

SENATE SUBSTITUTE
FOR
SENATE BILL NO. 107
AN ACT

To repeal sections 190.053, 190.245, and 537.035, RSMo, and to enact in lieu thereof three new sections relating to emergency medical services.

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

Section A. Sections 190.053, 190.245, and 537.035, RSMo, are repealed and three new sections enacted in lieu thereof, to be known as sections 190.053, 190.245, and 537.035, to read as follows:

190.053. 1. All members of the board of directors of an ambulance district first elected on or after January 1, 2008, shall attend and complete an educational seminar or conference or other suitable training on the role and duties of a board member of an ambulance district. The training required under this section shall be offered by a statewide association organized for the benefit of ambulance districts or be approved by the state advisory council on emergency medical services. Such training shall include, at a minimum:

(1) Information relating to the roles and duties of an ambulance district director;

(2) A review of all state statutes and regulations relevant to ambulance districts;

(3) State ethics laws;

(4) State sunshine laws, chapter 610;

(5) Financial and fiduciary responsibility;

(6) State laws relating to the setting of tax rates;

and

(7) State laws relating to revenue limitations.

20 2. [If any ambulance district board member fails to
21 attend a training session within twelve months after taking
22 office, the board member shall not be compensated for
23 attendance at meetings thereafter until the board member has
24 completed such training session. If any ambulance district
25 board member fails to attend a training session within
26 twelve months of taking office regardless of whether the
27 board member received an attendance fee for a training
28 session, the board member shall be ineligible to run for
29 reelection for another term of office until the board member
30 satisfies the training requirement of this section; however,
31 this requirement shall only apply to board members elected
32 after August 28, 2022] All members of the board of directors
33 of an ambulance district shall complete three hours of
34 continuing education for each term of office. The
35 continuing education shall be offered by a statewide
36 association organized for the benefit of ambulance districts
37 or be approved by the state advisory council on emergency
38 medical services.

39 3. Any ambulance district board member who fails to
40 complete the initial training and continuing education
41 requirements on or before the anniversary date of his or her
42 election or appointment shall immediately be disqualified
43 from office and his or her position shall be vacant without
44 further process or declaration. The vacancy shall be filled
45 in the manner provided for pursuant to section 190.052.

190.245. 1. Failure of a hospital to provide all
2 medical records and quality improvement documentation
3 necessary for the department to implement provisions of
4 sections 190.241 to 190.245 shall result in the revocation
5 of the hospital's designation as a trauma center, STEMI
6 center, or stroke center. Any medical records obtained by
7 the department shall be used only for purposes of

8 implementing the provisions of sections 190.241 to 190.245
9 and the names of hospitals, physicians and patients shall
10 not be released by the department or members of review teams.

11 2. Any person licensed under sections 190.001 to
12 190.245 shall be considered a health care professional for
13 purposes of section 537.035, and any quality improvement or
14 quality assurance activity required under sections 190.001
15 to 190.245 shall be considered an activity of a peer review
16 committee for purposes of section 537.035.

537.035. 1. As used in this section, unless the
2 context clearly indicates otherwise, the following words and
3 terms shall have the meanings indicated:

4 (1) "Health care professional", a physician or surgeon
5 licensed under the provisions of chapter 334, or a dentist
6 licensed under the provisions of chapter 332, or a
7 podiatrist licensed under the provisions of chapter 330, or
8 an optometrist licensed under the provisions of chapter 336,
9 or a pharmacist licensed under the provisions of chapter
10 338, or a chiropractor licensed under the provisions of
11 chapter 331, or a psychologist licensed under the provisions
12 of chapter 337, or a nurse licensed under the provisions of
13 chapter 335, or a physician assistant licensed under the
14 provisions of chapter 334, or a person licensed under the
15 provisions of sections 190.001 to 190.245, or a social
16 worker licensed under the provisions of chapter 337, or a
17 professional counselor licensed under the provisions of
18 chapter 337, or a mental health professional as defined in
19 section 632.005, while acting within their scope of practice;

20 (2) "Peer review committee", a committee of health
21 care professionals with the responsibility to evaluate,
22 maintain, or monitor the quality and utilization of health
23 care services or to exercise any combination of such
24 responsibilities.

25 2. A peer review committee may be constituted as
26 follows:

27 (1) Comprised of, and appointed by, a state, county or
28 local society of health care professionals;

29 (2) Comprised of, and appointed by, the partners,
30 shareholders, or employed health care professionals of a
31 partnership or professional corporation of health care
32 professionals, or employed health care professionals of a
33 university or an entity affiliated with a university
34 operating under chapter 172, 174, 352, or 355;

35 (3) Appointed by the board of trustees, chief
36 executive officer, or the organized medical staff of a
37 licensed hospital, or other health facility operating under
38 constitutional or statutory authority, including long-term
39 care facilities licensed under chapter 198, or an
40 administrative entity of the department of mental health
41 recognized pursuant to the provisions of subdivision (3) of
42 subsection 1 of section 630.407;

43 (4) Any other organization formed pursuant to state or
44 federal law authorized to exercise the responsibilities of a
45 peer review committee and acting within the scope of such
46 authorization;

47 (5) Appointed by the board of directors, chief
48 executive officer or the medical director of the licensed
49 health maintenance organization.

50 3. Each member of a peer review committee and each
51 person, hospital governing board, health maintenance
52 organization board of directors, and chief executive officer
53 of a licensed hospital or other hospital operating under
54 constitutional or statutory authority, chief executive
55 officer or medical director of a licensed health maintenance
56 organization who testifies before, or provides information
57 to, acts upon the recommendation of, or otherwise

participates in the operation of, such a committee shall be immune from civil liability for such acts so long as the acts are performed in good faith, without malice and are reasonably related to the scope of inquiry of the peer review committee.

4. Except as otherwise provided in this section, the interviews, memoranda, proceedings, findings, deliberations, reports, and minutes of peer review committees, or the existence of the same, concerning the health care provided any patient are privileged and shall not be subject to discovery, subpoena, or other means of legal compulsion for their release to any person or entity or be admissible into evidence in any judicial or administrative action for failure to provide appropriate care. Except as otherwise provided in this section, no person who was in attendance at any peer review committee proceeding shall be permitted or required to disclose any information acquired in connection with or in the course of such proceeding, or to disclose any opinion, recommendation, or evaluation of the committee or board, or any member thereof; provided, however, that information otherwise discoverable or admissible from original sources is not to be construed as immune from discovery or use in any proceeding merely because it was presented during proceedings before a peer review committee nor is a member, employee, or agent of such committee, or other person appearing before it, to be prevented from testifying as to matters within his personal knowledge and in accordance with the other provisions of this section, but such witness cannot be questioned about testimony or other proceedings before any health care review committee or board or about opinions formed as a result of such committee hearings. The disclosure of any interview, memoranda, proceedings, findings, deliberations, reports, or minutes to

any person or entity, including but not limited to governmental agencies, professional accrediting agencies, or other health care providers, whether proper or improper, shall not waive or have any effect upon its confidentiality, nondiscoverability, or nonadmissibility.

5. The provisions of subsection 4 of this section limiting discovery and admissibility of testimony as well as the proceedings, findings, records, and minutes of peer review committees do not apply in any judicial or administrative action brought by a peer review committee or the legal entity which formed or within which such committee operates to deny, restrict, or revoke the hospital staff privileges or license to practice of a physician or other health care providers; or when a member, employee, or agent of the peer review committee or the legal entity which formed such committee or within which such committee operates is sued for actions taken by such committee which operate to deny, restrict or revoke the hospital staff privileges or license to practice of a physician or other health care provider.

6. Nothing in this section shall limit authority otherwise provided by law of a health care licensing board of the state of Missouri to obtain information by subpoena or other authorized process from peer review committees or to require disclosure of otherwise confidential information relating to matters and investigations within the jurisdiction of such health care licensing boards.