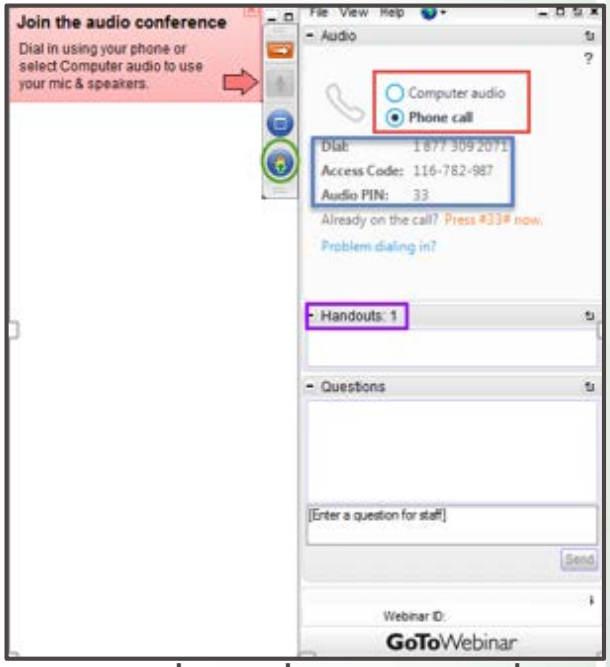
Welcome to the webinar.
The presentation will begin shortly.



- You may listen via phone or via computer audio if your computer has speakers.
- This webinar will be in a “listen only” mode with opportunity to ask questions at the end of the presentation as time allows.
- All lines have been muted. Please enter any questions via the question feature in your control panel.
- If you wish to communicate via phone during the question session please use the “raise your hand” feature in the control panel and your individual line will be unmuted. You must enter the audio PIN for the line to be unmuted.
- Please do not place your line on hold. If you need to step away, please hang-up and redial when you are able to rejoin the call.
- Slides will be placed on the MHA website following the webinar.
- Thank you for your participation!

MISSOURI HOSPITAL ASSOCIATION

2018 Legislative Update: Emergency Medical Services and Patient Holds

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House Bill 1355

- Numerous revisions to Chapter 190, RSMo – Emergency Services
- Creates interstate EMS personnel licensure compact
- Modifies licensure categories to align with national standards
- Provides for election of the state EMS medical director and establishes duties

Medical Control

- Allows medical control to be provided by a physician-designated registered nurse
- Online medical control: radio, phone or other means of direct communication
- Offline medical control: treatment protocols, case review, training and standing orders
- Restricts EMTs to procedures directed by approved treatment protocols or authorized through online medical control

Licensure Compact

- Sections 190.900 to 190.939 establish multi-state licensure compact
- Requires applicants to submit to a background check by Highway Patrol and FBI
- DHSS may share results of background check with any EMS licensing agency in any member state

Licensure Compact

- AEMT, EMT and Paramedic are now defined and licensed pursuant to National EMS education standards and National EMS Scope of Practice Model
- Initial EMT-P licensure testing through the national registry of EMTs (no longer developed and administered by DHSS)

Licensure Compact Definitions

- Home state: any member state in which individual is licensed
- Remote state: member state in which individual is not licensed
- Privilege to practice: ability to deliver services in remote state

State Participation Requirements

To exercise privilege to practice, home state must:

- Require use of National Registry of Emergency Medical Technicians exam as condition of licensure
- Receive and investigate complaints about individuals
- Notify the administrative commission of any adverse action or significant investigation about a licensee
- Require criminal background check w/in five years of activation of compact, including fingerprints/biometrics
- Comply with rules of the commission

Licensee Requirements

To exercise privilege to practice, licensee must:

- Be 18 years of age
- Possess unrestricted license in a member state as EMT, AEMT, paramedic or state-recognized and licensed level with scope of practice between EMT and paramedic
- Practice under supervision of medical director

Licensee Requirements

- When practicing in remote state, licensee must function within the scope of practice of home state unless and until modified by appropriate authority in remote state
- Individual is still subject to remote state's authority and laws, and remote state can restrict, suspend or revoke ability to practice

Privilege to Practice

Licensee may practice in remote state when:

- Transport originates in home state and travels into remote state
- Licensee travels from home state to remote state to pick up patient and returns to home state
- Licensee enters remote state to provide care and transport within the remote state

Privilege to Practice

Licensee may practice in remote state when:

- Licensee enters remote state to pick up patient and provides care and transport to third member state
- Under rules adopted by the commission

Patient Holds

- If certain conditions are met, an **EMT-P** may make a good faith determination that patients who present a **likelihood of serious** harm to themselves or others or who are **significantly incapacitated by alcohol or drugs** be placed into a temporary hold for the sole purpose of transport to the nearest appropriate facility

Likelihood of Serious Harm

As defined in Section 632.005, and means either:

- Substantial risk that individual will cause serious physical harm to him/herself
- Evidenced by recent threats, suicide attempts or other attempts to inflict physical harm on him/herself
- May also include information about patterns of behavior that historically have resulted in serious harm previously being inflicted by a person upon himself

Likelihood of Serious Harm

Or:

- Substantial risk of serious physical harm due to impaired decision making capacity with respect to hospitalization/treatment
- Evidenced by current inability to provide for basic necessities of food, clothing, shelter, safety or medical/mental health care due to mental illness
- May also include information about patterns of behavior that historically have resulted in serious harm to the person due to inability to meet basic needs

Likelihood of Serious Harm

Or:

- Substantial risk that individual will inflict serious physical harm on another
- Evidenced by recent overt acts, behavior or threats, which have caused harm or would place a reasonable person in reasonable fear of sustaining such harm
- Evidence of that substantial risk may also include information about patterns of behavior that previously resulted in physical harm

Patient Holds - Conditions

Physical restraint only permitted:

- For safety of bystanders, patient or emergency personnel due to imminent or immediate danger
- Upon approval by local medical control through direct communication (online medical control)
- Through cooperation with on-scene law enforcement.
  - All instances of restraint must be reviewed by medical director of the ambulance service

Patient Holds - Conditions

- EMT-P must complete a crisis intervention training course developed by the state EMS medical director's advisory committee;
- EMT-P must be authorized by administration and medical director; and
- Decision must be made in cooperation with at least one other EMT-P or other medical professional involved in the transport

Patient Holds - Conditions

- Service must adopted standardized triage, treatment, and transport protocols that address the challenge of treating and transporting behavioral health patients
  - Protocols must be reviewed and approved by state EMS medical director's advisory committee
  - Protocols must direct the EMT-P on the proper use of patient restraint and coordination with law enforcement
  - Patient restraint protocols must be based on current applicable national guidelines

Patient Holds - Conditions

Service must have MOU with local law enforcement for "collaborative and coordinated" response, including:

- Administrative oversight, including coordination between service and law enforcement
- Patient restraint techniques and coordination of agency responses to situations involving restraints
- Field interaction between paramedics and law enforcement, including patient destination and transportation and
- Coordination of program quality assurance

Patient Care

- Once in temporary hold status, patient must be treated with humane care in a manner that preserves human dignity, consistent with applicable federal regulations and nationally-recognized guidelines regarding use of temporary holds and restraints in medical transport
- Hold must be done in a clinically appropriate and adequately justified manner, documented and attested to in writing, which is retained as part of the patient's medical file with the ambulance service

Liability

- EMT-Ps who impose a patient hold under this statute no longer rely on common law doctrine of implied consent and are not civilly liable for good faith determinations that comply with the statutory requirements
- EMT-Ps employed by government employer who make a good faith decision to hold a patient under this statute do not waive any sovereign immunity, official immunity or public duty doctrine defense

Patient Holds under Section 190.240

- Requires nursing homes and hospitals to have policies and procedures requiring advance notice to EMS personnel prior to transport of any “at-risk behavioral health patient”
- Authorizes training of EMS staff who conduct interfacility transfers of at-risk behavioral health patients with regard to proper restraint techniques and nonmedical management techniques, such as de-escalation

Patient Holds under Section 190.240

Physician treating at-risk behavioral health patient, may, after assessment:

- Make reasonable cause determination that imminent serious harm to patient or others is likely unless patient is immediately transported to another appropriate facility
- Place the patient on a temporary involuntary hold for a period of time necessary to effectuate the patient's transport

Patient Holds under Section 190.240

- EMS personnel may rely on the physician's hold order as a basis for implied consent to treat and transport the patient
- Liability protections/immunity
- Patient rights under the federal Mental Health Patient's Bill of Rights under 42 U.S.C. Section 9501(1)(A) and (F) remain intact

Thank you!

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Questions?

Thank you!

Please use the hand tool to raise your hand or type your question into the question box. Each question will be addressed. If you did not use the audio pin to dial-in, we will not be able to unmute your line.