

FIRST REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 226
99TH GENERAL ASSEMBLY

0893H.02C

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal sections 190.103 and 190.144, RSMo, and to enact in lieu thereof two new sections relating to emergency medical services.

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

Section A. Sections 190.103 and 190.144, RSMo, are repealed and two new sections
2 enacted in lieu thereof, to be known as sections 190.103 and 190.144, to read as follows:

190.103. 1. One physician with expertise in emergency medical services from each of
2 the EMS regions shall be elected by that region's EMS medical directors to serve as a regional
3 EMS medical director. The regional EMS medical directors shall constitute the state EMS
4 medical director's advisory committee and shall advise the department and their region's
5 ambulance services on matters relating to medical control and medical direction in accordance
6 with sections 190.001 to 190.245 and rules adopted by the department pursuant to sections
7 190.001 to 190.245. The regional EMS medical director shall serve a term of four years. The
8 southwest, northwest, and Kansas City regional EMS medical directors shall be elected to an
9 initial two-year term. The central, east central, and southeast regional EMS medical directors
10 shall be elected to an initial four-year term. All subsequent terms following the initial terms shall
11 be four years. **The state EMS medical director shall be the chair of the state EMS medical**
12 **director's advisory committee.**

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

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.

18 3. The medical director, in cooperation with the ambulance service or emergency
19 medical response agency administrator, shall have the responsibility and the authority to ensure
20 that the personnel working under their supervision are able to provide care meeting established
21 standards of care with consideration for state and national standards as well as local area needs
22 and resources. The medical director, in cooperation with the ambulance service or emergency
23 medical response agency administrator, shall establish and develop triage, treatment and
24 transport protocols, which may include authorization for standing orders.

25 4. All ambulance services and emergency medical response agencies that are required
26 to have a medical director shall establish an agreement between the service or agency and their
27 medical director. The agreement will include the roles, responsibilities and authority of the
28 medical director beyond what is granted in accordance with sections 190.001 to 190.245 and
29 rules adopted by the department pursuant to sections 190.001 to 190.245. The agreement shall
30 also include grievance procedures regarding the emergency medical response agency or
31 ambulance service, personnel and the medical director.

32 **5. Regional EMS medical directors elected as provided under subsection 1 of this**
33 **section shall be considered public officials for purposes of sovereign immunity, official**
34 **immunity, and the Missouri public duty doctrine defenses.**

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

37 **7. Regional EMS medical directors may act to provide online telecommunication**
38 **medical direction to EMT-Bs, EMT-Is, EMT-Ps, and community paramedics and provide**
39 **offline medical direction per standardized treatment, triage, and transport protocols when**
40 **EMS personnel, including EMT-Bs, EMT-Is, EMT-Ps, and community paramedics, are**
41 **providing care to special needs patients or at the request of a local EMS agency or medical**
42 **director.**

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

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

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

57 **11. Notwithstanding any other provision of law, when regional EMS medical**
58 **directors are providing either online telecommunication medical direction to EMT-Bs,**
59 **EMT-Is, EMT-Ps, and community paramedics, or offline medical direction per**
60 **standardized EMS treatment, triage, and transport protocols for patients, those medical**
61 **directions or treatment protocols may include the administration of the patient's own**
62 **prescription medications.**

 190.144. 1. No emergency medical technician licensed under section 190.142 or
2 190.143, if acting in good faith and without gross negligence, shall be liable for:

3 (1) Transporting a person for whom an application for detention for evaluation and
4 treatment has been filed under section 631.115 or 632.305; [øø]

5 (2) Physically or chemically restraining an at-risk behavioral health patient as that term
6 is defined under section 190.240 if such restraint is to ensure the safety of the patient or
7 technician; or

8 **(3) The administration of a patient's personal medication when deemed necessary.**

9 **2. Nothing in this section shall be construed as creating an exception to sovereign**
10 **immunity, official immunity, or the Missouri public duty doctrine defenses.**

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