

SECOND REGULAR SESSION

# SENATE BILL NO. 870

99TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR HEGEMAN.

Read 1st time January 8, 2018, and ordered printed.

ADRIANE D. CROUSE, Secretary.

5721S.011

## AN ACT

To repeal sections 99.848, 190.100, 190.103, 190.131, 190.142, 190.143, 190.165, 190.173, and 190.196, RSMo, and to enact in lieu thereof ten new sections relating to emergency medical services.

*Be it enacted by the General Assembly of the State of Missouri, as follows:*

Section A. Sections 99.848, 190.100, 190.103, 190.131, 190.142, 190.143, 190.165, 190.173, and 190.196, RSMo, are repealed and ten new sections enacted in lieu thereof, to be known as sections 99.848, 190.100, 190.103, 190.131, 190.142, 190.143, 190.147, 190.165, 190.173, and 190.196, to read as follows:

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

**2. An ambulance district board, as defined in chapter 190, a fire protection district board, as defined in chapter 321, or an emergency services board as defined in chapter 190, shall set the reimbursement rate prior to the time the assessment is paid into the special allocation fund. If the redevelopment plan, area, or project is amended by ordinance or by other means, the board shall have the right to recalculate the base year and the refund amount under this section.**

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

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

**EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.**

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

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

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

22           [(3)] (4) **"Ambulance service", a person or entity that provides emergency**  
23 **or nonemergency ambulance transportation and services, or both, in compliance**  
24 **with sections 190.001 to 190.245, and the rules promulgated by the department**  
25 **pursuant to sections 190.001 to 190.245;**

26           [(4)] (5) **"Ambulance service area", a specific geographic area in which**  
27 **an ambulance service has been authorized to operate;**

28           [(5)] (6) **"Basic life support (BLS)", a basic level of care, as provided to**  
29 **the adult and pediatric patient as defined by national curricula, and any**  
30 **modifications to that curricula specified in rules adopted by the department**  
31 **pursuant to sections 190.001 to 190.245;**

32           [(6)] (7) **"Council", the state advisory council on emergency medical**  
33 **services;**

34           [(7)] (8) **"Department", the department of health and senior services,**  
35 **state of Missouri;**

36           [(8)] (9) **"Director", the director of the department of health and senior**  
37 **services or the director's duly authorized representative;**

38           [(9)] (10) **"Dispatch agency", any person or organization that receives**

39 requests for emergency medical services from the public, by telephone or other  
40 means, and is responsible for dispatching emergency medical services;

41 [(10)] (11) "Emergency", the sudden and, at the time, unexpected onset  
42 of a health condition that manifests itself by symptoms of sufficient severity that  
43 would lead a prudent layperson, possessing an average knowledge of health and  
44 medicine, to believe that the absence of immediate medical care could result in:

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

47 (b) Serious impairment to a bodily function;

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

49 (d) Inadequately controlled pain;

50 [(11)] (12) "Emergency medical dispatcher", a person who receives  
51 emergency calls from the public and has successfully completed an emergency  
52 medical dispatcher course, meeting or exceeding the national curriculum of the  
53 United States Department of Transportation and any modifications to such  
54 curricula specified by the department through rules adopted pursuant to sections  
55 190.001 to 190.245;

56 [(12)] (13) "Emergency medical response agency", any person that  
57 regularly provides a level of care that includes first response, basic life support  
58 or advanced life support, exclusive of patient transportation;

59 [(13)] (14) "Emergency medical services for children (EMS-C) system",  
60 the arrangement of personnel, facilities and equipment for effective and  
61 coordinated delivery of pediatric emergency medical services required in  
62 prevention and management of incidents which occur as a result of a medical  
63 emergency or of an injury event, natural disaster or similar situation;

64 [(14)] (15) "Emergency medical services (EMS) system", the arrangement  
65 of personnel, facilities and equipment for the effective and coordinated delivery  
66 of emergency medical services required in prevention and management of  
67 incidents occurring as a result of an illness, injury, natural disaster or similar  
68 situation;

69 [(15)] (16) "Emergency medical technician", a person licensed in  
70 emergency medical care in accordance with standards prescribed by sections  
71 190.001 to 190.245, and by rules adopted by the department pursuant to sections  
72 190.001 to 190.245;

73 [(16)] (17) "Emergency medical technician-basic" or "EMT-B", a person  
74 who has successfully completed a course of instruction in basic life support as

75 prescribed by the department and is licensed by the department in accordance  
76 with standards prescribed by sections 190.001 to 190.245 and rules adopted by  
77 the department pursuant to sections 190.001 to 190.245;

78        [(17)] **(18)** "Emergency medical technician-community paramedic",  
79 "community paramedic", or "EMT-CP", a person who is certified as an emergency  
80 medical technician-paramedic and is certified by the department in accordance  
81 with standards prescribed in section 190.098;

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

87        (19) "Emergency medical technician-paramedic" or "EMT-P", a person who  
88 has successfully completed a course of instruction in advanced life support care  
89 as prescribed by the department and is licensed by the department in accordance  
90 with sections 190.001 to 190.245 and rules adopted by the department pursuant  
91 to sections 190.001 to 190.245;

92        (20) "Emergency services", health care items and services furnished or  
93 required to screen and stabilize an emergency which may include, but shall not  
94 be limited to, health care services that are provided in a licensed hospital's  
95 emergency facility by an appropriate provider or by an ambulance service or  
96 emergency medical response agency;

97        (21) "First responder", a person who has successfully completed an  
98 emergency first response course meeting or exceeding the national curriculum of  
99 the United States Department of Transportation and any modifications to such  
100 curricula specified by the department through rules adopted pursuant to sections  
101 190.001 to 190.245 and who provides emergency medical care through  
102 employment by or in association with an emergency medical response agency;

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

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

107        (24) "Medical control", supervision provided by or under the direction of  
108 physicians to providers by written or verbal communications;

109        (25) "Medical direction", medical guidance and supervision provided by a  
110 physician to an emergency services provider or emergency medical services

111 system;

112 (26) "Medical director", a physician licensed pursuant to chapter 334  
113 designated by the ambulance service or emergency medical response agency and  
114 who meets criteria specified by the department by rules pursuant to sections  
115 190.001 to 190.245;

116 (27) "Memorandum of understanding", an agreement between an  
117 emergency medical response agency or dispatch agency and an ambulance service  
118 or services within whose territory the agency operates, in order to coordinate  
119 emergency medical services;

120 (28) "Patient", an individual who is sick, injured, wounded, diseased, or  
121 otherwise incapacitated or helpless, or dead, excluding deceased individuals being  
122 transported from or between private or public institutions, homes or cemeteries,  
123 and individuals declared dead prior to the time an ambulance is called for  
124 assistance;

125 (29) "Person", as used in these definitions and elsewhere in sections  
126 190.001 to 190.245, any individual, firm, partnership, copartnership, joint  
127 venture, association, cooperative organization, corporation, municipal or private,  
128 and whether organized for profit or not, state, county, political subdivision, state  
129 department, commission, board, bureau or fraternal organization, estate, public  
130 trust, business or common law trust, receiver, assignee for the benefit of creditors,  
131 trustee or trustee in bankruptcy, or any other service user or provider;

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

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

136 (32) "Professional organization", any organized group or association with  
137 an ongoing interest regarding emergency medical services. Such groups and  
138 associations could include those representing volunteers, labor, management,  
139 firefighters, EMT-B's, nurses, EMT-P's, physicians, communications specialists  
140 and instructors. Organizations could also represent the interests of ground  
141 ambulance services, air ambulance services, fire service organizations, law  
142 enforcement, hospitals, trauma centers, communication centers, pediatric  
143 services, labor unions and poison control services;

144 (33) "Proof of financial responsibility", proof of ability to respond to  
145 damages for liability, on account of accidents occurring subsequent to the effective  
146 date of such proof, arising out of the ownership, maintenance or use of a motor

147 vehicle in the financial amount set in rules promulgated by the department, but  
148 in no event less than the statutory minimum required for motor vehicles. Proof  
149 of financial responsibility shall be used as proof of self-insurance;

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

152 (35) "Regional EMS advisory committee", a committee formed within an  
153 emergency medical services (EMS) region to advise ambulance services, the state  
154 advisory council on EMS and the department;

155 (36) "Specialty care transportation", the transportation of a patient  
156 requiring the services of an emergency medical technician-paramedic who has  
157 received additional training beyond the training prescribed by the  
158 department. Specialty care transportation services shall be defined in writing in  
159 the appropriate local protocols for ground and air ambulance services and  
160 approved by the local physician medical director. The protocols shall be  
161 maintained by the local ambulance service and shall define the additional  
162 training required of the emergency medical technician-paramedic;

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

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

171 (39) "State EMS medical directors advisory committee", a subcommittee  
172 of the state advisory council on emergency medical services formed to advise the  
173 state advisory council on emergency medical services and the department on  
174 medical issues;

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

179 (41) "STEMI care", includes education and prevention, emergency  
180 transport, triage, and acute care and rehabilitative services for STEMI that  
181 requires immediate medical or surgical intervention or treatment;

182 (42) "STEMI center", a hospital that is currently designated as such by

183 the department to care for patients with ST-segment elevation myocardial  
184 infarctions;

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

187 (44) "Stroke care", includes emergency transport, triage, and acute  
188 intervention and other acute care services for stroke that potentially require  
189 immediate medical or surgical intervention or treatment, and may include  
190 education, primary prevention, acute intervention, acute and subacute  
191 management, prevention of complications, secondary stroke prevention, and  
192 rehabilitative services;

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

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

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

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

190.103. 1. One physician with expertise in emergency medical services  
2 from each of the EMS regions shall be elected by that region's EMS medical  
3 directors to serve as a regional EMS medical director. The regional EMS medical  
4 directors shall constitute the state EMS medical director's advisory committee  
5 and shall advise the department and their region's ambulance services on matters  
6 relating to medical control and medical direction in accordance with sections  
7 190.001 to 190.245 and rules adopted by the department pursuant to sections  
8 190.001 to 190.245. The regional EMS medical director shall serve a term of four  
9 years. The southwest, northwest, and Kansas City regional EMS medical  
10 directors shall be elected to an initial two-year term. The central, east central,  
11 and southeast regional EMS medical directors shall be elected to an initial  
12 four-year term. All subsequent terms following the initial terms shall be four  
13 years. The state EMS medical director shall be the chair of the state EMS  
14 medical director's advisory committee, **and shall be elected by the members**  
15 **of the regional EMS medical director's advisory committee, shall serve**  
16 **a term of four years, and shall seek to coordinate EMS services between**  
17 **the EMS regions, promote educational efforts for agency medical**

18 **directors, represent Missouri EMS nationally in the role of the state**  
19 **EMS medical director, and seek to incorporate the EMS system into the**  
20 **health care system serving Missouri.**

21           2. A medical director is required for all ambulance services and emergency  
22 medical response agencies that provide: advanced life support services; basic life  
23 support services utilizing medications or providing assistance with patients'  
24 medications; or basic life support services performing invasive procedures  
25 including invasive airway procedures. The medical director shall provide medical  
26 direction to these services and agencies in these instances.

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

35           4. All ambulance services and emergency medical response agencies that  
36 are required to have a medical director shall establish an agreement between the  
37 service or agency and their medical director. The agreement will include the  
38 roles, responsibilities and authority of the medical director beyond what is  
39 granted in accordance with sections 190.001 to 190.245 and rules adopted by the  
40 department pursuant to sections 190.001 to 190.245. The agreement shall also  
41 include grievance procedures regarding the emergency medical response agency  
42 or ambulance service, personnel and the medical director.

43           5. Regional EMS medical directors **and the state EMS medical**  
44 **director** elected as provided under subsection 1 of this section shall be  
45 considered public officials for purposes of sovereign immunity, official immunity,  
46 and the Missouri public duty doctrine defenses.

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

49           7. Regional EMS medical directors may act to provide online  
50 telecommunication medical direction to **AEMTs**, EMT-Bs, [EMT-Is,] EMT-Ps, and  
51 community paramedics and provide offline medical direction per standardized  
52 treatment, triage, and transport protocols when EMS personnel, including  
53 **AEMTs**, EMT-Bs, [EMT-Is,] EMT-Ps, and community paramedics, are providing



54 care to special needs patients or at the request of a local EMS agency or medical  
55 director. **AEMTs, EMT-Bs, EMT-Ps, and community paramedics shall**  
56 **only perform medical procedures as directed by treatment protocols**  
57 **approved by the regional medical director or as authorized through**  
58 **direct communication with online medical control.**

59 8. When developing treatment protocols for special needs patients,  
60 regional EMS medical directors may promulgate such protocols on a regional  
61 basis across multiple political subdivisions' jurisdictional boundaries, and such  
62 protocols may be used by multiple agencies including, but not limited to,  
63 ambulance services, emergency response agencies, and public health  
64 departments. Treatment protocols shall include steps to ensure the receiving  
65 hospital is informed of the pending arrival of the special needs patient, the  
66 condition of the patient, and the treatment instituted.

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

72 10. When regional EMS medical directors develop and implement  
73 treatment protocols for patients or provide online medical direction for patients,  
74 such activity shall not be construed as having usurped local medical direction  
75 authority in any manner.

76 11. Notwithstanding any other provision of law to the contrary, when  
77 regional EMS medical directors are providing either online telecommunication  
78 medical direction to **AEMTs, EMT-Bs, [EMT-Is,] EMT-Ps, and community**  
79 **paramedics, or offline medical direction per standardized EMS treatment, triage,**  
80 **and transport protocols for patients, those medical directions or treatment**  
81 **protocols may include the administration of the patient's own prescription**  
82 **medications.**

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

7 2. Such rules promulgated by the department shall set forth the minimum

8 requirements for entrance criteria, training program curricula, instructors,  
9 facilities, equipment, medical oversight, record keeping, and reporting.

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

17 4. Upon receipt of such application for training entity accreditation or  
18 certification, the department shall determine whether the training entity, its  
19 instructors, facilities, equipment, curricula and medical oversight meet the  
20 requirements of sections 190.001 to 190.245 and rules promulgated pursuant to  
21 sections 190.001 to 190.245.

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

25 6. Subsequent to the issuance of a training entity accreditation or  
26 certification, the department shall cause a periodic review of the training entity  
27 to assure continued compliance with the requirements of sections 190.001 to  
28 190.245 and all rules promulgated pursuant to sections 190.001 to 190.245.

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

190.142. 1. The department shall, within a reasonable time after receipt  
2 of an application, cause such investigation as it deems necessary to be made of  
3 the applicant for an emergency medical technician's license. The director may  
4 authorize investigations into criminal records in other states for any applicant.

5 2. The department shall issue a license to all levels of emergency medical  
6 technicians, for a period of five years, if the applicant meets the requirements  
7 established pursuant to sections 190.001 to 190.245 and the rules adopted by the  
8 department pursuant to sections 190.001 to 190.245. The department may  
9 promulgate rules relating to the requirements for an emergency medical  
10 technician including but not limited to:

11 (1) Age requirements;

12 (2) **Emergency medical technician and paramedic** education and  
13 training requirements based on respective [national curricula of the United

14 States Department of Transportation] **National Emergency Medical Services**  
15 **Education Standards** and any modification to such curricula specified by the  
16 department through rules adopted pursuant to sections 190.001 to 190.245;

17 (3) **Paramedic accreditation requirements. Paramedic training**  
18 **programs shall be accredited by the Commission on Accreditation of**  
19 **Allied Health Education Program (CAAHEP) or hold a CAAHEP letter**  
20 **of review;**

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

24 [(4)] (5) Continuing education and relicensure requirements; and

25 [(5)] (6) Ability to speak, read and write the English language.

26 3. Application for all levels of emergency medical technician license shall  
27 be made upon such forms as prescribed by the department in rules adopted  
28 pursuant to sections 190.001 to 190.245. The application form shall contain such  
29 information as the department deems necessary to make a determination as to  
30 whether the emergency medical technician meets all the requirements of sections  
31 190.001 to 190.245 and rules promulgated pursuant to sections 190.001 to  
32 190.245.

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

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

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

39 5. No person shall hold themselves out as an emergency medical  
40 technician or provide the services of an emergency medical technician unless such  
41 person is licensed by the department.

42 6. Any rule or portion of a rule, as that term is defined in section 536.010,  
43 that is created under the authority delegated in this section shall become effective  
44 only if it complies with and is subject to all of the provisions of chapter 536 and,  
45 if applicable, section 536.028. This section and chapter 536 are nonseverable and  
46 if any of the powers vested with the general assembly pursuant to chapter 536 to  
47 review, to delay the effective date, or to disapprove and annul a rule are  
48 subsequently held unconstitutional, then the grant of rulemaking authority and  
49 any rule proposed or adopted after August 28, 2002, shall be invalid and void.

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

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

6 (2) Are not currently licensed as an emergency medical technician in  
7 Missouri or have been licensed as an emergency medical technician in Missouri  
8 and fingerprints need to be submitted to the Federal Bureau of Investigation to  
9 verify the existence or absence of a criminal history, or they are currently  
10 licensed and the license will expire before a verification can be completed of the  
11 existence or absence of a criminal history;

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

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

16 (5) Meet all the requirements of rules promulgated pursuant to sections  
17 190.001 to 190.245.

18 2. A temporary emergency medical technician license shall only authorize  
19 the license to practice while under the immediate supervision of a licensed  
20 emergency medical [technician-basic, emergency medical technician-intermediate,  
21 emergency medical technician-paramedic] **technician**, registered nurse or  
22 physician who is currently licensed, without restrictions, to practice in Missouri.

23 3. A temporary emergency medical technician license shall automatically  
24 expire either ninety days from the date of issuance or upon the issuance of a  
25 five-year emergency medical technician license.

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

2 (1) **Who have completed a standard crisis intervention training**  
3 **course as endorsed and developed by the state EMS medical director's**  
4 **advisory committee;**

5 (2) **Who have been authorized by their ground or air ambulance**  
6 **service's administration and medical director under subsection 3 of**  
7 **section 190.103; and**

8 (3) **Whose ground or air ambulance service has developed and**  
9 **adopted standardized triage, treatment, and transport protocols under**  
10 **subsection 3 of section 190.103, which address the challenge of treating**  
11 **and transporting behavioral health patients who present a likelihood**

12 of serious harm to themselves or others as the term "likelihood of  
13 serious harm" is defined under section 632.005 or who are significantly  
14 incapacitated by alcohol or drugs; provided, that such protocols shall be  
15 reviewed and approved by the state EMS medical director's advisory  
16 committee and that such protocols shall direct the EMT-P regarding the  
17 proper use of patient restraint and coordination with area law  
18 enforcement. Patient restraint protocols shall be based upon current  
19 applicable national guidelines;  
20 may make a good faith determination that such patients shall be placed  
21 into a temporary hold for the sole purposes of transport to the nearest  
22 appropriate facility.

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

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

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

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

43       (3) Field interaction between paramedics and law enforcement,  
44 including patient destination and transportation; and

45       (4) Coordination of program quality assurance.

190.165. 1. The department may refuse to issue or deny renewal of any  
2 certificate, permit or license required pursuant to sections 190.100 to 190.245 for  
3 failure to comply with the provisions of sections 190.100 to 190.245 or any lawful

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

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

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

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

27           (3) Use of fraud, deception, misrepresentation or bribery in securing any  
28 certificate, permit or license issued pursuant to sections 190.100 to 190.245 or in  
29 obtaining permission to take any examination given or required pursuant to  
30 sections 190.100 to 190.245;

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

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

36           (6) Violation of, or assisting or enabling any person to violate, any  
37 provision of sections 190.100 to 190.245, or of any lawful rule or regulation  
38 adopted by the department pursuant to sections 190.100 to 190.245;

39           (7) Impersonation of any person holding a certificate, permit or license or

40 allowing any person to use his or her certificate, permit, license or diploma from  
41 any school;

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

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

48 (10) Assisting or enabling any person to practice or offer to practice any  
49 activity licensed or regulated by sections 190.100 to 190.245 who is not licensed  
50 and currently eligible to practice pursuant to sections 190.100 to 190.245;

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

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

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

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

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

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

65 (17) Repeated acts of negligence or recklessness in the performance of the  
66 functions or duties of any activity licensed or regulated by sections 190.100 to  
67 190.245.

68 3. If the department conducts investigations, the department, prior to  
69 interviewing a licensee who is the subject of the investigation, shall explain to the  
70 licensee that he or she has the right to:

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

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

75 (3) Refuse to answer any question or refuse to provide or sign any written

76 statement.

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

79 4. After the filing of such complaint, the proceedings shall be conducted  
80 in accordance with the provisions of chapter 621. Upon a finding by the  
81 administrative hearing commission that the grounds, provided in subsection 2 of  
82 this section, for disciplinary action are met, the department may, singly or in  
83 combination, censure or place the person named in the complaint on probation on  
84 such terms and conditions as the department deems appropriate for a period not  
85 to exceed five years, or may suspend, for a period not to exceed three years, or  
86 revoke the license, certificate or permit. Notwithstanding any provision of law  
87 to the contrary, the department shall be authorized to impose a suspension or  
88 revocation as a disciplinary action only if it first files the requisite complaint with  
89 the administrative hearing commission. **The administrative hearing**  
90 **commission shall hear all relevant evidence on remediation activities**  
91 **of the licensee and shall make a recommendation to the department of**  
92 **health and senior services as to licensure disposition based on such**  
93 **evidence.**

94 5. An individual whose license has been revoked shall wait one year from  
95 the date of revocation to apply for relicensure. Relicensure shall be at the  
96 discretion of the department after compliance with all the requirements of  
97 sections 190.100 to 190.245 relative to the licensing of an applicant for the first  
98 time. Any individual whose license has been revoked twice within a ten-year  
99 period shall not be eligible for relicensure.

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

103 7. Any person, organization, association or corporation who reports or  
104 provides information to the department pursuant to the provisions of sections  
105 190.100 to 190.245 and who does so in good faith shall not be subject to an action  
106 for civil damages as a result thereof.

107 8. The department of health and senior services may suspend any  
108 certificate, permit or license required pursuant to sections 190.100 to 190.245  
109 simultaneously with the filing of the complaint with the administrative hearing  
110 commission as set forth in subsection 2 of this section, if the department finds  
111 that there is an imminent threat to the public health. The notice of suspension



112 shall include the basis of the suspension and notice of the right to appeal such  
113 suspension. The licensee may appeal the decision to suspend the license,  
114 certificate or permit to the department. The appeal shall be filed within ten days  
115 from the date of the filing of the complaint. A hearing shall be conducted by the  
116 department within ten days from the date the appeal is filed. The suspension  
117 shall continue in effect until the conclusion of the proceedings, including review  
118 thereof, unless sooner withdrawn by the department, dissolved by a court of  
119 competent jurisdiction or stayed by the administrative hearing commission.

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

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

14 3. **Any information regarding the physical address, mailing**  
15 **address, phone number, fax number, or email address of a licensed**  
16 **ambulance service or a certified training entity, including the name of**  
17 **the medical director and organizational contact information, shall not**  
18 **be confidential.**

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

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

6 2. Any person or entity that employs or supervises a person's activities as

7 a first responder, emergency medical dispatcher, emergency medical  
8 [technician-basic, emergency medical technician-intermediate, emergency medical  
9 technician-paramedic] **technician**, registered nurse or physician shall cooperate  
10 with the department's efforts to monitor and enforce compliance by those  
11 individuals subject to the requirements of sections 190.001 to 190.245.

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

- 17 (1) Child abuse or sexual abuse of a child;
- 18 (2) Crimes of violence; or
- 19 (3) Rape or sexual abuse.

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

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

Bill  
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