

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

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

Amend SS/House Bill No. 402, Page 2, Section 9.384, Line 16,

2 by inserting after all of said line the following:

3 "67.145. 1. No political subdivision of this state  
4 shall prohibit any first responder from engaging in any  
5 political activity while off duty and not in uniform, being  
6 a candidate for elected or appointed public office, or  
7 holding such office unless such political activity or  
8 candidacy is otherwise prohibited by state or federal law.

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

18 105.500. For purposes of sections 105.500 to 105.598,  
19 unless the context otherwise requires, the following words  
20 and phrases mean:

21 (1) "Bargaining unit", a unit of public employees at  
22 any plant or installation or in a craft or in a function of  
23 a public body that establishes a clear and identifiable  
24 community of interest among the public employees concerned;

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

- 27           (3) "Department", the department of labor and  
28 industrial relations established under section 286.010;
- 29           (4) "Exclusive bargaining representative", an  
30 organization that has been designated or selected, as  
31 provided in section 105.575, by a majority of the public  
32 employees in a bargaining unit as the representative of such  
33 public employees in such unit for purposes of collective  
34 bargaining;
- 35           (5) "Labor organization", any organization, agency, or  
36 public employee representation committee or plan, in which  
37 public employees participate and that exists for the  
38 purpose, in whole or in part, of dealing with a public body  
39 or public bodies concerning collective bargaining,  
40 grievances, labor disputes, wages, rates of pay, hours of  
41 employment, or conditions of work;
- 42           (6) "Public body", the state of Missouri, or any  
43 officer, agency, department, bureau, division, board or  
44 commission of the state, or any other political subdivision  
45 or special district of or within the state. Public body  
46 shall not include the department of corrections;
- 47           (7) "Public employee", any person employed by a public  
48 body;
- 49           (8) "Public safety labor organization", a labor  
50 organization wholly or primarily representing persons  
51 trained or authorized by law or rule to render emergency  
52 medical assistance or treatment, including, but not limited  
53 to, firefighters, [ambulance attendants, attendant drivers,]  
54 emergency medical technicians, [emergency medical technician  
55 paramedics,] dispatchers, registered nurses and physicians,  
56 and persons who are vested with the power of arrest for  
57 criminal code violations including, but not limited to,  
58 police officers, sheriffs, and deputy sheriffs.

59           190.100. As used in sections 190.001 to 190.245 and  
60 section 190.257, the following words and terms mean:

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

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

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

85           (4) "Ambulance service", a person or entity that  
86 provides emergency or nonemergency ambulance transportation  
87 and services, or both, in compliance with sections 190.001  
88 to 190.245, and the rules promulgated by the department  
89 pursuant to sections 190.001 to 190.245;

90 (5) "Ambulance service area", a specific geographic  
91 area in which an ambulance service has been authorized to  
92 operate;

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

98 (7) "Council", the state advisory council on emergency  
99 medical services;

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

102 (9) "Director", the director of the department of  
103 health and senior services or the director's duly authorized  
104 representative;

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

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

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

118 (b) Serious impairment to a bodily function;

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

120 (d) Inadequately controlled pain;

121 (12) "Emergency medical dispatcher", a person who  
122 receives emergency calls from the public and has

123 successfully completed an emergency medical dispatcher  
124 course[, meeting or exceeding the national curriculum of the  
125 United States Department of Transportation and any  
126 modifications to such curricula specified by the department  
127 through rules adopted pursuant to sections 190.001 to  
128 190.245] and any ongoing training requirements under section  
129 650.340;

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

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

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

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

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

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

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

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

179 (21)] (19) "Emergency services", health care items and  
180 services furnished or required to screen and stabilize an  
181 emergency which may include, but shall not be limited to,  
182 health care services that are provided in a licensed  
183 hospital's emergency facility by an appropriate provider or  
184 by an ambulance service or emergency medical response agency;

185 [(22)] (20) "Health care facility", a hospital,  
186 nursing home, physician's office or other fixed location at  
187 which medical and health care services are performed;

188            [(23)] (21) "Hospital", an establishment as defined in  
189 the hospital licensing law, subsection 2 of section 197.020,  
190 or a hospital operated by the state;

191            [(24)] (22) "Medical control", supervision provided by  
192 or under the direction of physicians, or their designated  
193 registered nurse, including both online medical control,  
194 instructions by radio, telephone, or other means of direct  
195 communications, and offline medical control through  
196 supervision by treatment protocols, case review, training,  
197 and standing orders for treatment;

198            [(25)] (23) "Medical direction", medical guidance and  
199 supervision provided by a physician to an emergency services  
200 provider or emergency medical services system;

201            [(26)] (24) "Medical director", a physician licensed  
202 pursuant to chapter 334 designated by the ambulance service,  
203 dispatch agency, or emergency medical response agency and  
204 who meets criteria specified by the department by rules  
205 pursuant to sections 190.001 to 190.245;

206            [(27)] (25) "Memorandum of understanding", an  
207 agreement between an emergency medical response agency or  
208 dispatch agency and an ambulance service or services within  
209 whose territory the agency operates, in order to coordinate  
210 emergency medical services;

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

217            [(28)] (27) "Patient", an individual who is sick,  
218 injured, wounded, diseased, or otherwise incapacitated or  
219 helpless, or dead, excluding deceased individuals being  
220 transported from or between private or public institutions,

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

223 [(29)] (28) "Person", as used in these definitions and  
224 elsewhere in sections 190.001 to 190.245, any individual,  
225 firm, partnership, copartnership, joint venture,  
226 association, cooperative organization, corporation,  
227 municipal or private, and whether organized for profit or  
228 not, state, county, political subdivision, state department,  
229 commission, board, bureau or fraternal organization, estate,  
230 public trust, business or common law trust, receiver,  
231 assignee for the benefit of creditors, trustee or trustee in  
232 bankruptcy, or any other service user or provider;

233 [(30)] (29) "Physician", a person licensed as a  
234 physician pursuant to chapter 334;

235 [(31)] (30) "Political subdivision", any municipality,  
236 city, county, city not within a county, ambulance district  
237 or fire protection district located in this state which  
238 provides or has authority to provide ambulance service;

239 [(32)] (31) "Professional organization", any organized  
240 group or association with an ongoing interest regarding  
241 emergency medical services. Such groups and associations  
242 could include those representing volunteers, labor,  
243 management, firefighters, [EMT-B's,] EMTs, nurses, [EMT-  
244 P's,] paramedics, physicians, communications specialists and  
245 instructors. Organizations could also represent the  
246 interests of ground ambulance services, air ambulance  
247 services, fire service organizations, law enforcement,  
248 hospitals, trauma centers, communication centers, pediatric  
249 services, labor unions and poison control services;

250 [(33)] (32) "Proof of financial responsibility", proof  
251 of ability to respond to damages for liability, on account  
252 of accidents occurring subsequent to the effective date of  
253 such proof, arising out of the ownership, maintenance or use

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

259 [(34)] (33) "Protocol", a predetermined, written  
260 medical care guideline, which may include standing orders;

261 [(35)] (34) "Regional EMS advisory committee", a  
262 committee formed within an emergency medical services (EMS)  
263 region to advise ambulance services, the state advisory  
264 council on EMS and the department;

265 [(36)] (35) "Specialty care transportation", the  
266 transportation of a patient requiring the services of an  
267 emergency medical technician-paramedic who has received  
268 additional training beyond the training prescribed by the  
269 department. Specialty care transportation services shall be  
270 defined in writing in the appropriate local protocols for  
271 ground and air ambulance services and approved by the local  
272 physician medical director. The protocols shall be  
273 maintained by the local ambulance service and shall define  
274 the additional training required of the emergency medical  
275 technician-paramedic;

276 [(37)] (36) "Stabilize", with respect to an emergency,  
277 the provision of such medical treatment as may be necessary  
278 to attempt to assure within reasonable medical probability  
279 that no material deterioration of an individual's medical  
280 condition is likely to result from or occur during ambulance  
281 transportation unless the likely benefits of such  
282 transportation outweigh the risks;

283 [(38)] (37) "State advisory council on emergency  
284 medical services", a committee formed to advise the  
285 department on policy affecting emergency medical service  
286 throughout the state;

287            [(39)] (38) "State EMS medical directors advisory  
288 committee", a subcommittee of the state advisory council on  
289 emergency medical services formed to advise the state  
290 advisory council on emergency medical services and the  
291 department on medical issues;

292            [(40)] (39) "STEMI" or "ST-elevation myocardial  
293 infarction", a type of heart attack in which impaired blood  
294 flow to the patient's heart muscle is evidenced by ST-  
295 segment elevation in electrocardiogram analysis, and as  
296 further defined in rules promulgated by the department under  
297 sections 190.001 to 190.250;

298            [(41)] (40) "STEMI care", includes education and  
299 prevention, emergency transport, triage, and acute care and  
300 rehabilitative services for STEMI that requires immediate  
301 medical or surgical intervention or treatment;

302            [(42)] (41) "STEMI center", a hospital that is  
303 currently designated as such by the department to care for  
304 patients with ST-segment elevation myocardial infarctions;

305            [(43)] (42) "Stroke", a condition of impaired blood  
306 flow to a patient's brain as defined by the department;

307            [(44)] (43) "Stroke care", includes emergency  
308 transport, triage, and acute intervention and other acute  
309 care services for stroke that potentially require immediate  
310 medical or surgical intervention or treatment, and may  
311 include education, primary prevention, acute intervention,  
312 acute and subacute management, prevention of complications,  
313 secondary stroke prevention, and rehabilitative services;

314            [(45)] (44) "Stroke center", a hospital that is  
315 currently designated as such by the department;

316            [(46)] (45) "Time-critical diagnosis", trauma care,  
317 stroke care, and STEMI care occurring either outside of a  
318 hospital or in a center designated under section 190.241;

319            [(47)] (46) "Time-critical diagnosis advisory  
320 committee", a committee formed under section 190.257 to  
321 advise the department on policies impacting trauma, stroke,  
322 and STEMI center designations; regulations on trauma care,  
323 stroke care, and STEMI care; and the transport of trauma,  
324 stroke, and STEMI patients;

325            [(48)] (47) "Trauma", an injury to human tissues and  
326 organs resulting from the transfer of energy from the  
327 environment;

328            [(49)] (48) "Trauma care" includes injury prevention,  
329 triage, acute care and rehabilitative services for major  
330 single system or multisystem injuries that potentially  
331 require immediate medical or surgical intervention or  
332 treatment;

333            [(50)] (49) "Trauma center", a hospital that is  
334 currently designated as such by the department.

335            190.103. 1. One physician with expertise in emergency  
336 medical services from each of the EMS regions shall be  
337 elected by that region's EMS medical directors to serve as a  
338 regional EMS medical director. The regional EMS medical  
339 directors shall constitute the state EMS medical director's  
340 advisory committee and shall advise the department and their  
341 region's ambulance services on matters relating to medical  
342 control and medical direction in accordance with sections  
343 190.001 to 190.245 and rules adopted by the department  
344 pursuant to sections 190.001 to 190.245. The regional EMS  
345 medical director shall serve a term of four years. The  
346 southwest, northwest, and Kansas City regional EMS medical  
347 directors shall be elected to an initial two-year term. The  
348 central, east central, and southeast regional EMS medical  
349 directors shall be elected to an initial four-year term.  
350 All subsequent terms following the initial terms shall be  
351 four years. The state EMS medical director shall be the

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

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

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

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

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

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

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

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

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

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

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

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

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

445 190.142. 1. (1) For applications submitted before  
446 the recognition of EMS personnel licensure interstate  
447 compact under sections 190.900 to 190.939 takes effect, the  
448 department shall, within a reasonable time after receipt of  
449 an application, cause such investigation as it deems

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

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

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

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

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

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

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

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

534 190.147. 1. [An emergency medical technician  
535 paramedic (EMT-P)] A paramedic may make a good faith  
536 determination that such behavioral health patients who  
537 present a likelihood of serious harm to themselves or  
538 others, as the term "likelihood of serious harm" is defined  
539 under section 632.005, or who are significantly  
540 incapacitated by alcohol or drugs shall be placed into a  
541 temporary hold for the sole purpose of transport to the  
542 nearest appropriate facility; provided that, such  
543 determination shall be made in cooperation with at least one  
544 other [EMT-P] paramedic or other health care professional  
545 involved in the transport. Once in a temporary hold, the  
546 patient shall be treated with humane care in a manner that  
547 preserves human dignity, consistent with applicable federal  
548 regulations and nationally recognized guidelines regarding

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

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

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

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

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

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

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

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

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

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

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

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

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

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

605             (4) Coordination of program quality assurance.

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

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

617 Further amend said bill, page 33, section 192.745, line  
618 75, by inserting after all of said line the following:

619 "192.2405. 1. The following persons shall be required  
620 to immediately report or cause a report to be made to the  
621 department under sections 192.2400 to 192.2470:

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

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

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

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

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

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

668 Further amend said bill, page 46, section 208.030, line  
669 122, by inserting after all of said line the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

839                                    FOR THE PROPOSITION

840                                    AGAINST THE PROPOSITION

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

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

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

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

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

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

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

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

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

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

908                                    FOR THE PROPOSITION

909                                    AGAINST THE PROPOSITION

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

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

919 Further amend said bill, page 90, section 335.205, line  
920 9, by inserting after all of said line the following:

921 "537.037. 1. Any physician or surgeon, registered  
922 professional nurse or licensed practical nurse licensed to  
923 practice in this state under the provisions of chapter 334  
924 or 335, or licensed to practice under the equivalent laws of  
925 any other state and any person licensed as [a mobile] an  
926 emergency medical technician under the provisions of chapter  
927 190, may:

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

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

942 2. Any other person who has been trained to provide  
943 first aid in a standard recognized training program may,  
944 without compensation, render emergency care or assistance to

945 the level for which he or she has been trained, at the scene  
946 of an emergency or accident, and shall not be liable for  
947 civil damages for acts or omissions other than damages  
948 occasioned by gross negligence or by willful or wanton acts  
949 or omissions by such person in rendering such emergency care.

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

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

967 Further amend said bill, page 94, section 632.305, line  
968 79, by inserting after all of said line the following:

969 "650.320. For the purposes of sections 650.320 to  
970 650.340, the following terms mean:

971 (1) "Ambulance service", the same meaning given to the  
972 term in section 190.100;

973 (2) "Board", the Missouri 911 service board  
974 established in section 650.325;

975 (3) "Dispatch agency", the same meaning given to the  
976 term in section 190.100;

977           (4) "Medical director", the same meaning given to the  
978 term in section 190.100;

979           (5) "Memorandum of understanding", the same meaning  
980 given to the term in section 190.100;

981           [(2)] (6) "Public safety answering point", the  
982 location at which 911 calls are answered;

983           [(3)] (7) "Telecommunicator", any person employed as  
984 an emergency telephone worker, call taker or public safety  
985 dispatcher whose duties include receiving, processing or  
986 transmitting public safety information received through a  
987 911 public safety answering point.

988           650.340. 1. The provisions of this section may be  
989 cited and shall be known as the "911 Training and Standards  
990 Act".

991           2. Initial training requirements for telecommunicators  
992 who answer 911 calls that come to public safety answering  
993 points shall be as follows:

994           (1) Police telecommunicator, 16 hours;

995           (2) Fire telecommunicator, 16 hours;

996           (3) Emergency medical services telecommunicator, 16  
997 hours;

998           (4) Joint communication center telecommunicator, 40  
999 hours.

1000           3. All persons employed as a telecommunicator in this  
1001 state shall be required to complete ongoing training so long  
1002 as such person engages in the occupation as a  
1003 telecommunicator. Such persons shall complete at least  
1004 twenty-four hours of ongoing training every three years by  
1005 such persons or organizations as provided in subsection 6 of  
1006 this section.

1007           4. Any person employed as a telecommunicator on August  
1008 28, 1999, shall not be required to complete the training  
1009 requirement as provided in subsection 2 of this section.

1010 Any person hired as a telecommunicator after August 28,  
1011 1999, shall complete the training requirements as provided  
1012 in subsection 2 of this section within twelve months of the  
1013 date such person is employed as a telecommunicator.

1014 5. The training requirements as provided in subsection  
1015 2 of this section shall be waived for any person who  
1016 furnishes proof to the committee that such person has  
1017 completed training in another state which is at least as  
1018 stringent as the training requirements of subsection 2 of  
1019 this section.

1020 6. The board shall determine by administrative rule  
1021 the persons or organizations authorized to conduct the  
1022 training as required by subsection 2 of this section.

1023 7. [This section shall not apply to an emergency  
1024 medical dispatcher or agency as defined in section 190.100,  
1025 or a person trained by an entity accredited or certified  
1026 under section 190.131, or a person who provides prearrival  
1027 medical instructions who works for an agency which meets the  
1028 requirements set forth in section 190.134.] The board shall  
1029 be responsible for the approval of training courses for  
1030 emergency medical dispatchers. The board shall develop  
1031 necessary rules and regulations in collaboration with the  
1032 state EMS medical director's advisory committee, as  
1033 described in section 190.103, which may provide  
1034 recommendations relating to the medical aspects of  
1035 prearrival medical instructions.

1036 8. A dispatch agency is required to have a memorandum  
1037 of understanding with all ambulance services that it  
1038 dispatches. If a dispatch agency provides prearrival  
1039 medical instructions, it is required to have a medical  
1040 director whose duties include the maintenance of standards  
1041 and approval of protocols or guidelines."; and

1042 Further amend said bill, page 98, section 701.348, line  
1043 7, by inserting after all of said line the following:

1044 "[190.134. A dispatch agency is required  
1045 to have a memorandum of understanding with all  
1046 ambulance services that it dispatches. If a  
1047 dispatch agency provides prearrival medical  
1048 instructions, it is required to have a medical  
1049 director, whose duties include the maintenance  
1050 of standards and protocol approval.]" ; and

1051 Further amend the title and enacting clause accordingly.