### SECOND REGULAR SESSION

# HOUSE BILL NO. 1548

## **102ND GENERAL ASSEMBLY**

#### INTRODUCED BY REPRESENTATIVE ADAMS.

DANA RADEMAN MILLER, Chief Clerk

## AN ACT

To repeal sections 190.098, 190.100, 190.109, 190.142, 190.143, 190.146, 190.160, 190.165, 190.171, 190.173, 190.175, 190.185, 190.196, 190.248, and 197.289, RSMo, and to enact in lieu thereof seventeen new sections relating to emergency services, with penalty provisions.

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

Section A. Sections 190.098, 190.100, 190.109, 190.142, 190.143, 190.146, 190.160, 2 190.165, 190.171, 190.173, 190.175, 190.185, 190.196, 190.248, and 197.289, RSMo, are 3 repealed and seventeen new sections enacted in lieu thereof, to be known as sections 190.098, 4 190.100, 190.109, 190.142, 190.143, 190.146, 190.160, 190.165, 190.171, 190.173, 190.175, 190.185, 190.196, 190.248, 190.256, 197.289, and 198.084, to read as follows: 5 190.098. 1. In order for a person to be eligible for certification by the [department] division as a community paramedic, an individual shall: 2 3 (1) Be currently certified as a paramedic; 4 (2) Successfully complete or have successfully completed a community paramedic certification program from a college, university, or educational institution that has been 5 approved by the [department] division or accredited by a national accreditation organization 6 7 approved by the [department] division; and (3) Complete an application form approved by the [department] division. 8 9 2. A community paramedic shall practice in accordance with protocols and 10 supervisory standards established by the medical director. A community paramedic shall provide services of a health care plan if the plan has been developed by the patient's physician 11 12 or by an advanced practice registered nurse through a collaborative practice arrangement with

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.

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a physician or a physician assistant through a collaborative practice arrangement with aphysician and there is no duplication of services to the patient from another provider.

15 3. Any ambulance service shall enter into a written contract to provide community 16 paramedic services in another ambulance service area, as that term is defined in section 17 190.100. The contract that is agreed upon may be for an indefinite period of time, as long as 18 it includes at least a sixty-day cancellation notice by either ambulance service.

4. A community paramedic is subject to the provisions of sections 190.001 to 190.245and rules promulgated under sections 190.001 to 190.245.

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]
division.

6. The medical director shall approve the implementation of the communityparamedic program.

26 7. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies 27 28 with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. 29 This section and chapter 536 are nonseverable and if any of the powers vested with the 30 general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of 31 32 rulemaking authority and any rule proposed or adopted after August 28, 2013, shall be invalid and void. 33

190.100. As used in sections 190.001 to [190.245 and section] 190.257, unless the context clearly implies otherwise, the following 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] division and is licensed by the [department] division in 6 accordance with sections 190.001 to 190.245 and rules and regulations adopted by the 7 [department] division pursuant to sections 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 vehicles19 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;

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

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

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(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;

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

36 (11) "Division", the division of professional registration of the department of 37 commerce and insurance;

38 (12) "Emergency", the sudden and, at the time, unexpected onset of a health condition 39 that manifests itself by symptoms of sufficient severity that would lead a prudent layperson, 40 possessing an average knowledge of health and medicine, to believe that the absence of 41 immediate medical care could result in:

42 (a) Placing the person's health, or with respect to a pregnant woman, the health of the 43 woman or her unborn child, in significant jeopardy;

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(b) Serious impairment to a bodily function;

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

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(d) Inadequately controlled pain;

47 [(12)] (13) "Emergency medical dispatcher", a person who receives emergency calls
48 from the public and has successfully completed an emergency medical dispatcher course and
49 any ongoing training requirements under section 650.340;

50 [(13)] (14) "Emergency medical responder", a person who has successfully completed 51 an 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

emergency medical care through employment by or in association with an emergency medical 54

55 response agency;

56 [(14)] (15) "Emergency medical response agency", any person that regularly provides 57 a level of care that includes first response, basic life support or advanced life support, 58 exclusive of patient transportation;

59 "Emergency medical services for children (EMS-C) system", the [<del>(15)</del>] **(16)** 60 arrangement of personnel, facilities and equipment for effective and coordinated delivery of pediatric emergency medical services required in prevention and management of incidents 61 which occur as a result of a medical emergency or of an injury event, natural disaster or 62 63 similar situation:

64 "Emergency medical services (EMS) system", the arrangement of [<del>(16)</del>] **(17)** personnel, facilities and equipment for the effective and coordinated delivery of emergency 65 medical services required in prevention and management of incidents occurring as a result of 66 67 an illness, injury, natural disaster or similar situation;

68 [(17)] (18) "Emergency medical technician", a person licensed in emergency medical 69 care in accordance with standards prescribed by sections 190.001 to 190.245, and by rules 70 adopted by the [department] division pursuant to sections 190.001 to 190.245;

71 [(18)] (19) "Emergency medical technician-community paramedic", "community paramedic", or "EMT-CP", a person who is certified as [an emergency medical technician-72 73 paramedic] a paramedic and is certified by the [department] division in accordance with 74 standards prescribed in section 190.098;

75 [<del>(19)</del>] **(20)** "Emergency services", health care items and services furnished or required to screen and stabilize an emergency which may include, but shall not be limited to, 76 77 health care services that are provided in a licensed hospital's emergency facility by an 78 appropriate provider or by an ambulance service or emergency medical response agency;

79 [(20)] (21) "Health care facility", a hospital, nursing home, physician's office or other 80 fixed location at which medical and health care services are performed;

81 [(21)] (22) "Hospital", an establishment as defined in the hospital licensing law, 82 subsection 2 of section 197.020, or a hospital operated by the state;

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[(22)] (23) "Issuing authority", the division, which issues licenses and certificates 84 to emergency medical technicians, including paramedics, or the department, which issues all other licenses, certificates, or permits required by sections 190.100 to 190.245; 85

86 (24) "Medical control", supervision provided by or under the direction of physicians, 87 or their designated registered nurse, including both online medical control, instructions by 88 radio, telephone, or other means of direct communications, and offline medical control 89 through supervision by treatment protocols, case review, training, and standing orders for treatment: 90

91 [(23)] (25) "Medical direction", medical guidance and supervision provided by a 92 physician to an emergency services provider or emergency medical services system;

93 [(24)] (26) "Medical director", a physician licensed pursuant to chapter 334 94 designated by the ambulance service, dispatch agency, or emergency medical response 95 agency and who meets criteria specified by the department by rules pursuant to sections 96 190.001 to 190.245;

97 [(25)] (27) "Memorandum of understanding", an agreement between an emergency 98 medical response agency or dispatch agency and an ambulance service or services within 99 whose territory the agency operates, in order to coordinate emergency medical services;

100 [(26)] (28) "Paramedic", a person who has successfully completed a course of 101 instruction in advanced life support care as prescribed by the [department] division and is 102 licensed by the [department] division in accordance with sections 190.001 to 190.245 and 103 rules adopted by the [department] division pursuant to sections 190.001 to 190.245;

104 [(27)] (29) "Patient", an individual who is sick, injured, wounded, diseased, or 105 otherwise incapacitated or helpless, or dead, excluding deceased individuals being transported 106 from or between private or public institutions, homes or cemeteries, and individuals declared 107 dead prior to the time an ambulance is called for assistance;

108 [(28)] (30) "Person", as used in these definitions and elsewhere in sections 190.001 to 109 190.245, any individual, firm, partnership, copartnership, joint venture, association, 110 cooperative organization, corporation, municipal or private, and whether organized for 111 profit or not, state, county, political subdivision, state department, commission, board, bureau 112 or fraternal organization, estate, public trust, business or common law trust, receiver, assignee 113 for the benefit of creditors, trustee or trustee in bankruptcy, or any other service user or 114 provider;

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[(29)] (31) "Physician", a person licensed as a physician pursuant to chapter 334;

116 [(30)] (32) "Political subdivision", any municipality, city, county, city not within a 117 county, ambulance district or fire protection district located in this state which provides or has 118 authority to provide ambulance service;

119 [(31)] (33) "Professional organization", any organized group or association with an 120 ongoing interest regarding emergency medical services. Such groups and associations could 121 include those representing volunteers, labor, management, firefighters, EMTs, nurses, 122 paramedics, physicians, communications specialists and instructors. Organizations could also 123 represent the interests of ground ambulance services, air ambulance services, fire service 124 organizations, law enforcement, hospitals, trauma centers, communication centers, pediatric 125 services, labor unions and poison control services;

126 [(32)] (34) "Proof of financial responsibility", proof of ability to respond to damages
 127 for liability, on account of accidents occurring subsequent to the effective date of such proof,

128 arising out of the ownership, maintenance or use of a motor vehicle in the financial amount

set in rules promulgated by the department, but in no event less than the statutory minimum required for motor vehicles. Proof of financial responsibility shall be used as proof of selfinsurance;

132 [(33)] (35) "Protocol", a predetermined, written medical care guideline, which may
 133 include standing orders;

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

137 [(35)] (37) "Specialty care transportation", the transportation of a patient requiring the 138 services of [an emergency medical technician paramedic] a paramedic who has received 139 additional training beyond the training prescribed by the [department] division. Specialty 140 care transportation services shall be defined in writing in the appropriate local protocols for 141 ground and air ambulance services and approved by the local physician medical director. The 142 protocols shall be maintained by the local ambulance service and shall define the additional 143 training required of the [emergency medical technician-paramedic] paramedic;

144 [(36)] (38) "Stabilize", with respect to an emergency, the provision of such medical 145 treatment as may be necessary to attempt to assure within reasonable medical probability that 146 no material deterioration of an individual's medical condition is likely to result from or occur 147 during ambulance transportation unless the likely benefits of such transportation outweigh the 148 risks;

[(37)] (39) "State advisory council on emergency medical services", a committee
formed to advise the department on policy affecting emergency medical service throughout
the state;

152 [(38)] (40) "State EMS medical directors advisory committee", a subcommittee of the 153 state advisory council on emergency medical services formed to advise the state advisory 154 council on emergency medical services and the department on medical issues;

155 [(39)] (41) "STEMI" or "ST-elevation myocardial infarction", a type of heart attack in 156 which impaired blood flow to the patient's heart muscle is evidenced by ST-segment elevation 157 in electrocardiogram analysis, and as further defined in rules promulgated by the department 158 under sections 190.001 to 190.250;

159 [(40)] (42) "STEMI care", includes education and prevention, emergency transport,
160 triage, and acute care and rehabilitative services for STEMI that requires immediate medical
161 or surgical intervention or treatment;

162 [(41)] (43) "STEMI center", a hospital that is currently designated as such by the 163 department to care for patients with ST-segment elevation myocardial infarctions;

164 [(42)] (44) "Stroke", a condition of impaired blood flow to a patient's brain as defined
 165 by the department;

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

171 [(44)] (46) "Stroke center", a hospital that is currently designated as such by the 172 department;

173 [(45)] (47) "Time-critical diagnosis", trauma care, stroke care, and STEMI care 174 occurring either outside of a hospital or in a center designated under section 190.241;

175 [(46)] (48) "Time-critical diagnosis advisory committee", a committee formed under 176 section 190.257 to advise the department on policies impacting trauma, stroke, and STEMI 177 center designations; regulations on trauma care, stroke care, and STEMI care; and the 178 transport of trauma, stroke, and STEMI patients;

179 [(47)] (49) "Trauma", an injury to human tissues and organs resulting from the 180 transfer of energy from the environment;

181 [(48)] (50) "Trauma care" includes injury prevention, triage, acute care and 182 rehabilitative services for major single system or multisystem injuries that potentially require 183 immediate medical or surgical intervention or treatment;

184 [(49)] (51) "Trauma center", a hospital that is currently designated as such by the 185 department.

190.109. 1. The department shall, within a reasonable time after receipt of an application, cause such investigation as the department deems necessary to be made of the 3 applicant for a ground ambulance license.

2. Any person that owned and operated a licensed ambulance on December 31, 1997,
shall receive an ambulance service license from the department, unless suspended, revoked or
terminated, for that ambulance service area which was, on December 31, 1997, described and
filed with the department as the primary service area for its licensed ambulances on August
28, 1998, provided that the person makes application and adheres to the rules and regulations
promulgated by the department pursuant to sections 190.001 to 190.245.

3. The department shall issue a new ground ambulance service license to an ambulance service that is not currently licensed by the department, or is currently licensed by the department and is seeking to expand its ambulance service area, except as provided in subsection 4 of this section, to be valid for a period of five years, unless suspended, revoked or terminated, when the director finds that the applicant meets the requirements of ambulance service licensure established pursuant to sections 190.100 to 190.245 and the rules adopted by

16 the department pursuant to sections 190.001 to 190.245. [In order to be considered for a new ambulance service license, an ambulance service shall submit to the department a letter of 17 18 endorsement from each ambulance district or fire protection district that is authorized to provide ambulance service, or from each municipality not within an ambulance district or fire 19 20 protection district that is authorized to provide ambulance service, in which the ambulance service proposes to operate. If an ambulance service proposes to operate in unincorporated 21 22 portions of a county not within an ambulance district or fire protection district that is 23 authorized to provide ambulance service, in order to be considered for a new ambulance service license, the ambulance service shall submit to the department a letter of endorsement 24 25 from the county. Any letter of endorsement required pursuant to this section shall verify that the political subdivision has conducted a public hearing regarding the endorsement and that 26 the governing body of the political subdivision has adopted a resolution approving the 27 endorsement. The letter of endorsement shall affirmatively state that the proposed ambulance 28 29 service: 30 (1) Will provide a benefit to public health that outweighs the associated costs; 31 (2) Will maintain or enhance the public's access to ambulance services; (3) Will maintain or improve the public health and promote the continued 32 33 development of the regional emergency medical service system; 34 (4) Has demonstrated the appropriate expertise in the operation of ambulance 35 services; and (5) Has demonstrated the financial resources necessary for the operation of the 36 37 proposed ambulance service.] 38 4. A contract between a political subdivision and a licensed ambulance service for the 39 provision of ambulance services for that political subdivision shall expand, without further action by the department, the ambulance service area of the licensed ambulance service to 40 41 include the jurisdictional boundaries of the political subdivision. The termination of the 42 aforementioned contract shall result in a reduction of the licensed ambulance service's 43 ambulance service area by removing the geographic area of the political subdivision from its 44 ambulance service area, except that licensed ambulance service providers may provide ambulance services as are needed at and around the state fair grounds for protection of 45 attendees at the state fair. 46 47 5. The department shall renew a ground ambulance service license if the applicant 48 meets the requirements established pursuant to sections 190.001 to 190.245, and the rules 49 adopted by the department pursuant to sections 190.001 to 190.245. 50 6. The department shall promulgate rules relating to the requirements for a ground

51 ambulance service license including, but not limited to:

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(1) Vehicle design, specification, operation and maintenance standards;

- 53 (2) Equipment requirements;
- 54 (3) Staffing requirements;
- 55 (4) Five-year license renewal;
- 56 (5) Records and forms;
- 57 (6) Medical control plans;
- 58 (7) Medical director qualifications;
- 59 (8) Standards for medical communications;
- 60 (9) Memorandums of understanding with emergency medical response agencies that 61 provide advanced life support;
- 62 (10) Quality improvement committees; and
- 63 (11) Response time, patient care and transportation standards.

7. Application for a ground ambulance service license shall be made upon such forms as prescribed by the department in rules adopted pursuant to sections 190.001 to 190.245. The application form shall contain such information as the department deems necessary to make a determination as to whether the ground ambulance service meets all the requirements of sections 190.001 to 190.245 and rules promulgated pursuant to sections 190.001 to 190.245.

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]
division 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.

6 (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 7 licensure as an emergency medical technician in this state shall submit to a background check 8 by the Missouri state highway patrol and the Federal Bureau of Investigation through a 9 process approved by the [department of health and senior services] division. Such processes 10 11 may include the use of vendors or systems administered by the Missouri state highway patrol. The [department] division may share the results of such a criminal background check with 12 any emergency services licensing agency in any member state, as that term is defined under 13 section 190.900, in recognition of the EMS personnel licensure interstate compact. The 14 [department] division shall not issue a license until the [department] division receives the 15 16 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 17 18 [department] division 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. 19

20 (3) The [director] division may authorize investigations into criminal records in other 21 states for any applicant.

22 2. The [department] division shall issue a license to all levels of emergency medical 23 technicians, for a period of five years, if the applicant meets the requirements established 24 pursuant to sections 190.001 to 190.245 and the rules adopted by the [department] division pursuant to sections 190.001 to 190.245. Beginning August 28, 2029, and continuing 25 26 thereafter, to receive an initial license as a paramedic, in addition to any other education 27 or training requirements set by the division, a person shall be a graduate of a two-year 28 paramedic degree program from an institution of higher education approved by the 29 division in which instruction in the degree program is provided only by instructors who have a bachelor's degree or higher degree. The [department] division may promulgate 30 31 rules relating to [the] other requirements for an emergency medical technician including but not limited to: 32

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(1) Age requirements;

34 Emergency medical technician and paramedic education and training (2)35 requirements based on respective National Emergency Medical Services Education 36 Standards and any modification to such curricula specified by the [department] division 37 through rules adopted pursuant to sections 190.001 to 190.245;

(3) Paramedic accreditation requirements. Paramedic training programs shall be 38 39 accredited as required by the National Registry of Emergency Medical Technicians;

40 (4) Initial licensure testing requirements. Initial paramedic licensure testing shall be 41 through the national registry of EMTs;

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(5) Continuing education and relicensure requirements; and

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

44 3. Application for all levels of emergency medical technician license shall be made 45 upon such forms as prescribed by the [department] division in rules adopted pursuant to sections 190.001 to 190.245. The application form shall contain such information as the 46 47 [department] division deems necessary to make a determination as to whether the emergency 48 medical technician meets all the requirements of sections 190.001 to 190.245 and rules promulgated pursuant to sections 190.001 to 190.245. 49

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4. (1) The division shall renew an emergency medical technician license for five years if the licensee submits proof that he or she: 51

52 (a) Holds a current American Heart Association cardiopulmonary resuscitation 53 course card or current American Red Cross cardiopulmonary resuscitation course card 54 or its equivalent as defined by division rule;

(b) If the licensee is a paramedic, holds a current certificate of successful course
 completion in advanced cardiac life support from the American Heart Association or its
 equivalent as defined by division rule; and

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(c) Meets the requirements for renewal described in section 190.160.

59 (2) If the licensee does not receive an opportunity to obtain a course card or 60 certificate required under paragraph (a) or (b) of subdivision (1) of this subsection and 61 his or her license lapses as a result, the division shall issue a temporary emergency 62 medical technician license as required by section 190.146.

63 **5.** All levels of emergency medical technicians may perform only that patient care 64 which is:

65 (1) Consistent with the training, education and experience of the particular emergency 66 medical technician; and

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

68 [5.] 6. No person shall hold themselves out as an emergency medical technician or
69 provide the services of an emergency medical technician unless such person is licensed by the
70 [department] division.

71 [6.] 7. Any rule or portion of a rule, as that term is defined in section 536.010, that is 72 created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. 73 74 This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to 75 76 disapprove and annul a rule are subsequently held unconstitutional, then the grant of 77 rulemaking authority and any rule proposed or adopted after August 28, 2002, shall be invalid and void. 78

190.143. 1. Notwithstanding any other provisions of law, the [department] division
may grant a [ninety-day] six-month temporary emergency medical technician license to all
levels of emergency medical technicians who meet the following:

4 (1) Can demonstrate that they have, or will have, employment requiring an 5 emergency medical technician license;

6 (2) Are not currently licensed as an emergency medical technician in Missouri or 7 have been licensed as an emergency medical technician in Missouri and fingerprints need to 8 be submitted to the Federal Bureau of Investigation to verify the existence or absence of a 9 criminal history, or they are currently licensed and the license will expire before a verification 10 can be completed of the existence or absence of a criminal history;

(3) Have submitted a complete application upon such forms as prescribed by the
 [department] division in rules adopted pursuant to sections 190.001 to 190.245;

(4) Have not been disciplined pursuant to sections 190.001 to 190.245 and rules
promulgated pursuant to sections 190.001 to 190.245;

15 (5) Meet all the requirements of rules promulgated pursuant to sections 190.001 to 16 190.245.

17 2. A temporary emergency medical technician license shall only authorize the 18 [license] licensee to practice while under the immediate supervision of a licensed emergency 19 medical technician, registered nurse, physician assistant, or physician who is currently 20 licensed, without restrictions, to practice in Missouri.

3. A temporary emergency medical technician license shall automatically expire
either [ninety days] six months from the date of issuance or upon the issuance of a five-year
emergency medical technician license.

190.146. 1. Any licensee allowing [a] his or her license as an emergency medical technician to lapse [may within two years of the lapse request that their license be returned to 2 active status by notifying the department in advance of such intention, and submit a complete 3 4 application upon such forms as prescribed by the department in rules adopted pursuant to 5 sections 190.001 to 190.245. If the licensee meets all the requirements for relicensure,] shall 6 automatically be granted a temporary emergency medical technician license under 7 section 190.143 regardless of whether the licensee meets the requirements of subsection 1 of section 190.143. The [department] division shall issue a new five-year emergency 8 medical technician license to [the licensee] such holder of a temporary emergency medical 9 technician license if the licensee submits proof that he or she: 10

(1) Holds a current American Heart Association cardiopulmonary resuscitation
 course card or current American Red Cross cardiopulmonary resuscitation course card
 or its equivalent as defined by division rule;

(2) If his or her temporary license is as a paramedic, holds a current certificate
 of successful course completion in advanced cardiac life support from the American
 Heart Association or its equivalent as defined by division rule; and

17 (3) Meets any other requirements that would have been required for renewal of 18 his or her license if he or she had not allowed the license to lapse.

2. If the holder of such temporary emergency medical technician license does not receive an opportunity to obtain a course card or certificate required under subdivision (1) or (2) of subsection 1 of this section during the six months his or her temporary license is in effect, the division may issue another six-month temporary emergency medical technician license. The division shall determine whether to do so on a case-bycase basis.

190.160. The renewal of any license shall require conformance with sections 190.001
to 190.245 and sections 190.525 to 190.537, and rules adopted by the [department] issuing
authority pursuant to sections 190.001 to 190.245 and sections 190.525 to 190.537.

190.165. 1. The [department] issuing authority may refuse to issue or deny renewal of any certificate, permit or license required pursuant to sections 190.100 to 190.245 for failure to comply with the provisions of sections 190.100 to 190.245 or any lawful regulations promulgated by the [department] issuing authority to implement its provisions as described in subsection 2 of this section. The [department] issuing authority shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his or her right to file a complaint with the administrative hearing commission as provided by chapter 621.

8 2. The [department] issuing authority may cause a complaint to be filed with the 9 administrative hearing commission as provided by chapter 621 against any holder of any 10 certificate, permit or license required by sections 190.100 to 190.245 or any person who has 11 failed to renew or has surrendered his or her certificate, permit or license for failure to comply 12 with the provisions of sections 190.100 to 190.245 or any lawful regulations promulgated by 13 the [department] issuing authority to implement such sections. Those regulations shall be 14 limited to the following:

(1) Use or unlawful possession of any controlled substance, as defined in chapter 195,
or alcoholic beverage to an extent that such use impairs a person's ability to perform the work
of any activity licensed or regulated by sections 190.100 to 190.245;

18 (2) Being finally adjudicated and found guilty, or having entered a plea of guilty or 19 nolo contendere, in a criminal prosecution under the laws of any state or of the United States, 20 for any offense reasonably related to the qualifications, functions or duties of any activity 21 licensed or regulated pursuant to sections 190.100 to 190.245, for any offense an essential 22 element of which is fraud, dishonesty or an act of violence, or for any offense involving moral 23 turpitude, whether or not sentence is imposed;

(3) Use of fraud, deception, misrepresentation or bribery in securing any certificate,
permit or license issued pursuant to sections 190.100 to 190.245 or in obtaining permission to
take any examination given or required pursuant to sections 190.100 to 190.245;

(4) Obtaining or attempting to obtain any fee, charge, tuition or other compensationby fraud, deception or misrepresentation;

29 (5) Incompetency, misconduct, gross negligence, fraud, misrepresentation or 30 dishonesty in the performance of the functions or duties of any activity licensed or 31 regulated by sections 190.100 to 190.245;

32 (6) Violation of, or assisting or enabling any person to violate, any provision of
33 sections 190.100 to 190.245, or of any lawful rule or regulation adopted by the [department]
34 issuing authority pursuant to sections 190.100 to 190.245;

(7) Impersonation of any person holding a certificate, permit or license or allowingany person to use his or her certificate, permit, license or diploma from any school;

(8) Disciplinary action against the holder of a license or other right to practice any
 activity regulated by sections 190.100 to 190.245 granted by another state, territory, federal
 agency or country upon grounds for which revocation or suspension is authorized in this state;

40 (9) For an individual being finally adjudged insane or incompetent by a court of 41 competent jurisdiction;

42 (10) Assisting or enabling any person to practice or offer to practice any activity 43 licensed or regulated by sections 190.100 to 190.245 who is not licensed and currently 44 eligible to practice pursuant to sections 190.100 to 190.245;

(11) Issuance of a certificate, permit or license based upon a material mistake of fact;
(12) Violation of any professional trust, confidence, or legally protected privacy
rights of a patient by means of an unauthorized or unlawful disclosure;

48 (13) Use of any advertisement or solicitation which is false, misleading or deceptive 49 to the general public or persons to whom the advertisement or solicitation is primarily 50 directed;

51 (14) Violation of the drug laws or rules and regulations of this state, any other state or 52 the federal government;

(15) Refusal of any applicant or licensee to respond to reasonable [department of
 health and senior services'] requests from the issuing authority for necessary information to
 process an application or to determine license status or license eligibility;

56 (16) Any conduct or practice which is or might be harmful or dangerous to the mental 57 or physical health or safety of a patient or the public;

58 (17) Repeated acts of negligence or recklessness in the performance of the functions 59 or duties of any activity licensed or regulated by sections 190.100 to 190.245.

3. If the [department] issuing authority conducts investigations, the [department]
issuing authority, prior to interviewing a licensee who is the subject of the investigation,
shall explain to the licensee that he or she has the right to:

(1) Consult legal counsel or have legal counsel present;

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(2) Have anyone present whom he or she deems to be necessary or desirable; and

65 (3) Refuse to answer any question or refuse to provide or sign any written statement.66

67 The assertion of any right listed in this subsection shall not be deemed by the [department]
68 issuing authority to be a failure to cooperate with any [department] investigation by the
69 issuing authority.

4. After the filing of such complaint, the proceedings shall be conducted in accordance with the provisions of chapter 621. Upon a finding by the administrative hearing

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72 commission that the grounds, provided in subsection 2 of this section, for disciplinary action 73 are met, the [department] issuing authority may, singly or in combination, censure or place 74 the person named in the complaint on probation on such terms and conditions as the 75 [department] issuing authority deems appropriate for a period not to exceed five years, or 76 may suspend, for a period not to exceed three years, or revoke the license, certificate or 77 permit. Notwithstanding any provision of law to the contrary, the [department] issuing 78 authority shall be authorized to impose a suspension or revocation as a disciplinary action 79 only if it first files the requisite complaint with the administrative hearing commission. The 80 administrative hearing commission shall hear all relevant evidence on remediation activities 81 of the licensee and shall make a recommendation to the [department of health and senior 82 services] issuing authority as to licensure disposition based on such evidence.

5. An individual whose license has been revoked shall wait one year from the date of revocation to apply for relicensure. Relicensure shall be at the discretion of the [department] **issuing authority** after compliance with all the requirements of sections 190.100 to 190.245 relative to the licensing of an applicant for the first time. Any individual whose license has been revoked twice within a ten-year period shall not be eligible for relicensure.

6. The [department] issuing authority may notify the proper licensing authority of any other state in which the person whose license was suspended or revoked was also licensed of the suspension or revocation.

7. Any person, organization, association or corporation who reports or provides
information to the [department] issuing authority pursuant to the provisions of sections
190.100 to 190.245 and who does so in good faith shall not be subject to an action for civil
damages as a result thereof.

95 8. The [department of health and senior services] issuing authority may suspend any certificate, permit or license required pursuant to sections 190.100 to 190.245 simultaneously 96 with the filing of the complaint with the administrative hearing commission as set forth in 97 subsection 2 of this section, if the [department] issuing authority finds that there is an 98 99 imminent threat to the public health. The notice of suspension shall include the basis of the 100 suspension and notice of the right to appeal such suspension. The licensee may appeal the 101 decision to suspend the license, certificate or permit to the [department] issuing authority. The appeal shall be filed within ten days from the date of the filing of the complaint. A 102 103 hearing shall be conducted by the [department] issuing authority within ten days from the 104 date the appeal is filed. The suspension shall continue in effect until the conclusion of the 105 proceedings, including review thereof, unless sooner withdrawn by the [department] issuing 106 authority, dissolved by a court of competent jurisdiction or stayed by the administrative 107 hearing commission.

190.171. Any person aggrieved by an official action of the [department of health and senior services] issuing authority affecting the licensed status of a person pursuant to the 2 provisions of sections 190.001 to 190.245 and sections 190.525 to 190.537, including the 3 refusal to grant, the grant, the revocation, the suspension, or the failure to renew a license, 4 may seek a determination thereon by the administrative hearing commission pursuant to the 5 provisions of section 621.045, and it shall not be a condition to such determination that the 6 7 person aggrieved seek a reconsideration, a rehearing, or exhaust any other procedure within 8 the department of health and senior services [or], the department of social services, or the

#### 9 department of commerce and insurance.

190.173. 1. All complaints, investigatory reports, and information pertaining to any applicant, holder of any certificate, permit, or license, or other individual are confidential and 2 shall only be disclosed upon written consent of the person whose records are involved or to 3 4 other administrative or law enforcement agencies acting within the scope of their statutory authority. However, no applicant, holder of any certificate, permit, or license, or other 5 individual shall have access to any complaints, investigatory reports, or information 6 7 concerning an investigation in progress until such time as the investigation has been completed as required by subsection 1 of section 190.248. 8

9 2. Any information regarding the identity, name, address, license, final disciplinary action taken, currency of the license, permit, or certificate of an applicant for or a person 10 possessing a license, permit, or certificate in accordance with sections 190.100 to 190.245 11 shall not be confidential. 12

13 3. Any information regarding the physical address, mailing address, phone number, fax number, or email address of a licensed ambulance service or a certified training entity, 14 15 including the name of the medical director and organizational contact information, shall not 16 be confidential.

17 4. This section shall not be construed to authorize the release of records, reports, or other information which may be held in [department] the files of the issuing authority for 18 any holder of or applicant for any certificate, permit, or license that is subject to other specific 19 20 state or federal laws concerning their disclosure.

21 5. Nothing in this section shall prohibit the department from releasing aggregate information in accordance with section 192.067. 22

190.175. 1. Each ambulance service licensee or emergency medical response agency licensee shall maintain accurate records, which contain information concerning the care and, 2 if applicable, the transportation of each patient. 3

4 2. Records will be retained by the ambulance service licensees and emergency 5 medical response agency licensees for five years, readily available for inspection by the

6 department **and the division**, notwithstanding transfer, sale or discontinuance of the 7 ambulance services or business.

8 3. A patient care report, approved by the department **and the division**, shall be 9 completed for each ambulance run on which are entered pertinent remarks by the emergency 10 medical technician, registered nurse or physician and such other items as specified by rules 11 promulgated by the department **and the division**.

4. A written or electronic patient care document shall be completed and given to the ambulance service personnel by the health care facility when a patient is transferred between health care facilities. Such patient care record shall contain such information pertinent to the continued care of the patient as well as the health and safety of the ambulance service personnel during the transport. Nothing in this section shall be construed as to limit the reporting requirements established in federal law relating to the transfer of patients between health care facilities.

19 5. Such records shall be available for inspection by the department **and the division** 20 at any reasonable time during business hours.

190.185. **1.** The department shall adopt, amend, promulgate, and enforce such rules, regulations, and standards with respect to the provisions of this chapter, other than **provisions relating to the licensure and certification of emergency medical technicians**, as may be designed to further the accomplishment of the purpose of this law in promoting state-of-the-art emergency medical services in the interest of public health, safety, and welfare. When promulgating such rules and regulations, the department shall consider the recommendations of the state advisory council on emergency medical services.

8 2. The division shall adopt, amend, promulgate, and enforce such rules, 9 regulations, and standards with respect to the provisions of this chapter relating to the 10 licensure and certification of emergency medical technicians as may be designed to 11 further the accomplishment of the purpose of this chapter in promoting state-of-the-art 12 emergency medical services in the interest of public health, safety, and welfare.

13 3. Any rule or portion of a rule promulgated pursuant to the authority of sections 14 190.001 to 190.245 or sections 190.525 to 190.537 shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. 15 This section and chapter 536 are nonseverable and if any of the powers vested with the 16 general assembly pursuant to chapter 536 to review, to delay the effective date or to 17 disapprove and annul a rule are subsequently held unconstitutional, then the grant of 18 rulemaking authority and any rule proposed or adopted after August 28, 2002, shall be invalid 19 and void. 20

190.196. 1. No employer shall knowingly employ or permit any employee to perform 2 any services for which a license, certificate or other authorization is required by sections

3 190.001 to 190.245, or by rules adopted pursuant to sections 190.001 to 190.245, unless and
4 until the person so employed possesses all licenses, certificates or authorizations that are
5 required.

6 2. Any person or entity that employs or supervises a person's activities as an 7 emergency medical responder, emergency medical dispatcher, emergency medical technician, 8 registered nurse, physician assistant, or physician shall cooperate with the [department's] 9 issuing authority's efforts to monitor and enforce compliance by those individuals subject to 10 the requirements of sections 190.001 to 190.245.

3. Any person or entity who employs individuals licensed by the [department] issuing
 authority pursuant to sections 190.001 to 190.245 shall report to the [department] issuing
 authority within seventy-two hours of their having knowledge of any charges filed against a
 licensee in their employ for possible criminal action involving the following felony offenses:

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(2) Crimes of violence; or

(1) Child abuse or sexual abuse of a child;

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(3) Rape or sexual abuse.

4. Any licensee who has charges filed against him or her for the felony offenses in
 subsection 3 of this section shall report such an occurrence to the [department] issuing
 authority within seventy-two hours of the charges being filed.

5. The [department] issuing authority will monitor these reports for possible licensure action authorized pursuant to section 190.165.

190.248. 1. All investigations conducted in response to allegations of violations of 2 sections 190.001 to 190.245 shall be completed within six months of receipt of the allegation.

2. In the course of an investigation the [department] issuing authority shall have 4 access to all records directly related to the alleged violations from persons or entities licensed 5 pursuant to this chapter or chapter 197 or 198.

6 3. Any [department] investigations by the issuing authority that involve other 7 administrative or law enforcement agencies shall be completed within six months of 8 notification and final determination by such administrative or law enforcement agencies.

190.256. 1. For purposes of this section, the term "first responder agency" 2 means any fire department or ambulance service.

3 2. Every first responder agency shall provide critical incident counseling 4 services, defined by the department by rule, for all its employees at the agency's 5 expense.

197.289. 1. All hospitals, ambulatory surgical centers, and abortion facilities shall
develop and implement a methodology which ensures adequate nurse staffing that will meet
the needs of patients. At a minimum, there shall be on duty at all times a sufficient number of

4 licensed registered nurses to provide patient care requiring the judgment and skills of a5 licensed registered nurse and to oversee the activities of all nursing personnel.

6 2. There shall be sufficient licensed and ancillary nursing personnel on duty on each 7 nursing unit to meet the needs of each patient in accordance with accepted standards of 8 quality patient care.

9 3. (1) Unless precluded by federal law, any emergency medical technician or 10 advanced emergency medical technician other than a paramedic, as those terms are 11 defined in section 190.100, shall be considered the equivalent of a certified nursing 12 assistant for purposes of meeting any staffing requirements outlined in the provisions of 13 this section or chapter or any rule promulgated under such provisions.

(2) Unless precluded by federal law, a paramedic, as defined in section 190.100,
 shall be considered the equivalent of a licensed registered nurse for purposes of meeting
 any staffing requirements outlined in the provisions of this section or chapter or any
 rule promulgated under such provisions.

4. Unless precluded by federal law, each hospital, ambulatory surgical center, orabortion facility shall:

(1) Pay an employee who is an emergency medical technician or advanced
emergency medical technician but not a paramedic, as those terms are defined in section
190.100, on the same pay scale it uses for its employees who are certified nursing
assistants; and

24 (2) Pay an employee who is a paramedic, as defined in section 190.100, on the 25 same pay scale it uses for its employees who are licensed registered nurses.

198.084. 1. (1) Unless precluded by federal law, an emergency medical technician or advanced emergency medical technician other than a paramedic, as those terms are defined in section 190.100, shall be considered the equivalent of a certified nursing assistant for purposes of meeting any staffing requirements for facilities outlined in this chapter or any rule promulgated under this chapter.

6 (2) Unless precluded by federal law, a paramedic, as defined in section 190.100,
7 shall be considered the equivalent of a licensed registered nurse for purposes of meeting
8 any staffing requirements for facilities outlined in this chapter or any rule promulgated
9 under this chapter.

10

2. Unless precluded by federal law, each facility shall:

11 (1) Pay an employee who is an emergency medical technician or advanced 12 emergency medical technician other than a paramedic, as those terms are defined in 13 section 190.100, on the same pay scale it uses for its employees who are certified nursing 14 assistants; and

15 (2) Pay an employee who is a paramedic, as defined in section 190.100, on the 16 same pay scale it uses for its employees who are licensed registered nurses.