

FIRST REGULAR SESSION  
HOUSE COMMITTEE SUBSTITUTE FOR  
**HOUSE BILL NO. 1128**  
**102ND GENERAL ASSEMBLY**

2396H.02C

DANA RADEMAN MILLER, Chief Clerk

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**AN ACT**

To repeal sections 67.145, 190.100, 190.103, 190.142, 190.147, 192.2405, 208.1032, 285.040, 321.225, 321.620, and 537.037, RSMo, and to enact in lieu thereof eleven new sections relating to emergency medical services.

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

Section A. Sections 67.145, 190.100, 190.103, 190.142, 190.147, 192.2405, 208.1032, 285.040, 321.225, 321.620, and 537.037, RSMo, are repealed and eleven new sections enacted in lieu thereof, to be known as sections 67.145, 190.100, 190.103, 190.142, 190.147, 192.2405, 208.1032, 285.040, 321.225, 321.620, and 537.037, to read as follows:

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

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

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

(1) "Advanced emergency medical technician" or "AEMT", a person who has successfully completed a course of instruction in certain aspects of advanced life support care as prescribed by the department and is licensed by the department in accordance with sections

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.

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,  
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;

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

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

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

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

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

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

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

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

83 ~~(21)~~ **(19)** "Emergency services", health care items and services furnished or required  
84 to screen and stabilize an emergency which may include, but shall not be limited to, health  
85 care services that are provided in a licensed hospital's emergency facility by an appropriate  
86 provider or by an ambulance service or emergency medical response agency;

87 ~~[(22)]~~ **(20)** "Health care facility", a hospital, nursing home, physician's office or other  
88 fixed location at which medical and health care services are performed;

89 ~~[(23)]~~ **(21)** "Hospital", an establishment as defined in the hospital licensing law,  
90 subsection 2 of section 197.020, or a hospital operated by the state;

91 ~~[(24)]~~ **(22)** "Medical control", supervision provided by or under the direction of  
92 physicians, or their designated registered nurse, including both online medical control,  
93 instructions by radio, telephone, or other means of direct communications, and offline  
94 medical control through supervision by treatment protocols, case review, training, and  
95 standing orders for treatment;

96 ~~[(25)]~~ **(23)** "Medical direction", medical guidance and supervision provided by a  
97 physician to an emergency services provider or emergency medical services system;

98 ~~[(26)]~~ **(24)** "Medical director", a physician licensed pursuant to chapter 334  
99 designated by the ambulance service or emergency medical response agency and who meets  
100 criteria specified by the department by rules pursuant to sections 190.001 to 190.245;

101 ~~[(27)]~~ **(25)** "Memorandum of understanding", an agreement between an emergency  
102 medical response agency or dispatch agency and an ambulance service or services within  
103 whose territory the agency operates, in order to coordinate emergency medical services;

104 ~~[(28)]~~ **(26)** "Paramedic", **a person who has successfully completed a course of**  
105 **instruction in advanced life support care as prescribed by the department and is**  
106 **licensed by the department in accordance with sections 190.001 to 190.245 and rules**  
107 **adopted by the department under sections 190.001 to 190.245;**

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

112 ~~[(29)]~~ **(28)** "Person", as used in these definitions and elsewhere in sections 190.001 to  
113 190.245, any individual, firm, partnership, copartnership, joint venture, association,  
114 cooperative organization, corporation, municipal or private, and whether organized for  
115 profit or not, state, county, political subdivision, state department, commission, board, bureau

116 or fraternal organization, estate, public trust, business or common law trust, receiver, assignee  
117 for the benefit of creditors, trustee or trustee in bankruptcy, or any other service user or  
118 provider;

119 ~~[(30)]~~ **(29)** "Physician", a person licensed as a physician pursuant to chapter 334;

120 ~~[(31)]~~ **(30)** "Political subdivision", any municipality, city, county, city not within a  
121 county, ambulance district or fire protection district located in this state which provides or has  
122 authority to provide ambulance service;

123 ~~[(32)]~~ **(31)** "Professional organization", any organized group or association with an  
124 ongoing interest regarding emergency medical services. Such groups and associations could  
125 include those representing volunteers, labor, management, firefighters, ~~[EMT-B's,]~~ nurses,  
126 ~~[EMT-P's]~~ **paramedics**, physicians, communications specialists and instructors.  
127 Organizations could also represent the interests of ground ambulance services, air  
128 ambulance services, fire service organizations, law enforcement, hospitals, trauma centers,  
129 communication centers, pediatric services, labor unions and poison control services;

130 ~~[(33)]~~ **(32)** "Proof of financial responsibility", proof of ability to respond to damages  
131 for liability, on account of accidents occurring subsequent to the effective date of such proof,  
132 arising out of the ownership, maintenance or use of a motor vehicle in the financial amount  
133 set in rules promulgated by the department, but in no event less than the statutory minimum  
134 required for motor vehicles. Proof of financial responsibility shall be used as proof of self-  
135 insurance;

136 ~~[(34)]~~ **(33)** "Protocol", a predetermined, written medical care guideline, which may  
137 include standing orders;

138 ~~[(35)]~~ **(34)** "Regional EMS advisory committee", a committee formed within an  
139 emergency medical services (EMS) region to advise ambulance services, the state advisory  
140 council on EMS and the department;

141 ~~[(36)]~~ **(35)** "Specialty care transportation", the transportation of a patient requiring the  
142 services of ~~[an emergency medical technician-paramedic]~~ **a paramedic** who has received  
143 additional training beyond the training prescribed by the department. Specialty care  
144 transportation services shall be defined in writing in the appropriate local protocols for  
145 ground and air ambulance services and approved by the local physician medical director. The  
146 protocols shall be maintained by the local ambulance service and shall define the additional  
147 training required of the ~~[emergency medical technician-paramedic]~~ **paramedic**;

148 ~~[(37)]~~ **(36)** "Stabilize", with respect to an emergency, the provision of such medical  
149 treatment as may be necessary to attempt to assure within reasonable medical probability that  
150 no material deterioration of an individual's medical condition is likely to result from or occur  
151 during ambulance transportation unless the likely benefits of such transportation outweigh the  
152 risks;

153           ~~[(38)]~~ **(37)** "State advisory council on emergency medical services", a committee  
154 formed to advise the department on policy affecting emergency medical service throughout  
155 the state;

156           ~~[(39)]~~ **(38)** "State EMS medical directors advisory committee", a subcommittee of the  
157 state advisory council on emergency medical services formed to advise the state advisory  
158 council on emergency medical services and the department on medical issues;

159           ~~[(40)]~~ **(39)** "STEMI" or "ST-elevation myocardial infarction", a type of heart attack in  
160 which impaired blood flow to the patient's heart muscle is evidenced by ST-segment elevation  
161 in electrocardiogram analysis, and as further defined in rules promulgated by the department  
162 under sections 190.001 to 190.250;

163           ~~[(41)]~~ **(40)** "STEMI care", includes education and prevention, emergency transport,  
164 triage, and acute care and rehabilitative services for STEMI that requires immediate medical  
165 or surgical intervention or treatment;

166           ~~[(42)]~~ **(41)** "STEMI center", a hospital that is currently designated as such by the  
167 department to care for patients with ST-segment elevation myocardial infarctions;

168           ~~[(43)]~~ **(42)** "Stroke", a condition of impaired blood flow to a patient's brain as defined  
169 by the department;

170           ~~[(44)]~~ **(43)** "Stroke care", includes emergency transport, triage, and acute intervention  
171 and other acute care services for stroke that potentially require immediate medical or surgical  
172 intervention or treatment, and may include education, primary prevention, acute intervention,  
173 acute and subacute management, prevention of complications, secondary stroke prevention,  
174 and rehabilitative services;

175           ~~[(45)]~~ **(44)** "Stroke center", a hospital that is currently designated as such by the  
176 department;

177           ~~[(46)]~~ **(45)** "Time-critical diagnosis", trauma care, stroke care, and STEMI care  
178 occurring either outside of a hospital or in a center designated under section 190.241;

179           ~~[(47)]~~ **(46)** "Time-critical diagnosis advisory committee", a committee formed under  
180 section 190.257 to advise the department on policies impacting trauma, stroke, and STEMI  
181 center designations; regulations on trauma care, stroke care, and STEMI care; and the  
182 transport of trauma, stroke, and STEMI patients;

183           ~~[(48)]~~ **(47)** "Trauma", an injury to human tissues and organs resulting from the  
184 transfer of energy from the environment;

185           ~~[(49)]~~ **(48)** "Trauma care" includes injury prevention, triage, acute care and  
186 rehabilitative services for major single system or multisystem injuries that potentially require  
187 immediate medical or surgical intervention or treatment;

188           ~~[(50)]~~ **(49)** "Trauma center", a hospital that is currently designated as such by the  
189 department.

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

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

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

33 4. All ambulance services and emergency medical response agencies that are required  
34 to have a medical director shall establish an agreement between the service or agency and  
35 their medical director. The agreement will include the roles, responsibilities and authority of  
36 the medical director beyond what is granted in accordance with sections 190.001 to 190.245  
37 and rules adopted by the department pursuant to sections 190.001 to 190.245. The agreement

38 shall also include grievance procedures regarding the emergency medical response agency or  
39 ambulance service, personnel and the medical director.

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

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

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

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

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

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

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

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



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

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

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

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

(1) Age requirements;

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

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

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

(5) Continuing education and relicensure requirements; and

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

38           3. Application for all levels of emergency medical technician license shall be made  
39 upon such forms as prescribed by the department in rules adopted pursuant to sections  
40 190.001 to 190.245. The application form shall contain such information as the department  
41 deems necessary to make a determination as to whether the emergency medical technician  
42 meets all the requirements of sections 190.001 to 190.245 and rules promulgated pursuant to  
43 sections 190.001 to 190.245.

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

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

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

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

52           6. Any rule or portion of a rule, as that term is defined in section 536.010, that is  
53 created under the authority delegated in this section shall become effective only if it complies  
54 with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028.  
55 This section and chapter 536 are nonseverable and if any of the powers vested with the  
56 general assembly pursuant to chapter 536 to review, to delay the effective date, or to  
57 disapprove and annul a rule are subsequently held unconstitutional, then the grant of  
58 rulemaking authority and any rule proposed or adopted after August 28, 2002, shall be invalid  
59 and void.

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

12           (1) The ~~[EMT-P]~~ **paramedic** shall have completed a standard crisis intervention  
13 training course as endorsed and developed by the state EMS medical director's advisory  
14 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  
17 190.103; and

18 (3) The ~~[EMT-P's]~~ **paramedic's** ground or air ambulance service has developed and  
19 adopted standardized triage, treatment, and transport protocols under subsection 3 of section  
20 190.103, which address the challenge of treating and transporting such patients. Provided:

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

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

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

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

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

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

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

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

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

49 (4) Coordination of program quality assurance.

50 5. The physical restraint of a patient by an emergency medical technician under the  
51 authority of this section shall be permitted only in order to provide for the safety of

52 bystanders, the patient, or emergency personnel due to an imminent or immediate danger, or  
53 upon approval by local medical control through direct communications. Restraint shall also  
54 be permitted through cooperation with on-scene law enforcement officers. All incidents  
55 involving patient restraint used under the authority of this section shall be reviewed by the  
56 ambulance service physician medical director.

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

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

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

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

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

28 4. As used in this section, "first responder" means any person trained and authorized  
29 by law or rule to render emergency medical assistance or treatment. Such persons may  
30 include, but shall not be limited to, emergency first responders, police officers, sheriffs,  
31 deputy sheriffs, firefighters, emergency medical technicians, **advanced emergency medical**

32 **technicians, emergency medical responders, or ~~[emergency medical technician-]~~**  
33 paramedics.

208.1032. 1. The department of social services shall be authorized to design and  
2 implement in consultation and coordination with eligible providers as described in subsection  
3 2 of this section an intergovernmental transfer program relating to ground emergency medical  
4 transport services, including those services provided at the emergency medical responder,  
5 emergency medical technician (EMT), advanced EMT, ~~[EMT intermediate,]~~ or paramedic  
6 levels in the prestabilization and preparation for transport, in order to increase capitation  
7 payments for the purpose of increasing reimbursement to eligible providers.

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

10 (1) Provides ground emergency medical transportation services to MO HealthNet  
11 participants;

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

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

14 3. (1) To the extent intergovernmental transfers are voluntarily made by and accepted  
15 from an eligible provider described in subsection 2 of this section or a governmental entity  
16 affiliated with an eligible provider, the department of social services shall make increased  
17 capitation payments to applicable MO HealthNet eligible providers for covered ground  
18 emergency medical transportation services.

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

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

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

31 4. The intergovernmental transfer program developed under this section shall be  
32 implemented on the date federal approval is obtained, and only to the extent  
33 intergovernmental transfers from the eligible provider, or the governmental entity with  
34 which it is affiliated, are provided for this purpose. The department of social services shall

35 implement the intergovernmental transfer program and increased capitation payments under  
36 this section on a retroactive basis as permitted by federal law.

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

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

46 7. As a condition of participation under this section, MO HealthNet managed care  
47 plans, coordinated care organizations, eligible providers as described in subsection 2 of this  
48 section, and governmental entities affiliated with eligible providers shall agree to comply with  
49 any requests for information or similar data requirements imposed by the department of social  
50 services for purposes of obtaining supporting documentation necessary to claim federal funds  
51 or to obtain federal approvals.

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

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

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

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

10 3. Public safety employees of a city not within a county who are hired after August  
11 31, 2023, may be subject to a residency rule no more restrictive than a requirement of  
12 retaining a primary residence in a city not within a county for a total of seven years and of

13 then allowing the public safety employee to maintain a primary residence outside the city not  
14 within a county so long as the primary residence is located within a one-hour response time.

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

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

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

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

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

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

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

32 Shall the board of directors of the \_\_\_\_\_ Fire Protection District be  
33 authorized to levy an additional tax of not more than forty cents per one  
34 hundred dollars assessed valuation to provide funds for the support of  
35 an ambulance service or partial or complete support of ~~[an emergency~~

36 ~~medical technician defibrillator program or partial or complete support~~  
 37 ~~of an emergency medical technician] a paramedic first responder~~  
 38 ~~program?~~

39  FOR THE PROPOSITION

40  AGAINST THE PROPOSITION

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

42

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

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

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

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

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

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

19 5. In addition to all other taxes authorized on or before September 1, 1990, the board  
 20 of directors of any fire protection district may, if a majority of the voters of the district voting  
 21 thereon approve, levy an additional tax of not more than forty cents per one hundred dollars  
 22 of assessed valuation to be used for the support of the ambulance service, or partial or  
 23 complete support of ~~[an emergency medical technician defibrillator program or partial or~~  
 24 ~~complete support of an emergency medical technician] a paramedic first responder program.~~  
 25 The proposition to levy the tax authorized by this subsection may be submitted by the board





18 negligence or by willful or wanton acts or omissions by such person in rendering such  
19 emergency care.

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

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

✓