

SENATE AMENDMENT NO. _____

Offered by _____ of _____

Amend SS/SCS/Senate Bill No. 228, Page 1, Section TITLE, Line 4,

2 by striking "do-not-resuscitate orders" and inserting in
3 lieu thereof the following: "health care"; and

4 Further amend said bill and page, Section A, line 4, by
5 inserting after all of said line the following:

6 "67.145. 1. No political subdivision of this state
7 shall prohibit any first responder from engaging in any
8 political activity while off duty and not in uniform, being
9 a candidate for elected or appointed public office, or
10 holding such office unless such political activity or
11 candidacy is otherwise prohibited by state or federal law.

12 2. As used in this section, "first responder" means
13 any person trained and authorized by law or rule to render
14 emergency medical assistance or treatment. Such persons may
15 include, but shall not be limited to, emergency first
16 responders, police officers, sheriffs, deputy sheriffs,
17 firefighters, [ambulance attendants and attendant drivers,]
18 emergency medical technicians, [mobile emergency medical
19 technicians, emergency medical technician-paramedics,]
20 registered nurses, or physicians.

21 105.500. For purposes of sections 105.500 to 105.598,
22 unless the context otherwise requires, the following words
23 and phrases mean:

24 (1) "Bargaining unit", a unit of public employees at
25 any plant or installation or in a craft or in a function of

26 a public body that establishes a clear and identifiable
27 community of interest among the public employees concerned;

28 (2) "Board", the state board of mediation established
29 under section 295.030;

30 (3) "Department", the department of labor and
31 industrial relations established under section 286.010;

32 (4) "Exclusive bargaining representative", an
33 organization that has been designated or selected, as
34 provided in section 105.575, by a majority of the public
35 employees in a bargaining unit as the representative of such
36 public employees in such unit for purposes of collective
37 bargaining;

38 (5) "Labor organization", any organization, agency, or
39 public employee representation committee or plan, in which
40 public employees participate and that exists for the
41 purpose, in whole or in part, of dealing with a public body
42 or public bodies concerning collective bargaining,
43 grievances, labor disputes, wages, rates of pay, hours of
44 employment, or conditions of work;

45 (6) "Public body", the state of Missouri, or any
46 officer, agency, department, bureau, division, board or
47 commission of the state, or any other political subdivision
48 or special district of or within the state. Public body
49 shall not include the department of corrections;

50 (7) "Public employee", any person employed by a public
51 body;

52 (8) "Public safety labor organization", a labor
53 organization wholly or primarily representing persons
54 trained or authorized by law or rule to render emergency
55 medical assistance or treatment, including, but not limited
56 to, firefighters, [ambulance attendants, attendant drivers,]
57 emergency medical technicians, [emergency medical technician
58 paramedics,] dispatchers, registered nurses and physicians,

59 and persons who are vested with the power of arrest for
60 criminal code violations including, but not limited to,
61 police officers, sheriffs, and deputy sheriffs.

62 190.100. As used in sections 190.001 to 190.245 and
63 section 190.257, the following words and terms mean:

64 (1) "Advanced emergency medical technician" or "AEMT",
65 a person who has successfully completed a course of
66 instruction in certain aspects of advanced life support care
67 as prescribed by the department and is licensed by the
68 department in accordance with sections 190.001 to 190.245
69 and rules and regulations adopted by the department pursuant
70 to sections 190.001 to 190.245;

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

76 (3) "Ambulance", any privately or publicly owned
77 vehicle or craft that is specially designed, constructed or
78 modified, staffed or equipped for, and is intended or used,
79 maintained or operated for the transportation of persons who
80 are sick, injured, wounded or otherwise incapacitated or
81 helpless, or who require the presence of medical equipment
82 being used on such individuals, but the term does not
83 include any motor vehicle specially designed, constructed or
84 converted for the regular transportation of persons who are
85 disabled, handicapped, normally using a wheelchair, or
86 otherwise not acutely ill, or emergency vehicles used within
87 airports;

88 (4) "Ambulance service", a person or entity that
89 provides emergency or nonemergency ambulance transportation
90 and services, or both, in compliance with sections 190.001

91 to 190.245, and the rules promulgated by the department
92 pursuant to sections 190.001 to 190.245;

93 (5) "Ambulance service area", a specific geographic
94 area in which an ambulance service has been authorized to
95 operate;

96 (6) "Basic life support (BLS)", a basic level of care,
97 as provided to the adult and pediatric patient as defined by
98 national curricula, and any modifications to that curricula
99 specified in rules adopted by the department pursuant to
100 sections 190.001 to 190.245;

101 (7) "Council", the state advisory council on emergency
102 medical services;

103 (8) "Department", the department of health and senior
104 services, state of Missouri;

105 (9) "Director", the director of the department of
106 health and senior services or the director's duly authorized
107 representative;

108 (10) "Dispatch agency", any person or organization
109 that receives requests for emergency medical services from
110 the public, by telephone or other means, and is responsible
111 for dispatching emergency medical services;

112 (11) "Emergency", the sudden and, at the time,
113 unexpected onset of a health condition that manifests itself
114 by symptoms of sufficient severity that would lead a prudent
115 layperson, possessing an average knowledge of health and
116 medicine, to believe that the absence of immediate medical
117 care could result in:

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

121 (b) Serious impairment to a bodily function;

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

123 (d) Inadequately controlled pain;

124 (12) "Emergency medical dispatcher", a person who
125 receives emergency calls from the public and has
126 successfully completed an emergency medical dispatcher
127 course, meeting or exceeding the national curriculum of the
128 United States Department of Transportation and any
129 modifications to such curricula specified by the department
130 through rules adopted pursuant to sections 190.001 to
131 190.245;

132 (13) "Emergency medical responder", a person who has
133 successfully completed an emergency first response course
134 meeting or exceeding the national curriculum of the U.S.
135 Department of Transportation and any modifications to such
136 curricula specified by the department through rules adopted
137 under sections 190.001 to 190.245 and who provides emergency
138 medical care through employment by or in association with an
139 emergency medical response agency;

140 (14) "Emergency medical response agency", any person
141 that regularly provides a level of care that includes first
142 response, basic life support or advanced life support,
143 exclusive of patient transportation;

144 (15) "Emergency medical services for children (EMS-C)
145 system", the arrangement of personnel, facilities and
146 equipment for effective and coordinated delivery of
147 pediatric emergency medical services required in prevention
148 and management of incidents which occur as a result of a
149 medical emergency or of an injury event, natural disaster or
150 similar situation;

151 (16) "Emergency medical services (EMS) system", the
152 arrangement of personnel, facilities and equipment for the
153 effective and coordinated delivery of emergency medical
154 services required in prevention and management of incidents
155 occurring as a result of an illness, injury, natural
156 disaster or similar situation;

157 (17) "Emergency medical technician", a person licensed
158 in emergency medical care in accordance with standards
159 prescribed by sections 190.001 to 190.245, and by rules
160 adopted by the department pursuant to sections 190.001 to
161 190.245;

162 (18) ["Emergency medical technician-basic" or "EMT-B",
163 a person who has successfully completed a course of
164 instruction in basic life support as prescribed by the
165 department and is licensed by the department in accordance
166 with standards prescribed by sections 190.001 to 190.245 and
167 rules adopted by the department pursuant to sections 190.001
168 to 190.245;

169 (19)] "Emergency medical technician-community
170 paramedic", "community paramedic", or "EMT-CP", a person who
171 is certified as an emergency medical technician-paramedic
172 and is certified by the department in accordance with
173 standards prescribed in section 190.098;

174 [(20) "Emergency medical technician-paramedic" or "EMT-
175 P", a person who has successfully completed a course of
176 instruction in advanced life support care as prescribed by
177 the department and is licensed by the department in
178 accordance with sections 190.001 to 190.245 and rules
179 adopted by the department pursuant to sections 190.001 to
180 190.245;

181 (21)] (19) "Emergency services", health care items and
182 services furnished or required to screen and stabilize an
183 emergency which may include, but shall not be limited to,
184 health care services that are provided in a licensed
185 hospital's emergency facility by an appropriate provider or
186 by an ambulance service or emergency medical response agency;

187 [(22)] (20) "Health care facility", a hospital,
188 nursing home, physician's office or other fixed location at
189 which medical and health care services are performed;

190 [(23)] (21) "Hospital", an establishment as defined in
191 the hospital licensing law, subsection 2 of section 197.020,
192 or a hospital operated by the state;

193 [(24)] (22) "Medical control", supervision provided by
194 or under the direction of physicians, or their designated
195 registered nurse, including both online medical control,
196 instructions by radio, telephone, or other means of direct
197 communications, and offline medical control through
198 supervision by treatment protocols, case review, training,
199 and standing orders for treatment;

200 [(25)] (23) "Medical direction", medical guidance and
201 supervision provided by a physician to an emergency services
202 provider or emergency medical services system;

203 [(26)] (24) "Medical director", a physician licensed
204 pursuant to chapter 334 designated by the ambulance service
205 or emergency medical response agency and who meets criteria
206 specified by the department by rules pursuant to sections
207 190.001 to 190.245;

208 [(27)] (25) "Memorandum of understanding", an
209 agreement between an emergency medical response agency or
210 dispatch agency and an ambulance service or services within
211 whose territory the agency operates, in order to coordinate
212 emergency medical services;

213 (26) "Paramedic", a person who has successfully
214 completed a course of instruction in advanced life support
215 care as prescribed by the department and is licensed by the
216 department in accordance with sections 190.001 to 190.245
217 and rules adopted by the department pursuant to sections
218 190.001 to 190.245;

219 [(28)] (27) "Patient", an individual who is sick,
220 injured, wounded, diseased, or otherwise incapacitated or
221 helpless, or dead, excluding deceased individuals being
222 transported from or between private or public institutions,

223 homes or cemeteries, and individuals declared dead prior to
224 the time an ambulance is called for assistance;

225 [(29)] (28) "Person", as used in these definitions and
226 elsewhere in sections 190.001 to 190.245, any individual,
227 firm, partnership, copartnership, joint venture,
228 association, cooperative organization, corporation,
229 municipal or private, and whether organized for profit or
230 not, state, county, political subdivision, state department,
231 commission, board, bureau or fraternal organization, estate,
232 public trust, business or common law trust, receiver,
233 assignee for the benefit of creditors, trustee or trustee in
234 bankruptcy, or any other service user or provider;

235 [(30)] (29) "Physician", a person licensed as a
236 physician pursuant to chapter 334;

237 [(31)] (30) "Political subdivision", any municipality,
238 city, county, city not within a county, ambulance district
239 or fire protection district located in this state which
240 provides or has authority to provide ambulance service;

241 [(32)] (31) "Professional organization", any organized
242 group or association with an ongoing interest regarding
243 emergency medical services. Such groups and associations
244 could include those representing volunteers, labor,
245 management, firefighters, [EMT-B's,] EMTs, nurses, [EMT-
246 P's,] paramedics, physicians, communications specialists and
247 instructors. Organizations could also represent the
248 interests of ground ambulance services, air ambulance
249 services, fire service organizations, law enforcement,
250 hospitals, trauma centers, communication centers, pediatric
251 services, labor unions and poison control services;

252 [(33)] (32) "Proof of financial responsibility", proof
253 of ability to respond to damages for liability, on account
254 of accidents occurring subsequent to the effective date of
255 such proof, arising out of the ownership, maintenance or use

256 of a motor vehicle in the financial amount set in rules
257 promulgated by the department, but in no event less than the
258 statutory minimum required for motor vehicles. Proof of
259 financial responsibility shall be used as proof of self-
260 insurance;

261 [(34)] (33) "Protocol", a predetermined, written
262 medical care guideline, which may include standing orders;

263 [(35)] (34) "Regional EMS advisory committee", a
264 committee formed within an emergency medical services (EMS)
265 region to advise ambulance services, the state advisory
266 council on EMS and the department;

267 [(36)] (35) "Specialty care transportation", the
268 transportation of a patient requiring the services of an
269 emergency medical technician-paramedic who has received
270 additional training beyond the training prescribed by the
271 department. Specialty care transportation services shall be
272 defined in writing in the appropriate local protocols for
273 ground and air ambulance services and approved by the local
274 physician medical director. The protocols shall be
275 maintained by the local ambulance service and shall define
276 the additional training required of the emergency medical
277 technician-paramedic;

278 [(37)] (36) "Stabilize", with respect to an emergency,
279 the provision of such medical treatment as may be necessary
280 to attempt to assure within reasonable medical probability
281 that no material deterioration of an individual's medical
282 condition is likely to result from or occur during ambulance
283 transportation unless the likely benefits of such
284 transportation outweigh the risks;

285 [(38)] (37) "State advisory council on emergency
286 medical services", a committee formed to advise the
287 department on policy affecting emergency medical service
288 throughout the state;

289 [(39)] (38) "State EMS medical directors advisory
290 committee", a subcommittee of the state advisory council on
291 emergency medical services formed to advise the state
292 advisory council on emergency medical services and the
293 department on medical issues;

294 [(40)] (39) "STEMI" or "ST-elevation myocardial
295 infarction", a type of heart attack in which impaired blood
296 flow to the patient's heart muscle is evidenced by ST-
297 segment elevation in electrocardiogram analysis, and as
298 further defined in rules promulgated by the department under
299 sections 190.001 to 190.250;

300 [(41)] (40) "STEMI care", includes education and
301 prevention, emergency transport, triage, and acute care and
302 rehabilitative services for STEMI that requires immediate
303 medical or surgical intervention or treatment;

304 [(42)] (41) "STEMI center", a hospital that is
305 currently designated as such by the department to care for
306 patients with ST-segment elevation myocardial infarctions;

307 [(43)] (42) "Stroke", a condition of impaired blood
308 flow to a patient's brain as defined by the department;

309 [(44)] (43) "Stroke care", includes emergency
310 transport, triage, and acute intervention and other acute
311 care services for stroke that potentially require immediate
312 medical or surgical intervention or treatment, and may
313 include education, primary prevention, acute intervention,
314 acute and subacute management, prevention of complications,
315 secondary stroke prevention, and rehabilitative services;

316 [(45)] (44) "Stroke center", a hospital that is
317 currently designated as such by the department;

318 [(46)] (45) "Time-critical diagnosis", trauma care,
319 stroke care, and STEMI care occurring either outside of a
320 hospital or in a center designated under section 190.241;

321 [(47)] (46) "Time-critical diagnosis advisory
322 committee", a committee formed under section 190.257 to
323 advise the department on policies impacting trauma, stroke,
324 and STEMI center designations; regulations on trauma care,
325 stroke care, and STEMI care; and the transport of trauma,
326 stroke, and STEMI patients;

327 [(48)] (47) "Trauma", an injury to human tissues and
328 organs resulting from the transfer of energy from the
329 environment;

330 [(49)] (48) "Trauma care" includes injury prevention,
331 triage, acute care and rehabilitative services for major
332 single system or multisystem injuries that potentially
333 require immediate medical or surgical intervention or
334 treatment;

335 [(50)] (49) "Trauma center", a hospital that is
336 currently designated as such by the department.

337 190.103. 1. One physician with expertise in emergency
338 medical services from each of the EMS regions shall be
339 elected by that region's EMS medical directors to serve as a
340 regional EMS medical director. The regional EMS medical
341 directors shall constitute the state EMS medical director's
342 advisory committee and shall advise the department and their
343 region's ambulance services on matters relating to medical
344 control and medical direction in accordance with sections
345 190.001 to 190.245 and rules adopted by the department
346 pursuant to sections 190.001 to 190.245. The regional EMS
347 medical director shall serve a term of four years. The
348 southwest, northwest, and Kansas City regional EMS medical
349 directors shall be elected to an initial two-year term. The
350 central, east central, and southeast regional EMS medical
351 directors shall be elected to an initial four-year term.
352 All subsequent terms following the initial terms shall be
353 four years. The state EMS medical director shall be the

354 chair of the state EMS medical director's advisory
355 committee, and shall be elected by the members of the
356 regional EMS medical director's advisory committee, shall
357 serve a term of four years, and shall seek to coordinate EMS
358 services between the EMS regions, promote educational
359 efforts for agency medical directors, represent Missouri EMS
360 nationally in the role of the state EMS medical director,
361 and seek to incorporate the EMS system into the health care
362 system serving Missouri.

363 2. A medical director is required for all ambulance
364 services and emergency medical response agencies that
365 provide: advanced life support services; basic life support
366 services utilizing medications or providing assistance with
367 patients' medications; or basic life support services
368 performing invasive procedures including invasive airway
369 procedures. The medical director shall provide medical
370 direction to these services and agencies in these instances.

371 3. The medical director, in cooperation with the
372 ambulance service or emergency medical response agency
373 administrator, shall have the responsibility and the
374 authority to ensure that the personnel working under their
375 supervision are able to provide care meeting established
376 standards of care with consideration for state and national
377 standards as well as local area needs and resources. The
378 medical director, in cooperation with the ambulance service
379 or emergency medical response agency administrator, shall
380 establish and develop triage, treatment and transport
381 protocols, which may include authorization for standing
382 orders. Emergency medical technicians shall only perform
383 those medical procedures as directed by treatment protocols
384 approved by the local medical director or when authorized
385 through direct communication with online medical control.

386 4. All ambulance services and emergency medical
387 response agencies that are required to have a medical
388 director shall establish an agreement between the service or
389 agency and their medical director. The agreement will
390 include the roles, responsibilities and authority of the
391 medical director beyond what is granted in accordance with
392 sections 190.001 to 190.245 and rules adopted by the
393 department pursuant to sections 190.001 to 190.245. The
394 agreement shall also include grievance procedures regarding
395 the emergency medical response agency or ambulance service,
396 personnel and the medical director.

397 5. Regional EMS medical directors and the state EMS
398 medical director elected as provided under subsection 1 of
399 this section shall be considered public officials for
400 purposes of sovereign immunity, official immunity, and the
401 Missouri public duty doctrine defenses.

402 6. The state EMS medical director's advisory committee
403 shall be considered a peer review committee under section
404 537.035.

405 7. Regional EMS medical directors may act to provide
406 online telecommunication medical direction to AEMTs, [EMT-
407 Bs, EMT-Ps] EMTs, paramedics, and community paramedics and
408 provide offline medical direction per standardized
409 treatment, triage, and transport protocols when EMS
410 personnel, including AEMTs, [EMT-Bs, EMT-Ps] EMTs,
411 paramedics, and community paramedics, are providing care to
412 special needs patients or at the request of a local EMS
413 agency or medical director.

414 8. When developing treatment protocols for special
415 needs patients, regional EMS medical directors may
416 promulgate such protocols on a regional basis across
417 multiple political subdivisions' jurisdictional boundaries,
418 and such protocols may be used by multiple agencies

419 including, but not limited to, ambulance services, emergency
420 response agencies, and public health departments. Treatment
421 protocols shall include steps to ensure the receiving
422 hospital is informed of the pending arrival of the special
423 needs patient, the condition of the patient, and the
424 treatment instituted.

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

431 10. When regional EMS medical directors develop and
432 implement treatment protocols for patients or provide online
433 medical direction for patients, such activity shall not be
434 construed as having usurped local medical direction
435 authority in any manner.

436 11. The state EMS medical directors advisory committee
437 shall review and make recommendations regarding all proposed
438 community and regional time-critical diagnosis plans.

439 12. Notwithstanding any other provision of law to the
440 contrary, when regional EMS medical directors are providing
441 either online telecommunication medical direction to AEMTs,
442 [EMT-Bs, EMT-Ps] EMTs, paramedics, and community paramedics,
443 or offline medical direction per standardized EMS treatment,
444 triage, and transport protocols for patients, those medical
445 directions or treatment protocols may include the
446 administration of the patient's own prescription medications.

447 190.142. 1. (1) For applications submitted before
448 the recognition of EMS personnel licensure interstate
449 compact under sections 190.900 to 190.939 takes effect, the
450 department shall, within a reasonable time after receipt of
451 an application, cause such investigation as it deems

452 necessary to be made of the applicant for an emergency
453 medical technician's license.

454 (2) For applications submitted after the recognition
455 of EMS personnel licensure interstate compact under sections
456 190.900 to 190.939 takes effect, an applicant for initial
457 licensure as an emergency medical technician in this state
458 shall submit to a background check by the Missouri state
459 highway patrol and the Federal Bureau of Investigation
460 through a process approved by the department of health and
461 senior services. Such processes may include the use of
462 vendors or systems administered by the Missouri state
463 highway patrol. The department may share the results of
464 such a criminal background check with any emergency services
465 licensing agency in any member state, as that term is
466 defined under section 190.900, in recognition of the EMS
467 personnel licensure interstate compact. The department
468 shall not issue a license until the department receives the
469 results of an applicant's criminal background check from the
470 Missouri state highway patrol and the Federal Bureau of
471 Investigation, but, notwithstanding this subsection, the
472 department may issue a temporary license as provided under
473 section 190.143. Any fees due for a criminal background
474 check shall be paid by the applicant.

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

477 2. The department shall issue a license to all levels
478 of emergency medical technicians, for a period of five
479 years, if the applicant meets the requirements established
480 pursuant to sections 190.001 to 190.245 and the rules
481 adopted by the department pursuant to sections 190.001 to
482 190.245. The department may promulgate rules relating to
483 the requirements for an emergency medical technician
484 including but not limited to:

- 485 (1) Age requirements;
- 486 (2) Emergency medical technician and paramedic
487 education and training requirements based on respective
488 National Emergency Medical Services Education Standards and
489 any modification to such curricula specified by the
490 department through rules adopted pursuant to sections
491 190.001 to 190.245;
- 492 (3) Paramedic accreditation requirements. Paramedic
493 training programs shall be accredited by the Commission on
494 Accreditation of Allied Health Education Programs (CAAHEP)
495 or hold a CAAHEP letter of review;
- 496 (4) Initial licensure testing requirements. Initial
497 **[EMT-P]** paramedic licensure testing shall be through the
498 national registry of EMTs;
- 499 (5) Continuing education and relicensure requirements;
500 and
- 501 (6) Ability to speak, read and write the English
502 language.
- 503 3. Application for all levels of emergency medical
504 technician license shall be made upon such forms as
505 prescribed by the department in rules adopted pursuant to
506 sections 190.001 to 190.245. The application form shall
507 contain such information as the department deems necessary
508 to make a determination as to whether the emergency medical
509 technician meets all the requirements of sections 190.001 to
510 190.245 and rules promulgated pursuant to sections 190.001
511 to 190.245.
- 512 4. All levels of emergency medical technicians may
513 perform only that patient care which is:
- 514 (1) Consistent with the training, education and
515 experience of the particular emergency medical technician;
516 and

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

519 5. No person shall hold themselves out as an emergency
520 medical technician or provide the services of an emergency
521 medical technician unless such person is licensed by the
522 department.

523 6. Any rule or portion of a rule, as that term is
524 defined in section 536.010, that is created under the
525 authority delegated in this section shall become effective
526 only if it complies with and is subject to all of the
527 provisions of chapter 536 and, if applicable, section
528 536.028. This section and chapter 536 are nonseverable and
529 if any of the powers vested with the general assembly
530 pursuant to chapter 536 to review, to delay the effective
531 date, or to disapprove and annul a rule are subsequently
532 held unconstitutional, then the grant of rulemaking
533 authority and any rule proposed or adopted after August 28,
534 2002, shall be invalid and void.

535 190.147. 1. [An emergency medical technician
536 paramedic (EMT-P)] A paramedic may make a good faith
537 determination that such behavioral health patients who
538 present a likelihood of serious harm to themselves or
539 others, as the term "likelihood of serious harm" is defined
540 under section 632.005, or who are significantly
541 incapacitated by alcohol or drugs shall be placed into a
542 temporary hold for the sole purpose of transport to the
543 nearest appropriate facility; provided that, such
544 determination shall be made in cooperation with at least one
545 other [EMT-P] paramedic or other health care professional
546 involved in the transport. Once in a temporary hold, the
547 patient shall be treated with humane care in a manner that
548 preserves human dignity, consistent with applicable federal
549 regulations and nationally recognized guidelines regarding

550 the appropriate use of temporary holds and restraints in
551 medical transport. Prior to making such a determination:

552 (1) The **[EMT-P]** paramedic shall have completed a
553 standard crisis intervention training course as endorsed and
554 developed by the state EMS medical director's advisory
555 committee;

556 (2) The **[EMT-P]** paramedic shall have been authorized
557 by his or her ground or air ambulance service's
558 administration and medical director under subsection 3 of
559 section 190.103; and

560 (3) The **[EMT-P's]** paramedic ground or air ambulance
561 service has developed and adopted standardized triage,
562 treatment, and transport protocols under subsection 3 of
563 section 190.103, which address the challenge of treating and
564 transporting such patients. Provided:

565 (a) That such protocols shall be reviewed and approved
566 by the state EMS medical director's advisory committee; and

567 (b) That such protocols shall direct the **[EMT-P]**
568 paramedic regarding the proper use of patient restraint and
569 coordination with area law enforcement; and

570 (c) Patient restraint protocols shall be based upon
571 current applicable national guidelines.

572 2. In any instance in which a good faith determination
573 for a temporary hold of a patient has been made, such hold
574 shall be made in a clinically appropriate and adequately
575 justified manner, and shall be documented and attested to in
576 writing. The writing shall be retained by the ambulance
577 service and included as part of the patient's medical file.

578 3. **[EMT-Ps]** Paramedics who have made a good faith
579 decision for a temporary hold of a patient as authorized by
580 this section shall no longer have to rely on the common law
581 doctrine of implied consent and therefore shall not be
582 civilly liable for a good faith determination made in

583 accordance with this section and shall not have waived any
584 sovereign immunity defense, official immunity defense, or
585 Missouri public duty doctrine defense if employed at the
586 time of the good faith determination by a government
587 employer.

588 4. Any ground or air ambulance service that adopts the
589 authority and protocols provided for by this section shall
590 have a memorandum of understanding with applicable local law
591 enforcement agencies in order to achieve a collaborative and
592 coordinated response to patients displaying symptoms of
593 either a likelihood of serious harm to themselves or others
594 or significant incapacitation by alcohol or drugs, which
595 require a crisis intervention response. The memorandum of
596 understanding shall include, but not be limited to, the
597 following:

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

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

603 (3) Field interaction between paramedics and law
604 enforcement, including patient destination and
605 transportation; and

606 (4) Coordination of program quality assurance.

607 5. The physical restraint of a patient by an emergency
608 medical technician under the authority of this section shall
609 be permitted only in order to provide for the safety of
610 bystanders, the patient, or emergency personnel due to an
611 imminent or immediate danger, or upon approval by local
612 medical control through direct communications. Restraint
613 shall also be permitted through cooperation with on-scene
614 law enforcement officers. All incidents involving patient
615 restraint used under the authority of this section shall be

616 reviewed by the ambulance service physician medical
617 director."; and

618 Further amend said bill, page 9, Section 190.613, line
619 28, by inserting after all of said line the following:

620 "192.2405. 1. The following persons shall be required
621 to immediately report or cause a report to be made to the
622 department under sections 192.2400 to 192.2470:

623 (1) Any person having reasonable cause to suspect that
624 an eligible adult presents a likelihood of suffering serious
625 physical harm, or bullying as defined in subdivision (2) of
626 section 192.2400, and is in need of protective services; and

627 (2) Any adult day care worker, chiropractor, Christian
628 Science practitioner, coroner, dentist, embalmer, employee
629 of the departments of social services, mental health, or
630 health and senior services, employee of a local area agency
631 on aging or an organized area agency on aging program,
632 emergency medical technician, firefighter, first responder,
633 funeral director, home health agency, home health agency
634 employee, hospital and clinic personnel engaged in the care
635 or treatment of others, in-home services owner or provider,
636 in-home services operator or employee, law enforcement
637 officer, long-term care facility administrator or employee,
638 medical examiner, medical resident or intern, mental health
639 professional, minister, nurse, nurse practitioner,
640 optometrist, other health practitioner, peace officer,
641 pharmacist, physical therapist, physician, physician's
642 assistant, podiatrist, probation or parole officer,
643 psychologist, social worker, or other person with the
644 responsibility for the care of an eligible adult who has
645 reasonable cause to suspect that the eligible adult has been
646 subjected to abuse or neglect or observes the eligible adult
647 being subjected to conditions or circumstances which would
648 reasonably result in abuse or neglect. Notwithstanding any

649 other provision of this section, a duly ordained minister,
650 clergy, religious worker, or Christian Science practitioner
651 while functioning in his or her ministerial capacity shall
652 not be required to report concerning a privileged
653 communication made to him or her in his or her professional
654 capacity.

655 2. Any other person who becomes aware of circumstances
656 that may reasonably be expected to be the result of, or
657 result in, abuse or neglect of an eligible adult may report
658 to the department.

659 3. The penalty for failing to report as required under
660 subdivision (2) of subsection 1 of this section is provided
661 under section 565.188.

662 4. As used in this section, "first responder" means
663 any person trained and authorized by law or rule to render
664 emergency medical assistance or treatment. Such persons may
665 include, but shall not be limited to, emergency first
666 responders, police officers, sheriffs, deputy sheriffs,
667 firefighters, or emergency medical technicians[, or
668 emergency medical technician-paramedics].

669 208.1032. 1. The department of social services shall
670 be authorized to design and implement in consultation and
671 coordination with eligible providers as described in
672 subsection 2 of this section an intergovernmental transfer
673 program relating to ground emergency medical transport
674 services, including those services provided at the emergency
675 medical responder, emergency medical technician (EMT),
676 advanced EMT, [EMT intermediate,] or paramedic levels in the
677 prestabilization and preparation for transport, in order to
678 increase capitation payments for the purpose of increasing
679 reimbursement to eligible providers.

680 2. A provider shall be eligible for increased
681 reimbursement under this section only if the provider meets
682 the following conditions in an applicable state fiscal year:

683 (1) Provides ground emergency medical transportation
684 services to MO HealthNet participants;

685 (2) Is enrolled as a MO HealthNet provider for the
686 period being claimed; and

687 (3) Is owned, operated, or contracted by the state or
688 a political subdivision.

689 3. (1) To the extent intergovernmental transfers are
690 voluntarily made by and accepted from an eligible provider
691 described in subsection 2 of this section or a governmental
692 entity affiliated with an eligible provider, the department
693 of social services shall make increased capitation payments
694 to applicable MO HealthNet eligible providers for covered
695 ground emergency medical transportation services.

696 (2) The increased capitation payments made under this
697 section shall be in amounts at least actuarially equivalent
698 to the supplemental fee-for-service payments and up to
699 equivalent of commercial reimbursement rates available for
700 eligible providers to the extent permissible under federal
701 law.

702 (3) Except as provided in subsection 6 of this
703 section, all funds associated with intergovernmental
704 transfers made and accepted under this section shall be used
705 to fund additional payments to eligible providers.

706 (4) MO HealthNet managed care plans and coordinated
707 care organizations shall pay one hundred percent of any
708 amount of increased capitation payments made under this
709 section to eligible providers for providing and making
710 available ground emergency medical transportation and
711 prestabilization services pursuant to a contract or other

712 arrangement with a MO HealthNet managed care plan or
713 coordinated care organization.

714 4. The intergovernmental transfer program developed
715 under this section shall be implemented on the date federal
716 approval is obtained, and only to the extent
717 intergovernmental transfers from the eligible provider, or
718 the governmental entity with which it is affiliated, are
719 provided for this purpose. The department of social
720 services shall implement the intergovernmental transfer
721 program and increased capitation payments under this section
722 on a retroactive basis as permitted by federal law.

723 5. Participation in the intergovernmental transfers
724 under this section is voluntary on the part of the
725 transferring entities for purposes of all applicable federal
726 laws.

727 6. As a condition of participation under this section,
728 each eligible provider as described in subsection 2 of this
729 section or the governmental entity affiliated with an
730 eligible provider shall agree to reimburse the department of
731 social services for any costs associated with implementing
732 this section. Intergovernmental transfers described in this
733 section are subject to an administration fee of up to twenty
734 percent of the nonfederal share paid to the department of
735 social services and shall be allowed to count as a cost of
736 providing the services not to exceed one hundred twenty
737 percent of the total amount.

738 7. As a condition of participation under this section,
739 MO HealthNet managed care plans, coordinated care
740 organizations, eligible providers as described in subsection
741 2 of this section, and governmental entities affiliated with
742 eligible providers shall agree to comply with any requests
743 for information or similar data requirements imposed by the
744 department of social services for purposes of obtaining

745 supporting documentation necessary to claim federal funds or
746 to obtain federal approvals.

747 8. This section shall be implemented only if and to
748 the extent federal financial participation is available and
749 is not otherwise jeopardized, and any necessary federal
750 approvals have been obtained.

751 9. To the extent that the director of the department
752 of social services determines that the payments made under
753 this section do not comply with federal Medicaid
754 requirements, the director retains the discretion to return
755 or not accept an intergovernmental transfer, and may adjust
756 payments under this section as necessary to comply with
757 federal Medicaid requirements.

758 285.040. 1. As used in this section, "public safety
759 employee" shall mean a person trained or authorized by law
760 or rule to render emergency medical assistance or treatment,
761 including, but not limited to, firefighters, [ambulance
762 attendants and attendant drivers,] emergency medical
763 technicians, [emergency medical technician paramedics,]
764 dispatchers, registered nurses, physicians, and sheriffs and
765 deputy sheriffs.

766 2. No public safety employee of a city not within a
767 county who is hired prior to September 1, 2023, shall be
768 subject to a residency requirement of retaining a primary
769 residence in a city not within a county but may be required
770 to maintain a primary residence located within a one-hour
771 response time.

772 3. Public safety employees of a city not within a
773 county who are hired after August 31, 2023, may be subject
774 to a residency rule no more restrictive than a requirement
775 of retaining a primary residence in a city not within a
776 county for a total of seven years and of then allowing the
777 public safety employee to maintain a primary residence

778 outside the city not within a county so long as the primary
779 residence is located within a one-hour response time.

780 321.225. 1. A fire protection district may, in
781 addition to its other powers and duties, provide emergency
782 ambulance service within its district if a majority of the
783 voters voting thereon approve a proposition to furnish such
784 service and to levy a tax not to exceed thirty cents on the
785 one hundred dollars assessed valuation to be used
786 exclusively to supply funds for the operation of an
787 emergency ambulance service. The district shall exercise
788 the same powers and duties in operating an emergency
789 ambulance service as it does in operating its fire
790 protection service.

791 2. The proposition to furnish emergency ambulance
792 service may be submitted by the board of directors at any
793 municipal general, primary or general election or at any
794 election of the members of the board.

795 3. The question shall be submitted in substantially
796 the following form:

797 Shall the board of directors of _____ Fire Protection
798 District be authorized to provide emergency ambulance
799 service within the district and be authorized to levy a tax
800 not to exceed thirty cents on the one hundred dollars
801 assessed valuation to provide funds for such service?

802 4. If a majority of the voters casting votes thereon
803 be in favor of emergency ambulance service and the levy, the
804 district shall forthwith commence such service.

805 5. As used in this section "emergency" means a
806 situation resulting from a sudden or unforeseen situation or
807 occurrence that requires immediate action to save life or
808 prevent suffering or disability.

809 6. In addition to all other taxes authorized on or
810 before September 1, 1990, the board of directors of any fire

811 protection district may, if a majority of the voters of the
 812 district voting thereon approve, levy an additional tax of
 813 not more than forty cents per one hundred dollars of
 814 assessed valuation to be used for the support of the
 815 ambulance service or partial or complete support of [an
 816 emergency medical technician defibrillator program or
 817 partial or complete support of an emergency medical
 818 technician] a paramedic first responder program. The
 819 proposition to levy the tax authorized by this subsection
 820 may be submitted by the board of directors at the next
 821 annual election of the members of the board or at any
 822 regular municipal or school election conducted by the county
 823 clerk or board of election commissioners in such district or
 824 at a special election called for the purpose, or upon
 825 petition of five hundred registered voters of the district.
 826 A separate ballot containing the question shall read as
 827 follows:

828 Shall the board of directors of the _____ Fire
 829 Protection District be authorized to levy an
 830 additional tax of not more than forty cents per
 831 one hundred dollars assessed valuation to provide
 832 funds for the support of an ambulance service or
 833 partial or complete support of an emergency
 834 medical technician defibrillator program or
 835 partial or complete support of an emergency
 836 medical technician paramedic first responder
 837 program?

838 FOR THE PROPOSITION

839 AGAINST THE PROPOSITION

840 (Place an X in the square opposite the one for
 841 which you wish to vote.)

842 If a majority of the qualified voters casting votes thereon
 843 be in favor of the question, the board of directors shall
 844 accordingly levy a tax in accordance with the provisions of

845 this subsection, but if a majority of voters casting votes
846 thereon do not vote in favor of the levy authorized by this
847 subsection, any levy previously authorized shall remain in
848 effect.

849 321.620. 1. Fire protection districts in first class
850 counties may, in addition to their other powers and duties,
851 provide ambulance service within their district if a
852 majority of the voters voting thereon approve a proposition
853 to furnish such service and to levy a tax not to exceed
854 thirty cents on the one hundred dollars assessed valuation
855 to be used exclusively to supply funds for the operation of
856 an emergency ambulance service. The district shall exercise
857 the same powers and duties in operating an ambulance service
858 as it does in operating its fire protection service. As
859 used in this section "emergency" means a situation resulting
860 from a sudden or unforeseen situation or occurrence that
861 requires immediate action to save life or prevent suffering
862 or disability.

863 2. The proposition to furnish ambulance service may be
864 submitted by the board of directors at any municipal
865 general, primary or general election or at any election of
866 the members of the board or upon petition by five hundred
867 voters of such district.

868 3. The question shall be submitted in substantially
869 the following form:

870 Shall the board of directors of _____ Fire Protection
871 District be authorized to provide ambulance service within
872 the district and be authorized to levy a tax not to exceed
873 thirty cents on the one hundred dollars assessed valuation
874 to provide funds for such service?

875 4. If a majority of the voters casting votes thereon
876 be in favor of ambulance service and the levy, the district
877 shall forthwith commence such service.

878 5. In addition to all other taxes authorized on or
879 before September 1, 1990, the board of directors of any fire
880 protection district may, if a majority of the voters of the
881 district voting thereon approve, levy an additional tax of
882 not more than forty cents per one hundred dollars of
883 assessed valuation to be used for the support of the
884 ambulance service, or partial or complete support of [an
885 emergency medical technician defibrillator program or
886 partial or complete support of an emergency medical
887 technician] a paramedic first responder program. The
888 proposition to levy the tax authorized by this subsection
889 may be submitted by the board of directors at the next
890 annual election of the members of the board or at any
891 regular municipal or school election conducted by the county
892 clerk or board of election commissioners in such district or
893 at a special election called for the purpose, or upon
894 petition of five hundred registered voters of the district.
895 A separate ballot containing the question shall read as
896 follows:

897 Shall the board of directors of the _____ Fire
898 Protection District be authorized to levy an
899 additional tax of not more than forty cents per
900 one hundred dollars assessed valuation to provide
901 funds for the support of an ambulance service or
902 partial or complete support of an emergency
903 medical technician defibrillator program or
904 partial or complete support of an emergency
905 medical technician paramedic first responder
906 program?

907 FOR THE PROPOSITION

908 AGAINST THE PROPOSITION

909 (Place an X in the square opposite the one for
910 which you wish to vote).

911 If a majority of the qualified voters casting votes thereon
912 be in favor of the question, the board of directors shall
913 accordingly levy a tax in accordance with the provisions of
914 this subsection, but if a majority of voters casting votes
915 thereon do not vote in favor of the levy authorized by this
916 subsection, any levy previously authorized shall remain in
917 effect.

918 537.037. 1. Any physician or surgeon, registered
919 professional nurse or licensed practical nurse licensed to
920 practice in this state under the provisions of chapter 334
921 or 335, or licensed to practice under the equivalent laws of
922 any other state and any person licensed as [a mobile] an
923 emergency medical technician under the provisions of chapter
924 190, may:

925 (1) In good faith render emergency care or assistance,
926 without compensation, at the scene of an emergency or
927 accident, and shall not be liable for any civil damages for
928 acts or omissions other than damages occasioned by gross
929 negligence or by willful or wanton acts or omissions by such
930 person in rendering such emergency care;

931 (2) In good faith render emergency care or assistance,
932 without compensation, to any minor involved in an accident,
933 or in competitive sports, or other emergency at the scene of
934 an accident, without first obtaining the consent of the
935 parent or guardian of the minor, and shall not be liable for
936 any civil damages other than damages occasioned by gross
937 negligence or by willful or wanton acts or omissions by such
938 person in rendering the emergency care.

939 2. Any other person who has been trained to provide
940 first aid in a standard recognized training program may,
941 without compensation, render emergency care or assistance to
942 the level for which he or she has been trained, at the scene
943 of an emergency or accident, and shall not be liable for

944 civil damages for acts or omissions other than damages
945 occasioned by gross negligence or by willful or wanton acts
946 or omissions by such person in rendering such emergency care.

947 3. Any mental health professional, as defined in
948 section 632.005, or qualified counselor, as defined in
949 section 631.005, or any practicing medical, osteopathic, or
950 chiropractic physician, or certified nurse practitioner, or
951 physicians' assistant may in good faith render suicide
952 prevention interventions at the scene of a threatened
953 suicide and shall not be liable for any civil damages for
954 acts or omissions other than damages occasioned by gross
955 negligence or by willful or wanton acts or omissions by such
956 person in rendering such suicide prevention interventions.

957 4. Any other person may, without compensation, render
958 suicide prevention interventions at the scene of a
959 threatened suicide and shall not be liable for civil damages
960 for acts or omissions other than damages occasioned by gross
961 negligence or by willful or wanton acts or omissions by such
962 person in rendering such suicide prevention interventions.";
963 and

964 Further amend the title and enacting clause accordingly.