

HOUSE AMENDMENT NO. _____
TO
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Offered By

AMEND House Amendment No. _____ to House Committee Substitute for Senate Committee Substitute for Senate Bill No. 403, Page 1, Line 1, by inserting after all of said line the following:

"Page 4, Section 135.690, Line 97, by inserting after all of said section and line the following:

"173.260. 1. As used in this section, unless the context clearly requires otherwise, the following terms mean:

(1) "Air ambulance pilot", a person certified as an air ambulance pilot in accordance with sections 190.001 to ~~[190.245]~~ 190.243 and corresponding regulations applicable to air ambulances adopted by the department of health and senior services;

(2) "Air ambulance registered professional nurse", a person licensed as a registered professional nurse in accordance with sections 335.011 to 335.096 and corresponding regulations adopted by the state board of nursing, 20 CSR 2200-4, et seq., who provides registered professional nursing services as a flight nurse in conjunction with an air ambulance program that is certified in accordance with sections 190.001 to ~~[190.245]~~ 190.243 and the corresponding regulations applicable to such programs;

(3) "Air ambulance registered respiratory therapist", a person licensed as a registered respiratory therapist in accordance with sections 334.800 to 334.930 and corresponding regulations adopted by the state board for respiratory care, who provides respiratory therapy services in conjunction with an air ambulance program that is certified in accordance with sections 190.001 to ~~[190.245]~~ 190.243 and corresponding regulations applicable to such programs;

(4) "Board", the coordinating board for higher education;

(5) "Eligible child", the natural, adopted or stepchild of a public safety officer or employee, as defined in this section, who is less than twenty-four years of age and who is a dependent of a public safety officer or employee or was a dependent at the time of death or permanent and total disability of a public safety officer or employee;

(6) "Emergency medical technician", a person licensed in emergency medical care in accordance with standards prescribed by sections 190.001 to ~~[190.245]~~ 190.243 and by rules adopted by the department of health and senior services under sections 190.001 to ~~[190.245]~~ 190.243;

(7) "Employee", any full-time employee of the department of transportation engaged in the construction or maintenance of the state's highways, roads and bridges;

(8) "Flight crew member", an individual engaged in flight responsibilities with an air ambulance licensed in accordance with sections 190.001 to ~~[190.245]~~ 190.243 and corresponding

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1 regulations applicable to such programs;

2 (9) "Grant", the public safety officer or employee survivor grant as established by this
3 section;

4 (10) "Institution of postsecondary education", any approved public or private institution as
5 defined in section 173.205;

6 (11) "Line of duty", any action of a public safety officer, whose primary function is crime
7 control or reduction, enforcement of the criminal law, or suppression of fires, is authorized or
8 obligated by law, rule, regulation or condition of employment or service to perform;

9 (12) "Public safety officer", any firefighter, uniformed employee of the office of the state
10 fire marshal, emergency medical technician, police officer, capitol police officer, parole officer,
11 probation officer, state correctional employee, water safety officer, park ranger, conservation officer
12 or highway patrolman employed by the state of Missouri or a political subdivision thereof who is
13 killed or permanently and totally disabled in the line of duty or any emergency medical technician,
14 air ambulance pilot, air ambulance registered professional nurse, air ambulance registered
15 respiratory therapist, or flight crew member who is killed or permanently and totally disabled in the
16 line of duty;

17 (13) "Permanent and total disability", a disability which renders a person unable to engage
18 in any gainful work;

19 (14) "Spouse", the husband, wife, widow or widower of a public safety officer or employee
20 at the time of death or permanent and total disability of such public safety officer;

21 (15) "Tuition", any tuition or incidental fee or both charged by an institution of
22 postsecondary education, as defined in this section, for attendance at that institution by a student as
23 a resident of this state.

24 2. Within the limits of the amounts appropriated therefor, the coordinating board for higher
25 education shall provide, as defined in this section, a grant for either of the following to attend an
26 institution of postsecondary education:

27 (1) An eligible child of a public safety officer or employee killed or permanently and totally
28 disabled in the line of duty; or

29 (2) A spouse of a public safety officer killed or permanently and totally disabled in the line
30 of duty.

31 3. An eligible child or spouse may receive a grant under this section only so long as the
32 child or spouse is enrolled in a program leading to a certificate, or an associate or baccalaureate
33 degree. In no event shall a child or spouse receive a grant beyond the completion of the first
34 baccalaureate degree or, in the case of a child, age twenty-four years, except that the child may
35 receive a grant through the completion of the semester or similar grading period in which the child
36 reaches his twenty-fourth year. No child or spouse shall receive more than one hundred percent of
37 tuition when combined with similar funds made available to such child or spouse.

38 4. The coordinating board for higher education shall:

39 (1) Promulgate all necessary rules and regulations for the implementation of this section;

40 (2) Determine minimum standards of performance in order for a child or spouse to remain
41 eligible to receive a grant under this program;

42 (3) Make available on behalf of an eligible child or spouse an amount toward the child's or
43 spouse's tuition which is equal to the grant to which the child or spouse is entitled under the
44 provisions of this section;

45 (4) Provide the forms and determine the procedures necessary for an eligible child or spouse
46 to apply for and receive a grant under this program.

47 5. An eligible child or spouse who is enrolled or has been accepted for enrollment as an
48 undergraduate postsecondary student at an approved institution of postsecondary education shall
49 receive a grant in an amount not to exceed the least of the following:

1 (1) The actual tuition, as defined in this section, charged at an approved institution where
2 the child or spouse is enrolled or accepted for enrollment; or

3 (2) The amount of tuition charged a Missouri resident at the University of Missouri for
4 attendance as a full-time student, as defined in section 173.205.

5 6. An eligible child or spouse who is a recipient of a grant may transfer from one approved
6 public or private institution of postsecondary education to another without losing his entitlement
7 under this section. The board shall make necessary adjustments in the amount of the grant. If a
8 grant recipient at anytime withdraws from the institution of postsecondary education so that under
9 the rules and regulations of that institution he is entitled to a refund of any tuition, fees, or other
10 charges, the institution shall pay the portion of the refund to which he is entitled attributable to the
11 grant for that semester or similar grading period to the board.

12 7. If an eligible child or spouse is granted financial assistance under any other student aid
13 program, public or private, the full amount of such aid shall be reported to the board by the
14 institution and the eligible child or spouse.

15 8. Nothing in this section shall be construed as a promise or guarantee that a person will be
16 admitted to an institution of postsecondary education or to a particular institution of postsecondary
17 education, will be allowed to continue to attend an institution of postsecondary education after
18 having been admitted, or will be graduated from an institution of postsecondary education.

19 9. A public safety officer who is permanently and totally disabled shall be eligible for a
20 grant pursuant to the provisions of this section.

21 10. An eligible child of a public safety officer or employee, spouse of a public safety officer
22 or public safety officer shall cease to be eligible for a grant pursuant to this section when such public
23 safety officer or employee is no longer permanently and totally disabled.

24 190.001. Sections 190.001 to [~~190.245~~] 190.243 shall be known and may be cited as the
25 "Comprehensive Emergency Medical Services Systems Act".

26 190.060. 1. An ambulance district shall have the following governmental powers, and all
27 other powers incidental, necessary, convenient or desirable to carry out and effectuate the express
28 powers:

29 (1) To establish and maintain an ambulance service within its corporate limits, and to
30 acquire for, develop, expand, extend and improve such service;

31 (2) To acquire land in fee simple, rights in land and easements upon, over or across land and
32 leasehold interests in land and tangible and intangible personal property used or useful for the
33 location, establishment, maintenance, development, expansion, extension or improvement of an
34 ambulance service. The acquisition may be by dedication, purchase, gift, agreement, lease, use or
35 adverse possession;

36 (3) To operate, maintain and manage the ambulance service, and to make and enter into
37 contracts for the use, operation or management of and to provide rules and regulations for the
38 operation, management or use of the ambulance service;

39 (4) To fix, charge and collect reasonable fees and compensation for the use of the ambulance
40 service according to the rules and regulations prescribed by the board from time to time;

41 (5) To borrow money and to issue bonds, notes, certificates, or other evidences of
42 indebtedness for the purpose of accomplishing any of its corporate purposes, subject to compliance
43 with any condition or limitation set forth in sections 190.001 to 190.090 or otherwise provided by
44 the Constitution of the state of Missouri;

45 (6) To employ or enter into contracts for the employment of any person, firm, or
46 corporation, and for professional services, necessary or desirable for the accomplishment of the
47 objects of the district or the proper administration, management, protection or control of its
48 property;

49 (7) To maintain the ambulance service for the benefit of the inhabitants of the area

1 comprising the district regardless of race, creed or color, and to adopt such reasonable rules and
 2 regulations as may be necessary to render the highest quality of emergency medical care; to exclude
 3 from the use of the ambulance service all persons who willfully disregard any of the rules and
 4 regulations so established; to extend the privileges and use of the ambulance service to persons
 5 residing outside the area of the district upon such terms and conditions as the board of directors
 6 prescribes by its rules and regulations;

7 (8) To provide for health, accident, disability and pension benefits for the salaried members
 8 of its organized ambulance district and such other benefits for the members' spouses and minor
 9 children, through either, or both, a contributory or noncontributory plan. The type and amount of
 10 such benefits shall be determined by the board of directors of the ambulance district within the level
 11 of available revenue of the pension program and other available revenue of the district. If an
 12 employee contributory plan is adopted, then at least one voting member of the board of trustees shall
 13 be a member of the ambulance district elected by the contributing members. The board of trustees
 14 shall not be the same as the board of directors;

15 (9) To purchase insurance indemnifying the district and its employees, officers, volunteers
 16 and directors against liability in rendering services incidental to the furnishing of ambulance
 17 services. Purchase of insurance pursuant to this section is not intended to waive sovereign
 18 immunity, official immunity or the Missouri public duty doctrine defenses; and

19 (10) To provide for life insurance, accident, sickness, health, disability, annuity, length of
 20 service, pension, retirement and other employee-type fringe benefits, subject to the provisions of
 21 section 70.615, for the volunteer members of any organized ambulance district and such other
 22 benefits for their spouses and eligible unemancipated children, either through a contributory or
 23 noncontributory plan, or both. For purposes of this section, "eligible unemancipated child" means a
 24 natural or adopted child of an insured, or a stepchild of an insured who is domiciled with the
 25 insured, who is less than twenty-three years of age, who is not married, not employed on a full-time
 26 basis, not maintaining a separate residence except for full-time students in an accredited school or
 27 institution of higher learning, and who is dependent on parents or guardians for at least fifty percent
 28 of his or her support. The type and amount of such benefits shall be determined by the board of
 29 directors of the ambulance district within available revenues of the district, including the pension
 30 program of the district. The provision and receipt of such benefits shall not make the recipient an
 31 employee of the district. Directors who are also volunteer members may receive such benefits while
 32 serving as a director of the district.

33 2. The use of any ambulance service of a district shall be subject to the reasonable
 34 regulation and control of the district and upon such reasonable terms and conditions as shall be
 35 established by its board of directors.

36 3. A regulatory ordinance of a district adopted pursuant to any provision of this section may
 37 provide for a suspension or revocation of any rights or privileges within the control of the district for
 38 a violation of any regulatory ordinance.

39 4. Nothing in this section or in other provisions of sections 190.001 to [190.245] 190.243
 40 shall be construed to authorize the district or board to establish or enforce any regulation or rule in
 41 respect to the operation or maintenance of the ambulance service within its jurisdiction which is in
 42 conflict with any federal or state law or regulation applicable to the same subject matter.

43 5. After August 28, 1998, the board of directors of an ambulance district that proposes to
 44 contract for the total management and operation of the ambulance service, when that ambulance
 45 district has not previously contracted out for said service, shall hold a public hearing within a thirty-
 46 day period and shall make a finding that the proposed contract to manage and operate the ambulance
 47 service will:

48 (1) Provide benefits to the public health that outweigh the associated costs;

49 (2) Maintain or enhance public access to ambulance service;

1 (3) Maintain or improve the public health and promote the continued development of the
2 regional emergency medical services system.

3 6. (1) Upon a satisfactory finding following the public hearing in subsection 5 of this
4 section and after a sixty-day period, the ambulance district may enter into the proposed contract,
5 however said contract shall not be implemented for at least thirty days.

6 (2) The provisions of subsection 5 of this section shall not apply to contracts which were
7 executed prior to August 28, 1998, or to the renewal or modification of such contracts or to the
8 signing of a new contract with an ambulance service provider for services that were previously
9 contracted out.

10 7. All ambulance districts authorized to adopt laws, ordinances, or regulations regarding
11 basic life support ambulances shall require such ambulances to be equipped with an automated
12 external defibrillator and be staffed by at least one individual trained in the use of an automated
13 external defibrillator.

14 8. The ambulance district may adopt procedures for conducting fingerprint background
15 checks on current and prospective employees, contractors, and volunteers. The ambulance district
16 may submit applicant fingerprints to the Missouri state highway patrol, Missouri criminal records
17 repository, for the purpose of checking the person's criminal history. The fingerprints shall be used
18 to search the Missouri criminal records repository and shall be submitted to the Federal Bureau of
19 Investigation to be used for searching the federal criminal history files. The fingerprints shall be
20 submitted on forms and in the manner prescribed by the Missouri state highway patrol. Fees shall
21 be as set forth in section 43.530.

22 190.098. 1. In order for a person to be eligible for certification by the department as a
23 community paramedic, an individual shall:

24 (1) Be currently certified as a paramedic;

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

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

30 2. A community paramedic shall practice in accordance with protocols and supervisory
31 standards established by the medical director. A community paramedic shall provide services of a
32 health care plan if the plan has been developed by the patient's physician or by an advanced practice
33 registered nurse through a collaborative practice arrangement with a physician or a physician
34 assistant through a collaborative practice arrangement with a physician and there is no duplication
35 of services to the patient from another provider.

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

40 4. A community paramedic is subject to the provisions of sections 190.001 to [190.245]
41 190.243 and rules promulgated under sections 190.001 to [190.245] 190.243.

42 5. No person shall hold himself or herself out as a community paramedic or provide the
43 services of a community paramedic unless such person is certified by the department.

44 6. The medical director shall approve the implementation of the community paramedic
45 program.

46 7. Any rule or portion of a rule, as that term is defined in section 536.010, that is created
47 under the authority delegated in this section shall become effective only if it complies with and is
48 subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and
49 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 disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2013, shall be invalid and void.

190.100. As used in sections 190.001 to ~~[190.245]~~ 190.257, the following words and terms mean:

(1) "Advanced emergency medical technician" or "AEMT", a person who has successfully completed a course of instruction in certain aspects of advanced life support care as prescribed by the department and is licensed by the department in accordance with sections 190.001 to ~~[190.245]~~ 190.243 and rules and regulations adopted by the department pursuant to sections 190.001 to ~~[190.245]~~ 190.243;

(2) "Advanced life support (ALS)", an advanced level of care as provided to the adult and pediatric patient such 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]~~ 190.243;

(3) "Ambulance", any privately or publicly owned vehicle or craft that is specially designed, constructed or modified, staffed or equipped for, and is intended or used, maintained or operated for the transportation of persons who are sick, injured, wounded or otherwise incapacitated or helpless, or who require the presence of medical equipment being used on such individuals, but the term does not include any motor vehicle specially designed, constructed or converted for the regular transportation of persons who are disabled, handicapped, normally using a wheelchair, or otherwise not acutely ill, or emergency vehicles used within airports;

(4) "Ambulance service", a person or entity that provides emergency or nonemergency ambulance transportation and services, or both, in compliance with sections 190.001 to ~~[190.245]~~ 190.243, and the rules promulgated by the department pursuant to sections 190.001 to ~~[190.245]~~ 190.243;

(5) "Ambulance service area", a specific geographic area in which an ambulance 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]~~ 190.243;

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

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

(9) "Director", the director of the department of health and senior services or the 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;

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

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

(b) Serious impairment to a bodily function;

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

(d) Inadequately controlled pain;

(12) "Emergency medical dispatcher", a person who receives emergency calls from the public and has successfully completed an emergency medical dispatcher course, meeting or exceeding the national curriculum of the United States Department of Transportation and any modifications to such curricula specified by the department through rules adopted pursuant to

1 sections 190.001 to [~~190.245~~] 190.243;

2 (13) "Emergency medical responder", a person who has successfully completed an
3 emergency first response course meeting or exceeding the national curriculum of the U.S.
4 Department of Transportation and any modifications to such curricula specified by the department
5 through rules adopted under sections 190.001 to [~~190.245~~] 190.243 and who provides emergency
6 medical care through employment by or in association with an emergency medical response agency;

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

10 (15) "Emergency medical services for children (EMS-C) system", the arrangement of
11 personnel, facilities and equipment for effective and coordinated delivery of pediatric emergency
12 medical services required in prevention and management of incidents which occur as a result of a
13 medical emergency or of an injury event, natural disaster or similar situation;

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

18 (17) "Emergency medical technician", a person licensed in emergency medical care in
19 accordance with standards prescribed by sections 190.001 to [~~190.245~~] 190.243, and by rules
20 adopted by the department pursuant to sections 190.001 to [~~190.245~~] 190.243;

21 (18) "Emergency medical technician-basic" or "EMT-B", a person who has successfully
22 completed a course of instruction in basic life support as prescribed by the department and is
23 licensed by the department in accordance with standards prescribed by sections 190.001 to
24 [~~190.245~~] 190.243 and rules adopted by the department pursuant to sections 190.001 to [~~190.245~~]
25 190.243;

26 (19) "Emergency medical technician-community paramedic", "community paramedic", or
27 "EMT-CP", a person who is certified as an emergency medical technician-paramedic and is certified
28 by the department in accordance with standards prescribed in section 190.098;

29 (20) "Emergency medical technician-paramedic" or "EMT-P", a person who has
30 successfully completed a course of instruction in advanced life support care as prescribed by the
31 department and is licensed by the department in accordance with sections 190.001 to [~~190.245~~]
32 190.243 and rules adopted by the department pursuant to sections 190.001 to [~~190.245~~] 190.243;

33 (21) "Emergency services", health care items and services furnished or required to screen
34 and stabilize an emergency which may include, but shall not be limited to, health care services that
35 are provided in a licensed hospital's emergency facility by an appropriate provider or by an
36 ambulance service or emergency medical response agency;

37 (22) "Health care facility", a hospital, nursing home, physician's office or other fixed
38 location at which medical and health care services are performed;

39 (23) "Hospital", an establishment as defined in the hospital licensing law, subsection 2 of
40 section 197.020, or a hospital operated by the state;

41 (24) "Medical control", supervision provided by or under the direction of physicians, or
42 their designated registered nurse, including both online medical control, instructions by radio,
43 telephone, or other means of direct communications, and offline medical control through
44 supervision by treatment protocols, case review, training, and standing orders for treatment;

45 (25) "Medical direction", medical guidance and supervision provided by a physician to an
46 emergency services provider or emergency medical services system;

47 (26) "Medical director", a physician licensed pursuant to chapter 334 designated by the
48 ambulance service or emergency medical response agency and who meets criteria specified by the
49 department by rules pursuant to sections 190.001 to [~~190.245~~] 190.243;

1 (27) "Memorandum of understanding", an agreement between an emergency medical
2 response agency or dispatch agency and an ambulance service or services within whose territory the
3 agency operates, in order to coordinate emergency medical services;

4 (28) "Patient", an individual who is sick, injured, wounded, diseased, or otherwise
5 incapacitated or helpless, or dead, excluding deceased individuals being transported from or
6 between private or public institutions, homes or cemeteries, and individuals declared dead prior to
7 the time an ambulance is called for assistance;

8 (29) "Person", as used in these definitions and elsewhere in sections 190.001 to [190.245]
9 190.243, any individual, firm, partnership, copartnership, joint venture, association, cooperative
10 organization, corporation, municipal or private, and whether organized for profit or not, state,
11 county, political subdivision, state department, commission, board, bureau or fraternal organization,
12 estate, public trust, business or common law trust, receiver, assignee for the benefit of creditors,
13 trustee or trustee in bankruptcy, or any other service user or provider;

14 (30) "Physician", a person licensed as a physician pursuant to chapter 334;

15 (31) "Political subdivision", any municipality, city, county, city not within a county,
16 ambulance district or fire protection district located in this state which provides or has authority to
17 provide ambulance service;

18 (32) "Professional organization", any organized group or association with an ongoing
19 interest regarding emergency medical services. Such groups and associations could include those
20 representing volunteers, labor, management, firefighters, EMT-B's, nurses, EMT-P's, physicians,
21 communications specialists and instructors. Organizations could also represent the interests of
22 ground ambulance services, air ambulance services, fire service organizations, law enforcement,
23 hospitals, trauma centers, communication centers, pediatric services, labor unions and poison
24 control services;

25 (33) "Proof of financial responsibility", proof of ability to respond to damages for liability,
26 on account of accidents occurring subsequent to the effective date of such proof, arising out of the
27 ownership, maintenance or use of a motor vehicle in the financial amount set in rules promulgated
28 by the department, but in no event less than the statutory minimum required for motor vehicles.
29 Proof of financial responsibility shall be used as proof of self-insurance;

30 (34) "Protocol", a predetermined, written medical care guideline, which may include
31 standing orders;

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

35 (36) "Specialty care transportation", the transportation of a patient requiring the services of
36 an emergency medical technician-paramedic who has received additional training beyond the
37 training prescribed by the department. Specialty care transportation services shall be defined in
38 writing in the appropriate local protocols for ground and air ambulance services and approved by the
39 local physician medical director. The protocols shall be maintained by the local ambulance service
40 and shall define the additional training required of the emergency medical technician-paramedic;

41 (37) "Stabilize", with respect to an emergency, the provision of such medical treatment as
42 may be necessary to attempt to assure within reasonable medical probability that no material
43 deterioration of an individual's medical condition is likely to result from or occur during ambulance
44 transportation unless the likely benefits of such transportation outweigh the risks;

45 (38) "State advisory council on emergency medical services", a committee formed to advise
46 the department on policy affecting emergency medical service throughout the state;

47 (39) "State EMS medical directors advisory committee", a subcommittee of the state
48 advisory council on emergency medical services formed to advise the state advisory council on
49 emergency medical services and the department on medical issues;

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

(41) "STEMI care", includes education and prevention, emergency transport, triage, and acute care and rehabilitative services for STEMI that requires immediate medical or surgical intervention or treatment;

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

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

(44) "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;

(45) "Stroke center", a hospital that is currently designated as such by the department;

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

(47) "Time-critical diagnosis advisory committee", a committee formed under section 190.257 to advise the department on policies impacting trauma, stroke, and STEMI center designations; regulations on trauma care, stroke care, and STEMI care; and the transport of trauma, stroke, and STEMI patients;

(48) "Trauma", an injury to human tissues and organs resulting from the transfer of energy from the environment;

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

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

190.101. 1. There is hereby established a "State Advisory Council on Emergency Medical Services" which shall consist of sixteen members, one of which shall be a resident of a city not within a county. The members of the council shall be appointed by the governor with the advice and consent of the senate and shall serve terms of four years. The governor shall designate one of the members as chairperson. The chairperson may appoint subcommittees that include noncouncil members.

2. The state EMS medical directors advisory committee and the regional EMS advisory committees will be recognized as subcommittees of the state advisory council on emergency medical services.

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

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

5. The members of the council and subcommittees shall serve without compensation except that members of the council shall, subject to appropriations, be reimbursed for reasonable travel

1 expenses and meeting expenses related to the functions of the council.

2 ~~[5.]~~ 6. The purpose of the council is to make recommendations to the governor, the general
3 assembly, and the department on policies, plans, procedures and proposed regulations on how to
4 improve the statewide emergency medical services system. The council shall advise the governor,
5 the general assembly, and the department on all aspects of the emergency medical services system.

6 ~~[6.]~~ 7. (1) There is hereby established a standing subcommittee of the council to monitor
7 the implementation of the recognition of the EMS personnel licensure interstate compact under
8 sections 190.900 to 190.939, the interstate commission for EMS personnel practice, and the
9 involvement of the state of Missouri. The subcommittee shall meet at least biannually and receive
10 reports from the Missouri delegate to the interstate commission for EMS personnel practice. The
11 subcommittee shall consist of at least seven members appointed by the chair of the council, to
12 include at least two members as recommended by the Missouri state council of firefighters and one
13 member as recommended by the Missouri Association of Fire Chiefs. The subcommittee may
14 submit reports and recommendations to the council, the department of health and senior services,
15 the general assembly, and the governor regarding the participation of Missouri with the recognition
16 of the EMS personnel licensure interstate compact.

17 (2) The subcommittee shall formally request a public hearing for any rule proposed by the
18 interstate commission for EMS personnel practice in accordance with subsection 7 of section
19 190.930. The hearing request shall include the request that the hearing be presented live through the
20 internet. The Missouri delegate to the interstate commission for EMS personnel practice shall be
21 responsible for ensuring that all hearings, notices of, and related rulemaking communications as
22 required by the compact be communicated to the council and emergency medical services personnel
23 under the provisions of subsections 4, 5, 6, and 8 of section 190.930.

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

28 8. The council shall consult with the time-critical diagnosis advisory committee, as
29 described under section 190.257, regarding time-critical diagnosis.

30 190.103. 1. One physician with expertise in emergency medical services from each of the
31 EMS regions shall be elected by that region's EMS medical directors to serve as a regional EMS
32 medical director. The regional EMS medical directors shall constitute the state EMS medical
33 director's advisory committee and shall advise the department and their region's ambulance services
34 on matters relating to medical control and medical direction in accordance with sections 190.001 to
35 ~~[190.245]~~ 190.243 and rules adopted by the department pursuant to sections 190.001 to ~~[190.245]~~
36 190.243. The regional EMS medical director shall serve a term of four years. The southwest,
37 northwest, and Kansas City regional EMS medical directors shall be elected to an initial two-year
38 term. The central, east central, and southeast regional EMS medical directors shall be elected to an
39 initial four-year term. All subsequent terms following the initial terms shall be four years. The state
40 EMS medical director shall be the chair of the state EMS medical director's advisory committee, and
41 shall be elected by the members of the regional EMS medical director's advisory committee, shall
42 serve a term of four years, and shall seek to coordinate EMS services between the EMS regions,
43 promote educational efforts for agency medical directors, represent Missouri EMS nationally in the
44 role of the state EMS medical director, and seek to incorporate the EMS system into the health care
45 system serving Missouri.

46 2. A medical director is required for all ambulance services and emergency medical
47 response agencies that provide: advanced life support services; basic life support services utilizing
48 medications or providing assistance with patients' medications; or basic life support services

1 performing invasive procedures including invasive airway procedures. The medical director shall
2 provide medical direction to these services and agencies in these instances.

3 3. The medical director, in cooperation with the ambulance service or emergency medical
4 response agency administrator, shall have the responsibility and the authority to ensure that the
5 personnel working under their supervision are able to provide care meeting established standards of
6 care with consideration for state and national standards as well as local area needs and resources.
7 The medical director, in cooperation with the ambulance service or emergency medical response
8 agency administrator, shall establish and develop triage, treatment and transport protocols, which
9 may include authorization for standing orders. Emergency medical technicians shall only perform
10 those medical procedures as directed by treatment protocols approved by the local medical director
11 or when authorized through direct communication with online medical control.

12 4. All ambulance services and emergency medical response agencies that are required to
13 have a medical director shall establish an agreement between the service or agency and their
14 medical director. The agreement will include the roles, responsibilities and authority of the medical
15 director beyond what is granted in accordance with sections 190.001 to [190.245] 190.243 and rules
16 adopted by the department pursuant to sections 190.001 to [190.245] 190.243. The agreement shall
17 also include grievance procedures regarding the emergency medical response agency or ambulance
18 service, personnel and the medical director.

19 5. Regional EMS medical directors and the state EMS medical director elected as provided
20 under subsection 1 of this section shall be considered public officials for purposes of sovereign
21 immunity, official immunity, and the Missouri public duty doctrine defenses.

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

24 7. Regional EMS medical directors may act to provide online telecommunication medical
25 direction to AEMTs, EMT-Bs, EMT-Ps, and community paramedics and provide offline medical
26 direction per standardized treatment, triage, and transport protocols when EMS personnel, including
27 AEMTs, EMT-Bs, EMT-Ps, and community paramedics, are providing care to special needs patients
28 or at the request of a local EMS agency or medical director.

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

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

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

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

44 12. Notwithstanding any other provision of law to the contrary, when regional EMS medical
45 directors are providing either online telecommunication medical direction to AEMTs, EMT-Bs,
46 EMT-Ps, and community paramedics, or offline medical direction per standardized EMS treatment,
47 triage, and transport protocols for patients, those medical directions or treatment protocols may
48 include the administration of the patient's own prescription medications.

190.104. 1. The department is authorized to establish a program to improve the quality of emergency care for pediatric patients throughout the state and to implement a comprehensive pediatric emergency medical services system in accordance with standards prescribed by sections 190.001 to ~~[190.245]~~ 190.243 and rules adopted by the department pursuant to sections 190.001 to ~~[190.245]~~ 190.243.

2. The department is authorized to receive contributions, grants, donations or funds from any private entity to be expended for the program authorized pursuant to this section.

190.105. 1. No person, either as owner, agent or otherwise, shall furnish, operate, conduct, maintain, advertise, or otherwise be engaged in or profess to be engaged in the business or service of the transportation of patients by ambulance in the air, upon the streets, alleys, or any public way or place of the state of Missouri unless such person holds a currently valid license from the department for an ambulance service issued pursuant to the provisions of sections 190.001 to ~~[190.245]~~ 190.243.

2. No ground ambulance shall be operated for ambulance purposes, and no individual shall drive, attend or permit it to be operated for such purposes in the state of Missouri unless the ground ambulance is under the immediate supervision and direction of a person who is holding a currently valid Missouri license as an emergency medical technician. Nothing in this section shall be construed to mean that a duly registered nurse, a duly licensed physician, or a duly licensed physician assistant be required to hold an emergency medical technician's license. When a physician assistant is in attendance with a patient on an ambulance, the physician assistant shall be exempt from any mileage limitations in any collaborative practice arrangement prescribed under law. Each ambulance service is responsible for assuring that any person driving its ambulance is competent in emergency vehicle operations and has a safe driving record. Each ground ambulance shall be staffed with at least two licensed individuals when transporting a patient, except as provided in section 190.094. In emergency situations which require additional medical personnel to assist the patient during transportation, an emergency medical responder, firefighter, or law enforcement personnel with a valid driver's license and prior experience with driving emergency vehicles may drive the ground ambulance provided the ground ambulance service stipulates to this practice in operational policies.

3. No license shall be required for an ambulance service, or for the attendant of an ambulance, which:

(1) Is rendering assistance in the case of an emergency, major catastrophe or any other unforeseen event or series of events which jeopardizes the ability of the local ambulance service to promptly respond to emergencies; or

(2) Is operated from a location or headquarters outside of Missouri in order to transport patients who are picked up beyond the limits of Missouri to locations within or outside of Missouri, but no such outside ambulance shall be used to pick up patients within Missouri for transportation to locations within Missouri, except as provided in subdivision (1) of this subsection.

4. The issuance of a license pursuant to the provisions of sections 190.001 to ~~[190.245]~~ 190.243 shall not be construed so as to authorize any person to provide ambulance services or to operate any ambulances without a franchise in any city not within a county or in a political subdivision in any county with a population of over nine hundred thousand inhabitants, or a franchise, contract or mutual-aid agreement in any other political subdivision which has enacted an ordinance making it unlawful to do so.

5. Sections 190.001 to ~~[190.245]~~ 190.243 shall not preclude the adoption of any law, ordinance or regulation not in conflict with such sections by any city not within a county, or at least as strict as such sections by any county, municipality or political subdivision except that no such regulations or ordinances shall be adopted by a political subdivision in a county with a population of

1 over nine hundred thousand inhabitants except by the county's governing body.

2 6. In a county with a population of over nine hundred thousand inhabitants, the governing
3 body of the county shall set the standards for all ambulance services which shall comply with
4 subsection 5 of this section. All such ambulance services must be licensed by the department. The
5 governing body of such county shall not prohibit a licensed ambulance service from operating in the
6 county, as long as the ambulance service meets county standards.

7 7. An ambulance service or vehicle when operated for the purpose of transporting persons
8 who are sick, injured, or otherwise incapacitated shall not be treated as a common or contract carrier
9 under the jurisdiction of the Missouri division of motor carrier and railroad safety.

10 8. Sections 190.001 to [~~190.245~~] 190.243 shall not apply to, nor be construed to include, any
11 motor vehicle used by an employer for the transportation of such employer's employees whose
12 illness or injury occurs on private property, and not on a public highway or property, nor to any
13 person operating such a motor vehicle.

14 9. A political subdivision that is authorized to operate a licensed ambulance service may
15 establish, operate, maintain and manage its ambulance service, and select and contract with a
16 licensed ambulance service. Any political subdivision may contract with a licensed ambulance
17 service.

18 10. Except as provided in subsections 5 and 6, nothing in section 67.300, or subsection 2 of
19 section 190.109, shall be construed to authorize any municipality or county which is located within
20 an ambulance district or a fire protection district that is authorized to provide ambulance service to
21 promulgate laws, ordinances or regulations related to the provision of ambulance services. This
22 provision shall not apply to any municipality or county which operates an ambulance service
23 established prior to August 28, 1998.

24 11. Nothing in section 67.300 or subsection 2 of section 190.109 shall be construed to
25 authorize any municipality or county which is located within an ambulance district or a fire
26 protection district that is authorized to provide ambulance service to operate an ambulance service
27 without a franchise in an ambulance district or a fire protection district that is authorized to provide
28 ambulance service which has enacted an ordinance making it unlawful to do so. This provision
29 shall not apply to any municipality or county which operates an ambulance service established prior
30 to August 28, 1998.

31 12. No provider of ambulance service within the state of Missouri which is licensed by the
32 department to provide such service shall discriminate regarding treatment or transportation of
33 emergency patients on the basis of race, sex, age, color, religion, sexual preference, national origin,
34 ancestry, handicap, medical condition or ability to pay.

35 13. No provision of this section, other than subsections 5, 6, 10 and 11 of this section, is
36 intended to limit or supersede the powers given to ambulance districts pursuant to this chapter or to
37 fire protection districts pursuant to chapter 321, or to counties, cities, towns and villages pursuant to
38 chapter 67.

39 14. Upon the sale or transfer of any ground ambulance service ownership, the owner of such
40 service shall notify the department of the change in ownership within thirty days of such sale or
41 transfer. After receipt of such notice, the department shall conduct an inspection of the ambulance
42 service to verify compliance with the licensure standards of sections 190.001 to [~~190.245~~] 190.243.

43 190.108. 1. The department shall, within a reasonable time after receipt of an application,
44 cause such investigation as the department deems necessary to be made of the applicant for an air
45 ambulance license.

46 2. The department shall have the authority and responsibility to license an air ambulance
47 service in accordance with sections 190.001 to [~~190.245~~] 190.243, and in accordance with rules
48 adopted by the department pursuant to sections 190.001 to [~~190.245~~] 190.243. The department may

1 promulgate rules relating to the requirements for an air ambulance license including, but not limited
2 to:

- 3 (1) Medical control plans;
- 4 (2) Medical director qualifications;
- 5 (3) Air medical staff qualifications;
- 6 (4) Response and operations standards to assure that the health and safety needs of the
7 public are met;
- 8 (5) Standards for air medical communications;
- 9 (6) Criteria for compliance with licensure requirements;
- 10 (7) Records and forms;
- 11 (8) Equipment requirements;
- 12 (9) Five-year license renewal;
- 13 (10) Quality improvement committees; and
- 14 (11) Response time, patient care and transportation standards.

15 3. Application for an air ambulance service license shall be made upon such forms as
16 prescribed by the department in rules adopted pursuant to sections 190.001 to ~~[190.245]~~ 190.243.
17 The application form shall contain such information as the department deems necessary to make a
18 determination as to whether the air ambulance service meets all the requirements of sections
19 190.001 to ~~[190.245]~~ 190.243 and rules promulgated pursuant to sections 190.001 to ~~[190.245]~~
20 190.243.

21 4. Upon the sale or transfer of any air ambulance service ownership, the owner of such
22 service shall notify the department of the change in ownership within thirty days of such sale or
23 transfer. After receipt of such notice, the department shall conduct an inspection of the ambulance
24 service to verify compliance with the licensure standards of sections 190.001 to ~~[190.245]~~ 190.243.

25 190.109. 1. The department shall, within a reasonable time after receipt of an application,
26 cause such investigation as the department deems necessary to be made of the applicant for a ground
27 ambulance license.

28 2. Any person that owned and operated a licensed ambulance on December 31, 1997, shall
29 receive an ambulance service license from the department, unless suspended, revoked or terminated,
30 for that ambulance service area which was, on December 31, 1997, described and filed with the
31 department as the primary service area for its licensed ambulances on August 28, 1998, provided
32 that the person makes application and adheres to the rules and regulations promulgated by the
33 department pursuant to sections 190.001 to ~~[190.245]~~ 190.243.

34 3. The department shall issue a new ground ambulance service license to an ambulance
35 service that is not currently licensed by the department, or is currently licensed by the department
36 and is seeking to expand its ambulance service area, except as provided in subsection 4 of this
37 section, to be valid for a period of five years, unless suspended, revoked or terminated, when the
38 director finds that the applicant meets the requirements of ambulance service licensure established
39 pursuant to sections 190.100 to ~~[190.245]~~ 190.243 and the rules adopted by the department pursuant
40 to sections 190.001 to ~~[190.245]~~ 190.243. In order to be considered for a new ambulance service
41 license, an ambulance service shall submit to the department a letter of endorsement from each
42 ambulance district or fire protection district that is authorized to provide ambulance service, or from
43 each municipality not within an ambulance district or fire protection district that is authorized to
44 provide ambulance service, in which the ambulance service proposes to operate. If an ambulance
45 service proposes to operate in unincorporated portions of a county not within an ambulance district
46 or fire protection district that is authorized to provide ambulance service, in order to be considered
47 for a new ambulance service license, the ambulance service shall submit to the department a letter of
48 endorsement from the county. Any letter of endorsement required pursuant to this section shall

1 verify that the political subdivision has conducted a public hearing regarding the endorsement and
 2 that the governing body of the political subdivision has adopted a resolution approving the
 3 endorsement. The letter of endorsement shall affirmatively state that the proposed ambulance
 4 service:

- 5 (1) Will provide a benefit to public health that outweighs the associated costs;
- 6 (2) Will maintain or enhance the public's access to ambulance services;
- 7 (3) Will maintain or improve the public health and promote the continued development of
 8 the regional emergency medical service system;
- 9 (4) Has demonstrated the appropriate expertise in the operation of ambulance services; and
- 10 (5) Has demonstrated the financial resources necessary for the operation of the proposed
 11 ambulance service.

12 4. A contract between a political subdivision and a licensed ambulance service for the
 13 provision of ambulance services for that political subdivision shall expand, without further action by
 14 the department, the ambulance service area of the licensed ambulance service to include the
 15 jurisdictional boundaries of the political subdivision. The termination of the aforementioned
 16 contract shall result in a reduction of the licensed ambulance service's ambulance service area by
 17 removing the geographic area of the political subdivision from its ambulance service area, except
 18 that licensed ambulance service providers may provide ambulance services as are needed at and
 19 around the state fair grounds for protection of attendees at the state fair.

20 5. The department shall renew a ground ambulance service license if the applicant meets the
 21 requirements established pursuant to sections 190.001 to ~~[190.245]~~ 190.243, and the rules adopted
 22 by the department pursuant to sections 190.001 to ~~[190.245]~~ 190.243.

23 6. The department shall promulgate rules relating to the requirements for a ground
 24 ambulance service license including, but not limited to:

- 25 (1) Vehicle design, specification, operation and maintenance standards;
- 26 (2) Equipment requirements;
- 27 (3) Staffing requirements;
- 28 (4) Five-year license renewal;
- 29 (5) Records and forms;
- 30 (6) Medical control plans;
- 31 (7) Medical director qualifications;
- 32 (8) Standards for medical communications;
- 33 (9) Memorandums of understanding with emergency medical response agencies that provide
 34 advanced life support;
- 35 (10) Quality improvement committees; and
- 36 (11) Response time, patient care and transportation standards.

37 7. Application for a ground ambulance service license shall be made upon such forms as
 38 prescribed by the department in rules adopted pursuant to sections 190.001 to ~~[190.245]~~ 190.243.
 39 The application form shall contain such information as the department deems necessary to make a
 40 determination as to whether the ground ambulance service meets all the requirements of sections
 41 190.001 to ~~[190.245]~~ 190.243 and rules promulgated pursuant to sections 190.001 to ~~[190.245]~~
 42 190.243.

43 190.120. 1. No ambulance service license shall be issued pursuant to sections 190.001 to
 44 ~~[190.245]~~ 190.243, nor shall such license be valid after issuance, nor shall any ambulance be
 45 operated in Missouri unless there is at all times in force and effect insurance coverage or proof of
 46 financial responsibility with adequate reserves maintained for each and every ambulance owned or
 47 operated by or for the applicant or licensee to provide for the payment of damages in an amount as
 48 prescribed in regulation:

1 (1) For injury to or death of individuals in accidents resulting from any cause for which the
 2 owner of such vehicle would be liable on account of liability imposed on him or her by law,
 3 regardless of whether the ambulance was being driven by the owner or the owner's agent; and

4 (2) For the loss of or damage to the property of another, including personal property, under
 5 like circumstances.

6 2. The insurance policy or proof of financial responsibility shall be submitted by all
 7 licensees required to provide such insurance pursuant to sections 190.001 to ~~[190.245]~~ 190.243.
 8 The insurance policy, or proof of the existence of financial responsibility, shall be submitted to the
 9 director, in such form as the director may specify, for the director's approval prior to the issuance of
 10 each ambulance service license.

11 3. Every insurance policy or proof of financial responsibility document required by the
 12 provisions of this section shall contain proof of a provision for a continuing liability thereunder to
 13 the full amount thereof, notwithstanding any recovery thereon; that the liability of the insurer shall
 14 not be affected by the insolvency or the bankruptcy of the assured; and that until the policy is
 15 revoked the insurance company or self-insured licensee or entity will not be relieved from liability
 16 on account of nonpayment of premium, failure to renew license at the end of the year, or any act or
 17 omission of the named assured. Such policy of insurance or self-insurance shall be further
 18 conditioned for the payment of any judgments up to the limits of such policy, recovered against any
 19 person other than the owner, the owner's agent or employee, who may operate the same with the
 20 consent of the owner.

21 4. Every insurance policy or self-insured licensee or entity as required by the provisions of
 22 this section shall extend for the period to be covered by the license applied for and the insurer shall
 23 be obligated to give not less than thirty days' written notice to the director and to the insured before
 24 any cancellation or termination thereof earlier than its expiration date, and the cancellation or other
 25 termination of any such policy shall automatically revoke and terminate the licenses issued for the
 26 ambulance service covered by such policy unless covered by another insurance policy in compliance
 27 with sections 190.001 to ~~[190.245]~~ 190.243.

28 190.131. 1. The department shall accredit or certify training entities for emergency medical
 29 responders, emergency medical dispatchers, and emergency medical technicians, for a period of five
 30 years, if the applicant meets the requirements established pursuant to sections 190.001 to ~~[190.245]~~
 31 190.243.

32 2. Such rules promulgated by the department shall set forth the minimum requirements for
 33 entrance criteria, training program curricula, instructors, facilities, equipment, medical oversight,
 34 record keeping, and reporting.

35 3. Application for training entity accreditation or certification shall be made upon such
 36 forms as prescribed by the department in rules adopted pursuant to sections 190.001 to ~~[190.245]~~
 37 190.243. The application form shall contain such information as the department deems reasonably
 38 necessary to make a determination as to whether the training entity meets all requirements of
 39 sections 190.001 to ~~[190.245]~~ 190.243 and rules promulgated pursuant to sections 190.001 to
 40 ~~[190.245]~~ 190.243.

41 4. Upon receipt of such application for training entity accreditation or certification, the
 42 department shall determine whether the training entity, its instructors, facilities, equipment, curricula
 43 and medical oversight meet the requirements of sections 190.001 to ~~[190.245]~~ 190.243 and rules
 44 promulgated pursuant to sections 190.001 to ~~[190.245]~~ 190.243.

45 5. Upon finding these requirements satisfied, the department shall issue a training entity
 46 accreditation or certification in accordance with rules promulgated by the department pursuant to
 47 sections 190.001 to ~~[190.245]~~ 190.243.

48 6. Subsequent to the issuance of a training entity accreditation or certification, the

department shall cause a periodic review of the training entity to assure continued compliance with the requirements of sections 190.001 to ~~[190.245]~~ 190.243 and all rules promulgated pursuant to sections 190.001 to ~~[190.245]~~ 190.243.

7. No person or entity shall hold itself out or provide training required by this section without accreditation or certification by the department.

190.133. 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 applicant for an emergency medical response agency license.

2. The department shall issue a license to any emergency medical response agency which provides advanced life support if the applicant meets the requirements established pursuant to sections 190.001 to ~~[190.245]~~ 190.243, and the rules adopted by the department pursuant to sections 190.001 to ~~[190.245]~~ 190.243. The department may promulgate rules relating to the requirements for an emergency medical response agency including, but not limited to:

- (1) A licensure period of five years;
- (2) Medical direction;
- (3) Records and forms; and
- (4) Memorandum of understanding with local ambulance services.

3. Application for an emergency medical response agency license shall be made upon such forms as prescribed by the department in rules adopted pursuant to sections 190.001 to ~~[190.245]~~ 190.243. The application form shall contain such information as the department deems necessary to make a determination as to whether the emergency medical response agency meets all the requirements of sections 190.001 to ~~[190.245]~~ 190.243 and rules promulgated pursuant to sections 190.001 to ~~[190.245]~~ 190.243.

4. No person or entity shall hold itself out as an emergency medical response agency that provides advanced life support or provide the services of an emergency medical response agency that provides advanced life support unless such person or entity is licensed by the department.

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 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.

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

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

2. The department shall issue a license to all levels of emergency medical technicians, for a period of five years, if the applicant meets the requirements established pursuant to sections 190.001 to ~~[190.245]~~ 190.243 and the rules adopted by the department pursuant to sections 190.001 to

1 [190.245] 190.243. The department may promulgate rules relating to the requirements for an
 2 emergency medical technician including but not limited to:

- 3 (1) Age requirements;
- 4 (2) Emergency medical technician and paramedic education and training requirements based
 5 on respective National Emergency Medical Services Education Standards and any modification to
 6 such curricula specified by the department through rules adopted pursuant to sections 190.001 to
 7 [190.245] 190.243;
- 8 (3) Paramedic accreditation requirements. Paramedic training programs shall be accredited
 9 by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or hold a
 10 CAAHEP letter of review;
- 11 (4) Initial licensure testing requirements. Initial EMT-P licensure testing shall be through
 12 the national registry of EMTs;
- 13 (5) Continuing education and relicensure requirements; and
- 14 (6) Ability to speak, read and write the English language.

15 3. Application for all levels of emergency medical technician license shall be made upon
 16 such forms as prescribed by the department in rules adopted pursuant to sections 190.001 to
 17 [190.245] 190.243. The application form shall contain such information as the department deems
 18 necessary to make a determination as to whether the emergency medical technician meets all the
 19 requirements of sections 190.001 to [190.245] 190.243 and rules promulgated pursuant to sections
 20 190.001 to [190.245] 190.243.

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

- 22 (1) Consistent with the training, education and experience of the particular emergency
 23 medical technician; and
- 24 (2) Ordered by a physician or set forth in protocols approved by the medical director.

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

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

34 190.143. 1. Notwithstanding any other provisions of law, the department may grant a
 35 ninety-day temporary emergency medical technician license to all levels of emergency medical
 36 technicians who meet the following:

- 37 (1) Can demonstrate that they have, or will have, employment requiring an emergency
 38 medical technician license;
- 39 (2) Are not currently licensed as an emergency medical technician in Missouri or have been
 40 licensed as an emergency medical technician in Missouri and fingerprints need to be submitted to
 41 the Federal Bureau of Investigation to verify the existence or absence of a criminal history, or they
 42 are currently licensed and the license will expire before a verification can be completed of the
 43 existence or absence of a criminal history;
- 44 (3) Have submitted a complete application upon such forms as prescribed by the department
 45 in rules adopted pursuant to sections 190.001 to [190.245] 190.243;
- 46 (4) Have not been disciplined pursuant to sections 190.001 to [190.245] 190.243 and rules
 47 promulgated pursuant to sections 190.001 to [190.245] 190.243;
- 48 (5) Meet all the requirements of rules promulgated pursuant to sections 190.001 to

1 ~~[190.245]~~ 190.243.

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

6 3. A temporary emergency medical technician license shall automatically expire either
7 ninety days from the date of issuance or upon the issuance of a five-year emergency medical
8 technician license.

9 190.146. Any licensee allowing a license to lapse may within two years of the lapse request
10 that their license be returned to active status by notifying the department in advance of such
11 intention, and submit a complete application upon such forms as prescribed by the department in
12 rules adopted pursuant to sections 190.001 to ~~[190.245]~~ 190.243. If the licensee meets all the
13 requirements for relicensure, the department shall issue a new emergency medical technician license
14 to the licensee.

15 190.160. The renewal of any license shall require conformance with sections 190.001 to
16 ~~[190.245]~~ 190.243 and sections 190.525 to 190.537, and rules adopted by the department pursuant
17 to sections 190.001 to ~~[190.245]~~ 190.243 and sections 190.525 to 190.537.

18 190.165. 1. The department may refuse to issue or deny renewal of any certificate, permit
19 or license required pursuant to sections 190.100 to ~~[190.245]~~ 190.243 for failure to comply with the
20 provisions of sections 190.100 to ~~[190.245]~~ 190.243 or any lawful regulations promulgated by the
21 department to implement its provisions as described in subsection 2 of this section. The department
22 shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his
23 or her right to file a complaint with the administrative hearing commission as provided by chapter
24 621.

25 2. The department may cause a complaint to be filed with the administrative hearing
26 commission as provided by chapter 621 against any holder of any certificate, permit or license
27 required by sections 190.100 to ~~[190.245]~~ 190.243 or any person who has failed to renew or has
28 surrendered his or her certificate, permit or license for failure to comply with the provisions of
29 sections 190.100 to ~~[190.245]~~ 190.243 or any lawful regulations promulgated by the department to
30 implement such sections. Those regulations shall be limited to the following:

31 (1) Use or unlawful possession of any controlled substance, as defined in chapter 195, or
32 alcoholic beverage to an extent that such use impairs a person's ability to perform the work of any
33 activity licensed or regulated by sections 190.100 to ~~[190.245]~~ 190.243;

34 (2) Being finally adjudicated and found guilty, or having entered a plea of guilty or nolo
35 contendere, in a criminal prosecution under the laws of any state or of the United States, for any
36 offense reasonably related to the qualifications, functions or duties of any activity licensed or
37 regulated pursuant to sections 190.100 to ~~[190.245]~~ 190.243, for any offense an essential element of
38 which is fraud, dishonesty or an act of violence, or for any offense involving moral turpitude,
39 whether or not sentence is imposed;

40 (3) Use of fraud, deception, misrepresentation or bribery in securing any certificate, permit
41 or license issued pursuant to sections 190.100 to ~~[190.245]~~ 190.243 or in obtaining permission to
42 take any examination given or required pursuant to sections 190.100 to ~~[190.245]~~ 190.243;

43 (4) Obtaining or attempting to obtain any fee, charge, tuition or other compensation by
44 fraud, deception or misrepresentation;

45 (5) Incompetency, misconduct, gross negligence, fraud, misrepresentation or dishonesty in
46 the performance of the functions or duties of any activity licensed or regulated by sections 190.100
47 to ~~[190.245]~~ 190.243;

48 (6) Violation of, or assisting or enabling any person to violate, any provision of sections

190.100 to ~~[190.245]~~ 190.243, or of any lawful rule or regulation adopted by the department pursuant to sections 190.100 to ~~[190.245]~~ 190.243;

(7) Impersonation of any person holding a certificate, permit or license or allowing any 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]~~ 190.243 granted by another state, territory, federal agency or country upon grounds for which revocation or suspension is authorized in this state;

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

(10) Assisting or enabling any person to practice or offer to practice any activity licensed or regulated by sections 190.100 to ~~[190.245]~~ 190.243 who is not licensed and currently eligible to practice pursuant to sections 190.100 to ~~[190.245]~~ 190.243;

(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;

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

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

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

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

(17) Repeated acts of negligence or recklessness in the performance of the functions or duties of any activity licensed or regulated by sections 190.100 to ~~[190.245]~~ 190.243.

3. If the department conducts investigations, the department, 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;

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

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

The assertion of any right listed in this subsection shall not be deemed by the department to be a failure to cooperate with any department investigation.

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 commission that the grounds, provided in subsection 2 of this section, for disciplinary action are met, the department may, singly or in combination, censure or place the person named in the complaint on probation on such terms and conditions as the department deems appropriate for a period not to exceed five years, or may suspend, for a period not to exceed three years, or revoke the license, certificate or permit. Notwithstanding any provision of law to the contrary, the department shall be authorized to impose a suspension or revocation as a disciplinary action only if it first files the requisite complaint with the administrative hearing commission. 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.

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 after compliance with all the requirements of sections 190.100 to ~~[190.245]~~ 190.243 relative to the

1 licensing of an applicant for the first time. Any individual whose license has been revoked twice
2 within a ten-year period shall not be eligible for relicensure.

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

5 7. Any person, organization, association or corporation who reports or provides information
6 to the department pursuant to the provisions of sections 190.100 to ~~[190.245]~~ 190.243 and who does
7 so in good faith shall not be subject to an action for civil damages as a result thereof.

8 8. The department of health and senior services may suspend any certificate, permit or
9 license required pursuant to sections 190.100 to ~~[190.245]~~ 190.243 simultaneously with the filing of
10 the complaint with the administrative hearing commission as set forth in subsection 2 of this section,
11 if the department finds that there is an imminent threat to the public health. The notice of
12 suspension shall include the basis of the suspension and notice of the right to appeal such
13 suspension. The licensee may appeal the decision to suspend the license, certificate or permit to the
14 department. The appeal shall be filed within ten days from the date of the filing of the complaint. A
15 hearing shall be conducted by the department within ten days from the date the appeal is filed. The
16 suspension shall continue in effect until the conclusion of the proceedings, including review thereof,
17 unless sooner withdrawn by the department, dissolved by a court of competent jurisdiction or stayed
18 by the administrative hearing commission.

19 190.171. Any person aggrieved by an official action of the department of health and senior
20 services affecting the licensed status of a person pursuant to the provisions of sections 190.001 to
21 ~~[190.245]~~ 190.243 and sections 190.525 to 190.537, including the refusal to grant, the grant, the
22 revocation, the suspension, or the failure to renew a license, may seek a determination thereon by
23 the administrative hearing commission pursuant to the provisions of section 621.045, and it shall not
24 be a condition to such determination that the person aggrieved seek a reconsideration, a rehearing,
25 or exhaust any other procedure within the department of health and senior services or the
26 department of social services.

27 190.173. 1. All complaints, investigatory reports, and information pertaining to any
28 applicant, holder of any certificate, permit, or license, or other individual are confidential and shall
29 only be disclosed upon written consent of the person whose records are involved or to other
30 administrative or law enforcement agencies acting within the scope of their statutory authority.
31 However, no applicant, holder of any certificate, permit, or license, or other individual shall have
32 access to any complaints, investigatory reports, or information concerning an investigation in
33 progress until such time as the investigation has been completed as required by subsection 1 of
34 section 190.248.

35 2. Any information regarding the identity, name, address, license, final disciplinary action
36 taken, currency of the license, permit, or certificate of an applicant for or a person possessing a
37 license, permit, or certificate in accordance with sections 190.100 to ~~[190.245]~~ 190.243 shall not be
38 confidential.

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

42 4. This section shall not be construed to authorize the release of records, reports, or other
43 information which may be held in department files for any holder of or applicant for any certificate,
44 permit, or license that is subject to other specific state or federal laws concerning their disclosure.

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

47 190.176. 1. The department shall develop and administer a uniform data collection system
48 on all ambulance runs and injured patients, pursuant to rules promulgated by the department for the

purpose of injury etiology, patient care outcome, injury and disease prevention and research purposes. The department shall not require disclosure by hospitals of data elements pursuant to this section unless those data elements are required by a federal agency or were submitted to the department as of January 1, 1998, pursuant to:

(1) Departmental regulation of trauma centers; or

(2) ~~[The Missouri brain and spinal cord injury registry established by sections 192.735 to 192.745; or~~

~~—(3)]~~ Abstracts of inpatient hospital data; or

~~[(4)]~~ (3) If such data elements are requested by a lawful subpoena or subpoena duces tecum.

2. All information and documents in any civil action, otherwise discoverable, may be obtained from any person or entity providing information pursuant to the provisions of sections 190.001 to ~~[190.245]~~ 190.243.

190.180. 1. Any person violating, or failing to comply with, the provisions of sections 190.001 to ~~[190.245]~~ 190.243 is guilty of a class B misdemeanor.

2. Each day that any violation of, or failure to comply with, sections 190.001 to ~~[190.245]~~ 190.243 is committed or permitted to continue shall constitute a separate and distinct offense and shall be punishable as such hereunder; but the court may, in appropriate cases, stay the cumulation of penalties.

3. The attorney general of Missouri shall have concurrent jurisdiction with any and all prosecuting attorneys to prosecute persons in violation of sections 190.001 to ~~[190.245]~~ 190.243, and the attorney general or prosecuting attorney may institute injunctive proceedings against any person operating in violation of sections 190.001 to ~~[190.245]~~ 190.243.

4. The prosecuting attorney for the county in which the violation of a political subdivision's law, ordinance or regulation relating to the provision of ambulance services occurs may prosecute such violations in the circuit court of that county. The legal officer or attorney for the political subdivision may be appointed by the prosecuting attorney as special assistant prosecuting attorney for the prosecution of any such violation.

5. A person, acting as owner, agent or otherwise, who holds a valid license for an ambulance service, shall not, incident to such person's business or service of transporting patients, violate any applicable law, ordinance or regulation of any political subdivision by providing ambulance services or operating any ambulances without a franchise, contract or mutual-aid agreement in such political subdivision, or by violating any such franchise, contract or mutual-aid agreement by any political subdivision which has enacted ordinances making it unlawful to do so. If the department receives official written notification by a political subdivision that an ambulance service has been adjudicated and found to be in violation of any applicable law or ordinance, such ambulance service shall be subject to licensure action by the department.

6. No provision of this section is intended to limit or supersede a political subdivision's right to enforce any law, ordinance, regulation, franchise, contract or mutual-aid agreement.

7. The provisions of subsections 4, 5 and 6 of this section shall not apply to a city not within a county and any county with a population of over nine hundred thousand inhabitants and any licensed ambulance service when operating in a city not within a county.

190.185. The department shall adopt, amend, promulgate, and enforce such rules, regulations and standards with respect to the provisions of this chapter 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. Any rule or portion of a rule promulgated pursuant to the authority of sections 190.001 to ~~[190.245]~~ 190.243 or sections 190.525 to 190.537 shall become effective only if

1 it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section
 2 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the
 3 general assembly pursuant to chapter 536 to review, to delay the effective date or to disapprove and
 4 annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any
 5 rule proposed or adopted after August 28, 2002, shall be invalid and void.

6 190.190. 1. All ambulance vehicles or aircraft that have or are qualified to have a valid
 7 license issued by the department on the day that sections 190.001 to ~~[190.245]~~ 190.243 take effect
 8 will have their ambulance vehicle or aircraft license expiration date extended to a date that is one
 9 year after the effective date of sections 190.001 to ~~[190.245]~~ 190.243.

10 2. All ambulance services shall have until August 28, 1999, to comply with the provisions
 11 of sections 190.001 to ~~[190.245]~~ 190.243 and rules developed pursuant to sections 190.001 to
 12 ~~[190.245]~~ 190.243. Pursuant to sections 190.001 to ~~[190.245]~~ 190.243 the department may adjust
 13 the initial period of licensure, from one year to five years, of any ambulance service licensed
 14 pursuant to sections 190.001 to ~~[190.245]~~ 190.243, to equalize the number of licenses that may be
 15 renewed during each year of any five-year licensure period.

16 190.196. 1. No employer shall knowingly employ or permit any employee to perform any
 17 services for which a license, certificate or other authorization is required by sections 190.001 to
 18 ~~[190.245]~~ 190.243, or by rules adopted pursuant to sections 190.001 to ~~[190.245]~~ 190.243, unless
 19 and until the person so employed possesses all licenses, certificates or authorizations that are
 20 required.

21 2. Any person or entity that employs or supervises a person's activities as an emergency
 22 medical responder, emergency medical dispatcher, emergency medical technician, registered nurse,
 23 physician assistant, or physician shall cooperate with the department's efforts to monitor and enforce
 24 compliance by those individuals subject to the requirements of sections 190.001 to ~~[190.245]~~
 25 190.243.

26 3. Any person or entity who employs individuals licensed by the department pursuant to
 27 sections 190.001 to ~~[190.245]~~ 190.243 shall report to the department within seventy-two hours of
 28 their having knowledge of any charges filed against a licensee in their employ for possible criminal
 29 action involving the following felony offenses:

- 30 (1) Child abuse or sexual abuse of a child;
- 31 (2) Crimes of violence; or
- 32 (3) Rape or sexual abuse.

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

36 5. The department will monitor these reports for possible licensure action authorized
 37 pursuant to section 190.165.

38 190.200. 1. The department of health and senior services in cooperation with hospitals and
 39 local and regional EMS systems and agencies may provide public and professional information and
 40 education programs related to emergency medical services systems including trauma, STEMI, and
 41 stroke systems and emergency medical care and treatment. The department of health and senior
 42 services may also provide public information and education programs for informing residents of and
 43 visitors to the state of the availability and proper use of emergency medical services, of the
 44 designation a hospital may receive as a trauma center, STEMI center, or stroke center, of the value
 45 and nature of programs to involve citizens in the administering of prehospital emergency care,
 46 including cardiopulmonary resuscitation, and of the availability of training programs in emergency
 47 care for members of the general public.

48 2. The department shall, for trauma care, STEMI care, and stroke care, respectively:

(1) Compile ~~[and]~~, assess, and make publicly available peer-reviewed and evidence-based clinical research and guidelines that provide or support recommended treatment standards and that have been recommended by the time-critical diagnosis advisory committee;

(2) Assess the capacity of the emergency medical services system and hospitals to deliver recommended treatments in a timely fashion;

(3) Use the research, guidelines, and assessment to promulgate rules establishing protocols for transporting trauma patients to a trauma center, STEMI patients to a STEMI center, or stroke patients to a stroke center. Such transport protocols shall direct patients to trauma centers, STEMI centers, and stroke centers under section 190.243 based on the centers' capacities to deliver recommended acute care treatments within time limits suggested by clinical research;

(4) Define regions within the state for purposes of coordinating the delivery of trauma care, STEMI care, and stroke care, respectively;

(5) Promote the development of regional or community-based plans for transporting trauma, STEMI, or stroke patients via ground or air ambulance to trauma centers, STEMI centers, or stroke centers, respectively, in accordance with section 190.243; and

(6) Establish procedures for the submission of community-based or regional plans for department approval.

3. A community-based or regional plan for the transport of trauma, STEMI, and stroke patients shall be submitted to the department for approval. Such plan shall be based on the clinical research and guidelines and assessment of capacity described in subsection ~~[4]~~ 2 of this section and shall include a mechanism for evaluating its effect on medical outcomes. Upon approval of a plan, the department shall waive the requirements of rules promulgated under sections 190.100 to ~~[190.245]~~ 190.243 that are inconsistent with the community-based or regional plan. A community-based or regional plan shall be developed by [or in consultation with] the representatives of hospitals, physicians, and emergency medical services providers in the community or region.

190.241. 1. Except as provided for in subsection 4 of this section, the department shall designate a hospital as an adult, pediatric or adult and pediatric trauma center when a hospital, upon proper application submitted by the hospital and site review, has been found by the department to meet the applicable level of trauma center criteria for designation in accordance with rules adopted by the department as prescribed by section 190.185. Site review may occur on-site or by any reasonable means of communication, or by any combination thereof. Such rules shall include designation as a trauma center without site review if such hospital is verified by a national verifying or designating body at the level which corresponds to a level approved in rule. In developing trauma center designation criteria, the department shall use, as it deems practicable, peer-reviewed and evidence-based clinical research and guidelines including, but not limited to, the most recent guidelines of the American College of Surgeons.

2. Except as provided for in subsection ~~[5]~~ 4 of this section, the department shall designate a hospital as a STEMI or stroke center when such hospital, upon proper application and site review, has been found by the department to meet the applicable level of STEMI or stroke center criteria for designation in accordance with rules adopted by the department as prescribed by section 190.185. Site review may occur on-site or by any reasonable means of communication, or by any combination thereof. In developing STEMI center and stroke center designation criteria, the department shall use, as it deems practicable, ~~[appropriate]~~ peer-reviewed ~~[or]~~ and evidence-based clinical research ~~[on such topics]~~ and guidelines including, but not limited to, the most recent guidelines of the American College of Cardiology ~~[and]~~, the American Heart Association [for STEMI centers, or the Joint Commission's Primary Stroke Center Certification program criteria for stroke centers, or Primary and Comprehensive Stroke Center Recommendations as published by], or the American Stroke Association. Such rules shall include designation as a STEMI center or stroke

1 center without site review if such hospital is certified by a national body.

2 3. The department of health and senior services shall, not less than once every ~~[five]~~ three
 3 years, conduct ~~[an on-site]~~ a site review of every trauma, STEMI, and stroke center through
 4 appropriate department personnel or a qualified contractor, with the exception of trauma centers,
 5 STEMI centers, and stroke centers designated pursuant to subsection ~~[5]~~ 4 of this section; however,
 6 this provision is not intended to limit the department's ability to conduct a complaint investigation
 7 pursuant to subdivision (3) of subsection 2 of section 197.080 of any trauma, STEMI, or stroke
 8 center. ~~[On-site]~~ Site reviews shall be coordinated for the different types of centers to the extent
 9 practicable with hospital licensure inspections conducted under chapter 197. No person shall be a
 10 qualified contractor for purposes of this subsection who has a substantial conflict of interest in the
 11 operation of any trauma, STEMI, or stroke center under review. The department may deny, place on
 12 probation, suspend or revoke such designation in any case in which it has ~~[reasonable cause to~~
 13 ~~believe that]~~ determined there has been a substantial failure to comply with the provisions of this
 14 chapter or any rules or regulations promulgated pursuant to this chapter. Centers that are placed on
 15 probationary status shall be required to demonstrate compliance with the provisions of this chapter
 16 and any rules or regulations promulgated under this chapter within twelve months of the date of the
 17 receipt of the notice of probationary status, unless otherwise provided by a settlement agreement
 18 with a duration of a maximum of eighteen months between the department and the designated
 19 center. If the department of health and senior services has ~~[reasonable cause to believe]~~ determined
 20 that a hospital is not in compliance with such provisions or regulations, it may conduct additional
 21 announced or unannounced site reviews of the hospital to verify compliance. If a trauma, STEMI,
 22 or stroke center fails two consecutive ~~[on-site]~~ site reviews because of substantial noncompliance
 23 with standards prescribed by sections 190.001 to ~~[190.245]~~ 190.243 or rules adopted by the
 24 department pursuant to sections 190.001 to ~~[190.245]~~ 190.243, its center designation shall be
 25 revoked.

26 4. (1) Instead of applying for trauma, STEMI, or stroke center designation under subsection
 27 1 or 2 of this section, a hospital may apply for trauma, STEMI, or stroke center designation under
 28 this subsection. Upon receipt of an application ~~[from a hospital]~~ on a form prescribed by the
 29 department, the department shall designate such hospital[:

30 ~~—— (1) A level I STEMI center if such hospital has been certified as a Joint Commission~~
 31 ~~comprehensive cardiac center or another department-approved nationally recognized organization~~
 32 ~~that provides comparable STEMI center accreditation; or~~

33 ~~—— (2) A level II STEMI center if such hospital has been accredited as a Mission: Lifeline~~
 34 ~~STEMI receiving center by the American Heart Association accreditation process or another~~
 35 ~~department-approved nationally recognized organization that provides STEMI receiving center~~
 36 ~~accreditation.~~

37 ~~—— 5. Instead of applying for stroke center designation pursuant to the provisions of subsection~~
 38 ~~2 of this section, a hospital may apply for stroke center designation pursuant to this subsection.~~
 39 ~~Upon receipt of an application from a hospital on a form prescribed by the department, the~~
 40 ~~department shall designate such hospital:~~

41 ~~—— (1) A level I stroke center if such hospital has been certified as a comprehensive stroke~~
 42 ~~center by the Joint Commission or any other certifying organization designated by the department~~
 43 ~~when such certification is in accordance with the American Heart Association/American Stroke~~
 44 ~~Association guidelines;~~

45 ~~—— (2) A level II stroke center if such hospital has been certified as a primary stroke center by~~
 46 ~~the Joint Commission or any other certifying organization designated by the department when such~~
 47 ~~certification is in accordance with the American Heart Association/American Stroke Association~~
 48 ~~guidelines; or~~

~~(3) A level III stroke center if such hospital has been certified as an acute stroke-ready hospital by the Joint Commission or any other certifying organization designated by the department when such certification is in accordance with the American Heart Association/American Stroke Association guidelines]~~ at a state level that corresponds to a similar national designation as set forth in rules promulgated by the department. The rules shall be based on standards of nationally recognized organizations and the recommendations of the time-critical diagnosis advisory committee.

(2) Except as provided by subsection [6] 5 of this section, the department shall not require compliance with any additional standards for establishing or renewing trauma, STEMI, or stroke designations. The designation shall continue if such hospital remains certified or verified. The department may remove a hospital's designation as a trauma center, STEMI center, or stroke center if the hospital requests removal of the designation or the department determines that the certificate [recognizing] or verification that qualified the hospital [as a stroke center] for the designation under this subsection has been suspended or revoked. Any decision made by the department to withdraw its designation of a [stroke] center pursuant to this subsection that is based on the revocation or suspension of a certification or verification by a certifying or verifying organization shall not be subject to judicial review. The department shall report to the certifying or verifying organization any complaint it receives related to the [stroke] center [certification of a stroke center] designated pursuant to this subsection. The department shall also advise the complainant which organization certified or verified the [stroke] center and provide the necessary contact information should the complainant wish to pursue a complaint with the certifying or verifying organization.

[6.] 5. Any hospital receiving designation as a trauma center, STEMI center, or stroke center pursuant to subsection [5] 4 of this section shall:

(1) [Annually and] Within thirty days of any changes or receipt of a certificate or verification, submit to the department proof of [stroke] certification or verification and the names and contact information of the center's medical director and the program manager [of the stroke center]; and

(2) [Submit to the department a copy of the certifying organization's final stroke certification survey results within thirty days of receiving such results;

(3) Submit every four years an application on a form prescribed by the department for stroke center review and designation;

(4) Participate in the emergency medical services regional system of stroke care in its respective emergency medical services region as defined in rules promulgated by the department;

(5)] Participate in local and regional emergency medical services systems [by reviewing and sharing outcome data and] for purposes of providing training [and], sharing clinical educational resources, and collaborating on improving patient outcomes.

Any hospital receiving designation as a level III stroke center pursuant to subsection [5] 4 of this section shall have a formal agreement with a level I or level II stroke center for physician consultative services for evaluation of stroke patients for thrombolytic therapy and the care of the patient post-thrombolytic therapy.

[7.] 6. Hospitals designated as a trauma center, STEMI center, or stroke center by the department[~~, including those designated pursuant to subsection 5 of this section,~~] shall submit data [to meet the data submission requirements specified by rules promulgated by the department. Such submission of data may be done] by one of the following methods:

(1) Entering hospital data [directly] into a state registry [by direct data entry]; or

(2) [Downloading hospital data from a nationally recognized registry or data bank and importing the data files into a state registry; or

~~(3) Authorizing a nationally recognized registry or data bank to disclose or grant access to the department facility-specific data held by the]~~ Entering hospital data into a national registry or data bank. A hospital submitting data pursuant to this subdivision [(2) or (3) of this subsection] shall not be required to collect and submit any additional trauma, STEMI, or stroke center data elements. No hospital submitting data to a national data registry or data bank under this subdivision shall withhold authorization for the department to access such data through such national data registry or data bank. Nothing in this subdivision shall be construed as requiring duplicative data entry by a hospital that is otherwise complying with the provisions of this subsection. Failure of the department to obtain access to data submitted to a national data registry or data bank shall not be construed as hospital noncompliance under this subsection.

~~[8.]~~ 7. When collecting and analyzing data pursuant to the provisions of this section, the department shall comply with the following requirements:

(1) Names of any health care professionals, as defined in section 376.1350, shall not be subject to disclosure;

(2) The data shall not be disclosed in a manner that permits the identification of an individual patient or encounter;

(3) The data shall be used for the evaluation and improvement of hospital and emergency medical services' trauma, stroke, and STEMI care; and

~~(4) [The data collection system shall be capable of accepting file transfers of data entered into any national recognized trauma, stroke, or STEMI registry or data bank to fulfill trauma, stroke, or STEMI certification reporting requirements; and~~

~~—(5)]~~ Trauma, STEMI, and stroke center data elements shall conform to [nationally recognized performance measures, such as the American Heart Association's Get With the Guidelines] national registry or data bank data elements, and include published detailed measure specifications, data coding instructions, and patient population inclusion and exclusion criteria to ensure data reliability and validity.

~~[9. The board of registration for the healing arts shall have sole authority to establish education requirements for physicians who practice in an emergency department of a facility designated as a trauma, STEMI, or stroke center by the department under this section. The department shall deem such education requirements promulgated by the board of registration for the healing arts sufficient to meet the standards for designations under this section.~~

~~—10.]~~ 8. The department shall not have authority to establish additional education requirements for emergency medicine board-certified or board-eligible physicians who are participating in the American Board of Emergency Medicine (ABEM) or American Osteopathic Board of Emergency Medicine (AOBEM) maintenance of certification process and are practicing in the emergency department of a facility designated as a trauma center, STEMI center, or stroke center by the department under this section. The department shall deem the education requirements promulgated by ABEM or AOBEM to meet the standards for designations under this section. Education requirements for non-ABEM or non-AOBEM certified physicians, nurses, and other providers who provide care at a facility designated as a trauma center, STEMI center, or stroke center by the department under this section shall mirror but not exceed those established by national designating or verifying bodies of trauma centers, STEMI centers, or stroke centers.

9. The department of health and senior services may establish appropriate fees to offset only the costs of trauma, STEMI, and stroke center [reviews] surveys.

~~[11.]~~ 10. No hospital shall hold itself out to the public as a STEMI center, stroke center, adult trauma center, pediatric trauma center, or an adult and pediatric trauma center unless it is designated as such by the department of health and senior services.

~~[12.]~~ 11. Any person aggrieved by an action of the department of health and senior services

affecting the trauma, STEMI, or stroke center designation pursuant to this chapter, including the revocation, the suspension, or the granting of, refusal to grant, or failure to renew a designation, may seek a determination thereon by the administrative hearing commission under chapter 621. It shall not be a condition to such determination that the person aggrieved seek a reconsideration, a rehearing, or exhaust any other procedure within the department.

12. Failure of a hospital to provide all medical records and quality improvement documentation necessary for the department to implement the provisions of sections 190.241 to 190.243 shall result in the revocation of the hospital's designation as a trauma center, STEMI center, or stroke center. Any medical records obtained by the department shall be used only for purposes of implementing the provisions of sections 190.241 to 190.243, and the names of hospitals, physicians, and patients shall not be released by the department or members of review teams.

190.243. 1. Severely injured patients shall be transported to a trauma center. Patients who suffer a STEMI, as defined in section 190.100, shall be transported to a STEMI center. Patients who suffer a stroke, as defined in section 190.100, shall be transported to a stroke center.

2. A physician, physician assistant, or registered nurse authorized by a physician who has established verbal communication with ambulance personnel shall instruct the ambulance personnel to transport a severely ill or injured patient to the closest hospital or designated trauma, STEMI, or stroke center, as determined according to estimated transport time whether by ground ambulance or air ambulance, in accordance with transport protocol approved by the medical director and the department of health and senior services, even when the hospital is located outside of the ambulance service's primary service area. When initial transport from the scene of illness or injury to a trauma, STEMI, or stroke center would be prolonged, the STEMI, stroke, or severely injured patient may be transported to the nearest appropriate facility for stabilization prior to transport to a trauma, STEMI, or stroke center.

3. Transport of the STEMI, stroke, or severely injured patient shall be governed by principles of timely and medically appropriate care; consideration of reimbursement mechanisms shall not supersede those principles.

4. Patients who do not meet the criteria for direct transport to a trauma, STEMI, or stroke center shall be transported to and cared for at the hospital of their choice so long as such ambulance service is not in violation of local protocols.

190.248. 1. All investigations conducted in response to allegations of violations of sections 190.001 to ~~[190.245]~~ 190.243 shall be completed within six months of receipt of the allegation.

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

3. Any department investigations that involve other administrative or law enforcement agencies shall be completed within six months of notification and final determination by such administrative or law enforcement agencies.

190.257. 1. There is hereby established the "Time-Critical Diagnosis Advisory Committee", to be designated by the director for the purpose of advising and making recommendations to the department on:

(1) Improvement of public and professional education related to time-critical diagnosis;

(2) Engagement in cooperative research endeavors;

(3) Development of standards, protocols, and policies related to time-critical diagnosis, including recommendations for state regulations; and

(4) Evaluation of community and regional time-critical diagnosis plans, including recommendations for changes.

2. The members of the committee shall serve without compensation, except that the

department shall budget for reasonable travel expenses and meeting expenses related to the functions of the committee.

3. The director shall appoint sixteen members to the committee from applications submitted for appointment, with the membership to be composed of the following:

(1) Six members, one from each EMS region, who are active participants providing emergency medical services, with at least:

(a) One member who is a physician serving as a regional EMS medical director;

(b) One member who serves on an air ambulance service;

(c) One member who resides in an urban area; and

(d) One member who resides in a rural area; and

(2) Ten members who represent hospitals, with at least:

(a) One member who is employed by a level I or level II trauma center;

(b) One member who is employed by a level I or level II STEMI center;

(c) One member who is employed by a level I or level II stroke center;

(d) One member who is employed by a rural or critical access hospital; and

(e) Three physicians, with one physician certified by the American Board of Emergency Medicine (ABEM) or American Osteopathic Board of Emergency Medicine (AOBEM) and two physicians employed in time-critical diagnosis specialties at a level I or level II trauma center, STEMI center, or stroke center.

4. In addition to the sixteen appointees, the state EMS medical director shall serve as an ex officio member of the committee.

5. The director shall make a reasonable effort to ensure that the members representing hospitals have geographical representation from each district of the state designated by a statewide nonprofit membership association of hospitals.

6. Members appointed by the director shall be appointed for three-year terms. Initial appointments shall include extended terms in order to establish a rotation to ensure that only approximately one-third of the appointees will have their term expire in any given year. An appointee wishing to continue in his or her role on the committee shall resubmit an application as required by this section.

7. The committee shall consult with the state advisory council on emergency medical services, as described in section 190.101, regarding issues involving emergency medical services.";
and"

Further amend said bill,"; and

Further amend said amendment, Page 3, Line 39, by inserting after said line the following:

"Further amend said bill, Page 10, Section 221.065, Line 12, by inserting after all of said section and line the following:

"287.243. 1. This section shall be known and may be cited as the "Line of Duty Compensation Act".

2. As used in this section, unless otherwise provided, the following words shall mean:

(1) "Air ambulance pilot", a person certified as an air ambulance pilot in accordance with sections 190.001 to [190.245] 190.243 and corresponding regulations applicable to air ambulances adopted by the department of health and senior services;

(2) "Air ambulance registered professional nurse", a person licensed as a registered professional nurse in accordance with sections 335.011 to 335.096 and corresponding regulations adopted by the state board of nursing, 20 CSR 2200-4, et seq., who provides registered professional

1 nursing services as a flight nurse in conjunction with an air ambulance program that is certified in
 2 accordance with sections 190.001 to [~~190.245~~] 190.243 and the corresponding regulations
 3 applicable to such programs;

4 (3) "Air ambulance registered respiratory therapist", a person licensed as a registered
 5 respiratory therapist in accordance with sections 334.800 to 334.930 and corresponding regulations
 6 adopted by the state board for respiratory care, who provides respiratory therapy services in
 7 conjunction with an air ambulance program that is certified in accordance with sections 190.001 to
 8 [~~190.245~~] 190.243 and corresponding regulations applicable to such programs;

9 (4) "Child", any natural, illegitimate, adopted, or posthumous child or stepchild of a
 10 deceased public safety officer who, at the time of the public safety officer's fatality is:

- 11 (a) Eighteen years of age or under;
- 12 (b) Over eighteen years of age and a student, as defined in 5 U.S.C. Section 8101; or
- 13 (c) Over eighteen years of age and incapable of self-support because of physical or mental
 14 disability;

15 (5) "Emergency medical technician", a person licensed in emergency medical care in
 16 accordance with standards prescribed by sections 190.001 to [~~190.245~~] 190.243 and by rules
 17 adopted by the department of health and senior services under sections 190.001 to [~~190.245~~]
 18 190.243;

19 (6) "Firefighter", any person, including a volunteer firefighter, employed by the state or a
 20 local governmental entity as an employer defined under subsection 1 of section 287.030, or
 21 otherwise serving as a member or officer of a fire department either for the purpose of the
 22 prevention or control of fire or the underwater recovery of drowning victims;

23 (7) "Flight crew member", an individual engaged in flight responsibilities with an air
 24 ambulance licensed in accordance with sections 190.001 to [~~190.245~~] 190.243 and corresponding
 25 regulations applicable to such programs;

26 (8) "Killed in the line of duty", when any person defined in this section loses his or her life
 27 when:

- 28 (a) Death is caused by an accident or the willful act of violence of another;
- 29 (b) The public safety officer is in the active performance of his or her duties in his or her
 30 respective profession and there is a relationship between the accident or commission of the act of
 31 violence and the performance of the duty, even if the individual is off duty; the public safety officer
 32 is traveling to or from employment; or the public safety officer is taking any meal break or other
 33 break which takes place while that individual is on duty;
- 34 (c) Death is the natural and probable consequence of the injury; and
- 35 (d) Death occurs within three hundred weeks from the date the injury was received.

36
 37 The term excludes death resulting from the willful misconduct or intoxication of the public safety
 38 officer. The division of workers' compensation shall have the burden of proving such willful
 39 misconduct or intoxication;

40 (9) "Law enforcement officer", any person employed by the state or a local governmental
 41 entity as a police officer, peace officer certified under chapter 590, or serving as an auxiliary police
 42 officer or in some like position involving the enforcement of the law and protection of the public
 43 interest at the risk of that person's life;

44 (10) "Local governmental entity", includes counties, municipalities, townships, board or
 45 other political subdivision, cities under special charter, or under the commission form of
 46 government, fire protection districts, ambulance districts, and municipal corporations;

47 (11) "Public safety officer", any law enforcement officer, firefighter, uniformed employee of
 48 the office of the state fire marshal, emergency medical technician, police officer, capitol police

1 officer, parole officer, probation officer, state correctional employee, water safety officer, park
 2 ranger, conservation officer, or highway patrolman employed by the state of Missouri or a political
 3 subdivision thereof who is killed in the line of duty or any emergency medical technician, air
 4 ambulance pilot, air ambulance registered professional nurse, air ambulance registered respiratory
 5 therapist, or flight crew member who is killed in the line of duty;

6 (12) "State", the state of Missouri and its departments, divisions, boards, bureaus,
 7 commissions, authorities, and colleges and universities;

8 (13) "Volunteer firefighter", a person having principal employment other than as a
 9 firefighter, but who is carried on the rolls of a regularly constituted fire department either for the
 10 purpose of the prevention or control of fire or the underwater recovery of drowning victims, the
 11 members of which are under the jurisdiction of the corporate authorities of a city, village,
 12 incorporated town, or fire protection district. Volunteer firefighter shall not mean an individual who
 13 volunteers assistance without being regularly enrolled as a firefighter.

14 3. (1) A claim for compensation under this section shall be filed by survivors of the
 15 deceased with the division of workers' compensation not later than one year from the date of death
 16 of a public safety officer. If a claim is made within one year of the date of death of a public safety
 17 officer killed in the line of duty, compensation shall be paid, if the division finds that the claimant is
 18 entitled to compensation under this section.

19 (2) The amount of compensation paid to the claimant shall be twenty-five thousand dollars,
 20 subject to appropriation, for death occurring on or after June 19, 2009.

21 4. Any compensation awarded under the provisions of this section shall be distributed as
 22 follows:

23 (1) To the surviving spouse of the public safety officer if there is no child who survived the
 24 public safety officer;

25 (2) Fifty percent to the surviving child, or children, in equal shares, and fifty percent to the
 26 surviving spouse if there is at least one child who survived the public safety officer, and a surviving
 27 spouse of the public safety officer;

28 (3) To the surviving child, or children, in equal shares, if there is no surviving spouse of the
 29 public safety officer;

30 (4) If there is no surviving spouse of the public safety officer and no surviving child:

31 (a) To the surviving individual, or individuals, in shares per the designation or, otherwise, in
 32 equal shares, designated by the public safety officer to receive benefits under this subsection in the
 33 most recently executed designation of beneficiary of the public safety officer on file at the time of
 34 death with the public safety agency, organization, or unit; or

35 (b) To the surviving individual, or individuals, in equal shares, designated by the public
 36 safety officer to receive benefits under the most recently executed life insurance policy of the public
 37 safety officer on file at the time of death with the public safety agency, organization, or unit if there
 38 is no individual qualifying under paragraph (a) of this subdivision;

39 (5) To the surviving parent, or parents, in equal shares, of the public safety officer if there is
 40 no individual qualifying under subdivision (1), (2), (3), or (4) of this subsection; or

41 (6) To the surviving individual, or individuals, in equal shares, who would qualify under the
 42 definition of the term "child" but for age if there is no individual qualifying under subdivision (1),
 43 (2), (3), (4), or (5) of this subsection.

44 5. Notwithstanding subsection 3 of this section, no compensation is payable under this
 45 section unless a claim is filed within the time specified under this section setting forth:

46 (1) The name, address, and title or designation of the position in which the public safety
 47 officer was serving at the time of his or her death;

48 (2) The name and address of the claimant;

1 (3) A full, factual account of the circumstances resulting in or the course of events causing
2 the death at issue; and

3 (4) Such other information that is reasonably required by the division.
4

5 When a claim is filed, the division of workers' compensation shall make an investigation for
6 substantiation of matters set forth in the application.

7 6. The compensation provided for under this section is in addition to, and not exclusive of,
8 any pension rights, death benefits, or other compensation the claimant may otherwise be entitled to
9 by law.

10 7. Neither employers nor workers' compensation insurers shall have subrogation rights
11 against any compensation awarded for claims under this section. Such compensation shall not be
12 assignable, shall be exempt from attachment, garnishment, and execution, and shall not be subject to
13 setoff or counterclaim, or be in any way liable for any debt, except that the division or commission
14 may allow as lien on the compensation, reasonable attorney's fees for services in connection with
15 the proceedings for compensation if the services are found to be necessary. Such fees are subject to
16 regulation as set forth in section 287.260.

17 8. Any person seeking compensation under this section who is aggrieved by the decision of
18 the division of workers' compensation regarding his or her compensation claim, may make
19 application for a hearing as provided in section 287.450. The procedures applicable to the
20 processing of such hearings and determinations shall be those established by this chapter. Decisions
21 of the administrative law judge under this section shall be binding, subject to review by either party
22 under the provisions of section 287.480.

23 9. Pursuant to section 23.253 of the Missouri sunset act:

24 (1) The provisions of the new program authorized under this section shall automatically
25 sunset six years after June 19, 2019, unless reauthorized by an act of the general assembly; and

26 (2) If such program is reauthorized, the program authorized under this section shall
27 automatically sunset twelve years after the effective date of the reauthorization of this section; and

28 (3) This section shall terminate on September first of the calendar year immediately
29 following the calendar year in which the program authorized under this section is sunset.

30 10. The provisions of this section, unless specified, shall not be subject to other provisions
31 of this chapter.

32 11. There is hereby created in the state treasury the "Line of Duty Compensation Fund",
33 which shall consist of moneys appropriated to the fund and any voluntary contributions, gifts, or
34 bequests to the fund. The state treasurer shall be custodian of the fund and shall approve
35 disbursements from the fund in accordance with sections 30.170 and 30.180. Upon appropriation,
36 money in the fund shall be used solely for paying claims under this section. Notwithstanding the
37 provisions of section 33.080 to the contrary, any moneys remaining in the fund at the end of the
38 biennium shall not revert to the credit of the general revenue fund. The state treasurer shall invest
39 moneys in the fund in the same manner as other funds are invested. Any interest and moneys earned
40 on such investments shall be credited to the fund.

41 12. The division shall promulgate rules to administer this section, including but not limited
42 to the appointment of claims to multiple claimants, record retention, and procedures for information
43 requests. Any rule or portion of a rule, as that term is defined in section 536.010, that is created
44 under the authority delegated in this section shall become effective only if it complies with and is
45 subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and
46 chapter 536 are nonseverable and if any of the powers vested with the general assembly under
47 chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently
48 held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after

1 June 19, 2009, shall be invalid and void."; and

2
3 Further amend said amend bill, Page 11, Section 574.204, Line 9, by inserting after all of said
4 section and line the following:

5
6 ~~"[190.245. The department shall require hospitals, as defined by chapter 197,~~
7 ~~designated as trauma, STEMI, or stroke centers to provide for a peer review~~
8 ~~system, approved by the department, for trauma, STEMI, and stroke cases,~~
9 ~~respective to their designations, under section 537.035. For purposes of~~
10 ~~sections 190.241 to 190.245, the department of health and senior services~~
11 ~~shall have the same powers and authority of a health care licensing board~~
12 ~~pursuant to subsection 6 of section 537.035. Failure of a hospital to provide~~
13 ~~all medical records necessary for the department to implement provisions of~~
14 ~~sections 190.241 to 190.245 shall result in the revocation of the hospital's~~
15 ~~designation as a trauma, STEMI, or stroke center. Any medical records~~
16 ~~obtained by the department or peer review committees shall be used only for~~
17 ~~purposes of implementing the provisions of sections 190.241 to 190.245 and~~
18 ~~the names of hospitals, physicians and patients shall not be released by the~~
19 ~~department or members of review committees.]"; and"; and~~
20

21 Further amend said bill by amending the title, enacting clause, and intersectional references
22 accordingly.

23
24 Amends #1874H04.35H