

House _____ Amendment NO. _____

Offered By

1 AMEND House Committee Substitute for Senate Substitute for Senate Bill No. 222, Page 5, Section
2 67.137, Line 3, by inserting after all of said section and line the following:

3
4 "67.145. 1. No political subdivision of this state shall prohibit any first responder from
5 engaging in any political activity while off duty and not in uniform, being a candidate for elected or
6 appointed public office, or holding such office unless such political activity or candidacy is
7 otherwise prohibited by state or federal law.

8 2. As used in this section, "first responder" means any person trained and authorized by law
9 or rule to render emergency medical assistance or treatment. Such persons may include, but shall
10 not be limited to, emergency first responders, telecommunicator first responders, police officers,
11 sheriffs, deputy sheriffs, firefighters, ~~[ambulance attendants and attendant drivers,]~~ emergency
12 medical technicians, ~~[mobile emergency medical technicians, emergency medical technician-~~
13 ~~paramedics,]~~ registered nurses, or physicians."; and

14
15 Further amend said bill, Page 7, Section 67.2677, Line 84, by inserting after all of said section and
16 line the following:

17
18 "70.631. 1. Each political subdivision may, by majority vote of its governing body, elect to
19 cover ~~[emergency telecommunicators]~~ telecommunicator first responders, jailors, and emergency
20 medical service personnel as public safety personnel members of the system. The clerk or secretary
21 of the political subdivision shall certify an election concerning the coverage of ~~[emergency~~
22 ~~telecommunicators]~~ telecommunicator first responders, jailors, and emergency medical service
23 personnel as public safety personnel members of the system to the board within ten days after such
24 vote. The date in which the political subdivision's election becomes effective shall be the first day
25 of the calendar month specified by such governing body, the first day of the calendar month next
26 following receipt by the board of the certification of the election, or the effective date of the political
27 subdivision's becoming an employer, whichever is the latest date. Such election shall not be
28 changed after the effective date. If the election is made, the coverage provisions shall be applicable
29 to all past and future employment with the employer by present and future employees. If a political
30 subdivision makes no election under this section, no ~~[emergency]~~ telecommunicator first responder,

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jailor, or emergency medical service personnel of the political subdivision shall be considered public safety personnel for purposes determining a minimum service retirement age as defined in section 70.600.

2. If an employer elects to cover ~~[emergency telecommunicators]~~ telecommunicator first responders, jailors, and emergency medical service personnel as public safety personnel members of the system, the employer's contributions shall be correspondingly changed effective the same date as the effective date of the political subdivision's election.

3. The limitation on increases in an employer's contributions provided by subsection 6 of section 70.730 shall not apply to any contribution increase resulting from an employer making an election under the provisions of this section."; and

Further amend said bill, Page 8, Section 89.380, Line 25, by inserting after all of said section and line the following:

"105.500. For purposes of sections 105.500 to 105.598, unless the context otherwise requires, the following words and phrases mean:

(1) "Bargaining unit", a unit of public employees at any plant or installation or in a craft or in a function of a public body that establishes a clear and identifiable community of interest among the public employees concerned;

(2) "Board", the state board of mediation established under section 295.030;

(3) "Department", the department of labor and industrial relations established under section 286.010;

(4) "Exclusive bargaining representative", an organization that has been designated or selected, as provided in section 105.575, by a majority of the public employees in a bargaining unit as the representative of such public employees in such unit for purposes of collective bargaining;

(5) "Labor organization", any organization, agency, or public employee representation committee or plan, in which public employees participate and that exists for the purpose, in whole or in part, of dealing with a public body or public bodies concerning collective bargaining, grievances, labor disputes, wages, rates of pay, hours of employment, or conditions of work;

(6) "Public body", the state of Missouri, or any officer, agency, department, bureau, division, board or commission of the state, or any other political subdivision or special district of or within the state. Public body shall not include the department of corrections;

(7) "Public employee", any person employed by a public body;

(8) "Public safety labor organization", a labor organization wholly or primarily representing persons trained or authorized by law or rule to render emergency medical assistance or treatment, including, but not limited to, firefighters, ~~[ambulance attendants, attendant drivers,]~~ emergency medical technicians, ~~[emergency medical technician paramedics,]~~ dispatchers, registered nurses and physicians, and persons who are vested with the power of arrest for criminal code violations including, but not limited to, police officers, sheriffs, and deputy sheriffs."; and

170.310. 1. For school year 2017-18 and each school year thereafter, upon graduation from high school, pupils in public schools and charter schools shall have received thirty minutes of cardiopulmonary resuscitation instruction and training in the proper performance of the Heimlich maneuver or other first aid for choking given any time during a pupil's four years of high school.

2. Beginning in school year 2017-18, any public school or charter school serving grades nine through twelve shall provide enrolled students instruction in cardiopulmonary resuscitation. Students with disabilities may participate to the extent appropriate as determined by the provisions of the Individuals with Disabilities Education Act or Section 504 of the Rehabilitation Act. Instruction shall be included in the district's existing health or physical education curriculum. Instruction shall be based on a program established by the American Heart Association or the American Red Cross, or through a nationally recognized program based on the most current national evidence-based emergency cardiovascular care guidelines, and psychomotor skills development shall be incorporated into the instruction. For purposes of this section, "psychomotor skills" means the use of hands-on practicing and skills testing to support cognitive learning.

3. The teacher of the cardiopulmonary resuscitation course or unit shall not be required to be a certified trainer of cardiopulmonary resuscitation if the instruction is not designed to result in certification of students. Instruction that is designed to result in certification being earned shall be required to be taught by an authorized cardiopulmonary instructor. Schools may develop agreements with any local chapter of a voluntary organization of first responders to provide the required hands-on practice and skills testing. For purposes of this subsection, "first responders" shall include telecommunicator first responders as defined in section 650.320.

4. The department of elementary and secondary education may promulgate rules to implement this section. 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, 2012, shall be invalid and void."; and

Further amend said bill Page 9, Section 182.819, Line 10, by inserting after all of said section and line the following:

"190.091. 1. As used in this section, the following terms mean:

(1) "Bioterrorism", the intentional use of any microorganism, virus, infectious substance, or biological product that may be engineered as a result of biotechnology or any naturally occurring or bioengineered component of any microorganism, virus, infectious substance, or biological product to cause death, disease, or other biological malfunction in a human, an animal, a plant, or any other

1 living organism to influence the conduct of government or to intimidate or coerce a civilian
2 population;

3 (2) "Department", the Missouri department of health and senior services;

4 (3) "Director", the director of the department of health and senior services;

5 (4) "Disaster locations", any geographical location where a bioterrorism attack, terrorist
6 attack, catastrophic or natural disaster, or emergency occurs;

7 (5) "First responders", state and local law enforcement personnel, telecommunicator first
8 responders, fire department personnel, and emergency medical personnel who will be deployed to
9 bioterrorism attacks, terrorist attacks, catastrophic or natural disasters, and emergencies;

10 (6) "Missouri state highway patrol telecommunicator", any authorized Missouri state
11 highway patrol communications division personnel whose primary responsibility includes directly
12 responding to emergency communications and who meet the training requirements pursuant to
13 section 650.340.

14 2. The department shall offer a vaccination program for first responders and Missouri state
15 highway patrol telecommunicators who may be exposed to infectious diseases when deployed to
16 disaster locations as a result of a bioterrorism event or a suspected bioterrorism event. The
17 vaccinations shall include, but are not limited to, smallpox, anthrax, and other vaccinations when
18 recommended by the federal Centers for Disease Control and Prevention's Advisory Committee on
19 Immunization Practices.

20 3. Participation in the vaccination program shall be voluntary by the first responders and
21 Missouri state highway patrol telecommunicators, except for first responders or Missouri state
22 highway patrol telecommunicators who, as determined by their employer, cannot safely perform
23 emergency responsibilities when responding to a bioterrorism event or suspected bioterrorism event
24 without being vaccinated. The recommendations of the Centers for Disease Control and
25 Prevention's Advisory Committee on Immunization Practices shall be followed when providing
26 appropriate screening for contraindications to vaccination for first responders and Missouri state
27 highway patrol telecommunicators. A first responder and Missouri state highway patrol
28 telecommunicator shall be exempt from vaccinations when a written statement from a licensed
29 physician is presented to their employer indicating that a vaccine is medically contraindicated for
30 such person.

31 4. If a shortage of the vaccines referred to in subsection 2 of this section exists following a
32 bioterrorism event or suspected bioterrorism event, the director, in consultation with the governor
33 and the federal Centers for Disease Control and Prevention, shall give priority for such vaccinations
34 to persons exposed to the disease and to first responders or Missouri state highway patrol
35 telecommunicators who are deployed to the disaster location.

36 5. The department shall notify first responders and Missouri state highway patrol
37 telecommunicators concerning the availability of the vaccination program described in subsection 2
38 of this section and shall provide education to such first responders, ~~and~~ their employers, and

1 Missouri state highway patrol telecommunicators concerning the vaccinations offered and the
2 associated diseases.

3 6. The department may contract for the administration of the vaccination program described
4 in subsection 2 of this section with health care providers, including but not limited to local public
5 health agencies, hospitals, federally qualified health centers, and physicians.

6 7. The provisions of this section shall become effective upon receipt of federal funding or
7 federal grants which designate that the funding is required to implement vaccinations for first
8 responders and Missouri state highway patrol telecommunicators in accordance with the
9 recommendations of the federal Centers for Disease Control and Prevention's Advisory Committee
10 on Immunization Practices. Upon receipt of such funding, the department shall make available the
11 vaccines to first responders and Missouri state highway patrol telecommunicators as provided in this
12 section.

13 190.100. As used in sections 190.001 to 190.245 and section 190.257, the following words
14 and terms mean:

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

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

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

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

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

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

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

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

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

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

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

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

12 (b) Serious impairment to a bodily function;

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

14 (d) Inadequately controlled pain;

15 (12) "Emergency medical dispatcher", a person who receives emergency calls from the
16 public and has successfully completed an emergency medical dispatcher course~~[-meeting or~~
17 ~~exceeding the national curriculum of the United States Department of Transportation and any~~
18 ~~modifications to such curricula specified by the department through rules adopted pursuant to~~
19 ~~sections 190.001 to 190.245]~~ and any ongoing training requirements under section 650.340;

20 (13) "Emergency medical responder", a person who has successfully completed an
21 emergency first response course meeting or exceeding the national curriculum of the U.S.
22 Department of Transportation and any modifications to such curricula specified by the department
23 through rules adopted under sections 190.001 to 190.245 and who provides emergency medical care
24 through employment by or in association with an emergency medical response agency;

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

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

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

36 (17) "Emergency medical technician", a person licensed in emergency medical care in
37 accordance with standards prescribed by sections 190.001 to 190.245, and by rules adopted by the
38 department pursuant to sections 190.001 to 190.245;

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

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

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

12 (21)] (19) "Emergency services", health care items and services furnished or required to
13 screen and stabilize an emergency which may include, but shall not be limited to, health care
14 services that are provided in a licensed hospital's emergency facility by an appropriate provider or
15 by an ambulance service or emergency medical response agency;

16 [(22)] (20) "Health care facility", a hospital, nursing home, physician's office or other fixed
17 location at which medical and health care services are performed;

18 [(23)] (21) "Hospital", an establishment as defined in the hospital licensing law, subsection
19 2 of section 197.020, or a hospital operated by the state;

20 [(24)] (22) "Medical control", supervision provided by or under the direction of physicians,
21 or their designated registered nurse, including both online medical control, instructions by radio,
22 telephone, or other means of direct communications, and offline medical control through
23 supervision by treatment protocols, case review, training, and standing orders for treatment;

24 [(25)] (23) "Medical direction", medical guidance and supervision provided by a physician
25 to an emergency services provider or emergency medical services system;

26 [(26)] (24) "Medical director", a physician licensed pursuant to chapter 334 designated by
27 the ambulance service, dispatch agency, or emergency medical response agency and who meets
28 criteria specified by the department by rules pursuant to sections 190.001 to 190.245;

29 [(27)] (25) "Memorandum of understanding", an agreement between an emergency medical
30 response agency or dispatch agency and an ambulance service or services within whose territory the
31 agency operates, in order to coordinate emergency medical services;

32 (26) "Paramedic", a person who has successfully completed a course of instruction in
33 advanced life support care as prescribed by the department and is licensed by the department in
34 accordance with sections 190.001 to 190.245 and rules adopted by the department pursuant to
35 sections 190.001 to 190.245;

36 [(28)] (27) "Patient", an individual who is sick, injured, wounded, diseased, or otherwise
37 incapacitated or helpless, or dead, excluding deceased individuals being transported from or
38 between private or public institutions, homes or cemeteries, and individuals declared dead prior to
39 the time an ambulance is called for assistance;

1 ~~[(29)]~~ (28) "Person", as used in these definitions and elsewhere in sections 190.001 to
 2 190.245, any individual, firm, partnership, copartnership, joint venture, association, cooperative
 3 organization, corporation, municipal or private, and whether organized for profit or not, state,
 4 county, political subdivision, state department, commission, board, bureau or fraternal organization,
 5 estate, public trust, business or common law trust, receiver, assignee for the benefit of creditors,
 6 trustee or trustee in bankruptcy, or any other service user or provider;

7 ~~[(30)]~~ (29) "Physician", a person licensed as a physician pursuant to chapter 334;

8 ~~[(31)]~~ (30) "Political subdivision", any municipality, city, county, city not within a county,
 9 ambulance district or fire protection district located in this state which provides or has authority to
 10 provide ambulance service;

11 ~~[(32)]~~ (31) "Professional organization", any organized group or association with an ongoing
 12 interest regarding emergency medical services. Such groups and associations could include those
 13 representing volunteers, labor, management, firefighters, ~~[EMT-B's]~~ EMTs, nurses, ~~[EMT-P's]~~
 14 paramedics, physicians, communications specialists and instructors. Organizations could also
 15 represent the interests of ground ambulance services, air ambulance services, fire service
 16 organizations, law enforcement, hospitals, trauma centers, communication centers, pediatric
 17 services, labor unions and poison control services;

18 ~~[(33)]~~ (32) "Proof of financial responsibility", proof of ability to respond to damages for
 19 liability, on account of accidents occurring subsequent to the effective date of such proof, arising out
 20 of the ownership, maintenance or use of a motor vehicle in the financial amount set in rules
 21 promulgated by the department, but in no event less than the statutory minimum required for motor
 22 vehicles. Proof of financial responsibility shall be used as proof of self-insurance;

23 ~~[(34)]~~ (33) "Protocol", a predetermined, written medical care guideline, which may include
 24 standing orders;

25 ~~[(35)]~~ (34) "Regional EMS advisory committee", a committee formed within an emergency
 26 medical services (EMS) region to advise ambulance services, the state advisory council on EMS and
 27 the department;

28 ~~[(36)]~~ (35) "Specialty care transportation", the transportation of a patient requiring the
 29 services of an emergency medical technician-paramedic who has received additional training
 30 beyond the training prescribed by the department. Specialty care transportation services shall be
 31 defined in writing in the appropriate local protocols for ground and air ambulance services and
 32 approved by the local physician medical director. The protocols shall be maintained by the local
 33 ambulance service and shall define the additional training required of the emergency medical
 34 technician-paramedic;

35 ~~[(37)]~~ (36) "Stabilize", with respect to an emergency, the provision of such medical
 36 treatment as may be necessary to attempt to assure within reasonable medical probability that no
 37 material deterioration of an individual's medical condition is likely to result from or occur during
 38 ambulance transportation unless the likely benefits of such transportation outweigh the risks;

1 ~~[(38)]~~ (37) "State advisory council on emergency medical services", a committee formed to
 2 advise the department on policy affecting emergency medical service throughout the state;

3 ~~[(39)]~~ (38) "State EMS medical directors advisory committee", a subcommittee of the state
 4 advisory council on emergency medical services formed to advise the state advisory council on
 5 emergency medical services and the department on medical issues;

6 ~~[(40)]~~ (39) "STEMI" or "ST-elevation myocardial infarction", a type of heart attack in
 7 which impaired blood flow to the patient's heart muscle is evidenced by ST-segment elevation in
 8 electrocardiogram analysis, and as further defined in rules promulgated by the department under
 9 sections 190.001 to 190.250;

10 ~~[(41)]~~ (40) "STEMI care", includes education and prevention, emergency transport, triage,
 11 and acute care and rehabilitative services for STEMI that requires immediate medical or surgical
 12 intervention or treatment;

13 ~~[(42)]~~ (41) "STEMI center", a hospital that is currently designated as such by the department
 14 to care for patients with ST-segment elevation myocardial infarctions;

15 ~~[(43)]~~ (42) "Stroke", a condition of impaired blood flow to a patient's brain as defined by the
 16 department;

17 ~~[(44)]~~ (43) "Stroke care", includes emergency transport, triage, and acute intervention and
 18 other acute care services for stroke that potentially require immediate medical or surgical
 19 intervention or treatment, and may include education, primary prevention, acute intervention, acute
 20 and subacute management, prevention of complications, secondary stroke prevention, and
 21 rehabilitative services;

22 ~~[(45)]~~ (44) "Stroke center", a hospital that is currently designated as such by the department;

23 ~~[(46)]~~ (45) "Time-critical diagnosis", trauma care, stroke care, and STEMI care occurring
 24 either outside of a hospital or in a center designated under section 190.241;

25 ~~[(47)]~~ (46) "Time-critical diagnosis advisory committee", a committee formed under section
 26 190.257 to advise the department on policies impacting trauma, stroke, and STEMI center
 27 designations; regulations on trauma care, stroke care, and STEMI care; and the transport of trauma,
 28 stroke, and STEMI patients;

29 ~~[(48)]~~ (47) "Trauma", an injury to human tissues and organs resulting from the transfer of
 30 energy from the environment;

31 ~~[(49)]~~ (48) "Trauma care" includes injury prevention, triage, acute care and rehabilitative
 32 services for major single system or multisystem injuries that potentially require immediate medical
 33 or surgical intervention or treatment;

34 ~~[(50)]~~ (49) "Trauma center", a hospital that is currently designated as such by the
 35 department.

36 190.103. 1. One physician with expertise in emergency medical services from each of the
 37 EMS regions shall be elected by that region's EMS medical directors to serve as a regional EMS
 38 medical director. The regional EMS medical directors shall constitute the state EMS medical
 39 director's advisory committee and shall advise the department and their region's ambulance services

1 on matters relating to medical control and medical direction in accordance with sections 190.001 to
2 190.245 and rules adopted by the department pursuant to sections 190.001 to 190.245. The regional
3 EMS medical director shall serve a term of four years. The southwest, northwest, and Kansas City
4 regional EMS medical directors shall be elected to an initial two-year term. The central, east
5 central, and southeast regional EMS medical directors shall be elected to an initial four-year term.
6 All subsequent terms following the initial terms shall be four years. The state EMS medical director
7 shall be the chair of the state EMS medical director's advisory committee, and shall be elected by
8 the members of the regional EMS medical director's advisory committee, shall serve a term of four
9 years, and shall seek to coordinate EMS services between the EMS regions, promote educational
10 efforts for agency medical directors, represent Missouri EMS nationally in the role of the state EMS
11 medical director, and seek to incorporate the EMS system into the health care system serving
12 Missouri.

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

18 3. The medical director, in cooperation with the ambulance service or emergency medical
19 response agency administrator, shall have the responsibility and the authority to ensure that the
20 personnel working under their supervision are able to provide care meeting established standards of
21 care with consideration for state and national standards as well as local area needs and resources.
22 The medical director, in cooperation with the ambulance service or emergency medical response
23 agency administrator, shall establish and develop triage, treatment and transport protocols, which
24 may include authorization for standing orders. Emergency medical technicians shall only perform
25 those medical procedures as directed by treatment protocols approved by the local medical director
26 or when authorized through direct communication with online medical control.

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

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

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

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

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

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

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

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

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

27 190.142. 1. (1) For applications submitted before the recognition of EMS personnel
28 licensure interstate compact under sections 190.900 to 190.939 takes effect, the department shall,
29 within a reasonable time after receipt of an application, cause such investigation as it deems
30 necessary to be made of the applicant for an emergency medical technician's license.

31 (2) For applications submitted after the recognition of EMS personnel licensure interstate
32 compact under sections 190.900 to 190.939 takes effect, an applicant for initial licensure as an
33 emergency medical technician in this state shall submit to a background check by the Missouri state
34 highway patrol and the Federal Bureau of Investigation through a process approved by the
35 department of health and senior services. Such processes may include the use of vendors or systems
36 administered by the Missouri state highway patrol. The department may share the results of such a
37 criminal background check with any emergency services licensing agency in any member state, as
38 that term is defined under section 190.900, in recognition of the EMS personnel licensure interstate
39 compact. The department shall not issue a license until the department receives the results of an

1 applicant's criminal background check from the Missouri state highway patrol and the Federal
 2 Bureau of Investigation, but, notwithstanding this subsection, the department may issue a temporary
 3 license as provided under section 190.143. Any fees due for a criminal background check shall be
 4 paid by the applicant.

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

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

12 (1) Age requirements;

13 (2) Emergency medical technician and paramedic education and training requirements based
 14 on respective National Emergency Medical Services Education Standards and any modification to
 15 such curricula specified by the department through rules adopted pursuant to sections 190.001 to
 16 190.245;

17 (3) Paramedic accreditation requirements. Paramedic training programs shall be accredited
 18 ~~[by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or hold a~~
 19 ~~CAAHEP letter of review]~~ as required by the National Registry of Emergency Medical Technicians;

20 (4) Initial licensure testing requirements. Initial ~~[EMT-P]~~ paramedic licensure testing shall
 21 be through the national registry of EMTs;

22 (5) Continuing education and relicensure requirements; and

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

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

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

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

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

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

35 6. Any rule or portion of a rule, as that term is defined in section 536.010, that is created
 36 under the authority delegated in this section shall become effective only if it complies with and is
 37 subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and
 38 chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to
 39 chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently

1 held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after
2 August 28, 2002, shall be invalid and void.

3 190.147. 1. ~~[An emergency medical technician paramedic (EMT-P)]~~ A paramedic may
4 make a good faith determination that such behavioral health patients who present a likelihood of
5 serious harm to themselves or others, as the term "likelihood of serious harm" is defined under
6 section 632.005, or who are significantly incapacitated by alcohol or drugs shall be placed into a
7 temporary hold for the sole purpose of transport to the nearest appropriate facility; provided that,
8 such determination shall be made in cooperation with at least one other ~~[EMT-P]~~ paramedic or other
9 health care professional involved in the transport. Once in a temporary hold, the patient shall be
10 treated with humane care in a manner that preserves human dignity, consistent with applicable
11 federal regulations and nationally recognized guidelines regarding the appropriate use of temporary
12 holds and restraints in medical transport. Prior to making such a determination:

13 (1) The ~~[EMT-P]~~ paramedic shall have completed a standard crisis intervention training
14 course as endorsed and developed by the state EMS medical director's advisory committee;

15 (2) The ~~[EMT-P]~~ paramedic shall have been authorized by his or her ground or air
16 ambulance service's administration and medical director under subsection 3 of section 190.103; and

17 (3) The ~~[EMT-P's]~~ paramedic ground or air ambulance service has developed and adopted
18 standardized triage, treatment, and transport protocols under subsection 3 of section 190.103, which
19 address the challenge of treating and transporting such patients. Provided:

20 (a) That such protocols shall be reviewed and approved by the state EMS medical director's
21 advisory committee; and

22 (b) That such protocols shall direct the ~~[EMT-P]~~ paramedic regarding the proper use of
23 patient restraint and coordination with area law enforcement; and

24 (c) Patient restraint protocols shall be based upon current applicable national guidelines.

25 2. In any instance in which a good faith determination for a temporary hold of a patient has
26 been made, such hold shall be made in a clinically appropriate and adequately justified manner, and
27 shall be documented and attested to in writing. The writing shall be retained by the ambulance
28 service and included as part of the patient's medical file.

29 3. ~~[EMT-Ps]~~ Paramedics who have made a good faith decision for a temporary hold of a
30 patient as authorized by this section shall no longer have to rely on the common law doctrine of
31 implied consent and therefore shall not be civilly liable for a good faith determination made in
32 accordance with this section and shall not have waived any sovereign immunity defense, official
33 immunity defense, or Missouri public duty doctrine defense if employed at the time of the good
34 faith determination by a government employer.

35 4. Any ground or air ambulance service that adopts the authority and protocols provided for
36 by this section shall have a memorandum of understanding with applicable local law enforcement
37 agencies in order to achieve a collaborative and coordinated response to patients displaying
38 symptoms of either a likelihood of serious harm to themselves or others or significant incapacitation

1 by alcohol or drugs, which require a crisis intervention response. The memorandum of
2 understanding shall include, but not be limited to, the following:

3 (1) Administrative oversight, including coordination between ambulance services and law
4 enforcement agencies;

5 (2) Patient restraint techniques and coordination of agency responses to situations in which
6 patient restraint may be required;

7 (3) Field interaction between paramedics and law enforcement, including patient destination
8 and transportation; and

9 (4) Coordination of program quality assurance.

10 5. The physical restraint of a patient by an emergency medical technician under the
11 authority of this section shall be permitted only in order to provide for the safety of bystanders, the
12 patient, or emergency personnel due to an imminent or immediate danger, or upon approval by local
13 medical control through direct communications. Restraint shall also be permitted through
14 cooperation with on-scene law enforcement officers. All incidents involving patient restraint used
15 under the authority of this section shall be reviewed by the ambulance service physician medical
16 director.

17 190.327. 1. Immediately upon the decision by the commission to utilize a portion of the
18 emergency telephone tax for central dispatching and an affirmative vote of the telephone tax, the
19 commission shall appoint the initial members of a board which shall administer the funds and
20 oversee the provision of central dispatching for emergency services in the county and in
21 municipalities and other political subdivisions which have contracted for such service. Beginning
22 with the general election in 1992, all board members shall be elected according to this section and
23 other applicable laws of this state. At the time of the appointment of the initial members of the
24 board, the commission shall relinquish to the board and no longer exercise the duties prescribed in
25 this chapter with regard to the provision of emergency telephone service and in chapter 321, with
26 regard to the provision of central dispatching service, and such duties shall be exercised by the
27 board.

28 2. Elections for board members may be held on general municipal election day, as defined in
29 subsection 3 of section 115.121, after approval by a simple majority of the county commission.

30 3. For the purpose of providing the services described in this section, the board shall have
31 the following powers, authority and privileges:

32 (1) To have and use a corporate seal;

33 (2) To sue and be sued, and be a party to suits, actions and proceedings;

34 (3) To enter into contracts, franchises and agreements with any person, partnership,
35 association or corporation, public or private, affecting the affairs of the board;

36 (4) To acquire, construct, purchase, maintain, dispose of and encumber real and personal
37 property, including leases and easements;

38 (5) To have the management, control and supervision of all the business affairs of the board
39 and the construction, installation, operation and maintenance of any improvements;

1 (6) To hire and retain agents and employees and to provide for their compensation including
2 health and pension benefits;

3 (7) To adopt and amend bylaws and any other rules and regulations;

4 (8) To fix, charge and collect the taxes and fees authorized by law for the purpose of
5 implementing and operating the services described in this section;

6 (9) To pay all expenses connected with the first election and all subsequent elections; and

7 (10) To have and exercise all rights and powers necessary or incidental to or implied from
8 the specific powers granted in this subsection. Such specific powers shall not be considered as a
9 limitation upon any power necessary or appropriate to carry out the purposes and intent of sections
10 190.300 to 190.329.

11 4. (1) Notwithstanding the provisions of subsections 1 and 2 of this section to the contrary,
12 the county commission may elect to appoint the members of the board to administer the funds and
13 oversee the provision of central dispatching for emergency services in the counties, municipalities,
14 and other political subdivisions which have contracted for such service upon the request of the
15 municipalities and other political subdivisions. Upon appointment of the initial members of the
16 board, the commission shall relinquish all powers and duties to the board and no longer exercise the
17 duties prescribed in this chapter with regard to the provision of central dispatching service and such
18 duties shall be exercised by the board.

19 (2) The board shall consist of seven members appointed without regard to political
20 affiliation. The members shall include:

21 (a) Five members who shall serve for so long as they remain in their respective county or
22 municipal positions as follows:

23 a. The county sheriff, or his or her designee;

24 b. The heads of the municipal police department who have contracted for central
25 dispatching service in the two largest municipalities wholly contained within the county, or their
26 designees; or

27 c. The heads of the municipal fire departments or fire divisions who have contracted for
28 central dispatching service in the two largest municipalities wholly contained within the county, or
29 their designees;

30 (b) Two members who shall serve two-year terms appointed from among the following:

31 a. The head of any of the county's fire protection districts who have contracted for central
32 dispatching service, or his or her designee;

33 b. The head of any of the county's ambulance districts who have contracted for central
34 dispatching service, or his or her designee;

35 c. The head of any of the municipal police departments located in the county who have
36 contracted for central dispatching service, or his or her designee, excluding those mentioned in
37 subparagraph b. of paragraph (a) of this subdivision; and

1 d. The head of any of the municipal fire departments in the county who have contracted for
2 central dispatching service, or his or her designee, excluding those mentioned in subparagraph c. of
3 paragraph (a) of this subdivision.

4 (3) Upon the appointment of the board under this subsection, the board shall have the
5 powers provided in subsection 3 of this section and the commission shall relinquish all powers and
6 duties relating to the provision of central dispatching service under this chapter to the board.

7 ~~[5. An emergency services board originally organized under section 190.325 operating within~~
8 ~~a county with a charter form of government and with more than two hundred thousand but fewer~~
9 ~~than three hundred fifty thousand inhabitants shall not have a sales tax for emergency services or~~
10 ~~for providing central dispatching for emergency services greater than one-quarter of one percent. If~~
11 ~~on July 9, 2019, such tax is greater than one-quarter of one percent, the board shall lower the tax~~
12 ~~rate.]~~

13 190.460. 1. As used in this section, the following terms mean:

14 (1) "Board", the Missouri 911 service board established under section 650.325;

15 (2) "Consumer", a person who purchases prepaid wireless telecommunications service in a
16 retail transaction;

17 (3) "Department", the department of revenue;

18 (4) "Prepaid wireless service provider", a provider that provides prepaid wireless service to
19 an end user;

20 (5) "Prepaid wireless telecommunications service", a wireless telecommunications service
21 that allows a caller to dial 911 to access the 911 system and which service shall be paid for in
22 advance and is sold in predetermined units or dollars of which the number declines with use in a
23 known amount;

24 (6) "Retail transaction", the purchase of prepaid wireless telecommunications service from a
25 seller for any purpose other than resale. The purchase of more than one item that provides prepaid
26 wireless telecommunication service, when such items are sold separately, constitutes more than one
27 retail transaction;

28 (7) "Seller", a person who sells prepaid wireless telecommunications service to another
29 person;

30 (8) "Wireless telecommunications service", commercial mobile radio service as defined by
31 47 CFR 20.3, as amended.

32 2. (1) Beginning January 1, 2019, there is hereby imposed a prepaid wireless emergency
33 telephone service charge on each retail transaction. The amount of such charge shall be equal to
34 three percent of the amount of each retail transaction. The first fifteen dollars of each retail
35 transaction shall not be subject to the service charge.

36 (2) When prepaid wireless telecommunications service is sold with one or more products or
37 services for a single, nonitemized price, the prepaid wireless emergency telephone service charge set
38 forth in subdivision (1) of this subsection shall apply to the entire nonitemized price unless the seller
39 elects to apply such service charge in the following way:

1 (a) If the amount of the prepaid wireless telecommunications service is disclosed to the
2 consumer as a dollar amount, three percent of such dollar amount; or

3 (b) If the seller can identify the portion of the price that is attributable to the prepaid
4 wireless telecommunications service by reasonable and verifiable standards from the seller's books
5 and records that are kept in the regular course of business for other purposes including, but not
6 limited to, nontax purposes, three percent of such portion;

7
8 The first fifteen dollars of each transaction under this subdivision shall not be subject to the service
9 charge.

10 (3) The prepaid wireless emergency telephone service charge shall be collected by the seller
11 from the consumer with respect to each retail transaction occurring in this state. The amount of the
12 prepaid wireless emergency telephone service charge shall be either separately stated on an invoice,
13 receipt, or other similar document that is provided to the consumer by the seller or otherwise
14 disclosed to the consumer.

15 (4) For purposes of this subsection, a retail transaction that is effected in person by a
16 consumer at a business location of the seller shall be treated as occurring in this state if that business
17 location is in this state, and any other retail transaction shall be treated as occurring in this state if
18 the retail transaction is treated as occurring under chapter 144.

19 (5) The prepaid wireless emergency telephone service charge is the liability of the consumer
20 and not of the seller or of any provider; except that, the seller shall be liable to remit all charges that
21 the seller collects or is deemed to collect.

22 (6) The amount of the prepaid wireless emergency telephone service charge that is collected
23 by a seller from a consumer, if such amount is separately stated on an invoice, receipt, or other
24 similar document provided to the consumer by the seller, shall not be included in the base for
25 measuring any tax, fee, surcharge, or other charge that is imposed by this state, any political
26 subdivision of this state, or any intergovernmental agency.

27 3. (1) Prepaid wireless emergency telephone service charges collected by sellers shall be
28 remitted to the department at the times and in the manner provided by state law with respect to sales
29 and use taxes. The department shall establish registration and payment procedures that substantially
30 coincide with the registration and payment procedures that apply under state law. On or after the
31 effective date of the service charge imposed under the provisions of this section, the director of the
32 department of revenue shall perform all functions incident to the administration, collection,
33 enforcement, and operation of the service charge, and the director shall collect, in addition to the
34 sales tax for the state of Missouri, all additional service charges imposed in this section. All service
35 charges imposed under this section together with all taxes imposed under the sales tax law of the
36 state of Missouri shall be collected together and reported upon such forms and under such
37 administrative rules and regulations as may be prescribed by the director. All applicable provisions
38 contained in sections 144.010 to 144.525 governing the state sales tax and section 32.057 shall apply
39 to the collection of any service charges imposed under this section except as modified.

1 (2) Beginning on January 1, 2019, and ending on January 31, 2019, when a consumer
2 purchases prepaid wireless telecommunications service in a retail transaction from a seller under this
3 section, the seller shall be allowed to retain one hundred percent of the prepaid wireless emergency
4 telephone service charges that are collected by the seller from the consumer. Beginning on February
5 1, 2019, a seller shall be permitted to deduct and retain three percent of prepaid wireless emergency
6 telephone service charges that are collected by the seller from consumers.

7 (3) The department shall establish procedures by which a seller of prepaid wireless
8 telecommunications service may document that a sale is not a retail transaction, which procedures
9 shall substantially coincide with the procedures for documenting sale for resale transactions for sales
10 and use purposes under state law.

11 (4) The department shall deposit all remitted prepaid wireless emergency telephone service
12 charges into the general revenue fund for the department's use until eight hundred thousand one
13 hundred fifty dollars is collected to reimburse its direct costs of administering the collection and
14 remittance of prepaid wireless emergency telephone service charges. From then onward, the
15 department shall deposit all remitted prepaid wireless emergency telephone service charges into the
16 Missouri 911 service trust fund created under section 190.420 within thirty days of receipt for use by
17 the board. After the initial eight hundred thousand one hundred fifty dollars is collected, the
18 department may deduct an amount not to exceed one percent of collected charges to be retained by
19 the department to reimburse its direct costs of administering the collection and remittance of prepaid
20 wireless emergency telephone service charges.

21 (5) The board shall set a rate between twenty-five and one hundred percent of the prepaid
22 wireless emergency telephone service charges deposited in the Missouri 911 service trust fund
23 collected in counties without a charter form of government, less the deductions authorized in
24 subdivision (4) of this subsection, that shall be remitted to such counties in direct proportion to the
25 amount of charges collected in each county. The board shall set a rate between sixty-five and one
26 hundred percent of the prepaid wireless emergency telephone service charges deposited in the
27 Missouri 911 service trust fund collected in counties with a charter form of government and any city
28 not within a county, less the deductions authorized in subdivision (4) of this subsection, that shall be
29 remitted to each such county or city not within a county in direct proportion to the amount of
30 charges collected in each such county or city not within a county. If a county has an elected
31 emergency services board, the Missouri 911 service board shall remit the funds to the elected
32 emergency services board, except for an emergency services board originally organized under
33 section 190.325 operating within a county with a charter form of government and with more than
34 two hundred thousand but fewer than three hundred fifty thousand inhabitants, in which case the
35 funds shall be remitted to the county's general fund for the purpose of public safety infrastructure.
36 The initial percentage rate set by the board for counties with and without a charter form of
37 government and any city not within a county shall be set by June thirtieth of each applicable year
38 and may be adjusted annually for the first three years, and thereafter the rate may be adjusted every
39 three years; however, at no point shall the board set rates that fall below twenty-five percent for

1 counties without a charter form of government and sixty-five percent for counties with a charter
2 form of government and any city not within a county.

3 (6) Any amounts received by a county or city under subdivision (5) of this subsection shall
4 be used only for purposes authorized in sections 190.305, 190.325, and 190.335. Any amounts
5 received by any county with a charter form of government and with more than six hundred thousand
6 but fewer than seven hundred thousand inhabitants under this section may be used for emergency
7 service notification systems.

8 4. (1) A seller that is not a provider shall be entitled to the immunity and liability
9 protections under section 190.455, notwithstanding any requirement in state law regarding
10 compliance with Federal Communications Commission Order 05-116.

11 (2) A provider shall be entitled to the immunity and liability protections under section
12 190.455.

13 (3) In addition to the protection from liability provided in subdivisions (1) and (2) of this
14 subsection, each provider and seller and its officers, employees, assigns, agents, vendors, or anyone
15 acting on behalf of such persons shall be entitled to the further protection from liability, if any, that
16 is provided to providers and sellers of wireless telecommunications service that is not prepaid
17 wireless telecommunications service under section 190.455.

18 5. The prepaid wireless emergency telephone service charge imposed by this section shall be
19 in addition to any other tax, fee, surcharge, or other charge imposed by this state, any political
20 subdivision of this state, or any intergovernmental agency for 911 funding purposes.

21 6. The provisions of this section shall become effective unless the governing body of a
22 county or city adopts an ordinance, order, rule, resolution, or regulation by at least a two-thirds vote
23 prohibiting the charge established under this section from becoming effective in the county or city at
24 least forty-five days prior to the effective date of this section. If the governing body does adopt such
25 ordinance, order, rule, resolution, or regulation by at least a two-thirds vote, the charge shall not be
26 collected and the county or city shall not be allowed to obtain funds from the Missouri 911 service
27 trust fund that are remitted to the fund under the charge established under this section. The Missouri
28 911 service board shall, by September 1, 2018, notify all counties and cities of the implementation
29 of the charge established under this section, and the procedures set forth under this subsection for
30 prohibiting the charge from becoming effective.

31 7. Any county or city which prohibited the prepaid wireless emergency telephone service
32 charge pursuant to the provisions of subsection 6 of this section may take a vote of the governing
33 body, and notify the department of revenue of the result of such vote~~[, by November 15, 2019,]~~ to
34 impose such charge ~~[effective January 1, 2020]~~. A vote of at least two-thirds of the governing body
35 is required in order to impose such charge. The department shall notify the board of notices
36 received by ~~[December 1, 2019]~~ within sixty days of receiving such notice.

37 192.2405. 1. The following persons shall be required to immediately report or cause a
38 report to be made to the department under sections 192.2400 to 192.2470:

1 (1) Any person having reasonable cause to suspect that an eligible adult presents a
 2 likelihood of suffering serious physical harm, or bullying as defined in subdivision (2) of section
 3 192.2400, and is in need of protective services; and

4 (2) Any adult day care worker, chiropractor, Christian Science practitioner, coroner, dentist,
 5 embalmer, employee of the departments of social services, mental health, or health and senior
 6 services, employee of a local area agency on aging or an organized area agency on aging program,
 7 emergency medical technician, firefighter, first responder, funeral director, home health agency,
 8 home health agency employee, hospital and clinic personnel engaged in the care or treatment of
 9 others, in-home services owner or provider, in-home services operator or employee, law
 10 enforcement officer, long-term care facility administrator or employee, medical examiner, medical
 11 resident or intern, mental health professional, minister, nurse, nurse practitioner, optometrist, other
 12 health practitioner, peace officer, pharmacist, physical therapist, physician, physician's assistant,
 13 podiatrist, probation or parole officer, psychologist, social worker, or other person with the
 14 responsibility for the care of an eligible adult who has reasonable cause to suspect that the eligible
 15 adult has been subjected to abuse or neglect or observes the eligible adult being subjected to
 16 conditions or circumstances which would reasonably result in abuse or neglect. Notwithstanding
 17 any other provision of this section, a duly ordained minister, clergy, religious worker, or Christian
 18 Science practitioner while functioning in his or her ministerial capacity shall not be required to
 19 report concerning a privileged communication made to him or her in his or her professional
 20 capacity.

21 2. Any other person who becomes aware of circumstances that may reasonably be expected
 22 to be the result of, or result in, abuse or neglect of an eligible adult may report to the department.

23 3. The penalty for failing to report as required under subdivision (2) of subsection 1 of this
 24 section is provided under section 565.188.

25 4. As used in this section, "first responder" means any person trained and authorized by law
 26 or rule to render emergency medical assistance or treatment. Such persons may include, but shall
 27 not be limited to, emergency first responders, police officers, sheriffs, deputy sheriffs, firefighters,
 28 or emergency medical technicians~~[, or emergency medical technician-paramedics]~~.

29 208.1032. 1. The department of social services shall be authorized to design and implement
 30 in consultation and coordination with eligible providers as described in subsection 2 of this section
 31 an intergovernmental transfer program relating to ground emergency medical transport services,
 32 including those services provided at the emergency medical responder, emergency medical
 33 technician (EMT), advanced EMT, ~~[EMT intermediate,]~~ or paramedic levels in the prestabilization
 34 and preparation for transport, in order to increase capitation payments for the purpose of increasing
 35 reimbursement to eligible providers.

36 2. A provider shall be eligible for increased reimbursement under this section only if the
 37 provider meets the following conditions in an applicable state fiscal year:

38 (1) Provides ground emergency medical transportation services to MO HealthNet
 39 participants;

1 (2) Is enrolled as a MO HealthNet provider for the period being claimed; and

2 (3) Is owned, operated, or contracted by the state or a political subdivision.

3 3. (1) To the extent intergovernmental transfers are voluntarily made by and accepted from
4 an eligible provider described in subsection 2 of this section or a governmental entity affiliated with
5 an eligible provider, the department of social services shall make increased capitation payments to
6 applicable MO HealthNet eligible providers for covered ground emergency medical transportation
7 services.

8 (2) The increased capitation payments made under this section shall be in amounts at least
9 actuarially equivalent to the supplemental fee-for-service payments and up to equivalent of
10 commercial reimbursement rates available for eligible providers to the extent permissible under
11 federal law.

12 (3) Except as provided in subsection 6 of this section, all funds associated with
13 intergovernmental transfers made and accepted under this section shall be used to fund additional
14 payments to eligible providers.

15 (4) MO HealthNet managed care plans and coordinated care organizations shall pay one
16 hundred percent of any amount of increased capitation payments made under this section to eligible
17 providers for providing and making available ground emergency medical transportation and
18 prestabilization services pursuant to a contract or other arrangement with a MO HealthNet managed
19 care plan or coordinated care organization.

20 4. The intergovernmental transfer program developed under this section shall be
21 implemented on the date federal approval is obtained, and only to the extent intergovernmental
22 transfers from the eligible provider, or the governmental entity with which it is affiliated, are
23 provided for this purpose. The department of social services shall implement the intergovernmental
24 transfer program and increased capitation payments under this section on a retroactive basis as
25 permitted by federal law.

26 5. Participation in the intergovernmental transfers under this section is voluntary on the part
27 of the transferring entities for purposes of all applicable federal laws.

28 6. As a condition of participation under this section, each eligible provider as described in
29 subsection 2 of this section or the governmental entity affiliated with an eligible provider shall agree
30 to reimburse the department of social services for any costs associated with implementing this
31 section. Intergovernmental transfers described in this section are subject to an administration fee of
32 up to twenty percent of the nonfederal share paid to the department of social services and shall be
33 allowed to count as a cost of providing the services not to exceed one hundred twenty percent of the
34 total amount.

35 7. As a condition of participation under this section, MO HealthNet managed care plans,
36 coordinated care organizations, eligible providers as described in subsection 2 of this section, and
37 governmental entities affiliated with eligible providers shall agree to comply with any requests for
38 information or similar data requirements imposed by the department of social services for purposes

1 of obtaining supporting documentation necessary to claim federal funds or to obtain federal
2 approvals.

3 8. This section shall be implemented only if and to the extent federal financial participation
4 is available and is not otherwise jeopardized, and any necessary federal approvals have been
5 obtained.

6 9. To the extent that the director of the department of social services determines that the
7 payments made under this section do not comply with federal Medicaid requirements, the director
8 retains the discretion to return or not accept an intergovernmental transfer, and may adjust payments
9 under this section as necessary to comply with federal Medicaid requirements.

10 285.040. 1. As used in this section, "public safety employee" shall mean a person trained or
11 authorized by law or rule to render emergency medical assistance or treatment, including, but not
12 limited to, firefighters, ~~[ambulance attendants and attendant drivers,]~~ emergency medical
13 technicians, ~~[emergency medical technician paramedics,]~~ dispatchers, registered nurses, physicians,
14 and sheriffs and deputy sheriffs.

15 2. No public safety employee of a city not within a county who is hired prior to September
16 1, 2023, shall be subject to a residency requirement of retaining a primary residence in a city not
17 within a county but may be required to maintain a primary residence located within a one-hour
18 response time.

19 3. Public safety employees of a city not within a county who are hired after August 31,
20 2023, may be subject to a residency rule no more restrictive than a requirement of retaining a
21 primary residence in a city not within a county for a total of seven years and of then allowing the
22 public safety employee to maintain a primary residence outside the city not within a county so long
23 as the primary residence is located within a one-hour response time.

24 321.225. 1. A fire protection district may, in addition to its other powers and duties, provide
25 emergency ambulance service within its district if a majority of the voters voting thereon approve a
26 proposition to furnish such service and to levy a tax not to exceed thirty cents on the one hundred
27 dollars assessed valuation to be used exclusively to supply funds for the operation of an emergency
28 ambulance service. The district shall exercise the same powers and duties in operating an
29 emergency ambulance service as it does in operating its fire protection service.

30 2. The proposition to furnish emergency ambulance service may be submitted by the board
31 of directors at any municipal general, primary or general election or at any election of the members
32 of the board.

33 3. The question shall be submitted in substantially the following form:

34 Shall the board of directors of _____ Fire Protection District be authorized to provide
35 emergency ambulance service within the district and be authorized to levy a tax not to
36 exceed thirty cents on the one hundred dollars assessed valuation to provide funds for such
37 service?

38 4. If a majority of the voters casting votes thereon be in favor of emergency ambulance
39 service and the levy, the district shall forthwith commence such service.

1 5. As used in this section "emergency" means a situation resulting from a sudden or
2 unforeseen situation or occurrence that requires immediate action to save life or prevent suffering or
3 disability.

4 6. In addition to all other taxes authorized on or before September 1, 1990, the board of
5 directors of any fire protection district may, if a majority of the voters of the district voting thereon
6 approve, levy an additional tax of not more than forty cents per one hundred dollars of assessed
7 valuation to be used for the support of the ambulance service or partial or complete support of ~~an~~
8 ~~emergency medical technician defibrillator program or partial or complete support of an emergency~~
9 ~~medical technician]~~ a paramedic first responder program. The proposition to levy the tax authorized
10 by this subsection may be submitted by the board of directors at the next annual election of the
11 members of the board or at any regular municipal or school election conducted by the county clerk
12 or board of election commissioners in such district or at a special election called for the purpose, or
13 upon petition of five hundred registered voters of the district. A separate ballot containing the
14 question shall read as follows:

Shall the board of directors of the _____ Fire Protection District be authorized to levy
an additional tax of not more than forty cents per one hundred dollars assessed valuation
to provide funds for the support of an ambulance service or partial or complete support
of an emergency medical technician defibrillator program or partial or complete support
of an emergency medical technician paramedic first responder program?

☐ FOR THE PROPOSITION

☐ AGAINST THE PROPOSITION

(Place an X in the square opposite the one for which you wish to vote.)

15
16 If a majority of the qualified voters casting votes thereon be in favor of the question, the board of
17 directors shall accordingly levy a tax in accordance with the provisions of this subsection, but if a
18 majority of voters casting votes thereon do not vote in favor of the levy authorized by this
19 subsection, any levy previously authorized shall remain in effect.

20 321.620. 1. Fire protection districts in first class counties may, in addition to their other
21 powers and duties, provide ambulance service within their district if a majority of the voters voting
22 thereon approve a proposition to furnish such service and to levy a tax not to exceed thirty cents on
23 the one hundred dollars assessed valuation to be used exclusively to supply funds for the operation
24 of an emergency ambulance service. The district shall exercise the same powers and duties in
25 operating an ambulance service as it does in operating its fire protection service. As used in this
26 section "emergency" means a situation resulting from a sudden or unforeseen situation or occurrence
27 that requires immediate action to save life or prevent suffering or disability.

28 2. The proposition to furnish ambulance service may be submitted by the board of directors
29 at any municipal general, primary or general election or at any election of the members of the board
30 or upon petition by five hundred voters of such district.

3. The question shall be submitted in substantially the following form:

Shall the board of directors of _____ Fire Protection District be authorized to provide ambulance service within the district and be authorized to levy a tax not to exceed thirty cents on the one hundred dollars assessed valuation to provide funds for such service?

4. If a majority of the voters casting votes thereon be in favor of ambulance service and the levy, the district shall forthwith commence such service.

5. In addition to all other taxes authorized on or before September 1, 1990, the board of directors of any fire protection district may, if a majority of the voters of the district voting thereon approve, levy an additional tax of not more than forty cents per one hundred dollars of assessed valuation to be used for the support of the ambulance service, or partial or complete support of ~~an emergency medical technician defibrillator program or partial or complete support of an emergency medical technician~~ a paramedic first responder program. The proposition to levy the tax authorized by this subsection may be submitted by the board of directors at the next annual election of the members of the board or at any regular municipal or school election conducted by the county clerk or board of election commissioners in such district or at a special election called for the purpose, or upon petition of five hundred registered voters of the district. A separate ballot containing the question shall read as follows:

Shall the board of directors of the _____ Fire Protection District be authorized to levy an additional tax of not more than forty cents per one hundred dollars assessed valuation to provide funds for the support of an ambulance service or partial or complete support of an emergency medical technician defibrillator program or partial or complete support of an emergency medical technician paramedic first responder program?

☐ FOR THE PROPOSITION

☐ AGAINST THE PROPOSITION

(Place an X in the square opposite the one for which you wish to vote).

If a majority of the qualified voters casting votes thereon be in favor of the question, the board of directors shall accordingly levy a tax in accordance with the provisions of this subsection, but if a majority of voters casting votes thereon do not vote in favor of the levy authorized by this subsection, any levy previously authorized shall remain in effect."; and

Further amend said bill and page, Section 534.157, Line 3, by inserting after all of said section and line the following:

"537.037. 1. Any physician or surgeon, registered professional nurse or licensed practical nurse licensed to practice in this state under the provisions of chapter 334 or 335, or licensed to practice under the equivalent laws of any other state and any person licensed as ~~a mobile~~ an emergency medical technician under the provisions of chapter 190, may:

(1) In good faith render emergency care or assistance, without compensation, at the scene of an emergency or accident, and shall not be liable for any civil damages for acts or omissions other than damages occasioned by gross negligence or by willful or wanton acts or omissions by such person in rendering such emergency care;

(2) In good faith render emergency care or assistance, without compensation, to any minor involved in an accident, or in competitive sports, or other emergency at the scene of an accident, without first obtaining the consent of the parent or guardian of the minor, and shall not be liable for any civil damages other than damages occasioned by gross negligence or by willful or wanton acts or omissions by such person in rendering the emergency care.

2. Any other person who has been trained to provide first aid in a standard recognized training program may, without compensation, render emergency care or assistance to the level for which he or she has been trained, at the scene of an emergency or accident, and shall not be liable for civil damages for acts or omissions other than damages occasioned by gross negligence or by willful or wanton acts or omissions by such person in rendering such emergency care.

3. Any mental health professional, as defined in section 632.005, or qualified counselor, as defined in section 631.005, or any practicing medical, osteopathic, or chiropractic physician, or certified nurse practitioner, or physicians' assistant may in good faith render suicide prevention interventions at the scene of a threatened suicide and shall not be liable for any civil damages for acts or omissions other than damages occasioned by gross negligence or by willful or wanton acts or omissions by such person in rendering such suicide prevention interventions.

4. Any other person may, without compensation, render suicide prevention interventions at the scene of a threatened suicide and shall not be liable for civil damages for acts or omissions other than damages occasioned by gross negligence or by willful or wanton acts or omissions by such person in rendering such suicide prevention interventions.

650.320. For the purposes of sections 650.320 to 650.340, the following terms mean:

(1) "Ambulance service", the same meaning given to the term in section 190.100;

(2) "Board", the Missouri 911 service board established in section 650.325;

(3) "Dispatch agency", the same meaning given to the term in section 190.100;

(4) "Medical director", the same meaning given to the term in section 190.100;

(5) "Memorandum of understanding", the same meaning given to the term in section 190.100;

~~[(2)]~~ (6) "Public safety answering point", the location at which 911 calls are answered;

~~[(3)]~~ (7) "Telecommunicator first responder", any person employed as an emergency [telephone worker,] call taker or public safety dispatcher whose duties include receiving, processing or transmitting public safety information received through a 911 public safety answering point.

650.330. 1. The board shall consist of fifteen members, one of which shall be chosen from the department of public safety, and the other members shall be selected as follows:

(1) One member chosen to represent an association domiciled in this state whose primary interest relates to municipalities;

- 1 (2) One member chosen to represent the Missouri 911 Directors Association;
- 2 (3) One member chosen to represent emergency medical services and physicians;
- 3 (4) One member chosen to represent an association with a chapter domiciled in this state
- 4 whose primary interest relates to a national emergency number;
- 5 (5) One member chosen to represent an association whose primary interest relates to issues
- 6 pertaining to fire chiefs;
- 7 (6) One member chosen to represent an association with a chapter domiciled in this state
- 8 whose primary interest relates to issues pertaining to public safety communications officers;
- 9 (7) One member chosen to represent an association whose primary interest relates to issues
- 10 pertaining to police chiefs;
- 11 (8) One member chosen to represent an association domiciled in this state whose primary
- 12 interest relates to issues pertaining to sheriffs;
- 13 (9) One member chosen to represent counties of the second, third, and fourth classification;
- 14 (10) One member chosen to represent counties of the first classification, counties with a
- 15 charter form of government, and cities not within a county;
- 16 (11) One member chosen to represent telecommunications service providers;
- 17 (12) One member chosen to represent wireless telecommunications service providers;
- 18 (13) One member chosen to represent voice over internet protocol service providers; and
- 19 (14) One member chosen to represent the governor's council on disability established under
- 20 section 37.735.

21 2. Each of the members of the board shall be appointed by the governor with the advice and
 22 consent of the senate for a term of four years. Members of the committee may serve multiple terms.
 23 No corporation or its affiliate shall have more than one officer, employee, assign, agent, or other
 24 representative serving as a member of the board. Notwithstanding subsection 1 of this section to the
 25 contrary, all members appointed as of August 28, 2017, shall continue to serve the remainder of
 26 their terms.

27 3. The board shall meet at least quarterly at a place and time specified by the chairperson of
 28 the board and it shall keep and maintain records of such meetings, as well as the other activities of
 29 the board. Members shall not be compensated but shall receive actual and necessary expenses for
 30 attending meetings of the board.

31 4. The board shall:

- 32 (1) Organize and adopt standards governing the board's formal and informal procedures;
- 33 (2) Provide recommendations for primary answering points and secondary answering points
- 34 on technical and operational standards for 911 services;
- 35 (3) Provide recommendations to public agencies concerning model systems to be considered
- 36 in preparing a 911 service plan;
- 37 (4) Provide requested mediation services to political subdivisions involved in jurisdictional
- 38 disputes regarding the provision of 911 services, except that the board shall not supersede decision-
- 39 making authority of local political subdivisions in regard to 911 services;

- 1 (5) Provide assistance to the governor and the general assembly regarding 911 services;
- 2 (6) Review existing and proposed legislation and make recommendations as to changes that
- 3 would improve such legislation;
- 4 (7) Aid and assist in the timely collection and dissemination of information relating to the
- 5 use of a universal emergency telephone number;
- 6 (8) Perform other duties as necessary to promote successful development, implementation
- 7 and operation of 911 systems across the state, including monitoring federal and industry standards
- 8 being developed for next-generation 911 systems;
- 9 (9) Designate a state 911 coordinator who shall be responsible for overseeing statewide 911
- 10 operations and ensuring compliance with federal grants for 911 funding;
- 11 (10) Elect the chair from its membership;
- 12 (11) Apply for and receive grants from federal, private, and other sources;
- 13 (12) Report to the governor and the general assembly at least every three years on the status
- 14 of 911 services statewide, as well as specific efforts to improve efficiency, cost-effectiveness, and
- 15 levels of service;
- 16 (13) Conduct and review an annual survey of public safety answering points in Missouri to
- 17 evaluate potential for improved services, coordination, and feasibility of consolidation;
- 18 (14) Make and execute contracts or any other instruments and agreements necessary or
- 19 convenient for the exercise of its powers and functions, including for the development and
- 20 implementation of an emergency services internet protocol network that can be shared by all public
- 21 safety agencies;
- 22 (15) Develop a plan and timeline of target dates for the testing, implementation, and
- 23 operation of a next-generation 911 system throughout Missouri. The next-generation 911 system
- 24 shall allow for the processing of electronic messages including, but not limited to, electronic
- 25 messages containing text, images, video, or data;
- 26 (16) Administer and authorize grants and loans under section 650.335 to those counties and
- 27 any home rule city with more than fifteen thousand but fewer than seventeen thousand inhabitants
- 28 and partially located in any county of the third classification without a township form of government
- 29 and with more than thirty-seven thousand but fewer than forty-one thousand inhabitants that can
- 30 demonstrate a financial commitment to improving 911 services by providing at least a fifty percent
- 31 match and demonstrate the ability to operate and maintain ongoing 911 services. The purpose of
- 32 grants and loans from the 911 service trust fund shall include:
- 33 (a) Implementation of 911 services in counties of the state where services do not exist or to
- 34 improve existing 911 systems;
- 35 (b) Promotion of consolidation where appropriate;
- 36 (c) Mapping and addressing all county locations;
- 37 (d) Ensuring primary access and texting abilities to 911 services for disabled residents;
- 38 (e) Implementation of initial emergency medical dispatch services, including prearrival
- 39 medical instructions in counties where those services are not offered as of July 1, 2019; and

1 (f) Development and implementation of an emergency services internet protocol network
2 that can be shared by all public safety agencies;

3 (17) Develop an application process including reporting and accountability requirements,
4 withholding a portion of the grant until completion of a project, and other measures to ensure funds
5 are used in accordance with the law and purpose of the grant, and conduct audits as deemed
6 necessary;

7 (18) Set the percentage rate of the prepaid wireless emergency telephone service charges to
8 be remitted to a county or city as provided under subdivision (5) of subsection 3 of section 190.460;

9 (19) Retain in its records proposed county plans developed under subsection 11 of section
10 190.455 and notify the department of revenue that the county has filed a plan that is ready for
11 implementation;

12 (20) Notify any communications service provider, as defined in section 190.400, that has
13 voluntarily submitted its contact information when any update is made to the centralized database
14 established under section 190.475 as a result of a county or city establishing or modifying a tax or
15 monthly fee no less than ninety days prior to the effective date of the establishment or modification
16 of the tax or monthly fee;

17 (21) Establish criteria for consolidation prioritization of public safety answering points;

18 (22) In coordination with existing public safety answering points, by December 31, 2018,
19 designate no more than eleven regional 911 coordination centers which shall coordinate statewide
20 interoperability among public safety answering points within their region through the use of a
21 statewide 911 emergency services network; ~~and~~

22 (23) Establish an annual budget, retain records of all revenue and expenditures made, retain
23 minutes of all meetings and subcommittees, post records, minutes, and reports on the board's
24 webpage on the department of public safety website; and

25 (24) Promote and educate the public about the critical role of telecommunicator first
26 responders in protecting the public and ensuring public safety.

27 5. The department of public safety shall provide staff assistance to the board as necessary in
28 order for the board to perform its duties pursuant to sections 650.320 to 650.340. The board shall
29 have the authority to hire consultants to administer the provisions of sections 650.320 to 650.340.

30 6. The board shall promulgate rules and regulations that are reasonable and necessary to
31 implement and administer the provisions of sections 190.455, 190.460, 190.465, 190.470, 190.475,
32 and sections 650.320 to 650.340. Any rule or portion of a rule, as that term is defined in section
33 536.010, shall become effective only if it has been promulgated pursuant to the provisions of
34 chapter 536. 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, 2017, shall be invalid and void.

38 650.340. 1. The provisions of this section may be cited and shall be known as the "911
39 Training and Standards Act".

2. Initial training requirements for ~~[telecommunicators]~~ telecommunicator first responders who answer 911 calls that come to public safety answering points shall be as follows:

- (1) Police telecommunicator first responder, 16 hours;
- (2) Fire telecommunicator first responder, 16 hours;
- (3) Emergency medical services telecommunicator first responder, 16 hours;
- (4) Joint communication center telecommunicator first responder, 40 hours.

3. All persons employed as a telecommunicator first responder in this state shall be required to complete ongoing training so long as such person engages in the occupation as a telecommunicator first responder. Such persons shall complete at least twenty-four hours of ongoing training every three years by such persons or organizations as provided in subsection 6 of this section.

4. Any person employed as a telecommunicator on August 28, 1999, shall not be required to complete the training requirement as provided in subsection 2 of this section. Any person hired as a telecommunicator or a telecommunicator first responder after August 28, 1999, shall complete the training requirements as provided in subsection 2 of this section within twelve months of the date such person is employed as a telecommunicator or telecommunicator first responder.

5. The training requirements as provided in subsection 2 of this section shall be waived for any person who furnishes proof to the committee that such person has completed training in another state which is at least as stringent as the training requirements of subsection 2 of this section.

6. The board shall determine by administrative rule the persons or organizations authorized to conduct the training as required by subsection 2 of this section.

7. ~~[This section shall not apply to an emergency medical dispatcher or agency as defined in section 190.100, or a person trained by an entity accredited or certified under section 190.131, or a person who provides prearrival medical instructions who works for an agency which meets the requirements set forth in section 190.134.]~~ The board shall be responsible for the approval of training courses for emergency medical dispatchers. The board shall develop necessary rules and regulations in collaboration with the state EMS medical director's advisory committee, as described in section 190.103, which may provide recommendations relating to the medical aspects of prearrival medical instructions.

8. A dispatch agency is required to have a memorandum of understanding with all ambulance services that it dispatches. If a dispatch agency provides prearrival medical instructions, it is required to have a medical director whose duties include the maintenance of standards and approval of protocols or guidelines.

~~[190.134. A dispatch agency is required to have a memorandum of understanding with all ambulance services that it dispatches. If a dispatch agency provides prearrival medical instructions, it is required to have a medical director, whose duties include the maintenance of standards and protocol approval.]; and~~

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