

HCS HB 335 -- PUBLIC SAFETY

SPONSOR: Hinson

COMMITTEE ACTION: Voted "Do Pass" by the Committee on Crime Prevention and Public Safety by a vote of 11 to 3.

This substitute changes the laws regarding public safety. In its main provisions, the substitute:

- (1) Authorizes the City of North Kansas City to impose, upon voter approval, a sales tax of up to .5% to fund public safety improvements including equipment, city employee salaries and benefits, and facilities for fire, police, and emergency medical providers (Section 94.902, RSMo);
- (2) Allows a person to be eligible for certification by the Department of Health and Senior Services as a community paramedic if he or she is currently certified as a paramedic and has two years of full-time service or its part-time equivalent; successfully completes a community paramedic certification program from a college, university, or educational institution that has been approved by the department or accredited by a national accreditation organization approved by the department; and completes an application form. A community paramedic must practice in accordance with protocols and supervisory standards established by the medical director and may provide services of a health care plan if the plan has been developed by the patient's primary physician, advanced practice registered nurse, or physician assistant and the patient isn't receiving the services from another provider. Any ambulance service can provide community paramedic services, unless it is being provided by another ambulance service in an ambulance service area. The substitute specifies that no person can hold himself or herself out as a community paramedic or provide the services of the position unless he or she is licensed by the department and the medical director has approved the implementation of the community paramedic program (Sections 190.098 and 190.100);
- (3) Modifies the regulations that the department is allowed to promulgate to implement Sections 190.100 to 190.245 regarding emergency medical services to include the violation of any legally protected privacy rights of a patient by means of an unauthorized or unlawful disclosure, refusal of any applicant or licensee to respond to reasonable department requests for necessary information to process an application or to determine license status or eligibility, any conduct or practice which is or might be harmful or dangerous to the mental or physical health or safety of a patient or the public as defined by applicable national standards,

and repeated acts of negligence or recklessness in the performance of the functions or duties of any activity licensed or regulated by the specified provisions (Section 190.165.2);

(4) Specifies that if the department conducts an investigation, the department must, prior to interviewing a licensee who is the subject of the investigation, explain that he or she has the right to consult legal counsel or have legal counsel present, have anyone present whom he or she deems necessary or desirable, and refuse to answer any questions or to provide or sign any written statement. The assertion of any of these rights cannot be deemed by the department to be a failure to cooperate with any investigation (Section 190.165.3);

(5) Specifies that the department will only be authorized to impose a suspension or revocation as a disciplinary action if it first files the requisite complaint with the administrative hearing commission. The commission is not permitted to grant summary judgment in an instance when the licensee files an answer contesting the department's intended licensure action (Section 190.165.4);

(6) Specifies that if an emergency care provider or Good Samaritan sustains an exposure from a person while rendering emergency health care services, the person to whom he or she was exposed is deemed to consent to a test to determine if the person has a communicable disease as specified in the substitute and is deemed to consent to notification of the results of the test to the emergency care provider or Good Samaritan upon submission of an exposure report by the emergency care provider or Good Samaritan to the hospital where the person is delivered. A hospital and a coroner and medical examiner must have written policies and procedures to notify an emergency care provider or Good Samaritan as required by these provisions. If a person tested is diagnosed or confirmed as having a communicable disease, the hospital, coroner, and medical examiner must notify, as specified in the substitute, the emergency care provider, Good Samaritan, or the designated local infection control officer of the emergency care provider who must notify the care provider. The substitute requires all emergency care providers to respond and treat any patient regardless of the status of the patient's HIV or other communicable disease infection. Ambulance services and emergency medical response agencies are to establish and maintain local policies and provide training regarding exposure of personnel to patient blood and body fluids and general protection from communicable diseases. Hospitals, nursing homes, and other medical facilities and practitioners who transfer patients known to have a communicable disease or to be subject to an order of quarantine or isolation must notify the emergency care providers who are providing transportation services of the

potential risk of exposure to a communicable disease. The substitute specifies the regulations that the department must promulgate, including the type of exposure that would prompt notification of the emergency care provider or Good Samaritan; the process to be used for the required reports, for evaluating requests, and for informing emergency care providers and Good Samaritans as to their confidentiality obligations; and the method by which the providers must be provided information and advice in a timely manner related to the risk of infection from communicable diseases as a result of aid or medical care (Section 191.631);

(7) Specifies that, for workers' compensation purposes, psychological stress may be recognized as an occupational disease for paid peace officers of a paid police department certified under Chapter 590, if a direct causal relationship is established (Section 287.067);

(8) Revises the definition of "killed in the line of duty" as it applies to the Line of Duty Compensation Act to include when any law enforcement officer, emergency medical technician, air ambulance pilot or registered professional nurse, paramedic, or firefighter loses his or her life as a result of an injury received in the active performance of duties, if the death occurs as a natural and probable consequence of the injury or disease caused by the accident or violence of another within 300 weeks from the date the injury was received and if that injury arose from violence of another or accidental cause subject to these provisions but excludes death resulting from the willful misconduct or intoxication of the law enforcement officer, emergency medical technician, air ambulance pilot or registered professional nurse, paramedic, or firefighter. For these individuals, the death must be caused as a result of a willful act of violence committed by another person and a relationship exists between the commission of the act and the individual's performance of his or her duties regardless of whether the injury is received while on duty; or the injury is received by an individual while traveling to or from his or her employment or during any break which takes place during the period in which he or she is on duty; or, for a law enforcement officer, the injury is received while attempting to prevent the commission of a criminal act of another person or attempting to apprehend an individual suspected of committing a crime regardless of whether the injury is received while on duty (Section 287.243);

(9) Allows a person in Boone County and all counties of the first classification with less than 85,000 inhabitants to serve as the director of a fire protection district board while also holding any office or employment under the state or any political subdivision (Section 321.015);

(10) Allows an employee of a fire protection or ambulance district to serve as a board member of a fire protection or ambulance district if the district is not in the same county where he or she is employed. Currently, an employee of a fire protection district or ambulance district is not allowed to serve as a board member of any fire protection or ambulance district while employed by any fire protection or ambulance district unless serving on a voluntary board (Section 321.017);

(11) Changes the filing fee for an election of a member of a fire protection district board of directors to up to the amount of a candidate for state representative. Currently, the filing fee is \$10 (Section 321.210); and

(12) Repeals Sections 192.800, 192.802, 192.804, 192.806, and 192.808, regarding communicable diseases.

PROPOSERS: Supporters say that the bill combines several public safety issues and topics. Specifically, the community paramedic language allows for follow-up care for persons who are released from the hospital and may need further care provided to them. The concept of community paramedic is new in Missouri, but is being practiced successfully in other states and will help to lower the number of situations where people use EMS services as their primary source of health care, thus reducing costs overall. Currently, the language regarding due process for licensure is conflicting but the bill provides clarity and allows for an administrative hearing and appeal process prior to the loss of a license. The communicable disease language provides notice to first responders and Good Samaritans who have been exposed to a disease while rendering care or assistance without disclosing confidential patient information. The bill clears up a conflict between federal and state law regarding line of duty death benefits. Additionally, the bill allows the City of North Kansas City to implement a public safety tax upon voter approval.

Testifying for the bill were Representative Hinson; Missouri State Council of Fire Fighters; Mid-America Regional Council, Missouri Ambulance Association; Jason White, Missouri EMS Association; Frank Foster, EMS Legal Services; Missouri Association of Career Fire Protection Districts; and Missouri Fraternal Order of Police.

OPPOSERS: There was no opposition voiced to the committee.

OTHERS: Others testifying on the bill say that they haven't had an opportunity to thoroughly examine the bill at the time of the hearing, so they're neither testifying for or against it.

Testifying on the bill was Mark Alexander, State Advisory Council.