

House _____ Amendment NO. _____

Offered By

1 AMEND House Committee Substitute for House Bill Nos. 2824 & 1723, Page 2, Section 190.076,
2 Line 5, by inserting after said section and line the following:

3
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

9 (b) Has received an endorsement by the department as a community paramedic service
10 entity;

11 (2) Provided in a nonemergent setting, independent of a 911 system or emergency
12 summons;

13 (3) Consistent with the training and education, as well as within the scope of skill and
14 practice, of the personnel and with the supervisory standard approved by the medical director; and

15 (4) Reflected and documented in the entity's patient care plans or protocols approved by the
16 medical director in accordance with section 190.142.

17 2. In order for a person to be eligible for certification by the department as a community
18 paramedic, an individual shall:

19 (1) Be currently [certified] licensed as a paramedic;

20 (2) Successfully complete or have successfully completed a community paramedic
21 certification program from a college, university, or educational institution that has been approved by
22 the department or accredited by a national accreditation organization approved by the department;
23 and

24 (3) Complete an application form approved by the department.

25 ~~[2.A community paramedic shall practice in accordance with protocols and supervisory~~
26 ~~standards established by the medical director. A community paramedic shall provide services of a~~
27 ~~health care plan if the plan has been developed by the patient's physician or by an advanced practice~~
28 ~~registered nurse through a collaborative practice arrangement with a physician or a physician~~
29 ~~assistant through a collaborative practice arrangement with a physician and there is no duplication~~
30 ~~of services to the patient from another provider. -]~~

Action Taken _____ Date _____

1 3. ~~Any ambulance service shall enter into a written contract to provide community~~
2 ~~paramedic services in another ambulance service area, as that term is defined in section 190.100.~~
3 ~~The contract that is agreed upon may be for an indefinite period of time, as long as it includes at~~
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
11 ambulance service area of an ambulance service that is not providing community paramedic
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
16 services within its designated response service area may do so if the ground ambulance service
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
20 memorandum of understanding with the emergency medical response agency planning to offer
21 community paramedic services in order to coordinate programs and avoid service duplication. If an
22 emergency medical response agency is providing community paramedic services in a service area
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
31 relationships with primary care services where necessary, and quality improvement policies. The
32 department shall issue an endorsement to any community paramedic service entity that meets such
33 standards that allows the entity to provide community paramedic services for a period of five years.

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
37 services of a community paramedic unless such person is certified by the department.

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.

39 ~~[3.]~~ 4. The council shall have geographical representation and representation from

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

7 ~~4.]~~ 5. The state EMS medical director, as described under section 190.103, shall serve as an
8 ex officio member of the council.

9 ~~[5.]~~ 6. The members of the council and subcommittees shall serve without compensation
10 except that members of the council shall, subject to appropriations, be reimbursed for reasonable
11 travel expenses and meeting expenses related to the functions of the council.

12 ~~[6.]~~ 7. The purpose of the council is to make recommendations to the governor, the general
13 assembly, and the department on policies, plans, procedures and proposed regulations on how to
14 improve the statewide emergency medical services system. The council shall advise the governor,
15 the general assembly, and the department on all aspects of the emergency medical services system.

16 ~~[7.]~~ 8. (1) There is hereby established a standing subcommittee of the council to monitor
17 the implementation of the recognition of the EMS personnel licensure interstate compact under
18 sections 190.900 to 190.939, the interstate commission for EMS personnel practice, and the
19 involvement of the state of Missouri. The subcommittee shall meet at least biannually and receive
20 reports from the Missouri delegate to the interstate commission for EMS personnel practice. The
21 subcommittee shall consist of at least seven members appointed by the chair of the council, to
22 include at least two members as recommended by the Missouri state council of firefighters and one
23 member as recommended by the Missouri Association of Fire Chiefs. The subcommittee may
24 submit reports and recommendations to the council, the department of health and senior services,
25 the general assembly, and the governor regarding the participation of Missouri with the recognition
26 of the EMS personnel licensure interstate compact.

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

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

38 ~~[8.]~~ 9. The council shall consult with the time-critical diagnosis advisory committee, as
39 described under section 190.257, regarding time-critical diagnosis."; and

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1 Further amend said bill, Page 7, Section 190.166, Line 75, by inserting after said section and line the
 2 following:

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 4 "190.174. Any person licensed under sections 190.001 to 190.245 shall be considered a
 5 health care professional for purposes of section 537.035, and any quality improvement or quality
 6 assurance activity required under sections 190.001 to 190.245 shall be considered an activity of a
 7 peer review committee for purposes of section 537.035."; and

8
 9 Further amend said bill, Page 18, Section 337.800, Line 91, by inserting after said section and line
 10 the following:

11
 12 "338.010. 1. The "practice of pharmacy" includes:

13 (1) The interpretation, implementation, and evaluation of medical prescription orders,
 14 including any legend drugs under 21 U.S.C. Section 353, and the receipt, transmission, or handling
 15 of such orders or facilitating the dispensing of such orders;

16 (2) The designing, initiating, implementing, and monitoring of a medication therapeutic plan
 17 in accordance with the provisions of this section;

18 (3) The compounding, dispensing, labeling, and administration of drugs and devices
 19 pursuant to medical prescription orders;

20 (4) The ordering and administration of vaccines approved or authorized by the U.S. Food
 21 and Drug Administration, excluding vaccines for cholera, monkeypox, Japanese encephalitis,
 22 typhoid, rabies, yellow fever, tick-borne encephalitis, anthrax, tuberculosis, dengue, Hib, polio,
 23 rotavirus, smallpox, chikungunya, and any vaccine approved after January 1, [2023] 2024, to
 24 persons at least seven years of age or the age recommended by the Centers for Disease Control and
 25 Prevention, whichever is older, pursuant to joint promulgation of rules established by the board of
 26 pharmacy and the state board of registration for the healing arts unless rules are established under a
 27 state of emergency as described in section 44.100;

28 (5) The participation in drug selection according to state law and participation in drug
 29 utilization reviews;

30 (6) The proper and safe storage of drugs and devices and the maintenance of proper records
 31 thereof;

32 (7) Consultation with patients and other health care practitioners, and veterinarians and their
 33 clients about legend drugs, about the safe and effective use of drugs and devices;

34 (8) The prescribing and dispensing of any nicotine replacement therapy product under
 35 section 338.665;

36 (9) The dispensing of HIV postexposure prophylaxis pursuant to section 338.730; and

37 (10) The offering or performing of those acts, services, operations, or transactions necessary
 38 in the conduct, operation, management and control of a pharmacy.

39 2. No person shall engage in the practice of pharmacy unless he or she is licensed under the
 40 provisions of this chapter.

1 3. This chapter shall not be construed to prohibit the use of auxiliary personnel under the
2 direct supervision of a pharmacist from assisting the pharmacist in any of his or her duties. This
3 assistance in no way is intended to relieve the pharmacist from his or her responsibilities for
4 compliance with this chapter and he or she will be responsible for the actions of the auxiliary
5 personnel acting in his or her assistance.

6 4. This chapter shall not be construed to prohibit or interfere with any legally registered
7 practitioner of medicine, dentistry, or podiatry, or veterinary medicine only for use in animals, or the
8 practice of optometry in accordance with and as provided in sections 195.070 and 336.220 in the
9 compounding, administering, prescribing, or dispensing of his or her own prescriptions.

10 5. A pharmacist with a certificate of medication therapeutic plan authority may provide
11 medication therapy services pursuant to a written protocol from a physician licensed under chapter
12 334 to patients who have established a physician-patient relationship, as described in subdivision (1)
13 of subsection 1 of section 191.1146, with the protocol physician. The written protocol authorized by
14 this section shall come only from the physician and shall not come from a nurse engaged in a
15 collaborative practice arrangement under section 334.104, or from a physician assistant engaged in a
16 collaborative practice arrangement under section 334.735.

17 6. Nothing in this section shall be construed as to prevent any person, firm or corporation
18 from owning a pharmacy regulated by sections 338.210 to 338.315, provided that a licensed
19 pharmacist is in charge of such pharmacy.

20 7. Nothing in this section shall be construed to apply to or interfere with the sale of
21 nonprescription drugs and the ordinary household remedies and such drugs or medicines as are
22 normally sold by those engaged in the sale of general merchandise.

23 8. No health carrier as defined in chapter 376 shall require any physician with which they
24 contract to enter into a written protocol with a pharmacist for medication therapeutic services.

25 9. This section shall not be construed to allow a pharmacist to diagnose or independently
26 prescribe pharmaceuticals.

27 10. The state board of registration for the healing arts, under section 334.125, and the state
28 board of pharmacy, under section 338.140, shall jointly promulgate rules regulating the use of
29 protocols for medication therapy services. Such rules shall require protocols to include provisions
30 allowing for timely communication between the pharmacist and the protocol physician or similar
31 body authorized by this section, and any other patient protection provisions deemed appropriate by
32 both boards. In order to take effect, such rules shall be approved by a majority vote of a quorum of
33 each board. Neither board shall separately promulgate rules regulating the use of protocols for
34 medication therapy services. Any rule or portion of a rule, as that term is defined in section
35 536.010, that is created under the authority delegated in this section shall become effective only if it
36 complies with and is subject to all of the provisions of chapter 536 and, if applicable, section
37 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the
38 general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and

1 annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any
2 rule proposed or adopted after August 28, 2007, shall be invalid and void.

3 11. The state board of pharmacy may grant a certificate of medication therapeutic plan
4 authority to a licensed pharmacist who submits proof of successful completion of a board-approved
5 course of academic clinical study beyond a bachelor of science in pharmacy, including but not
6 limited to clinical assessment skills, from a nationally accredited college or university, or a
7 certification of equivalence issued by a nationally recognized professional organization and
8 approved by the board of pharmacy.

9 12. Any pharmacist who has received a certificate of medication therapeutic plan authority
10 may engage in the designing, initiating, implementing, and monitoring of a medication therapeutic
11 plan as defined by a written protocol from a physician that may be specific to each patient for care
12 by a pharmacist.

13 13. Nothing in this section shall be construed to allow a pharmacist to make a therapeutic
14 substitution of a pharmaceutical prescribed by a physician unless authorized by the written protocol
15 or the physician's prescription order.

16 14. "Veterinarian", "doctor of veterinary medicine", "practitioner of veterinary medicine",
17 "DVM", "VMD", "BVSe", "BVMS", "BSe (Vet Science)", "VMB", "MRCVS", or an equivalent
18 title means a person who has received a doctor's degree in veterinary medicine from an accredited
19 school of veterinary medicine or holds an Educational Commission for Foreign Veterinary
20 Graduates (EDFVG) certificate issued by the American Veterinary Medical Association (AVMA).

21 15. In addition to other requirements established by the joint promulgation of rules by the
22 board of pharmacy and the state board of registration for the healing arts:

23 (1) A pharmacist shall administer vaccines by protocol in accordance with treatment
24 guidelines established by the Centers for Disease Control and Prevention (CDC);

25 (2) A pharmacist who is administering a vaccine shall request a patient to remain in the
26 pharmacy a safe amount of time after administering the vaccine to observe any adverse reactions.
27 Such pharmacist shall have adopted emergency treatment protocols.

28 16. In addition to other requirements by the board, a pharmacist shall receive additional
29 training as required by the board and evidenced by receiving a certificate from the board upon
30 completion, and shall display the certification in his or her pharmacy where vaccines are delivered.

31 17. A pharmacist shall inform the patient that the administration of a vaccine will be entered
32 into the ShowMeVax system, as administered by the department of health and senior services. The
33 patient shall attest to the inclusion of such information in the system by signing a form provided by
34 the pharmacist. If the patient indicates that he or she does not want such information entered into
35 the ShowMeVax system, the pharmacist shall provide a written report within fourteen days of
36 administration of a vaccine to the patient's health care provider, if provided by the patient,
37 containing:

38 (1) The identity of the patient;

39 (2) The identity of the vaccine or vaccines administered;

- 1 (3) The route of administration;
- 2 (4) The anatomic site of the administration;
- 3 (5) The dose administered; and
- 4 (6) The date of administration.

5 18. A pharmacist licensed under this chapter may order and administer vaccines approved or
6 authorized by the U.S. Food and Drug Administration to address a public health need, as lawfully
7 authorized by the state or federal government, or a department or agency thereof, during a state or
8 federally declared public health emergency."; and

9
10 Further amend said bill by amending the title, enacting clause, and intersectional references
11 accordingly.