

CCS HCS SS SB 870 -- EMERGENCY MEDICAL SERVICES

This bill modifies several provisions relating to emergency medical services.

MUTUAL AID REGION WITH KANSAS AND OKLAHOMA

The bill provides that all law enforcement officers in the law enforcement mutual aid region, defined in the bill, shall be permitted in critical incidents to respond to lawful requests for aid in any other jurisdiction in the law enforcement mutual aid region. The on-scene incident commander, as defined by the National Incident Management System, shall have the authority to make a request for assistance in a critical incident and shall be responsible for on-scene management until command authority is transferred to another person.

In the event that an officer makes an arrest or apprehension outside his or her home state, the offender shall be delivered to the first officer who is commissioned in the jurisdiction in which the arrest was made.

If the Director of the Missouri Department of Public Safety determines that the State of Kansas or the State of Oklahoma has enacted legislation or that the Governor of the respective state has issued an executive order or similar action that permits the state's border counties to enter into a similar mutual-aid agreement, then the director shall execute and deliver to persons specified in the bill a written certification of such determination. Upon execution and delivery of such certification, and the parties receiving the certification providing a unanimous written affirmation, the provisions of the agreement shall be effective unless otherwise provided by law (Section 44.098, RSMo).

EMERGENCY SERVICES DISTRICTS

Currently, the law provides that ambulance and fire protection districts are entitled to a reimbursement of between 50% and 100% of the amount of the district's tax increment deposited into the Special Allocation Fund of a tax increment financing district. This bill provides that ambulance and fire protection districts and counties operating a 911 center providing emergency or dispatch services shall annually set such reimbursement rates prior to the time the assessment is paid into the fund. If the redevelopment plan, area, or project is amended, the ambulance or fire protection district or the governing body of a county operating a 911 center providing emergency or dispatch services shall have the right to recalculate the reimbursement rate.

This bill requires plans for Chapter 100 industrial development projects to identify ambulance and fire protection districts that are impacted by such projects, and to include an analysis of the costs and benefits of such projects to such districts.

This bill also allows ambulance and fire protection districts and counties operating a 911 center providing emergency or dispatch services to receive a reimbursement of between 50% and 100% of the amount of ad valorem property tax revenues the district or county would have received in the absence of a property tax abatement or exemption provided for under a Chapter 100 industrial development project. Ambulance and fire protection districts and the governing body of a county operating a 911 center providing emergency or dispatch services shall annually set such reimbursement rate prior to the time the assessment is determined by the county assessor. If the redevelopment plan, area, or project is amended, the ambulance or fire protection district or county shall have the right to recalculate the reimbursement rate.

This bill also modifies the Urban Redevelopment Corporations Law by allowing ambulance and fire protection districts and counties operating a 911 center providing emergency or dispatch services to receive a reimbursement of between 50% and 100% of the amount of ad valorem property tax revenues the district or county would have received in the absence of the property tax abatement or exemption provided for under current law. Ambulance and fire protection districts and the governing body of a county operating a 911 center providing emergency or dispatch services shall annually set such reimbursement rate prior to the time the assessment is determined by the county assessor. If the redevelopment plan, area, or project is amended, the ambulance or fire protection district or the governing body of a county operating a 911 center providing emergency or dispatch services shall have the right to recalculate the reimbursement rate (Sections 99.848, 100.050, 100.059, and 335.110).

#### RETIREMENT PLAN BOARD MEMBER TRAINING

This bill changes the required number of hours for training for certain public employee retirement plan board members. New members shall complete an education program of at least six hours and board members who have served one or more years shall attend at least two hours annually of continuing education programs (Section 105.666).

#### SURVIVOR BENEFITS

This bill adds several professions, including air ambulance pilots, air ambulance registered professional nurses, air ambulance registered respiratory therapists, uniformed employees of the

Office of the State Fire Marshal, and specified emergency medical technicians, and their children and spouses, to the list of those eligible to receive a public safety officer or employee survivor grant from the Coordinating Board for Higher Education within the Department of Higher Education. The bill also adds those professions to the list of those eligible to receive compensation under the Line of Duty Compensation Act (Sections 173.260 and 287.243).

#### CERTAIN DEFINITIONS

This bill changes the term "emergency medical technician intermediate" to "advanced emergency medical technician."

Additionally, the term "first responder" is replaced by "emergency medical responder."

Finally, the definition of "medical control" is modified to include both online and offline medical control (Sections 135.090, 190.094, 190.100, 190.103, 190.105, 190.131, 190.143, 190.196, 190.246, and 191.630).

#### EMS MEDICAL DIRECTORS

This bill requires the state EMS medical director to be elected by the members of the regional EMS medical director's advisory committee, to serve a four-year term, and to coordinate EMS services between the EMS regions, as well as to promote educational efforts for agency medical directors, represent Missouri EMS nationally, and incorporate the EMS system into Missouri's health care system (Section 190.103).

#### EMS TRAINING

This bill modifies education, training, and accreditation requirements for emergency medical technicians and paramedics. Paramedic training programs shall be accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or hold a CAAHEP letter of review (Sections 190.131 and 190.142).

#### TREATMENT PROTOCOLS

Emergency medical technicians and paramedics shall only perform medical procedures as directed by treatment protocols approved by the regional medical director or as authorized through direct communication with online medical control.

Emergency medical technician paramedics (EMT-Ps) who have completed certain training, received authorization, and whose ambulance

service has adopted certain protocols may make a good faith determination that certain behavioral health patients must be placed in a temporary hold for transport to the nearest appropriate facility. Physical restraint of a patient shall be permitted only to provide for bystander, patient, or emergency personnel safety, as approved by local medical control, or in cooperation with onscene law enforcement. All incidents involving patient restraint shall be reviewed by the ambulance service physician medical director.

This bill also specifies that the EMT-Ps who have made such determinations shall no longer rely on the common law doctrine of implied consent and are not to be held civilly liable nor be considered to have waived certain specified defenses if employed by a government employer.

Any ambulance services adopting the authority and protocols under this bill shall have a memorandum of understanding with local law enforcement agencies to achieve a collaborative and coordinated response to patients displaying a likelihood of serious harm to themselves or others or significant incapacitation by alcohol or drugs (Sections 190.103 and 190.147).

#### DISCIPLINARY INVESTIGATIONS

Currently, licensed EMS providers who are the subjects of disciplinary investigations are instructed that they are not entitled to have holders of certain certificates, permits, or licenses present at an interview. This bill removes this prohibition against holders of certain certificates, permits, or licenses. Additionally, the bill provides that the Administrative Hearing Commission shall hear all relevant evidence on remediation activities of the licensee and shall make a recommendation to the Department of Health and Senior Services as to licensure disposition based on such evidence (Section 190.165).

#### EMS RECORDS

This bill provides that any information regarding the physical or mailing address, phone number, fax number, or email address of a licensed ambulance service or certified training entity shall not be considered confidential.

Nothing in this provision shall prohibit the Department of Health and Senior Services from releasing certain aggregate information in accordance with state law (Section 190.173).

#### EMS PERSONNEL LICENSURE INTERSTATE COMPACT

This bill authorizes Missouri to become a member state of the "Recognition of EMS Personnel Licensure Interstate Compact" and to adopt the provisions of authorization as specified in the bill. The purpose of the compact is to facilitate the exchange of information between member states regarding EMS personnel licensure, adverse actions, and significant investigatory information. The State Advisory Council on Emergency Medical Services shall monitor the implementation of the compact and make recommendations regarding Missouri's participation in the compact. Applicants for initial licensure as an emergency medical technician submitted after the recognition of the compact shall submit to a background check as provided in the bill.

A home state's license authorizes an individual to practice in a remote state under the privilege to practice if the home state meets certain requirements, as set forth in the bill. In order to exercise the privilege to practice under the terms and provisions of the compact, an individual shall:

- (1) Be at least 18 years of age;
- (2) Possess a current unrestricted license in a member state as an emergency medical technician (EMT), advanced emergency medical technician (AEMT), paramedic, or state-recognized and licensed level with a scope of practice and authority between EMT and paramedic; and
- (3) Practice under the supervision of a medical director.

If an individual's license in any home state is restricted, suspended, or revoked, the individual shall not be eligible to practice in a remote state until the individual's home state license is restored. Additionally, if an individual's privilege to practice in any remote state is restricted, suspended, or revoked, the individual shall not be eligible to practice in any remote state until the individual's privilege to practice is restored.

The circumstances under which an individual may practice in a remote state in the performance of emergency medical services are set forth in the bill, in conjunction with any rules created by the Interstate Commission for EMS Personnel Practice.

If a member state's governor declares a state of emergency or disaster that activates the Emergency Management Assistance Compact (EMAC), the terms of EMAC shall prevail over the terms or provisions of the compact with respect to any individual practicing in a remote state in response to such declaration against an individual's license issued by the home state. A remote state may take adverse action on an individual's privilege to practice within

the remote state.

The Interstate Commission for EMS Personnel Practice has powers as set forth in the bill, including the collection of an annual assessment from member states. Missouri shall not authorize an annual assessment greater than \$10,000 or an annual increase equal to the CPI-U. The commission shall meet at least once during each calendar year. The commission may hold closed meetings to discuss matters as specified in the bill.

The commission shall prescribe bylaws and rules to carry out the purposes and exercise the powers of the compact. The powers and duties of the commission are set forth in the bill.

Any member state may withdraw from the compact by enacting a statute repealing the same. A member state's withdrawal does not take effect until six months after enactment of the repealing statute (Sections 190.101, 190.142, and 190.900 to 190.939).

#### PHYSICAL RESTRAINTS USED ON PREGNANT OR POSTPARTUM OFFENDERS

Currently, a correctional center or city or county jail in a charter county or in St. Louis is prohibited from using restraints on a pregnant offender in her third trimester during transportation, medical appointments, labor, or 48 hours post delivery, unless extraordinary circumstances exist. Extraordinary circumstances occur when the offender is a substantial flight risk or restraints must be used to ensure the safety of the offender or others. When restraints are used, they must be the least restrictive and reasonable under the circumstances. Additionally, the corrections officer, sheriff, or jailer who determined that the restraints were necessary must document the incident within 48 hours. If a health care provider requests for restraints to not be used, then the corrections officer, sheriff, or jailer must remove all restraints.

The Sentencing and Corrections Oversight Commission and the Advisory Committee shall conduct biannual reviews of every report written on incidents where restraints were used by a corrections officer.

#### PHYSICAL RESTRAINTS USED ON PREGNANT OR POSTPARTUM OFFENDERS

Currently, a correctional center or city or county jail in a charter county or in St. Louis is prohibited from using restraints on a pregnant offender in her third trimester during transportation, medical appointments, labor, or 48 hours post delivery, unless extraordinary circumstances exist.

Extraordinary circumstances occur when the offender is a substantial flight risk or restraints must be used to ensure the safety of the offender or others. When restraints are used, they must be the least restrictive and reasonable under the circumstances. Additionally, the corrections officer, sheriff, or jailer who determined that the restraints were necessary must document the incident within 48 hours. If a health care provider requests for restraints to not be used, then the corrections officer, sheriff, or jailer must remove all restraints.

The Sentencing and Corrections Oversight Commission and the Advisory Committee shall conduct biannual reviews of every report written on incidents where restraints were used by a corrections officer.

Correctional centers and city and county jails shall ensure that employees are trained on the use of restraints for pregnant and postpartum offenders. Furthermore, the facilities must inform female offenders of procedures regarding care and custody of pregnant offenders and place such procedures in a common place (Section 217.151).

#### CLOSURE OF CERTAIN RECORDS

This bill specifies that the portion of a record that is individually identifiable health information under the "Health Insurance Portability and Accountability Act" (HIPAA) may be closed records as provided under Sections 610.100 to 610.105, if maintained by fire departments and fire protection districts. However, fire departments and fire protection districts still must produce incident reports that contain certain information as defined in the open records laws, and those reports are open records (Section 320.086).

#### BLOOD WITHDRAWALS

This bill states that a hospital and certain medical personnel may withdraw blood from a person in custody for the purpose of determining the alcohol content if they have the consent of the patient or are provided with a warrant (Section 577.029).

#### PEER SUPPORT SPECIALISTS

This bill prohibits peer support specialists from disclosing any confidential communication properly entrusted to the counselor by law enforcement and emergency personnel while receiving counseling (Section 590.1040).