

House _____ Amendment NO. _____

Offered By _____

1 AMEND House Committee Substitute for Senate Bill No. 38, Page 12, Section 115.960, Line 86, by
2 inserting after all of said section and line the following:

3
4 "173.260. 1. As used in this section, unless the context clearly requires otherwise, the
5 following terms mean:

6 (1) "Air ambulance pilot", a person certified as an air ambulance pilot in accordance with
7 sections 190.001 to [~~190.245~~] 190.243 and corresponding regulations applicable to air ambulances
8 adopted by the department of health and senior services;

9 (2) "Air ambulance registered professional nurse", a person licensed as a registered
10 professional nurse in accordance with sections 335.011 to 335.096 and corresponding regulations
11 adopted by the state board of nursing, 20 CSR 2200-4, et seq., who provides registered professional
12 nursing services as a flight nurse in conjunction with an air ambulance program that is certified in
13 accordance with sections 190.001 to [~~190.245~~] 190.243 and the corresponding regulations
14 applicable to such programs;

15 (3) "Air ambulance registered respiratory therapist", a person licensed as a registered
16 respiratory therapist in accordance with sections 334.800 to 334.930 and corresponding regulations
17 adopted by the state board for respiratory care, who provides respiratory therapy services in
18 conjunction with an air ambulance program that is certified in accordance with sections 190.001 to
19 [~~190.245~~] 190.243 and corresponding regulations applicable to such programs;

20 (4) "Board", the coordinating board for higher education;

21 (5) "Eligible child", the natural, adopted or stepchild of a public safety officer or employee,
22 as defined in this section, who is less than twenty-four years of age and who is a dependent of a
23 public safety officer or employee or was a dependent at the time of death or permanent and total
24 disability of a public safety officer or employee;

25 (6) "Emergency medical technician", a person licensed in emergency medical care in
26 accordance with standards prescribed by sections 190.001 to [~~190.245~~] 190.243 and by rules
27 adopted by the department of health and senior services under sections 190.001 to [~~190.245~~]
28 190.243;

29 (7) "Employee", any full-time employee of the department of transportation engaged in the
30 construction or maintenance of the state's highways, roads and bridges;

31 (8) "Flight crew member", an individual engaged in flight responsibilities with an air
32 ambulance licensed in accordance with sections 190.001 to [~~190.245~~] 190.243 and corresponding
33 regulations applicable to such programs;

34 (9) "Grant", the public safety officer or employee survivor grant as established by this
35 section;

36 (10) "Institution of postsecondary education", any approved public or private institution as

Action Taken _____ Date _____

defined in section 173.205;

(11) "Line of duty", any action of a public safety officer, whose primary function is crime control or reduction, enforcement of the criminal law, or suppression of fires, is authorized or obligated by law, rule, regulation or condition of employment or service to perform;

(12) "Public safety officer", any firefighter, uniformed employee of the office of the state fire marshal, emergency medical technician, police officer, capitol police officer, parole officer, probation officer, state correctional employee, water safety officer, park ranger, conservation officer or highway patrolman employed by the state of Missouri or a political subdivision thereof who is killed or permanently and totally disabled in the line of duty or any emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, air ambulance registered respiratory therapist, or flight crew member who is killed or permanently and totally disabled in the line of duty;

(13) "Permanent and total disability", a disability which renders a person unable to engage in any gainful work;

(14) "Spouse", the husband, wife, widow or widower of a public safety officer or employee at the time of death or permanent and total disability of such public safety officer;

(15) "Tuition", any tuition or incidental fee or both charged by an institution of postsecondary education, as defined in this section, for attendance at that institution by a student as a resident of this state.

2. Within the limits of the amounts appropriated therefor, the coordinating board for higher education shall provide, as defined in this section, a grant for either of the following to attend an institution of postsecondary education:

(1) An eligible child of a public safety officer or employee killed or permanently and totally disabled in the line of duty; or

(2) A spouse of a public safety officer killed or permanently and totally disabled in the line of duty.

3. An eligible child or spouse may receive a grant under this section only so long as the child or spouse is enrolled in a program leading to a certificate, or an associate or baccalaureate degree. In no event shall a child or spouse receive a grant beyond the completion of the first baccalaureate degree or, in the case of a child, age twenty-four years, except that the child may receive a grant through the completion of the semester or similar grading period in which the child reaches his twenty-fourth year. No child or spouse shall receive more than one hundred percent of tuition when combined with similar funds made available to such child or spouse.

4. The coordinating board for higher education shall:

(1) Promulgate all necessary rules and regulations for the implementation of this section;

(2) Determine minimum standards of performance in order for a child or spouse to remain eligible to receive a grant under this program;

(3) Make available on behalf of an eligible child or spouse an amount toward the child's or spouse's tuition which is equal to the grant to which the child or spouse is entitled under the provisions of this section;

(4) Provide the forms and determine the procedures necessary for an eligible child or spouse to apply for and receive a grant under this program.

5. An eligible child or spouse who is enrolled or has been accepted for enrollment as an undergraduate postsecondary student at an approved institution of postsecondary education shall receive a grant in an amount not to exceed the least of the following:

(1) The actual tuition, as defined in this section, charged at an approved institution where the child or spouse is enrolled or accepted for enrollment; or

(2) The amount of tuition charged a Missouri resident at the University of Missouri for attendance as a full-time student, as defined in section 173.205.

6. An eligible child or spouse who is a recipient of a grant may transfer from one approved public or private institution of postsecondary education to another without losing his entitlement under this section. The board shall make necessary adjustments in the amount of the grant. If a grant recipient at anytime withdraws from the institution of postsecondary education so that under the rules and regulations of that institution he is entitled to a refund of any tuition, fees, or other charges, the institution shall pay the portion of the refund to which he is entitled attributable to the grant for that semester or similar grading period to the board.

7. If an eligible child or spouse is granted financial assistance under any other student aid program, public or private, the full amount of such aid shall be reported to the board by the institution and the eligible child or spouse.

8. Nothing in this section shall be construed as a promise or guarantee that a person will be admitted to an institution of postsecondary education or to a particular institution of postsecondary education, will be allowed to continue to attend an institution of postsecondary education after having been admitted, or will be graduated from an institution of postsecondary education.

9. A public safety officer who is permanently and totally disabled shall be eligible for a grant pursuant to the provisions of this section.

10. An eligible child of a public safety officer or employee, spouse of a public safety officer or public safety officer shall cease to be eligible for a grant pursuant to this section when such public safety officer or employee is no longer permanently and totally disabled.

190.001. Sections 190.001 to ~~[190.245]~~ 190.243 shall be known and may be cited as the "Comprehensive Emergency Medical Services Systems Act".

190.060. 1. An ambulance district shall have the following governmental powers, and all other powers incidental, necessary, convenient or desirable to carry out and effectuate the express powers:

(1) To establish and maintain an ambulance service within its corporate limits, and to acquire for, develop, expand, extend and improve such service;

(2) To acquire land in fee simple, rights in land and easements upon, over or across land and leasehold interests in land and tangible and intangible personal property used or useful for the location, establishment, maintenance, development, expansion, extension or improvement of an ambulance service. The acquisition may be by dedication, purchase, gift, agreement, lease, use or adverse possession;

(3) To operate, maintain and manage the ambulance service, and to make and enter into contracts for the use, operation or management of and to provide rules and regulations for the operation, management or use of the ambulance service;

(4) To fix, charge and collect reasonable fees and compensation for the use of the ambulance service according to the rules and regulations prescribed by the board from time to time;

(5) To borrow money and to issue bonds, notes, certificates, or other evidences of indebtedness for the purpose of accomplishing any of its corporate purposes, subject to compliance with any condition or limitation set forth in sections 190.001 to 190.090 or otherwise provided by the Constitution of the state of Missouri;

(6) To employ or enter into contracts for the employment of any person, firm, or corporation, and for professional services, necessary or desirable for the accomplishment of the objects of the district or the proper administration, management, protection or control of its property;

(7) To maintain the ambulance service for the benefit of the inhabitants of the area comprising the district regardless of race, creed or color, and to adopt such reasonable rules and regulations as may be necessary to render the highest quality of emergency medical care; to exclude from the use of the ambulance service all persons who willfully disregard any of the rules and regulations so established; to extend the privileges and use of the ambulance service to persons

1 residing outside the area of the district upon such terms and conditions as the board of directors
2 prescribes by its rules and regulations;

3 (8) To provide for health, accident, disability and pension benefits for the salaried members
4 of its organized ambulance district and such other benefits for the members' spouses and minor
5 children, through either, or both, a contributory or noncontributory plan. The type and amount of
6 such benefits shall be determined by the board of directors of the ambulance district within the level
7 of available revenue of the pension program and other available revenue of the district. If an
8 employee contributory plan is adopted, then at least one voting member of the board of trustees shall
9 be a member of the ambulance district elected by the contributing members. The board of trustees
10 shall not be the same as the board of directors;

11 (9) To purchase insurance indemnifying the district and its employees, officers, volunteers
12 and directors against liability in rendering services incidental to the furnishing of ambulance
13 services. Purchase of insurance pursuant to this section is not intended to waive sovereign
14 immunity, official immunity or the Missouri public duty doctrine defenses; and

15 (10) To provide for life insurance, accident, sickness, health, disability, annuity, length of
16 service, pension, retirement and other employee-type fringe benefits, subject to the provisions of
17 section 70.615, for the volunteer members of any organized ambulance district and such other
18 benefits for their spouses and eligible unemancipated children, either through a contributory or
19 noncontributory plan, or both. For purposes of this section, "eligible unemancipated child" means a
20 natural or adopted child of an insured, or a stepchild of an insured who is domiciled with the
21 insured, who is less than twenty-three years of age, who is not married, not employed on a full-time
22 basis, not maintaining a separate residence except for full-time students in an accredited school or
23 institution of higher learning, and who is dependent on parents or guardians for at least fifty percent
24 of his or her support. The type and amount of such benefits shall be determined by the board of
25 directors of the ambulance district within available revenues of the district, including the pension
26 program of the district. The provision and receipt of such benefits shall not make the recipient an
27 employee of the district. Directors who are also volunteer members may receive such benefits while
28 serving as a director of the district.

29 2. The use of any ambulance service of a district shall be subject to the reasonable
30 regulation and control of the district and upon such reasonable terms and conditions as shall be
31 established by its board of directors.

32 3. A regulatory ordinance of a district adopted pursuant to any provision of this section may
33 provide for a suspension or revocation of any rights or privileges within the control of the district for
34 a violation of any regulatory ordinance.

35 4. Nothing in this section or in other provisions of sections 190.001 to ~~[190.245]~~ 190.243
36 shall be construed to authorize the district or board to establish or enforce any regulation or rule in
37 respect to the operation or maintenance of the ambulance service within its jurisdiction which is in
38 conflict with any federal or state law or regulation applicable to the same subject matter.

39 5. After August 28, 1998, the board of directors of an ambulance district that proposes to
40 contract for the total management and operation of the ambulance service, when that ambulance
41 district has not previously contracted out for said service, shall hold a public hearing within a thirty-
42 day period and shall make a finding that the proposed contract to manage and operate the ambulance
43 service will:

44 (1) Provide benefits to the public health that outweigh the associated costs;
45 (2) Maintain or enhance public access to ambulance service;
46 (3) Maintain or improve the public health and promote the continued development of the
47 regional emergency medical services system.

48 6. (1) Upon a satisfactory finding following the public hearing in subsection 5 of this
49 section and after a sixty-day period, the ambulance district may enter into the proposed contract,

1 however said contract shall not be implemented for at least thirty days.

2 (2) The provisions of subsection 5 of this section shall not apply to contracts which were
3 executed prior to August 28, 1998, or to the renewal or modification of such contracts or to the
4 signing of a new contract with an ambulance service provider for services that were previously
5 contracted out.

6 7. All ambulance districts authorized to adopt laws, ordinances, or regulations regarding
7 basic life support ambulances shall require such ambulances to be equipped with an automated
8 external defibrillator and be staffed by at least one individual trained in the use of an automated
9 external defibrillator.

10 8. The ambulance district may adopt procedures for conducting fingerprint background
11 checks on current and prospective employees, contractors, and volunteers. The ambulance district
12 may submit applicant fingerprints to the Missouri state highway patrol, Missouri criminal records
13 repository, for the purpose of checking the person's criminal history. The fingerprints shall be used
14 to search the Missouri criminal records repository and shall be submitted to the Federal Bureau of
15 Investigation to be used for searching the federal criminal history files. The fingerprints shall be
16 submitted on forms and in the manner prescribed by the Missouri state highway patrol. Fees shall
17 be as set forth in section 43.530.

18 190.098. 1. In order for a person to be eligible for certification by the department as a
19 community paramedic, an individual shall:

20 (1) Be currently certified as a paramedic;

21 (2) Successfully complete or have successfully completed a community paramedic
22 certification program from a college, university, or educational institution that has been approved by
23 the department or accredited by a national accreditation organization approved by the department;
24 and

25 (3) Complete an application form approved by the department.

26 2. A community paramedic shall practice in accordance with protocols and supervisory
27 standards established by the medical director. A community paramedic shall provide services of a
28 health care plan if the plan has been developed by the patient's physician or by an advanced practice
29 registered nurse through a collaborative practice arrangement with a physician or a physician
30 assistant through a collaborative practice arrangement with a physician and there is no duplication
31 of services to the patient from another provider.

32 3. Any ambulance service shall enter into a written contract to provide community
33 paramedic services in another ambulance service area, as that term is defined in section 190.100.
34 The contract that is agreed upon may be for an indefinite period of time, as long as it includes at
35 least a sixty-day cancellation notice by either ambulance service.

36 4. A community paramedic is subject to the provisions of sections 190.001 to ~~[190.245]~~
37 190.243 and rules promulgated under sections 190.001 to ~~[190.245]~~ 190.243.

38 5. No person shall hold himself or herself out as a community paramedic or provide the
39 services of a community paramedic unless such person is certified by the department.

40 6. The medical director shall approve the implementation of the community paramedic
41 program.

42 7. Any rule or portion of a rule, as that term is defined in section 536.010, that is created
43 under the authority delegated in this section shall become effective only if it complies with and is
44 subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and
45 chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to
46 chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently
47 held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after
48 August 28, 2013, shall be invalid and void.

49 190.100. As used in sections 190.001 to ~~[190.245]~~ 190.257, the following words and terms

mean:

(1) "Advanced emergency medical technician" or "AEMT", a person who has successfully completed a course of instruction in certain aspects of advanced life support care as prescribed by the department and is licensed by the department in accordance with sections 190.001 to ~~[190.245]~~ 190.243 and rules and regulations adopted by the department pursuant to sections 190.001 to ~~[190.245]~~ 190.243;

(2) "Advanced life support (ALS)", an advanced level of care as provided to the adult and pediatric patient such as defined by national curricula, and any modifications to that curricula specified in rules adopted by the department pursuant to sections 190.001 to ~~[190.245]~~ 190.243;

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

(4) "Ambulance service", a person or entity that provides emergency or nonemergency ambulance transportation and services, or both, in compliance with sections 190.001 to ~~[190.245]~~ 190.243, and the rules promulgated by the department pursuant to sections 190.001 to ~~[190.245]~~ 190.243;

(5) "Ambulance service area", a specific geographic area in which an ambulance service has been authorized to operate;

(6) "Basic life support (BLS)", a basic level of care, as provided to the adult and pediatric patient as defined by national curricula, and any modifications to that curricula specified in rules adopted by the department pursuant to sections 190.001 to ~~[190.245]~~ 190.243;

(7) "Council", the state advisory council on emergency medical services;

(8) "Department", the department of health and senior services, state of Missouri;

(9) "Director", the director of the department of health and senior services or the director's duly authorized representative;

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

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

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

(b) Serious impairment to a bodily function;

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

(d) Inadequately controlled pain;

(12) "Emergency medical dispatcher", a person who receives emergency calls from the public and has successfully completed an emergency medical dispatcher course, meeting or exceeding the national curriculum of the United States Department of Transportation and any modifications to such curricula specified by the department through rules adopted pursuant to sections 190.001 to ~~[190.245]~~ 190.243;

(13) "Emergency medical responder", a person who has successfully completed an emergency first response course meeting or exceeding the national curriculum of the U.S. Department of Transportation and any modifications to such curricula specified by the department

1 through rules adopted under sections 190.001 to ~~[190.245]~~ 190.243 and who provides emergency
 2 medical care through employment by or in association with an emergency medical response agency;

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

6 (15) "Emergency medical services for children (EMS-C) system", the arrangement of
 7 personnel, facilities and equipment for effective and coordinated delivery of pediatric emergency
 8 medical services required in prevention and management of incidents which occur as a result of a
 9 medical emergency or of an injury event, natural disaster or similar situation;

10 (16) "Emergency medical services (EMS) system", the arrangement of personnel, facilities
 11 and equipment for the effective and coordinated delivery of emergency medical services required in
 12 prevention and management of incidents occurring as a result of an illness, injury, natural disaster or
 13 similar situation;

14 (17) "Emergency medical technician", a person licensed in emergency medical care in
 15 accordance with standards prescribed by sections 190.001 to ~~[190.245]~~ 190.243, and by rules
 16 adopted by the department pursuant to sections 190.001 to ~~[190.245]~~ 190.243;

17 (18) "Emergency medical technician-basic" or "EMT-B", a person who has successfully
 18 completed a course of instruction in basic life support as prescribed by the department and is
 19 licensed by the department in accordance with standards prescribed by sections 190.001 to
 20 ~~[190.245]~~ 190.243 and rules adopted by the department pursuant to sections 190.001 to ~~[190.245]~~
 21 190.243;

22 (19) "Emergency medical technician-community paramedic", "community paramedic", or
 23 "EMT-CP", a person who is certified as an emergency medical technician-paramedic and is certified
 24 by the department in accordance with standards prescribed in section 190.098;

25 (20) "Emergency medical technician-paramedic" or "EMT-P", a person who has
 26 successfully completed a course of instruction in advanced life support care as prescribed by the
 27 department and is licensed by the department in accordance with sections 190.001 to ~~[190.245]~~
 28 190.243 and rules adopted by the department pursuant to sections 190.001 to ~~[190.245]~~ 190.243;

29 (21) "Emergency services", health care items and services furnished or required to screen
 30 and stabilize an emergency which may include, but shall not be limited to, health care services that
 31 are provided in a licensed hospital's emergency facility by an appropriate provider or by an
 32 ambulance service or emergency medical response agency;

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

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

37 (24) "Medical control", supervision provided by or under the direction of physicians, or
 38 their designated registered nurse, including both online medical control, instructions by radio,
 39 telephone, or other means of direct communications, and offline medical control through
 40 supervision by treatment protocols, case review, training, and standing orders for treatment;

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

43 (26) "Medical director", a physician licensed pursuant to chapter 334 designated by the
 44 ambulance service or emergency medical response agency and who meets criteria specified by the
 45 department by rules pursuant to sections 190.001 to ~~[190.245]~~ 190.243;

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

49 (28) "Patient", an individual who is sick, injured, wounded, diseased, or otherwise

1 incapacitated or helpless, or dead, excluding deceased individuals being transported from or
 2 between private or public institutions, homes or cemeteries, and individuals declared dead prior to
 3 the time an ambulance is called for assistance;

4 (29) "Person", as used in these definitions and elsewhere in sections 190.001 to ~~190.245~~
 5 190.243, any individual, firm, partnership, copartnership, joint venture, association, cooperative
 6 organization, corporation, municipal or private, and whether organized for profit or not, state,
 7 county, political subdivision, state department, commission, board, bureau or fraternal organization,
 8 estate, public trust, business or common law trust, receiver, assignee for the benefit of creditors,
 9 trustee or trustee in bankruptcy, or any other service user or provider;

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

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

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

21 (33) "Proof of financial responsibility", proof of ability to respond to damages for liability,
 22 on account of accidents occurring subsequent to the effective date of such proof, arising out of the
 23 ownership, maintenance or use of a motor vehicle in the financial amount set in rules promulgated
 24 by the department, but in no event less than the statutory minimum required for motor vehicles.
 25 Proof of financial responsibility shall be used as proof of self-insurance;

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

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

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

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

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

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

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

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

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

(43) "Stroke", a condition of impaired blood flow to a patient's brain as defined by the 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) "Time-critical diagnosis", trauma care, stroke care, and STEMI care occurring either outside of a hospital or in a center designated under section 190.241;

(47) "Time-critical diagnosis advisory committee", a committee formed under section 190.257 to advise the department on policies impacting trauma, stroke, and STEMI center designations; regulations on trauma care, stroke care, and STEMI care; and the transport of trauma, stroke, and STEMI patients;

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

~~[(47)]~~ (49) "Trauma care" includes injury prevention, triage, acute care and rehabilitative services for major single system or multisystem trauma injuries that potentially require immediate medical or surgical intervention or treatment;

~~[(48)]~~ (50) "Trauma center", a hospital that is currently designated as such by the department.

190.101. 1. There is hereby established a "State Advisory Council on Emergency Medical Services" which shall consist of sixteen members, one of which shall be a resident of a city not within a county. The members of the council shall be appointed by the governor with the advice and consent of the senate and shall serve terms of four years. The governor shall designate one of the members as chairperson. The chairperson may appoint subcommittees that include noncouncil members.

2. The state EMS medical directors advisory committee and the regional EMS advisory committees will be recognized as subcommittees of the state advisory council on emergency medical services.

3. The council shall have geographical representation and representation from appropriate areas of expertise in emergency medical services including volunteers, professional organizations involved in emergency medical services, EMT's, paramedics, nurses, firefighters, physicians, ambulance service administrators, hospital administrators and other health care providers concerned with emergency medical services. The regional EMS advisory committees shall serve as a resource for the identification of potential members of the state advisory council on emergency medical services.

4. The state EMS medical director, as described under section 190.103, shall serve as an ex officio member of the council.

5. The members of the council and subcommittees shall serve without compensation except that members of the council shall, subject to appropriations, be reimbursed for reasonable travel expenses and meeting expenses related to the functions of the council.

~~[5-]~~ 6. The purpose of the council is to make recommendations to the governor, the general assembly, and the department on policies, plans, procedures and proposed regulations on how to improve the statewide emergency medical services system. The council shall advise the governor,

the general assembly, and the department on all aspects of the emergency medical services system.

[6.] 7. (1) There is hereby established a standing subcommittee of the council to monitor the implementation of the recognition of the EMS personnel licensure interstate compact under sections 190.900 to 190.939, the interstate commission for EMS personnel practice, and the involvement of the state of Missouri. The subcommittee shall meet at least biannually and receive reports from the Missouri delegate to the interstate commission for EMS personnel practice. The subcommittee shall consist of at least seven members appointed by the chair of the council, to include at least two members as recommended by the Missouri state council of firefighters and one member as recommended by the Missouri Association of Fire Chiefs. The subcommittee may submit reports and recommendations to the council, the department of health and senior services, the general assembly, and the governor regarding the participation of Missouri with the recognition of the EMS personnel licensure interstate compact.

(2) The subcommittee shall formally request a public hearing for any rule proposed by the interstate commission for EMS personnel practice in accordance with subsection 7 of section 190.930. The hearing request shall include the request that the hearing be presented live through the internet. The Missouri delegate to the interstate commission for EMS personnel practice shall be responsible for ensuring that all hearings, notices of, and related rulemaking communications as required by the compact be communicated to the council and emergency medical services personnel under the provisions of subsections 4, 5, 6, and 8 of section 190.930.

(3) The department of health and senior services shall not establish or increase fees for Missouri emergency medical services personnel licensure in accordance with this chapter for the purpose of creating the funds necessary for payment of an annual assessment under subdivision (3) of subsection 5 of section 190.924.

8. The council shall consult with the time-critical diagnosis advisory committee, as described under section 190.257, regarding time-critical diagnosis.

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] 190.243 and rules adopted by the department pursuant to sections 190.001 to [190.245] 190.243. 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, and shall be elected by the members of the regional EMS medical director's advisory committee, shall serve a term of four years, and shall seek to coordinate EMS services between the EMS regions, promote educational efforts for agency medical directors, represent Missouri EMS nationally in the role of the state EMS medical director, and seek to incorporate the EMS system into the health care system serving Missouri.

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 that the personnel working under their supervision are able to provide care meeting established standards of

care with consideration for state and national standards as well as local area needs and resources. The medical director, in cooperation with the ambulance service or emergency medical response agency administrator, shall establish and develop triage, treatment and transport protocols, which may include authorization for standing orders. Emergency medical technicians shall only perform those medical procedures as directed by treatment protocols approved by the local medical director or when authorized through direct communication with online medical control.

4. All ambulance services and emergency medical response agencies that are required to have a medical director shall establish an agreement between the service or agency and their medical director. The agreement will include the roles, responsibilities and authority of the medical director beyond what is granted in accordance with sections 190.001 to ~~[190.245]~~ 190.243 and rules adopted by the department pursuant to sections 190.001 to ~~[190.245]~~ 190.243. The agreement shall also include grievance procedures regarding the emergency medical response agency or ambulance service, personnel and the medical director.

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

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

7. Regional EMS medical directors may act to provide online telecommunication medical direction to AEMTs, EMT-Bs, EMT-Ps, and community paramedics and provide offline medical direction per standardized treatment, triage, and transport protocols when EMS personnel, including AEMTs, EMT-Bs, EMT-Ps, and community paramedics, are providing care to special needs patients or at the request of a local EMS agency or medical director.

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

9. Multiple EMS agencies including, but not limited to, ambulance services, emergency response agencies, and public health departments shall take necessary steps to follow the regional EMS protocols established as provided under subsection 8 of this section in cases of mass casualty or state-declared disaster incidents.

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

11. The state EMS medical directors advisory committee shall review and make recommendations regarding all proposed community and regional time-critical diagnosis plans.

12. Notwithstanding any other provision of law to the contrary, when regional EMS medical directors are providing either online telecommunication medical direction to AEMTs, EMT-Bs, EMT-Ps, and community paramedics, or offline medical direction per standardized EMS treatment, triage, and transport protocols for patients, those medical directions or treatment protocols may include the administration of the patient's own prescription medications.

190.104. 1. The department is authorized to establish a program to improve the quality of emergency care for pediatric patients throughout the state and to implement a comprehensive pediatric emergency medical services system in accordance with standards prescribed by sections 190.001 to ~~[190.245]~~ 190.243 and rules adopted by the department pursuant to sections 190.001 to ~~[190.245]~~ 190.243.

2. The department is authorized to receive contributions, grants, donations or funds from

any private entity to be expended for the program authorized pursuant to this section.

190.105. 1. No person, either as owner, agent or otherwise, shall furnish, operate, conduct, maintain, advertise, or otherwise be engaged in or profess to be engaged in the business or service of the transportation of patients by ambulance in the air, upon the streets, alleys, or any public way or place of the state of Missouri unless such person holds a currently valid license from the department for an ambulance service issued pursuant to the provisions of sections 190.001 to ~~190.245~~ 190.243.

2. No ground ambulance shall be operated for ambulance purposes, and no individual shall drive, attend or permit it to be operated for such purposes in the state of Missouri unless the ground ambulance is under the immediate supervision and direction of a person who is holding a currently valid Missouri license as an emergency medical technician. Nothing in this section shall be construed to mean that a duly registered nurse, a duly licensed physician, or a duly licensed physician assistant be required to hold an emergency medical technician's license. When a physician assistant is in attendance with a patient on an ambulance, the physician assistant shall be exempt from any mileage limitations in any collaborative practice arrangement prescribed under law. Each ambulance service is responsible for assuring that any person driving its ambulance is competent in emergency vehicle operations and has a safe driving record. Each ground ambulance shall be staffed with at least two licensed individuals when transporting a patient, except as provided in section 190.094. In emergency situations which require additional medical personnel to assist the patient during transportation, an emergency medical responder, firefighter, or law enforcement personnel with a valid driver's license and prior experience with driving emergency vehicles may drive the ground ambulance provided the ground ambulance service stipulates to this practice in operational policies.

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

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

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

4. The issuance of a license pursuant to the provisions of sections 190.001 to ~~190.245~~ 190.243 shall not be construed so as to authorize any person to provide ambulance services or to operate any ambulances without a franchise in any city not within a county or in a political subdivision in any county with a population of over nine hundred thousand inhabitants, or a franchise, contract or mutual-aid agreement in any other political subdivision which has enacted an ordinance making it unlawful to do so.

5. Sections 190.001 to ~~190.245~~ 190.243 shall not preclude the adoption of any law, ordinance or regulation not in conflict with such sections by any city not within a county, or at least as strict as such sections by any county, municipality or political subdivision except that no such regulations or ordinances shall be adopted by a political subdivision in a county with a population of over nine hundred thousand inhabitants except by the county's governing body.

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

7. An ambulance service or vehicle when operated for the purpose of transporting persons

1 who are sick, injured, or otherwise incapacitated shall not be treated as a common or contract carrier
2 under the jurisdiction of the Missouri division of motor carrier and railroad safety.

3 8. Sections 190.001 to ~~[190.245]~~ 190.243 shall not apply to, nor be construed to include, any
4 motor vehicle used by an employer for the transportation of such employer's employees whose
5 illness or injury occurs on private property, and not on a public highway or property, nor to any
6 person operating such a motor vehicle.

7 9. A political subdivision that is authorized to operate a licensed ambulance service may
8 establish, operate, maintain and manage its ambulance service, and select and contract with a
9 licensed ambulance service. Any political subdivision may contract with a licensed ambulance
10 service.

11 10. Except as provided in subsections 5 and 6, nothing in section 67.300, or subsection 2 of
12 section 190.109, shall be construed to authorize any municipality or county which is located within
13 an ambulance district or a fire protection district that is authorized to provide ambulance service to
14 promulgate laws, ordinances or regulations related to the provision of ambulance services. This
15 provision shall not apply to any municipality or county which operates an ambulance service
16 established prior to August 28, 1998.

17 11. Nothing in section 67.300 or subsection 2 of section 190.109 shall be construed to
18 authorize any municipality or county which is located within an ambulance district or a fire
19 protection district that is authorized to provide ambulance service to operate an ambulance service
20 without a franchise in an ambulance district or a fire protection district that is authorized to provide
21 ambulance service which has enacted an ordinance making it unlawful to do so. This provision
22 shall not apply to any municipality or county which operates an ambulance service established prior
23 to August 28, 1998.

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

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

32 14. Upon the sale or transfer of any ground ambulance service ownership, the owner of such
33 service shall notify the department of the change in ownership within thirty days of such sale or
34 transfer. After receipt of such notice, the department shall conduct an inspection of the ambulance
35 service to verify compliance with the licensure standards of sections 190.001 to ~~[190.245]~~ 190.243.

36 190.108. 1. The department shall, within a reasonable time after receipt of an application,
37 cause such investigation as the department deems necessary to be made of the applicant for an air
38 ambulance license.

39 2. The department shall have the authority and responsibility to license an air ambulance
40 service in accordance with sections 190.001 to ~~[190.245]~~ 190.243, and in accordance with rules
41 adopted by the department pursuant to sections 190.001 to ~~[190.245]~~ 190.243. The department may
42 promulgate rules relating to the requirements for an air ambulance license including, but not limited
43 to:

- 44 (1) Medical control plans;
- 45 (2) Medical director qualifications;
- 46 (3) Air medical staff qualifications;
- 47 (4) Response and operations standards to assure that the health and safety needs of the
48 public are met;
- 49 (5) Standards for air medical communications;

- (6) Criteria for compliance with licensure requirements;
- (7) Records and forms;
- (8) Equipment requirements;
- (9) Five-year license renewal;
- (10) Quality improvement committees; and
- (11) Response time, patient care and transportation standards.

3. Application for an air ambulance service license shall be made upon such forms as prescribed by the department in rules adopted pursuant to sections 190.001 to ~~[190.245]~~ 190.243. The application form shall contain such information as the department deems necessary to make a determination as to whether the air ambulance service meets all the requirements of sections 190.001 to ~~[190.245]~~ 190.243 and rules promulgated pursuant to sections 190.001 to ~~[190.245]~~ 190.243.

4. Upon the sale or transfer of any air ambulance service ownership, the owner of such service shall notify the department of the change in ownership within thirty days of such sale or transfer. After receipt of such notice, the department shall conduct an inspection of the ambulance service to verify compliance with the licensure standards of sections 190.001 to ~~[190.245]~~ 190.243.

190.109. 1. The department shall, within a reasonable time after receipt of an application, cause such investigation as the department deems necessary to be made of the applicant for a ground ambulance license.

2. Any person that owned and operated a licensed ambulance on December 31, 1997, shall receive an ambulance service license from the department, unless suspended, revoked or terminated, for that ambulance service area which was, on December 31, 1997, described and filed with the department as the primary service area for its licensed ambulances on August 28, 1998, provided that the person makes application and adheres to the rules and regulations promulgated by the department pursuant to sections 190.001 to ~~[190.245]~~ 190.243.

3. The department shall issue a new ground ambulance service license to an ambulance service that is not currently licensed by the department, or is currently licensed by the department and is seeking to expand its ambulance service area, except as provided in subsection 4 of this section, to be valid for a period of five years, unless suspended, revoked or terminated, when the director finds that the applicant meets the requirements of ambulance service licensure established pursuant to sections 190.100 to ~~[190.245]~~ 190.243 and the rules adopted by the department pursuant to sections 190.001 to ~~[190.245]~~ 190.243. In order to be considered for a new ambulance service license, an ambulance service shall submit to the department a letter of endorsement from each ambulance district or fire protection district that is authorized to provide ambulance service, or from each municipality not within an ambulance district or fire protection district that is authorized to provide ambulance service, in which the ambulance service proposes to operate. If an ambulance service proposes to operate in unincorporated portions of a county not within an ambulance district or fire protection district that is authorized to provide ambulance service, in order to be considered for a new ambulance service license, the ambulance service shall submit to the department a letter of endorsement from the county. Any letter of endorsement required pursuant to this section shall verify that the political subdivision has conducted a public hearing regarding the endorsement and that the governing body of the political subdivision has adopted a resolution approving the endorsement. The letter of endorsement shall affirmatively state that the proposed ambulance service:

- (1) Will provide a benefit to public health that outweighs the associated costs;
- (2) Will maintain or enhance the public's access to ambulance services;
- (3) Will maintain or improve the public health and promote the continued development of the regional emergency medical service system;
- (4) Has demonstrated the appropriate expertise in the operation of ambulance services; and

(5) Has demonstrated the financial resources necessary for the operation of the proposed ambulance service.

4. A contract between a political subdivision and a licensed ambulance service for the provision of ambulance services for that political subdivision shall expand, without further action by the department, the ambulance service area of the licensed ambulance service to include the jurisdictional boundaries of the political subdivision. The termination of the aforementioned contract shall result in a reduction of the licensed ambulance service's ambulance service area by removing the geographic area of the political subdivision from its ambulance service area, except that licensed ambulance service providers may provide ambulance services as are needed at and around the state fair grounds for protection of attendees at the state fair.

5. The department shall renew a ground ambulance service license if the applicant meets the requirements established pursuant to sections 190.001 to ~~[190.245]~~ 190.243, and the rules adopted by the department pursuant to sections 190.001 to ~~[190.245]~~ 190.243.

6. The department shall promulgate rules relating to the requirements for a ground ambulance service license including, but not limited to:

- (1) Vehicle design, specification, operation and maintenance standards;
- (2) Equipment requirements;
- (3) Staffing requirements;
- (4) Five-year license renewal;
- (5) Records and forms;
- (6) Medical control plans;
- (7) Medical director qualifications;
- (8) Standards for medical communications;
- (9) Memorandums of understanding with emergency medical response agencies that provide advanced life support;
- (10) Quality improvement committees; and
- (11) Response time, patient care and transportation standards.

7. Application for a ground ambulance service license shall be made upon such forms as prescribed by the department in rules adopted pursuant to sections 190.001 to ~~[190.245]~~ 190.243. The application form shall contain such information as the department deems necessary to make a determination as to whether the ground ambulance service meets all the requirements of sections 190.001 to ~~[190.245]~~ 190.243 and rules promulgated pursuant to sections 190.001 to ~~[190.245]~~ 190.243.

190.120. 1. No ambulance service license shall be issued pursuant to sections 190.001 to ~~[190.245]~~ 190.243, nor shall such license be valid after issuance, nor shall any ambulance be operated in Missouri unless there is at all times in force and effect insurance coverage or proof of financial responsibility with adequate reserves maintained for each and every ambulance owned or operated by or for the applicant or licensee to provide for the payment of damages in an amount as prescribed in regulation:

- (1) For injury to or death of individuals in accidents resulting from any cause for which the owner of such vehicle would be liable on account of liability imposed on him or her by law, regardless of whether the ambulance was being driven by the owner or the owner's agent; and
- (2) For the loss of or damage to the property of another, including personal property, under like circumstances.

2. The insurance policy or proof of financial responsibility shall be submitted by all licensees required to provide such insurance pursuant to sections 190.001 to ~~[190.245]~~ 190.243. The insurance policy, or proof of the existence of financial responsibility, shall be submitted to the director, in such form as the director may specify, for the director's approval prior to the issuance of each ambulance service license.

3. Every insurance policy or proof of financial responsibility document required by the provisions of this section shall contain proof of a provision for a continuing liability thereunder to the full amount thereof, notwithstanding any recovery thereon; that the liability of the insurer shall not be affected by the insolvency or the bankruptcy of the assured; and that until the policy is revoked the insurance company or self-insured licensee or entity will not be relieved from liability on account of nonpayment of premium, failure to renew license at the end of the year, or any act or omission of the named assured. Such policy of insurance or self-insurance shall be further conditioned for the payment of any judgments up to the limits of such policy, recovered against any person other than the owner, the owner's agent or employee, who may operate the same with the consent of the owner.

4. Every insurance policy or self-insured licensee or entity as required by the provisions of this section shall extend for the period to be covered by the license applied for and the insurer shall be obligated to give not less than thirty days' written notice to the director and to the insured before any cancellation or termination thereof earlier than its expiration date, and the cancellation or other termination of any such policy shall automatically revoke and terminate the licenses issued for the ambulance service covered by such policy unless covered by another insurance policy in compliance with sections 190.001 to ~~[190.245]~~ 190.243.

190.131. 1. The department shall accredit or certify training entities for emergency medical responders, emergency medical dispatchers, and emergency medical technicians, for a period of five years, if the applicant meets the requirements established pursuant to sections 190.001 to ~~[190.245]~~ 190.243.

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

3. Application for training entity accreditation or certification shall be made upon such forms as prescribed by the department in rules adopted pursuant to sections 190.001 to ~~[190.245]~~ 190.243. The application form shall contain such information as the department deems reasonably necessary to make a determination as to whether the training entity meets all requirements of sections 190.001 to ~~[190.245]~~ 190.243 and rules promulgated pursuant to sections 190.001 to ~~[190.245]~~ 190.243.

4. Upon receipt of such application for training entity accreditation or certification, the department shall determine whether the training entity, its instructors, facilities, equipment, curricula and medical oversight meet the requirements of sections 190.001 to ~~[190.245]~~ 190.243 and rules promulgated pursuant to sections 190.001 to ~~[190.245]~~ 190.243.

5. Upon finding these requirements satisfied, the department shall issue a training entity accreditation or certification in accordance with rules promulgated by the department pursuant to sections 190.001 to ~~[190.245]~~ 190.243.

6. Subsequent to the issuance of a training entity accreditation or certification, the department shall cause a periodic review of the training entity to assure continued compliance with the requirements of sections 190.001 to ~~[190.245]~~ 190.243 and all rules promulgated pursuant to sections 190.001 to ~~[190.245]~~ 190.243.

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

190.133. 1. The department shall, within a reasonable time after receipt of an application, cause such investigation as the department deems necessary to be made of the applicant for an emergency medical response agency license.

2. The department shall issue a license to any emergency medical response agency which provides advanced life support if the applicant meets the requirements established pursuant to sections 190.001 to ~~[190.245]~~ 190.243, and the rules adopted by the department pursuant to sections

1 190.001 to ~~[190.245]~~ 190.243. The department may promulgate rules relating to the requirements
2 for an emergency medical response agency including, but not limited to:

- 3 (1) A licensure period of five years;
- 4 (2) Medical direction;
- 5 (3) Records and forms; and
- 6 (4) Memorandum of understanding with local ambulance services.

7 3. Application for an emergency medical response agency license shall be made upon such
8 forms as prescribed by the department in rules adopted pursuant to sections 190.001 to ~~[190.245]~~
9 190.243. The application form shall contain such information as the department deems necessary to
10 make a determination as to whether the emergency medical response agency meets all the
11 requirements of sections 190.001 to ~~[190.245]~~ 190.243 and rules promulgated pursuant to sections
12 190.001 to ~~[190.245]~~ 190.243.

13 4. No person or entity shall hold itself out as an emergency medical response agency that
14 provides advanced life support or provide the services of an emergency medical response agency
15 that provides advanced life support unless such person or entity is licensed by the department.

16 190.142. 1. (1) For applications submitted before the recognition of EMS personnel
17 licensure interstate compact under sections 190.900 to 190.939 takes effect, the department shall,
18 within a reasonable time after receipt of an application, cause such investigation as it deems
19 necessary to be made of the applicant for an emergency medical technician's license.

20 (2) For applications submitted after the recognition of EMS personnel licensure interstate
21 compact under sections 190.900 to 190.939 takes effect, an applicant for initial licensure as an
22 emergency medical technician in this state shall submit to a background check by the Missouri state
23 highway patrol and the Federal Bureau of Investigation through a process approved by the
24 department of health and senior services. Such processes may include the use of vendors or systems
25 administered by the Missouri state highway patrol. The department may share the results of such a
26 criminal background check with any emergency services licensing agency in any member state, as
27 that term is defined under section 190.900, in recognition of the EMS personnel licensure interstate
28 compact. The department shall not issue a license until the department receives the results of an
29 applicant's criminal background check from the Missouri state highway patrol and the Federal
30 Bureau of Investigation, but, notwithstanding this subsection, the department may issue a temporary
31 license as provided under section 190.143. Any fees due for a criminal background check shall be
32 paid by the applicant.

33 (3) The director may authorize investigations into criminal records in other states for any
34 applicant.

35 2. The department shall issue a license to all levels of emergency medical technicians, for a
36 period of five years, if the applicant meets the requirements established pursuant to sections 190.001
37 to ~~[190.245]~~ 190.243 and the rules adopted by the department pursuant to sections 190.001 to
38 ~~[190.245]~~ 190.243. The department may promulgate rules relating to the requirements for an
39 emergency medical technician including but not limited to:

- 40 (1) Age requirements;
- 41 (2) Emergency medical technician and paramedic education and training requirements based
42 on respective National Emergency Medical Services Education Standards and any modification to
43 such curricula specified by the department through rules adopted pursuant to sections 190.001 to
44 ~~[190.245]~~ 190.243;

45 (3) Paramedic accreditation requirements. Paramedic training programs shall be accredited
46 by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or hold a
47 CAAHEP letter of review;

48 (4) Initial licensure testing requirements. Initial EMT-P licensure testing shall be through
49 the national registry of EMTs;

(5) Continuing education and relicensure requirements; and

(6) Ability to speak, read and write the English language.

3. Application for all levels of emergency medical technician license shall be made upon such forms as prescribed by the department in rules adopted pursuant to sections 190.001 to ~~[190.245]~~ 190.243. The application form shall contain such information as the department deems necessary to make a determination as to whether the emergency medical technician meets all the requirements of sections 190.001 to ~~[190.245]~~ 190.243 and rules promulgated pursuant to sections 190.001 to ~~[190.245]~~ 190.243.

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

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

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

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

6. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule 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 ninety-day temporary emergency medical technician license to all levels of emergency medical technicians who meet the following:

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

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

(3) Have submitted a complete application upon such forms as prescribed by the department in rules adopted pursuant to sections 190.001 to ~~[190.245]~~ 190.243;

(4) Have not been disciplined pursuant to sections 190.001 to ~~[190.245]~~ 190.243 and rules promulgated pursuant to sections 190.001 to ~~[190.245]~~ 190.243;

(5) Meet all the requirements of rules promulgated pursuant to sections 190.001 to ~~[190.245]~~ 190.243.

2. A temporary emergency medical technician license shall only authorize the ~~[license]~~ licensee to practice while under the immediate supervision of a licensed emergency medical technician, registered nurse, physician assistant, or physician who is currently licensed, without restrictions, to practice in Missouri.

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

190.146. Any licensee allowing a license to lapse may within two years of the lapse request that their license be returned to active status by notifying the department in advance of such intention, and submit a complete application upon such forms as prescribed by the department in rules adopted pursuant to sections 190.001 to ~~[190.245]~~ 190.243. If the licensee meets all the requirements for relicensure, the department shall issue a new emergency medical technician license

1 to the licensee.

2 190.160. The renewal of any license shall require conformance with sections 190.001 to
3 ~~[190.245]~~ 190.243 and sections 190.525 to 190.537, and rules adopted by the department pursuant
4 to sections 190.001 to ~~[190.245]~~ 190.243 and sections 190.525 to 190.537.

5 190.165. 1. The department may refuse to issue or deny renewal of any certificate, permit
6 or license required pursuant to sections 190.100 to ~~[190.245]~~ 190.243 for failure to comply with the
7 provisions of sections 190.100 to ~~[190.245]~~ 190.243 or any lawful regulations promulgated by the
8 department to implement its provisions as described in subsection 2 of this section. The department
9 shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his
10 or her right to file a complaint with the administrative hearing commission as provided by chapter
11 621.

12 2. The department may cause a complaint to be filed with the administrative hearing
13 commission as provided by chapter 621 against any holder of any certificate, permit or license
14 required by sections 190.100 to ~~[190.245]~~ 190.243 or any person who has failed to renew or has
15 surrendered his or her certificate, permit or license for failure to comply with the provisions of
16 sections 190.100 to ~~[190.245]~~ 190.243 or any lawful regulations promulgated by the department to
17 implement such sections. Those regulations shall be limited to the following:

18 (1) Use or unlawful possession of any controlled substance, as defined in chapter 195, or
19 alcoholic beverage to an extent that such use impairs a person's ability to perform the work of any
20 activity licensed or regulated by sections 190.100 to ~~[190.245]~~ 190.243;

21 (2) Being finally adjudicated and found guilty, or having entered a plea of guilty or nolo
22 contendere, in a criminal prosecution under the laws of any state or of the United States, for any
23 offense reasonably related to the qualifications, functions or duties of any activity licensed or
24 regulated pursuant to sections 190.100 to ~~[190.245]~~ 190.243, for any offense an essential element of
25 which is fraud, dishonesty or an act of violence, or for any offense involving moral turpitude,
26 whether or not sentence is imposed;

27 (3) Use of fraud, deception, misrepresentation or bribery in securing any certificate, permit
28 or license issued pursuant to sections 190.100 to ~~[190.245]~~ 190.243 or in obtaining permission to
29 take any examination given or required pursuant to sections 190.100 to ~~[190.245]~~ 190.243;

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

32 (5) Incompetency, misconduct, gross negligence, fraud, misrepresentation or dishonesty in
33 the performance of the functions or duties of any activity licensed or regulated by sections 190.100
34 to ~~[190.245]~~ 190.243;

35 (6) Violation of, or assisting or enabling any person to violate, any provision of sections
36 190.100 to ~~[190.245]~~ 190.243, or of any lawful rule or regulation adopted by the department
37 pursuant to sections 190.100 to ~~[190.245]~~ 190.243;

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

40 (8) Disciplinary action against the holder of a license or other right to practice any activity
41 regulated by sections 190.100 to ~~[190.245]~~ 190.243 granted by another state, territory, federal
42 agency or country upon grounds for which revocation or suspension is authorized in this state;

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

45 (10) Assisting or enabling any person to practice or offer to practice any activity licensed or
46 regulated by sections 190.100 to ~~[190.245]~~ 190.243 who is not licensed and currently eligible to
47 practice pursuant to sections 190.100 to ~~[190.245]~~ 190.243;

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

49 (12) Violation of any professional trust, confidence, or legally protected privacy rights of a

1 patient by means of an unauthorized or unlawful disclosure;

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

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

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

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

11 (17) Repeated acts of negligence or recklessness in the performance of the functions or
12 duties of any activity licensed or regulated by sections 190.100 to ~~[190.245]~~ 190.243.

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

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

16 (2) Have anyone present whom he or she deems to be necessary or desirable; and

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

18
19 The assertion of any right listed in this subsection shall not be deemed by the department to be a
20 failure to cooperate with any department investigation.

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

32 5. An individual whose license has been revoked shall wait one year from the date of
33 revocation to apply for relicensure. Relicensure shall be at the discretion of the department after
34 compliance with all the requirements of sections 190.100 to ~~[190.245]~~ 190.243 relative to the
35 licensing of an applicant for the first time. Any individual whose license has been revoked twice
36 within a ten-year period shall not be eligible for relicensure.

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

39 7. Any person, organization, association or corporation who reports or provides information
40 to the department pursuant to the provisions of sections 190.100 to ~~[190.245]~~ 190.243 and who does
41 so in good faith shall not be subject to an action for civil damages as a result thereof.

42 8. The department of health and senior services may suspend any certificate, permit or
43 license required pursuant to sections 190.100 to ~~[190.245]~~ 190.243 simultaneously with the filing of
44 the complaint with the administrative hearing commission as set forth in subsection 2 of this section,
45 if the department finds that there is an imminent threat to the public health. The notice of
46 suspension shall include the basis of the suspension and notice of the right to appeal such
47 suspension. The licensee may appeal the decision to suspend the license, certificate or permit to the
48 department. The appeal shall be filed within ten days from the date of the filing of the complaint. A
49 hearing shall be conducted by the department within ten days from the date the appeal is filed. The

1 suspension shall continue in effect until the conclusion of the proceedings, including review thereof,
 2 unless sooner withdrawn by the department, dissolved by a court of competent jurisdiction or stayed
 3 by the administrative hearing commission.

4 190.171. Any person aggrieved by an official action of the department of health and senior
 5 services affecting the licensed status of a person pursuant to the provisions of sections 190.001 to
 6 ~~[190.245]~~ 190.243 and sections 190.525 to 190.537, including the refusal to grant, the grant, the
 7 revocation, the suspension, or the failure to renew a license, may seek a determination thereon by
 8 the administrative hearing commission pursuant to the provisions of section 621.045, and it shall not
 9 be a condition to such determination that the person aggrieved seek a reconsideration, a rehearing,
 10 or exhaust any other procedure within the department of health and senior services or the
 11 department of social services.

12 190.173. 1. All complaints, investigatory reports, and information pertaining to any
 13 applicant, holder of any certificate, permit, or license, or other individual are confidential and shall
 14 only be disclosed upon written consent of the person whose records are involved or to other
 15 administrative or law enforcement agencies acting within the scope of their statutory authority.
 16 However, no applicant, holder of any certificate, permit, or license, or other individual shall have
 17 access to any complaints, investigatory reports, or information concerning an investigation in
 18 progress until such time as the investigation has been completed as required by subsection 1 of
 19 section 190.248.

20 2. Any information regarding the identity, name, address, license, final disciplinary action
 21 taken, currency of the license, permit, or certificate of an applicant for or a person possessing a
 22 license, permit, or certificate in accordance with sections 190.100 to ~~[190.245]~~ 190.243 shall not be
 23 confidential.

24 3. Any information regarding the physical address, mailing address, phone number, fax
 25 number, or email address of a licensed ambulance service or a certified training entity, including the
 26 name of the medical director and organizational contact information, shall not be confidential.

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

30 5. Nothing in this section shall prohibit the department from releasing aggregate information
 31 in accordance with section 192.067.

32 190.176. 1. The department shall develop and administer a uniform data collection system
 33 on all ambulance runs and injured patients, pursuant to rules promulgated by the department for the
 34 purpose of injury etiology, patient care outcome, injury and disease prevention and research
 35 purposes. The department shall not require disclosure by hospitals of data elements pursuant to this
 36 section unless those data elements are required by a federal agency or were submitted to the
 37 department as of January 1, 1998, pursuant to:

38 (1) Departmental regulation of trauma centers; or

39 (2) ~~[The Missouri brain and spinal cord injury registry established by sections 192.735 to~~
 40 ~~192.745; or~~

41 ~~—(3)] Abstracts of inpatient hospital data; or~~

42 ~~[(4)] (3)~~ If such data elements are requested by a lawful subpoena or subpoena duces tecum.

43 2. All information and documents in any civil action, otherwise discoverable, may be
 44 obtained from any person or entity providing information pursuant to the provisions of sections
 45 190.001 to ~~[190.245]~~ 190.243.

46 190.180. 1. Any person violating, or failing to comply with, the provisions of sections
 47 190.001 to ~~[190.245]~~ 190.243 is guilty of a class B misdemeanor.

48 2. Each day that any violation of, or failure to comply with, sections 190.001 to ~~[190.245]~~
 49 ~~190.243~~ is committed or permitted to continue shall constitute a separate and distinct offense and

1 shall be punishable as such hereunder; but the court may, in appropriate cases, stay the cumulation
2 of penalties.

3 3. The attorney general of Missouri shall have concurrent jurisdiction with any and all
4 prosecuting attorneys to prosecute persons in violation of sections 190.001 to ~~[190.245]~~ 190.243,
5 and the attorney general or prosecuting attorney may institute injunctive proceedings against any
6 person operating in violation of sections 190.001 to ~~[190.245]~~ 190.243.

7 4. The prosecuting attorney for the county in which the violation of a political subdivision's
8 law, ordinance or regulation relating to the provision of ambulance services occurs may prosecute
9 such violations in the circuit court of that county. The legal officer or attorney for the political
10 subdivision may be appointed by the prosecuting attorney as special assistant prosecuting attorney
11 for the prosecution of any such violation.

12 5. A person, acting as owner, agent or otherwise, who holds a valid license for an ambulance
13 service, shall not, incident to such person's business or service of transporting patients, violate any
14 applicable law, ordinance or regulation of any political subdivision by providing ambulance services
15 or operating any ambulances without a franchise, contract or mutual-aid agreement in such political
16 subdivision, or by violating any such franchise, contract or mutual-aid agreement by any political
17 subdivision which has enacted ordinances making it unlawful to do so. If the department receives
18 official written notification by a political subdivision that an ambulance service has been
19 adjudicated and found to be in violation of any applicable law or ordinance, such ambulance service
20 shall be subject to licensure action by the department.

21 6. No provision of this section is intended to limit or supersede a political subdivision's right
22 to enforce any law, ordinance, regulation, franchise, contract or mutual-aid agreement.

23 7. The provisions of subsections 4, 5 and 6 of this section shall not apply to a city not within
24 a county and any county with a population of over nine hundred thousand inhabitants and any
25 licensed ambulance service when operating in a city not within a county.

26 190.185. The department shall adopt, amend, promulgate, and enforce such rules,
27 regulations and standards with respect to the provisions of this chapter as may be designed to further
28 the accomplishment of the purpose of this law in promoting state-of-the-art emergency medical
29 services in the interest of public health, safety and welfare. When promulgating such rules and
30 regulations, the department shall consider the recommendations of the state advisory council on
31 emergency medical services. Any rule or portion of a rule promulgated pursuant to the authority of
32 sections 190.001 to ~~[190.245]~~ 190.243 or sections 190.525 to 190.537 shall become effective only if
33 it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section
34 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the
35 general assembly pursuant to chapter 536 to review, to delay the effective date or to disapprove and
36 annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any
37 rule proposed or adopted after August 28, 2002, shall be invalid and void.

38 190.190. 1. All ambulance vehicles or aircraft that have or are qualified to have a valid
39 license issued by the department on the day that sections 190.001 to ~~[190.245]~~ 190.243 take effect
40 will have their ambulance vehicle or aircraft license expiration date extended to a date that is one
41 year after the effective date of sections 190.001 to ~~[190.245]~~ 190.243.

42 2. All ambulance services shall have until August 28, 1999, to comply with the provisions
43 of sections 190.001 to ~~[190.245]~~ 190.243 and rules developed pursuant to sections 190.001 to
44 ~~[190.245]~~ 190.243. Pursuant to sections 190.001 to ~~[190.245]~~ 190.243 the department may adjust
45 the initial period of licensure, from one year to five years, of any ambulance service licensed
46 pursuant to sections 190.001 to ~~[190.245]~~ 190.243, to equalize the number of licenses that may be
47 renewed during each year of any five-year licensure period.

48 190.196. 1. No employer shall knowingly employ or permit any employee to perform any
49 services for which a license, certificate or other authorization is required by sections 190.001 to

1 ~~[190.245]~~ 190.243, or by rules adopted pursuant to sections 190.001 to ~~[190.245]~~ 190.243, unless
 2 and until the person so employed possesses all licenses, certificates or authorizations that are
 3 required.

4 2. Any person or entity that employs or supervises a person's activities as an emergency
 5 medical responder, emergency medical dispatcher, emergency medical technician, registered nurse,
 6 physician assistant, or physician shall cooperate with the department's efforts to monitor and enforce
 7 compliance by those individuals subject to the requirements of sections 190.001 to ~~[190.245]~~
 8 190.243.

9 3. Any person or entity who employs individuals licensed by the department pursuant to
 10 sections 190.001 to ~~[190.245]~~ 190.243 shall report to the department within seventy-two hours of
 11 their having knowledge of any charges filed against a licensee in their employ for possible criminal
 12 action involving the following felony offenses:

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

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

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

21 190.200. 1. The department of health and senior services in cooperation with hospitals and
 22 local and regional EMS systems and agencies may provide public and professional information and
 23 education programs related to emergency medical services systems including trauma, STEMI, and
 24 stroke systems and emergency medical care and treatment. The department of health and senior
 25 services may also provide public information and education programs for informing residents of and
 26 visitors to the state of the availability and proper use of emergency medical services, of the
 27 designation a hospital may receive as a trauma center, STEMI center, or stroke center, of the value
 28 and nature of programs to involve citizens in the administering of prehospital emergency care,
 29 including cardiopulmonary resuscitation, and of the availability of training programs in emergency
 30 care for members of the general public.

31 2. The department shall, for trauma care, STEMI care, and stroke care, respectively:

32 (1) Compile ~~and~~ , assess, and make publicly available peer-reviewed and evidence-based
 33 clinical research and guidelines that provide or support recommended treatment standards and that
 34 have been recommended by the time-critical diagnosis advisory committee;

35 (2) Assess the capacity of the emergency medical services system and hospitals to deliver
 36 recommended treatments in a timely fashion;

37 (3) Use the research, guidelines, and assessment to promulgate rules establishing protocols
 38 for transporting trauma patients to a trauma center, STEMI patients to a STEMI center, or stroke
 39 patients to a stroke center. Such transport protocols shall direct patients to trauma centers, STEMI
 40 centers, and stroke centers under section 190.243 based on the centers' capacities to deliver
 41 recommended acute care treatments within time limits suggested by clinical research;

42 (4) Define regions within the state for purposes of coordinating the delivery of trauma care,
 43 STEMI care, and stroke care, respectively;

44 (5) Promote the development of regional or community-based plans for transporting trauma,
 45 STEMI, or stroke patients via ground or air ambulance to trauma centers, STEMI centers, or stroke
 46 centers, respectively, in accordance with section 190.243; and

47 (6) Establish procedures for the submission of community-based or regional plans for
 48 department approval.

49 3. A community-based or regional plan for the transport of trauma, STEMI, and stroke

patients shall be submitted to the department for approval. Such plan shall be based on the clinical research and guidelines and assessment of capacity described in subsection [4] 2 of this section and shall include a mechanism for evaluating its effect on medical outcomes. Upon approval of a plan, the department shall waive the requirements of rules promulgated under sections 190.100 to [190.245] 190.243 that are inconsistent with the community-based or regional plan. A community-based or regional plan shall be developed by ~~[or in consultation with]~~ the representatives of hospitals, physicians, and emergency medical services providers in the community or region.

190.241. 1. Except as provided for in subsection 4 of this section, the department shall designate a hospital as an adult, pediatric or adult and pediatric trauma center when a hospital, upon proper application submitted by the hospital and site review, has been found by the department to meet the applicable level of trauma center criteria for designation in accordance with rules adopted by the department as prescribed by section 190.185. Site review may occur on-site or by any reasonable means of communication, or by any combination thereof. Such rules shall include designation as a trauma center without site review if such hospital is verified by a national verifying or designating body at the level which corresponds to a level approved in rule. In developing trauma center designation criteria, the department shall use, as it deems practicable, peer-reviewed and evidence-based clinical research and guidelines including, but not limited to, the most recent guidelines of the American College of Surgeons.

2. Except as provided for in subsection [5] 4 of this section, the department shall designate a hospital as a STEMI or stroke center when such hospital, upon proper application and site review, has been found by the department to meet the applicable level of STEMI or stroke center criteria for designation in accordance with rules adopted by the department as prescribed by section 190.185. Site review may occur on-site or by any reasonable means of communication, or by any combination thereof. In developing STEMI center and stroke center designation criteria, the department shall use, as it deems practicable, [appropriate] peer-reviewed ~~[or]~~ and evidence-based clinical research ~~[on such topics]~~ and guidelines including, but not limited to, the most recent guidelines of the American College of Cardiology ~~[and]~~ , the American Heart Association ~~[for STEMI centers, or the Joint Commission's Primary Stroke Center Certification program criteria for stroke centers, or Primary and Comprehensive Stroke Center Recommendations as published by]~~ , or the American Stroke Association. Such rules shall include designation as a STEMI center or stroke center without site review if such hospital is certified by a national body.

3. The department of health and senior services shall, not less than once every ~~[five]~~ three years, conduct ~~[an on-site]~~ a site review of every trauma, STEMI, and stroke center through appropriate department personnel or a qualified contractor, with the exception of trauma centers, STEMI centers, and stroke centers designated pursuant to subsection [5] 4 of this section; however, this provision is not intended to limit the department's ability to conduct a complaint investigation pursuant to subdivision (3) of subsection 2 of section 197.080 of any trauma, STEMI, or stroke center. [On-site] Site reviews shall be coordinated for the different types of centers to the extent practicable with hospital licensure inspections conducted under chapter 197. No person shall be a qualified contractor for purposes of this subsection who has a substantial conflict of interest in the operation of any trauma, STEMI, or stroke center under review. The department may deny, place on probation, suspend or revoke such designation in any case in which it has [reasonable cause to believe that] determined there has been a substantial failure to comply with the provisions of this chapter or any rules or regulations promulgated pursuant to this chapter. Centers that are placed on probationary status shall be required to demonstrate compliance with the provisions of this chapter and any rules or regulations promulgated under this chapter within twelve months of the date of the receipt of the notice of probationary status, unless otherwise provided by a settlement agreement with a duration of a maximum of eighteen months between the department and the designated center. If the department of health and senior services has ~~[reasonable cause to believe]~~ determined

that a hospital is not in compliance with such provisions or regulations, it may conduct additional announced or unannounced site reviews of the hospital to verify compliance. If a trauma, STEMI, or stroke center fails two consecutive ~~[on-site]~~ site reviews because of substantial noncompliance with standards prescribed by sections 190.001 to ~~[190.245]~~ 190.243 or rules adopted by the department pursuant to sections 190.001 to ~~[190.245]~~ 190.243, its center designation shall be revoked.

4. (1) Instead of applying for trauma, STEMI, or stroke center designation under subsection 1 or 2 of this section, a hospital may apply for trauma, STEMI, or stroke center designation under this subsection. Upon receipt of an application ~~[from a hospital]~~ on a form prescribed by the department, the department shall designate such hospital:

~~—— (1) A level I STEMI center if such hospital has been certified as a Joint Commission comprehensive cardiac center or another department-approved nationally recognized organization that provides comparable STEMI center accreditation; or~~

~~—— (2) A level II STEMI center if such hospital has been accredited as a Mission: Lifeline STEMI receiving center by the American Heart Association accreditation process or another department-approved nationally recognized organization that provides STEMI receiving center accreditation.~~

~~5. Instead of applying for stroke center designation pursuant to the provisions of subsection 2 of this section, a hospital may apply for stroke center designation pursuant to this subsection. Upon receipt of an application from a hospital on a form prescribed by the department, the department shall designate such hospital:~~

~~—— (1) A level I stroke center if such hospital has been certified as a comprehensive stroke center by the Joint Commission or any other certifying organization designated by the department when such certification is in accordance with the American Heart Association/American Stroke Association guidelines;~~

~~—— (2) A level II stroke center if such hospital has been certified as a primary stroke center by the Joint Commission or any other certifying organization designated by the department when such certification is in accordance with the American Heart Association/American Stroke Association guidelines; or~~

~~—— (3) A level III stroke center if such hospital has been certified as an acute stroke-ready hospital by the Joint Commission or any other certifying organization designated by the department when such certification is in accordance with the American Heart Association/American Stroke Association guidelines]~~ at a state level that corresponds to a similar national designation as set forth in rules promulgated by the department. The rules shall be based on standards of nationally recognized organizations and the recommendations of the time-critical diagnosis advisory committee.

(2) Except as provided by subsection ~~[6]~~ 5 of this section, the department shall not require compliance with any additional standards for establishing or renewing trauma, STEMI, or stroke designations. The designation shall continue if such hospital remains certified or verified. The department may remove a hospital's designation as a trauma center, STEMI center, or stroke center if the hospital requests removal of the designation or the department determines that the certificate ~~[recognizing]~~ or verification that qualified the hospital ~~[as a stroke center]~~ for the designation under this subsection has been suspended or revoked. Any decision made by the department to withdraw its designation of a ~~[stroke]~~ center pursuant to this subsection that is based on the revocation or suspension of a certification or verification by a certifying or verifying organization shall not be subject to judicial review. The department shall report to the certifying or verifying organization any complaint it receives related to the ~~[stroke]~~ center ~~[certification of a stroke center]~~ designated pursuant to this subsection. The department shall also advise the complainant which organization certified or verified the ~~[stroke]~~ center and provide the necessary contact information should the

complainant wish to pursue a complaint with the certifying or verifying organization.

~~[6.]~~ 5. Any hospital receiving designation as a trauma center, STEMI center, or stroke center pursuant to subsection ~~[5]~~ 4 of this section shall:

(1) ~~[Annually and]~~ Within thirty days of any changes or receipt of a certificate or verification, submit to the department proof of ~~[stroke]~~ certification or verification and the names and contact information of the center's medical director and the program manager ~~[of the stroke center]; and~~

(2) ~~[Submit to the department a copy of the certifying organization's final stroke certification survey results within thirty days of receiving such results;~~

~~——— (3) Submit every four years an application on a form prescribed by the department for stroke center review and designation;~~

~~——— (4) Participate in the emergency medical services regional system of stroke care in its respective emergency medical services region as defined in rules promulgated by the department;~~

~~——— (5)] Participate in local and regional emergency medical services systems [by reviewing and sharing outcome data and] for purposes of providing training [and] , sharing clinical educational resources, and collaborating on improving patient outcomes.~~

Any hospital receiving designation as a level III stroke center pursuant to subsection ~~[5]~~ 4 of this section shall have a formal agreement with a level I or level II stroke center for physician consultative services for evaluation of stroke patients for thrombolytic therapy and the care of the patient post-thrombolytic therapy.

~~[7.]~~ 6. Hospitals designated as a trauma center, STEMI center, or stroke center by the department~~[, including those designated pursuant to subsection 5 of this section,]~~ shall submit data ~~[to meet the data submission requirements specified by rules promulgated by the department. Such submission of data may be done]~~ by one of the following methods:

(1) Entering hospital data ~~[directly]~~ into a state registry ~~[by direct data entry]; or~~

(2) ~~[Downloading hospital data from a nationally recognized registry or data bank and importing the data files into a state registry; or~~

~~——— (3) Authorizing a nationally recognized registry or data bank to disclose or grant access to the department facility-specific data held by the]~~ Entering hospital data into a national registry or data bank. A hospital submitting data pursuant to this subdivision [(2) or (3) of this subsection] shall not be required to collect and submit any additional trauma, STEMI, or stroke center data elements. No hospital submitting data to a national data registry or data bank under this subdivision shall withhold authorization for the department to access such data through such national data registry or data bank. Nothing in this subdivision shall be construed as requiring duplicative data entry by a hospital that is otherwise complying with the provisions of this subsection. Failure of the department to obtain access to data submitted to a national data registry or data bank shall not be construed as hospital noncompliance under this subsection.

~~[8.]~~ 7. When collecting and analyzing data pursuant to the provisions of this section, the department shall comply with the following requirements:

(1) Names of any health care professionals, as defined in section 376.1350, shall not be subject to disclosure;

(2) The data shall not be disclosed in a manner that permits the identification of an individual patient or encounter;

(3) The data shall be used for the evaluation and improvement of hospital and emergency medical services' trauma, stroke, and STEMI care; and

(4) ~~[The data collection system shall be capable of accepting file transfers of data entered into any national recognized trauma, stroke, or STEMI registry or data bank to fulfill trauma, stroke, or STEMI certification reporting requirements; and~~

~~———(5)]~~ Trauma, STEMI, and stroke center data elements shall conform to ~~[nationally recognized performance measures, such as the American Heart Association's Get With the Guidelines]~~ national registry or data bank data elements, and include published detailed measure specifications, data coding instructions, and patient population inclusion and exclusion criteria to ensure data reliability and validity.

~~[9. The board of registration for the healing arts shall have sole authority to establish education requirements for physicians who practice in an emergency department of a facility designated as a trauma, STEMI, or stroke center by the department under this section. The department shall deem such education requirements promulgated by the board of registration for the healing arts sufficient to meet the standards for designations under this section.~~

~~———10.]~~ 8. The department of health and senior services may establish appropriate fees to offset only the costs of trauma, STEMI, and stroke center ~~[reviews]~~ surveys.

~~[11.]~~ 9. No hospital shall hold itself out to the public as a STEMI center, stroke center, adult trauma center, pediatric trauma center, or an adult and pediatric trauma center unless it is designated as such by the department of health and senior services.

~~[12.]~~ 10. Any person aggrieved by an action of the department of health and senior services affecting the trauma, STEMI, or stroke center designation pursuant to this chapter, including the revocation, the suspension, or the granting of, refusal to grant, or failure to renew a designation, may seek a determination thereon by the administrative hearing commission under chapter 621. It shall not be a condition to such determination that the person aggrieved seek a reconsideration, a rehearing, or exhaust any other procedure within the department.

11. Failure of a hospital to provide all medical records and quality improvement documentation necessary for the department to implement the provisions of sections 190.241 to 190.243 shall result in the revocation of the hospital's designation as a trauma center, STEMI center, or stroke center. Any medical records obtained by the department shall be used only for purposes of implementing the provisions of sections 190.241 to 190.243, and the names of hospitals, physicians, and patients shall not be released by the department or members of review teams.

190.243. 1. Severely injured patients shall be transported to a trauma center. Patients who suffer a STEMI, as defined in section 190.100, shall be transported to a STEMI center. Patients who suffer a stroke, as defined in section 190.100, shall be transported to a stroke center.

2. A physician, physician assistant, or registered nurse authorized by a physician who has established verbal communication with ambulance personnel shall instruct the ambulance personnel to transport a severely ill or injured patient to the closest hospital or designated trauma, STEMI, or stroke center, as determined according to estimated transport time whether by ground ambulance or air ambulance, in accordance with transport protocol approved by the medical director and the department of health and senior services, even when the hospital is located outside of the ambulance service's primary service area. When initial transport from the scene of illness or injury to a trauma, STEMI, or stroke center would be prolonged, the STEMI, stroke, or severely injured patient may be transported to the nearest appropriate facility for stabilization prior to transport to a trauma, STEMI, or stroke center.

3. Transport of the STEMI, stroke, or severely injured patient shall be governed by principles of timely and medically appropriate care; consideration of reimbursement mechanisms shall not supersede those principles.

4. Patients who do not meet the criteria for direct transport to a trauma, STEMI, or stroke center shall be transported to and cared for at the hospital of their choice so long as such ambulance service is not in violation of local protocols.

190.248. 1. All investigations conducted in response to allegations of violations of sections 190.001 to ~~[190.245]~~ 190.243 shall be completed within six months of receipt of the allegation.

2. In the course of an investigation the department shall have access to all records directly

related to the alleged violations from persons or entities licensed pursuant to this chapter or chapter 197 or 198.

3. Any department investigations that involve other administrative or law enforcement agencies shall be completed within six months of notification and final determination by such administrative or law enforcement agencies.

190.257. 1. There is hereby established the "Time-Critical Diagnosis Advisory Committee", to be designated by the director for the purpose of advising and making recommendations to the department on:

- (1) Improvement of public and professional education related to time-critical diagnosis;
- (2) Engagement in cooperative research endeavors;
- (3) Development of standards, protocols, and policies related to time-critical diagnosis, including recommendations for state regulations; and
- (4) Evaluation of community and regional time-critical diagnosis plans, including recommendations for changes.

2. The members of the committee shall serve without compensation, except that the department shall budget for reasonable travel expenses and meeting expenses related to the functions of the committee.

3. The director shall appoint sixteen members to the committee from applications submitted for appointment, with the membership to be composed of the following:

(1) Six members, one from each EMS region, who are active participants providing emergency medical services, with at least:

- (a) One member who is a physician serving as a regional EMS medical director;
- (b) One member who serves on an air ambulance service;
- (c) One member who resides in an urban area; and
- (d) One member who resides in a rural area; and

(2) Ten members who represent hospitals, with at least:

- (a) One member who is employed by a level I or level II trauma center;
- (b) One member who is employed by a level I or level II STEMI center;
- (c) One member who is employed by a level I or level II stroke center;
- (d) One member who is employed by a rural or critical access hospital; and

(e) Three physicians, with one physician certified by the American Board of Emergency Medicine (ABEM) or American Osteopathic Board of Emergency Medicine (AOBEM) and two physicians employed in time-critical diagnosis specialties at a level I or level II trauma center, STEMI center, or stroke center.

4. In addition to the sixteen appointees, the state EMS medical director shall serve as an ex officio member of the committee.

5. The director shall make a reasonable effort to ensure that the members representing hospitals have geographical representation from each district of the state designated by a statewide nonprofit membership association of hospitals.

6. Members appointed by the director shall be appointed for three-year terms. Initial appointments shall include extended terms in order to establish a rotation to ensure that only approximately one-third of the appointees will have their term expire in any given year. An appointee wishing to continue in his or her role on the committee shall resubmit an application as required by this section.

7. The committee shall consult with the state advisory council on emergency medical services, as described in section 190.101, regarding issues involving emergency medical services.

287.243. 1. This section shall be known and may be cited as the "Line of Duty Compensation Act".

2. As used in this section, unless otherwise provided, the following words shall mean:

1 (1) "Air ambulance pilot", a person certified as an air ambulance pilot in accordance with
 2 sections 190.001 to ~~[190.245]~~ 190.243 and corresponding regulations applicable to air ambulances
 3 adopted by the department of health and senior services;

4 (2) "Air ambulance registered professional nurse", a person licensed as a registered
 5 professional nurse in accordance with sections 335.011 to 335.096 and corresponding regulations
 6 adopted by the state board of nursing, 20 CSR 2200-4, et seq., who provides registered professional
 7 nursing services as a flight nurse in conjunction with an air ambulance program that is certified in
 8 accordance with sections 190.001 to ~~[190.245]~~ 190.243 and the corresponding regulations
 9 applicable to such programs;

10 (3) "Air ambulance registered respiratory therapist", a person licensed as a registered
 11 respiratory therapist in accordance with sections 334.800 to 334.930 and corresponding regulations
 12 adopted by the state board for respiratory care, who provides respiratory therapy services in
 13 conjunction with an air ambulance program that is certified in accordance with sections 190.001 to
 14 ~~[190.245]~~ 190.243 and corresponding regulations applicable to such programs;

15 (4) "Child", any natural, illegitimate, adopted, or posthumous child or stepchild of a
 16 deceased public safety officer who, at the time of the public safety officer's fatality is:

- 17 (a) Eighteen years of age or under;
- 18 (b) Over eighteen years of age and a student, as defined in 5 U.S.C. Section 8101; or
- 19 (c) Over eighteen years of age and incapable of self-support because of physical or mental
 20 disability;

21 (5) "Emergency medical technician", a person licensed in emergency medical care in
 22 accordance with standards prescribed by sections 190.001 to ~~[190.245]~~ 190.243 and by rules
 23 adopted by the department of health and senior services under sections 190.001 to ~~[190.245]~~
 24 190.243;

25 (6) "Firefighter", any person, including a volunteer firefighter, employed by the state or a
 26 local governmental entity as an employer defined under subsection 1 of section 287.030, or
 27 otherwise serving as a member or officer of a fire department either for the purpose of the
 28 prevention or control of fire or the underwater recovery of drowning victims;

29 (7) "Flight crew member", an individual engaged in flight responsibilities with an air
 30 ambulance licensed in accordance with sections 190.001 to ~~[190.245]~~ 190.243 and corresponding
 31 regulations applicable to such programs;

32 (8) "Killed in the line of duty", when any person defined in this section loses his or her life
 33 when:

- 34 (a) Death is caused by an accident or the willful act of violence of another;
- 35 (b) The public safety officer is in the active performance of his or her duties in his or her
 36 respective profession and there is a relationship between the accident or commission of the act of
 37 violence and the performance of the duty, even if the individual is off duty; the public safety officer
 38 is traveling to or from employment; or the public safety officer is taking any meal break or other
 39 break which takes place while that individual is on duty;
- 40 (c) Death is the natural and probable consequence of the injury; and
- 41 (d) Death occurs within three hundred weeks from the date the injury was received.

42
 43 The term excludes death resulting from the willful misconduct or intoxication of the public safety
 44 officer. The division of workers' compensation shall have the burden of proving such willful
 45 misconduct or intoxication;

46 (9) "Law enforcement officer", any person employed by the state or a local governmental
 47 entity as a police officer, peace officer certified under chapter 590, or serving as an auxiliary police
 48 officer or in some like position involving the enforcement of the law and protection of the public
 49 interest at the risk of that person's life;

(10) "Local governmental entity", includes counties, municipalities, townships, board or other political subdivision, cities under special charter, or under the commission form of government, fire protection districts, ambulance districts, and municipal corporations;

(11) "Public safety officer", any law enforcement officer, firefighter, uniformed employee of the office of the state fire marshal, emergency medical technician, police officer, capitol police officer, parole officer, probation officer, state correctional employee, water safety officer, park ranger, conservation officer, or highway patrolman employed by the state of Missouri or a political subdivision thereof who is killed in the line of duty or any emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, air ambulance registered respiratory therapist, or flight crew member who is killed in the line of duty;

(12) "State", the state of Missouri and its departments, divisions, boards, bureaus, commissions, authorities, and colleges and universities;

(13) "Volunteer firefighter", a person having principal employment other than as a firefighter, but who is carried on the rolls of a regularly constituted fire department either for the purpose of the prevention or control of fire or the underwater recovery of drowning victims, the members of which are under the jurisdiction of the corporate authorities of a city, village, incorporated town, or fire protection district. Volunteer firefighter shall not mean an individual who volunteers assistance without being regularly enrolled as a firefighter.

3. (1) A claim for compensation under this section shall be filed by survivors of the deceased with the division of workers' compensation not later than one year from the date of death of a public safety officer. If a claim is made within one year of the date of death of a public safety officer killed in the line of duty, compensation shall be paid, if the division finds that the claimant is entitled to compensation under this section.

(2) The amount of compensation paid to the claimant shall be twenty-five thousand dollars, subject to appropriation, for death occurring on or after June 19, 2009.

4. Any compensation awarded under the provisions of this section shall be distributed as follows:

(1) To the surviving spouse of the public safety officer if there is no child who survived the public safety officer;

(2) Fifty percent to the surviving child, or children, in equal shares, and fifty percent to the surviving spouse if there is at least one child who survived the public safety officer, and a surviving spouse of the public safety officer;

(3) To the surviving child, or children, in equal shares, if there is no surviving spouse of the public safety officer;

(4) If there is no surviving spouse of the public safety officer and no surviving child:

(a) To the surviving individual, or individuals, in shares per the designation or, otherwise, in equal shares, designated by the public safety officer to receive benefits under this subsection in the most recently executed designation of beneficiary of the public safety officer on file at the time of death with the public safety agency, organization, or unit; or

(b) To the surviving individual, or individuals, in equal shares, designated by the public safety officer to receive benefits under the most recently executed life insurance policy of the public safety officer on file at the time of death with the public safety agency, organization, or unit if there is no individual qualifying under paragraph (a) of this subdivision;

(5) To the surviving parent, or parents, in equal shares, of the public safety officer if there is no individual qualifying under subdivision (1), (2), (3), or (4) of this subsection; or

(6) To the surviving individual, or individuals, in equal shares, who would qualify under the definition of the term "child" but for age if there is no individual qualifying under subdivision (1), (2), (3), (4), or (5) of this subsection.

5. Notwithstanding subsection 3 of this section, no compensation is payable under this

1 section unless a claim is filed within the time specified under this section setting forth:

- 2 (1) The name, address, and title or designation of the position in which the public safety
- 3 officer was serving at the time of his or her death;
- 4 (2) The name and address of the claimant;
- 5 (3) A full, factual account of the circumstances resulting in or the course of events causing
- 6 the death at issue; and
- 7 (4) Such other information that is reasonably required by the division.

8
9 When a claim is filed, the division of workers' compensation shall make an investigation for
10 substantiation of matters set forth in the application.

11 6. The compensation provided for under this section is in addition to, and not exclusive of,
12 any pension rights, death benefits, or other compensation the claimant may otherwise be entitled to
13 by law.

14 7. Neither employers nor workers' compensation insurers shall have subrogation rights
15 against any compensation awarded for claims under this section. Such compensation shall not be
16 assignable, shall be exempt from attachment, garnishment, and execution, and shall not be subject to
17 setoff or counterclaim, or be in any way liable for any debt, except that the division or commission
18 may allow as lien on the compensation, reasonable attorney's fees for services in connection with
19 the proceedings for compensation if the services are found to be necessary. Such fees are subject to
20 regulation as set forth in section 287.260.

21 8. Any person seeking compensation under this section who is aggrieved by the decision of
22 the division of workers' compensation regarding his or her compensation claim, may make
23 application for a hearing as provided in section 287.450. The procedures applicable to the
24 processing of such hearings and determinations shall be those established by this chapter. Decisions
25 of the administrative law judge under this section shall be binding, subject to review by either party
26 under the provisions of section 287.480.

27 9. Pursuant to section 23.253 of the Missouri sunset act:

- 28 (1) The provisions of the new program authorized under this section shall automatically
- 29 sunset six years after June 19, 2019, unless reauthorized by an act of the general assembly; and
- 30 (2) If such program is reauthorized, the program authorized under this section shall
- 31 automatically sunset twelve years after the effective date of the reauthorization of this section; and
- 32 (3) This section shall terminate on September first of the calendar year immediately
- 33 following the calendar year in which the program authorized under this section is sunset.

34 10. The provisions of this section, unless specified, shall not be subject to other provisions
35 of this chapter.

36 11. There is hereby created in the state treasury the "Line of Duty Compensation Fund",
37 which shall consist of moneys appropriated to the fund and any voluntary contributions, gifts, or
38 bequests to the fund. The state treasurer shall be custodian of the fund and shall approve
39 disbursements from the fund in accordance with sections 30.170 and 30.180. Upon appropriation,
40 money in the fund shall be used solely for paying claims under this section. Notwithstanding the
41 provisions of section 33.080 to the contrary, any moneys remaining in the fund at the end of the
42 biennium shall not revert to the credit of the general revenue fund. The state treasurer shall invest
43 moneys in the fund in the same manner as other funds are invested. Any interest and moneys earned
44 on such investments shall be credited to the fund.

45 12. The division shall promulgate rules to administer this section, including but not limited
46 to the appointment of claims to multiple claimants, record retention, and procedures for information
47 requests. Any rule or portion of a rule, as that term is defined in section 536.010, that is created
48 under the authority delegated in this section shall become effective only if it complies with and is
49 subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and

1 chapter 536 are nonseverable and if any of the powers vested with the general assembly under
2 chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently
3 held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after
4 June 19, 2009, shall be invalid and void."; and

5
6 Further amend said bill, Page 82, Section 1, Line 6, by inserting after all of said section and line the
7 following:

8
9 ~~"[190.245. The department shall require hospitals, as defined by chapter 197, designated as~~
10 ~~trauma, STEMI, or stroke centers to provide for a peer review system, approved by the department,~~
11 ~~for trauma, STEMI, and stroke cases, respective to their designations, under section 537.035. For~~
12 ~~purposes of sections 190.241 to 190.245, the department of health and senior services shall have the~~
13 ~~same powers and authority of a health care licensing board pursuant to subsection 6 of section~~
14 ~~537.035. Failure of a hospital to provide all medical records necessary for the department to~~
15 ~~implement provisions of sections 190.241 to 190.245 shall result in the revocation of the hospital's~~
16 ~~designation as a trauma, STEMI, or stroke center. Any medical records obtained by the department~~
17 ~~or peer review committees shall be used only for purposes of implementing the provisions of~~
18 ~~sections 190.241 to 190.245 and the names of hospitals, physicians and patients shall not be released~~
19 ~~by the department or members of review committees.]"; and~~

20
21 Further amend said bill by amending the title, enacting clause, and intersectional references
22 accordingly.