

FIRST REGULAR SESSION

SENATE BILL NO. 625

102ND GENERAL ASSEMBLY

INTRODUCED BY SENATOR RAZER.

2450S.01H

KRISTINA MARTIN, Secretary

AN ACT

To repeal sections 67.145, 105.500, 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 twelve new sections relating to emergency medical services.

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

Section A. Sections 67.145, 105.500, 190.100, 190.103,
2 190.142, 190.147, 192.2405, 208.1032, 285.040, 321.225,
3 321.620, and 537.037, RSMo, are repealed and twelve new sections
4 enacted in lieu thereof, to be known as sections 67.145,
5 105.500, 190.100, 190.103, 190.142, 190.147, 192.2405,
6 208.1032, 285.040, 321.225, 321.620, and 537.037, to read as
7 follows:

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

7 2. As used in this section, "first responder" means
8 any person trained and authorized by law or rule to render
9 emergency medical assistance or treatment. Such persons may
10 include, but shall not be limited to, emergency first
11 responders, police officers, sheriffs, deputy sheriffs,
12 firefighters, [ambulance attendants and attendant drivers,]
13 emergency medical technicians, [mobile emergency medical

EXPLANATION-Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

14 technicians, emergency medical technician-paramedics,]
15 registered nurses, or physicians.

105.500. For purposes of sections 105.500 to 105.598,
2 unless the context otherwise requires, the following words
3 and phrases mean:

4 (1) "Bargaining unit", a unit of public employees at
5 any plant or installation or in a craft or in a function of
6 a public body that establishes a clear and identifiable
7 community of interest among the public employees concerned;

8 (2) "Board", the state board of mediation established
9 under section 295.030;

10 (3) "Department", the department of labor and
11 industrial relations established under section 286.010;

12 (4) "Exclusive bargaining representative", an
13 organization that has been designated or selected, as
14 provided in section 105.575, by a majority of the public
15 employees in a bargaining unit as the representative of such
16 public employees in such unit for purposes of collective
17 bargaining;

18 (5) "Labor organization", any organization, agency, or
19 public employee representation committee or plan, in which
20 public employees participate and that exists for the
21 purpose, in whole or in part, of dealing with a public body
22 or public bodies concerning collective bargaining,
23 grievances, labor disputes, wages, rates of pay, hours of
24 employment, or conditions of work;

25 (6) "Public body", the state of Missouri, or any
26 officer, agency, department, bureau, division, board or
27 commission of the state, or any other political subdivision
28 or special district of or within the state. Public body
29 shall not include the department of corrections;

30 (7) "Public employee", any person employed by a public
31 body;

32 (8) "Public safety labor organization", a labor
33 organization wholly or primarily representing persons
34 trained or authorized by law or rule to render emergency
35 medical assistance or treatment, including, but not limited
36 to, firefighters, [ambulance attendants, attendant drivers,]
37 emergency medical technicians, [emergency medical technician
38 paramedics,] dispatchers, registered nurses and physicians,
39 and persons who are vested with the power of arrest for
40 criminal code violations including, but not limited to,
41 police officers, sheriffs, and deputy sheriffs.

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

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

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

15 (3) "Ambulance", any privately or publicly owned
16 vehicle or craft that is specially designed, constructed or
17 modified, staffed or equipped for, and is intended or used,
18 maintained or operated for the transportation of persons who
19 are sick, injured, wounded or otherwise incapacitated or
20 helpless, or who require the presence of medical equipment

21 being used on such individuals, but the term does not
22 include any motor vehicle specially designed, constructed or
23 converted for the regular transportation of persons who are
24 disabled, handicapped, normally using a wheelchair, or
25 otherwise not acutely ill, or emergency vehicles used within
26 airports;

27 (4) "Ambulance service", a person or entity that
28 provides emergency or nonemergency ambulance transportation
29 and services, or both, in compliance with sections 190.001
30 to 190.245, and the rules promulgated by the department
31 pursuant to sections 190.001 to 190.245;

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

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

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

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

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

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

51 (11) "Emergency", the sudden and, at the time,
52 unexpected onset of a health condition that manifests itself

53 by symptoms of sufficient severity that would lead a prudent
54 layperson, possessing an average knowledge of health and
55 medicine, to believe that the absence of immediate medical
56 care could result in:

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

60 (b) Serious impairment to a bodily function;

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

62 (d) Inadequately controlled pain;

63 (12) "Emergency medical dispatcher", a person who
64 receives emergency calls from the public and has
65 successfully completed an emergency medical dispatcher
66 course, meeting or exceeding the national curriculum of the
67 United States Department of Transportation and any
68 modifications to such curricula specified by the department
69 through rules adopted pursuant to sections 190.001 to
70 190.245;

71 (13) "Emergency medical responder", a person who has
72 successfully completed an emergency first response course
73 meeting or exceeding the national curriculum of the U.S.
74 Department of Transportation and any modifications to such
75 curricula specified by the department through rules adopted
76 under sections 190.001 to 190.245 and who provides emergency
77 medical care through employment by or in association with an
78 emergency medical response agency;

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

83 (15) "Emergency medical services for children (EMS-C)
84 system", the arrangement of personnel, facilities and

85 equipment for effective and coordinated delivery of
86 pediatric emergency medical services required in prevention
87 and management of incidents which occur as a result of a
88 medical emergency or of an injury event, natural disaster or
89 similar situation;

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

96 (17) "Emergency medical technician", a person licensed
97 in emergency medical care in accordance with standards
98 prescribed by sections 190.001 to 190.245, and by rules
99 adopted by the department pursuant to sections 190.001 to
100 190.245;

101 (18) ["Emergency medical technician-basic" or "EMT-B",
102 a person who has successfully completed a course of
103 instruction in basic life support as prescribed by the
104 department and is licensed by the department in accordance
105 with standards prescribed by sections 190.001 to 190.245 and
106 rules adopted by the department pursuant to sections 190.001
107 to 190.245;

108 (19)] "Emergency medical technician-community
109 paramedic", "community paramedic", or "EMT-CP", a person who
110 is certified as an emergency medical technician-paramedic
111 and is certified by the department in accordance with
112 standards prescribed in section 190.098;

113 [(20) "Emergency medical technician-paramedic" or "EMT-
114 P", a person who has successfully completed a course of
115 instruction in advanced life support care as prescribed by
116 the department and is licensed by the department in

117 accordance with sections 190.001 to 190.245 and rules
118 adopted by the department pursuant to sections 190.001 to
119 190.245;

120 [(21)] (19) "Emergency services", health care items and
121 services furnished or required to screen and stabilize an
122 emergency which may include, but shall not be limited to,
123 health care services that are provided in a licensed
124 hospital's emergency facility by an appropriate provider or
125 by an ambulance service or emergency medical response agency;

126 [(22)] (20) "Health care facility", a hospital,
127 nursing home, physician's office or other fixed location at
128 which medical and health care services are performed;

129 [(23)] (21) "Hospital", an establishment as defined in
130 the hospital licensing law, subsection 2 of section 197.020,
131 or a hospital operated by the state;

132 [(24)] (22) "Medical control", supervision provided by
133 or under the direction of physicians, or their designated
134 registered nurse, including both online medical control,
135 instructions by radio, telephone, or other means of direct
136 communications, and offline medical control through
137 supervision by treatment protocols, case review, training,
138 and standing orders for treatment;

139 [(25)] (23) "Medical direction", medical guidance and
140 supervision provided by a physician to an emergency services
141 provider or emergency medical services system;

142 [(26)] (24) "Medical director", a physician licensed
143 pursuant to chapter 334 designated by the ambulance service
144 or emergency medical response agency and who meets criteria
145 specified by the department by rules pursuant to sections
146 190.001 to 190.245;

147 [(27)] (25) "Memorandum of understanding", an
148 agreement between an emergency medical response agency or

149 dispatch agency and an ambulance service or services within
150 whose territory the agency operates, in order to coordinate
151 emergency medical services;

152 **(26) "Paramedic", a person who has successfully**
153 **completed a course of instruction in advanced life support**
154 **care as prescribed by the department and is licensed by the**
155 **department in accordance with sections 190.001 to 190.245**
156 **and rules adopted by the department pursuant to sections**
157 **190.001 to 190.245;**

158 [(28)] **(27) "Patient", an individual who is sick,**
159 **injured, wounded, diseased, or otherwise incapacitated or**
160 **helpless, or dead, excluding deceased individuals being**
161 **transported from or between private or public institutions,**
162 **homes or cemeteries, and individuals declared dead prior to**
163 **the time an ambulance is called for assistance;**

164 [(29)] **(28) "Person", as used in these definitions and**
165 **elsewhere in sections 190.001 to 190.245, any individual,**
166 **firm, partnership, copartnership, joint venture,**
167 **association, cooperative organization, corporation,**
168 **municipal or private, and whether organized for profit or**
169 **not, state, county, political subdivision, state department,**
170 **commission, board, bureau or fraternal organization, estate,**
171 **public trust, business or common law trust, receiver,**
172 **assignee for the benefit of creditors, trustee or trustee in**
173 **bankruptcy, or any other service user or provider;**

174 [(30)] **(29) "Physician", a person licensed as a**
175 **physician pursuant to chapter 334;**

176 [(31)] **(30) "Political subdivision", any municipality,**
177 **city, county, city not within a county, ambulance district**
178 **or fire protection district located in this state which**
179 **provides or has authority to provide ambulance service;**

180 [(32)] (31) "Professional organization", any organized
181 group or association with an ongoing interest regarding
182 emergency medical services. Such groups and associations
183 could include those representing volunteers, labor,
184 management, firefighters, [EMT-B's,] EMTs, nurses, [EMT-
185 P's,] paramedics, physicians, communications specialists and
186 instructors. Organizations could also represent the
187 interests of ground ambulance services, air ambulance
188 services, fire service organizations, law enforcement,
189 hospitals, trauma centers, communication centers, pediatric
190 services, labor unions and poison control services;

191 [(33)] (32) "Proof of financial responsibility", proof
192 of ability to respond to damages for liability, on account
193 of accidents occurring subsequent to the effective date of
194 such proof, arising out of the ownership, maintenance or use
195 of a motor vehicle in the financial amount set in rules
196 promulgated by the department, but in no event less than the
197 statutory minimum required for motor vehicles. Proof of
198 financial responsibility shall be used as proof of self-
199 insurance;

200 [(34)] (33) "Protocol", a predetermined, written
201 medical care guideline, which may include standing orders;

202 [(35)] (34) "Regional EMS advisory committee", a
203 committee formed within an emergency medical services (EMS)
204 region to advise ambulance services, the state advisory
205 council on EMS and the department;

206 [(36)] (35) "Specialty care transportation", the
207 transportation of a patient requiring the services of an
208 emergency medical technician-paramedic who has received
209 additional training beyond the training prescribed by the
210 department. Specialty care transportation services shall be
211 defined in writing in the appropriate local protocols for

212 ground and air ambulance services and approved by the local
213 physician medical director. The protocols shall be
214 maintained by the local ambulance service and shall define
215 the additional training required of the emergency medical
216 technician-paramedic;

217 [(37)] (36) "Stabilize", with respect to an emergency,
218 the provision of such medical treatment as may be necessary
219 to attempt to assure within reasonable medical probability
220 that no material deterioration of an individual's medical
221 condition is likely to result from or occur during ambulance
222 transportation unless the likely benefits of such
223 transportation outweigh the risks;

224 [(38)] (37) "State advisory council on emergency
225 medical services", a committee formed to advise the
226 department on policy affecting emergency medical service
227 throughout the state;

228 [(39)] (38) "State EMS medical directors advisory
229 committee", a subcommittee of the state advisory council on
230 emergency medical services formed to advise the state
231 advisory council on emergency medical services and the
232 department on medical issues;

233 [(40)] (39) "STEMI" or "ST-elevation myocardial
234 infarction", a type of heart attack in which impaired blood
235 flow to the patient's heart muscle is evidenced by ST-
236 segment elevation in electrocardiogram analysis, and as
237 further defined in rules promulgated by the department under
238 sections 190.001 to 190.250;

239 [(41)] (40) "STEMI care", includes education and
240 prevention, emergency transport, triage, and acute care and
241 rehabilitative services for STEMI that requires immediate
242 medical or surgical intervention or treatment;

243 [(42)] (41) "STEMI center", a hospital that is
244 currently designated as such by the department to care for
245 patients with ST-segment elevation myocardial infarctions;

246 [(43)] (42) "Stroke", a condition of impaired blood
247 flow to a patient's brain as defined by the department;

248 [(44)] (43) "Stroke care", includes emergency
249 transport, triage, and acute intervention and other acute
250 care services for stroke that potentially require immediate
251 medical or surgical intervention or treatment, and may
252 include education, primary prevention, acute intervention,
253 acute and subacute management, prevention of complications,
254 secondary stroke prevention, and rehabilitative services;

255 [(45)] (44) "Stroke center", a hospital that is
256 currently designated as such by the department;

257 [(46)] (45) "Time-critical diagnosis", trauma care,
258 stroke care, and STEMI care occurring either outside of a
259 hospital or in a center designated under section 190.241;

260 [(47)] (46) "Time-critical diagnosis advisory
261 committee", a committee formed under section 190.257 to
262 advise the department on policies impacting trauma, stroke,
263 and STEMI center designations; regulations on trauma care,
264 stroke care, and STEMI care; and the transport of trauma,
265 stroke, and STEMI patients;

266 [(48)] (47) "Trauma", an injury to human tissues and
267 organs resulting from the transfer of energy from the
268 environment;

269 [(49)] (48) "Trauma care" includes injury prevention,
270 triage, acute care and rehabilitative services for major
271 single system or multisystem injuries that potentially
272 require immediate medical or surgical intervention or
273 treatment;

274 [(50)] (49) "Trauma center", a hospital that is
275 currently designated as such by the department.

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

27 2. A medical director is required for all ambulance
28 services and emergency medical response agencies that
29 provide: advanced life support services; basic life support
30 services utilizing medications or providing assistance with

31 patients' medications; or basic life support services
32 performing invasive procedures including invasive airway
33 procedures. The medical director shall provide medical
34 direction to these services and agencies in these instances.

35 3. The medical director, in cooperation with the
36 ambulance service or emergency medical response agency
37 administrator, shall have the responsibility and the
38 authority to ensure that the personnel working under their
39 supervision are able to provide care meeting established
40 standards of care with consideration for state and national
41 standards as well as local area needs and resources. The
42 medical director, in cooperation with the ambulance service
43 or emergency medical response agency administrator, shall
44 establish and develop triage, treatment and transport
45 protocols, which may include authorization for standing
46 orders. Emergency medical technicians shall only perform
47 those medical procedures as directed by treatment protocols
48 approved by the local medical director or when authorized
49 through direct communication with online medical control.

50 4. All ambulance services and emergency medical
51 response agencies that are required to have a medical
52 director shall establish an agreement between the service or
53 agency and their medical director. The agreement will
54 include the roles, responsibilities and authority of the
55 medical director beyond what is granted in accordance with
56 sections 190.001 to 190.245 and rules adopted by the
57 department pursuant to sections 190.001 to 190.245. The
58 agreement shall also include grievance procedures regarding
59 the emergency medical response agency or ambulance service,
60 personnel and the medical director.

61 5. Regional EMS medical directors and the state EMS
62 medical director elected as provided under subsection 1 of

63 this section shall be considered public officials for
64 purposes of sovereign immunity, official immunity, and the
65 Missouri public duty doctrine defenses.

66 6. The state EMS medical director's advisory committee
67 shall be considered a peer review committee under section
68 537.035.

69 7. Regional EMS medical directors may act to provide
70 online telecommunication medical direction to AEMTs, [EMT-
71 Bs, EMT-Ps] **EMTs, paramedics**, and community paramedics and
72 provide offline medical direction per standardized
73 treatment, triage, and transport protocols when EMS
74 personnel, including AEMTs, [EMT-Bs, EMT-Ps] **EMTs,**
75 **paramedics**, and community paramedics, are providing care to
76 special needs patients or at the request of a local EMS
77 agency or medical director.

78 8. When developing treatment protocols for special
79 needs patients, regional EMS medical directors may
80 promulgate such protocols on a regional basis across
81 multiple political subdivisions' jurisdictional boundaries,
82 and such protocols may be used by multiple agencies
83 including, but not limited to, ambulance services, emergency
84 response agencies, and public health departments. Treatment
85 protocols shall include steps to ensure the receiving
86 hospital is informed of the pending arrival of the special
87 needs patient, the condition of the patient, and the
88 treatment instituted.

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

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

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

103 12. Notwithstanding any other provision of law to the
104 contrary, when regional EMS medical directors are providing
105 either online telecommunication medical direction to AEMTs,
106 [EMT-Bs, EMT-Ps] **EMTs, paramedics**, and community paramedics,
107 or offline medical direction per standardized EMS treatment,
108 triage, and transport protocols for patients, those medical
109 directions or treatment protocols may include the
110 administration of the patient's own prescription medications.

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

8 (2) For applications submitted after the recognition
9 of EMS personnel licensure interstate compact under sections
10 190.900 to 190.939 takes effect, an applicant for initial
11 licensure as an emergency medical technician in this state
12 shall submit to a background check by the Missouri state
13 highway patrol and the Federal Bureau of Investigation
14 through a process approved by the department of health and
15 senior services. Such processes may include the use of
16 vendors or systems administered by the Missouri state

17 highway patrol. The department may share the results of
18 such a criminal background check with any emergency services
19 licensing agency in any member state, as that term is
20 defined under section 190.900, in recognition of the EMS
21 personnel licensure interstate compact. The department
22 shall not issue a license until the department receives the
23 results of an applicant's criminal background check from the
24 Missouri state highway patrol and the Federal Bureau of
25 Investigation, but, notwithstanding this subsection, the
26 department may issue a temporary license as provided under
27 section 190.143. Any fees due for a criminal background
28 check shall be paid by the applicant.

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

31 2. The department shall issue a license to all levels
32 of emergency medical technicians, for a period of five
33 years, if the applicant meets the requirements established
34 pursuant to sections 190.001 to 190.245 and the rules
35 adopted by the department pursuant to sections 190.001 to
36 190.245. The department may promulgate rules relating to
37 the requirements for an emergency medical technician
38 including but not limited to:

39 (1) Age requirements;

40 (2) Emergency medical technician and paramedic
41 education and training requirements based on respective
42 National Emergency Medical Services Education Standards and
43 any modification to such curricula specified by the
44 department through rules adopted pursuant to sections
45 190.001 to 190.245;

46 (3) Paramedic accreditation requirements. Paramedic
47 training programs shall be accredited by the Commission on

48 Accreditation of Allied Health Education Programs (CAAHEP)
49 or hold a CAAHEP letter of review;

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

53 (5) Continuing education and relicensure requirements;
54 and

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

57 3. Application for all levels of emergency medical
58 technician license shall be made upon such forms as
59 prescribed by the department in rules adopted pursuant to
60 sections 190.001 to 190.245. The application form shall
61 contain such information as the department deems necessary
62 to make a determination as to whether the emergency medical
63 technician meets all the requirements of sections 190.001 to
64 190.245 and rules promulgated pursuant to sections 190.001
65 to 190.245.

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

68 (1) Consistent with the training, education and
69 experience of the particular emergency medical technician;
70 and

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

73 5. No person shall hold themselves out as an emergency
74 medical technician or provide the services of an emergency
75 medical technician unless such person is licensed by the
76 department.

77 6. Any rule or portion of a rule, as that term is
78 defined in section 536.010, that is created under the
79 authority delegated in this section shall become effective

80 only if it complies with and is subject to all of the
81 provisions of chapter 536 and, if applicable, section
82 536.028. This section and chapter 536 are nonseverable and
83 if any of the powers vested with the general assembly
84 pursuant to chapter 536 to review, to delay the effective
85 date, or to disapprove and annul a rule are subsequently
86 held unconstitutional, then the grant of rulemaking
87 authority and any rule proposed or adopted after August 28,
88 2002, shall be invalid and void.

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

18 (1) The [EMT-P] **paramedic** shall have completed a
19 standard crisis intervention training course as endorsed and
20 developed by the state EMS medical director's advisory
21 committee;

22 (2) The [EMT-P] **paramedic** shall have been authorized
23 by his or her ground or air ambulance service's

24 administration and medical director under subsection 3 of
25 section 190.103; and

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

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

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

36 (c) Patient restraint protocols shall be based upon
37 current applicable national guidelines.

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

44 3. **[EMT-Ps] Paramedics** who have made a good faith
45 decision for a temporary hold of a patient as authorized by
46 this section shall no longer have to rely on the common law
47 doctrine of implied consent and therefore shall not be
48 civilly liable for a good faith determination made in
49 accordance with this section and shall not have waived any
50 sovereign immunity defense, official immunity defense, or
51 Missouri public duty doctrine defense if employed at the
52 time of the good faith determination by a government
53 employer.

54 4. Any ground or air ambulance service that adopts the
55 authority and protocols provided for by this section shall

56 have a memorandum of understanding with applicable local law
57 enforcement agencies in order to achieve a collaborative and
58 coordinated response to patients displaying symptoms of
59 either a likelihood of serious harm to themselves or others
60 or significant incapacitation by alcohol or drugs, which
61 require a crisis intervention response. The memorandum of
62 understanding shall include, but not be limited to, the
63 following:

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

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

69 (3) Field interaction between paramedics and law
70 enforcement, including patient destination and
71 transportation; and

72 (4) Coordination of program quality assurance.

73 5. The physical restraint of a patient by an emergency
74 medical technician under the authority of this section shall
75 be permitted only in order to provide for the safety of
76 bystanders, the patient, or emergency personnel due to an
77 imminent or immediate danger, or upon approval by local
78 medical control through direct communications. Restraint
79 shall also be permitted through cooperation with on-scene
80 law enforcement officers. All incidents involving patient
81 restraint used under the authority of this section shall be
82 reviewed by the ambulance service physician medical director.

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

4 (1) Any person having reasonable cause to suspect that
5 an eligible adult presents a likelihood of suffering serious

6 physical harm, or bullying as defined in subdivision (2) of
7 section 192.2400, and is in need of protective services; and

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

36 2. Any other person who becomes aware of circumstances
37 that may reasonably be expected to be the result of, or

38 result in, abuse or neglect of an eligible adult may report
39 to the department.

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

43 4. As used in this section, "first responder" means
44 any person trained and authorized by law or rule to render
45 emergency medical assistance or treatment. Such persons may
46 include, but shall not be limited to, emergency first
47 responders, police officers, sheriffs, deputy sheriffs,
48 firefighters, **or** emergency medical technicians[, **or**
49 **emergency medical technician-paramedics**].

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

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

15 (1) Provides ground emergency medical transportation
16 services to MO HealthNet participants;

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

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

21 3. (1) To the extent intergovernmental transfers are
22 voluntarily made by and accepted from an eligible provider
23 described in subsection 2 of this section or a governmental
24 entity affiliated with an eligible provider, the department
25 of social services shall make increased capitation payments
26 to applicable MO HealthNet eligible providers for covered
27 ground emergency medical transportation services.

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

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

38 (4) MO HealthNet managed care plans and coordinated
39 care organizations shall pay one hundred percent of any
40 amount of increased capitation payments made under this
41 section to eligible providers for providing and making
42 available ground emergency medical transportation and
43 prestabilization services pursuant to a contract or other
44 arrangement with a MO HealthNet managed care plan or
45 coordinated care organization.

46 4. The intergovernmental transfer program developed
47 under this section shall be implemented on the date federal
48 approval is obtained, and only to the extent
49 intergovernmental transfers from the eligible provider, or
50 the governmental entity with which it is affiliated, are
51 provided for this purpose. The department of social
52 services shall implement the intergovernmental transfer

53 program and increased capitation payments under this section
54 on a retroactive basis as permitted by federal law.

55 5. Participation in the intergovernmental transfers
56 under this section is voluntary on the part of the
57 transferring entities for purposes of all applicable federal
58 laws.

59 6. As a condition of participation under this section,
60 each eligible provider as described in subsection 2 of this
61 section or the governmental entity affiliated with an
62 eligible provider shall agree to reimburse the department of
63 social services for any costs associated with implementing
64 this section. Intergovernmental transfers described in this
65 section are subject to an administration fee of up to twenty
66 percent of the nonfederal share paid to the department of
67 social services and shall be allowed to count as a cost of
68 providing the services not to exceed one hundred twenty
69 percent of the total amount.

70 7. As a condition of participation under this section,
71 MO HealthNet managed care plans, coordinated care
72 organizations, eligible providers as described in subsection
73 2 of this section, and governmental entities affiliated with
74 eligible providers shall agree to comply with any requests
75 for information or similar data requirements imposed by the
76 department of social services for purposes of obtaining
77 supporting documentation necessary to claim federal funds or
78 to obtain federal approvals.

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

83 9. To the extent that the director of the department
84 of social services determines that the payments made under

85 this section do not comply with federal Medicaid
86 requirements, the director retains the discretion to return
87 or not accept an intergovernmental transfer, and may adjust
88 payments under this section as necessary to comply with
89 federal Medicaid requirements.

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

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

15 3. Public safety employees of a city not within a
16 county who are hired after August 31, 2023, may be subject
17 to a residency rule no more restrictive than a requirement
18 of retaining a primary residence in a city not within a
19 county for a total of seven years and of then allowing the
20 public safety employee to maintain a primary residence
21 outside the city not within a county so long as the primary
22 residence is located within a one-hour response time.

321.225. 1. A fire protection district may, in
2 addition to its other powers and duties, provide emergency
3 ambulance service within its district if a majority of the
4 voters voting thereon approve a proposition to furnish such
5 service and to levy a tax not to exceed thirty cents on the

6 one hundred dollars assessed valuation to be used
7 exclusively to supply funds for the operation of an
8 emergency ambulance service. The district shall exercise
9 the same powers and duties in operating an emergency
10 ambulance service as it does in operating its fire
11 protection service.

12 2. The proposition to furnish emergency ambulance
13 service may be submitted by the board of directors at any
14 municipal general, primary or general election or at any
15 election of the members of the board.

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

18 Shall the board of directors of _____ Fire
19 Protection District be authorized to provide
20 emergency ambulance service within the district
21 and be authorized to levy a tax not to exceed
22 thirty cents on the one hundred dollars assessed
23 valuation to provide funds for such service?

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

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

31 6. In addition to all other taxes authorized on or
32 before September 1, 1990, the board of directors of any fire
33 protection district may, if a majority of the voters of the
34 district voting thereon approve, levy an additional tax of
35 not more than forty cents per one hundred dollars of
36 assessed valuation to be used for the support of the
37 ambulance service or partial or complete support of [an

69 subsection, any levy previously authorized shall remain in
70 effect.

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

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

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

22 Shall the board of directors of _____ Fire
23 Protection District be authorized to provide
24 ambulance service within the district and be
25 authorized to levy a tax not to exceed thirty
26 cents on the one hundred dollars assessed
27 valuation to provide funds for such service?

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

31 5. In addition to all other taxes authorized on or
32 before September 1, 1990, the board of directors of any fire
33 protection district may, if a majority of the voters of the
34 district voting thereon approve, levy an additional tax of
35 not more than forty cents per one hundred dollars of
36 assessed valuation to be used for the support of the
37 ambulance service, or partial or complete support of [an
38 emergency medical technician defibrillator program or
39 partial or complete support of an emergency medical
40 technician] a paramedic first responder program. The
41 proposition to levy the tax authorized by this subsection
42 may be submitted by the board of directors at the next
43 annual election of the members of the board or at any
44 regular municipal or school election conducted by the county
45 clerk or board of election commissioners in such district or
46 at a special election called for the purpose, or upon
47 petition of five hundred registered voters of the district.
48 A separate ballot containing the question shall read as
49 follows:

50 Shall the board of directors of the _____ Fire
51 Protection District be authorized to levy an
52 additional tax of not more than forty cents per
53 one hundred dollars assessed valuation to provide
54 funds for the support of an ambulance service or
55 partial or complete support of an emergency
56 medical technician defibrillator program or
57 partial or complete support of an emergency
58 medical technician paramedic first responder
59 program?

60 FOR THE PROPOSITION

61 AGAINST THE PROPOSITION

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

64 If a majority of the qualified voters casting votes thereon
65 be in favor of the question, the board of directors shall
66 accordingly levy a tax in accordance with the provisions of
67 this subsection, but if a majority of voters casting votes
68 thereon do not vote in favor of the levy authorized by this
69 subsection, any levy previously authorized shall remain in
70 effect.

537.037. 1. Any physician or surgeon, registered
2 professional nurse or licensed practical nurse licensed to
3 practice in this state under the provisions of chapter 334
4 or 335, or licensed to practice under the equivalent laws of
5 any other state and any person licensed as [a mobile] an
6 emergency medical technician under the provisions of chapter
7 190, may:

8 (1) In good faith render emergency care or assistance,
9 without compensation, at the scene of an emergency or
10 accident, and shall not be liable for any civil damages for
11 acts or omissions other than damages occasioned by gross
12 negligence or by willful or wanton acts or omissions by such
13 person in rendering such emergency care;

14 (2) In good faith render emergency care or assistance,
15 without compensation, to any minor involved in an accident,
16 or in competitive sports, or other emergency at the scene of
17 an accident, without first obtaining the consent of the
18 parent or guardian of the minor, and shall not be liable for
19 any civil damages other than damages occasioned by gross
20 negligence or by willful or wanton acts or omissions by such
21 person in rendering the emergency care.

22 2. Any other person who has been trained to provide
23 first aid in a standard recognized training program may,
24 without compensation, render emergency care or assistance to

25 the level for which he or she has been trained, at the scene
26 of an emergency or accident, and shall not be liable for
27 civil damages for acts or omissions other than damages
28 occasioned by gross negligence or by willful or wanton acts
29 or omissions by such person in rendering such emergency care.

30 3. Any mental health professional, as defined in
31 section 632.005, or qualified counselor, as defined in
32 section 631.005, or any practicing medical, osteopathic, or
33 chiropractic physician, or certified nurse practitioner, or
34 physicians' assistant may in good faith render suicide
35 prevention interventions at the scene of a threatened
36 suicide and shall not be liable for any civil damages for
37 acts or omissions other than damages occasioned by gross
38 negligence or by willful or wanton acts or omissions by such
39 person in rendering such suicide prevention interventions.

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

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