

Henderson ①

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed

SS HB 402 _____ entitled:

AN ACT

To repeal sections 190.600, 190.603, 190.606, 190.612, 191.305, 191.500, 191.505, 191.510, 191.515, 191.520, 191.525, 191.530, 191.535, 191.540, 191.545, 191.550, 191.600, 191.828, 191.831, 192.745, 194.300, 195.070, 195.100, 196.1050, 197.005, 197.020, 205.375, 208.030, 334.036, 334.104, 334.735, 334.747, 335.016, 335.019, 335.036, 335.046, 335.051, 335.056, 335.076, 335.086, 335.175, 335.203, 335.212, 335.215, 335.218, 335.221, 335.224, 335.227, 335.230, 335.233, 335.236, 335.239, 335.242, 335.245, 335.248, 335.251, 335.254, 335.257, 632.305, 701.336, 701.340, 701.342, 701.344, and 701.348, RSMo, and to enact in lieu thereof sixty new sections relating to health care.

With SA 1

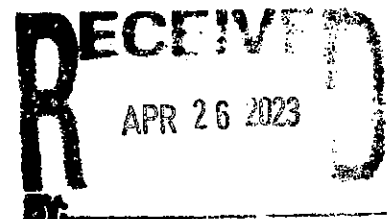
In which the concurrence of the House is respectfully requested.

Respectfully,

Kristina Martin

Kristina Martin

Secretary of the Senate



SENATE AMENDMENT NO. 1

Offered by

RIVER

Of

7Amend SS/House Bill No. 402, Page 2, Section 9.384, Line 16,

2 by inserting after all of said line the following:

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

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

18 105.500. For purposes of sections 105.500 to 105.598,
19 unless the context otherwise requires, the following words
20 and phrases mean:

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

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

Offered 4/25/23
Adopted "

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

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

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

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

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

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

59 190.100. As used in sections 190.001 to 190.245 and
60 section 190.257, the following words and terms mean:

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

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

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

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

3

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

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

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

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

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

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

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

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

118 (b) Serious impairment to a bodily function;

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

120 (d) Inadequately controlled pain;

121 (12) "Emergency medical dispatcher", a person who
122 receives emergency calls from the public and has

123 successfully completed an emergency medical dispatcher
124 course[, meeting or exceeding the national curriculum of the
125 United States Department of Transportation and any
126 modifications to such curricula specified by the department
127 through rules adopted pursuant to sections 190.001 to
128 190.245] and any ongoing training requirements under section
129 650.340;

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

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

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

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

155 (17) "Emergency medical technician", a person licensed
156 in emergency medical care in accordance with standards
157 prescribed by sections 190.001 to 190.245, and by rules
158 adopted by the department pursuant to sections 190.001 to
159 190.245;

160 [(18)] ["Emergency medical technician-basic" or "EMT-B",
161 a person who has successfully completed a course of
162 instruction in basic life support as prescribed by the
163 department and is licensed by the department in accordance
164 with standards prescribed by sections 190.001 to 190.245 and
165 rules adopted by the department pursuant to sections 190.001
166 to 190.245;

167 [(19)] "Emergency medical technician-community
168 paramedic", "community paramedic", or "EMT-CP", a person who
169 is certified as an emergency medical technician-paramedic
170 and is certified by the department in accordance with
171 standards prescribed in section 190.098;

172 [(20)] "Emergency medical technician-paramedic" or "EMT-
173 P", a person who has successfully completed a course of
174 instruction in advanced life support care as prescribed by
175 the department and is licensed by the department in
176 accordance with sections 190.001 to 190.245 and rules
177 adopted by the department pursuant to sections 190.001 to
178 190.245;

179 [(21)] (19) "Emergency services", health care items and
180 services furnished or required to screen and stabilize an
181 emergency which may include, but shall not be limited to,
182 health care services that are provided in a licensed
183 hospital's emergency facility by an appropriate provider or
184 by an ambulance service or emergency medical response agency;

185 [(22)] (20) "Health care facility", a hospital,
186 nursing home, physician's office or other fixed location at
187 which medical and health care services are performed;

188 ~~[(23)]~~ (21) "Hospital", an establishment as defined in
189 the hospital licensing law, subsection 2 of section 197.020,
190 or a hospital operated by the state;

191 ~~[(24)]~~ (22) "Medical control", supervision provided by
192 or under the direction of physicians, or their designated
193 registered nurse, including both online medical control,
194 instructions by radio, telephone, or other means of direct
195 communications, and offline medical control through
196 supervision by treatment protocols, case review, training,
197 and standing orders for treatment;

198 ~~[(25)]~~ (23) "Medical direction", medical guidance and
199 supervision provided by a physician to an emergency services
200 provider or emergency medical services system;

201 ~~[(26)]~~ (24) "Medical director", a physician licensed
202 pursuant to chapter 334 designated by the ambulance service,
203 dispatch agency, or emergency medical response agency and
204 who meets criteria specified by the department by rules
205 pursuant to sections 190.001 to 190.245;

206 ~~[(27)]~~ (25) "Memorandum of understanding", an
207 agreement between an emergency medical response agency or
208 dispatch agency and an ambulance service or services within
209 whose territory the agency operates, in order to coordinate
210 emergency medical services;

211 (26) "Paramedic", a person who has successfully
212 completed a course of instruction in advanced life support
213 care as prescribed by the department and is licensed by the
214 department in accordance with sections 190.001 to 190.245
215 and rules adopted by the department pursuant to sections
216 190.001 to 190.245;

217 ~~[(28)]~~ (27) "Patient", an individual who is sick,
218 injured, wounded, diseased, or otherwise incapacitated or
219 helpless, or dead, excluding deceased individuals being
220 transported from or between private or public institutions,

221 homes or cemeteries, and individuals declared dead prior to
222 the time an ambulance is called for assistance;

223 ~~[(29)]~~ (28) "Person", as used in these definitions and
224 elsewhere in sections 190.001 to 190.245, any individual,
225 firm, partnership, copartnership, joint venture,
226 association, cooperative organization, corporation,
227 municipal or private, and whether organized for profit or
228 not, state, county, political subdivision, state department,
229 commission, board, bureau or fraternal organization, estate,
230 public trust, business or common law trust, receiver,
231 assignee for the benefit of creditors, trustee or trustee in
232 bankruptcy, or any other service user or provider;

233 ~~[(30)]~~ (29) "Physician", a person licensed as a
234 physician pursuant to chapter 334;

235 ~~[(31)]~~ (30) "Political subdivision", any municipality,
236 city, county, city not within a county, ambulance district
237 or fire protection district located in this state which
238 provides or has authority to provide ambulance service;

239 ~~[(32)]~~ (31) "Professional organization", any organized
240 group or association with an ongoing interest regarding
241 emergency medical services. Such groups and associations
242 could include those representing volunteers, labor,
243 management, firefighters, ~~[EMT-B's,]~~ EMTs, nurses, ~~[EMT-~~
244 ~~P's,]~~ paramedics, physicians, communications specialists and
245 instructors. Organizations could also represent the
246 interests of ground ambulance services, air ambulance
247 services, fire service organizations, law enforcement,
248 hospitals, trauma centers, communication centers, pediatric
249 services, labor unions and poison control services;

250 ~~[(33)]~~ (32) "Proof of financial responsibility", proof
251 of ability to respond to damages for liability, on account
252 of accidents occurring subsequent to the effective date of
253 such proof, arising out of the ownership, maintenance or use

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254 of a motor vehicle in the financial amount set in rules
255 promulgated by the department, but in no event less than the
256 statutory minimum required for motor vehicles. Proof of
257 financial responsibility shall be used as proof of self-
258 insurance;

259 ~~[(34)]~~ (33) "Protocol", a predetermined, written
260 medical care guideline, which may include standing orders;

261 ~~[(35)]~~ (34) "Regional EMS advisory committee", a
262 committee formed within an emergency medical services (EMS)
263 region to advise ambulance services, the state advisory
264 council on EMS and the department;

265 ~~[(36)]~~ (35) "Specialty care transportation", the
266 transportation of a patient requiring the services of an
267 emergency medical technician-paramedic who has received
268 additional training beyond the training prescribed by the
269 department. Specialty care transportation services shall be
270 defined in writing in the appropriate local protocols for
271 ground and air ambulance services and approved by the local
272 physician medical director. The protocols shall be
273 maintained by the local ambulance service and shall define
274 the additional training required of the emergency medical
275 technician-paramedic;

276 ~~[(37)]~~ (36) "Stabilize", with respect to an emergency,
277 the provision of such medical treatment as may be necessary
278 to attempt to assure within reasonable medical probability
279 that no material deterioration of an individual's medical
280 condition is likely to result from or occur during ambulance
281 transportation unless the likely benefits of such
282 transportation outweigh the risks;

283 ~~[(38)]~~ (37) "State advisory council on emergency
284 medical services", a committee formed to advise the
285 department on policy affecting emergency medical service
286 throughout the state;

287 ~~[(39)]~~ (38) "State EMS medical directors advisory
288 committee", a subcommittee of the state advisory council on
289 emergency medical services formed to advise the state
290 advisory council on emergency medical services and the
291 department on medical issues;

292 ~~[(40)]~~ (39) "STEMI" or "ST-elevation myocardial
293 infarction", a type of heart attack in which impaired blood
294 flow to the patient's heart muscle is evidenced by ST-
295 segment elevation in electrocardiogram analysis, and as
296 further defined in rules promulgated by the department under
297 sections 190.001 to 190.250;

298 ~~[(41)]~~ (40) "STEMI care", includes education and
299 prevention, emergency transport, triage, and acute care and
300 rehabilitative services for STEMI that requires immediate
301 medical or surgical intervention or treatment;

302 ~~[(42)]~~ (41) "STEMI center", a hospital that is
303 currently designated as such by the department to care for
304 patients with ST-segment elevation myocardial infarctions;

305 ~~[(43)]~~ (42) "Stroke", a condition of impaired blood
306 flow to a patient's brain as defined by the department;

307 ~~[(44)]~~ (43) "Stroke care", includes emergency
308 transport, triage, and acute intervention and other acute
309 care services for stroke that potentially require immediate
310 medical or surgical intervention or treatment, and may
311 include education, primary prevention, acute intervention,
312 acute and subacute management, prevention of complications,
313 secondary stroke prevention, and rehabilitative services;

314 ~~[(45)]~~ (44) "Stroke center", a hospital that is
315 currently designated as such by the department;

316 ~~[(46)]~~ (45) "Time-critical diagnosis", trauma care,
317 stroke care, and STEMI care occurring either outside of a
318 hospital or in a center designated under section 190.241;

319 [(47)] (46) "Time-critical diagnosis advisory
320 committee", a committee formed under section 190.257 to
321 advise the department on policies impacting trauma, stroke,
322 and STEMI center designations; regulations on trauma care,
323 stroke care, and STEMI care; and the transport of trauma,
324 stroke, and STEMI patients;

325 [(48)] (47) "Trauma", an injury to human tissues and
326 organs resulting from the transfer of energy from the
327 environment;

328 [(49)] (48) "Trauma care" includes injury prevention,
329 triage, acute care and rehabilitative services for major
330 single system or multisystem injuries that potentially
331 require immediate medical or surgical intervention or
332 treatment;

333 [(50)] (49) "Trauma center", a hospital that is
334 currently designated as such by the department.

335 190.103. 1. One physician with expertise in emergency
336 medical services from each of the EMS regions shall be
337 elected by that region's EMS medical directors to serve as a
338 regional EMS medical director. The regional EMS medical
339 directors shall constitute the state EMS medical director's
340 advisory committee and shall advise the department and their
341 region's ambulance services on matters relating to medical
342 control and medical direction in accordance with sections
343 190.001 to 190.245 and rules adopted by the department
344 pursuant to sections 190.001 to 190.245. The regional EMS
345 medical director shall serve a term of four years. The
346 southwest, northwest, and Kansas City regional EMS medical
347 directors shall be elected to an initial two-year term. The
348 central, east central, and southeast regional EMS medical
349 directors shall be elected to an initial four-year term.
350 All subsequent terms following the initial terms shall be
351 four years. The state EMS medical director shall be the

352 chair of the state EMS medical director's advisory
353 committee, and shall be elected by the members of the
354 regional EMS medical director's advisory committee, shall
355 serve a term of four years, and shall seek to coordinate EMS
356 services between the EMS regions, promote educational
357 efforts for agency medical directors, represent Missouri EMS
358 nationally in the role of the state EMS medical director,
359 and seek to incorporate the EMS system into the health care
360 system serving Missouri.

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

369 3. The medical director, in cooperation with the
370 ambulance service or emergency medical response agency
371 administrator, shall have the responsibility and the
372 authority to ensure that the personnel working under their
373 supervision are able to provide care meeting established
374 standards of care with consideration for state and national
375 standards as well as local area needs and resources. The
376 medical director, in cooperation with the ambulance service
377 or emergency medical response agency administrator, shall
378 establish and develop triage, treatment and transport
379 protocols, which may include authorization for standing
380 orders. Emergency medical technicians shall only perform
381 those medical procedures as directed by treatment protocols
382 approved by the local medical director or when authorized
383 through direct communication with online medical control.

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384 4. All ambulance services and emergency medical
385 response agencies that are required to have a medical
386 director shall establish an agreement between the service or
387 agency and their medical director. The agreement will
388 include the roles, responsibilities and authority of the
389 medical director beyond what is granted in accordance with
390 sections 190.001 to 190.245 and rules adopted by the
391 department pursuant to sections 190.001 to 190.245. The
392 agreement shall also include grievance procedures regarding
393 the emergency medical response agency or ambulance service,
394 personnel and the medical director.

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

400 6. The state EMS medical director's advisory committee
401 shall be considered a peer review committee under section
402 537.035.

403 7. Regional EMS medical directors may act to provide
404 online telecommunication medical direction to AEMTs, ~~[EMT-~~
405 ~~Bs, EMT-Ps]~~ EMTs, paramedics, and community paramedics and
406 provide offline medical direction per standardized
407 treatment, triage, and transport protocols when EMS
408 personnel, including AEMTs, ~~[EMT-Bs, EMT-Ps]~~ EMTs,
409 paramedics, and community paramedics, are providing care to
410 special needs patients or at the request of a local EMS
411 agency or medical director.

412 8. When developing treatment protocols for special
413 needs patients, regional EMS medical directors may
414 promulgate such protocols on a regional basis across
415 multiple political subdivisions' jurisdictional boundaries,
416 and such protocols may be used by multiple agencies

417 including, but not limited to, ambulance services, emergency
418 response agencies, and public health departments. Treatment
419 protocols shall include steps to ensure the receiving
420 hospital is informed of the pending arrival of the special
421 needs patient, the condition of the patient, and the
422 treatment instituted.

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

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

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

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

445 190.142. 1. (1) For applications submitted before
446 the recognition of EMS personnel licensure interstate
447 compact under sections 190.900 to 190.939 takes effect, the
448 department shall, within a reasonable time after receipt of
449 an application, cause such investigation as it deems

450 necessary to be made of the applicant for an emergency
451 medical technician's license.

452 (2) For applications submitted after the recognition
453 of EMS personnel licensure interstate compact under sections
454 190.900 to 190.939 takes effect, an applicant for initial
455 licensure as an emergency medical technician in this state
456 shall submit to a background check by the Missouri state
457 highway patrol and the Federal Bureau of Investigation
458 through a process approved by the department of health and
459 senior services. Such processes may include the use of
460 vendors or systems administered by the Missouri state
461 highway patrol. The department may share the results of
462 such a criminal background check with any emergency services
463 licensing agency in any member state, as that term is
464 defined under section 190.900, in recognition of the EMS
465 personnel licensure interstate compact. The department
466 shall not issue a license until the department receives the
467 results of an applicant's criminal background check from the
468 Missouri state highway patrol and the Federal Bureau of
469 Investigation, but, notwithstanding this subsection, the
470 department may issue a temporary license as provided under
471 section 190.143. Any fees due for a criminal background
472 check shall be paid by the applicant.

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

475 2. The department shall issue a license to all levels
476 of emergency medical technicians, for a period of five
477 years, if the applicant meets the requirements established
478 pursuant to sections 190.001 to 190.245 and the rules
479 adopted by the department pursuant to sections 190.001 to
480 190.245. The department may promulgate rules relating to
481 the requirements for an emergency medical technician
482 including but not limited to:

- 483 (1) Age requirements;
- 484 (2) Emergency medical technician and paramedic
485 education and training requirements based on respective
486 National Emergency Medical Services Education Standards and
487 any modification to such curricula specified by the
488 department through rules adopted pursuant to sections
489 190.001 to 190.245;
- 490 (3) Paramedic accreditation requirements. Paramedic
491 training programs shall be accredited [by the Commission on
492 Accreditation of Allied Health Education Programs (CAAHEP)
493 or hold a CAAHEP letter of review] as required by the
494 National Registry of Emergency Medical Technicians;
- 495 (4) Initial licensure testing requirements. Initial
496 [EMT-P] paramedic licensure testing shall be through the
497 national registry of EMTs;
- 498 (5) Continuing education and relicensure requirements;
499 and
- 500 (6) Ability to speak, read and write the English
501 language.
- 502 3. Application for all levels of emergency medical
503 technician license shall be made upon such forms as
504 prescribed by the department in rules adopted pursuant to
505 sections 190.001 to 190.245. The application form shall
506 contain such information as the department deems necessary
507 to make a determination as to whether the emergency medical
508 technician meets all the requirements of sections 190.001 to
509 190.245 and rules promulgated pursuant to sections 190.001
510 to 190.245.
- 511 4. All levels of emergency medical technicians may
512 perform only that patient care which is:
- 513 (1) Consistent with the training, education and
514 experience of the particular emergency medical technician;
515 and

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

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

522 6. Any rule or portion of a rule, as that term is
523 defined in section 536.010, that is created under the
524 authority delegated in this section shall become effective
525 only if it complies with and is subject to all of the
526 provisions of chapter 536 and, if applicable, section
527 536.028. This section and chapter 536 are nonseverable and
528 if any of the powers vested with the general assembly
529 pursuant to chapter 536 to review, to delay the effective
530 date, or to disapprove and annul a rule are subsequently
531 held unconstitutional, then the grant of rulemaking
532 authority and any rule proposed or adopted after August 28,
533 2002, shall be invalid and void.

534 190.147. 1. ~~[An emergency medical technician~~
535 ~~paramedic (EMT-P)]~~ A paramedic may make a good faith
536 determination that such behavioral health patients who
537 present a likelihood of serious harm to themselves or
538 others, as the term "likelihood of serious harm" is defined
539 under section 632.005, or who are significantly
540 incapacitated by alcohol or drugs shall be placed into a
541 temporary hold for the sole purpose of transport to the
542 nearest appropriate facility; provided that, such
543 determination shall be made in cooperation with at least one
544 other ~~[EMT-P]~~ paramedic or other health care professional
545 involved in the transport. Once in a temporary hold, the
546 patient shall be treated with humane care in a manner that
547 preserves human dignity, consistent with applicable federal
548 regulations and nationally recognized guidelines regarding

549 the appropriate use of temporary holds and restraints in
550 medical transport. Prior to making such a determination:

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

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

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

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

566 (b) That such protocols shall direct the ~~EMT-P~~
567 paramedic regarding the proper use of patient restraint and
568 coordination with area law enforcement; and

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

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

577 3. ~~EMT-Ps~~ Paramedics who have made a good faith
578 decision for a temporary hold of a patient as authorized by
579 this section shall no longer have to rely on the common law
580 doctrine of implied consent and therefore shall not be
581 civilly liable for a good faith determination made in

582 accordance with this section and shall not have waived any
583 sovereign immunity defense, official immunity defense, or
584 Missouri public duty doctrine defense if employed at the
585 time of the good faith determination by a government
586 employer.

587 4. Any ground or air ambulance service that adopts the
588 authority and protocols provided for by this section shall
589 have a memorandum of understanding with applicable local law
590 enforcement agencies in order to achieve a collaborative and
591 coordinated response to patients displaying symptoms of
592 either a likelihood of serious harm to themselves or others
593 or significant incapacitation by alcohol or drugs, which
594 require a crisis intervention response. The memorandum of
595 understanding shall include, but not be limited to, the
596 following:

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

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

602 (3) Field interaction between paramedics and law
603 enforcement, including patient destination and
604 transportation; and

605 (4) Coordination of program quality assurance.

606 5. The physical restraint of a patient by an emergency
607 medical technician under the authority of this section shall
608 be permitted only in order to provide for the safety of
609 bystanders, the patient, or emergency personnel due to an
610 imminent or immediate danger, or upon approval by local
611 medical control through direct communications. Restraint
612 shall also be permitted through cooperation with on-scene
613 law enforcement officers. All incidents involving patient
614 restraint used under the authority of this section shall be

615 reviewed by the ambulance service physician medical
616 director."; and

617 Further amend said bill, page 33, section 192.745, line
618 75, by inserting after all of said line the following:

619 "192.2405. 1. The following persons shall be required
620 to immediately report or cause a report to be made to the
621 department under sections 192.2400 to 192.2470:

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

626 (2) Any adult day care worker, chiropractor, Christian
627 Science practitioner, coroner, dentist, embalmer, employee
628 of the departments of social services, mental health, or
629 health and senior services, employee of a local area agency
630 on aging or an organized area agency on aging program,
631 emergency medical technician, firefighter, first responder,
632 funeral director, home health agency, home health agency
633 employee, hospital and clinic personnel engaged in the care
634 or treatment of others, in-home services owner or provider,
635 in-home services operator or employee, law enforcement
636 officer, long-term care facility administrator or employee,
637 medical examiner, medical resident or intern, mental health
638 professional, minister, nurse, nurse practitioner,
639 optometrist, other health practitioner, peace officer,
640 pharmacist, physical therapist, physician, physician's
641 assistant, podiatrist, probation or parole officer,
642 psychologist, social worker, or other person with the
643 responsibility for the care of an eligible adult who has
644 reasonable cause to suspect that the eligible adult has been
645 subjected to abuse or neglect or observes the eligible adult
646 being subjected to conditions or circumstances which would
647 reasonably result in abuse or neglect. Notwithstanding any

648 other provision of this section, a duly ordained minister,
649 clergy, religious worker, or Christian Science practitioner
650 while functioning in his or her ministerial capacity shall
651 not be required to report concerning a privileged
652 communication made to him or her in his or her professional
653 capacity.

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

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

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

668 Further amend said bill, page 46, section 208.030, line
669 122, by inserting after all of said line the following:

670 "208.1032. 1. The department of social services shall
671 be authorized to design and implement in consultation and
672 coordination with eligible providers as described in
673 subsection 2 of this section an intergovernmental transfer
674 program relating to ground emergency medical transport
675 services, including those services provided at the emergency
676 medical responder, emergency medical technician (EMT),
677 advanced EMT, [~~EMT intermediate~~] or paramedic levels in the
678 prestabilization and preparation for transport, in order to
679 increase capitation payments for the purpose of increasing
680 reimbursement to eligible providers.

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

684 (1) Provides ground emergency medical transportation
685 services to MO HealthNet participants;

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

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

690 3. (1) To the extent intergovernmental transfers are
691 voluntarily made by and accepted from an eligible provider
692 described in subsection 2 of this section or a governmental
693 entity affiliated with an eligible provider, the department
694 of social services shall make increased capitation payments
695 to applicable MO HealthNet eligible providers for covered
696 ground emergency medical transportation services.

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

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

707 (4) MO HealthNet managed care plans and coordinated
708 care organizations shall pay one hundred percent of any
709 amount of increased capitation payments made under this
710 section to eligible providers for providing and making
711 available ground emergency medical transportation and
712 prestabilization services pursuant to a contract or other

713 arrangement with a MO HealthNet managed care plan or
714 coordinated care organization.

715 4. The intergovernmental transfer program developed
716 under this section shall be implemented on the date federal
717 approval is obtained, and only to the extent
718 intergovernmental transfers from the eligible provider, or
719 the governmental entity with which it is affiliated, are
720 provided for this purpose. The department of social
721 services shall implement the intergovernmental transfer
722 program and increased capitation payments under this section
723 on a retroactive basis as permitted by federal law.

724 5. Participation in the intergovernmental transfers
725 under this section is voluntary on the part of the
726 transferring entities for purposes of all applicable federal
727 laws.

728 6. As a condition of participation under this section,
729 each eligible provider as described in subsection 2 of this
730 section or the governmental entity affiliated with an
731 eligible provider shall agree to reimburse the department of
732 social services for any costs associated with implementing
733 this section. Intergovernmental transfers described in this
734 section are subject to an administration fee of up to twenty
735 percent of the nonfederal share paid to the department of
736 social services and shall be allowed to count as a cost of
737 providing the services not to exceed one hundred twenty
738 percent of the total amount.

739 7. As a condition of participation under this section,
740 MO HealthNet managed care plans, coordinated care
741 organizations, eligible providers as described in subsection
742 2 of this section, and governmental entities affiliated with
743 eligible providers shall agree to comply with any requests
744 for information or similar data requirements imposed by the
745 department of social services for purposes of obtaining

746 supporting documentation necessary to claim federal funds or
747 to obtain federal approvals.

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

752 9. To the extent that the director of the department
753 of social services determines that the payments made under
754 this section do not comply with federal Medicaid
755 requirements, the director retains the discretion to return
756 or not accept an intergovernmental transfer, and may adjust
757 payments under this section as necessary to comply with
758 federal Medicaid requirements.

759 285.040. 1. As used in this section, "public safety
760 employee" shall mean a person trained or authorized by law
761 or rule to render emergency medical assistance or treatment,
762 including, but not limited to, firefighters, [ambulance
763 attendants and attendant drivers,] emergency medical
764 technicians, [emergency medical technician paramedics,]
765 dispatchers, registered nurses, physicians, and sheriffs and
766 deputy sheriffs.

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

773 3. Public safety employees of a city not within a
774 county who are hired after August 31, 2023, may be subject
775 to a residency rule no more restrictive than a requirement
776 of retaining a primary residence in a city not within a
777 county for a total of seven years and of then allowing the
778 public safety employee to maintain a primary residence

779 outside the city not within a county so long as the primary
780 residence is located within a one-hour response time.

781 321.225. 1. A fire protection district may, in
782 addition to its other powers and duties, provide emergency
783 ambulance service within its district if a majority of the
784 voters voting thereon approve a proposition to furnish such
785 service and to levy a tax not to exceed thirty cents on the
786 one hundred dollars assessed valuation to be used
787 exclusively to supply funds for the operation of an
788 emergency ambulance service. The district shall exercise
789 the same powers and duties in operating an emergency
790 ambulance service as it does in operating its fire
791 protection service.

792 2. The proposition to furnish emergency ambulance
793 service may be submitted by the board of directors at any
794 municipal general, primary or general election or at any
795 election of the members of the board.

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

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

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

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

810 6. In addition to all other taxes authorized on or
811 before September 1, 1990, the board of directors of any fire

812 protection district may, if a majority of the voters of the
 813 district voting thereon approve, levy an additional tax of
 814 not more than forty cents per one hundred dollars of
 815 assessed valuation to be used for the support of the
 816 ambulance service or partial or complete support of [an
 817 emergency medical technician defibrillator program or
 818 partial or complete support of an emergency medical
 819 technician] a paramedic first responder program. The
 820 proposition to levy the tax authorized by this subsection
 821 may be submitted by the board of directors at the next
 822 annual election of the members of the board or at any
 823 regular municipal or school election conducted by the county
 824 clerk or board of election commissioners in such district or
 825 at a special election called for the purpose, or upon
 826 petition of five hundred registered voters of the district.
 827 A separate ballot containing the question shall read as
 828 follows:

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

839 FOR THE PROPOSITION

840 AGAINST THE PROPOSITION

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

843 If a majority of the qualified voters casting votes thereon
 844 be in favor of the question, the board of directors shall
 845 accordingly levy a tax in accordance with the provisions of

846 this subsection, but if a majority of voters casting votes
847 thereon do not vote in favor of the levy authorized by this
848 subsection, any levy previously authorized shall remain in
849 effect.

850 321.620. 1. Fire protection districts in first class
851 counties may, in addition to their other powers and duties,
852 provide ambulance service within their district if a
853 majority of the voters voting thereon approve a proposition
854 to furnish such service and to levy a tax not to exceed
855 thirty cents on the one hundred dollars assessed valuation
856 to be used exclusively to supply funds for the operation of
857 an emergency ambulance service. The district shall exercise
858 the same powers and duties in operating an ambulance service
859 as it does in operating its fire protection service. As
860 used in this section "emergency" means a situation resulting
861 from a sudden or unforeseen situation or occurrence that
862 requires immediate action to save life or prevent suffering
863 or disability.

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

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

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

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

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

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

908 FOR THE PROPOSITION

909 AGAINST THE PROPOSITION

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

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

919 Further amend said bill, page 90, section 335.205, line
920 9, by inserting after all of said line the following:

921 "537.037. 1. Any physician or surgeon, registered
922 professional nurse or licensed practical nurse licensed to
923 practice in this state under the provisions of chapter 334
924 or 335, or licensed to practice under the equivalent laws of
925 any other state and any person licensed as [a mobile] an
926 emergency medical technician under the provisions of chapter
927 190, may:

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

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

942 2. Any other person who has been trained to provide
943 first aid in a standard recognized training program may,
944 without compensation, render emergency care or assistance to

945 the level for which he or she has been trained, at the scene
946 of an emergency or accident, and shall not be liable for
947 civil damages for acts or omissions other than damages
948 occasioned by gross negligence or by willful or wanton acts
949 or omissions by such person in rendering such emergency care.

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

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

967 Further amend said bill, page 94, section 632.305, line
968 79, by inserting after all of said line the following:

969 "650.320. For the purposes of sections 650.320 to
970 650.340, the following terms mean:

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

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

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

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

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

981 ~~[(2)]~~ (6) "Public safety answering point", the
 982 location at which 911 calls are answered;

983 ~~[(3)]~~ (7) "Telecommunicator", any person employed as
 984 an emergency telephone worker, call taker or public safety
 985 dispatcher whose duties include receiving, processing or
 986 transmitting public safety information received through a
 987 911 public safety answering point.

988 650.340. 1. The provisions of this section may be
 989 cited and shall be known as the "911 Training and Standards
 990 Act".

991 2. Initial training requirements for telecommunicators
 992 who answer 911 calls that come to public safety answering
 993 points shall be as follows:

994 (1) Police telecommunicator, 16 hours;

995 (2) Fire telecommunicator, 16 hours;

996 (3) Emergency medical services telecommunicator, 16
 997 hours;

998 (4) Joint communication center telecommunicator, 40
 999 hours.

1000 3. All persons employed as a telecommunicator in this
 1001 state shall be required to complete ongoing training so long
 1002 as such person engages in the occupation as a
 1003 telecommunicator. Such persons shall complete at least
 1004 twenty-four hours of ongoing training every three years by
 1005 such persons or organizations as provided in subsection 6 of
 1006 this section.

1007 4. Any person employed as a telecommunicator on August
 1008 28, 1999, shall not be required to complete the training
 1009 requirement as provided in subsection 2 of this section.

1010 Any person hired as a telecommunicator after August 28,
1011 1999, shall complete the training requirements as provided
1012 in subsection 2 of this section within twelve months of the
1013 date such person is employed as a telecommunicator.

1014 5. The training requirements as provided in subsection
1015 2 of this section shall be waived for any person who
1016 furnishes proof to the committee that such person has
1017 completed training in another state which is at least as
1018 stringent as the training requirements of subsection 2 of
1019 this section.

1020 6. The board shall determine by administrative rule
1021 the persons or organizations authorized to conduct the
1022 training as required by subsection 2 of this section.

1023 7. [This section shall not apply to an emergency
1024 medical dispatcher or agency as defined in section 190.100,
1025 or a person trained by an entity accredited or certified
1026 under section 190.131, or a person who provides prearrival
1027 medical instructions who works for an agency which meets the
1028 requirements set forth in section 190.134.] The board shall
1029 be responsible for the approval of training courses for
1030 emergency medical dispatchers. The board shall develop
1031 necessary rules and regulations in collaboration with the
1032 state EMS medical director's advisory committee, as
1033 described in section 190.103, which may provide
1034 recommendations relating to the medical aspects of
1035 prearrival medical instructions.

1036 8. A dispatch agency is required to have a memorandum
1037 of understanding with all ambulance services that it
1038 dispatches. If a dispatch agency provides prearrival
1039 medical instructions, it is required to have a medical
1040 director whose duties include the maintenance of standards
1041 and approval of protocols or guidelines."; and

1042 Further amend said bill, page 98, section 701.348, line
1043 7, by inserting after all of said line the following:

1044 "[190.134. A dispatch agency is required
1045 to have a memorandum of understanding with all
1046 ambulance services that it dispatches. If a
1047 dispatch agency provides prearrival medical
1048 instructions, it is required to have a medical
1049 director, whose duties include the maintenance
1050 of standards and protocol approval.]" ; and

1051 Further amend the title and enacting clause accordingly.