

HB 1919 -- EMERGENCY MEDICAL SERVICES

SPONSOR: Alferman

COMMITTEE ACTION: Voted "Do Pass" by the Standing Committee on Government Efficiency by a vote of 9 to 0. Voted "Do Pass" by the Rules- Legislative Oversight Committee by a vote of 12 to 0.

This bill adds 911 centers providing dispatch services to the entities entitled to receive reimbursement from the special allocation fund in the amount of at least 50% but not more than 100% of the district's tax increment. The bill specifies certain boards that shall set the reimbursement rate prior to the assessment being paid into the special allocation fund.

The bill also, for the purposes of Sections 190.001 to 190.245, RSMo, adds definitions for "advanced emergency medical technician" and "emergency medical responder," and it removes definitions for "emergency medical technician-intermediate" and for "first responder." It also amends the definition for "medical control."

The bill specifies how the state Emergency Medical Services (EMS) medical director shall be selected and what responsibilities he or she shall have.

The Department of Health and Senior Services may promulgate rules relating to the requirements for emergency medical technicians, including training requirements based on respective National Emergency Medical Services Education standards, as well as paramedic accreditation requirements.

Emergency medical technician-paramedics (EMT-Ps) may make a good faith determination that a patient who presents a likelihood of serious harm to himself or herself or others or who is significantly incapacitated by alcohol or drugs be placed in a temporary hold for the sole purpose of transport to the nearest appropriate facility if the EMT-P is following certain protocols specified in the bill. Any air or ambulance service that adopts triage, treatment, and transport protocols that address the treatment and transport of such behavioral health patients shall enter into a memorandum of understanding with applicable local law enforcement agencies in order to achieve a collaborative and coordinated response to patients displaying symptoms of either a likelihood of serious harm to themselves or others or significant incapacitation by alcohol or drugs. The bill specifies what the memorandum of understanding shall include, at a minimum.

When reviewing a complaint filed by the department against any certificate, permit, or license holder with the Administrative

Hearing Commission, the commission shall hear all relevant evidence on remediation activities of the licensee and shall make a recommendation to the department as to licensure disposition based on such evidence.

Finally, any information including the physical address, phone number, fax number, email address, or mailing address regarding a licensed ambulance service, emergency medical response agency, or recognized training entity in accordance with Chapter 190, including the name and organizational contact information of the agency director and the name of the medical director and organizational contact information, shall not be confidential.

PROPONENTS: Supporters say that a majority of the provisions in this bill have been heard in other bills or are just clean-up. This bill solidifies the role of the state in this area.

Testifying for the bill were Representative Alferman; Ambulance District Association of Missouri; Missouri Fire Service Alliance; Missouri College of Emergency Physicians; Dymond E. Bradley Jr (Gene), Ambulance District Association of Missouri, Missouri Ambulance Association, and Atchison-Holt Ambulance District; Brian Froelke; Frank Foster, Association of Ambulance Districts and Missouri Ambulance Association; Mid-America Regional Council, Missouri EMS Association; and Pleasant Hill Fire Protection District.

OPPONENTS: There was no opposition voiced to the committee.