

SENATE BILL NO. 1143

101ST GENERAL ASSEMBLY

INTRODUCED BY SENATOR BROWN.

5503S.01I

ADRIANE D. CROUSE, Secretary

AN ACT

To repeal sections 190.100, 190.134, 650.320, and 650.340, RSMo, and to enact in lieu thereof three new sections relating to emergency medical dispatchers.

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

Section A. Sections 190.100, 190.134, 650.320, and
2 650.340, RSMo, are repealed and three new sections enacted in
3 lieu thereof, to be known as sections 190.100, 650.320, and
4 650.340, to read as follows:

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

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

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

15 (3) "Ambulance", any privately or publicly owned
16 vehicle or craft that is specially designed, constructed or
17 modified, staffed or equipped for, and is intended or used,

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

18 maintained or operated for the transportation of persons who
19 are sick, injured, wounded or otherwise incapacitated or
20 helpless, or who require the presence of medical equipment
21 being used on such individuals, but the term does not
22 include any motor vehicle specially designed, constructed or
23 converted for the regular transportation of persons who are
24 disabled, handicapped, normally using a wheelchair, or
25 otherwise not acutely ill, or emergency vehicles used within
26 airports;

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

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

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

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

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

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

47 (10) "Dispatch agency", any person or organization
48 that receives requests for emergency medical services from

49 the public, by telephone or other means, and is responsible
50 for dispatching emergency medical services;

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

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

60 (b) Serious impairment to a bodily function;

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

62 (d) Inadequately controlled pain;

63 (12) "Emergency medical dispatcher", a person who
64 receives emergency calls from the public and has
65 successfully completed an emergency medical dispatcher
66 course[, meeting or exceeding the national curriculum of the
67 United States Department of Transportation and any
68 modifications to such curricula specified by the department
69 through rules adopted pursuant to sections 190.001 to
70 190.245] **and any ongoing training requirements under section**
71 **650.340;**

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

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

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

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

97 (17) "Emergency medical technician", a person licensed
98 in emergency medical care in accordance with standards
99 prescribed by sections 190.001 to 190.245, and by rules
100 adopted by the department pursuant to sections 190.001 to
101 190.245;

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

109 (19) "Emergency medical technician-community
110 paramedic", "community paramedic", or "EMT-CP", a person who
111 is certified as an emergency medical technician-paramedic

112 and is certified by the department in accordance with
113 standards prescribed in section 190.098;

114 (20) "Emergency medical technician-paramedic" or "EMT-
115 P", a person who has successfully completed a course of
116 instruction in advanced life support care as prescribed by
117 the department and is licensed by the department in
118 accordance with sections 190.001 to 190.245 and rules
119 adopted by the department pursuant to sections 190.001 to
120 190.245;

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

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

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

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

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

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

148 (27) "Memorandum of understanding", an agreement
149 between an emergency medical response agency or dispatch
150 agency and an ambulance service or services within whose
151 territory the agency operates, in order to coordinate
152 emergency medical services;

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

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

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

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

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

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

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

197 (35) "Regional EMS advisory committee", a committee
198 formed within an emergency medical services (EMS) region to
199 advise ambulance services, the state advisory council on EMS
200 and the department;

201 (36) "Specialty care transportation", the
202 transportation of a patient requiring the services of an
203 emergency medical technician-paramedic who has received
204 additional training beyond the training prescribed by the
205 department. Specialty care transportation services shall be
206 defined in writing in the appropriate local protocols for

207 ground and air ambulance services and approved by the local
208 physician medical director. The protocols shall be
209 maintained by the local ambulance service and shall define
210 the additional training required of the emergency medical
211 technician-paramedic;

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

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

223 (39) "State EMS medical directors advisory committee",
224 a subcommittee of the state advisory council on emergency
225 medical services formed to advise the state advisory council
226 on emergency medical services and the department on medical
227 issues;

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

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

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

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

243 (44) "Stroke care", includes emergency transport,
244 triage, and acute intervention and other acute care services
245 for stroke that potentially require immediate medical or
246 surgical intervention or treatment, and may include
247 education, primary prevention, acute intervention, acute and
248 subacute management, prevention of complications, secondary
249 stroke prevention, and rehabilitative services;

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

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

254 (47) "Trauma care" includes injury prevention, triage,
255 acute care and rehabilitative services for major single
256 system or multisystem injuries that potentially require
257 immediate medical or surgical intervention or treatment;

258 (48) "Trauma center", a hospital that is currently
259 designated as such by the department.

650.320. For the purposes of sections 650.320 to
2 650.340, the following terms mean:

3 (1) **"Ambulance service", the same meaning given to the**
4 **term in section 190.100;**

5 (2) "Board", the Missouri 911 service board
6 established in section 650.325;

7 [(2)] (3) **"Dispatch agency", the same meaning given to**
8 **the term in section 190.100;**

9 (4) **"Medical director", the same meaning given to the**
10 **term in section 190.100;**

11 (5) **"Memorandum of understanding", the same meaning**
12 **given to the term in section 190.100;**

13 (6) "Public safety answering point", the location at
14 which 911 calls are answered;

15 [(3)] (7) "Telecommunicator", any person employed as
16 an emergency telephone worker, call taker or public safety
17 dispatcher whose duties include receiving, processing or
18 transmitting public safety information received through a
19 911 public safety answering point.

 650.340. 1. The provisions of this section may be
2 cited and shall be known as the "911 Training and Standards
3 Act".

4 2. Initial training requirements for telecommunicators
5 who answer 911 calls that come to public safety answering
6 points shall be as follows:

7 (1) Police telecommunicator, 16 hours;

8 (2) Fire telecommunicator, 16 hours;

9 (3) Emergency medical services telecommunicator, 16
10 hours;

11 (4) Joint communication center telecommunicator, 40
12 hours.

13 3. All persons employed as a telecommunicator in this
14 state shall be required to complete ongoing training so long
15 as such person engages in the occupation as a
16 telecommunicator. Such persons shall complete at least
17 twenty-four hours of ongoing training every three years by
18 such persons or organizations as provided in subsection 6 of
19 this section.

20 4. Any person employed as a telecommunicator on August
21 28, 1999, shall not be required to complete the training
22 requirement as provided in subsection 2 of this section.
23 Any person hired as a telecommunicator after August 28,

24 1999, shall complete the training requirements as provided
25 in subsection 2 of this section within twelve months of the
26 date such person is employed as a telecommunicator.

27 5. The training requirements as provided in subsection
28 2 of this section shall be waived for any person who
29 furnishes proof to the committee that such person has
30 completed training in another state which is at least as
31 stringent as the training requirements of subsection 2 of
32 this section.

33 6. The board shall determine by administrative rule
34 the persons or organizations authorized to conduct the
35 training as required by subsection 2 of this section.

36 7. [This section shall not apply to an emergency
37 medical dispatcher or agency as defined in section 190.100,
38 or a person trained by an entity accredited or certified
39 under section 190.131, or a person who provides prearrival
40 medical instructions who works for an agency which meets the
41 requirements set forth in section 190.134.] **The board shall**
42 **be responsible for the approval of training courses for**
43 **emergency medical dispatchers. The board shall develop**
44 **necessary rules and regulations in collaboration with the**
45 **state EMS medical director's advisory committee, as**
46 **described in section 190.103, which may provide**
47 **recommendations relating to the medical aspects of**
48 **prearrival medical instructions.**

49 8. A dispatch agency is required to have a memorandum
50 of understanding with all ambulance services that it
51 dispatches. If a dispatch agency provides prearrival
52 medical instructions, it is required to have a medical
53 director whose duties include the maintenance of standards
54 and approval of protocols or guidelines.

2 [190.134. A dispatch agency is required to
3 have a memorandum of understanding with all
4 ambulance services that it dispatches. If a
5 dispatch agency provides prearrival medical
6 instructions, it is required to have a medical
7 director, whose duties include the maintenance
of standards and protocol approval.]

