether
28 or not sentence is imposed;

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

6 (4) Obtaining or attempting to obtain any fee, charge,
7 tuition or other compensation by fraud, deception or
8 misrepresentation;

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

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

17 (7) Impersonation of any person holding a certificate,
18 permit or license or allowing any person to use his or her
19 certificate, permit, license or diploma from any school;

20 (8) Disciplinary action against the holder of a license or
21 other right to practice any activity regulated by sections
22 190.100 to 190.245 granted by another state, territory, federal
23 agency or country upon grounds for which revocation or suspension
24 is authorized in this state;

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

27 (10) Assisting or enabling any person to practice or offer
28 to practice any activity licensed or regulated by sections

1 190.100 to 190.245 who is not licensed and currently eligible to
2 practice pursuant to sections 190.100 to 190.245;

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

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

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

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

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

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

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

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

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

28 (2) Have anyone present whom he or she deems to be

1 necessary or desirable[, except for any holder of any
2 certificate, permit, or license required by sections 190.100 to
3 190.245]; and

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

6
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

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

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

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

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

1 the conclusion of the proceedings, including review thereof,
2 unless sooner withdrawn by the department, dissolved by a court
3 of competent jurisdiction or stayed by the administrative hearing
4 commission.

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

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

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

27 4. This section shall not be construed to authorize the
28 release of records, reports, or other information which may be

1 held in department files for any holder of or applicant for any
2 certificate, permit, or license that is subject to other specific
3 state or federal laws concerning their disclosure.

4 5. Nothing in this section shall prohibit the department
5 from releasing aggregate information in accordance with section
6 192.067.

7 190.196. 1. No employer shall knowingly employ or permit
8 any employee to perform any services for which a license,
9 certificate or other authorization is required by sections
10 190.001 to 190.245, or by rules adopted pursuant to sections
11 190.001 to 190.245, unless and until the person so employed
12 possesses all licenses, certificates or authorizations that are
13 required.

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

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

- 28 (1) Child abuse or sexual abuse of a child;

1 (2) Crimes of violence; or

2 (3) Rape or sexual abuse.

3 4. Any licensee who has charges filed against him or her
4 for the felony offenses in subsection 3 of this section shall
5 report such an occurrence to the department within seventy-two
6 hours of the charges being filed.

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

9 190.246. 1. As used in this section, the following terms
10 shall mean:

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

22 (2) "Emergency health care provider":

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

25 (b) A hospital licensed pursuant to chapter 197 that
26 provides emergency care.

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

1 (1) No person shall use an epinephrine auto-injector device
2 unless such person has successfully completed a training course
3 in the use of epinephrine auto-injector devices approved by the
4 director of the department of health and senior services.
5 Nothing in this section shall prohibit the use of an epinephrine
6 auto-injector device:

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

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

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

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

18 3. (1) Use of an epinephrine auto-injector device pursuant
19 to this section shall be considered first aid or emergency
20 treatment for the purpose of any law relating to liability.

21 (2) Purchase, acquisition, possession or use of an
22 epinephrine auto-injector device pursuant to this section shall
23 not constitute the unlawful practice of medicine or the unlawful
24 practice of a profession.

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

28 4. Any person, firm, organization or entity that violates

1 the provisions of this section is guilty of a class B
2 misdemeanor.

3 190.900. 1. The "Recognition of EMS Personnel Licensure
4 Interstate Compact" (REPLICA) is hereby enacted into law and
5 entered into with all other jurisdictions legally joining
6 therein, in the form substantially as follows in sections 190.900
7 to 190.939.

8 2. As used in sections 190.900 to 190.939, the following
9 terms mean:

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

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

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

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

28 (5) "Emergency medical technician" or "EMT", an individual

1 licensed with cognitive knowledge and a scope of practice that
2 corresponds to that level in the National EMS Education Standards
3 and National EMS Scope of Practice Model;

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

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

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

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

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

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

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

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

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

24 (15) "Rule", a written statement by the interstate
25 commission promulgated under section 190.930 of this compact that
26 is of general applicability; implements, interprets, or
27 prescribes a policy or provision of the compact; or is an
28 organizational, procedural, or practice requirement of the

1 commission and has the force and effect of statutory law in a
2 member state and includes the amendment, repeal, or suspension of
3 an existing rule;

4 (16) "Scope of practice", defined parameters of various
5 duties or services that may be provided by an individual with
6 specific credentials. Whether regulated by rule, statute, or
7 court decision, it tends to represent the limits of services an
8 individual may perform;

9 (17) "Significant investigatory information":

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

15 (b) Investigative information that indicates that the
16 individual represents an immediate threat to public health and
17 safety, regardless of whether the individual has been notified
18 and had an opportunity to respond;

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

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

23 190.903. 1. Any member state in which an individual holds
24 a current license shall be deemed a home state for purposes of
25 this compact.

26 2. Any member state may require an individual to obtain and
27 retain a license to be authorized to practice in the member state
28 under circumstances not authorized by the privilege to practice

1 under the terms of this compact.

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

5 (1) Currently requires the use of the National Registry of
6 Emergency Medical Technicians (NREMT) examination as a condition
7 of issuing initial licenses at the EMT and paramedic levels;

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

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

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

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

22 190.906. 1. Member states shall recognize the privilege to
23 practice of an individual licensed in another member state that
24 is in conformance with section 190.903.

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

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

28 (2) Possess a current unrestricted license in a member

1 state as an EMT, AEMT, paramedic, or state-recognized and
2 licensed level with a scope of practice and authority between EMT
3 and paramedic; and

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

5 3. An individual providing patient care in a remote state
6 under the privilege to practice shall function within the scope
7 of practice authorized by the home state unless and until
8 modified by an appropriate authority in the remote state, as may
9 be defined in the rules of the commission.

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

19 5. If an individual's license in any home state is
20 restricted, suspended, or revoked, the individual shall not be
21 eligible to practice in a remote state under the privilege to
22 practice until the individual's home state license is restored.

23 6. If an individual's privilege to practice in any remote
24 state is restricted, suspended, or revoked, the individual shall
25 not be eligible to practice in any remote state until the
26 individual's privilege to practice is restored.

27 190.909. An individual may practice in a remote state under
28 a privilege to practice only in the performance of the

1 individual's EMS duties as assigned by an appropriate authority,
2 as defined in the rules of the commission, and under the
3 following circumstances:

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

6 (2) The individual originates in the home state and enters
7 a remote state to pick up a patient and provides care and
8 transport of the patient to the home state;

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

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

14 (5) Other conditions as determined by rules promulgated by
15 the commission.

16 190.912. Upon a member state's governor's declaration of a
17 state of emergency or disaster that activates the Emergency
18 Management Assistance Compact (EMAC), all relevant terms and
19 provisions of EMAC shall apply, and to the extent any terms or
20 provisions of this compact conflict with EMAC, the terms of EMAC
21 shall prevail with respect to any individual practicing in the
22 remote state in response to such declaration.

23 190.915. 1. Member states shall consider a veteran, active
24 military service member, or member of the National Guard and
25 Reserves separating from an active duty tour, or a spouse
26 thereof, who holds a current, valid, and unrestricted NREMT
27 certification at or above the level of the state license being
28 sought as satisfying the minimum training and examination

1 requirements for such licensure.

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

6 3. All individuals functioning with a privilege to practice
7 under this section remain subject to the adverse action
8 provisions of section 190.918.

9 190.918. 1. A home state shall have exclusive power to
10 impose adverse action against an individual's license issued by
11 the home state.

12 2. 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 (1) All home state adverse action orders shall include a
17 statement that the individual's compact privileges are inactive.
18 The order may allow the individual to practice in remote states
19 with prior written authorization from both the home state and the
20 remote state's EMS authority.

21 (2) An individual currently subject to adverse action in
22 the home state shall not practice in any remote state without
23 prior written authorization from both the home state and remote
24 state's EMS authority.

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

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

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

7 6. A home state's EMS authority shall coordinate
8 investigative activities, share information via the coordinated
9 database, and take appropriate action with respect to reported
10 conduct in a remote state as it would if such conduct had
11 occurred within the home state. In such cases, the home state's
12 law shall control in determining the appropriate adverse action.

13 7. Nothing in this compact shall override a member state's
14 decision that participation in an alternative program may be used
15 in lieu of adverse action and that such participation shall
16 remain nonpublic if required by the member state's laws. Member
17 states shall require individuals who enter any alternative
18 programs to agree not to practice in any other member state
19 during the term of the alternative program without prior
20 authorization from such other member state.

21 190.921. A member state's EMS authority, in addition to any
22 other powers granted under state law, is authorized under this
23 compact to:

24 (1) Issue subpoenas for both hearings and investigations
25 that require the attendance and testimony of witnesses and the
26 production of evidence. Subpoenas issued by a member state's EMS
27 authority for the attendance and testimony of witnesses or the
28 production of evidence from another member state shall be

1 enforced in the remote state by any court of competent
2 jurisdiction according to that court's practice and procedure in
3 considering subpoenas issued in its own proceedings. The issuing
4 state's EMS authority shall pay any witness fees, travel
5 expenses, mileage, and other fees required by the service
6 statutes of the state where the witnesses or evidence is located;
7 and

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

10 190.924. 1. The compact states hereby create and establish
11 a joint public agency known as the "Interstate Commission for EMS
12 Personnel Practice".

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

15 (2) Venue is proper and judicial proceedings by or against
16 the commission shall be brought solely and exclusively in a court
17 of competent jurisdiction where the principal office of the
18 commission is located. The commission may waive venue and
19 jurisdictional defenses to the extent it adopts or consents to
20 participate in alternative dispute resolution proceedings.

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

23 2. Each member state shall have and be limited to one
24 delegate. The responsible official of the state EMS authority or
25 his or her designee shall be the delegate to this compact for
26 each member state. Any delegate may be removed or suspended from
27 office as provided by the law of the state from which the
28 delegate is appointed. Any vacancy occurring in the commission

1 shall be filled in accordance with the laws of the member state
2 in which the vacancy exists. In the event that more than one
3 board, office, or other agency with the legislative mandate to
4 license EMS personnel at and above the level of EMT exists, the
5 governor of the state shall determine which entity shall be
6 responsible for assigning the delegate.

7 (1) Each delegate shall be entitled to one vote with regard
8 to the promulgation of rules and creation of bylaws, and shall
9 otherwise have an opportunity to participate in the business and
10 affairs of the commission. A delegate shall vote in person or by
11 such other means as provided in the bylaws. The bylaws may
12 provide for delegates' participation in meetings by telephone or
13 other means of communication.

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

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

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

22 (a) Noncompliance of a member state with its obligations
23 under the compact;

24 (b) The employment, compensation, discipline or other
25 personnel matters, practices, or procedures related to specific
26 employees, or other matters related to the commission's internal
27 personnel practices and procedures;

28 (c) Current, threatened, or reasonably anticipated

1 litigation;

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

4 (e) Accusing any person of a crime or formally censuring
5 any person;

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

8 (g) Disclosure of information of a personal nature if
9 disclosure would constitute a clearly unwarranted invasion of
10 personal privacy;

11 (h) Disclosure of investigatory records compiled for law
12 enforcement purposes;

13 (i) Disclosure of information related to any investigatory
14 reports prepared by or on behalf of or for use of the commission
15 or other committee charged with responsibility of investigation
16 or determination of compliance issues pursuant to the compact; or

17 (j) Matters specifically exempted from disclosure by
18 federal or member state statute.

19 (5) If a meeting or portion of a meeting is closed under
20 this section, the commission's legal counsel or designee shall
21 certify that the meeting may be closed and shall reference each
22 relevant exempting provision. The commission shall keep minutes
23 that fully and clearly describe all matters discussed in a
24 meeting and shall provide a full and accurate summary of actions
25 taken and the reasons therefor, including a description of the
26 views expressed. All documents considered in connection with an
27 action shall be identified in such minutes. All minutes and
28 documents of a closed meeting shall remain under seal, subject to

1 release by a majority vote of the commission or order of a court
2 of competent jurisdiction.

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

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

8 (2) Providing reasonable standards and procedures:

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

10 and

11 (b) Governing any general or specific delegation of any
12 authority or function of the commission;

13 (3) Providing reasonable procedures for calling and
14 conducting meetings of the commission, ensuring reasonable
15 advance notice of all meetings, and providing an opportunity for
16 attendance of such meetings by interested parties, with
17 enumerated exceptions designed to protect the public's interest,
18 the privacy of individuals, and proprietary information,
19 including trade secrets. The commission may meet in closed
20 session only after a majority of the membership votes to close a
21 meeting in whole or in part. As soon as practicable, the
22 commission shall make public a copy of the vote to close the
23 meeting revealing the vote of each member with no proxy votes
24 allowed;

25 (4) Establishing the titles, duties and authority, and
26 reasonable procedures for the election of the officers of the
27 commission;

28 (5) Providing reasonable standards and procedures for the

1 establishment of the personnel policies and programs of the
2 commission. Notwithstanding any civil service or other similar
3 laws of any member state, the bylaws shall exclusively govern the
4 personnel policies and programs of the commission;

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

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

11 (8) The commission shall publish its bylaws and file a copy
12 thereof, and a copy of any amendment thereto, with the
13 appropriate agency or officer in each of the member states, if
14 any;

15 (9) The commission shall maintain its financial records in
16 accordance with the bylaws; and

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

19 4. The commission shall have the following powers:

20 (1) To promulgate uniform rules to facilitate and
21 coordinate implementation and administration of this compact.
22 The rules shall have the force and effect of law and shall be
23 binding on all member states;

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

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

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

5 (5) To hire employees, elect or appoint officers, fix
6 compensation, define duties, grant such individuals appropriate
7 authority to carry out the purposes of the compact, and to
8 establish the commission's personnel policies and programs
9 relating to conflicts of interest, qualifications of personnel,
10 and other related personnel matters;

11 (6) To accept any and all appropriate donations and grants
12 of money, equipment, supplies, materials, and services, and to
13 receive, utilize, and dispose of the same; provided that, at all
14 times the commission shall strive to avoid any appearance of
15 impropriety and conflict of interest;

16 (7) To lease, purchase, accept appropriate gifts or
17 donations of, or otherwise to own, hold, improve, or use any
18 property, real, personal, or mixed; provided that, at all times
19 the commission shall strive to avoid any appearance of
20 impropriety;

21 (8) To sell, convey, mortgage, pledge, lease, exchange,
22 abandon, or otherwise dispose of any property, real, personal, or
23 mixed;

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

25 (10) To borrow money;

26 (11) To appoint committees, including advisory committees
27 comprised of members, state regulators, state legislators or
28 their representatives, consumer representatives, and such other

1 interested persons as may be designated in this compact and the
2 bylaws;

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

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

6 (14) To perform such other functions as may be necessary or
7 appropriate to achieve the purposes of this compact consistent
8 with the state regulation of EMS personnel licensure and
9 practice.

10 5. (1) The commission shall pay, or provide for the
11 payment of, the reasonable expenses of its establishment,
12 organization, and ongoing activities.

13 (2) The commission may accept any and all appropriate
14 revenue sources, donations, and grants of money, equipment,
15 supplies, materials, and services.

16 (3) The commission may levy on and collect an annual
17 assessment from each member state or impose fees on other parties
18 to cover the cost of the operations and activities of the
19 commission and its staff, which shall be in a total amount
20 sufficient to cover its annual budget as approved each year for
21 which revenue is not provided by other sources. The aggregate
22 annual assessment amount shall be allocated based upon a formula
23 to be determined by the commission, which shall promulgate a rule
24 binding upon all member states.

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

1 (5) The commission shall keep accurate accounts of all
2 receipts and disbursements. The receipts and disbursements of
3 the commission shall be subject to the audit and accounting
4 procedures established under its bylaws. However, all receipts
5 and disbursements of funds handled by the commission shall be
6 audited yearly by a certified or licensed public accountant, and
7 the report of the audit shall be included in and become part of
8 the annual report of the commission.

9 6. (1) The members, officers, executive director,
10 employees, and representatives of the commission shall be immune
11 from suit and liability, either personally or in their official
12 capacity, for any claim, damage to or loss of property, personal
13 injury, or other civil liability caused by or arising out of any
14 actual or alleged act, error, or omission that occurred or that
15 the person against whom the claim is made had a reasonable basis
16 for believing occurred within the scope of commission employment,
17 duties, or responsibilities; provided that, nothing in this
18 subdivision shall be construed to protect any such person from
19 suit or liability for any damage, loss, injury, or liability
20 caused by the intentional, willful, or wanton misconduct of that
21 person.

22 (2) The commission shall defend any member, officer,
23 executive director, employee, or representative of the commission
24 in any civil action seeking to impose liability arising out of
25 any actual or alleged act, error, or omission that occurred
26 within the scope of commission employment, duties, or
27 responsibilities, or that the person against whom the claim is
28 made had a reasonable basis for believing occurred within the

1 scope of commission employment, duties, or responsibilities;
2 provided that, nothing herein shall be construed to prohibit that
3 person from retaining his or her own counsel; and provided
4 further, that the actual or alleged act, error, or omission did
5 not result from that person's intentional, willful, or wanton
6 misconduct.

7 (3) The commission shall indemnify and hold harmless any
8 member, officer, executive director, employee, or representative
9 of the commission for the amount of any settlement or judgment
10 obtained against that person arising out of any actual or alleged
11 act, error, or omission that occurred within the scope of
12 commission employment, duties, or responsibilities, or that such
13 person had a reasonable basis for believing occurred within the
14 scope of commission employment, duties, or responsibilities;
15 provided that, the actual or alleged act, error, or omission did
16 not result from the intentional, willful, or wanton misconduct of
17 the person.

18 190.927. 1. The commission shall provide for the
19 development and maintenance of a coordinated database and
20 reporting system containing licensure, adverse action, and
21 significant investigatory information on all licensed individuals
22 in member states.

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

27 (1) Identifying information;

28 (2) Licensure data;

- 1 (3) Significant investigatory information;
2 (4) Adverse actions against an individual's license;
3 (5) An indicator that an individual's privilege to practice
4 is restricted, suspended, or revoked;
5 (6) Nonconfidential information related to alternative
6 program participation;
7 (7) Any denial of application for licensure and the reasons
8 for such denial; and
9 (8) Other information that may facilitate the
10 administration of this compact, as determined by the rules of the
11 commission.

12 3. The coordinated database administrator shall promptly
13 notify all member states of any adverse action taken against, or
14 significant investigative information on, any individual in a
15 member state.

16 4. Member states contributing information to the
17 coordinated database may designate information that shall not be
18 shared with the public without the express permission of the
19 contributing state.

20 5. Any information submitted to the coordinated database
21 that is subsequently required to be expunged by the laws of the
22 member state contributing the information shall be removed from
23 the coordinated database.

24 190.930. 1. The commission shall exercise its rulemaking
25 powers pursuant to the criteria set forth in this section and the
26 rules adopted thereunder. Rules and amendments shall become
27 binding as of the date specified in each rule or amendment.

28 2. If a majority of the legislatures of the member states

1 rejects a rule by enactment of a statute or resolution in the
2 same manner used to adopt the compact, then such rule shall have
3 no further force and effect in any member state.

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

6 4. Prior to promulgation and adoption of a final rule or
7 rules by the commission, and at least sixty days in advance of
8 the meeting at which the rule or rules shall be considered and
9 voted upon, the commission shall file a notice of proposed
10 rulemaking:

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

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

15 5. The notice of proposed rulemaking shall include:

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

18 (2) The text of the proposed rule or amendment and the
19 reason for the proposed rule;

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

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

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

28 7. The commission shall grant an opportunity for a public

1 hearing before it adopts a rule or amendment if a hearing is
2 requested by:

3 (1) At least twenty-five persons;

4 (2) A governmental subdivision or agency; or

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

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

9 (1) All persons wishing to be heard at the hearing shall
10 notify the executive director of the commission or other
11 designated member in writing of their desire to appear and
12 testify at the hearing not less than five business days before
13 the scheduled date of the hearing.

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

17 (3) No transcript of the hearing is required, unless a
18 written request for a transcript is made, in which case the
19 person requesting the transcript shall bear the cost of producing
20 the transcript. A recording may be made in lieu of a transcript
21 under the same terms and conditions as a transcript. This
22 subdivision shall not preclude the commission from making a
23 transcript or recording of the hearing if it so chooses.

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

28 9. Following the scheduled hearing date, or by the close of

1 business on the scheduled hearing date if the hearing was not
2 held, the commission shall consider all written and oral comments
3 received.

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

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

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

21 (1) Meet an imminent threat to public health, safety, or
22 welfare;

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

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

27 (4) Protect public health and safety.

28 13. The commission or an authorized committee of the

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

14 190.933. 1. The executive, legislative, and judicial
15 branches of state government in each member state shall enforce
16 this compact and take all actions necessary and appropriate to
17 effectuate the compact's purposes and intent. The provisions of
18 this compact and the rules promulgated hereunder shall have
19 standing as statutory law.

20 2. All courts shall take judicial notice of the compact and
21 the rules in any judicial or administrative proceedings in a
22 member state pertaining to the subject matter of this compact
23 which may affect the powers, responsibilities, or actions of the
24 commission.

25 3. The commission shall be entitled to receive service of
26 process in any such proceeding and shall have standing to
27 intervene in such a proceeding for all purposes. Failure to
28 provide service of process to the commission shall render a

1 judgment or order void as to the commission, this compact, or
2 promulgated rules.

3 4. If the commission determines that a member state has
4 defaulted in the performance of its obligations or
5 responsibilities under this compact or the promulgated rules, the
6 commission shall:

7 (1) Provide written notice to the defaulting state and
8 other member states of the nature of the default, the proposed
9 means of curing the default, or any other action to be taken by
10 the commission; and

11 (2) Provide remedial training and specific technical
12 assistance regarding the default.

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

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

26 7. A state that has been terminated is responsible for all
27 assessments, obligations, and liabilities incurred through the
28 effective date of termination, including obligations that extend

1 beyond the effective date of termination.

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

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

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

15 11. The commission shall promulgate a rule providing for
16 both mediation and binding dispute resolution for disputes as
17 appropriate.

18 12. The commission, in the reasonable exercise of its
19 discretion, shall enforce the provisions and rules of this
20 compact.

21 13. By majority vote, the commission may initiate legal
22 action in the United States District Court for the District of
23 Columbia or the federal district where the commission has its
24 principal offices against a member state in default to enforce
25 compliance with the provisions of the compact and its promulgated
26 rules and bylaws. The relief sought may include both injunctive
27 relief and damages. In the event judicial enforcement is
28 necessary, the prevailing member shall be awarded all costs of

1 such litigation, including reasonable attorney's fees.

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

5 190.936. 1. The compact shall come into effect on the date
6 on which the compact statute is enacted into law in the tenth
7 member state. The provisions, which become effective at that
8 time, shall be limited to the powers granted to the commission
9 relating to assembly and the promulgation of rules. Thereafter,
10 the commission shall meet and exercise rulemaking powers
11 necessary to the implementation and administration of the
12 compact.

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

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

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

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

27 4. Nothing contained in this compact shall be construed to
28 invalidate or prevent any EMS personnel licensure agreement or

1 other cooperative arrangement between a member state and a
2 nonmember state that does not conflict with the provisions of
3 this compact.

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

8 190.939. This compact shall be liberally construed so as to
9 effectuate the purposes thereof. If this compact shall be held
10 contrary to the constitution of any member state thereto, the
11 compact shall remain in full force and effect as to the remaining
12 member states. Nothing in this compact supersedes state law or
13 rules related to licensure of EMS agencies.

14 191.630. As used in sections 191.630 and 191.631, the
15 following terms mean:

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

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

28 (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

1 membrane, nonintact skin, or parenteral contact with blood or
2 other potentially infectious materials that results from the
3 performance of an employee's duties;

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

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

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