

House \_\_\_\_\_ Amendment NO. \_\_\_\_\_

Offered By

1 AMEND Senate Bill No. 503, Page 1, Section A, Line 2, by inserting immediately after said section  
2 and line the following:

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

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

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

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

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

Action Taken \_\_\_\_\_ Date \_\_\_\_\_

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

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

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

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

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

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

26           190.144. 1. No emergency medical technician licensed under section 190.142 or 190.143, if  
27 acting in good faith and without gross negligence, shall be liable for:

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

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

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

33           2. Nothing in this section shall be construed as creating an exception to sovereign immunity,  
34 official immunity, or the Missouri public duty doctrine defenses."; and

35  
36 Further amend said bill by amending the title, enacting clause, and intersectional references  
37 accordingly.