

SENATE COMMITTEE SUBSTITUTE

FOR

SENATE BILL NO. 1382

AN ACT

To repeal sections 190.053, 190.098, 190.101, and 190.109, RSMo, and to enact in lieu thereof seven new sections relating to emergency medical services.

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

Section A. Sections 190.053, 190.098, 190.101, and 190.109, RSMo, are repealed and seven new sections enacted in lieu thereof, to be known as sections 190.053, 190.076, 190.098, 190.101, 190.109, 190.112, and 190.166, to read as follows:

190.053. 1. All members of the board of directors of an ambulance district first elected on or after January 1, 2008, shall attend and complete an educational seminar or conference or other suitable training on the role and duties of a board member of an ambulance district. The training required under this section shall be offered by a statewide association organized for the benefit of ambulance districts or be approved by the state advisory council on emergency medical services. Such training shall include, at a minimum:

- (1) Information relating to the roles and duties of an ambulance district director;
 - (2) A review of all state statutes and regulations relevant to ambulance districts;
 - (3) State ethics laws;
 - (4) State sunshine laws, chapter 610;
 - (5) Financial and fiduciary responsibility;
 - (6) State laws relating to the setting of tax rates;
- and
- (7) State laws relating to revenue limitations.

2. [If any ambulance district board member fails to attend a training session within twelve months after taking office, the board member shall not be compensated for attendance at meetings thereafter until the board member has completed such training session. If any ambulance district board member fails to attend a training session within twelve months of taking office regardless of whether the board member received an attendance fee for a training session, the board member shall be ineligible to run for reelection for another term of office until the board member satisfies the training requirement of this section; however, this requirement shall only apply to board members elected after August 28, 2022] All members of the board of directors of an ambulance district shall complete three hours of continuing education for each term of office. The continuing education shall be offered by a statewide association organized for the benefit of ambulance districts or be approved by the state advisory council on emergency medical services.

3. Any ambulance district board member who fails to complete the initial training and continuing education requirements on or before the anniversary date of his or her election or appointment shall immediately be disqualified from office and his or her position shall be vacant without further process or declaration. The vacancy shall be filled in the manner provided for pursuant to section 190.052.

190.076. Each ambulance district shall arrange for an audit of the records and accounts of the district at least every three years by a certified public accountant or firm of certified public accountants. The audit shall be made available to the public on the district's website or otherwise freely available by other electronic means.

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

- (1) Be currently ~~certified~~ licensed as a paramedic;
- (2) Successfully complete or have successfully completed a community paramedic certification program from a college, university, or educational institution that has been approved by the department or accredited by a national accreditation organization approved by the department; and
- (3) Complete an application form approved by the department.

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

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

As used in this section, the term "community paramedic services" shall mean services provided by any entity that employs licensed paramedics who are certified by the department as community paramedics for services that are:

(1) Provided in a nonemergent setting that is independent of an emergency telephone service, 911 system, or emergency summons;

(2) Consistent with the training and education requirements described in subdivision (2) of subsection 1 of this section, the scope of skill and practice for community paramedics, and the supervisory standard approved by the entity's medical director; and

(3) Reflected and documented in the entity's medical director-approved patient care plans or protocols in accordance with the provisions of section 190.142.

3. (1) Any ambulance service that seeks to provide community paramedic services outside of the ambulance service's service area:

(a) Shall have a memorandum of understanding (MOU) regarding the provision of such services with the ambulance service in that service area if that ambulance service is already providing community paramedic services; or

(b) Shall not be required to have an MOU with the ambulance service in that service area if that ambulance service is not already providing community paramedic services, provided that the ambulance service seeking to provide such services shall provide notification to the other ambulance service of the community paramedic services to be provided.

(2) Any emergency medical response agency (EMRA) that seeks to provide community paramedic services within its designated response service area may do so if the ground ambulance service area within which the EMRA operates does not already provide such services. If the ground ambulance service does provide community paramedic services, then the ground ambulance service may enter into an MOU with the EMRA in order to coordinate programs and avoid service

duplication. If the EMRA provides community paramedic services in the ground ambulance service's service area prior to the provision of such services by the ground ambulance service, then the EMRA and the ground ambulance service shall enter into an MOU for the coordination of services.

(3) Any community paramedic program shall notify the appropriate local ambulance service when providing services within the service area of an ambulance service.

(4) The department shall promulgate rules and regulations for the purpose of recognizing which community paramedic services entities have met the standards necessary to provide community paramedic services, including, but not limited to, physician medical oversight, training, patient record retention, formal relationships with primary care services as needed, and quality improvement policies. Community paramedic services entities shall be certified by the department, allowing such entities to provide community paramedic services for a period of five years.

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

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

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

7. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and

if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to 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.

190.101. 1. There is hereby established a "State Advisory Council on Emergency Medical Services" which shall consist of [sixteen] no more than twenty-three 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] pursuant to subsection 2 of this subsection and shall serve terms of four years. The [governor shall designate one of the members as chairperson] council members shall annually select a chairperson, along with other officers as the council deems necessary. The chairperson may appoint subcommittees that include noncouncil members.

2. Council members shall be appointed as follows:

(1) The director of the department of health and senior services shall make appointments to the council from the recommendations provided by the following:

(a) The statewide professional association representing ambulance service managers;

(b) The statewide professional association representing EMT's and paramedics;

(c) The statewide professional association representing ambulance districts;

(d) The statewide professional association representing fire chiefs;

(e) The statewide professional association representing fire protection districts;

(f) The statewide professional association representing firefighters;

(g) The statewide professional association representing emergency nurses;

(h) The statewide professional association representing the air ambulance industry;

(i) The statewide professional association representing emergency medicine physicians;

(j) The statewide association representing hospitals;
and

(k) The statewide association representing pediatric emergency professionals;

(2) The director of health and senior services shall appoint a member to the council with a background in mobile integrated healthcare-community paramedicine (MIH-CP);

(3) Each regional EMS advisory committee shall appoint one member; and

(4) The time-critical diagnosis advisory committee established under section 190.257 shall appoint one member.

3. 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.] 4. 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.] 5. The state EMS medical director, as described under section 190.103, shall serve as an ex officio member of the council.

[5.] 6. 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 expenses and meeting expenses related to the functions of the council.

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

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

Missouri with the recognition of the EMS personnel licensure interstate compact.

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

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

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

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

2. Any person that owned and operated a licensed ambulance on December 31, 1997, shall receive an ambulance service license from the department, unless suspended, revoked or terminated, for that ambulance service area which was, on December 31, 1997, described and filed with the department as the primary service area for its licensed

ambulances on August 28, 1998, provided that the person makes application and adheres to the rules and regulations promulgated by the department pursuant to sections 190.001 to 190.245.

3. The department shall issue a new ground ambulance service license to an ambulance service that is not currently licensed by the department, or is currently licensed by the department and is seeking to expand its ambulance service area, except as provided in subsection 4 of this section, to be valid for a period of five years, unless suspended, revoked or terminated, when the director finds that the applicant meets the requirements of ambulance service licensure established pursuant to sections 190.100 to 190.245 and the rules adopted by the department pursuant to sections 190.001 to 190.245. In order to be considered for a new ambulance service license, an ambulance service shall submit to the department a letter of endorsement from each ambulance district or fire protection district that is authorized to provide ambulance service, or from each municipality not within an ambulance district or fire protection district that is authorized to provide ambulance service, in which the ambulance service proposes to operate. If an ambulance service proposes to operate in unincorporated portions of a county not within an ambulance district or fire protection district that is authorized to provide ambulance service, in order to be considered for a new ambulance service license, the ambulance service shall submit to the department a letter of endorsement from the county. Any letter of endorsement required pursuant to this section shall verify that the political subdivision has conducted a public hearing regarding the endorsement and that the governing body of the political subdivision has adopted a resolution approving the endorsement. The letter

of endorsement shall affirmatively state that the proposed ambulance service:

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

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

5. The department shall renew a ground ambulance service license if the applicant meets the requirements established pursuant to sections 190.001 to 190.245, and the rules adopted by the department pursuant to sections 190.001 to 190.245.

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

- (1) Vehicle design, specification, operation and maintenance standards;
- (2) Equipment requirements;
- (3) Staffing requirements;
- (4) Five-year license renewal;
- (5) Records and forms;
- (6) Medical control plans;
- (7) Medical director qualifications;
- (8) Standards for medical communications;
- (9) Memorandums of understanding with emergency medical response agencies that provide advanced life support;
- (10) Quality improvement committees; [and]
- (11) Response time, patient care and transportation standards;
- (12) Participation with regional emergency medical services advisory committees; and
- (13) Ambulance service administrator qualifications.

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

190.112. 1. Each ambulance service licensed under this chapter shall identify to the department the individual serving as the ambulance service administrator who is responsible for the operations and staffing of the ambulance

service. The ambulance service administrator shall be required to have achieved basic training of at least forty hours regarding the operations of an ambulance service and two hours of annual continuing education. The training required under this section shall be offered by a statewide association organized for the benefit of ambulance districts or be approved by the state advisory council on emergency medical services and shall include the following:

(1) Basic principles of accounting and economics;

(2) State and federal laws applicable to ambulance services;

(3) Regulatory requirements applicable to ambulance services;

(4) Human resources management and laws;

(5) Grant writing, contracts, and fundraising;

(6) State sunshine laws in chapter 610, as well as applicable ethics requirements; and

(7) Volunteer and community involvement.

2. Ambulance service administrators serving in this capacity as of August 28, 2024, shall have until January 1, 2026, to demonstrate compliance with the provisions of this section.

190.166. 1. In addition to the provisions of section 190.165, the department of health and senior services may refuse to issue, deny renewal of, or suspend a license required pursuant to section 190.109, or take other corrective actions as described in this section, based on the following considerations:

(1) The license holder is determined to be financially insolvent;

(2) The ambulance service has inadequate personnel to operate the ambulance service to provide for basic emergency operations, determined by the ability to staff a minimum of

one ambulance unit twenty-four hours per day, seven days per week, with at least two licensed emergency medical technicians and a reasonable plan and schedule for the services of a second ambulance;

(3) The ambulance service requires an inordinate amount of mutual aid from neighboring services, such as more than ten percent of the total runs in the service area in any given month, or than would be considered prudent and thus cannot provide an appropriate level of emergency response for the service area as would be considered prudent by the typical ground ambulance services operator;

(4) The principal manager, board members, or other executives are determined to be criminally liable for actions related to the license or service provided;

(5) The license holder or principal manager, board members, or other executives are determined by the Centers for Medicare and Medicaid Services to be ineligible for participation in Medicare;

(6) The license holder or principal manager, board members, or other executives are determined by the MO HealthNet division to be ineligible for participation in MO HealthNet;

(7) The ambulance service administrator has failed to meet the required qualifications or failed to complete the training required pursuant to section 190.112; and

(8) Three or more board members have failed to complete required training pursuant to section 190.053 if the ambulance service is an ambulance district.

2. If the department makes a determination of insolvency or insufficiency of operations of a license holder under subsection 1 of this section, then the department may require the license holder to submit a

corrective plan within fifteen days and require implementation of the corrective plan within thirty days.

3. The department shall be required to provide notice of any determination by the department of insolvency or insufficiency of operations of a license holder to other license holders operating in the license holder's vicinity, members of the general assembly who represent the license holder's service area, the governing officials of any county or municipal entity in the license holder's service area, the appropriate regional emergency medical services advisory committee, and the state advisory council on emergency medical services.

4. The department shall immediately engage with other license holders in the area to determine the extent to which ground ambulance service may be provided to the affected service area during the time in which the license holder is unable to provide adequate services, including any long-term service arrangements. The nature of the agreement between the license holder and other license holders providing services to the affected area may include an agreement to provide services, a joint powers agreement, formal consideration, or some payment for services rendered.

5. Any license holder who provides assistance in the service area of another license holder whose license has been suspended under this section shall have the right to seek reasonable compensation from the license holder whose license to operate has been suspended for all calls, stand-by time, and responses to medical emergencies during such time as the license remains suspended. The reasonable compensation shall not be limited to those expenses incurred in actual responses, but may also include reasonable expenses to maintain ambulance service, including, but not limited to, the daily operation costs of maintaining the

service, personnel wages and benefits, equipment purchases and maintenance, and other costs incurred in the operation of a ground ambulance service. The license holder providing assistance shall be entitled to an award of costs and reasonable attorney fees in any action to enforce the provisions of this subsection.