	House Amendment NO
	Offered By
1 2 3	AMEND House Committee Substitute for Senate Bill No. 1363, Page 15, Section 140.190, Line 36, by inserting after all of said section and line the following:
4	"190.098. 1. As used in this section, the term "community paramedic services" means
5	services that are:
6	(1) Provided by any entity that:
7	(a) Employs licensed paramedics who are certified as community paramedics by the
8	department; and
)	(b) Has received an endorsement by the department as a community paramedic service
0	entity;
1	(2) Provided in a nonemergent setting, independent of a 911 system or emergency
2	summons;
3	(3) Consistent with the training and education, as well as within the scope of skill and
1	practice, of the personnel and with the supervisory standard approved by the medical director; and
5	(4) Reflected and documented in the entity's patient care plans or protocols approved by the
5	medical director in accordance with section 190.142.
7	2. In order for a person to be eligible for certification by the department as a community
8	paramedic, an individual shall:
)	(1) Be currently [certified] licensed as a paramedic;
)	(2) Successfully complete or have successfully completed a community paramedic
_	certification program from a college, university, or educational institution that has been approved by
2	the department or accredited by a national accreditation organization approved by the department;
3	and
1	(3) Complete an application form approved by the department.
5	[2.A community paramedic shall practice in accordance with protocols and supervisory
5	standards established by the medical director. A community paramedic shall provide services of a
7	health care plan if the plan has been developed by the patient's physician or by an advanced practice
3	registered nurse through a collaborative practice arrangement with a physician or a physician
)	assistant through a collaborative practice arrangement with a physician and there is no duplication
)	of services to the patient from another provider. ]

Action Taken\_\_\_\_\_ Date \_\_\_\_\_

3. [Any ambulance service shall enter into a written contract to provide community 1 2 paramedic services in another ambulance service area, as that term is defined in section 190.100. The contract that is agreed upon may be for an indefinite period of time, as long as it includes at 3 4 least a sixty-day cancellation notice by either ambulance service] (1) Any ambulance service that 5 seeks to provide community paramedic services outside of its ambulance service area, as described 6 in section 190.105 and administered by the department, and in the service area of another ambulance 7 service that currently provides community paramedic services shall be required to have a 8 memorandum of understanding with that ambulance service regarding the provision of such 9 community paramedic services. An ambulance service that provides community paramedic services 10 may provide community paramedic services without a memorandum of understanding in the ambulance service area of an ambulance service that is not providing community paramedic 11 12 services, but the ambulance service providing community paramedic services shall provide 13 notification to the ambulance service with emergency service responsibilities in the service area of 14 the general community paramedic activities being performed. 15 (2) Any emergency medical response agency seeking to provide community paramedic services within its designated response service area may do so if the ground ambulance service 16 17 covering the area within which the emergency medical response agency is located does not provide 18 community paramedic services. If such ground ambulance service does provide community 19 paramedic services, the ground ambulance service may establish, at its sole discretion, a memorandum of understanding with the emergency medical response agency planning to offer 20 21 community paramedic services in order to coordinate programs and avoid service duplication. If an emergency medical response agency is providing community paramedic services in a service area 22 23 before the ground ambulance service in that service area begins offering community paramedic 24 services, the emergency medical response agency and the ground ambulance service shall establish a 25 memorandum of understanding for the coordination of services. 26 (3) A community paramedic program shall notify the appropriate local ambulance service 27 when providing services within the service area of an ambulance service. 28 (4) The department shall establish regulations for the purpose of recognizing community 29 paramedic service entities that have met the standards necessary to provide community paramedic 30 services, including physician medical oversight, training, patient record keeping, formal relationships with primary care services where necessary, and quality improvement policies. The 31 32 department shall issue an endorsement to any community paramedic service entity that meets such standards that allows the entity to provide community paramedic services for a period of five years. 33 34 4. A community paramedic is subject to the provisions of sections 190.001 to 190.245 and 35 rules promulgated under sections 190.001 to 190.245. 36 5. No person shall hold himself or herself out as a community paramedic or provide the services of a community paramedic unless such person is certified by the department. 37 38 6. The medical director shall approve the implementation of the community paramedic 39 program.

1	7. Any rule or portion of a rule, as that term is defined in section 536.010, that is created
2	under the authority delegated in this section shall become effective only if it complies with and is
3	subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and
4	chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to
5	chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently
6	held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after
7	August 28, 2013, shall be invalid and void.
8	190.101. 1. There is hereby established a "State Advisory Council on Emergency Medical
9	Services" which shall consist of [sixteen] no more than twenty-three members[, one of which shall
10	be a resident of a city not within a county]. The members of the council shall be appointed [by the
11	governor with the advice and consent of the senate and] as follows:
12	(1) One member with a background in mobile integrated health care and community
13	paramedicine shall be appointed by the director of the department of health and senior services from
14	the recommendations described in subdivision (4) of this subsection;
15	(2) One member shall be appointed by each regional EMS advisory committee;
16	(3) One member, who shall be a member of the time-critical diagnosis advisory committee,
17	shall be appointed by the time-critical diagnosis advisory committee; and
18	(4) All other members shall be appointed by the director of the department of health and
19	senior services from recommendations provided by:
20	(a) A statewide professional association representing ambulance service managers;
21	(b) A statewide professional association representing emergency medical technicians and
22	paramedics;
23	(c) A statewide professional association representing ambulance districts;
24	(d) A statewide professional association representing fire chiefs;
25	(e) A statewide professional association representing fire protection districts;
26	(f) A statewide professional association representing firefighters;
27	(g) A statewide professional association representing emergency nurses;
28	(h) A statewide professional association representing the air ambulance industry;
29	(i) A statewide professional association representing emergency medical services
30	physicians;
31	(j) A statewide association representing hospitals; and
32	(k) A statewide association representing pediatric emergency professionals.
33	2. The members of the council shall serve terms of four years. The [governor] council shall
34	[designate] annually elect one of [the] its members as chairperson and may elect other officers as
35	deemed necessary. The chairperson may appoint subcommittees that include noncouncil members.
36	[2-] 3. The state EMS medical directors advisory committee and the regional EMS advisory
37	committees will be recognized as subcommittees of the state advisory council on emergency
38	medical services.

[3.] 4. The council shall have geographical representation and representation from 1 2 appropriate areas of expertise in emergency medical services including volunteers, professional 3 organizations involved in emergency medical services, EMT's, paramedics, nurses, firefighters, 4 physicians, ambulance service administrators, hospital administrators and other health care 5 providers concerned with emergency medical services. [The regional EMS advisory committees shall serve as a resource for the identification of potential members of the state advisory council on 6 7 emergency medical services.

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4.] 5. The state EMS medical director, as described under section 190.103, shall serve as an 9 ex officio member of the council.

10 [5.] 6. The members of the council and subcommittees shall serve without compensation 11 except that members of the council shall, subject to appropriations, be reimbursed for reasonable 12 travel expenses and meeting expenses related to the functions of the council.

13 [6.] 7. The purpose of the council is to make recommendations to the governor, the general 14 assembly, and the department on policies, plans, procedures and proposed regulations on how to 15 improve the statewide emergency medical services system. The council shall advise the governor, the general assembly, and the department on all aspects of the emergency medical services system. 16

17 [7.] 8. (1) There is hereby established a standing subcommittee of the council to monitor 18 the implementation of the recognition of the EMS personnel licensure interstate compact under 19 sections 190.900 to 190.939, the interstate commission for EMS personnel practice, and the involvement of the state of Missouri. The subcommittee shall meet at least biannually and receive 20 21 reports from the Missouri delegate to the interstate commission for EMS personnel practice. The 22 subcommittee shall consist of at least seven members appointed by the chair of the council, to 23 include at least two members as recommended by the Missouri state council of firefighters and one 24 member as recommended by the Missouri Association of Fire Chiefs. The subcommittee may 25 submit reports and recommendations to the council, the department of health and senior services, 26 the general assembly, and the governor regarding the participation of Missouri with the recognition 27 of the EMS personnel licensure interstate compact.

28 (2) The subcommittee shall formally request a public hearing for any rule proposed by the interstate commission for EMS personnel practice in accordance with subsection 7 of section 29 30 190.930. The hearing request shall include the request that the hearing be presented live through the 31 internet. The Missouri delegate to the interstate commission for EMS personnel practice shall be 32 responsible for ensuring that all hearings, notices of, and related rulemaking communications as 33 required by the compact be communicated to the council and emergency medical services personnel 34 under the provisions of subsections 4, 5, 6, and 8 of section 190.930.

35 (3) The department of health and senior services shall not establish or increase fees for 36 Missouri emergency medical services personnel licensure in accordance with this chapter for the 37 purpose of creating the funds necessary for payment of an annual assessment under subdivision (3) 38 of subsection 5 of section 190.924.

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

3 <u>190.174</u>. Any person licensed under sections 190.001 to 190.245 shall be considered a

4 <u>health care professional for purposes of section 537.035, and any quality improvement or quality</u>

5 assurance activity required under sections 190.001 to 190.245 shall be considered an activity of a

- 6 peer review committee for purposes of section 537.035."; and
- 7

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

9 accordingly.