

**Title 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES**  
**Division 30 – Division of Regulation and Licensure**  
**Chapter 40 – Comprehensive Emergency Medical Services Systems Regulations**

**PROPOSED AMMENDMENT**

**19 CSR 30-40.303 Medical Director Required for All: Ambulance Services and Emergency Medical Response Agencies That Provide Advanced Life Support Services, Basic Life Support Services Utilizing Medications or Providing Assistance With Patients' Medications, or Basic Life Support Services Performing Invasive Procedures Including Invasive Airway Procedures; Dispatch Agencies Providing Pre-arrival Medical Instructions; and Training Entities.** The department is amending subsections (1), (2), (3), (4), and (5).

*PURPOSE: This rule describes the qualifications and requirements related to medical directors of ambulance services, emergency medical response agencies, dispatch agencies, and training entities.*

(1) As used in this rule, the following terms shall have the meanings specified:

- (A) ACLS—advanced cardiac life support;
- (B) ALS—advanced life support;
- (C) ATLS—advanced trauma life support;
- (D) BCLS—basic cardiac life support;
- (E) BLS—basic life support;
- (F) Board eligibility—a physician who has applied to a specialty board and has received a ruling that s/he has fulfilled the requirements to take the board examination and the board certification must be obtained within five (5) years of the first appointment;

**(G) EMRA – emergency medical response agency**

*[(G)]* **(H)** EMS—emergency medical services;

*[(H)]* **(I)** EMT-Basic—emergency medical technician-basic;

*[(I)]* **(J)** EMT-Paramedic—emergency medical technician-paramedic;

*[(J)]* **(K)** PALS—pediatric advanced life support; and

*[(K)]* **(L)** Primary care specialty—family/general practice, internal medicine, or pediatrics.

(2) Ambulance services **and EMRAs** that provide advanced life support services, basic life support services utilizing medications (medications include, but are not limited to, activated charcoal, oral glucose and/or oxygen) or providing assistance with patients' medications (patient medications include, but are not limited, to a prescribed inhaler, nitroglycerin and/or epinephrine), or basic life support services performing invasive procedures including invasive airway procedures (invasive airway procedures include, but are not limited to, esophageal or endotracheal intubation) shall comply with this section of the regulation.

(A) Each licensed ambulance service **or EMRA**, which provides ALS care shall have a medical director who is licensed as a doctor of medicine or a doctor of osteopathy by the Missouri State Board of Registration for the Healing Arts and who has—

~~*1. Board certification in emergency medicine; or*~~ **1. Board certification or board eligibility in Emergency Medical Services by the American Board of Medical Specialties or a Certificate of Added Qualification in EMS by the American Osteopathic Association Bureau of Osteopathic Specialties.**

2. Board certification or board eligibility in Emergency Medicine by the American Board of Medical Specialties or a Certificate of Added Qualification in Emergency Medicine by the American Osteopathic Association Bureau of Osteopathic Specialties.

3. A registration with the State of Missouri Bureau of Narcotics and Dangerous drugs and federal registration from the United States Drug Enforcement Administration

4. Board certification or board eligibility in the field specific to the scope of practice for the specific service; or

~~(2)~~ 5. Board certification or board eligibility in a primary care specialty or surgery **and serving as a medical director on January 1, 2021.**

6. Previous EMS medical director experience and has actively practiced emergency medicine during the past year and can demonstrate current course completion or certification in ACLS, ATLS ~~and~~, PALS, and an EMS Medical Director Course approved by the department; (certification in ACLS, ATLS ~~and~~, PALS and an EMS Medical Director Course must be obtained no later than one (1) year after initial ambulance service licensure), or documentation of equivalent education in cardiac care, trauma care and pediatric care within the past five (5) years; or]

~~(3)~~ 7. An active practice in the community, with current course completion or certification in ACLS and PALS (certifications shall be obtained no later than one (1) year after initial ambulance service licensure), or documented equivalent education in cardiac care and pediatric care within the past five (5) years who develops a written agreement with a physician who meets the requirements stated in (2)(A)1. or (2)(A)2. to review and approve the processes required in (2)(C), (2)(D), and (2)(E) in order to facilitate the medical direction of the ambulance service **or EMRA.**

~~(B)~~ (A) Each licensed ambulance service **or EMRA,** which provides only BLS care shall have a medical director who is licensed as a doctor of medicine or a doctor of osteopathy by the Missouri State Board of Registration for the Healing Arts and can demonstrate current course completion or certification in ACLS and PALS (certifications must be obtained no later than one (1) year after initial ambulance service licensure), or can document equivalent education in cardiac care and pediatric care within the past five (5) years.

~~(C)~~ (B) The medical director, in cooperation with the ambulance service **or EMRA** administrator, shall develop, implement and annually review the following:

1. Medical and treatment protocols for medical, trauma and pediatric patients;
2. Triage and transport protocols, and for EMRAs, triage and care transfer protocols;
3. Protocols for do-not-resuscitate re-quests;
4. Air ambulance utilization by ground ambulance services and EMRAs; ~~and~~
5. Medications and medical equipment to be utilized; and

6. Protocols for mass casualty incidents;

~~(D)~~ (C) The medical director, in cooperation with the ambulance service **or EMRA** administrator, shall ensure that all licensed service personnel meet the education and skill competencies required for their level of license and patient care environment. The medical director shall have the authority to require additional education and training for any licensed service personnel who fail to meet this requirement and limit the patient care activities, **pre-arrival instruction delivery, or education delivery of** personnel who ~~deviate from~~ **fail to meet** established standards.

~~(E)~~ (D) The medical director, in cooperation with the ambulance service administrator, shall develop, implement and annually review the following:

1. Prolonged ambulance or apparatus scene, response or transport times;
2. Incomplete run documentation;
3. Ambulances that are diverted from their original destinations;

4. Compliance with adult and pediatric triage, treatment and transport protocols (or sample thereof);
5. Skills performance (or sample thereof); and
6. Any other activities that the administrator or medical director deem necessary.

~~(3) Emergency medical response agencies that provide advanced life support services, basic life support services utilizing medications (medications include, but are not limited to, activated charcoal, oral glucose and/or oxygen) or providing assistance with patients' medications (patient medications include, but are not limited to, a prescribed inhaler, nitroglycerin and/or epinephrine), or basic life support services performing invasive procedures including invasive airway procedures (invasive airway procedures include, but are not limited to, esophageal or endotracheal intubation) shall comply with this section of the regulation.~~

~~—(A) Each emergency medical response agency which provides ALS care shall have a medical director who is licensed as a doctor of medicine or a doctor of osteopathy by the Missouri State Board of Registration for the Healing Arts and who has~~

~~—1. Board certification in emergency medicine; or~~  
~~—2. Board certification or board eligibility in a primary care specialty or surgery and has actively practiced emergency medicine during the past year and can demonstrate current course completion or certification in ACLS, ATLS and PALS (certification in ACLS, ATLS and PALS must be obtained no later than one (1) year after initial emergency medical response agency licensure), or documentation of equivalent education in cardiac care, trauma care and pediatric care within the past five (5) years; or~~

~~—3. An active practice in the community, with current course completion or certification in ACLS and PALS (certifications shall be obtained no later than one (1) year after initial emergency medical response agency licensure), or documented equivalent education in cardiac care and pediatric care within the past five (5) years who develops a written agreement with a physician who meets the requirements stated in (3)(A)1. or (3)(A)2. to review and approve the processes required in (3)(C), (3)(D), and (3)(E) in order to facilitate the medical direction of the emergency medical response agency.~~

~~—(B) Each emergency medical response agency which provides only BLS care shall have a medical director who is licensed as a doctor of medicine or a doctor of osteopathy by the Missouri State Board of Registration for the Healing Arts and can demonstrate current course completion or certification in ACLS and PALS, or can document equivalent education in cardiac care and pediatric care within the past five (5) years.~~

~~—(C) The medical director, in cooperation with the emergency medical response agency administrator, shall develop, implement and annually review the following:~~

- ~~—1. Medical and treatment protocols for medical, trauma and pediatric patients;~~
- ~~—2. Triage protocols;~~
- ~~—3. Protocols for do not resuscitate requests;~~
- ~~—4. Air ambulance utilization; and~~
- ~~—5. Medications and medical equipment to be utilized.~~

~~—(D) The medical director, in cooperation with the emergency medical response agency administrator, shall ensure that all licensed agency personnel meet the education and skill competencies required for their level of license and patient care environment. The medical director shall have the authority to require additional education and training for any licensed agency personnel who fail to meet this requirement and limit the patient care activities of personnel who deviate from established standards.~~

~~(E) The medical director, in cooperation with the emergency medical response agency administrator, shall develop, implement and annually review the following:~~

- ~~1. Prolonged emergency medical response agency response times;~~
- ~~2. Incomplete run documentation;~~
- ~~3. Compliance with adult and pediatric triage and treatment protocols (or sample thereof);~~
- ~~4. Skills performance (or sample thereof); and~~
- ~~5. Any other activities that the administrator or medical director deem necessary.]~~

~~[4]~~ **(3)** All dispatch agencies which provide pre-arrival medical instructions shall comply with this section of the regulation.

(A) Each dispatch agency shall have a medical director who is licensed as a doctor of medicine or a doctor of osteopathy by the Missouri State Board of Registration for the Healing Arts who can demonstrate current course completion or certification in ACLS, or can document equivalent education in cardiac care within the past five (5) years.

(B) The medical director, in cooperation with the dispatch agency administrator, shall develop, implement and annually review the following:

1. Medical pre-arrival instruction protocols; and
2. Standards related to the administration of those protocols.

(C) The medical director, in cooperation with the dispatch agency administrator, shall ensure that all dispatch personnel giving medical pre-arrival instructions meet the education and skill competencies required for their patient care environment. The medical director shall have the authority to require additional education and training for any personnel who fail to meet this requirement and limit the activities related to giving medical pre-arrival instructions of personnel who deviate from established standards.

(D) The medical director, in cooperation with the dispatch agency administrator, shall develop, implement and annually review the following:

1. Prolonged ambulance or emergency medical response agency dispatch times;
2. Compliance with medical pre-arrival instruction protocols (or sample thereof); and
3. Any other activities that the administrator or medical director deem necessary.

~~[5]~~ **(4)** Training entities shall comply with this section of the regulation.

(A) Each EMT-Paramedic training entity shall have a medical director who is licensed as a doctor of medicine or a doctor of osteopathy by the Missouri State Board of Registration for the Healing Arts and who has—

1. Board certification in emergency medicine; or
2. Board certification or board eligibility in a primary care specialty or surgery and has actively practiced emergency medicine during the past year and can demonstrate current course completion or no later than one (1) year after initial training entity accreditation), or documented equivalent education in cardiac care, trauma care and pediatric care within the past five (5) years; or

(B) Each EMT-Basic, continuing education, first responder or emergency medical dispatch training entity shall have a medical director who is licensed as a doctor of medicine or a doctor of osteopathy by the Missouri State Board of Registration for the Healing Arts and can demonstrate current course completion or certification in ACLS and PALS (certifications must be obtained no later than one (1) year after initial training entity accreditation), or can document equivalent education in cardiac care and pediatric care within the past five (5) years.

(C) Each EMS training entity medical director shall be responsible for ensuring an accurate and thorough presentation of the medical content of the education and training program. Ensure that the student has met the education and skill competencies based on current national standards and scope of practice for each level of licensure and/or certification.

**(5) A physician may not hold the position of medical director**

~~(A) For more than 10 EMS agencies unless the physician obtains a waiver under subsection (C) of this section; or~~

~~(B) F] for any EMS agency, EMRA, training entity, or dispatch agency if the physician ~~/has been/~~ is currently suspended or revoked for cause by any governmental agency or the physician has been excluded from Medicare, Medicaid, or CHIP.~~

~~[ (C) The Department of Health and Senior Services may grant a waiver to allow a physician to serve as a medical director for more than 10 EMS agencies, if the physician provides evidence that:~~

~~(1) the Department of Health and Senior Services has reviewed the waiver request and has determined that the waiver is in the best interest of the public; and~~

~~(2) appropriate safeguards exist for patient care and adequate supervision of all EMS personnel under the physician's supervision.]~~

*AUTHORITY: sections 190.103, 190.108, 190.109, 190.131, 190.133, 190.134 and 190.185, RSMo Supp. 1998. \* Emergency rule filed Aug. 28, 1998, effective Sept. 7, 1998, expired March 5, 1999. Original rule filed Sept. 1, 1998, effective Feb. 28, 1999. Emergency rescission and rule filed July 30, 1999, effective Aug. 9, 1999, expired Feb. 3, 2000. Rescinded and readopted: Filed: July 30, 1999, effective Jan. 30, 2000.*

*\*Original authority: 190.103, RSMo 1998; 190.108, RSMo 1998; 190.109, RSMo 1998; 190.131, RSMo 1998; 190.133, RSMo 1998; 190.134, RSMo 1998; and 190.185, RSMo 1973, amended 1989, 1993, 1995, 1998.*