

FIRST REGULAR SESSION

HOUSE BILL NO. 924

102ND GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE HOVIS.

2119H.011

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal sections 190.100, 190.134, 650.320, and 650.340, RSMo, and to enact in lieu thereof three new sections relating to emergency medical dispatchers.

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

Section A. Sections 190.100, 190.134, 650.320, and 650.340, RSMo, are repealed
2 and three new sections enacted in lieu thereof, to be known as sections 190.100, 650.320, and
3 650.340, to read as follows:

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

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

8 (2) "Advanced life support (ALS)", an advanced level of care as provided to the adult
9 and pediatric patient such as defined by national curricula, and any modifications to that
10 curricula specified in rules adopted by the department pursuant to sections 190.001 to
11 190.245;

12 (3) "Ambulance", any privately or publicly owned vehicle or craft that is specially
13 designed, constructed or modified, staffed or equipped for, and is intended or used,
14 maintained or operated for the transportation of persons who are sick, injured, wounded or
15 otherwise incapacitated or helpless, or who require the presence of medical equipment being
16 used on such individuals, but the term does not include any motor vehicle specially designed,

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

17 constructed or converted for the regular transportation of persons who are disabled,
18 handicapped, normally using a wheelchair, or otherwise not acutely ill, or emergency vehicles
19 used within airports;

20 (4) "Ambulance service", a person or entity that provides emergency or
21 nonemergency ambulance transportation and services, or both, in compliance with sections
22 190.001 to 190.245, and the rules promulgated by the department pursuant to sections
23 190.001 to 190.245;

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

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

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

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

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

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

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

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

42 (b) Serious impairment to a bodily function;

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

44 (d) Inadequately controlled pain;

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

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

54 department through rules adopted under sections 190.001 to 190.245 and who provides
55 emergency medical care through employment by or in association with an emergency medical
56 response agency;

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

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

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

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

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

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

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

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

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

90 (23) "Hospital", an establishment as defined in the hospital licensing law, subsection
91 2 of section 197.020, or a hospital operated by the state;

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

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

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

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

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

109 (29) "Person", as used in these definitions and elsewhere in sections 190.001 to
110 190.245, any individual, firm, partnership, copartnership, joint venture, association,
111 cooperative organization, corporation, municipal or private, and whether organized for
112 profit or not, state, county, political subdivision, state department, commission, board, bureau
113 or fraternal organization, estate, public trust, business or common law trust, receiver, assignee
114 for the benefit of creditors, trustee or trustee in bankruptcy, or any other service user or
115 provider;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

172 (46) "Time-critical diagnosis", trauma care, stroke care, and STEMI care occurring
173 either outside of a hospital or in a center designated under section 190.241;

174 (47) "Time-critical diagnosis advisory committee", a committee formed under section
175 190.257 to advise the department on policies impacting trauma, stroke, and STEMI center
176 designations; regulations on trauma care, stroke care, and STEMI care; and the transport of
177 trauma, stroke, and STEMI patients;

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

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

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

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

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

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

4 ~~[(2)]~~ (3) **"Dispatch agency", the same meaning given to the term in section**
5 **190.100;**

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

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

9 (6) "Public safety answering point", the location at which 911 calls are answered;

10 ~~[(3)]~~ (7) "Telecommunicator", any person employed as an emergency telephone
11 worker, call taker or public safety dispatcher whose duties include receiving, processing or
12 transmitting public safety information received through a 911 public safety answering point.

650.340. 1. The provisions of this section may be cited and shall be known as the
2 "911 Training and Standards Act".

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

- 5 (1) Police telecommunicator, 16 hours;
- 6 (2) Fire telecommunicator, 16 hours;
- 7 (3) Emergency medical services telecommunicator, 16 hours;
- 8 (4) Joint communication center telecommunicator, 40 hours.

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

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

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

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

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

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

2 ~~[190.134. A dispatch agency is required to have a memorandum of~~
3 ~~understanding with all ambulance services that it dispatches. If a dispatch~~
~~agency provides prearrival medical instructions, it is required to have a~~

4 ~~medical director, whose duties include the maintenance of standards and~~
5 ~~protocol approval.]~~

✓