SECOND REGULAR SESSION
[TRULY AGREED TO AND FINALLY PASSED]
CONFERENCE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE SUBSTITUTE FOR

SENATE BILL NO. 870
99TH GENERAL ASSEMBLY
2018
57218.07T

AN ACT
To repeal sections 99.848, 100.050, 100.059, 105.666, 135.090, 173.260, 190.094,
190.100, 190.101, 190.103, 190.105, 190.131, 190.142, 190.143, 190.165,
190.173, 190.196, 190.246, 191.630, 287.243, 320.086, 353.110, and 577.029,
RSMo, and to enact in lieu thereof forty-one new sections relating to
emergency services, with existing penalty provisions.

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

Section A. Sections 99.848, 100.050, 100.059, 105.666, 135.090, 173.260,
190.094, 190.100, 190.101, 190.103, 190.105, 190.131, 190.142, 190.143, 190.165,
190.173, 190.196, 190.246, 191.630, 287.243, 320.086, 353.110, and 577.029,
RSMo, are repealed and forty-one new sections enacted in lieu thereof, to be
known as sections 44.098, 99.848, 100.050, 100.059, 105.666, 135.090, 173.260,
190.094, 190.100, 190.101, 190.103, 190.105, 190.131, 190.142, 190.143, 190.147,
190.165, 190.173, 190.196, 190.246, 190.900, 190.903, 190.906, 190.909, 190.912,
190.915, 190.918, 190.921, 190.924, 190.927, 190.930, 190.933, 190.936, 190.939,
191.630, 217.151, 287.243, 320.086, 353.110, 577.029, and 590.1040, to read as
follows:

44.098. 1. As used in this section, the following terms mean:

(1) "Critical incident", an incident that could result in serious
physical injury or loss of life;

(2) "Kansas border county", the county of Cherokee;

(3) "Law enforcement mutual aid region", the counties of Jasper
and Newton, including the Joplin metropolitan area, and the Kansas
border county and Oklahoma border counties, as defined in this

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

(4) "Missouri border counties", the counties of Jasper and Newton;

(5) "Oklahoma border counties", the counties of Ottawa and Delaware.

2. All law enforcement officers in the law enforcement mutual aid region shall be permitted in critical incidents to respond to lawful requests for aid in any other jurisdiction in the law enforcement mutual aid region.

3. The on-scene incident commander, as defined by the National Incident Management System, shall have the authority to make a request for assistance in a critical incident and shall be responsible for on-scene management until command authority is transferred to another person.

4. In the event that an officer makes an arrest or apprehension outside his or her home state, the offender shall be delivered to the first officer who is commissioned in the jurisdiction in which the arrest was made.

5. For the purposes of liability, all members of any political subdivision or public safety agency responding under operational control of the requesting political subdivision or public safety agency are deemed employees of such responding political subdivision or public safety agency and are subject to the liability and workers' compensation provisions provided to them as employees of their respective political subdivision or public safety agency. Qualified immunity, sovereign immunity, official immunity, and the public duty rule shall apply to the provisions of this section as interpreted by the federal and state courts of the responding agency.

6. If the director of the Missouri department of public safety determines that the state of Kansas has enacted legislation or the governor of Kansas has issued an executive order or similar action that permits the Kansas border county to enter into a similar mutual aid agreement as described under this section, then the director shall execute and deliver to the governor, the speaker of the house of representatives, and the president pro tempore of the senate a written certification of such determination. Upon the execution and delivery of such written certification and the parties receiving such
certification providing a unanimous written affirmation, the provisions of this section shall be effective, unless otherwise provided by law.

7. If the director of the Missouri department of public safety determines that the state of Oklahoma has enacted legislation or the governor of Oklahoma has issued an executive order or similar action that permits Oklahoma border counties to enter into a similar mutual aid agreement as described under this section, then the director shall execute and deliver to the governor, the speaker of the house of representatives, and the president pro tempore of the senate a written certification of such determination. Upon the execution and delivery of such written certification and the parties receiving such certification providing a unanimous written affirmation, the provisions of this section shall be effective, unless otherwise provided by law.

8. The director of the Missouri department of public safety shall notify the revisor of statutes of any changes that would render the provisions of this section effective.

99.848. 1. Notwithstanding subsection 1 of section [99.847] 99.845, any district or county imposing a property tax for the purposes of providing emergency services pursuant to chapter 190 or 321 shall be entitled to reimbursement from the special allocation fund in the amount of at least fifty percent but not more than one hundred percent of the district's tax increment. This section shall not apply to tax increment financing projects or districts approved prior to August 28, 2004.

2. Beginning August 28, 2018, an ambulance district board operating under chapter 190, a fire protection district board operating under chapter 321, or the governing body of a county operating a 911 center providing emergency or dispatch services under chapter 190 or chapter 321 shall annually set the reimbursement rate under subsection 1 of this section prior to the time the assessment is paid into the special allocation fund. If the redevelopment plan, area, or project is amended by ordinance or by other means after August 28, 2018, the ambulance or fire protection district board or the governing body of a county operating a 911 center providing emergency or dispatch services under chapter 190 or chapter 321 shall have the right to recalculate the reimbursement rate under this section.

100.050. 1. Any municipality proposing to carry out a project for industrial development shall first, by majority vote of the governing body of the
municipality, approve the plan for the project. The plan shall include the
following information pertaining to the proposed project:

(1) A description of the project;
(2) An estimate of the cost of the project;
(3) A statement of the source of funds to be expended for the project;
(4) A statement of the terms upon which the facilities to be provided by
the project are to be leased or otherwise disposed of by the municipality; and
(5) Such other information necessary to meet the requirements of sections
100.010 to 100.200.

2. If the plan for the project is approved after August 28, 2003, and the
project plan involves issuance of revenue bonds or involves conveyance of a fee
interest in property to a municipality, the project plan shall additionally include
the following information:

(1) A statement identifying each school district, community college
district, ambulance district board operating under chapter 190, fire
protection district board operating under chapter 321, county, or city
affected by such project except property assessed by the state tax commission
pursuant to chapters 151 and 153;
(2) The most recent equalized assessed valuation of the real property and
personal property included in the project, and an estimate as to the equalized
assessed valuation of real property and personal property included in the project
after development;
(3) An analysis of the costs and benefits of the project on each school
district, community college district, ambulance district board operating
under chapter 190, fire protection district board operating under
chapter 321, county, or city; and
(4) Identification of any payments in lieu of taxes expected to be made by
any lessee of the project, and the disposition of any such payments by the
municipality.

3. If the plan for the project is approved after August 28, 2003, any
payments in lieu of taxes expected to be made by any lessee of the project shall
be applied in accordance with this section. The lessee may reimburse the
municipality for its actual costs of issuing the bonds and administering the plan.
All amounts paid in excess of such actual costs shall, immediately upon receipt
thereof, be disbursed by the municipality’s treasurer or other financial officer to
each school district, community college district, ambulance district board
operating under chapter 190, fire protection district board operating
under chapter 321, county, or city in proportion to the current ad valorem tax
levy of each school district, community college district, ambulance district
board operating under chapter 190, fire protection district board
operating under chapter 321, county, or city; however, in any county of the
first classification with more than ninety-three thousand eight hundred but fewer
than ninety-three thousand nine hundred inhabitants, or any county of the first
classification with more than one hundred thirty-five thousand four hundred but
fewer than one hundred thirty-five thousand five hundred inhabitants, if the plan
for the project is approved after May 15, 2005, such amounts shall be disbursed
by the municipality's treasurer or other financial officer to each affected taxing
entity in proportion to the current ad valorem tax levy of each affected taxing
entity.

4. Notwithstanding the provisions of subsection 3 of this section
to the contrary, beginning August 28, 2018, any district or county
imposing a property tax for the purposes of providing emergency
services under chapter 190 or 321 to the project area shall be entitled
to be reimbursed in an amount that is at least fifty percent but not
more than one hundred percent of the amount of ad valorem property
tax revenues that such district or county would have received in the
absence of a tax abatement or exemption provided to property included
in the project. An ambulance district board operating under chapter
190, a fire protection district board operating under chapter 321, or the
governing body of a county operating a 911 center providing emergency
or dispatch services under chapter 190 or chapter 321 shall annually set
the reimbursement rate provided in this subsection prior to the time
the assessment is determined by the assessor of the county in which the
project is located, or, if not located within a county, then the assessor
of such city. If the plan is amended by ordinance or by any other
means after August 28, 2018, the ambulance or fire protection district
or the governing body of a county operating a 911 center providing
emergency or dispatch services under chapter 190 or chapter 321 shall
have the right to recalculate the reimbursement rate pursuant to this
subsection.

100.059. 1. The governing body of any municipality proposing a project
for industrial development which involves issuance of revenue bonds or involves
conveyance of a fee interest in property to a municipality shall, not less than
twenty days before approving the plan for a project as required by section
100.050, provide notice of the proposed project to the county in which the
municipality is located and any school district that is a school district, community
college district, **ambulance district board operating under chapter 190,**
**fire protection district board operating under chapter 321,** county, or
city; however, in any county of the first classification with more than ninety-three
thousand eight hundred but fewer than ninety-three thousand nine hundred
inhabitants, or any county of the first classification with more than one hundred
thirty-five thousand four hundred but fewer than one hundred thirty-five
thousand five hundred inhabitants, if the plan for the project is approved after
May 15, 2005, such notice shall be provided to all affected taxing entities in the
county. Such notice shall include the information required in section 100.050,
shall state the date on which the governing body of the municipality will first
consider approval of the plan, and shall invite such school districts, community
college districts, **ambulance district board operating under chapter 190,**
**fire protection district board operating under chapter 321,** counties, or
cities to submit comments to the governing body and the comments shall be fairly
and duly considered.

2. Notwithstanding any other provisions of this section to the contrary,
for purposes of determining the limitation on indebtedness of local government
pursuant to Section 26(b), Article VI, Constitution of Missouri, the current
equalized assessed value of the property in an area selected for redevelopment
attributable to the increase above the total initial equalized assessed valuation
shall be included in the value of taxable tangible property as shown on the last
completed assessment for state or county purposes.

3. The county assessor shall include the current assessed value of all
property within the school district, community college district, **ambulance
district board operating under chapter 190,** **fire protection district
board operating under chapter 321,** county, or city in the aggregate
valuation of assessed property entered upon the assessor's book and verified
pursuant to section 137.245, and such value shall be utilized for the purpose of
the debt limitation on local government pursuant to Section 26(b), Article VI,
Constitution of Missouri.

4. This section is applicable only if the plan for the project is approved

105.666. 1. Each plan shall, in conjunction with its staff and advisors,
establish a board member education program, which shall be in effect on or after
January 1, 2008. The curriculum shall include, at a minimum, education in the
areas of duties and responsibilities of board members as trustees, ethics, governance process and procedures, pension plan design and administration of benefits, investments including but not limited to the fiduciary duties as defined under section 105.688, legal liability and risks associated with the administration of a plan, sunshine law requirements under chapter 610, actuarial principles and methods related to plan administration, and the role of staff and consultants in plan administration. Board members appointed or elected on a board on or after January 1, 2008, shall complete a board member education program of at least six hours designated to orient new board members in the areas described in this section within ninety days of becoming a new board member. Board members who have served one or more years shall attend at least a total of [six] two hours of continuing education programs each year in the areas described in this section.

2. Routine annual presentation by outside plan service providers shall not be used to satisfy board member education or continuing education program requirements contained in subsection 1 of this section. Such service providers may be utilized to perform education programs with such programs being separate and apart from routine annual presentations.

3. Plan governing body or staff shall maintain a record of board member education including, but not limited to, date, time length, location, education material, and any facilitator utilized. The record shall be signed and attested to by the attending board member or board chairperson or designee. Such information shall be maintained for public record and disclosure for at least three years or until the expiration of such board member's term, whichever occurs first.

4. A board member who is knowingly not participating in the required education programs under this section may be removed from such board by a majority of the board members which shall result in a vacancy to be filled in accordance with plan provisions except that ex officio board members shall not be removed under this subsection.

5. Each plan shall, upon the request of any individual participant, provide an annual pension benefit statement which shall be written in a manner calculated to be understood by the average plan participant and may be delivered in written, electronic, or other appropriate form to the extent such form is reasonably accessible to each participant or beneficiary. Such pension benefit statement shall include, but not be limited to, accrued participant contributions to the plan, total benefits accrued, date first eligible for a normal retirement benefit, and projected benefit at normal retirement. Any plan failing to do so shall submit in writing to the joint committee on public employee retirement as
to why the information may not be provided as requested.

135.090. 1. As used in this section, the following terms mean:

   (1) "Homestead", the dwelling in Missouri owned by the surviving spouse and not exceeding five acres of land surrounding it as is reasonably necessary for use of the dwelling as a home. As used in this section, "homestead" shall not include any dwelling which is occupied by more than two families;

   (2) "Public safety officer", any firefighter, police officer, capitol police officer, parole officer, probation officer, correctional employee, water patrol officer, park ranger, conservation officer, commercial motor vehicle enforcement officer, emergency medical responder, as defined in section 190.100, emergency medical technician, first responder, or highway patrolman employed by the state of Missouri or a political subdivision thereof who is killed in the line of duty, unless the death was the result of the officer's own misconduct or abuse of alcohol or drugs;

   (3) "Surviving spouse", a spouse, who has not remarried, of a public safety officer.

2. For all tax years beginning on or after January 1, 2008, a surviving spouse shall be allowed a credit against the tax otherwise due under chapter 143, excluding withholding tax imposed by sections 143.191 to 143.265, in an amount equal to the total amount of the property taxes on the surviving spouse's homestead paid during the tax year for which the credit is claimed. A surviving spouse may claim the credit authorized under this section for each tax year beginning the year of death of the public safety officer spouse until the tax year in which the surviving spouse remarries. No credit shall be allowed for the tax year in which the surviving spouse remarries. If the amount allowable as a credit exceeds the income tax reduced by other credits, then the excess shall be considered an overpayment of the income tax.

3. The department of revenue shall promulgate rules to implement the provisions of this section.

4. 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, 2007, shall be invalid and void.
5. Pursuant to section 23.253 of the Missouri sunset act:
   (1) The program authorized under this section shall expire on December 31, 2019, unless reauthorized by the general assembly; and
   (2) This section shall terminate on September first of the calendar year immediately following the calendar year in which the program authorized under this section is sunset; and
   (3) The provisions of this subsection shall not be construed to limit or in any way impair the department's ability to redeem tax credits authorized on or before the date the program authorized under this section expires or a taxpayer's ability to redeem such tax credits.

173.260. 1. As used in this section, unless the context clearly requires otherwise, the following terms mean:
   (1) "Air ambulance pilot", a person certified as an air ambulance pilot in accordance with sections 190.001 to 190.245 and corresponding regulations applicable to air ambulances adopted by the department of health and senior services;
   (2) "Air ambulance registered professional nurse", a person licensed as a registered professional nurse in accordance with sections 335.011 to 335.096 and corresponding regulations adopted by the state board of nursing, 20 CSR 2200-4, et seq., who provides registered professional nursing services as a flight nurse in conjunction with an air ambulance program that is certified in accordance with sections 190.001 to 190.245 and the corresponding regulations applicable to such programs;
   (3) "Air ambulance registered respiratory therapist", a person licensed as a registered respiratory therapist in accordance with sections 334.800 to 334.930 and corresponding regulations adopted by the state board for respiratory care, who provides respiratory therapy services in conjunction with an air ambulance program that is certified in accordance with sections 190.001 to 190.245 and corresponding regulations applicable to such programs;
   (4) "Board", the coordinating board for higher education;
   [(2)] (5) "Eligible child", the natural, adopted or stepchild of a public safety officer or employee, as defined in this section, who is less than twenty-four years of age and who is a dependent of a public safety officer or employee or was a dependent at the time of death or permanent and total disability of a public safety officer or employee;
(6) "Emergency medical technician", a person licensed in emergency medical care in accordance with standards prescribed by sections 190.001 to 190.245 and by rules adopted by the department of health and senior services under sections 190.001 to 190.245;

(7) "Employee", any full-time employee of the department of transportation engaged in the construction or maintenance of the state's highways, roads and bridges;

(8) "Flight crew member", an individual engaged in flight responsibilities with an air ambulance licensed in accordance with sections 190.001 to 190.245 and corresponding regulations applicable to such programs;

(9) "Grant", the public safety officer or employee survivor grant as established by this section;

(10) "Institution of postsecondary education", any approved public or private institution as defined in section 173.205;

(11) "Line of duty", any action of a public safety officer, whose primary function is crime control or reduction, enforcement of the criminal law, or suppression of fires, is authorized or obligated by law, rule, regulation or condition of employment or service to perform;

(12) "Public safety officer", any firefighter, uniformed employee of the office of the state fire marshal, emergency medical technician, police officer, capitol police officer, parole officer, probation officer, state correctional employee, water safety officer, park ranger, conservation officer or highway patrolman employed by the state of Missouri or a political subdivision thereof who is killed or permanently and totally disabled in the line of duty or any emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, air ambulance registered respiratory therapist, or flight crew member who is killed or permanently and totally disabled in the line of duty;

(13) "Permanent and total disability", a disability which renders a person unable to engage in any gainful work;

(14) "Spouse", the husband, wife, widow or widower of a public safety officer or employee at the time of death or permanent and total disability of such public safety officer;

(15) "Tuition", any tuition or incidental fee or both charged by an institution of postsecondary education, as defined in this section, for attendance at that institution by a student as a resident of this state.
2. Within the limits of the amounts appropriated therefor, the coordinating board for higher education shall provide, as defined in this section, a grant for either of the following to attend an institution of postsecondary education:

   (1) An eligible child of a public safety officer or employee killed or permanently and totally disabled in the line of duty; or

   (2) A spouse of a public safety officer killed or permanently and totally disabled in the line of duty.

3. An eligible child or spouse may receive a grant under this section only so long as the child or spouse is enrolled in a program leading to a certificate, or an associate or baccalaureate degree. In no event shall a child or spouse receive a grant beyond the completion of the first baccalaureate degree or, in the case of a child, age twenty-four years, except that the child may receive a grant through the completion of the semester or similar grading period in which the child reaches his twenty-fourth year. No child or spouse shall receive more than one hundred percent of tuition when combined with similar funds made available to such child or spouse.

4. The coordinating board for higher education shall:

   (1) Promulgate all necessary rules and regulations for the implementation of this section;

   (2) Determine minimum standards of performance in order for a child or spouse to remain eligible to receive a grant under this program;

   (3) Make available on behalf of an eligible child or spouse an amount toward the child's or spouse's tuition which is equal to the grant to which the child or spouse is entitled under the provisions of this section;

   (4) Provide the forms and determine the procedures necessary for an eligible child or spouse to apply for and receive a grant under this program.

5. An eligible child or spouse who is enrolled or has been accepted for enrollment as an undergraduate postsecondary student at an approved institution of postsecondary education shall receive a grant in an amount not to exceed the least of the following:

   (1) The actual tuition, as defined in this section, charged at an approved institution where the child or spouse is enrolled or accepted for enrollment; or

   (2) The amount of tuition charged a Missouri resident at the University of Missouri for attendance as a full-time student, as defined in section 173.205.

6. An eligible child or spouse who is a recipient of a grant may transfer from one approved public or private institution of postsecondary education to
another without losing his entitlement under this section. The board shall make
necessary adjustments in the amount of the grant. If a grant recipient at
anytime withdraws from the institution of postsecondary education so that under
the rules and regulations of that institution he is entitled to a refund of any
tuition, fees, or other charges, the institution shall pay the portion of the refund
to which he is entitled attributable to the grant for that semester or similar
grading period to the board.

7. If an eligible child or spouse is granted financial assistance under any
other student aid program, public or private, the full amount of such aid shall be
reported to the board by the institution and the eligible child or spouse.

8. Nothing in this section shall be construed as a promise or guarantee
that a person will be admitted to an institution of postsecondary education or to
a particular institution of postsecondary education, will be allowed to continue to
attend an institution of postsecondary education after having been admitted, or
will be graduated from an institution of postsecondary education.

9. A public safety officer who is permanently and totally disabled shall be
eligible for a grant pursuant to the provisions of this section.

10. An eligible child of a public safety officer or employee, spouse of a
public safety officer or public safety officer shall cease to be eligible for a grant
pursuant to this section when such public safety officer or employee is no longer
permanently and totally disabled.

190.094. 1. Any ambulance licensed in this state, when used as an
ambulance and staffed with volunteer staff, shall be staffed with a minimum of
one emergency medical technician and one other crew member who may be a
licensed emergency medical technician, registered nurse, physician, or someone
who has [a first] an emergency medical responder certification.

2. When transporting a patient, at least one licensed emergency medical
technician, registered nurse, or physician shall be in attendance with the patient
in the patient compartment at all times.

3. For purposes of this section, "volunteer" shall mean an individual who
performs hours of service without promise, expectation or receipt of compensation
for services rendered. Compensation such as a nominal stipend per call to
compensate for fuel, uniforms, and training shall not nullify the volunteer status.

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

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

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

(3) "Ambulance", any privately or publicly owned vehicle or craft that is specially designed, constructed or modified, staffed or equipped for, and is intended or used, maintained or operated for the transportation of persons who are sick, injured, wounded or otherwise incapacitated or helpless, or who require the presence of medical equipment being used on such individuals, but the term does not include any motor vehicle specially designed, constructed or converted for the regular transportation of persons who are disabled, handicapped, normally using a wheelchair, or otherwise not acutely ill, or emergency vehicles used within airports;

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

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

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

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

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

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

(10) "Dispatch agency", any person or organization that receives requests for emergency medical services from the public, by telephone or other means, and is responsible for dispatching emergency medical services;

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

(a) Placing the person's health, or with respect to a pregnant woman, the
health of the woman or her unborn child, in significant jeopardy;
(b) Serious impairment to a bodily function;
(c) Serious dysfunction of any bodily organ or part;
(d) Inadequately controlled pain;

[(11)] (12) "Emergency medical dispatcher", a person who receives
emergency calls from the public and has successfully completed an emergency
medical dispatcher course, meeting or exceeding the national curriculum of the
United States Department of Transportation and any modifications to such
curricula specified by the department through rules adopted pursuant to sections
190.001 to 190.245;

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

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

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

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

[(15)] (17) "Emergency medical technician", a person licensed in
emergency medical care in accordance with standards prescribed by sections
190.001 to 190.245, and by rules adopted by the department pursuant to sections
Emergency medical technician-basic" or "EMT-B", a person who has successfully completed a course of instruction in basic life support as prescribed by the department and is licensed by the department in accordance with standards prescribed by sections 190.001 to 190.245 and rules adopted by the department pursuant to sections 190.001 to 190.245;

"Emergency medical technician-community paramedic", "community paramedic", or "EMT-CP", a person who is certified as an emergency medical technician-paramedic and is certified by the department in accordance with standards prescribed in section 190.098;

"Emergency medical technician-intermediate" or "EMT-I", a person who has successfully completed a course of instruction in certain aspects of advanced life support care as prescribed by the department and is licensed by the department in accordance with sections 190.001 to 190.245 and rules adopted by the department pursuant to sections 190.001 to 190.245;

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

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

"First responder", a person who has successfully completed an emergency first response course meeting or exceeding the national curriculum of the United States Department of Transportation and any modifications to such curricula specified by the department through rules adopted pursuant to sections 190.001 to 190.245 and who provides emergency medical care through employment by or in association with an emergency medical response agency;

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

"Hospital", an establishment as defined in the hospital licensing law, subsection 2 of section 197.020, or a hospital operated by the state;

"Medical control", supervision provided by or under the direction of physicians [to providers by written or verbal communications], or their
designated registered nurse, including both online medical control, instructions by radio, telephone, or other means of direct communications, and offline medical control through supervision by treatment protocols, case review, training, and standing orders for treatment;

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

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

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

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

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

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

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

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

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

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

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

(36) "Specialty care transportation", the transportation of a patient
requiring the services of an emergency medical technician-paramedic who has
received additional training beyond the training prescribed by the
department. Specialty care transportation services shall be defined in writing in
the appropriate local protocols for ground and air ambulance services and
approved by the local physician medical director. The protocols shall be
maintained by the local ambulance service and shall define the additional
training required of the emergency medical technician-paramedic;

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

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

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

(40) "STEMI" or "ST-elevation myocardial infarction", a type of heart
attack in which impaired blood flow to the patient's heart muscle is evidenced by
ST-segment elevation in electrocardiogram analysis, and as further defined in
190 rules promulgated by the department under sections 190.001 to 190.250;
191 (41) "STEMI care", includes education and prevention, emergency
192 transport, triage, and acute care and rehabilitative services for STEMI that
193 requires immediate medical or surgical intervention or treatment;
194 (42) "STEMI center", a hospital that is currently designated as such by
195 the department to care for patients with ST-segment elevation myocardial
196 infarctions;
197 (43) "Stroke", a condition of impaired blood flow to a patient's brain as
198 defined by the department;
199 (44) "Stroke care", includes emergency transport, triage, and acute
200 intervention and other acute care services for stroke that potentially require
201 immediate medical or surgical intervention or treatment, and may include
202 education, primary prevention, acute intervention, acute and subacute
203 management, prevention of complications, secondary stroke prevention, and
204 rehabilitative services;
205 (45) "Stroke center", a hospital that is currently designated as such by the
206 department;
207 (46) "Trauma", an injury to human tissues and organs resulting from the
208 transfer of energy from the environment;
209 (47) "Trauma care" includes injury prevention, triage, acute care and
210 rehabilitative services for major single system or multisystem injuries that
211 potentially require immediate medical or surgical intervention or treatment;
212 (48) "Trauma center", a hospital that is currently designated as such by
213 the department.

190.101. 1. There is hereby established a "State Advisory Council on
2 Emergency Medical Services" which shall consist of sixteen members, one of
3 which shall be a resident of a city not within a county. The members of the
4 council shall be appointed by the governor with the advice and consent of the
5 senate and shall serve terms of four years. The governor shall designate one of
6 the members as chairperson. The chairperson may appoint subcommittees that
7 include noncouncil members.
8 2. The state EMS medical directors advisory committee and the regional
9 EMS advisory committees will be recognized as subcommittees of the state
10 advisory council on emergency medical services.
11 3. The council shall have geographical representation and representation
12 from appropriate areas of expertise in emergency medical services including
13 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. 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.

5. 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.

6. (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.

190.103. 1. One physician with expertise in emergency medical services from each of the EMS regions shall be elected by that region's EMS medical directors to serve as a regional EMS medical director. The regional EMS medical directors shall constitute the state EMS medical director's advisory committee and shall advise the department and their region's ambulance services on matters relating to medical control and medical direction in accordance with sections 190.001 to 190.245 and rules adopted by the department pursuant to sections 190.001 to 190.245. The regional EMS medical director shall serve a term of four years. The southwest, northwest, and Kansas City regional EMS medical directors shall be elected to an initial two-year term. The central, east central, and southeast regional EMS medical directors shall be elected to an initial four-year term. All subsequent terms following the initial terms shall be four years. The state EMS medical director shall be the chair of the state EMS medical director's advisory committee, and shall be elected by the members of the regional EMS medical director's advisory committee, shall serve a term of four years, and shall seek to coordinate EMS services between the EMS regions, promote educational efforts for agency medical directors, represent Missouri EMS nationally in the role of the state EMS medical director, and seek to incorporate the EMS system into the health care system serving Missouri.

2. A medical director is 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. The medical director shall provide medical direction to these services and agencies in these instances.

3. The medical director, in cooperation with the ambulance service or emergency medical response agency administrator, shall have the responsibility and the authority to ensure that the personnel working under their supervision are able to provide care meeting established standards of care with consideration
for state and national standards as well as local area needs and resources. The medical director, in cooperation with the ambulance service or emergency medical response agency administrator, shall establish and develop triage, treatment and transport protocols, which may include authorization for standing orders. **Emergency medical technicians shall only perform those medical procedures as directed by treatment protocols approved by the local medical director or when authorized through direct communication with online medical control.**

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

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

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

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

8. When developing treatment protocols for special needs patients, regional EMS medical directors may promulgate such protocols on a regional basis across multiple political subdivisions' jurisdictional boundaries, and such protocols may be used by multiple agencies including, but not limited to, ambulance services, emergency response agencies, and public health departments. Treatment protocols shall include steps to ensure the receiving hospital is informed of the pending arrival of the special needs patient, the condition of the patient, and the treatment instituted.
9. Multiple EMS agencies including, but not limited to, ambulance services, emergency response agencies, and public health departments shall take necessary steps to follow the regional EMS protocols established as provided under subsection 8 of this section in cases of mass casualty or state-declared disaster incidents.

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

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

190.105. 1. No person, either as owner, agent or otherwise, shall furnish, operate, conduct, maintain, advertise, or otherwise be engaged in or profess to be engaged in the business or service of the transportation of patients by ambulance in the air, upon the streets, alleys, or any public way or place of the state of Missouri unless such person holds a currently valid license from the department for an ambulance service issued pursuant to the provisions of sections 190.001 to 190.245.

2. No ground ambulance shall be operated for ambulance purposes, and no individual shall drive, attend or permit it to be operated for such purposes in the state of Missouri unless the ground ambulance is under the immediate supervision and direction of a person who is holding a currently valid Missouri license as an emergency medical technician. Nothing in this section shall be construed to mean that a duly registered nurse or a duly licensed physician be required to hold an emergency medical technician’s license. Each ambulance service is responsible for assuring that any person driving its ambulance is competent in emergency vehicle operations and has a safe driving record. Each ground ambulance shall be staffed with at least two licensed individuals when transporting a patient, except as provided in section 190.094. In emergency situations which require additional medical personnel to assist the patient during transportation, [a first] an emergency medical responder, firefighter, or law enforcement personnel with a valid driver's license and prior experience with
driving emergency vehicles may drive the ground ambulance provided the ground
ambulance service stipulates to this practice in operational policies.

3. No license shall be required for an ambulance service, or for the
attendant of an ambulance, which:

(1) Is rendering assistance in the case of an emergency, major catastrophe
or any other unforeseen event or series of events which jeopardizes the ability of
the local ambulance service to promptly respond to emergencies; or

(2) Is operated from a location or headquarters outside of Missouri in
order to transport patients who are picked up beyond the limits of Missouri to
locations within or outside of Missouri, but no such outside ambulance shall be
used to pick up patients within Missouri for transportation to locations within
Missouri, except as provided in subdivision (1) of this subsection.

4. The issuance of a license pursuant to the provisions of sections 190.001
to 190.245 shall not be construed so as to authorize any person to provide
ambulance services or to operate any ambulances without a franchise in any city
not within a county or in a political subdivision in any county with a population
of over nine hundred thousand inhabitants, or a franchise, contract or mutual-aid
agreement in any other political subdivision which has enacted an ordinance
making it unlawful to do so.

5. Sections 190.001 to 190.245 shall not preclude the adoption of any law,
ordinance or regulation not in conflict with such sections by any city not within
a county, or at least as strict as such sections by any county, municipality or
political subdivision except that no such regulations or ordinances shall be
adopted by a political subdivision in a county with a population of over nine
hundred thousand inhabitants except by the county's governing body.

6. In a county with a population of over nine hundred thousand
inhabitants, the governing body of the county shall set the standards for all
ambulance services which shall comply with subsection 5 of this section. All such
ambulance services must be licensed by the department. The governing body of
such county shall not prohibit a licensed ambulance service from operating in the
county, as long as the ambulance service meets county standards.

7. An ambulance service or vehicle when operated for the purpose of
transporting persons who are sick, injured, or otherwise incapacitated shall not
be treated as a common or contract carrier under the jurisdiction of the Missouri
division of motor carrier and railroad safety.

8. Sections 190.001 to 190.245 shall not apply to, nor be construed to
include, any motor vehicle used by an employer for the transportation of such
employer's employees whose illness or injury occurs on private property, and not on a public highway or property, nor to any person operating such a motor vehicle.

9. A political subdivision that is authorized to operate a licensed ambulance service may establish, operate, maintain and manage its ambulance service, and select and contract with a licensed ambulance service. Any political subdivision may contract with a licensed ambulance service.

10. Except as provided in subsections 5 and 6, nothing in section 67.300, or subsection 2 of section 190.109, shall be construed to authorize any municipality or county which is located within an ambulance district or a fire protection district that is authorized to provide ambulance service to promulgate laws, ordinances or regulations related to the provision of ambulance services. This provision shall not apply to any municipality or county which operates an ambulance service established prior to August 28, 1998.

11. Nothing in section 67.300 or subsection 2 of section 190.109 shall be construed to authorize any municipality or county which is located within an ambulance district or a fire protection district that is authorized to provide ambulance service to operate an ambulance service without a franchise in an ambulance district or a fire protection district that is authorized to provide ambulance service which has enacted an ordinance making it unlawful to do so. This provision shall not apply to any municipality or county which operates an ambulance service established prior to August 28, 1998.

12. No provider of ambulance service within the state of Missouri which is licensed by the department to provide such service shall discriminate regarding treatment or transportation of emergency patients on the basis of race, sex, age, color, religion, sexual preference, national origin, ancestry, handicap, medical condition or ability to pay.

13. No provision of this section, other than subsections 5, 6, 10 and 11 of this section, is intended to limit or supersede the powers given to ambulance districts pursuant to this chapter or to fire protection districts pursuant to chapter 321, or to counties, cities, towns and villages pursuant to chapter 67.

14. Upon the sale or transfer of any ground ambulance service ownership, the owner of such service shall notify the department of the change in ownership within thirty days of such sale or transfer. After receipt of such notice, the department shall conduct an inspection of the ambulance service to verify compliance with the licensure standards of sections 190.001 to 190.245.

190.131. 1. The department shall accredit or certify training entities for
[first] emergency medical responders, emergency medical dispatchers, and emergency medical [technicians-basic, emergency medical technicians-intermediate, and emergency medical technicians-paramedic] technicians, for a period of five years, if the applicant meets the requirements established pursuant to sections 190.001 to 190.245.

2. Such rules promulgated by the department shall set forth the minimum requirements for entrance criteria, training program curricula, instructors, facilities, equipment, medical oversight, record keeping, and reporting.

3. Application for training entity accreditation or certification 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 reasonably necessary to make a determination as to whether the training entity meets all requirements of sections 190.001 to 190.245 and rules promulgated pursuant to sections 190.001 to 190.245.

4. Upon receipt of such application for training entity accreditation or certification, the department shall determine whether the training entity, its instructors, facilities, equipment, curricula and medical oversight meet the requirements of sections 190.001 to 190.245 and rules promulgated pursuant to sections 190.001 to 190.245.

5. Upon finding these requirements satisfied, the department shall issue a training entity accreditation or certification in accordance with rules promulgated by the department pursuant to sections 190.001 to 190.245.

6. Subsequent to the issuance of a training entity accreditation or certification, the department shall cause a periodic review of the training entity to assure continued compliance with the requirements of sections 190.001 to 190.245 and all rules promulgated pursuant to sections 190.001 to 190.245.

7. No person or entity shall hold itself out or provide training required by this section without accreditation or certification by the department.

190.142. 1. (1) For applications submitted before the recognition of EMS personnel licensure interstate compact under sections 190.900 to 190.939 takes effect, the department shall, within a reasonable time after receipt of an application, cause such investigation as it deems necessary to be made of the applicant for an emergency medical technician's license.

(2) For applications submitted after the recognition of EMS personnel licensure interstate compact under sections 190.900 to 190.939 takes effect, an applicant for initial licensure as an emergency
medical technician in this state shall submit to a background check by
the Missouri state highway patrol and the Federal Bureau of
Investigation through a process approved by the department of health
and senior services. Such processes may include the use of vendors or
systems administered by the Missouri state highway patrol. The
department may share the results of such a criminal background check
with any emergency services licensing agency in any member state, as
that term is defined under section 190.900, in recognition of the EMS
personnel licensure interstate compact. The department shall not issue
a license until the department receives the results of an applicant's
criminal background check from the Missouri state highway patrol and
the Federal Bureau of Investigation, but, notwithstanding this
subsection, the department may issue a temporary license as provided
under section 190.143. Any fees due for a criminal background check
shall be paid by the applicant.

(3) The director may authorize investigations into criminal records in
other states for any applicant.

2. The department shall issue a license to all levels of emergency medical
technicians, for a period of five years, 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. The department may
promulgate rules relating to the requirements for an emergency medical
technician including but not limited to:

(1) Age requirements;

(2) Emergency medical technician and paramedic education and
training requirements based on respective [national curricula of the United
States Department of Transportation] National Emergency Medical Services
Education Standards and any modification to such curricula specified by the
department through rules adopted pursuant to sections 190.001 to 190.245;

(3) Paramedic accreditation requirements. Paramedic training
programs shall be accredited by the Commission on Accreditation of
Allied Health Education Programs (CAAHEP) or hold a CAAHEP letter
of review;

(4) Initial licensure testing requirements. Initial EMT-P licensure testing
shall be through the national registry of EMTs [or examinations developed and
administered by the department of health and senior services];

[(4)] (5) Continuing education and relicensure requirements; and
3. Application for all levels of emergency medical technician 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 emergency medical technician meets all the requirements of sections 190.001 to 190.245 and rules promulgated pursuant to sections 190.001 to 190.245.

4. All levels of emergency medical technicians may perform only that patient care which is:
   (1) Consistent with the training, education and experience of the particular emergency medical technician; and
   (2) Ordered by a physician or set forth in protocols approved by the medical director.

5. No person shall hold themselves out as an emergency medical technician or provide the services of an emergency medical technician unless such person is licensed by the department.

6. 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, 2002, shall be invalid and void.

190.143. 1. Notwithstanding any other provisions of law, the department may grant a ninety-day temporary emergency medical technician license to all levels of emergency medical technicians who meet the following:
   (1) Can demonstrate that they have, or will have, employment requiring an emergency medical technician license;
   (2) Are not currently licensed as an emergency medical technician in Missouri or have been licensed as an emergency medical technician in Missouri and fingerprints need to be submitted to the Federal Bureau of Investigation to verify the existence or absence of a criminal history, or they are currently licensed and the license will expire before a verification can be completed of the existence or absence of a criminal history;
   (3) Have submitted a complete application upon such forms as prescribed
by the department in rules adopted pursuant to sections 190.001 to 190.245;

(4) Have not been disciplined pursuant to sections 190.001 to 190.245 and rules promulgated pursuant to sections 190.001 to 190.245;

(5) Meet all the requirements of rules promulgated pursuant to sections 190.001 to 190.245.

2. A temporary emergency medical technician license shall only authorize the license to practice while under the immediate supervision of a licensed emergency medical technician-basic, emergency medical technician-intermediate, emergency medical technician-paramedic, registered nurse, or physician who is currently licensed, without restrictions, to practice in Missouri.

3. A temporary emergency medical technician license shall automatically expire either ninety days from the date of issuance or upon the issuance of a five-year emergency medical technician license.

190.147. 1. An EMT-P may make a good faith determination that behavioral health patients who present a likelihood of serious harm to themselves or others, as the term "likelihood of serious harm" is defined under section 632.005, or who are significantly incapacitated by alcohol or drugs shall be placed into a temporary hold for the sole purpose of transport to the nearest appropriate facility. Such determination shall be made in cooperation with at least one other EMT-P or other health care professional involved in the transport. Once in a temporary hold, the patient shall be treated with humane care in a manner that preserves human dignity, consistent with applicable federal regulations and nationally recognized guidelines regarding the appropriate use of temporary holds and restraints in medical transport. Prior to making such a determination:

(1) The EMT-P shall have completed a standard crisis intervention training course as endorsed and developed by the state EMS medical director's advisory committee;

(2) The EMT-P shall have been authorized by his or her ground or air ambulance service's administration and medical director under subsection 3 of section 190.103; and

(3) The EMT-P's ground or air ambulance service has developed and adopted standardized triage, treatment, and transport protocols under subsection 3 of section 190.103, which address the challenge of treating and transporting such patients. Such protocols shall:

(a) Be reviewed and approved by the state EMS medical
director's advisory committee;

(b) Direct the EMT-P regarding the proper use of patient restraint and coordination with area law enforcement; and

(c) Be based upon current applicable national guidelines.

2. In any instance in which a good faith determination for a temporary hold of a patient has been made, such hold shall be made in a clinically appropriate and adequately justified manner, and shall be documented and attested to in writing. The writing shall be retained by the ambulance service and included as part of the patient's medical file.

3. EMT-Ps who have made a good faith decision for a temporary hold of a patient as authorized by this section shall no longer have to rely on the common law doctrine of implied consent and therefore shall not be civilly liable for a good faith determination made in accordance with this section and shall not have waived any sovereign immunity defense, official immunity defense, or Missouri public duty doctrine defense if employed at the time of the good faith determination by a government employer.

4. Any ground or air ambulance service that adopts the authority and protocols provided for by this section shall have a memorandum of understanding with applicable local law enforcement agencies in order to achieve a collaborative and coordinated response to patients displaying symptoms of either a likelihood of serious harm to themselves or others or significant incapacitation by alcohol or drugs, which require a crisis intervention response. The memorandum of understanding shall include, but not be limited to, the following:

(1) Administrative oversight, including coordination between ambulance services and law enforcement agencies;

(2) Patient restraint techniques and coordination of agency responses to situations in which patient restraint may be required;

(3) Field interaction between paramedics and law enforcement, including patient destination and transportation; and

(4) Coordination of program quality assurance.

5. The physical restraint of a patient by an emergency medical technician under the authority of this section shall be permitted only in order to provide for the safety of bystanders, the patient, or emergency personnel due to an imminent or immediate danger, or upon
approval by local medical control through direct communications. Restraint shall also be permitted through cooperation with on-scene law enforcement officers. All incidents involving patient restraint used under the authority of this section shall be reviewed by the ambulance service physician medical director.

190.165. 1. The department may refuse to issue or deny renewal of any certificate, permit or license required pursuant to sections 190.100 to 190.245 for failure to comply with the provisions of sections 190.100 to 190.245 or any lawful regulations promulgated by the department to implement its provisions as described in subsection 2 of this section. The department shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his or her right to file a complaint with the administrative hearing commission as provided by chapter 621.

2. The department may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621 against any holder of any certificate, permit or license required by sections 190.100 to 190.245 or any person who has failed to renew or has surrendered his or her certificate, permit or license for failure to comply with the provisions of sections 190.100 to 190.245 or any lawful regulations promulgated by the department to implement such sections. Those regulations shall be limited to the following:

   (1) Use or unlawful possession of any controlled substance, as defined in chapter 195, or alcoholic beverage to an extent that such use impairs a person's ability to perform the work of any activity licensed or regulated by sections 190.100 to 190.245;

   (2) Being finally adjudicated and found guilty, or having entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States, for any offense reasonably related to the qualifications, functions or duties of any activity licensed or regulated pursuant to sections 190.100 to 190.245, for any offense an essential element of which is fraud, dishonesty or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;

   (3) Use of fraud, deception, misrepresentation or bribery in securing any certificate, permit or license issued pursuant to sections 190.100 to 190.245 or in obtaining permission to take any examination given or required pursuant to sections 190.100 to 190.245;

   (4) Obtaining or attempting to obtain any fee, charge, tuition or other compensation by fraud, deception or misrepresentation;
(5) Incompetency, misconduct, gross negligence, fraud, misrepresentation or dishonesty in the performance of the functions or duties of any activity licensed or regulated by sections 190.100 to 190.245;

(6) Violation of, or assisting or enabling any person to violate, any provision of sections 190.100 to 190.245, or of any lawful rule or regulation adopted by the department pursuant to sections 190.100 to 190.245;

(7) Impersonation of any person holding a certificate, permit or license or allowing any person to use his or her certificate, permit, license or diploma from any school;

(8) Disciplinary action against the holder of a license or other right to practice any activity regulated by sections 190.100 to 190.245 granted by another state, territory, federal agency or country upon grounds for which revocation or suspension is authorized in this state;

(9) For an individual being finally adjudged insane or incompetent by a court of competent jurisdiction;

(10) Assisting or enabling any person to practice or offer to practice any activity licensed or regulated by sections 190.100 to 190.245 who is not licensed and currently eligible to practice pursuant to sections 190.100 to 190.245;

(11) Issuance of a certificate, permit or license based upon a material mistake of fact;

(12) Violation of any professional trust, confidence, or legally protected privacy rights of a patient by means of an unauthorized or unlawful disclosure;

(13) Use of any advertisement or solicitation which is false, misleading or deceptive to the general public or persons to whom the advertisement or solicitation is primarily directed;

(14) Violation of the drug laws or rules and regulations of this state, any other state or the federal government;

(15) Refusal of any applicant or licensee to respond to reasonable department of health and senior services' requests for necessary information to process an application or to determine license status or license eligibility;

(16) Any conduct or practice which is or might be harmful or dangerous to the mental or physical health or safety of a patient or the public;

(17) Repeated acts of negligence or recklessness in the performance of the functions or duties of any activity licensed or regulated by sections 190.100 to 190.245.

3. If the department conducts investigations, the department, prior to interviewing a licensee who is the subject of the investigation, shall explain to the
licensee that he or she has the right to:

1. Consult legal counsel or have legal counsel present;
2. Have anyone present whom he or she deems to be necessary or desirable, except for any holder of any certificate, permit, or license required by sections 190.100 to 190.245; and
3. Refuse to answer any question or refuse to provide or sign any written statement.

The assertion of any right listed in this subsection shall not be deemed by the department to be a failure to cooperate with any department investigation.

4. After the filing of such complaint, the proceedings shall be conducted in accordance with the provisions of chapter 621. Upon a finding by the administrative hearing commission that the grounds, provided in subsection 2 of this section, for disciplinary action are met, the department may, singly or in combination, censure or place the person named in the complaint on probation on such terms and conditions as the department deems appropriate for a period not to exceed five years, or may suspend, for a period not to exceed three years, or revoke the license, certificate or permit. Notwithstanding any provision of law to the contrary, the department shall be authorized to impose a suspension or revocation as a disciplinary action only if it first files the requisite complaint with the administrative hearing commission. The administrative hearing commission shall hear all relevant evidence on remediation activities of the licensee and shall make a recommendation to the department of health and senior services as to licensure disposition based on such evidence.

5. An individual whose license has been revoked shall wait one year from the date of revocation to apply for relicensure. Relicensure shall be at the discretion of the department after compliance with all the requirements of sections 190.100 to 190.245 relative to the licensing of an applicant for the first time. Any individual whose license has been revoked twice within a ten-year period shall not be eligible for relicensure.

6. The department may notify the proper licensing authority of any other state in which the person whose license was suspended or revoked was also licensed of the suspension or revocation.

7. Any person, organization, association or corporation who reports or provides information to the department pursuant to the provisions of sections 190.100 to 190.245 and who does so in good faith shall not be subject to an action for civil damages as a result thereof.
8. The department of health and senior services may suspend any certificate, permit or license required pursuant to sections 190.100 to 190.245 simultaneously with the filing of the complaint with the administrative hearing commission as set forth in subsection 2 of this section, if the department finds that there is an imminent threat to the public health. The notice of suspension shall include the basis of the suspension and notice of the right to appeal such suspension. The licensee may appeal the decision to suspend the license, certificate or permit to the department. The appeal shall be filed within ten days from the date of the filing of the complaint. A hearing shall be conducted by the department within ten days from the date the appeal is filed. The suspension shall continue in effect until the conclusion of the proceedings, including review thereof, unless sooner withdrawn by the department, dissolved by a court of competent jurisdiction or stayed by the administrative hearing commission.

190.173. 1. All complaints, investigatory reports, and information pertaining to any applicant, holder of any certificate, permit, or license, or other individual are confidential and shall only be disclosed upon written consent of the person whose records are involved or to other administrative or law enforcement agencies acting within the scope of their statutory authority. However, no applicant, holder of any certificate, permit, or license, or other individual shall have access to any complaints, investigatory reports, or information concerning an investigation in progress until such time as the investigation has been completed as required by subsection 1 of section 190.248.

2. Any information regarding the identity, name, address, license, final disciplinary action taken, currency of the license, permit, or certificate of an applicant for or a person possessing a license, permit, or certificate in accordance with sections 190.100 to 190.245 shall not be confidential.

3. Any information regarding the physical address, mailing address, phone number, fax number, or email address of a licensed ambulance service or a certified training entity, including the name of the medical director and organizational contact information, shall not be confidential.

4. This section shall not be construed to authorize the release of records, reports, or other information which may be held in department files for any holder of or applicant for any certificate, permit, or license that is subject to other specific state or federal laws concerning their disclosure.

5. Nothing in this section shall prohibit the department from releasing aggregate information in accordance with section 192.067.
190.196. 1. No employer shall knowingly employ or permit any employee
to perform any services for which a license, certificate or other authorization is
required by sections 190.001 to 190.245, or by rules adopted pursuant to sections
190.001 to 190.245, unless and until the person so employed possesses all
licenses, certificates or authorizations that are required.

2. Any person or entity that employs or supervises a person's activities as
an emergency medical responder, emergency medical dispatcher,
emergency medical technician-basic, emergency medical technician-intermediate,
education medical technician-paramedic technician, registered nurse, or
physician shall cooperate with the department's efforts to monitor and enforce
compliance by those individuals subject to the requirements of sections 190.001
to 190.245.

3. Any person or entity who employs individuals licensed by the
department pursuant to sections 190.001 to 190.245 shall report to the
department within seventy-two hours of their having knowledge of any charges
filed against a licensee in their employ for possible criminal action involving the
following felony offenses:

   (1) Child abuse or sexual abuse of a child;
   (2) Crimes of violence; or
   (3) Rape or sexual abuse.

4. Any licensee who has charges filed against him or her for the felony
offenses in subsection 3 of this section shall report such an occurrence to the
department within seventy-two hours of the charges being filed.

5. The department will monitor these reports for possible licensure action
authorized pursuant to section 190.165.

190.246. 1. As used in this section, the following terms shall mean:

   (1) "Eligible person, firm, organization or other entity", an ambulance
service or emergency medical response agency, an emergency medical responder, emergency medical technician-basic, emergency medical technician-intermediate,
education medical technician-paramedic technician, registered nurse, or
physician who is employed by, or an enrolled member, person, firm, organization or entity designated by, rule of the department of health and senior services in consultation with other appropriate agencies. All such eligible persons, firms, organizations or other entities shall be subject to the rules promulgated by the director of the department of health and senior services;

   (2) "Emergency health care provider":

   (a) A physician licensed pursuant to chapter 334 with knowledge and
experience in the delivery of emergency care; or
(b) A hospital licensed pursuant to chapter 197 that provides emergency care.

2. Possession and use of epinephrine auto-injector devices shall be limited as follows:
   (1) No person shall use an epinephrine auto-injector device unless such person has successfully completed a training course in the use of epinephrine auto-injector devices approved by the director of the department of health and senior services. Nothing in this section shall prohibit the use of an epinephrine auto-injector device:
      (a) By a health care professional licensed or certified by this state who is acting within the scope of his or her practice; or
      (b) By a person acting pursuant to a lawful prescription;
   (2) Every person, firm, organization and entity authorized to possess and use epinephrine auto-injector devices pursuant to this section shall use, maintain and dispose of such devices in accordance with the rules of the department;
   (3) Every use of an epinephrine auto-injector device pursuant to this section shall immediately be reported to the emergency health care provider.

3. (1) Use of an epinephrine auto-injector device pursuant to this section shall be considered first aid or emergency treatment for the purpose of any law relating to liability.
   (2) Purchase, acquisition, possession or use of an epinephrine auto-injector device pursuant to this section shall not constitute the unlawful practice of medicine or the unlawful practice of a profession.
   (3) Any person otherwise authorized to sell or provide an epinephrine auto-injector device may sell or provide it to a person authorized to possess it pursuant to this section.

4. Any person, firm, organization or entity that violates the provisions of this section is guilty of a class B misdemeanor.

190.900. 1. The "Recognition of EMS Personnel Licensure Interstate Compact" (REPLICA) is hereby enacted into law and entered into with all other jurisdictions legally joining therein, in the form substantially as follows in sections 190.900 to 190.939.

2. As used in sections 190.900 to 190.939, the following terms mean:
(1) "Advanced emergency medical technician" or "AEMT", an individual licensed with cognitive knowledge and a scope of practice
that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model;

(2) "Adverse action", any administrative, civil, equitable, or criminal action permitted by a state's laws that may be imposed against licensed EMS personnel by a state EMS authority or state court including, but not limited to, actions against an individual's license such as revocation, suspension, probation, consent agreement, monitoring or other limitation, or encumbrance on the individual's practice, letters of reprimand or admonition, fines, criminal convictions, and state court judgments enforcing adverse actions by the state EMS authority;

(3) "Alternative program", a voluntary, nondisciplinary substance abuse recovery program approved by the state EMS authority;

(4) "Certification", the successful verification of entry-level cognitive and psychomotor competency using a reliable, validated, and legally defensible examination;

(5) "Commission", the national administrative body of which all states that have enacted the compact are members;

(6) "Emergency medical technician" or "EMT", an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model;

(7) "EMS", emergency medical services;

(8) "Home state", a member state where an individual is licensed to practice emergency medical services;

(9) "License", the authorization by a state for an individual to practice as an EMT, AEMT, paramedic, or a level in between EMT and paramedic;

(10) "Medical director", a physician licensed in a member state who is accountable for the care delivered by EMS personnel;

(11) "Member state", a state that has enacted this compact;

(12) "Paramedic", an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model;

(13) "Privilege to practice", an individual's authority to deliver
emergency medical services in remote states as authorized under this compact;

(14) "Remote state", a member state in which an individual is not licensed;

(15) "Restricted", the outcome of an adverse action that limits a license or the privilege to practice;

(16) "Rule", a written statement by the interstate commission promulgated under section 190.930 of this compact that is of general applicability; implements, interprets, or prescribes a policy or provision of the compact; or is an organizational, procedural, or practice requirement of the commission and has the force and effect of statutory law in a member state and includes the amendment, repeal, or suspension of an existing rule;

(17) "Scope of practice", defined parameters of various duties or services that may be provided by an individual with specific credentials. Whether regulated by rule, statute, or court decision, it tends to represent the limits of services an individual may perform;

(18) "Significant investigatory information":

(a) Investigative information that a state EMS authority, after a preliminary inquiry that includes notification and an opportunity to respond if required by state law, has reason to believe, if proven true, would result in the imposition of an adverse action on a license or privilege to practice; or

(b) Investigative information that indicates that the individual represents an immediate threat to public health and safety, regardless of whether the individual has been notified and had an opportunity to respond;

(19) "State", any state, commonwealth, district, or territory of the United States;

(20) "State EMS authority", the board, office, or other agency with the legislative mandate to license EMS personnel.

190.903. 1. Any member state in which an individual holds a current license shall be deemed a home state for purposes of this compact.

2. Any member state may require an individual to obtain and retain a license to be authorized to practice in the member state under circumstances not authorized by the privilege to practice under the
terms of this compact.

3. A home state’s license authorizes an individual to practice in a remote state under the privilege to practice only if the home state:
   (1) Currently requires the use of the National Registry of Emergency Medical Technicians (NREMT) examination as a condition of issuing initial licenses at the EMT and paramedic levels;
   (2) Has a mechanism in place for receiving and investigating complaints about individuals;
   (3) Notifies the commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding an individual;
   (4) No later than five years after activation of the compact, requires a criminal background check of all applicants for initial licensure, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation, with the exception of federal employees who have suitability determination in accordance with 5 CFR 731.202 and submit documentation of such as promulgated in the rules of the commission; and
   (5) Complies with the rules of the commission.

190.906. 1. Member states shall recognize the privilege to practice of an individual licensed in another member state that is in conformance with section 190.903.

2. To exercise the privilege to practice under the terms and provisions of this compact, an individual shall:
   (1) Be at least eighteen years of age;
   (2) Possess a current unrestricted license in a member state as an EMT, AEMT, paramedic, or state-recognized and licensed level with a scope of practice and authority between EMT and paramedic; and
   (3) Practice under the supervision of a medical director.

3. An individual providing patient care in a remote state under the privilege to practice shall function within the scope of practice authorized by the home state unless and until modified by an appropriate authority in the remote state, as may be defined in the rules of the commission.

4. Except as provided in subsection 3 of this section, an individual practicing in a remote state shall be subject to the remote
state's authority and laws. A remote state may, in accordance with due
process and that state's laws, restrict, suspend, or revoke an
individual's privilege to practice in the remote state and may take any
other necessary actions to protect the health and safety of its citizens If
a remote state takes action, it shall promptly notify the home state and
the commission.

5. If an individual's license in any home state is restricted,
suspended, or revoked, the individual shall not be eligible to practice
in a remote state under the privilege to practice until the individual's
home state license is restored.

6. If an individual's privilege to practice in any remote state is
restricted, suspended, or revoked, the individual shall not be eligible
to practice in any remote state until the individual's privilege to
practice is restored.

190.909. An individual may practice in a remote state under a
privilege to practice only in the performance of the individual's EMS
duties as assigned by an appropriate authority, as defined in the rules
of the commission, and under the following circumstances:

(1) The individual originates a patient transport in a home state
and transports the patient to a remote state;

(2) The individual originates in the home state and enters a
remote state to pick up a patient and provides care and transport of
the patient to the home state;

(3) The individual enters a remote state to provide patient care
or transport within that remote state;

(4) The individual enters a remote state to pick up a patient and
provides care and transport to a third member state; or

(5) Other conditions as determined by rules promulgated by the
commission.

190.912. Upon a member state's governor's declaration of a state
of emergency or disaster that activates the Emergency Management
Assistance Compact (EMAC), all relevant terms and provisions of EMAC
shall apply, and to the extent any terms or provisions of this compact
conflict with EMAC, the terms of EMAC shall prevail with respect to
any individual practicing in the remote state in response to such
declaration.

190.915. 1. Member states shall consider a veteran, active
2 military service member, or member of the National Guard and
3 Reserves separating from an active duty tour, or a spouse thereof, who
4 holds a current, valid, and unrestricted NREMT certification at or
5 above the level of the state license being sought as satisfying the
6 minimum training and examination requirements for such licensure.
7
2. Member states shall expedite the process of licensure
8 applications submitted by veterans, active military service members,
9 or members of the National Guard and Reserves separating from an
10 active duty tour, or their spouses.

3. All individuals functioning with a privilege to practice under
this section remain subject to the adverse action provisions of section
190.918.

190.918. 1. A home state shall have exclusive power to impose
adverse action against an individual's license issued by the home state.
2. If an individual's license in any home state is restricted,
suspended, or revoked, the individual shall not be eligible to practice
in a remote state under the privilege to practice until the individual's
home state license is restored.

(1) All home state adverse action orders shall include a
statement that the individual's compact privileges are inactive. The
order may allow the individual to practice in remote states with prior
written authorization from both the home state and the remote state's
EMS authority.

(2) An individual currently subject to adverse action in the home
state shall not practice in any remote state without prior written
authorization from both the home state and remote state's EMS
authority.

3. A member state shall report adverse actions and any
occurrences that the individual's compact privileges are restricted,
suspended, or revoked to the commission in accordance with the rules
of the commission.

4. A remote state may take adverse action on an individual's
privilege to practice within that state.

5. Any member state may take adverse action against an
individual's privilege to practice in that state based on the factual
findings of another member state, so long as each state follows its own
procedures for imposing such adverse action.
6. A home state's EMS authority shall coordinate investigative activities, share information via the coordinated database, and take appropriate action with respect to reported conduct in a remote state as it would if such conduct had occurred within the home state. In such cases, the home state's law shall control in determining the appropriate adverse action.

7. Nothing in this compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action and that such participation shall remain nonpublic if required by the member state's laws. Member states shall require individuals who enter any alternative programs to agree not to practice in any other member state during the term of the alternative program without prior authorization from such other member state.

190.921. A member state's EMS authority, in addition to any other powers granted under state law, is authorized under this compact to:

(1) Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a member state's EMS authority for the attendance and testimony of witnesses or the production of evidence from another member state shall be enforced in the remote state by any court of competent jurisdiction according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing state's EMS authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state where the witnesses or evidence is located; and

(2) Issue cease and desist orders to restrict, suspend, or revoke an individual's privilege to practice in the state.

190.924. 1. The compact states hereby create and establish a joint public agency known as the "Interstate Commission for EMS Personnel Practice".

(1) The commission is a body politic and an instrumentality of the compact states.

(2) Venue is proper and judicial proceedings by or against the commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the commission is located. The commission may waive venue and jurisdictional defenses
to the extent it adopts or consents to participate in alternative dispute resolution proceedings.

(3) Nothing in this compact shall be construed to be a waiver of sovereign immunity.

2. Each member state shall have and be limited to one delegate. The responsible official of the state EMS authority or his or her designee shall be the delegate to this compact for each member state. Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed. Any vacancy occurring in the commission shall be filled in accordance with the laws of the member state in which the vacancy exists. In the event that more than one board, office, or other agency with the legislative mandate to license EMS personnel at and above the level of EMT exists, the governor of the state shall determine which entity shall be responsible for assigning the delegate.

(1) Each delegate shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws, and shall otherwise have an opportunity to participate in the business and affairs of the commission. A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.

(2) The commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.

(3) All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in section 190.930.

(4) The commission may convene in a closed, nonpublic meeting if the commission must discuss:

(a) Noncompliance of a member state with its obligations under the compact;

(b) The employment, compensation, discipline or other personnel matters, practices, or procedures related to specific employees, or other matters related to the commission's internal personnel practices and procedures;

(c) Current, threatened, or reasonably anticipated litigation;

(d) Negotiation of contracts for the purchase or sale of goods,
services, or real estate;

(e) Accusing any person of a crime or formally censuring any person;

(f) Disclosure of trade secrets or commercial or financial information that is privileged or confidential;

(g) Disclosure of information of a personal nature if disclosure would constitute a clearly unwarranted invasion of personal privacy;

(h) Disclosure of investigatory records compiled for law enforcement purposes;

(i) Disclosure of information related to any investigatory reports prepared by or on behalf of or for use of the commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the compact; or

(j) Matters specifically exempted from disclosure by federal or member state statute.

(5) If a meeting or portion of a meeting is closed under this section, the commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken and the reasons therefor, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the commission or order of a court of competent jurisdiction.

3. The commission shall, by a majority vote of the delegates, prescribe bylaws and rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the compact including, but not limited to:

(1) Establishing the fiscal year of the commission;

(2) Providing reasonable standards and procedures:

(a) For the establishment and meetings of other committees; and

(b) Governing any general or specific delegation of any authority or function of the commission;

(3) Providing reasonable procedures for calling and conducting meetings of the commission, ensuring reasonable advance notice of all
meetings, and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals, and proprietary information, including trade secrets. The commission may meet in closed session only after a majority of the membership votes to close a meeting in whole or in part. As soon as practicable, the commission shall make public a copy of the vote to close the meeting revealing the vote of each member with no proxy votes allowed;

(4) Establishing the titles, duties and authority, and reasonable procedures for the election of the officers of the commission;

(5) Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the commission. Notwithstanding any civil service or other similar laws of any member state, the bylaws shall exclusively govern the personnel policies and programs of the commission;

(6) Promulgating a code of ethics to address permissible and prohibited activities of commission members and employees;

(7) Providing a mechanism for winding up the operations of the commission and the equitable disposition of any surplus funds that may exist after the termination of the compact after the payment or reserving of all of its debts and obligations;

(8) Publishing its bylaws and file a copy thereof, and a copy of any amendment thereto, with the appropriate agency or officer in each of the member states, if any;

(9) Maintaining its financial records in accordance with the bylaws; and

(10) Meeting and taking such actions as are consistent with the provisions of this compact and the bylaws.

4. The commission shall have the following powers:

(1) To promulgate uniform rules to facilitate and coordinate implementation and administration of this compact. The rules shall have the force and effect of law and shall be binding on all member states;

(2) To bring and prosecute legal proceedings or actions in the name of the commission; provided that, the standing of any state EMS authority or other regulatory body responsible for EMS personnel licensure to sue or be sued under applicable law shall not be affected;
(3) To purchase and maintain insurance and bonds;
(4) To borrow, accept, or contract for services of personnel including, but not limited to, employees of a member state;
(5) To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the compact, and to establish the commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;
(6) To accept any and all appropriate donations and grants of money, equipment, supplies, materials, and services, and to receive, utilize, and dispose of the same; provided that, at all times the commission shall strive to avoid any appearance of impropriety and conflict of interest;
(7) To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve, or use any property, real, personal, or mixed; provided that, at all times the commission shall strive to avoid any appearance of impropriety;
(8) To sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property, real, personal, or mixed;
(9) To establish a budget and make expenditures;
(10) To borrow money;
(11) To appoint committees, including advisory committees comprised of members, state regulators, state legislators or their representatives, consumer representatives, and such other interested persons as may be designated in this compact and the bylaws;
(12) To provide and receive information from, and to cooperate with, law enforcement agencies;
(13) To adopt and use an official seal; and
(14) To perform such other functions as may be necessary or appropriate to achieve the purposes of this compact consistent with the state regulation of EMS personnel licensure and practice.

5. (1) The commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.
(2) The commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.
(3) The commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the commission and its staff, which shall be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the commission, which shall promulgate a rule binding upon all member states; provided, that Missouri shall not be assessed more than ten thousand dollars annually calculated and the assessment amount shall not include an annual increase equivalent to the annual average of the Consumer Price Index for All Urban Consumers for the United States as reported by the Bureau of Labor Statistics, or its successor index. Missouri shall not authorize an annual assessment above this level.

(4) The commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the commission pledge the credit of any of the member states, except by and with the authority of the member state.

(5) The commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the commission.

6. (1) The members, officers, executive director, employees, and representatives of the commission shall be immune from suit and liability, either personally or in their official capacity, for any claim, damage to or loss of property, personal injury, or other civil liability caused by or arising out of any actual or alleged act, error, or omission that occurred or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities; provided that, nothing in this subdivision shall be construed to protect any such person from suit or liability for any damage, loss, injury, or liability caused by the intentional, willful, or wanton misconduct of that person.
The commission shall defend any member, officer, executive director, employee, or representative of the commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities; provided that, nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional, willful, or wanton misconduct.

The commission shall indemnify and hold harmless any member, officer, executive director, employee, or representative of the commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities; provided that, the actual or alleged act, error, or omission did not result from the person's intentional, willful, or wanton misconduct.

190.927. 1. The commission shall provide for the development and maintenance of a coordinated database and reporting system containing licensure, adverse action, and significant investigatory information on all licensed individuals in member states.

2. Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the coordinated database on all individuals to whom this compact is applicable as required by the rules of the commission, including:

(1) Identifying information;

(2) Licensure data;

(3) Significant investigatory information;

(4) Adverse actions against an individual's license;

(5) An indicator that an individual's privilege to practice is restricted, suspended, or revoked;

(6) Nonconfidential information related to alternative program participation;
(7) Any denial of application for licensure and the reasons for such denial; and

(8) Other information that may facilitate the administration of this compact, as determined by the rules of the commission.

3. The coordinated database administrator shall promptly notify all member states of any adverse action taken against, or significant investigative information on, any individual in a member state.

4. Member states contributing information to the coordinated database may designate information that shall not be shared with the public without the express permission of the contributing state.

5. Any information submitted to the coordinated database that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the coordinated database.

190.930. 1. The commission shall exercise its rulemaking powers pursuant to the criteria set forth in this section and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

2. If a majority of the legislatures of the member states rejects a rule by enactment of a statute or resolution in the same manner used to adopt the compact, then such rule shall have no further force and effect in any member state.

3. Rules or amendments to the rules shall be adopted at a regular or special meeting of the commission.

4. Prior to promulgation and adoption of a final rule or rules by the commission, and at least sixty days in advance of the meeting at which the rule or rules shall be considered and voted upon, the commission shall file a notice of proposed rulemaking:

   (1) On the website of the commission; and

   (2) On the website of each member state's EMS authority or the publication in which each state would otherwise publish proposed rules.

5. The notice of proposed rulemaking shall include:

   (1) The proposed time, date, and location of the meeting at which the rule shall be considered and voted upon;

   (2) The text of the proposed rule or amendment and the reason for the proposed rule;
(3) A request for comments on the proposed rule from any interested person; and

(4) The manner in which interested parties may submit notice to the commission of their intention to attend the public hearing and any written comments.

6. Prior to adoption of a proposed rule, the commission shall allow persons to submit written data, facts, opinions, and arguments that shall be made available to the public.

7. The commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

(1) At least twenty-five persons;

(2) A governmental subdivision or agency; or

(3) An association having at least twenty-five members.

8. If a hearing is held on the proposed rule or amendment, the commission shall publish the place, time, and date of the scheduled public hearing.

(1) All persons wishing to be heard at the hearing shall notify the executive director of the commission or other designated member in writing of their desire to appear and testify at the hearing not less than five business days before the scheduled date of the hearing.

(2) Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

(3) No transcript of the hearing is required, unless a written request for a transcript is made, in which case the person requesting the transcript shall bear the cost of producing the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This subdivision shall not preclude the commission from making a transcript or recording of the hearing if it so chooses.

(4) Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the commission at hearings required by this section.

9. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the commission shall consider all written and oral comments received.
10. The commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

11. If no written notice of intent to attend the public hearing by interested parties is received, the commission may proceed with promulgation of the proposed rule without a public hearing.

12. Upon determination that an emergency exists, the commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing; provided that, the usual rulemaking procedures provided in the compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that shall be adopted immediately in order to:

   (1) Meet an imminent threat to public health, safety, or welfare;
   (2) Prevent a loss of commission or member state funds;
   (3) Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or
   (4) Protect public health and safety.

13. The commission or an authorized committee of the commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the commission. The revision shall be subject to challenge by any person for a period of thirty days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing and delivered to the chair of the commission prior to the end of the notice period. If no challenge is made, the revision shall take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the commission.

190.933. 1. The executive, legislative, and judicial branches of state government in each member state shall enforce this compact and take all actions necessary and appropriate to effectuate the compact's purposes and intent. The provisions of this compact and the rules
promulgated hereunder shall have standing as statutory law.

2. All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceedings in a member state pertaining to the subject matter of this compact which may affect the powers, responsibilities, or actions of the commission.

3. The commission shall be entitled to receive service of process in any such proceeding and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the commission shall render a judgment or order void as to the commission, this compact, or promulgated rules.

4. If the commission determines that a member state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the commission shall:

   (1) Provide written notice to the defaulting state and other member states of the nature of the default, the proposed means of curing the default, or any other action to be taken by the commission; and

   (2) Provide remedial training and specific technical assistance regarding the default.

5. If a state in default fails to cure the default, the defaulting state may be terminated from the compact upon an affirmative vote of a majority of the member states, and all rights, privileges, and benefits conferred by this compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

6. Termination of membership in the compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states.

7. A state that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

8. The commission shall not bear any costs related to a state that is found to be in default or that has been terminated from the compact unless agreed upon in writing between the commission and the
defaulting state.

9. The defaulting state may appeal the action of the commission by petitioning the United States District Court for the District of Columbia or the federal district where the commission has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

10. Upon a request by a member state, the commission shall attempt to resolve disputes related to the compact that arise among member states and between member and nonmember states.

11. The commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

12. The commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this compact.

13. By majority vote, the commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the commission has its principal offices against a member state in default to enforce compliance with the provisions of the compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

14. The remedies herein shall not be the exclusive remedies of the commission. The commission may pursue any other remedies available under federal or state law.

190.936. 1. The compact shall come into effect on the date on which the compact statute is enacted into law in the tenth member state. The provisions, which become effective at that time, shall be limited to the powers granted to the commission relating to assembly and the promulgation of rules. Thereafter, the commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the compact.

2. Any state that joins the compact subsequent to the commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the compact becomes law in that state. Any rule that has been previously adopted by the commission shall have the full force and effect of law on the day the compact becomes law in that state.
3. Any member state may withdraw from this compact by enacting a statute repealing the same.

   (1) A member state's withdrawal shall not take effect until six months after enactment of the repealing statute.

   (2) Withdrawal shall not affect the continuing requirement of the withdrawing state's EMS authority to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

4. Nothing contained in this compact shall be construed to invalidate or prevent any EMS personnel licensure agreement or other cooperative arrangement between a member state and a nonmember state that does not conflict with the provisions of this compact.

5. This compact may be amended by the member states. No amendment to this compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

190.939. 1. This compact shall be liberally construed so as to effectuate the purposes thereof. If this compact shall be held contrary to the constitution of any member state thereto, the compact shall remain in full force and effect as to the remaining member states. Nothing in this compact supersedes state law or rules related to licensure of EMS agencies.

2. The state advisory council on emergency medical services established under section 190.101 shall review decisions of the interstate commission for emergency medical services personnel practice established under this compact and, upon approval by the commission of any action that will have the result of increasing the cost to the state of membership in the compact, the council may recommend to the general assembly that the state withdraw from the compact.

191.630. As used in sections 191.630 and 191.631, the following terms mean:

   (1) "Communicable disease", acquired immunodeficiency syndrome (AIDS), cutaneous anthrax, hepatitis in any form, human immunodeficiency virus (HIV), measles, meningococcal disease, mumps, pertussis, pneumatic plague, rubella, severe acute respiratory syndrome (SARS-CoV), smallpox, tuberculosis, varicella disease, vaccinia, viral hemorrhagic fevers, and other such diseases as the department may define by rule or regulation;

   (2) "Communicable disease tests", tests designed for detection of
communicable diseases. Rapid testing of the source patient in accordance with the Occupational Safety and Health Administration (OSHA) enforcement of the Centers for Disease Control and Prevention (CDC) guidelines shall be recommended;

(3) "Coroner or medical examiner", the same meaning as defined in chapter 58;

(4) "Department", the Missouri department of health and senior services;

(5) "Designated infection control officer", the person or persons within the entity or agency who are responsible for managing the infection control program and for coordinating efforts surrounding the investigation of an exposure such as:

(a) Collecting, upon request, facts surrounding possible exposure of an emergency care provider or Good Samaritan to a communicable disease;

(b) Contacting facilities that receive patients or clients of potentially exposed emergency care providers or Good Samaritans to ascertain if a determination has been made as to whether the patient or client has had a communicable disease and to ascertain the results of that determination; and

(c) Notifying the emergency care provider or Good Samaritan as to whether there is reason for concern regarding possible exposure;

(6) "Emergency care provider", a person who is serving as a licensed or certified person trained to provide emergency and nonemergency medical care as a first responder, emergency medical responder, [EMT-B, EMT-I, or EMT-P] as defined in section 190.100, emergency medical technician, as defined in section 190.100, firefighter, law enforcement officer, sheriff, deputy sheriff, registered nurse, physician, medical helicopter pilot, or other certification or licensure levels adopted by rule of the department;

(7) "Exposure", a specific eye, mouth, other mucous membrane, nonintact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties;

(8) "Good Samaritan", any person who renders emergency medical assistance or aid within his or her level of training or skill until such time as he or she is relieved of those duties by an emergency care provider;

(9) "Hospital", the same meaning as defined in section 197.020;

(10) "Source patient", any person who is sick or injured and requiring the care or services of a Good Samaritan or emergency care provider, for whose blood or other potentially infectious materials have resulted in exposure.

217.151. 1. As used in this section, the following terms shall mean:
(1) "Extraordinary circumstance", a substantial flight risk or some other extraordinary medical or security circumstance that dictates restraints be used to ensure the safety and security of a pregnant offender in her third trimester, a postpartum offender forty-eight hours postdelivery, the staff of the correctional center or medical facility, other offenders, or the public;

(2) "Labor", the period of time before a birth during which contractions are present;

(3) "Postpartum", the period of recovery immediately following childbirth, which is six weeks for a vaginal birth or eight weeks for a cesarean birth, or longer if so determined by a physician or nurse;

(4) "Restraints", any physical restraint or other device used to control the movement of a person's body or limbs.

2. Unless extraordinary circumstances exist as determined by a corrections officer, a correctional center shall not use restraints on a pregnant offender in her third trimester during transportation to and from visits to health care providers or court proceedings, or during medical appointments and examinations, labor, delivery, or forty-eight hours postdelivery.

3. In the event a corrections officer determines that extraordinary circumstances exist and restraints are necessary, the corrections officer shall fully document in writing within forty-eight hours of the incident the reasons he or she determined such extraordinary circumstances existed, the type of restraints used, and the reasons those restraints were considered the least restrictive available and the most reasonable under the circumstances. Such documents shall be kept on file by the correctional center for at least ten years from the date the restraints were used.

4. Any time restraints are used on a pregnant offender in her third trimester or on a postpartum offender forty-eight hours postdelivery, the restraints shall be the least restrictive available and the most reasonable under the circumstances. In no case shall leg, ankle, or waist restraints or any mechanical restraints be used on any such offender, and if wrist restraints are used, such restraints shall be placed in the front of such offender's body to protect the offender and unborn child in the case of a forward fall.

5. If a doctor, nurse, or other health care provider treating the
pregnant offender in her third trimester or the postpartum offender
forty-eight hours postdelivery requests that restraints not be used, the
corrections officer accompanying such offender shall immediately
remove all restraints.

6. Pregnant offenders shall be transported in vehicles equipped
with seatbelts.

7. The sentencing and corrections oversight commission
established under section 217.147 and the advisory committee
established under section 217.015 shall conduct biannual reviews of
every report written on the use of restraints on a pregnant offender in
her third trimester or on a postpartum offender forty-eight hours
postdelivery in accordance with subsection 3 of this section to
determine compliance with this section. The written reports shall be
kept on file by the department for ten years.

8. The chief administrative officer, or equivalent position, of
each correctional center shall:

(1) Ensure that employees of the correctional center are
provided with training, which may include online training, on the
provisions of this section and section 217.147; and

(2) Inform female offenders, in writing and orally, of any policies
and practices developed in accordance with this section upon
admission to the correctional center, including policies and practices
in any offender handbook, and post the policies and practices in
locations in the correctional center where such notices are commonly
posted and will be seen by female offenders, including common housing
areas and health care facilities.

9. The provisions of this section shall apply only to the
department of corrections.

287.243. 1. This section shall be known and may be cited as the "Line of
Duty Compensation Act".

2. As used in this section, unless otherwise provided, the following words
shall mean:

(1) "Air ambulance pilot", a person certified as an air ambulance pilot in
accordance with sections 190.001 to 190.245 and corresponding regulations
applicable to air ambulances adopted by the department of health and senior
services[, division of regulation and licensure, 19 CSR 30-40.005, et seq.];

(2) "Air ambulance registered professional nurse", a person licensed as a
registered professional nurse in accordance with sections 335.011 to 335.096 and corresponding regulations adopted by the state board of nursing, 20 CSR 2200-4, et seq., who provides registered professional nursing services as a flight nurse in conjunction with an air ambulance program that is certified in accordance with sections 190.001 to 190.245 and the corresponding regulations applicable to such programs;

(3) "Air ambulance registered respiratory therapist", a person licensed as a registered respiratory therapist in accordance with sections 334.800 to 334.930 and corresponding regulations adopted by the state board for respiratory care, who provides respiratory therapy services in conjunction with an air ambulance program that is certified in accordance with sections 190.001 to 190.245 and corresponding regulations applicable to such programs;

[(3) (4) "Child", any natural, illegitimate, adopted, or posthumous child or stepchild of a deceased [law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter] public safety officer who, at the time of the [law enforcement officer's, emergency medical technician's, air ambulance pilot's, air ambulance registered professional nurse's, or firefighter's] public safety officer's fatality is:

(a) Eighteen years of age or under;

(b) Over eighteen years of age and a student, as defined in 5 U.S.C. Section 8101; or

(c) Over eighteen years of age and incapable of self-support because of physical or mental disability;

[(4)] (5) "Emergency medical technician", a person licensed in emergency medical care in accordance with standards prescribed by sections 190.001 to 190.245 and by rules adopted by the department of health and senior services under sections 190.001 to 190.245;

[(5)] (6) "Firefighter", any person, including a volunteer firefighter, employed by the state or a local governmental entity as an employer defined under subsection 1 of section 287.030, or otherwise serving as a member or officer of a fire department either for the purpose of the prevention or control of fire or the underwater recovery of drowning victims;

(7) "Flight crew member", an individual engaged in flight responsibilities with an air ambulance licensed in accordance with sections 190.001 to 190.245 and corresponding regulations applicable to such programs;
"Killed in the line of duty", when any person defined in this section loses his or her life when:

(a) Death is caused by an accident or the willful act of violence of another;

(b) The public safety officer is in the active performance of his or her duties in his or her respective profession and there is a relationship between the accident or commission of the act of violence and the performance of the duty, even if the individual is off duty; the public safety officer is traveling to or from employment; or the public safety officer is taking any meal break or other break which takes place while that individual is on duty;

(c) Death is the natural and probable consequence of the injury; and

(d) Death occurs within three hundred weeks from the date the injury was received.

The term excludes death resulting from the willful misconduct or intoxication of the public safety officer. The division of workers' compensation shall have the burden of proving such willful misconduct or intoxication;

"Law enforcement officer", any person employed by the state or a local governmental entity as a police officer, peace officer certified under chapter 590, or serving as an auxiliary police officer or in some like position involving the enforcement of the law and protection of the public interest at the risk of that person's life;

"Local governmental entity", includes counties, municipalities, townships, board or other political subdivision, cities under special charter, or under the commission form of government, fire protection districts, ambulance districts, and municipal corporations;

"Public safety officer", any law enforcement officer, firefighter, uniformed employee of the office of the state fire marshal, emergency medical technician, police officer, capitol police officer, parole officer, probation officer, state correctional employee, water safety officer, park ranger, conservation officer, or highway patrolman
employed by the state of Missouri or a political subdivision thereof who is killed in the line of duty or any emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, air ambulance registered respiratory therapist, or flight crew member who is killed in the line of duty;

[(9) (12) "State", the state of Missouri and its departments, divisions, boards, bureaus, commissions, authorities, and colleges and universities;

[(10)] (13) "Volunteer firefighter", a person having principal employment other than as a firefighter, but who is carried on the rolls of a regularly constituted fire department either for the purpose of the prevention or control of fire or the underwater recovery of drowning victims, the members of which are under the jurisdiction of the corporate authorities of a city, village, incorporated town, or fire protection district. Volunteer firefighter shall not mean an individual who volunteers assistance without being regularly enrolled as a firefighter.

3. (1) A claim for compensation under this section shall be filed by survivors of the deceased with the division of workers’ compensation not later than one year from the date of death of a [law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter] public safety officer. If a claim is made within one year of the date of death of a [law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter] public safety officer killed in the line of duty, compensation shall be paid, if the division finds that the claimant is entitled to compensation under this section.

(2) The amount of compensation paid to the claimant shall be twenty-five thousand dollars, subject to appropriation, for death occurring on or after June 19, 2009.

4. Any compensation awarded under the provisions of this section shall be distributed as follows:

(1) To the surviving spouse of the [law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter] public safety officer if there is no child who survived the [law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter] public safety officer;

(2) Fifty percent to the surviving child, or children, in equal shares, and fifty percent to the surviving spouse if there is at least one child who survived the [law enforcement officer, emergency medical technician, air ambulance pilot, air
ambulance registered professional nurse, or firefighter] public safety officer, and a surviving spouse of the [law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter] public safety officer;

(3) To the surviving child, or children, in equal shares, if there is no surviving spouse of the [law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter] public safety officer;

(4) If there is no surviving spouse of the [law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter] public safety officer and no surviving child:

(a) To the surviving individual, or individuals, in shares per the designation or, otherwise, in equal shares, designated by the [law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter] public safety officer to receive benefits under this subsection in the most recently executed designation of beneficiary of the [law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter] public safety officer on file at the time of death with the public safety agency, organization, or unit; or

(b) To the surviving individual, or individuals, in equal shares, designated by the [law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter] public safety officer to receive benefits under the most recently executed life insurance policy of the [law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter] public safety officer on file at the time of death with the public safety agency, organization, or unit if there is no individual qualifying under paragraph (a);

(5) To the surviving parent, or parents, in equal shares, of the [law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter] public safety officer if there is no individual qualifying under subdivision (1), (2), (3), or (4) of this subsection; or

(6) To the surviving individual, or individuals, in equal shares, who would qualify under the definition of the term "child" but for age if there is no individual qualifying under subdivision (1), (2), (3), (4), or (5) of this subsection.

5. Notwithstanding subsection 3 of this section, no compensation is
payable under this section unless a claim is filed within the time specified under this section setting forth:

(1) The name, address, and title or designation of the position in which the [law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter] public safety officer was serving at the time of his or her death;

(2) The name and address of the claimant;

(3) A full, factual account of the circumstances resulting in or the course of events causing the death at issue; and

(4) Such other information that is reasonably required by the division.

When a claim is filed, the division of workers' compensation shall make an investigation for substantiation of matters set forth in the application.

6. The compensation provided for under this section is in addition to, and not exclusive of, any pension rights, death benefits, or other compensation the claimant may otherwise be entitled to by law.

7. Neither employers nor workers' compensation insurers shall have subrogation rights against any compensation awarded for claims under this section. Such compensation shall not be assignable, shall be exempt from attachment, garnishment, and execution, and shall not be subject to setoff or counterclaim, or be in any way liable for any debt, except that the division or commission may allow as lien on the compensation, reasonable attorney's fees for services in connection with the proceedings for compensation if the services are found to be necessary. Such fees are subject to regulation as set forth in section 287.260.

8. Any person seeking compensation under this section who is aggrieved by the decision of the division of workers' compensation regarding his or her compensation claim, may make application for a hearing as provided in section 287.450. The procedures applicable to the processing of such hearings and determinations shall be those established by this chapter. Decisions of the administrative law judge under this section shall be binding, subject to review by either party under the provisions of section 287.480.

9. Pursuant to section 23.253 of the Missouri sunset act:

(1) The provisions of the new program authorized under this section shall automatically sunset six years after June 19, 2019, unless reauthorized by an act of the general assembly; and

(2) If such program is reauthorized, the program authorized under this section shall automatically sunset twelve years after the effective date of the
reauthorization of this section; and

(3) This section shall terminate on September first of the calendar year immediately following the calendar year in which the program authorized under this section is sunset.

10. The provisions of this section, unless specified, shall not be subject to other provisions of this chapter.

11. There is hereby created in the state treasury the "Line of Duty Compensation Fund", which shall consist of moneys appropriated to the fund and any voluntary contributions, gifts, or bequests to the fund. The state treasurer shall be custodian of the fund and shall approve disbursements from the fund in accordance with sections 30.170 and 30.180. Upon appropriation, money in the fund shall be used solely for paying claims under this section. Notwithstanding the provisions of section 33.080 to the contrary, any moneys remaining in the fund at the end of the biennium shall not revert to the credit of the general revenue fund. The state treasurer shall invest moneys in the fund in the same manner as other funds are invested. Any interest and moneys earned on such investments shall be credited to the fund.

12. The division shall promulgate rules to administer this section, including but not limited to the appointment of claims to multiple claimants, record retention, and procedures for information requests. 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 under 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 June 19, 2009, shall be invalid and void.

320.086. 1. Nothing contained in sections 320.081 to 320.086 shall allow access to records otherwise closed under sections 610.100 to 610.105[. RSMo Supp. 1982].

2. Nothing contained in sections 320.081 to 320.086 shall restrict or waive the attorney-client privilege.

3. The portion of a record that is individually identifiable health information, as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), P.L. 104-191, as amended, may be closed records, as provided under sections 610.100 to 610.105, if
maintained by fire departments and fire protection districts. Notwithstanding the foregoing, all fire departments and fire protection districts shall produce for every call to the department or district an "incident report", as defined in section 610.100, that shall include the date, time, specific location, and name of the owner of the specific location or any vehicle involved in the incident, if known. All incident reports shall be open records under section 610.100.

353.110. 1. Once the requirements of this section have been complied with, the real property of urban redevelopment corporations acquired pursuant to this chapter shall not be subject to assessment or payment of general ad valorem taxes imposed by the cities affected by this law, or by the state or any political subdivision thereof, for a period not in excess of ten years after the date upon which such corporations become owners of such real property, except to such extent and in such amount as may be imposed upon such real property during such period measured solely by the amount of the assessed valuation of the land, exclusive of improvements, acquired pursuant to this chapter and owned by such urban redevelopment corporation, as was determined by the assessor of the county in which such real property is located, or, if not located within a county, then by the assessor of such city, for taxes due and payable thereon during the calendar year preceding the calendar year during which the corporation acquired title to such real property. The amounts of such tax assessments shall not be increased during such period so long as the real property is owned by an urban redevelopment corporation and used in accordance with a development plan authorized by the legislative authority of such cities, except as provided under subsection 4 of this section.

2. In the event, however, that any such real property was tax exempt immediately prior to ownership by any urban redevelopment corporation, such assessor or assessors shall, upon acquisition of title thereto by the urban redevelopment corporation, promptly assess such land, exclusive of improvements, at such valuation as shall conform to but not exceed the assessed valuation made during the preceding calendar year of other land, exclusive of improvements, adjacent thereto or in the same general neighborhood, and the amount of such assessed valuation shall not be increased during the period set pursuant to subsection 1 of this section so long as the real property is owned by an urban redevelopment corporation and used in accordance with a development plan authorized by the legislative authority of such cities. For the next ensuing period not in excess of fifteen years, ad valorem taxes upon such real property shall be
measured by the assessed valuation thereof as determined by such assessor or assessors upon the basis of not to exceed fifty percent of the true value of such real property, including any improvements thereon, nor shall such valuations be increased above fifty percent of the true value of such real property from year to year during such next ensuing period so long as the real property is owned by an urban redevelopment corporation and used in accordance with an authorized development plan. After a period totaling not more than twenty-five years, such real property shall be subject to assessment and payment of all ad valorem taxes, based on the full true value of the real property; provided, that after the completion of the redevelopment project, as authorized by law or ordinance whenever any urban redevelopment corporation shall elect to pay full taxes, or at the expiration of the period, such real property shall be owned and operated free from any of the conditions, restrictions or provisions of this chapter, and of any ordinance, rule or regulation adopted pursuant thereto, any other law limiting the right of domestic and foreign insurance companies to own and operate real estate to the contrary notwithstanding.

3. No tax abatement or exemption authorized by this section shall become effective unless and until the governing body of the city:

   (1) Furnishes each political subdivision whose boundaries for ad valorem taxation purposes include any portion of the real property to be affected by such tax abatement or exemption with a written statement of the impact on ad valorem taxes such tax abatement or exemption will have on such political subdivisions and written notice of the hearing to be held in accordance with subdivision (2) of this subsection. The written statement and notice required by this subdivision shall be furnished as provided by local ordinance before the hearing and shall include, but need not be limited to, an estimate of the amount of ad valorem tax revenues of each political subdivision which will be affected by the proposed tax abatement or exemption, based on the estimated assessed valuation of the real property involved as such property would exist before and after it is redeveloped;

   (2) Conducts a public hearing regarding such tax abatement or exemption, at which hearing all political subdivisions described in subdivision (1) of this subsection shall have the right to be heard on such grant of tax abatement or exemption;

   (3) Enacts an ordinance which provides for expiration of development rights, including the rights of eminent domain and tax abatement, in the event of failure of the urban redevelopment corporation to acquire ownership of property within the area of the development plan. Such ordinance shall provide
for a duration of time within which such property must be acquired, and may allow for acquisition of property under the plan in phases.

4. (1) Notwithstanding any other provision of law to the contrary, payments in lieu of taxes may be imposed by contract between a city and an urban redevelopment corporation which receives tax abatement or exemption on property pursuant to this section. Such payments shall be made to the collector of revenue of the county or city not within a county by December thirty-first of each year payments are due. The governing body of the city shall furnish the collector a copy of any such contract requiring payment in lieu of taxes. The collector shall allocate all revenues received from such payment in lieu of taxes among all taxing authorities whose property tax revenues are affected by the exemption or abatement on the same pro rata basis and in the same manner as the ad valorem property tax revenues received by each taxing authority from such property in the year such payments are due.

(2) (a) The provisions of subsection 1 of this section and subdivision (1) of this subsection notwithstanding, beginning August 28, 2018, any district or county imposing a property tax for the purposes of providing emergency services under chapter 190 or 321 shall be entitled to be reimbursed in an amount that is at least fifty percent but not more than one hundred percent of the amount of ad valorem property tax revenues that the district or county would have received in the absence of the tax abatement or exemption provided under this section.

(b) An ambulance district board operating under chapter 190, a fire protection district board operating under chapter 321, or the governing body of a county operating a 911 center providing emergency or dispatch services under chapter 190 or chapter 321 shall annually set the reimbursement rate under paragraph (a) of this subdivision prior to the time the assessment is determined by the assessor of the county in which such district is located, or, if not located within a county, then the assessor of such city. If the development plan or redevelopment project is amended by ordinance or by any other means after August 28, 2018, the ambulance or fire protection district board shall have the right to recalculate the reimbursement rate under this subdivision.

5. The provisions of subsection 3 of this section shall not apply to any amendment or future amendment to a phased development plan approved by the governing body of the city prior to the effective date of the provisions of
subsection 3 of this section and upon which construction has been in progress pursuant to such phased plan.

577.029. A licensed physician, registered nurse, phlebotomist, or trained medical technician, acting at the request and direction of the law enforcement officer under section 577.020, shall, with the consent of the patient or a warrant issued by a court of competent jurisdiction, withdraw blood for the purpose of determining the alcohol content of the blood, unless such medical personnel, in his or her good faith medical judgment, believes such procedure would endanger the life or health of the person in custody. Blood may be withdrawn only by such medical personnel, but such restriction shall not apply to the taking of a breath test, a saliva specimen, or a urine specimen. In withdrawing blood for the purpose of determining the alcohol content thereof, only a previously unused and sterile needle and sterile vessel shall be utilized and the withdrawal shall otherwise be in strict accord with accepted medical practices. Upon the request of the person who is tested, full information concerning the test taken at the direction of the law enforcement officer shall be made available to him or her.

590.1040. 1. For purposes of this section, the following terms mean:

(1) "Emergency services personnel", any employee or volunteer of an emergency services provider who is engaged in providing or supporting fire fighting, dispatching services, and emergency medical services;

(2) "Emergency services provider", any public employer, or ground or air ambulance service as those terms are used in chapter 190, that employs persons to provide fire fighting, dispatching services, and emergency medical services;

(3) "Employee assistance program", a program established by a law enforcement agency or emergency services provider to provide professional counseling or support services to employees of a law enforcement agency, emergency services provider, or a professional mental health provider associated with a peer support team;

(4) "Law enforcement agency", any public agency that employs law enforcement personnel;

(5) "Law enforcement personnel", any person who, by virtue of office or public employment, is vested by law with a duty to maintain public order or to make arrests for violation of the laws of the state of
Missouri or ordinances of any municipality thereof, or with a duty to maintain or assert custody or supervision over persons accused or convicted of a crime, while acting within the scope of his or her authority as an employee or volunteer of a law enforcement agency;

(6) "Peer support counseling session", any session conducted by a peer support specialist that is called or requested in response to a critical incident or traumatic event involving the personnel of the law enforcement agency or emergency services provider;

(7) "Peer support specialist", a person who:
   (a) Is designated by a law enforcement agency, emergency services provider, employee assistance program, or peer support team leader to lead, moderate, or assist in a peer support counseling session;
   (b) Is a member of a peer support team; and
   (c) Has received training in counseling and providing emotional and moral support to law enforcement officers or emergency services personnel who have been involved in emotionally traumatic incidents by reason of his or her employment;

(8) "Peer support team", a group of peer support specialists serving one or more law enforcement providers or emergency services providers.

2. Any communication made by a participant or peer support specialist in a peer support counseling session, and any oral or written information conveyed in or as the result of a peer support counseling session, are confidential and may not be disclosed by any person participating in the peer support counseling session.

3. Any communication relating to a peer support counseling session that is made between peer support specialists, between peer support specialists and the supervisors or staff of an employee assistance program, or between the supervisors or staff of an employee assistance program is confidential and may not be disclosed.

4. The provisions of this section shall apply only to peer support counseling sessions conducted by a peer support specialist.

5. The provisions of this section shall apply to all oral communications, notes, records, and reports arising out of a peer support counseling session. Any notes, records, or reports arising out of a peer support counseling session shall not be public records and shall not be subject to the provisions of chapter 610. Nothing in this
section limits the discovery or introduction into evidence of knowledge acquired by any law enforcement personnel or emergency services personnel from observation made during the course of employment, or material or information acquired during the course of employment, that is otherwise subject to discovery or introduction into evidence.

6. The provisions of this section shall not apply to any:

(1) Threat of suicide or criminal act made by a participant in a peer support counseling session, or any information conveyed in a peer support counseling session relating to a threat of suicide or criminal act;

(2) Information relating to abuse of spouses, children, or the elderly, or other information that is required to be reported by law;

(3) Admission of criminal conduct;

(4) Disclosure of testimony by a participant who received peer support counseling services and expressly consented to such disclosure;

or

(5) Disclosure of testimony by the surviving spouse or executor or administrator of the estate of a deceased participant who received peer support counseling services and such surviving spouse or executor or administrator expressly consented to such disclosure.

7. The provisions of this section shall not prohibit any communications between peer support specialists who conduct peer support counseling sessions or any communications between peer support specialists and the supervisors or staff of an employee assistance program.

8. The provisions of this section shall not prohibit communications regarding fitness of an employee for duty between an employee assistance program and an employer.