

HB 335 -- Public Safety

Sponsor: Hinson

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

(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 as a paramedic or its part-time equivalent; successfully completes a community paramedic education program from a college or university that has been approved by the department or accredited by a national accreditation organization approved by the department that includes clinical experience under the supervision of an ambulance service administrator, advanced practice registered nurse, licensed physician assistant, or public health nurse; and completes an application form approved by the department. A community paramedic must practice in accordance with protocols and supervisory standards established by an ambulance service administrator and may provide services as directed by a patient care plan if the plan has been developed by the patient's primary physician, advanced practice registered nurse, or physician assistant in conjunction with the ambulance service administrator and relevant local health care providers. The care plan must ensure that the services provided by the community paramedic are consistent with those offered by the patient's health care home, if one exists; that the patient receives the necessary services; and that there is no duplication of services. The bill 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 (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 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 gross 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) Requires the department, in order to be authorized to impose a suspension or revocation as a disciplinary action, to first inform the Administrative Hearing Commission when it files the requisite complaint with the 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 bill 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 for notification of 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 bill, 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 bill 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 bill 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) Revises the definition of "killed in the line of duty" as it applies to the Line of Duty Compensation Act to include when any individual 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; 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);

(8) Allows the board of directors of any fire protection district to levy, if a majority of the voters of the district approve, in addition to all other taxes approved, an additional tax of not more than \$1 per \$100 of assessed valuation to be used for the support of the district (Section 321.241); and

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