

SECOND REGULAR SESSION

HOUSE BILL NO. 1919

99TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE ALFERMAN.

5663H.011

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal sections 99.848, 190.094, 190.100, 190.103, 190.105, 190.131, 190.142, 190.143, 190.165, 190.173, and 190.196, RSMo, and to enact in lieu thereof twelve new sections relating to emergency services.

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

Section A. Sections 99.848, 190.094, 190.100, 190.103, 190.105, 190.131, 190.142, 190.143, 190.165, 190.173, and 190.196, RSMo, are repealed and twelve new sections enacted in lieu thereof, to be known as sections 99.848, 190.094, 190.100, 190.103, 190.105, 190.131, 190.142, 190.143, 190.147, 190.165, 190.173, and 190.196, to read as follows:

99.848. **1.** Notwithstanding subsection 1 of section 99.847, any district **or 911 center** providing emergency **or dispatch** services pursuant to chapter 190 or 321 shall be entitled to reimbursement from the special allocation fund in the amount of at least fifty percent nor more than one hundred percent of the district's tax increment.

2. An ambulance district board of directors, as described in chapter 190, a fire protection district board, as described in chapter 321, or an emergency telephone service 911 board, as defined in section 190.309, shall set the reimbursement rate prior to the time the assessment is paid into the special allocation fund. If the redevelopment plan, area, or project is amended by ordinance or by other means, the board reserves the right to recalculate the base year and the refund amount provided under this section.

3. This section shall not apply to tax increment financing projects or districts approved prior to August 28, 2004.

190.094. **1.** Any ambulance licensed in this state, when used as an ambulance and staffed with volunteer staff, shall be staffed with a minimum of one emergency medical

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

3 technician and one other crew member who may be a licensed emergency medical technician,
4 registered nurse, physician, or someone who has a ~~[first responder]~~ **emergency medical**
5 **responder** certification.

6 2. When transporting a patient, at least one licensed emergency medical technician,
7 registered nurse, or physician shall be in attendance with the patient in the patient compartment
8 at all times.

9 3. For purposes of this section, "volunteer" shall mean an individual who performs hours
10 of service without promise, expectation or receipt of compensation for services rendered.
11 Compensation such as a nominal stipend per call to compensate for fuel, uniforms, and training
12 shall not nullify the volunteer status.

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

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

5 (2) **"Advanced emergency medical technician", a person who has successfully**
6 **completed a course of instruction in certain aspects of advanced life support care as**
7 **prescribed by the department and is licensed by the department in accordance with**
8 **sections 190.001 to 190.245 and rules and regulations adopted by the department under**
9 **sections 190.001 to 190.245;**

10 (3) "Ambulance", any privately or publicly owned vehicle or craft that is specially
11 designed, constructed or modified, staffed or equipped for, and is intended or used, maintained
12 or operated for the transportation of persons who are sick, injured, wounded or otherwise
13 incapacitated or helpless, or who require the presence of medical equipment being used on such
14 individuals, but the term does not include any motor vehicle specially designed, constructed or
15 converted for the regular transportation of persons who are disabled, handicapped, normally
16 using a wheelchair, or otherwise not acutely ill, or emergency vehicles used within airports;

17 ~~[(3)]~~ (4) "Ambulance service", a person or entity that provides emergency or
18 nonemergency ambulance transportation and services, or both, in compliance with sections
19 190.001 to 190.245, and the rules promulgated by the department pursuant to sections 190.001
20 to 190.245;

21 ~~[(4)]~~ (5) "Ambulance service area", a specific geographic area in which an ambulance
22 service has been authorized to operate;

23 ~~[(5)]~~ (6) "Basic life support (BLS)", a basic level of care, as provided to the adult and
24 pediatric patient as defined by national curricula, and any modifications to that curricula
25 specified in rules adopted by the department pursuant to sections 190.001 to 190.245;

26 ~~[(6)]~~ (7) "Council", the state advisory council on emergency medical services;

27 ~~[(7)]~~ (8) "Department", the department of health and senior services, state of Missouri;
28 ~~[(8)]~~ (9) "Director", the director of the department of health and senior services or the
29 director's duly authorized representative;

30 ~~[(9)]~~ (10) "Dispatch agency", any person or organization that receives requests for
31 emergency medical services from the public, by telephone or other means, and is responsible for
32 dispatching emergency medical services;

33 ~~[(10)]~~ (11) "Emergency", the sudden and, at the time, unexpected onset of a health
34 condition that manifests itself by symptoms of sufficient severity that would lead a prudent
35 layperson, possessing an average knowledge of health and medicine, to believe that the absence
36 of immediate medical care could result in:

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

39 (b) Serious impairment to a bodily function;

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

41 (d) Inadequately controlled pain;

42 ~~[(11)]~~ (12) "Emergency medical dispatcher", a person who receives emergency calls
43 from the public and has successfully completed an emergency medical dispatcher course,
44 meeting or exceeding the national curriculum of the United States Department of Transportation
45 and any modifications to such curricula specified by the department through rules adopted
46 pursuant to sections 190.001 to 190.245;

47 ~~[(12)]~~ (13) **"Emergency medical responder", a person who has successfully**
48 **completed an emergency first response course meeting or exceeding the national**
49 **curriculum of the United States Department of Transportation and any modifications to**
50 **such curricula specified by the department through rules adopted under sections 190.001**
51 **to 190.245 and who provides emergency medical care through employment by or in**
52 **association with an emergency medical response agency;**

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

56 ~~[(13)]~~ (15) "Emergency medical services for children (EMS-C) system", the arrangement
57 of personnel, facilities and equipment for effective and coordinated delivery of pediatric
58 emergency medical services required in prevention and management of incidents which occur
59 as a result of a medical emergency or of an injury event, natural disaster or similar situation;

60 ~~[(14)]~~ (16) "Emergency medical services (EMS) system", the arrangement of personnel,
61 facilities and equipment for the effective and coordinated delivery of emergency medical services

62 required in prevention and management of incidents occurring as a result of an illness, injury,
63 natural disaster or similar situation;

64 ~~[(15)]~~ **(17)** "Emergency medical technician", a person licensed in emergency medical
65 care in accordance with standards prescribed by sections 190.001 to 190.245, and by rules
66 adopted by the department pursuant to sections 190.001 to 190.245;

67 ~~[(16)]~~ **(18)** "Emergency medical technician-basic" or "EMT-B", a person who has
68 successfully completed a course of instruction in basic life support as prescribed by the
69 department and is licensed by the department in accordance with standards prescribed by sections
70 190.001 to 190.245 and rules adopted by the department pursuant to sections 190.001 to
71 190.245;

72 ~~[(17)]~~ **(19)** "Emergency medical technician-community paramedic", "community
73 paramedic", or "EMT-CP", a person who is certified as an emergency medical
74 technician-paramedic and is certified by the department in accordance with standards prescribed
75 in section 190.098;

76 ~~[(18)] "Emergency medical technician-intermediate" or "EMT-I", a person who has~~
77 ~~successfully completed a course of instruction in certain aspects of advanced life support care~~
78 ~~as prescribed by the department and is licensed by the department in accordance with sections~~
79 ~~190.001 to 190.245 and rules and regulations adopted by the department pursuant to sections~~
80 ~~190.001 to 190.245;~~

81 ~~———[(19)]~~ **(20)** "Emergency medical technician-paramedic" or "EMT-P", a person who has
82 successfully completed a course of instruction in advanced life support care as prescribed by the
83 department and is licensed by the department in accordance with sections 190.001 to 190.245
84 and rules adopted by the department pursuant to sections 190.001 to 190.245;

85 ~~[(20)]~~ **(21)** "Emergency services", health care items and services furnished or required
86 to screen and stabilize an emergency which may include, but shall not be limited to, health care
87 services that are provided in a licensed hospital's emergency facility by an appropriate provider
88 or by an ambulance service or emergency medical response agency;

89 ~~[(21)] "First responder", a person who has successfully completed an emergency first~~
90 ~~response course meeting or exceeding the national curriculum of the United States Department~~
91 ~~of Transportation and any modifications to such curricula specified by the department through~~
92 ~~rules adopted pursuant to sections 190.001 to 190.245 and who provides emergency medical care~~
93 ~~through employment by or in association with an emergency medical response agency;]~~

94 **(22)** "Health care facility", a hospital, nursing home, physician's office or other fixed
95 location at which medical and health care services are performed;

96 **(23)** "Hospital", an establishment as defined in the hospital licensing law, subsection 2
97 of section 197.020, or a hospital operated by the state;

(24) "Medical control", supervision provided by or under the direction of physicians to providers ~~[by written or verbal communications]~~ **including both online medical control, instructions by radio, telephone, or other means of direct communications, and off-line medical control through supervision by treatment protocols, case review, training, and standing orders for treatment;**

(25) "Medical direction", medical guidance and supervision provided by a physician to an emergency services provider or emergency medical services system;

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

(27) "Memorandum of understanding", an agreement between an emergency medical response agency or dispatch agency and an ambulance service or services within whose territory the agency operates, in order to coordinate emergency medical services;

(28) "Patient", an individual who is sick, injured, wounded, diseased, or otherwise incapacitated or helpless, or dead, excluding deceased individuals being transported from or between private or public institutions, homes or cemeteries, and individuals declared dead prior to the time an ambulance is called for assistance;

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

(30) "Physician", a person licensed as a physician pursuant to chapter 334;

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

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

(33) "Proof of financial responsibility", proof of ability to respond to damages for liability, on account of accidents occurring subsequent to the effective date of such proof, arising

134 out of the ownership, maintenance or use of a motor vehicle in the financial amount set in rules
135 promulgated by the department, but in no event less than the statutory minimum required for
136 motor vehicles. Proof of financial responsibility shall be used as proof of self-insurance;

137 (34) "Protocol", a predetermined, written medical care guideline, which may include
138 standing orders;

139 (35) "Regional EMS advisory committee", a committee formed within an emergency
140 medical services (EMS) region to advise ambulance services, the state advisory council on EMS
141 and the department;

142 (36) "Specialty care transportation", the transportation of a patient requiring the services
143 of an emergency medical technician-paramedic who has received additional training beyond the
144 training prescribed by the department. Specialty care transportation services shall be defined in
145 writing in the appropriate local protocols for ground and air ambulance services and approved
146 by the local physician medical director. The protocols shall be maintained by the local
147 ambulance service and shall define the additional training required of the emergency medical
148 technician-paramedic;

149 (37) "Stabilize", with respect to an emergency, the provision of such medical treatment
150 as may be necessary to attempt to assure within reasonable medical probability that no material
151 deterioration of an individual's medical condition is likely to result from or occur during
152 ambulance transportation unless the likely benefits of such transportation outweigh the risks;

153 (38) "State advisory council on emergency medical services", a committee formed to
154 advise the department on policy affecting emergency medical service throughout the state;

155 (39) "State EMS medical directors advisory committee", a subcommittee of the state
156 advisory council on emergency medical services formed to advise the state advisory council on
157 emergency medical services and the department on medical issues;

158 (40) "STEMI" or "ST-elevation myocardial infarction", a type of heart attack in which
159 impaired blood flow to the patient's heart muscle is evidenced by ST-segment elevation in
160 electrocardiogram analysis, and as further defined in rules promulgated by the department under
161 sections 190.001 to 190.250;

162 (41) "STEMI care", includes education and prevention, emergency transport, triage, and
163 acute care and rehabilitative services for STEMI that requires immediate medical or surgical
164 intervention or treatment;

165 (42) "STEMI center", a hospital that is currently designated as such by the department
166 to care for patients with ST-segment elevation myocardial infarctions;

167 (43) "Stroke", a condition of impaired blood flow to a patient's brain as defined by the
168 department;

(44) "Stroke care", includes emergency transport, triage, and acute intervention and other acute care services for stroke that potentially require immediate medical or surgical intervention or treatment, and may include education, primary prevention, acute intervention, acute and subacute management, prevention of complications, secondary stroke prevention, and rehabilitative services;

(45) "Stroke center", a hospital that is currently designated as such by the department;

(46) "Trauma", an injury to human tissues and organs resulting from the transfer of energy from the environment;

(47) "Trauma care" includes injury prevention, triage, acute care and rehabilitative services for major single system or multisystem injuries that potentially require immediate medical or surgical intervention or treatment;

(48) "Trauma center", a hospital that is currently designated as such by the department.

190.103. 1. One physician with expertise in emergency medical services from each of the EMS regions shall be elected by that region's EMS medical directors to serve as a regional EMS medical director. The regional EMS medical directors shall constitute the state EMS medical director's advisory committee and shall advise the department and their region's ambulance services on matters relating to medical control and medical direction in accordance with sections 190.001 to 190.245 and rules adopted by the department pursuant to sections 190.001 to 190.245. The regional EMS medical director shall serve a term of four years. The southwest, northwest, and Kansas City regional EMS medical directors shall be elected to an initial two-year term. The central, east central, and southeast regional EMS medical directors shall be elected to an initial four-year term. All subsequent terms following the initial terms shall be four years. The state EMS medical director shall be the chair of the state EMS medical director's advisory committee. **The state EMS medical director shall be selected by the members of the regional EMS medical director's advisory committee, serve a term of four years, seek to coordinate EMS services between the EMS regions, promote educational efforts for agency medical directors, represent Missouri EMS nationally in the role of state EMS medical director, and seek to incorporate the EMS system into the health care system serving the state.**

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

3. The medical director, in cooperation with the ambulance service or emergency medical response agency administrator, shall have the responsibility and the authority to ensure

25 that the personnel working under their supervision are able to provide care meeting established
26 standards of care with consideration for state and national standards as well as local area needs
27 and resources. The medical director, in cooperation with the ambulance service or emergency
28 medical response agency administrator, shall establish and develop triage, treatment and
29 transport protocols, which may include authorization for standing orders. **Emergency medical**
30 **technicians, as defined in section 190.100, shall only perform those medical procedures as**
31 **directed by treatment protocols approved by the local medical director or when authorized**
32 **through direct communication with online medical control.**

33 4. All ambulance services and emergency medical response agencies that are required
34 to have a medical director shall establish an agreement between the service or agency and their
35 medical director. The agreement will include the roles, responsibilities and authority of the
36 medical director beyond what is granted in accordance with sections 190.001 to 190.245 and
37 rules adopted by the department pursuant to sections 190.001 to 190.245. The agreement shall
38 also include grievance procedures regarding the emergency medical response agency or
39 ambulance service, personnel and the medical director.

40 5. Regional EMS medical directors, **and the state EMS medical director**, elected as
41 provided under subsection 1 of this section shall be considered public officials for purposes of
42 sovereign immunity, official immunity, and the Missouri public duty doctrine defenses.

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

45 7. Regional EMS medical directors may act to provide online telecommunication
46 medical direction to ~~[EMT-Bs, EMT-Is, EMT-Ps,]~~ **emergency medical technicians** and
47 community paramedics and provide offline medical direction per standardized treatment, triage,
48 and transport protocols when EMS personnel, including ~~[EMT-Bs, EMT-Is, EMT-Ps,]~~
49 **emergency medical technicians** and community paramedics, are providing care to special needs
50 patients or at the request of a local EMS agency or medical director.

51 8. When developing treatment protocols for special needs patients, regional EMS
52 medical directors may promulgate such protocols on a regional basis across multiple political
53 subdivisions' jurisdictional boundaries, and such protocols may be used by multiple agencies
54 including, but not limited to, ambulance services, emergency response agencies, and public
55 health departments. Treatment protocols shall include steps to ensure the receiving hospital is
56 informed of the pending arrival of the special needs patient, the condition of the patient, and the
57 treatment instituted.

58 9. Multiple EMS agencies including, but not limited to, ambulance services, emergency
59 response agencies, and public health departments shall take necessary steps to follow the regional

60 EMS protocols established as provided under subsection 8 of this section in cases of mass
61 casualty or state-declared disaster incidents.

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

65 11. Notwithstanding any other provision of law to the contrary, when regional EMS
66 medical directors are providing either online telecommunication medical direction to ~~[EMT-Bs,~~
67 ~~EMT-Is, EMT-Ps,]~~ **emergency medical technicians** and community paramedics, or offline
68 medical direction per standardized EMS treatment, triage, and transport protocols for patients,
69 those medical directions or treatment protocols may include the administration of the patient's
70 own prescription medications.

190.105. 1. No person, either as owner, agent or otherwise, shall furnish, operate,
2 conduct, maintain, advertise, or otherwise be engaged in or profess to be engaged in the business
3 or service of the transportation of patients by ambulance in the air, upon the streets, alleys, or any
4 public way or place of the state of Missouri unless such person holds a currently valid license
5 from the department for an ambulance service issued pursuant to the provisions of sections
6 190.001 to 190.245.

7 2. No ground ambulance shall be operated for ambulance purposes, and no individual
8 shall drive, attend or permit it to be operated for such purposes in the state of Missouri unless
9 the ground ambulance is under the immediate supervision and direction of a person who is
10 holding a currently valid Missouri license as an emergency medical technician. Nothing in this
11 section shall be construed to mean that a duly registered nurse or a duly licensed physician be
12 required to hold an emergency medical technician's license. Each ambulance service is
13 responsible for assuring that any person driving its ambulance is competent in emergency vehicle
14 operations and has a safe driving record. Each ground ambulance shall be staffed with at least
15 two licensed individuals when transporting a patient, except as provided in section 190.094. In
16 emergency situations which require additional medical personnel to assist the patient during
17 transportation, ~~[a first responder]~~ **an emergency medical responder**, a firefighter, or law
18 enforcement personnel with a valid driver's license and prior experience with driving emergency
19 vehicles may drive the ground ambulance provided the ground ambulance service stipulates to
20 this practice in operational policies.

21 3. No license shall be required for an ambulance service, or for the attendant of an
22 ambulance, which:

23 (1) Is rendering assistance in the case of an emergency, major catastrophe or any other
24 unforeseen event or series of events which jeopardizes the ability of the local ambulance service
25 to promptly respond to emergencies; or

26 (2) Is operated from a location or headquarters outside of Missouri in order to transport
27 patients who are picked up beyond the limits of Missouri to locations within or outside of
28 Missouri, but no such outside ambulance shall be used to pick up patients within Missouri for
29 transportation to locations within Missouri, except as provided in subdivision (1) of this
30 subsection.

31 4. The issuance of a license pursuant to the provisions of sections 190.001 to 190.245
32 shall not be construed so as to authorize any person to provide ambulance services or to operate
33 any ambulances without a franchise in any city not within a county or in a political subdivision
34 in any county with a population of over nine hundred thousand inhabitants, or a franchise,
35 contract or mutual-aid agreement in any other political subdivision which has enacted an
36 ordinance making it unlawful to do so.

37 5. Sections 190.001 to 190.245 shall not preclude the adoption of any law, ordinance or
38 regulation not in conflict with such sections by any city not within a county, or at least as strict
39 as such sections by any county, municipality or political subdivision except that no such
40 regulations or ordinances shall be adopted by a political subdivision in a county with a
41 population of over nine hundred thousand inhabitants except by the county's governing body.

42 6. In a county with a population of over nine hundred thousand inhabitants, the
43 governing body of the county shall set the standards for all ambulance services which shall
44 comply with subsection 5 of this section. All such ambulance services must be licensed by the
45 department. The governing body of such county shall not prohibit a licensed ambulance service
46 from operating in the county, as long as the ambulance service meets county standards.

47 7. An ambulance service or vehicle when operated for the purpose of transporting
48 persons who are sick, injured, or otherwise incapacitated shall not be treated as a common or
49 contract carrier under the jurisdiction of the Missouri division of motor carrier and railroad
50 safety.

51 8. Sections 190.001 to 190.245 shall not apply to, nor be construed to include, any motor
52 vehicle used by an employer for the transportation of such employer's employees whose illness
53 or injury occurs on private property, and not on a public highway or property, nor to any person
54 operating such a motor vehicle.

55 9. A political subdivision that is authorized to operate a licensed ambulance service may
56 establish, operate, maintain and manage its ambulance service, and select and contract with a
57 licensed ambulance service. Any political subdivision may contract with a licensed ambulance
58 service.

59 10. Except as provided in subsections 5 and 6, nothing in section 67.300, or subsection
60 2 of section 190.109, shall be construed to authorize any municipality or county which is located
61 within an ambulance district or a fire protection district that is authorized to provide ambulance

62 service to promulgate laws, ordinances or regulations related to the provision of ambulance
63 services. This provision shall not apply to any municipality or county which operates an
64 ambulance service established prior to August 28, 1998.

65 11. Nothing in section 67.300 or subsection 2 of section 190.109 shall be construed to
66 authorize any municipality or county which is located within an ambulance district or a fire
67 protection district that is authorized to provide ambulance service to operate an ambulance
68 service without a franchise in an ambulance district or a fire protection district that is authorized
69 to provide ambulance service which has enacted an ordinance making it unlawful to do so. This
70 provision shall not apply to any municipality or county which operates an ambulance service
71 established prior to August 28, 1998.

72 12. No provider of ambulance service within the state of Missouri which is licensed by
73 the department to provide such service shall discriminate regarding treatment or transportation
74 of emergency patients on the basis of race, sex, age, color, religion, sexual preference, national
75 origin, ancestry, handicap, medical condition or ability to pay.

76 13. No provision of this section, other than subsections 5, 6, 10 and 11 of this section,
77 is intended to limit or supersede the powers given to ambulance districts pursuant to this chapter
78 or to fire protection districts pursuant to chapter 321, or to counties, cities, towns and villages
79 pursuant to chapter 67.

80 14. Upon the sale or transfer of any ground ambulance service ownership, the owner of
81 such service shall notify the department of the change in ownership within thirty days of such
82 sale or transfer. After receipt of such notice, the department shall conduct an inspection of the
83 ambulance service to verify compliance with the licensure standards of sections 190.001 to
84 190.245.

190.131. 1. The department shall accredit or certify training entities for ~~[first~~
2 ~~responders]~~ **emergency medical responders**, emergency medical dispatchers, ~~[emergency~~
3 ~~medical technicians-basic, emergency medical technicians-intermediate, and emergency medical~~
4 ~~technicians-paramedic,]~~ **and emergency medical technicians** for a period of five years, if the
5 applicant meets the requirements established pursuant to sections 190.001 to 190.245.

6 2. Such rules promulgated by the department shall set forth the minimum requirements
7 for entrance criteria, training program curricula, instructors, facilities, equipment, medical
8 oversight, record keeping, and reporting.

9 3. Application for training entity accreditation or certification shall be made upon such
10 forms as prescribed by the department in rules adopted pursuant to sections 190.001 to 190.245.
11 The application form shall contain such information as the department deems reasonably
12 necessary to make a determination as to whether the training entity meets all requirements of
13 sections 190.001 to 190.245 and rules promulgated pursuant to sections 190.001 to 190.245.

14 4. Upon receipt of such application for training entity accreditation or certification, the
15 department shall determine whether the training entity, its instructors, facilities, equipment,
16 curricula and medical oversight meet the requirements of sections 190.001 to 190.245 and rules
17 promulgated pursuant to sections 190.001 to 190.245.

18 5. Upon finding these requirements satisfied, the department shall issue a training entity
19 accreditation or certification in accordance with rules promulgated by the department pursuant
20 to sections 190.001 to 190.245.

21 6. Subsequent to the issuance of a training entity accreditation or certification, the
22 department shall cause a periodic review of the training entity to assure continued compliance
23 with the requirements of sections 190.001 to 190.245 and all rules promulgated pursuant to
24 sections 190.001 to 190.245.

25 7. No person or entity shall hold itself out or provide training required by this section
26 without accreditation or certification by the department.

 190.142. 1. The department shall, within a reasonable time after receipt of an
2 application, cause such investigation as it deems necessary to be made of the applicant for an
3 emergency medical technician's license. The director may authorize investigations into criminal
4 records in other states for any applicant.

5 2. The department shall issue a license to all levels of emergency medical technicians,
6 for a period of five years, if the applicant meets the requirements established pursuant to sections
7 190.001 to 190.245 and the rules adopted by the department pursuant to sections 190.001 to
8 190.245. The department may promulgate rules relating to the requirements for an emergency
9 medical technician including but not limited to:

10 (1) Age requirements;

11 (2) ~~[Education and training requirements based on respective national curricula of the~~
12 ~~United States Department of Transportation]~~ **Emergency medical responder, emergency**
13 **medical technician, advanced emergency medical technician, and paramedic education and**
14 **training requirements based on respective National Emergency Medical Services**
15 **Education Standards** and any modification to such curricula specified by the department
16 through rules adopted pursuant to sections 190.001 to 190.245;

17 (3) **Paramedic accreditation requirements: paramedic programs shall be**
18 **accredited by the Commission on Accreditation of Allied Health Education Programs**
19 **(CAAHEP) or hold a CAAHEP letter of review;**

20 (4) Initial licensure testing requirements. Initial EMT-P licensure testing shall be
21 through the national registry of EMTs ~~[or examinations developed and administered by the~~
22 ~~department of health and senior services];~~

23 ~~[(4)]~~ (5) Continuing education and relicensure requirements; and

24 ~~[(5)]~~ (6) Ability to speak, read and write the English language.

25 3. Application for all levels of emergency medical technician license shall be made upon
26 such forms as prescribed by the department in rules adopted pursuant to sections 190.001 to
27 190.245. The application form shall contain such information as the department deems
28 necessary to make a determination as to whether the emergency medical technician meets all the
29 requirements of sections 190.001 to 190.245 and rules promulgated pursuant to sections 190.001
30 to 190.245.

31 4. All levels of emergency medical technicians may perform only that patient care which
32 is:

33 (1) Consistent with the training, education and experience of the particular emergency
34 medical technician; and

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

36 5. No person shall hold themselves out as an emergency medical technician or provide
37 the services of an emergency medical technician unless such person is licensed by the
38 department.

39 6. Any rule or portion of a rule, as that term is defined in section 536.010, that is created
40 under the authority delegated in this section shall become effective only if it complies with and
41 is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section
42 and chapter 536 are nonseverable and if any of the powers vested with the general assembly
43 pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule
44 are subsequently held unconstitutional, then the grant of rulemaking authority and any rule
45 proposed or adopted after August 28, 2002, shall be invalid and void.

 190.143. 1. Notwithstanding any other provisions of law, the department may grant a
2 ninety-day temporary emergency medical technician license to all levels of emergency medical
3 technicians who meet the following:

4 (1) Can demonstrate that they have, or will have, employment requiring an emergency
5 medical technician license;

6 (2) Are not currently licensed as an emergency medical technician in Missouri or have
7 been licensed as an emergency medical technician in Missouri and fingerprints need to be
8 submitted to the Federal Bureau of Investigation to verify the existence or absence of a criminal
9 history, or they are currently licensed and the license will expire before a verification can be
10 completed of the existence or absence of a criminal history;

11 (3) Have submitted a complete application upon such forms as prescribed by the
12 department in rules adopted pursuant to sections 190.001 to 190.245;

13 (4) Have not been disciplined pursuant to sections 190.001 to 190.245 and rules
14 promulgated pursuant to sections 190.001 to 190.245;

15 (5) Meet all the requirements of rules promulgated pursuant to sections 190.001 to
16 190.245.

17 2. A temporary emergency medical technician license shall only authorize the license to
18 practice while under the immediate supervision of a licensed emergency medical
19 ~~[technician-basic, emergency medical technician-intermediate, emergency medical~~
20 ~~technician-paramedic,]~~ **technician**, registered nurse, or physician who is currently licensed,
21 without restrictions, to practice in Missouri.

22 3. A temporary emergency medical technician license shall automatically expire either
23 ninety days from the date of issuance or upon the issuance of a five-year emergency medical
24 technician license.

**190.147. 1. Emergency medical technician-paramedics (EMT-Ps) may make a good
2 faith determination that a patient who presents a likelihood of serious harm to himself or
3 herself or others or who is significantly incapacitated by alcohol or drugs be placed in a
4 temporary hold for the sole purpose of transport to the nearest appropriate facility if:**

5 **(1) The EMT-P has completed a standard crisis intervention training course as**
6 **endorsed or developed by the state EMS medical director's advisory committee established**
7 **under section 190.102; and**

8 **(2) The EMT-P is acting in accordance with his or her ground or air ambulance**
9 **service's standardized triage, treatment, and transport protocols developed and adopted**
10 **as provided under subsection 2 of this section that address the treatment and transport of**
11 **behavioral health patients who present a likelihood of serious harm to themselves or others**
12 **or who are significantly incapacitated by alcohol or drugs.**

13 **2. Any air or ambulance service that adopts triage, treatment, and transport**
14 **protocols that address the treatment and transport of behavioral health patients who**
15 **present a likelihood of serious harm to themselves or others or who are significantly**
16 **incapacitated by alcohol or drugs shall have such protocols reviewed and approved by the**
17 **state EMS medical director's advisory committee. Such protocols shall direct the EMT-P**
18 **regarding the proper use of patient restraints and shall require coordination with local law**
19 **enforcement. Patient restraint protocols shall be based on current national guidelines.**

20 **3. In addition to the requirements of subsection 2 of this section, any air or**
21 **ambulance service that adopts triage, treatment, and transport protocols that address the**
22 **treatment and transport of behavioral health patients who present a likelihood of serious**
23 **harm to themselves or others or who are significantly incapacitated by alcohol or drugs**
24 **shall enter into a memorandum of understanding with applicable local law enforcement**
25 **agencies in order to achieve a collaborative and coordinated response to patients displaying**
26 **symptoms of either a likelihood of serious harm to themselves or others or significant**

27 **incapacitation by alcohol or drugs, which require a crisis intervention response. The**
28 **memorandum of understanding shall include, at a minimum:**

29 **(1) Administrative oversight including coordination between ambulance service and**
30 **law enforcement;**

31 **(2) Patient restraint technique and coordination of agency response to situations**
32 **where patient restraint may be required;**

33 **(3) Field interaction between paramedics and law enforcement including**
34 **determining patient destination and transportation; and**

35 **(4) Coordination of quality assurance.**

36 **4. Notwithstanding any provision of this section or any other law to the contrary,**
37 **EMT-Ps who make a good faith decision to place a temporary hold on a patient under**
38 **subsection 1 of this section shall not be required to rely on the common law doctrine of**
39 **implied consent and shall not be civilly liable for such actions. No action taken in good**
40 **faith by an EMT-P under subsection 1 of this section shall constitute a waiver of any**
41 **sovereign immunity defense, official immunity defense, or Missouri public duty doctrine**
42 **defense, if the EMT-P is employed by a governmental entity.**

190.165. 1. The department may refuse to issue or deny renewal of any certificate,
2 permit or license required pursuant to sections 190.100 to 190.245 for failure to comply with the
3 provisions of sections 190.100 to 190.245 or any lawful regulations promulgated by the
4 department to implement its provisions as described in subsection 2 of this section. The
5 department shall notify the applicant in writing of the reasons for the refusal and shall advise the
6 applicant of his or her right to file a complaint with the administrative hearing commission as
7 provided by chapter 621.

8 2. The department may cause a complaint to be filed with the administrative hearing
9 commission as provided by chapter 621 against any holder of any certificate, permit or license
10 required by sections 190.100 to 190.245 or any person who has failed to renew or has
11 surrendered his or her certificate, permit or license for failure to comply with the provisions of
12 sections 190.100 to 190.245 or any lawful regulations promulgated by the department to
13 implement such sections. Those regulations shall be limited to the following:

14 (1) Use or unlawful possession of any controlled substance, as defined in chapter 195,
15 or alcoholic beverage to an extent that such use impairs a person's ability to perform the work
16 of any activity licensed or regulated by sections 190.100 to 190.245;

17 (2) Being finally adjudicated and found guilty, or having entered a plea of guilty or nolo
18 contendere, in a criminal prosecution under the laws of any state or of the United States, for any
19 offense reasonably related to the qualifications, functions or duties of any activity licensed or
20 regulated pursuant to sections 190.100 to 190.245, for any offense an essential element of which

21 is fraud, dishonesty or an act of violence, or for any offense involving moral turpitude, whether
22 or not sentence is imposed;

23 (3) Use of fraud, deception, misrepresentation or bribery in securing any certificate,
24 permit or license issued pursuant to sections 190.100 to 190.245 or in obtaining permission to
25 take any examination given or required pursuant to sections 190.100 to 190.245;

26 (4) Obtaining or attempting to obtain any fee, charge, tuition or other compensation by
27 fraud, deception or misrepresentation;

28 (5) Incompetency, misconduct, gross negligence, fraud, misrepresentation or dishonesty
29 in the performance of the functions or duties of any activity licensed or regulated by sections
30 190.100 to 190.245;

31 (6) Violation of, or assisting or enabling any person to violate, any provision of sections
32 190.100 to 190.245, or of any lawful rule or regulation adopted by the department pursuant to
33 sections 190.100 to 190.245;

34 (7) Impersonation of any person holding a certificate, permit or license or allowing any
35 person to use his or her certificate, permit, license or diploma from any school;

36 (8) Disciplinary action against the holder of a license or other right to practice any
37 activity regulated by sections 190.100 to 190.245 granted by another state, territory, federal
38 agency or country upon grounds for which revocation or suspension is authorized in this state;

39 (9) For an individual being finally adjudged insane or incompetent by a court of
40 competent jurisdiction;

41 (10) Assisting or enabling any person to practice or offer to practice any activity licensed
42 or regulated by sections 190.100 to 190.245 who is not licensed and currently eligible to practice
43 pursuant to sections 190.100 to 190.245;

44 (11) Issuance of a certificate, permit or license based upon a material mistake of fact;

45 (12) Violation of any professional trust, confidence, or legally protected privacy rights
46 of a patient by means of an unauthorized or unlawful disclosure;

47 (13) Use of any advertisement or solicitation which is false, misleading or deceptive to
48 the general public or persons to whom the advertisement or solicitation is primarily directed;

49 (14) Violation of the drug laws or rules and regulations of this state, any other state or
50 the federal government;

51 (15) Refusal of any applicant or licensee to respond to reasonable department of health
52 and senior services' requests for necessary information to process an application or to determine
53 license status or license eligibility;

54 (16) Any conduct or practice which is or might be harmful or dangerous to the mental
55 or physical health or safety of a patient or the public;

56 (17) Repeated acts of negligence or recklessness in the performance of the functions or
57 duties of any activity licensed or regulated by sections 190.100 to 190.245.

58 3. If the department conducts investigations, the department, prior to interviewing a
59 licensee who is the subject of the investigation, shall explain to the licensee that he or she has
60 the right to:

61 (1) Consult legal counsel or have legal counsel present;

62 (2) Have anyone present whom he or she deems to be necessary or desirable~~[, except for~~
63 ~~any holder of any certificate, permit, or license required by sections 190.100 to 190.245];~~ and

64 (3) Refuse to answer any question or refuse to provide or sign any written statement.

65

66 The assertion of any right listed in this subsection shall not be deemed by the department to be
67 a failure to cooperate with any department investigation.

68 4. After the filing of such complaint, the proceedings shall be conducted in accordance
69 with the provisions of chapter 621. Upon a finding by the administrative hearing commission
70 that the grounds, provided in subsection 2 of this section, for disciplinary action are met, the
71 department may, singly or in combination, censure or place the person named in the complaint
72 on probation on such terms and conditions as the department deems appropriate for a period not
73 to exceed five years, or may suspend, for a period not to exceed three years, or revoke the
74 license, certificate or permit. Notwithstanding any provision of law to the contrary, the
75 department shall be authorized to impose a suspension or revocation as a disciplinary action only
76 if it first files the requisite complaint with the administrative hearing commission. **The**
77 **administrative hearing commission shall hear all relevant evidence on remediation**
78 **activities of the licensee and shall make a recommendation to the department of health and**
79 **senior services as to licensure disposition based on such evidence.**

80 5. An individual whose license has been revoked shall wait one year from the date of
81 revocation to apply for relicensure. Relicensure shall be at the discretion of the department after
82 compliance with all the requirements of sections 190.100 to 190.245 relative to the licensing of
83 an applicant for the first time. Any individual whose license has been revoked twice within a
84 ten-year period shall not be eligible for relicensure.

85 6. The department may notify the proper licensing authority of any other state in which
86 the person whose license was suspended or revoked was also licensed of the suspension or
87 revocation.

88 7. Any person, organization, association or corporation who reports or provides
89 information to the department pursuant to the provisions of sections 190.100 to 190.245 and who
90 does so in good faith shall not be subject to an action for civil damages as a result thereof.

91 8. The department of health and senior services may suspend any certificate, permit or
92 license required pursuant to sections 190.100 to 190.245 simultaneously with the filing of the
93 complaint with the administrative hearing commission as set forth in subsection 2 of this section,
94 if the department finds that there is an imminent threat to the public health. The notice of
95 suspension shall include the basis of the suspension and notice of the right to appeal such
96 suspension. The licensee may appeal the decision to suspend the license, certificate or permit
97 to the department. The appeal shall be filed within ten days from the date of the filing of the
98 complaint. A hearing shall be conducted by the department within ten days from the date the
99 appeal is filed. The suspension shall continue in effect until the conclusion of the proceedings,
100 including review thereof, unless sooner withdrawn by the department, dissolved by a court of
101 competent jurisdiction or stayed by the administrative hearing commission.

 190.173. 1. All complaints, investigatory reports, and information pertaining to any
2 applicant, holder of any certificate, permit, or license, or other individual are confidential and
3 shall only be disclosed upon written consent of the person whose records are involved or to other
4 administrative or law enforcement agencies acting within the scope of their statutory authority.
5 However, no applicant, holder of any certificate, permit, or license, or other individual shall have
6 access to any complaints, investigatory reports, or information concerning an investigation in
7 progress until such time as the investigation has been completed as required by subsection 1 of
8 section 190.248.

9 2. Any information regarding the identity, name, address, license, final disciplinary
10 action taken, currency of the license, permit, or certificate of an applicant for or a person
11 possessing a license, permit, or certificate in accordance with sections 190.100 to 190.245 shall
12 not be confidential.

13 3. **Any information including the physical address, phone number, fax number,**
14 **email address, or mailing address regarding a licensed ambulance service, emergency**
15 **medical response agency, or recognized training entity in accordance with chapter 190,**
16 **including the name and organizational contact information of the agency director and the**
17 **name of the medical director and organizational contact information, shall not be**
18 **confidential.**

19 4. This section shall not be construed to authorize the release of records, reports, or other
20 information which may be held in department files for any holder of or applicant for any
21 certificate, permit, or license that is subject to other specific state or federal laws concerning their
22 disclosure.

 190.196. 1. No employer shall knowingly employ or permit any employee to perform
2 any services for which a license, certificate or other authorization is required by sections 190.001

3 to 190.245, or by rules adopted pursuant to sections 190.001 to 190.245, unless and until the
4 person so employed possesses all licenses, certificates or authorizations that are required.

5 2. Any person or entity that employs or supervises a person's activities as a ~~[first~~
6 ~~responder]~~ **emergency medical responder**, emergency medical dispatcher, emergency medical
7 ~~[technician-basic, emergency medical technician-intermediate, emergency medical~~
8 ~~technician-paramedic]~~ **technician**, registered nurse, or physician shall cooperate with the
9 department's efforts to monitor and enforce compliance by those individuals subject to the
10 requirements of sections 190.001 to 190.245.

11 3. Any person or entity who employs individuals licensed by the department pursuant
12 to sections 190.001 to 190.245 shall report to the department within seventy-two hours of their
13 having knowledge of any charges filed against a licensee in their employ for possible criminal
14 action involving the following felony offenses:

- 15 (1) Child abuse or sexual abuse of a child;
16 (2) Crimes of violence; or
17 (3) Rape or sexual abuse.

18 4. Any licensee who has charges filed against him or her for the felony offenses in
19 subsection 3 of this section shall report such an occurrence to the department within seventy-two
20 hours of the charges being filed.

21 5. The department will monitor these reports for possible licensure action authorized
22 pursuant to section 190.165.

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