

CONFERENCE COMMITTEE SUBSTITUTE

FOR

HOUSE COMMITTEE SUBSTITUTE

FOR

SENATE SUBSTITUTE

FOR

SENATE BILL NO. 64

AN ACT

To repeal sections 173.260, 190.001, 190.053, 190.060, 190.098, 190.100, 190.101, 190.103, 190.104, 190.105, 190.108, 190.109, 190.120, 190.131, 190.133, 190.142, 190.143, 190.146, 190.160, 190.165, 190.171, 190.173, 190.176, 190.180, 190.185, 190.190, 190.196, 190.200, 190.241, 190.243, 190.245, 190.248, 191.237, 191.677, 192.2520, 197.135, 208.227, 287.243, 338.010, 338.710, 376.1575, 545.940, 575.155, 575.157, 579.040, and 579.076, RSMo, and to enact in lieu thereof fifty-eight new sections relating to health care, with penalty provisions and an emergency clause for certain sections.

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

Section A. Sections 173.260, 190.001, 190.053, 190.060,
 2 190.098, 190.100, 190.101, 190.103, 190.104, 190.105, 190.108,
 3 190.109, 190.120, 190.131, 190.133, 190.142, 190.143, 190.146,
 4 190.160, 190.165, 190.171, 190.173, 190.176, 190.180, 190.185,
 5 190.190, 190.196, 190.200, 190.241, 190.243, 190.245, 190.248,
 6 191.237, 191.677, 192.2520, 197.135, 208.227, 287.243, 338.010,
 7 338.710, 376.1575, 545.940, 575.155, 575.157, 579.040, and
 8 579.076, RSMo, are repealed and fifty-eight new sections
 9 enacted in lieu thereof, to be known as sections 9.236, 9.288,
 10 9.289, 173.260, 190.001, 190.053, 190.060, 190.098, 190.100,
 11 190.101, 190.103, 190.104, 190.105, 190.108, 190.109, 190.120,
 12 190.131, 190.133, 190.142, 190.143, 190.146, 190.160, 190.165,

13 190.171, 190.173, 190.176, 190.180, 190.185, 190.190, 190.196,
14 190.200, 190.241, 190.243, 190.248, 190.257, 191.237, 191.677,
15 192.2520, 196.1170, 197.135, 208.226, 208.227, 217.199,
16 221.065, 287.243, 338.010, 338.710, 338.730, 376.1228,
17 376.1575, 545.940, 565.058, 574.203, 574.204, 575.155, 575.157,
18 579.040, and 579.076, to read as follows:

2 9.236. The third full week in September of each year
3 shall be known and designated as "Sickle Cell Awareness
4 Week". Sickle cell disease is a genetic disease in which a
5 person's body produces abnormally shaped red blood cells
6 that resemble a crescent and that do not last as long as
7 normal round red blood cells, which leads to anemia. It is
8 recommended to the people of the state that the week be
9 appropriately observed through activities that will increase
10 awareness of sickle cell disease and efforts to improve
treatment options for patients.

2 9.288. April eighteenth of each year shall be known
3 and designated as "Hypoplastic Left Heart Syndrome Awareness
4 Day". Hypoplastic left heart syndrome is a critical
5 congenital heart defect that forms during the pregnancy when
6 portions of the left side of the baby's heart remain
7 underdeveloped or too small. It is recommended to the
8 people of the state that the day be appropriately observed
9 through activities that will increase awareness of
hypoplastic left heart syndrome.

2 9.289. 1. The first full week of May each year shall
3 be known and designated as "Tardive Dyskinesia Awareness
4 Week". Tardive dyskinesia is a movement disorder that is
5 characterized by random, involuntary, and uncontrolled
6 movements of different muscles in the face, trunk, and
7 extremities. The citizens of this state are encouraged to
8 observe the week with appropriate events and activities to
raise awareness of tardive dyskinesia.

9 2. The provisions of this section shall expire on
10 August 28, 2026.

173.260. 1. As used in this section, unless the
2 context clearly requires otherwise, the following terms mean:

3 (1) "Air ambulance pilot", a person certified as an
4 air ambulance pilot in accordance with sections 190.001 to
5 [190.245] 190.243 and corresponding regulations applicable
6 to air ambulances adopted by the department of health and
7 senior services;

8 (2) "Air ambulance registered professional nurse", a
9 person licensed as a registered professional nurse in
10 accordance with sections 335.011 to 335.096 and
11 corresponding regulations adopted by the state board of
12 nursing, 20 CSR 2200-4, et seq., who provides registered
13 professional nursing services as a flight nurse in
14 conjunction with an air ambulance program that is certified
15 in accordance with sections 190.001 to [190.245] 190.243 and
16 the corresponding regulations applicable to such programs;

17 (3) "Air ambulance registered respiratory therapist",
18 a person licensed as a registered respiratory therapist in
19 accordance with sections 334.800 to 334.930 and
20 corresponding regulations adopted by the state board for
21 respiratory care, who provides respiratory therapy services
22 in conjunction with an air ambulance program that is
23 certified in accordance with sections 190.001 to [190.245]
24 190.243 and corresponding regulations applicable to such
25 programs;

26 (4) "Board", the coordinating board for higher
27 education;

28 (5) "Eligible child", the natural, adopted or
29 stepchild of a public safety officer or employee, as defined
30 in this section, who is less than twenty-four years of age
31 and who is a dependent of a public safety officer or

32 employee or was a dependent at the time of death or
33 permanent and total disability of a public safety officer or
34 employee;

35 (6) "Emergency medical technician", a person licensed
36 in emergency medical care in accordance with standards
37 prescribed by sections 190.001 to ~~[190.245]~~ 190.243 and by
38 rules adopted by the department of health and senior
39 services under sections 190.001 to ~~[190.245]~~ 190.243;

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

43 (8) "Flight crew member", an individual engaged in
44 flight responsibilities with an air ambulance licensed in
45 accordance with sections 190.001 to ~~[190.245]~~ 190.243 and
46 corresponding regulations applicable to such programs;

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

49 (10) "Institution of postsecondary education", any
50 approved public or private institution as defined in section
51 173.205;

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

57 (12) "Public safety officer", any firefighter,
58 uniformed employee of the office of the state fire marshal,
59 emergency medical technician, police officer, capitol police
60 officer, parole officer, probation officer, state
61 correctional employee, water safety officer, park ranger,
62 conservation officer or highway patrolman employed by the
63 state of Missouri or a political subdivision thereof who is
64 killed or permanently and totally disabled in the line of

65 duty or any emergency medical technician, air ambulance
66 pilot, air ambulance registered professional nurse, air
67 ambulance registered respiratory therapist, or flight crew
68 member who is killed or permanently and totally disabled in
69 the line of duty;

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

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

75 (15) "Tuition", any tuition or incidental fee or both
76 charged by an institution of postsecondary education, as
77 defined in this section, for attendance at that institution
78 by a student as a resident of this state.

79 2. Within the limits of the amounts appropriated
80 therefor, the coordinating board for higher education shall
81 provide, as defined in this section, a grant for either of
82 the following to attend an institution of postsecondary
83 education:

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

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

89 3. An eligible child or spouse may receive a grant
90 under this section only so long as the child or spouse is
91 enrolled in a program leading to a certificate, or an
92 associate or baccalaureate degree. In no event shall a
93 child or spouse receive a grant beyond the completion of the
94 first baccalaureate degree or, in the case of a child, age
95 twenty-four years, except that the child may receive a grant
96 through the completion of the semester or similar grading
97 period in which the child reaches his or her twenty-fourth

98 year. No child or spouse shall receive more than one
99 hundred percent of tuition when combined with similar funds
100 made available to such child or spouse.

101 4. The coordinating board for higher education shall:

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

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

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

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

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

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

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

125 6. An eligible child or spouse who is a recipient of a
126 grant may transfer from one approved public or private
127 institution of postsecondary education to another without
128 losing his or her entitlement under this section. The board
129 shall make necessary adjustments in the amount of the
130 grant. If a grant recipient at anytime withdraws from the

131 institution of postsecondary education so that under the
132 rules and regulations of that institution he or she is
133 entitled to a refund of any tuition, fees, or other charges,
134 the institution shall pay the portion of the refund to which
135 he or she is entitled attributable to the grant for that
136 semester or similar grading period to the board.

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

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

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

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

190.001. Sections 190.001 to ~~[190.245]~~ 190.243 shall
2 be known and may be cited as the "Comprehensive Emergency
3 Medical Services Systems Act".

190.053. 1. All members of the board of directors of
2 an ambulance district first elected on or after January 1,
3 2008, shall attend and complete an educational seminar or
4 conference or other suitable training on the role and duties

5 of a board member of an ambulance district. The training
6 required under this section shall be offered by a statewide
7 association organized for the benefit of ambulance districts
8 or be approved by the state advisory council on emergency
9 medical services. Such training shall include, at a minimum:

10 (1) Information relating to the roles and duties of an
11 ambulance district director;

12 (2) A review of all state statutes and regulations
13 relevant to ambulance districts;

14 (3) State ethics laws;

15 (4) State sunshine laws, chapter 610;

16 (5) Financial and fiduciary responsibility;

17 (6) State laws relating to the setting of tax rates;

18 and

19 (7) State laws relating to revenue limitations.

20 2. If any ambulance district board member fails to
21 attend a training session within twelve months after taking
22 office, the board member shall not be compensated for
23 attendance at meetings thereafter until the board member has
24 completed such training session. If any ambulance district
25 board member fails to attend a training session within
26 twelve months of taking office regardless of whether the
27 board member received an attendance fee for a training
28 session, the board member shall be ineligible to run for
29 reelection for another term of office until the board member
30 satisfies the training requirement of this section; however,
31 this requirement shall apply only to board members elected
32 after August 28, 2021.

190.060. 1. An ambulance district shall have the
2 following governmental powers, and all other powers
3 incidental, necessary, convenient or desirable to carry out
4 and effectuate the express powers:

5 (1) To establish and maintain an ambulance service
6 within its corporate limits, and to acquire for, develop,
7 expand, extend and improve such service;

8 (2) To acquire land in fee simple, rights in land and
9 easements upon, over or across land and leasehold interests
10 in land and tangible and intangible personal property used
11 or useful for the location, establishment, maintenance,
12 development, expansion, extension or improvement of an
13 ambulance service. The acquisition may be by dedication,
14 purchase, gift, agreement, lease, use or adverse possession;

15 (3) To operate, maintain and manage the ambulance
16 service, and to make and enter into contracts for the use,
17 operation or management of and to provide rules and
18 regulations for the operation, management or use of the
19 ambulance service;

20 (4) To fix, charge and collect reasonable fees and
21 compensation for the use of the ambulance service according
22 to the rules and regulations prescribed by the board from
23 time to time;

24 (5) To borrow money and to issue bonds, notes,
25 certificates, or other evidences of indebtedness for the
26 purpose of accomplishing any of its corporate purposes,
27 subject to compliance with any condition or limitation set
28 forth in sections 190.001 to 190.090 or otherwise provided
29 by the Constitution of the state of Missouri;

30 (6) To employ or enter into contracts for the
31 employment of any person, firm, or corporation, and for
32 professional services, necessary or desirable for the
33 accomplishment of the objects of the district or the proper
34 administration, management, protection or control of its
35 property;

36 (7) To maintain the ambulance service for the benefit
37 of the inhabitants of the area comprising the district

38 regardless of race, creed or color, and to adopt such
39 reasonable rules and regulations as may be necessary to
40 render the highest quality of emergency medical care; to
41 exclude from the use of the ambulance service all persons
42 who willfully disregard any of the rules and regulations so
43 established; to extend the privileges and use of the
44 ambulance service to persons residing outside the area of
45 the district upon such terms and conditions as the board of
46 directors prescribes by its rules and regulations;

47 (8) To provide for health, accident, disability and
48 pension benefits for the salaried members of its organized
49 ambulance district and such other benefits for the members'
50 spouses and minor children, through either, or both, a
51 contributory or noncontributory plan. The type and amount
52 of such benefits shall be determined by the board of
53 directors of the ambulance district within the level of
54 available revenue of the pension program and other available
55 revenue of the district. If an employee contributory plan
56 is adopted, then at least one voting member of the board of
57 trustees shall be a member of the ambulance district elected
58 by the contributing members. The board of trustees shall
59 not be the same as the board of directors;

60 (9) To purchase insurance indemnifying the district
61 and its employees, officers, volunteers and directors
62 against liability in rendering services incidental to the
63 furnishing of ambulance services. Purchase of insurance
64 pursuant to this section is not intended to waive sovereign
65 immunity, official immunity or the Missouri public duty
66 doctrine defenses; and

67 (10) To provide for life insurance, accident,
68 sickness, health, disability, annuity, length of service,
69 pension, retirement and other employee-type fringe benefits,
70 subject to the provisions of section 70.615, for the

71 volunteer members of any organized ambulance district and
72 such other benefits for their spouses and eligible
73 unemancipated children, either through a contributory or
74 noncontributory plan, or both. For purposes of this
75 section, "eligible unemancipated child" means a natural or
76 adopted child of an insured, or a stepchild of an insured
77 who is domiciled with the insured, who is less than twenty-
78 three years of age, who is not married, not employed on a
79 full-time basis, not maintaining a separate residence except
80 for full-time students in an accredited school or
81 institution of higher learning, and who is dependent on
82 parents or guardians for at least fifty percent of his or
83 her support. The type and amount of such benefits shall be
84 determined by the board of directors of the ambulance
85 district within available revenues of the district,
86 including the pension program of the district. The
87 provision and receipt of such benefits shall not make the
88 recipient an employee of the district. Directors who are
89 also volunteer members may receive such benefits while
90 serving as a director of the district.

91 2. The use of any ambulance service of a district
92 shall be subject to the reasonable regulation and control of
93 the district and upon such reasonable terms and conditions
94 as shall be established by its board of directors.

95 3. A regulatory ordinance of a district adopted
96 pursuant to any provision of this section may provide for a
97 suspension or revocation of any rights or privileges within
98 the control of the district for a violation of any
99 regulatory ordinance.

100 4. Nothing in this section or in other provisions of
101 sections 190.001 to ~~[190.245]~~ 190.243 shall be construed to
102 authorize the district or board to establish or enforce any
103 regulation or rule in respect to the operation or

104 maintenance of the ambulance service within its jurisdiction
105 which is in conflict with any federal or state law or
106 regulation applicable to the same subject matter.

107 5. After August 28, 1998, the board of directors of an
108 ambulance district that proposes to contract for the total
109 management and operation of the ambulance service, when that
110 ambulance district has not previously contracted out for
111 said service, shall hold a public hearing within a thirty-
112 day period and shall make a finding that the proposed
113 contract to manage and operate the ambulance service will:

114 (1) Provide benefits to the public health that
115 outweigh the associated costs;

116 (2) Maintain or enhance public access to ambulance
117 service;

118 (3) Maintain or improve the public health and promote
119 the continued development of the regional emergency medical
120 services system.

121 6. (1) Upon a satisfactory finding following the
122 public hearing in subsection 5 of this section and after a
123 sixty-day period, the ambulance district may enter into the
124 proposed contract, however said contract shall not be
125 implemented for at least thirty days.

126 (2) The provisions of subsection 5 of this section
127 shall not apply to contracts which were executed prior to
128 August 28, 1998, or to the renewal or modification of such
129 contracts or to the signing of a new contract with an
130 ambulance service provider for services that were previously
131 contracted out.

132 7. All ambulance districts authorized to adopt laws,
133 ordinances, or regulations regarding basic life support
134 ambulances shall require such ambulances to be equipped with
135 an automated external defibrillator and be staffed by at

136 least one individual trained in the use of an automated
137 external defibrillator.

138 8. The ambulance district may adopt procedures for
139 conducting fingerprint background checks on current and
140 prospective employees, contractors, and volunteers. The
141 ambulance district may submit applicant fingerprints to the
142 Missouri state highway patrol, Missouri criminal records
143 repository, for the purpose of checking the person's
144 criminal history. The fingerprints shall be used to search
145 the Missouri criminal records repository and shall be
146 submitted to the Federal Bureau of Investigation to be used
147 for searching the federal criminal history files. The
148 fingerprints shall be submitted on forms and in the manner
149 prescribed by the Missouri state highway patrol. Fees shall
150 be as set forth in section 43.530.

190.098. 1. In order for a person to be eligible for
2 certification by the department as a community paramedic, an
3 individual shall:

4 (1) Be currently certified as a paramedic;

5 (2) Successfully complete or have successfully
6 completed a community paramedic certification program from a
7 college, university, or educational institution that has
8 been approved by the department or accredited by a national
9 accreditation organization approved by the department; and

10 (3) Complete an application form approved by the
11 department.

12 2. A community paramedic shall practice in accordance
13 with protocols and supervisory standards established by the
14 medical director. A community paramedic shall provide
15 services of a health care plan if the plan has been
16 developed by the patient's physician or by an advanced
17 practice registered nurse through a collaborative practice
18 arrangement with a physician or a physician assistant

19 through a collaborative practice arrangement with a
20 physician and there is no duplication of services to the
21 patient from another provider.

22 3. Any ambulance service shall enter into a written
23 contract to provide community paramedic services in another
24 ambulance service area, as that term is defined in section
25 190.100. The contract that is agreed upon may be for an
26 indefinite period of time, as long as it includes at least a
27 sixty-day cancellation notice by either ambulance service.

28 4. A community paramedic is subject to the provisions
29 of sections 190.001 to ~~[190.245]~~ 190.243 and rules
30 promulgated under sections 190.001 to ~~[190.245]~~ 190.243.

31 5. No person shall hold himself or herself out as a
32 community paramedic or provide the services of a community
33 paramedic unless such person is certified by the department.

34 6. The medical director shall approve the
35 implementation of the community paramedic program.

36 7. Any rule or portion of a rule, as that term is
37 defined in section 536.010, that is created under the
38 authority delegated in this section shall become effective
39 only if it complies with and is subject to all of the
40 provisions of chapter 536 and, if applicable, section
41 536.028. This section and chapter 536 are nonseverable and
42 if any of the powers vested with the general assembly
43 pursuant to chapter 536 to review, to delay the effective
44 date, or to disapprove and annul a rule are subsequently
45 held unconstitutional, then the grant of rulemaking
46 authority and any rule proposed or adopted after August 28,
47 2013, shall be invalid and void.

190.100. As used in sections 190.001 to ~~[190.245]~~
2 190.257, the following words and terms mean:

3 (1) "Advanced emergency medical technician" or "AEMT",
4 a person who has successfully completed a course of

5 instruction in certain aspects of advanced life support care
6 as prescribed by the department and is licensed by the
7 department in accordance with sections 190.001 to [190.245]
8 190.243 and rules and regulations adopted by the department
9 pursuant to sections 190.001 to [190.245] 190.243;

10 (2) "Advanced life support (ALS)", an advanced level
11 of care as provided to the adult and pediatric patient such
12 as defined by national curricula, and any modifications to
13 that curricula specified in rules adopted by the department
14 pursuant to sections 190.001 to [190.245] 190.243;

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

27 (4) "Ambulance service", a person or entity that
28 provides emergency or nonemergency ambulance transportation
29 and services, or both, in compliance with sections 190.001
30 to [190.245] 190.243, and the rules promulgated by the
31 department pursuant to sections 190.001 to [190.245] 190.243;

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

35 (6) "Basic life support (BLS)", a basic level of care,
36 as provided to the adult and pediatric patient as defined by
37 national curricula, and any modifications to that curricula

38 specified in rules adopted by the department pursuant to
39 sections 190.001 to ~~[190.245]~~ 190.243;

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

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

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

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

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

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

60 (b) Serious impairment to a bodily function;

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

62 (d) Inadequately controlled pain;

63 (12) "Emergency medical dispatcher", a person who
64 receives emergency calls from the public and has
65 successfully completed an emergency medical dispatcher
66 course, meeting or exceeding the national curriculum of the
67 United States Department of Transportation and any
68 modifications to such curricula specified by the department
69 through rules adopted pursuant to sections 190.001 to
70 ~~[190.245]~~ 190.243;

71 (13) "Emergency medical responder", a person who has
72 successfully completed an emergency first response course
73 meeting or exceeding the national curriculum of the U.S.
74 Department of Transportation and any modifications to such
75 curricula specified by the department through rules adopted
76 under sections 190.001 to ~~[190.245]~~ 190.243 and who provides
77 emergency medical care through employment by or in
78 association with an emergency medical response agency;

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

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

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

96 (17) "Emergency medical technician", a person licensed
97 in emergency medical care in accordance with standards
98 prescribed by sections 190.001 to ~~[190.245]~~ 190.243, and by
99 rules adopted by the department pursuant to sections 190.001
100 to ~~[190.245]~~ 190.243;

101 (18) "Emergency medical technician-basic" or "EMT-B",
102 a person who has successfully completed a course of
103 instruction in basic life support as prescribed by the

104 department and is licensed by the department in accordance
105 with standards prescribed by sections 190.001 to [190.245]
106 190.243 and rules adopted by the department pursuant to
107 sections 190.001 to [190.245] 190.243;

108 (19) "Emergency medical technician-community
109 paramedic", "community paramedic", or "EMT-CP", a person who
110 is certified as an emergency medical technician-paramedic
111 and is certified by the department in accordance with
112 standards prescribed in section 190.098;

113 (20) "Emergency medical technician-paramedic" or "EMT-
114 P", a person who has successfully completed a course of
115 instruction in advanced life support care as prescribed by
116 the department and is licensed by the department in
117 accordance with sections 190.001 to [190.245] 190.243 and
118 rules adopted by the department pursuant to sections 190.001
119 to [190.245] 190.243;

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

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

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

132 (24) "Medical control", supervision provided by or
133 under the direction of physicians, or their designated
134 registered nurse, including both online medical control,
135 instructions by radio, telephone, or other means of direct
136 communications, and offline medical control through

137 supervision by treatment protocols, case review, training,
138 and standing orders for treatment;

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

142 (26) "Medical director", a physician licensed pursuant
143 to chapter 334 designated by the ambulance service or
144 emergency medical response agency and who meets criteria
145 specified by the department by rules pursuant to sections
146 190.001 to [190.245] 190.243;

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

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

158 (29) "Person", as used in these definitions and
159 elsewhere in sections 190.001 to [190.245] 190.243, any
160 individual, firm, partnership, copartnership, joint venture,
161 association, cooperative organization, corporation,
162 municipal or private, and whether organized for profit or
163 not, state, county, political subdivision, state department,
164 commission, board, bureau or fraternal organization, estate,
165 public trust, business or common law trust, receiver,
166 assignee for the benefit of creditors, trustee or trustee in
167 bankruptcy, or any other service user or provider;

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

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

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

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

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

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

200 (36) "Specialty care transportation", the
201 transportation of a patient requiring the services of an
202 emergency medical technician-paramedic who has received

203 additional training beyond the training prescribed by the
204 department. Specialty care transportation services shall be
205 defined in writing in the appropriate local protocols for
206 ground and air ambulance services and approved by the local
207 physician medical director. The protocols shall be
208 maintained by the local ambulance service and shall define
209 the additional training required of the emergency medical
210 technician-paramedic;

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

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

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

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

233 (41) "STEMI care", includes education and prevention,
234 emergency transport, triage, and acute care and

235 rehabilitative services for STEMI that requires immediate
236 medical or surgical intervention or treatment;

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

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

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

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

251 (46) "Time-critical diagnosis", trauma care, stroke
252 care, and STEMI care occurring either outside of a hospital
253 or in a center designated under section 190.241;

254 (47) "Time-critical diagnosis advisory committee", a
255 committee formed under section 190.257 to advise the
256 department on policies impacting trauma, stroke, and STEMI
257 center designations; regulations on trauma care, stroke
258 care, and STEMI care; and the transport of trauma, stroke,
259 and STEMI patients;

260 (48) "Trauma", an injury to human tissues and organs
261 resulting from the transfer of energy from the environment;

262 [(47)] (49) "Trauma care" includes injury prevention,
263 triage, acute care and rehabilitative services for major
264 single system or multisystem trauma injuries that
265 potentially require immediate medical or surgical
266 intervention or treatment;

267 [(48)] (50) "Trauma center", a hospital that is
268 currently designated as such by the department.

190.101. 1. There is hereby established a "State
2 Advisory Council on Emergency Medical Services" which shall
3 consist of sixteen members, one of which shall be a resident
4 of a city not within a county. The members of the council
5 shall be appointed by the governor with the advice and
6 consent of the senate and shall serve terms of four years.
7 The governor shall designate one of the members as
8 chairperson. The chairperson may appoint subcommittees that
9 include noncouncil members.

10 2. The state EMS medical directors advisory committee
11 and the regional EMS advisory committees will be recognized
12 as subcommittees of the state advisory council on emergency
13 medical services.

14 3. The council shall have geographical representation
15 and representation from appropriate areas of expertise in
16 emergency medical services including volunteers,
17 professional organizations involved in emergency medical
18 services, EMT's, paramedics, nurses, firefighters,
19 physicians, ambulance service administrators, hospital
20 administrators and other health care providers concerned
21 with emergency medical services. The regional EMS advisory
22 committees shall serve as a resource for the identification
23 of potential members of the state advisory council on
24 emergency medical services.

25 4. The state EMS medical director, as described under
26 section 190.103, shall serve as an ex officio member of the
27 council.

28 5. The members of the council and subcommittees shall
29 serve without compensation except that members of the
30 council shall, subject to appropriations, be reimbursed for

31 reasonable travel expenses and meeting expenses related to
32 the functions of the council.

33 [5.] 6. The purpose of the council is to make
34 recommendations to the governor, the general assembly, and
35 the department on policies, plans, procedures and proposed
36 regulations on how to improve the statewide emergency
37 medical services system. The council shall advise the
38 governor, the general assembly, and the department on all
39 aspects of the emergency medical services system.

40 [6.] 7. (1) There is hereby established a standing
41 subcommittee of the council to monitor the implementation of
42 the recognition of the EMS personnel licensure interstate
43 compact under sections 190.900 to 190.939, the interstate
44 commission for EMS personnel practice, and the involvement
45 of the state of Missouri. The subcommittee shall meet at
46 least biannually and receive reports from the Missouri
47 delegate to the interstate commission for EMS personnel
48 practice. The subcommittee shall consist of at least seven
49 members appointed by the chair of the council, to include at
50 least two members as recommended by the Missouri state
51 council of firefighters and one member as recommended by the
52 Missouri Association of Fire Chiefs. The subcommittee may
53 submit reports and recommendations to the council, the
54 department of health and senior services, the general
55 assembly, and the governor regarding the participation of
56 Missouri with the recognition of the EMS personnel licensure
57 interstate compact.

58 (2) The subcommittee shall formally request a public
59 hearing for any rule proposed by the interstate commission
60 for EMS personnel practice in accordance with subsection 7
61 of section 190.930. The hearing request shall include the
62 request that the hearing be presented live through the
63 internet. The Missouri delegate to the interstate

64 commission for EMS personnel practice shall be responsible
65 for ensuring that all hearings, notices of, and related
66 rulemaking communications as required by the compact be
67 communicated to the council and emergency medical services
68 personnel under the provisions of subsections 4, 5, 6, and 8
69 of section 190.930.

70 (3) The department of health and senior services shall
71 not establish or increase fees for Missouri emergency
72 medical services personnel licensure in accordance with this
73 chapter for the purpose of creating the funds necessary for
74 payment of an annual assessment under subdivision (3) of
75 subsection 5 of section 190.924.

76 8. The council shall consult with the time-critical
77 diagnosis advisory committee, as described under section
78 190.257, regarding time-critical diagnosis.

190.103. 1. One physician with expertise in emergency
2 medical services from each of the EMS regions shall be
3 elected by that region's EMS medical directors to serve as a
4 regional EMS medical director. The regional EMS medical
5 directors shall constitute the state EMS medical director's
6 advisory committee and shall advise the department and their
7 region's ambulance services on matters relating to medical
8 control and medical direction in accordance with sections
9 190.001 to [190.245] 190.243 and rules adopted by the
10 department pursuant to sections 190.001 to [190.245]
11 190.243. The regional EMS medical director shall serve a
12 term of four years. The southwest, northwest, and Kansas
13 City regional EMS medical directors shall be elected to an
14 initial two-year term. The central, east central, and
15 southeast regional EMS medical directors shall be elected to
16 an initial four-year term. All subsequent terms following
17 the initial terms shall be four years. The state EMS
18 medical director shall be the chair of the state EMS medical

19 director's advisory committee, and shall be elected by the
20 members of the regional EMS medical director's advisory
21 committee, shall serve a term of four years, and shall seek
22 to coordinate EMS services between the EMS regions, promote
23 educational efforts for agency medical directors, represent
24 Missouri EMS nationally in the role of the state EMS medical
25 director, and seek to incorporate the EMS system into the
26 health care system serving Missouri.

27 2. A medical director is required for all ambulance
28 services and emergency medical response agencies that
29 provide: advanced life support services; basic life support
30 services utilizing medications or providing assistance with
31 patients' medications; or basic life support services
32 performing invasive procedures including invasive airway
33 procedures. The medical director shall provide medical
34 direction to these services and agencies in these instances.

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

50 4. All ambulance services and emergency medical
51 response agencies that are required to have a medical

52 director shall establish an agreement between the service or
53 agency and their medical director. The agreement will
54 include the roles, responsibilities and authority of the
55 medical director beyond what is granted in accordance with
56 sections 190.001 to ~~[190.245]~~ 190.243 and rules adopted by
57 the department pursuant to sections 190.001 to ~~[190.245]~~
58 190.243. The agreement shall also include grievance
59 procedures regarding the emergency medical response agency
60 or ambulance service, personnel and the medical director.

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

66 6. The state EMS medical director's advisory committee
67 shall be considered a peer review committee under section
68 537.035.

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

77 8. When developing treatment protocols for special
78 needs patients, regional EMS medical directors may
79 promulgate such protocols on a regional basis across
80 multiple political subdivisions' jurisdictional boundaries,
81 and such protocols may be used by multiple agencies
82 including, but not limited to, ambulance services, emergency
83 response agencies, and public health departments. Treatment
84 protocols shall include steps to ensure the receiving

85 hospital is informed of the pending arrival of the special
86 needs patient, the condition of the patient, and the
87 treatment instituted.

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

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

99 11. The state EMS medical directors advisory committee
100 shall review and make recommendations regarding all proposed
101 community and regional time-critical diagnosis plans.

102 12. Notwithstanding any other provision of law to the
103 contrary, when regional EMS medical directors are providing
104 either online telecommunication medical direction to AEMTs,
105 EMT-Bs, EMT-Ps, and community paramedics, or offline medical
106 direction per standardized EMS treatment, triage, and
107 transport protocols for patients, those medical directions
108 or treatment protocols may include the administration of the
109 patient's own prescription medications.

190.104. 1. The department is authorized to establish
2 a program to improve the quality of emergency care for
3 pediatric patients throughout the state and to implement a
4 comprehensive pediatric emergency medical services system in
5 accordance with standards prescribed by sections 190.001 to
6 ~~190.245~~ 190.243 and rules adopted by the department
7 pursuant to sections 190.001 to ~~190.245~~ 190.243.

8 2. The department is authorized to receive
9 contributions, grants, donations or funds from any private
10 entity to be expended for the program authorized pursuant to
11 this section.

190.105. 1. No person, either as owner, agent or
2 otherwise, shall furnish, operate, conduct, maintain,
3 advertise, or otherwise be engaged in or profess to be
4 engaged in the business or service of the transportation of
5 patients by ambulance in the air, upon the streets, alleys,
6 or any public way or place of the state of Missouri unless
7 such person holds a currently valid license from the
8 department for an ambulance service issued pursuant to the
9 provisions of sections 190.001 to ~~[190.245]~~ 190.243.

10 2. No ground ambulance shall be operated for ambulance
11 purposes, and no individual shall drive, attend or permit it
12 to be operated for such purposes in the state of Missouri
13 unless the ground ambulance is under the immediate
14 supervision and direction of a person who is holding a
15 currently valid Missouri license as an emergency medical
16 technician. Nothing in this section shall be construed to
17 mean that a duly registered nurse, a duly licensed
18 physician, or a duly licensed physician assistant be
19 required to hold an emergency medical technician's license.
20 When a physician assistant is in attendance with a patient
21 on an ambulance, the physician assistant shall be exempt
22 from any mileage limitations in any collaborative practice
23 arrangement prescribed under law. Each ambulance service is
24 responsible for assuring that any person driving its
25 ambulance is competent in emergency vehicle operations and
26 has a safe driving record. Each ground ambulance shall be
27 staffed with at least two licensed individuals when
28 transporting a patient, except as provided in section
29 190.094. In emergency situations which require additional

30 medical personnel to assist the patient during
31 transportation, an emergency medical responder, firefighter,
32 or law enforcement personnel with a valid driver's license
33 and prior experience with driving emergency vehicles may
34 drive the ground ambulance provided the ground ambulance
35 service stipulates to this practice in operational policies.

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

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

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

50 4. The issuance of a license pursuant to the
51 provisions of sections 190.001 to [190.245] 190.243 shall
52 not be construed so as to authorize any person to provide
53 ambulance services or to operate any ambulances without a
54 franchise in any city not within a county or in a political
55 subdivision in any county with a population of over nine
56 hundred thousand inhabitants, or a franchise, contract or
57 mutual-aid agreement in any other political subdivision
58 which has enacted an ordinance making it unlawful to do so.

59 5. Sections 190.001 to [190.245] 190.243 shall not
60 preclude the adoption of any law, ordinance or regulation
61 not in conflict with such sections by any city not within a
62 county, or at least as strict as such sections by any

63 county, municipality or political subdivision except that no
64 such regulations or ordinances shall be adopted by a
65 political subdivision in a county with a population of over
66 nine hundred thousand inhabitants except by the county's
67 governing body.

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

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

81 8. Sections 190.001 to ~~[190.245]~~ 190.243 shall not
82 apply to, nor be construed to include, any motor vehicle
83 used by an employer for the transportation of such
84 employer's employees whose illness or injury occurs on
85 private property, and not on a public highway or property,
86 nor to any person operating such a motor vehicle.

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

92 10. Except as provided in subsections 5 and 6, nothing
93 in section 67.300, or subsection 2 of section 190.109, shall
94 be construed to authorize any municipality or county which
95 is located within an ambulance district or a fire protection

96 district that is authorized to provide ambulance service to
97 promulgate laws, ordinances or regulations related to the
98 provision of ambulance services. This provision shall not
99 apply to any municipality or county which operates an
100 ambulance service established prior to August 28, 1998.

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

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

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

125 14. Upon the sale or transfer of any ground ambulance
126 service ownership, the owner of such service shall notify
127 the department of the change in ownership within thirty days
128 of such sale or transfer. After receipt of such notice, the

129 department shall conduct an inspection of the ambulance
130 service to verify compliance with the licensure standards of
131 sections 190.001 to ~~[190.245]~~ 190.243.

190.108. 1. The department shall, within a reasonable
2 time after receipt of an application, cause such
3 investigation as the department deems necessary to be made
4 of the applicant for an air ambulance license.

5 2. The department shall have the authority and
6 responsibility to license an air ambulance service in
7 accordance with sections 190.001 to ~~[190.245]~~ 190.243, and
8 in accordance with rules adopted by the department pursuant
9 to sections 190.001 to ~~[190.245]~~ 190.243. The department
10 may promulgate rules relating to the requirements for an air
11 ambulance license including, but not limited to:

- 12 (1) Medical control plans;
- 13 (2) Medical director qualifications;
- 14 (3) Air medical staff qualifications;
- 15 (4) Response and operations standards to assure that
16 the health and safety needs of the public are met;
- 17 (5) Standards for air medical communications;
- 18 (6) Criteria for compliance with licensure
19 requirements;
- 20 (7) Records and forms;
- 21 (8) Equipment requirements;
- 22 (9) Five-year license renewal;
- 23 (10) Quality improvement committees; and
- 24 (11) Response time, patient care and transportation
25 standards.

26 3. Application for an air ambulance service license
27 shall be made upon such forms as prescribed by the
28 department in rules adopted pursuant to sections 190.001 to
29 ~~[190.245]~~ 190.243. The application form shall contain such
30 information as the department deems necessary to make a

31 determination as to whether the air ambulance service meets
32 all the requirements of sections 190.001 to [190.245]
33 190.243 and rules promulgated pursuant to sections 190.001
34 to [190.245] 190.243.

35 4. Upon the sale or transfer of any air ambulance
36 service ownership, the owner of such service shall notify
37 the department of the change in ownership within thirty days
38 of such sale or transfer. After receipt of such notice, the
39 department shall conduct an inspection of the ambulance
40 service to verify compliance with the licensure standards of
41 sections 190.001 to [190.245] 190.243.

190.109. 1. The department shall, within a reasonable
2 time after receipt of an application, cause such
3 investigation as the department deems necessary to be made
4 of the applicant for a ground ambulance license.

5 2. Any person that owned and operated a licensed
6 ambulance on December 31, 1997, shall receive an ambulance
7 service license from the department, unless suspended,
8 revoked or terminated, for that ambulance service area which
9 was, on December 31, 1997, described and filed with the
10 department as the primary service area for its licensed
11 ambulances on August 28, 1998, provided that the person
12 makes application and adheres to the rules and regulations
13 promulgated by the department pursuant to sections 190.001
14 to [190.245] 190.243.

15 3. The department shall issue a new ground ambulance
16 service license to an ambulance service that is not
17 currently licensed by the department, or is currently
18 licensed by the department and is seeking to expand its
19 ambulance service area, except as provided in subsection 4
20 of this section, to be valid for a period of five years,
21 unless suspended, revoked or terminated, when the director
22 finds that the applicant meets the requirements of ambulance

23 service licensure established pursuant to sections 190.100
24 to ~~[190.245]~~ 190.243 and the rules adopted by the department
25 pursuant to sections 190.001 to ~~[190.245]~~ 190.243. In order
26 to be considered for a new ambulance service license, an
27 ambulance service shall submit to the department a letter of
28 endorsement from each ambulance district or fire protection
29 district that is authorized to provide ambulance service, or
30 from each municipality not within an ambulance district or
31 fire protection district that is authorized to provide
32 ambulance service, in which the ambulance service proposes
33 to operate. If an ambulance service proposes to operate in
34 unincorporated portions of a county not within an ambulance
35 district or fire protection district that is authorized to
36 provide ambulance service, in order to be considered for a
37 new ambulance service license, the ambulance service shall
38 submit to the department a letter of endorsement from the
39 county. Any letter of endorsement required pursuant to this
40 section shall verify that the political subdivision has
41 conducted a public hearing regarding the endorsement and
42 that the governing body of the political subdivision has
43 adopted a resolution approving the endorsement. The letter
44 of endorsement shall affirmatively state that the proposed
45 ambulance service:

- 46 (1) Will provide a benefit to public health that
47 outweighs the associated costs;
- 48 (2) Will maintain or enhance the public's access to
49 ambulance services;
- 50 (3) Will maintain or improve the public health and
51 promote the continued development of the regional emergency
52 medical service system;
- 53 (4) Has demonstrated the appropriate expertise in the
54 operation of ambulance services; and

55 (5) Has demonstrated the financial resources necessary
56 for the operation of the proposed ambulance service.

57 4. A contract between a political subdivision and a
58 licensed ambulance service for the provision of ambulance
59 services for that political subdivision shall expand,
60 without further action by the department, the ambulance
61 service area of the licensed ambulance service to include
62 the jurisdictional boundaries of the political subdivision.
63 The termination of the aforementioned contract shall result
64 in a reduction of the licensed ambulance service's ambulance
65 service area by removing the geographic area of the
66 political subdivision from its ambulance service area,
67 except that licensed ambulance service providers may provide
68 ambulance services as are needed at and around the state
69 fair grounds for protection of attendees at the state fair.

70 5. The department shall renew a ground ambulance
71 service license if the applicant meets the requirements
72 established pursuant to sections 190.001 to ~~[190.245]~~
73 190.243, and the rules adopted by the department pursuant to
74 sections 190.001 to ~~[190.245]~~ 190.243.

75 6. The department shall promulgate rules relating to
76 the requirements for a ground ambulance service license
77 including, but not limited to:

- 78 (1) Vehicle design, specification, operation and
79 maintenance standards;
- 80 (2) Equipment requirements;
- 81 (3) Staffing requirements;
- 82 (4) Five-year license renewal;
- 83 (5) Records and forms;
- 84 (6) Medical control plans;
- 85 (7) Medical director qualifications;
- 86 (8) Standards for medical communications;

- 87 (9) Memorandums of understanding with emergency
88 medical response agencies that provide advanced life support;
89 (10) Quality improvement committees; and
90 (11) Response time, patient care and transportation
91 standards.

92 7. Application for a ground ambulance service license
93 shall be made upon such forms as prescribed by the
94 department in rules adopted pursuant to sections 190.001 to
95 ~~[190.245]~~ 190.243. The application form shall contain such
96 information as the department deems necessary to make a
97 determination as to whether the ground ambulance service
98 meets all the requirements of sections 190.001 to ~~[190.245]~~
99 190.243 and rules promulgated pursuant to sections 190.001
100 to ~~[190.245]~~ 190.243.

190.120. 1. No ambulance service license shall be
2 issued pursuant to sections 190.001 to ~~[190.245]~~ 190.243,
3 nor shall such license be valid after issuance, nor shall
4 any ambulance be operated in Missouri unless there is at all
5 times in force and effect insurance coverage or proof of
6 financial responsibility with adequate reserves maintained
7 for each and every ambulance owned or operated by or for the
8 applicant or licensee to provide for the payment of damages
9 in an amount as prescribed in regulation:

10 (1) For injury to or death of individuals in accidents
11 resulting from any cause for which the owner of such vehicle
12 would be liable on account of liability imposed on him or
13 her by law, regardless of whether the ambulance was being
14 driven by the owner or the owner's agent; and

15 (2) For the loss of or damage to the property of
16 another, including personal property, under like
17 circumstances.

18 2. The insurance policy or proof of financial
19 responsibility shall be submitted by all licensees required

20 to provide such insurance pursuant to sections 190.001 to
21 [190.245] 190.243. The insurance policy, or proof of the
22 existence of financial responsibility, shall be submitted to
23 the director, in such form as the director may specify, for
24 the director's approval prior to the issuance of each
25 ambulance service license.

26 3. Every insurance policy or proof of financial
27 responsibility document required by the provisions of this
28 section shall contain proof of a provision for a continuing
29 liability thereunder to the full amount thereof,
30 notwithstanding any recovery thereon; that the liability of
31 the insurer shall not be affected by the insolvency or the
32 bankruptcy of the assured; and that until the policy is
33 revoked the insurance company or self-insured licensee or
34 entity will not be relieved from liability on account of
35 nonpayment of premium, failure to renew license at the end
36 of the year, or any act or omission of the named assured.
37 Such policy of insurance or self-insurance shall be further
38 conditioned for the payment of any judgments up to the
39 limits of such policy, recovered against any person other
40 than the owner, the owner's agent or employee, who may
41 operate the same with the consent of the owner.

42 4. Every insurance policy or self-insured licensee or
43 entity as required by the provisions of this section shall
44 extend for the period to be covered by the license applied
45 for and the insurer shall be obligated to give not less than
46 thirty days' written notice to the director and to the
47 insured before any cancellation or termination thereof
48 earlier than its expiration date, and the cancellation or
49 other termination of any such policy shall automatically
50 revoke and terminate the licenses issued for the ambulance
51 service covered by such policy unless covered by another

52 insurance policy in compliance with sections 190.001 to
53 ~~[190.245]~~ 190.243.

190.131. 1. The department shall accredit or certify
2 training entities for emergency medical responders,
3 emergency medical dispatchers, and emergency medical
4 technicians, for a period of five years, if the applicant
5 meets the requirements established pursuant to sections
6 190.001 to ~~[190.245]~~ 190.243.

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

11 3. Application for training entity accreditation or
12 certification shall be made upon such forms as prescribed by
13 the department in rules adopted pursuant to sections 190.001
14 to ~~[190.245]~~ 190.243. The application form shall contain
15 such information as the department deems reasonably
16 necessary to make a determination as to whether the training
17 entity meets all requirements of sections 190.001 to
18 ~~[190.245]~~ 190.243 and rules promulgated pursuant to sections
19 190.001 to ~~[190.245]~~ 190.243.

20 4. Upon receipt of such application for training
21 entity accreditation or certification, the department shall
22 determine whether the training entity, its instructors,
23 facilities, equipment, curricula and medical oversight meet
24 the requirements of sections 190.001 to ~~[190.245]~~ 190.243
25 and rules promulgated pursuant to sections 190.001 to
26 ~~[190.245]~~ 190.243.

27 5. Upon finding these requirements satisfied, the
28 department shall issue a training entity accreditation or
29 certification in accordance with rules promulgated by the
30 department pursuant to sections 190.001 to ~~[190.245]~~ 190.243.

31 6. Subsequent to the issuance of a training entity
32 accreditation or certification, the department shall cause a
33 periodic review of the training entity to assure continued
34 compliance with the requirements of sections 190.001 to
35 ~~[190.245]~~ 190.243 and all rules promulgated pursuant to
36 sections 190.001 to ~~[190.245]~~ 190.243.

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

 190.133. 1. The department shall, within a reasonable
2 time after receipt of an application, cause such
3 investigation as the department deems necessary to be made
4 of the applicant for an emergency medical response agency
5 license.

6 2. The department shall issue a license to any
7 emergency medical response agency which provides advanced
8 life support if the applicant meets the requirements
9 established pursuant to sections 190.001 to ~~[190.245]~~
10 190.243, and the rules adopted by the department pursuant to
11 sections 190.001 to ~~[190.245]~~ 190.243. The department may
12 promulgate rules relating to the requirements for an
13 emergency medical response agency including, but not limited
14 to:

- 15 (1) A licensure period of five years;
- 16 (2) Medical direction;
- 17 (3) Records and forms; and
- 18 (4) Memorandum of understanding with local ambulance
19 services.

20 3. Application for an emergency medical response
21 agency license shall be made upon such forms as prescribed
22 by the department in rules adopted pursuant to sections
23 190.001 to ~~[190.245]~~ 190.243. The application form shall
24 contain such information as the department deems necessary

25 to make a determination as to whether the emergency medical
26 response agency meets all the requirements of sections
27 190.001 to ~~[190.245]~~ 190.243 and rules promulgated pursuant
28 to sections 190.001 to ~~[190.245]~~ 190.243.

29 4. No person or entity shall hold itself out as an
30 emergency medical response agency that provides advanced
31 life support or provide the services of an emergency medical
32 response agency that provides advanced life support unless
33 such person or entity is licensed by the department.

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

8 (2) For applications submitted after the recognition
9 of EMS personnel licensure interstate compact under sections
10 190.900 to 190.939 takes effect, an applicant for initial
11 licensure as an emergency medical technician in this state
12 shall submit to a background check by the Missouri state
13 highway patrol and the Federal Bureau of Investigation
14 through a process approved by the department of health and
15 senior services. Such processes may include the use of
16 vendors or systems administered by the Missouri state
17 highway patrol. The department may share the results of
18 such a criminal background check with any emergency services
19 licensing agency in any member state, as that term is
20 defined under section 190.900, in recognition of the EMS
21 personnel licensure interstate compact. The department
22 shall not issue a license until the department receives the
23 results of an applicant's criminal background check from the
24 Missouri state highway patrol and the Federal Bureau of

25 Investigation, but, notwithstanding this subsection, the
26 department may issue a temporary license as provided under
27 section 190.143. Any fees due for a criminal background
28 check shall be paid by the applicant.

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

31 2. The department shall issue a license to all levels
32 of emergency medical technicians, for a period of five
33 years, if the applicant meets the requirements established
34 pursuant to sections 190.001 to ~~[190.245]~~ 190.243 and the
35 rules adopted by the department pursuant to sections 190.001
36 to ~~[190.245]~~ 190.243. The department may promulgate rules
37 relating to the requirements for an emergency medical
38 technician including but not limited to:

39 (1) Age requirements;

40 (2) Emergency medical technician and paramedic
41 education and training requirements based on respective
42 National Emergency Medical Services Education Standards and
43 any modification to such curricula specified by the
44 department through rules adopted pursuant to sections
45 190.001 to ~~[190.245]~~ 190.243;

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

50 (4) Initial licensure testing requirements. Initial
51 EMT-P licensure testing shall be through the national
52 registry of EMTs;

53 (5) Continuing education and relicensure requirements;
54 and

55 (6) Ability to speak, read and write the English
56 language.

57 3. Application for all levels of emergency medical
58 technician license shall be made upon such forms as
59 prescribed by the department in rules adopted pursuant to
60 sections 190.001 to ~~190.245~~ 190.243. The application form
61 shall contain such information as the department deems
62 necessary to make a determination as to whether the
63 emergency medical technician meets all the requirements of
64 sections 190.001 to ~~190.245~~ 190.243 and rules promulgated
65 pursuant to sections 190.001 to ~~190.245~~ 190.243.

66 4. All levels of emergency medical technicians may
67 perform only that patient care which is:

68 (1) Consistent with the training, education and
69 experience of the particular emergency medical technician;
70 and

71 (2) Ordered by a physician or set forth in protocols
72 approved by the medical director.

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

77 6. Any rule or portion of a rule, as that term is
78 defined in section 536.010, that is created under the
79 authority delegated in this section shall become effective
80 only if it complies with and is subject to all of the
81 provisions of chapter 536 and, if applicable, section
82 536.028. This section and chapter 536 are nonseverable and
83 if any of the powers vested with the general assembly
84 pursuant to chapter 536 to review, to delay the effective
85 date, or to disapprove and annul a rule are subsequently
86 held unconstitutional, then the grant of rulemaking
87 authority and any rule proposed or adopted after August 28,
88 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] 190.243;

(4) Have not been disciplined pursuant to sections 190.001 to [190.245] 190.243 and rules promulgated pursuant to sections 190.001 to [190.245] 190.243;

(5) Meet all the requirements of rules promulgated pursuant to sections 190.001 to [190.245] 190.243.

2. A temporary emergency medical technician license shall only authorize the [license] licensee to practice while under the immediate supervision of a licensed emergency medical technician, registered nurse, physician assistant, 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.

190.146. Any licensee allowing a license to lapse may
2 within two years of the lapse request that their license be
3 returned to active status by notifying the department in
4 advance of such intention, and submit a complete application
5 upon such forms as prescribed by the department in rules
6 adopted pursuant to sections 190.001 to ~~[190.245]~~ 190.243.
7 If the licensee meets all the requirements for relicensure,
8 the department shall issue a new emergency medical
9 technician license to the licensee.

190.160. The renewal of any license shall require
2 conformance with sections 190.001 to ~~[190.245]~~ 190.243 and
3 sections 190.525 to 190.537, and rules adopted by the
4 department pursuant to sections 190.001 to ~~[190.245]~~ 190.243
5 and sections 190.525 to 190.537.

190.165. 1. The department may refuse to issue or
2 deny renewal of any certificate, permit or license required
3 pursuant to sections 190.100 to ~~[190.245]~~ 190.243 for
4 failure to comply with the provisions of sections 190.100 to
5 ~~[190.245]~~ 190.243 or any lawful regulations promulgated by
6 the department to implement its provisions as described in
7 subsection 2 of this section. The department shall notify
8 the applicant in writing of the reasons for the refusal and
9 shall advise the applicant of his or her right to file a
10 complaint with the administrative hearing commission as
11 provided by chapter 621.

2. The department may cause a complaint to be filed
13 with the administrative hearing commission as provided by
14 chapter 621 against any holder of any certificate, permit or
15 license required by sections 190.100 to ~~[190.245]~~ 190.243 or
16 any person who has failed to renew or has surrendered his or
17 her certificate, permit or license for failure to comply
18 with the provisions of sections 190.100 to ~~[190.245]~~ 190.243
19 or any lawful regulations promulgated by the department to

20 implement such sections. Those regulations shall be limited
21 to the following:

22 (1) Use or unlawful possession of any controlled
23 substance, as defined in chapter 195, or alcoholic beverage
24 to an extent that such use impairs a person's ability to
25 perform the work of any activity licensed or regulated by
26 sections 190.100 to ~~[190.245]~~ 190.243;

27 (2) Being finally adjudicated and found guilty, or
28 having entered a plea of guilty or nolo contendere, in a
29 criminal prosecution under the laws of any state or of the
30 United States, for any offense reasonably related to the
31 qualifications, functions or duties of any activity licensed
32 or regulated pursuant to sections 190.100 to ~~[190.245]~~
33 190.243, for any offense an essential element of which is
34 fraud, dishonesty or an act of violence, or for any offense
35 involving moral turpitude, whether or not sentence is
36 imposed;

37 (3) Use of fraud, deception, misrepresentation or
38 bribery in securing any certificate, permit or license
39 issued pursuant to sections 190.100 to ~~[190.245]~~ 190.243 or
40 in obtaining permission to take any examination given or
41 required pursuant to sections 190.100 to ~~[190.245]~~ 190.243;

42 (4) Obtaining or attempting to obtain any fee, charge,
43 tuition or other compensation by fraud, deception or
44 misrepresentation;

45 (5) Incompetency, misconduct, gross negligence, fraud,
46 misrepresentation or dishonesty in the performance of the
47 functions or duties of any activity licensed or regulated by
48 sections 190.100 to ~~[190.245]~~ 190.243;

49 (6) Violation of, or assisting or enabling any person
50 to violate, any provision of sections 190.100 to ~~[190.245]~~
51 190.243, or of any lawful rule or regulation adopted by the
52 department pursuant to sections 190.100 to ~~[190.245]~~ 190.243;

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

56 (8) Disciplinary action against the holder of a
57 license or other right to practice any activity regulated by
58 sections 190.100 to ~~[190.245]~~ 190.243 granted by another
59 state, territory, federal agency or country upon grounds for
60 which revocation or suspension is authorized in this state;

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

63 (10) Assisting or enabling any person to practice or
64 offer to practice any activity licensed or regulated by
65 sections 190.100 to ~~[190.245]~~ 190.243 who is not licensed
66 and currently eligible to practice pursuant to sections
67 190.100 to ~~[190.245]~~ 190.243;

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

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

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

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

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

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

87 (17) Repeated acts of negligence or recklessness in
88 the performance of the functions or duties of any activity
89 licensed or regulated by sections 190.100 to ~~190.245~~
90 190.243.

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

95 (1) Consult legal counsel or have legal counsel
96 present;

97 (2) Have anyone present whom he or she deems to be
98 necessary or desirable; and

99 (3) Refuse to answer any question or refuse to provide
100 or sign any written statement.

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

104 4. After the filing of such complaint, the proceedings
105 shall be conducted in accordance with the provisions of
106 chapter 621. Upon a finding by the administrative hearing
107 commission that the grounds, provided in subsection 2 of
108 this section, for disciplinary action are met, the
109 department may, singly or in combination, censure or place
110 the person named in the complaint on probation on such terms
111 and conditions as the department deems appropriate for a
112 period not to exceed five years, or may suspend, for a
113 period not to exceed three years, or revoke the license,
114 certificate or permit. Notwithstanding any provision of law
115 to the contrary, the department shall be authorized to
116 impose a suspension or revocation as a disciplinary action

117 only if it first files the requisite complaint with the
118 administrative hearing commission. The administrative
119 hearing commission shall hear all relevant evidence on
120 remediation activities of the licensee and shall make a
121 recommendation to the department of health and senior
122 services as to licensure disposition based on such evidence.

123 5. An individual whose license has been revoked shall
124 wait one year from the date of revocation to apply for
125 relicensure. Relicensure shall be at the discretion of the
126 department after compliance with all the requirements of
127 sections 190.100 to ~~[190.245]~~ 190.243 relative to the
128 licensing of an applicant for the first time. Any
129 individual whose license has been revoked twice within a ten-
130 year period shall not be eligible for relicensure.

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

135 7. Any person, organization, association or
136 corporation who reports or provides information to the
137 department pursuant to the provisions of sections 190.100 to
138 ~~[190.245]~~ 190.243 and who does so in good faith shall not be
139 subject to an action for civil damages as a result thereof.

140 8. The department of health and senior services may
141 suspend any certificate, permit or license required pursuant
142 to sections 190.100 to ~~[190.245]~~ 190.243 simultaneously with
143 the filing of the complaint with the administrative hearing
144 commission as set forth in subsection 2 of this section, if
145 the department finds that there is an imminent threat to the
146 public health. The notice of suspension shall include the
147 basis of the suspension and notice of the right to appeal
148 such suspension. The licensee may appeal the decision to
149 suspend the license, certificate or permit to the

150 department. The appeal shall be filed within ten days from
151 the date of the filing of the complaint. A hearing shall be
152 conducted by the department within ten days from the date
153 the appeal is filed. The suspension shall continue in
154 effect until the conclusion of the proceedings, including
155 review thereof, unless sooner withdrawn by the department,
156 dissolved by a court of competent jurisdiction or stayed by
157 the administrative hearing commission.

190.171. Any person aggrieved by an official action of
2 the department of health and senior services affecting the
3 licensed status of a person pursuant to the provisions of
4 sections 190.001 to ~~[190.245]~~ 190.243 and sections 190.525
5 to 190.537, including the refusal to grant, the grant, the
6 revocation, the suspension, or the failure to renew a
7 license, may seek a determination thereon by the
8 administrative hearing commission pursuant to the provisions
9 of section 621.045, and it shall not be a condition to such
10 determination that the person aggrieved seek a
11 reconsideration, a rehearing, or exhaust any other procedure
12 within the department of health and senior services or the
13 department of social services.

190.173. 1. All complaints, investigatory reports,
2 and information pertaining to any applicant, holder of any
3 certificate, permit, or license, or other individual are
4 confidential and shall only be disclosed upon written
5 consent of the person whose records are involved or to other
6 administrative or law enforcement agencies acting within the
7 scope of their statutory authority. However, no applicant,
8 holder of any certificate, permit, or license, or other
9 individual shall have access to any complaints,
10 investigatory reports, or information concerning an
11 investigation in progress until such time as the

12 investigation has been completed as required by subsection 1
13 of section 190.248.

14 2. Any information regarding the identity, name,
15 address, license, final disciplinary action taken, currency
16 of the license, permit, or certificate of an applicant for
17 or a person possessing a license, permit, or certificate in
18 accordance with sections 190.100 to [190.245] 190.243 shall
19 not be confidential.

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

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

32 5. Nothing in this section shall prohibit the
33 department from releasing aggregate information in
34 accordance with section 192.067.

190.176. 1. The department shall develop and
2 administer a uniform data collection system on all ambulance
3 runs and injured patients, pursuant to rules promulgated by
4 the department for the purpose of injury etiology, patient
5 care outcome, injury and disease prevention and research
6 purposes. The department shall not require disclosure by
7 hospitals of data elements pursuant to this section unless
8 those data elements are required by a federal agency or were
9 submitted to the department as of January 1, 1998, pursuant
10 to:

11 (1) Departmental regulation of trauma centers; or
12 (2) [The Missouri brain and spinal cord injury
13 registry established by sections 192.735 to 192.745; or
14 (3)] Abstracts of inpatient hospital data; or
15 [(4)] (3) If such data elements are requested by a
16 lawful subpoena or subpoena duces tecum.

17 2. All information and documents in any civil action,
18 otherwise discoverable, may be obtained from any person or
19 entity providing information pursuant to the provisions of
20 sections 190.001 to [190.245] 190.243.

190.180. 1. Any person violating, or failing to
2 comply with, the provisions of sections 190.001 to [190.245]
3 190.243 is guilty of a class B misdemeanor.

4 2. Each day that any violation of, or failure to
5 comply with, sections 190.001 to [190.245] 190.243 is
6 committed or permitted to continue shall constitute a
7 separate and distinct offense and shall be punishable as
8 such hereunder; but the court may, in appropriate cases,
9 stay the cumulation of penalties.

10 3. The attorney general of Missouri shall have
11 concurrent jurisdiction with any and all prosecuting
12 attorneys to prosecute persons in violation of sections
13 190.001 to [190.245] 190.243, and the attorney general or
14 prosecuting attorney may institute injunctive proceedings
15 against any person operating in violation of sections
16 190.001 to [190.245] 190.243.

17 4. The prosecuting attorney for the county in which
18 the violation of a political subdivision's law, ordinance or
19 regulation relating to the provision of ambulance services
20 occurs may prosecute such violations in the circuit court of
21 that county. The legal officer or attorney for the
22 political subdivision may be appointed by the prosecuting

23 attorney as special assistant prosecuting attorney for the
24 prosecution of any such violation.

25 5. A person, acting as owner, agent or otherwise, who
26 holds a valid license for an ambulance service, shall not,
27 incident to such person's business or service of
28 transporting patients, violate any applicable law, ordinance
29 or regulation of any political subdivision by providing
30 ambulance services or operating any ambulances without a
31 franchise, contract or mutual-aid agreement in such
32 political subdivision, or by violating any such franchise,
33 contract or mutual-aid agreement by any political
34 subdivision which has enacted ordinances making it unlawful
35 to do so. If the department receives official written
36 notification by a political subdivision that an ambulance
37 service has been adjudicated and found to be in violation of
38 any applicable law or ordinance, such ambulance service
39 shall be subject to licensure action by the department.

40 6. No provision of this section is intended to limit
41 or supersede a political subdivision's right to enforce any
42 law, ordinance, regulation, franchise, contract or mutual-
43 aid agreement.

44 7. The provisions of subsections 4, 5 and 6 of this
45 section shall not apply to a city not within a county and
46 any county with a population of over nine hundred thousand
47 inhabitants and any licensed ambulance service when
48 operating in a city not within a county.

190.185. The department shall adopt, amend,
2 promulgate, and enforce such rules, regulations and
3 standards with respect to the provisions of this chapter as
4 may be designed to further the accomplishment of the purpose
5 of this law in promoting state-of-the-art emergency medical
6 services in the interest of public health, safety and
7 welfare. When promulgating such rules and regulations, the

8 department shall consider the recommendations of the state
9 advisory council on emergency medical services. Any rule or
10 portion of a rule promulgated pursuant to the authority of
11 sections 190.001 to ~~[190.245]~~ 190.243 or sections 190.525 to
12 190.537 shall become effective only if it complies with and
13 is subject to all of the provisions of chapter 536 and, if
14 applicable, section 536.028. This section and chapter 536
15 are nonseverable and if any of the powers vested with the
16 general assembly pursuant to chapter 536 to review, to delay
17 the effective date or to disapprove and annul a rule are
18 subsequently held unconstitutional, then the grant of
19 rulemaking authority and any rule proposed or adopted after
20 August 28, 2002, shall be invalid and void.

190.190. 1. All ambulance vehicles or aircraft that
2 have or are qualified to have a valid license issued by the
3 department on the day that sections 190.001 to ~~[190.245]~~
4 190.243 take effect will have their ambulance vehicle or
5 aircraft license expiration date extended to a date that is
6 one year after the effective date of sections 190.001 to
7 ~~[190.245]~~ 190.243.

8 2. All ambulance services shall have until August 28,
9 1999, to comply with the provisions of sections 190.001 to
10 ~~[190.245]~~ 190.243 and rules developed pursuant to sections
11 190.001 to ~~[190.245]~~ 190.243. Pursuant to sections 190.001
12 to ~~[190.245]~~ 190.243 the department may adjust the initial
13 period of licensure, from one year to five years, of any
14 ambulance service licensed pursuant to sections 190.001 to
15 ~~[190.245]~~ 190.243, to equalize the number of licenses that
16 may be renewed during each year of any five-year licensure
17 period.

190.196. 1. No employer shall knowingly employ or
2 permit any employee to perform any services for which a
3 license, certificate or other authorization is required by

4 sections 190.001 to [~~190.245~~] 190.243, or by rules adopted
5 pursuant to sections 190.001 to [~~190.245~~] 190.243, unless
6 and until the person so employed possesses all licenses,
7 certificates or authorizations that are required.

8 2. Any person or entity that employs or supervises a
9 person's activities as an emergency medical responder,
10 emergency medical dispatcher, emergency medical technician,
11 registered nurse, physician assistant, or physician shall
12 cooperate with the department's efforts to monitor and
13 enforce compliance by those individuals subject to the
14 requirements of sections 190.001 to [~~190.245~~] 190.243.

15 3. Any person or entity who employs individuals
16 licensed by the department pursuant to sections 190.001 to
17 [~~190.245~~] 190.243 shall report to the department within
18 seventy-two hours of their having knowledge of any charges
19 filed against a licensee in their employ for possible
20 criminal action involving the following felony offenses:

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

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

28 5. The department will monitor these reports for
29 possible licensure action authorized pursuant to section
30 190.165.

190.200. 1. The department of health and senior
2 services in cooperation with hospitals and local and
3 regional EMS systems and agencies may provide public and
4 professional information and education programs related to
5 emergency medical services systems including trauma, STEMI,
6 and stroke systems and emergency medical care and

7 treatment. The department of health and senior services may
8 also provide public information and education programs for
9 informing residents of and visitors to the state of the
10 availability and proper use of emergency medical services,
11 of the designation a hospital may receive as a trauma
12 center, STEMI center, or stroke center, of the value and
13 nature of programs to involve citizens in the administering
14 of prehospital emergency care, including cardiopulmonary
15 resuscitation, and of the availability of training programs
16 in emergency care for members of the general public.

17 2. The department shall, for trauma care, STEMI care,
18 and stroke care, respectively:

19 (1) Compile [and] , assess, and make publicly
20 available peer-reviewed and evidence-based clinical research
21 and guidelines that provide or support recommended treatment
22 standards and that have been recommended by the time-
23 critical diagnosis advisory committee;

24 (2) Assess the capacity of the emergency medical
25 services system and hospitals to deliver recommended
26 treatments in a timely fashion;

27 (3) Use the research, guidelines, and assessment to
28 promulgate rules establishing protocols for transporting
29 trauma patients to a trauma center, STEMI patients to a
30 STEMI center, or stroke patients to a stroke center. Such
31 transport protocols shall direct patients to trauma centers,
32 STEMI centers, and stroke centers under section 190.243
33 based on the centers' capacities to deliver recommended
34 acute care treatments within time limits suggested by
35 clinical research;

36 (4) Define regions within the state for purposes of
37 coordinating the delivery of trauma care, STEMI care, and
38 stroke care, respectively;

39 (5) Promote the development of regional or community-
40 based plans for transporting trauma, STEMI, or stroke
41 patients via ground or air ambulance to trauma centers,
42 STEMI centers, or stroke centers, respectively, in
43 accordance with section 190.243; and

44 (6) Establish procedures for the submission of
45 community-based or regional plans for department approval.

46 3. A community-based or regional plan for the
47 transport of trauma, STEMI, and stroke patients shall be
48 submitted to the department for approval. Such plan shall
49 be based on the clinical research and guidelines and
50 assessment of capacity described in subsection [1] 2 of this
51 section and shall include a mechanism for evaluating its
52 effect on medical outcomes. Upon approval of a plan, the
53 department shall waive the requirements of rules promulgated
54 under sections 190.100 to [190.245] 190.243 that are
55 inconsistent with the community-based or regional plan. A
56 community-based or regional plan shall be developed by [or
57 in consultation with] the representatives of hospitals,
58 physicians, and emergency medical services providers in the
59 community or region.

190.241. 1. Except as provided for in subsection 4 of
2 this section, the department shall designate a hospital as
3 an adult, pediatric or adult and pediatric trauma center
4 when a hospital, upon proper application submitted by the
5 hospital and site review, has been found by the department
6 to meet the applicable level of trauma center criteria for
7 designation in accordance with rules adopted by the
8 department as prescribed by section 190.185. Site review
9 may occur on-site or by any reasonable means of
10 communication, or by any combination thereof. Such rules
11 shall include designation as a trauma center without site
12 review if such hospital is verified by a national verifying

13 or designating body at the level which corresponds to a
14 level approved in rule. In developing trauma center
15 designation criteria, the department shall use, as it deems
16 practicable, peer-reviewed and evidence-based clinical
17 research and guidelines including, but not limited to, the
18 most recent guidelines of the American College of Surgeons.

19 2. Except as provided for in subsection [5] 4 of this
20 section, the department shall designate a hospital as a
21 STEMI or stroke center when such hospital, upon proper
22 application and site review, has been found by the
23 department to meet the applicable level of STEMI or stroke
24 center criteria for designation in accordance with rules
25 adopted by the department as prescribed by section 190.185.
26 Site review may occur on-site or by any reasonable means of
27 communication, or by any combination thereof. In developing
28 STEMI center and stroke center designation criteria, the
29 department shall use, as it deems practicable, [appropriate]
30 peer-reviewed [or] and evidence-based clinical research [on
31 such topics] and guidelines including, but not limited to,
32 the most recent guidelines of the American College of
33 Cardiology [and] , the American Heart Association [for STEMI
34 centers, or the Joint Commission's Primary Stroke Center
35 Certification program criteria for stroke centers, or
36 Primary and Comprehensive Stroke Center Recommendations as
37 published by] , or the American Stroke Association. Such
38 rules shall include designation as a STEMI center or stroke
39 center without site review if such hospital is certified by
40 a national body.

41 3. The department of health and senior services shall,
42 not less than once every [five] three years, conduct [an on-
43 site] a site review of every trauma, STEMI, and stroke
44 center through appropriate department personnel or a
45 qualified contractor, with the exception of trauma centers,

46 STEMI centers, and stroke centers designated pursuant to
47 subsection [5] 4 of this section; however, this provision is
48 not intended to limit the department's ability to conduct a
49 complaint investigation pursuant to subdivision (3) of
50 subsection 2 of section 197.080 of any trauma, STEMI, or
51 stroke center. [On-site] Site reviews shall be coordinated
52 for the different types of centers to the extent practicable
53 with hospital licensure inspections conducted under chapter
54 197. No person shall be a qualified contractor for purposes
55 of this subsection who has a substantial conflict of
56 interest in the operation of any trauma, STEMI, or stroke
57 center under review. The department may deny, place on
58 probation, suspend or revoke such designation in any case in
59 which it has [reasonable cause to believe that] determined
60 there has been a substantial failure to comply with the
61 provisions of this chapter or any rules or regulations
62 promulgated pursuant to this chapter. Centers that are
63 placed on probationary status shall be required to
64 demonstrate compliance with the provisions of this chapter
65 and any rules or regulations promulgated under this chapter
66 within twelve months of the date of the receipt of the
67 notice of probationary status, unless otherwise provided by
68 a settlement agreement with a duration of a maximum of
69 eighteen months between the department and the designated
70 center. If the department of health and senior services has
71 [reasonable cause to believe] determined that a hospital is
72 not in compliance with such provisions or regulations, it
73 may conduct additional announced or unannounced site reviews
74 of the hospital to verify compliance. If a trauma, STEMI,
75 or stroke center fails two consecutive [on-site] site
76 reviews because of substantial noncompliance with standards
77 prescribed by sections 190.001 to [190.245] 190.243 or rules

78 adopted by the department pursuant to sections 190.001 to
79 [190.245] 190.243, its center designation shall be revoked.

80 4. (1) Instead of applying for trauma, STEMI, or
81 stroke center designation under subsection 1 or 2 of this
82 section, a hospital may apply for trauma, STEMI, or stroke
83 center designation under this subsection. Upon receipt of
84 an application [from a hospital] on a form prescribed by the
85 department, the department shall designate such hospital[:

86 (1) A level I STEMI center if such hospital has been
87 certified as a Joint Commission comprehensive cardiac center
88 or another department-approved nationally recognized
89 organization that provides comparable STEMI center
90 accreditation; or

91 (2) A level II STEMI center if such hospital has been
92 accredited as a Mission: Lifeline STEMI receiving center by
93 the American Heart Association accreditation process or
94 another department-approved nationally recognized
95 organization that provides STEMI receiving center
96 accreditation.

97 5. Instead of applying for stroke center designation
98 pursuant to the provisions of subsection 2 of this section,
99 a hospital may apply for stroke center designation pursuant
100 to this subsection. Upon receipt of an application from a
101 hospital on a form prescribed by the department, the
102 department shall designate such hospital:

103 (1) A level I stroke center if such hospital has been
104 certified as a comprehensive stroke center by the Joint
105 Commission or any other certifying organization designated
106 by the department when such certification is in accordance
107 with the American Heart Association/American Stroke
108 Association guidelines;

109 (2) A level II stroke center if such hospital has been
110 certified as a primary stroke center by the Joint Commission

111 or any other certifying organization designated by the
112 department when such certification is in accordance with the
113 American Heart Association/American Stroke Association
114 guidelines; or

115 (3) A level III stroke center if such hospital has
116 been certified as an acute stroke-ready hospital by the
117 Joint Commission or any other certifying organization
118 designated by the department when such certification is in
119 accordance with the American Heart Association/American
120 Stroke Association guidelines] at a state level that
121 corresponds to a similar national designation as set forth
122 in rules promulgated by the department. The rules shall be
123 based on standards of nationally recognized organizations
124 and the recommendations of the time-critical diagnosis
125 advisory committee.

126 (2) Except as provided by subsection [6] 5 of this
127 section, the department shall not require compliance with
128 any additional standards for establishing or renewing
129 trauma, STEMI, or stroke designations. The designation
130 shall continue if such hospital remains certified or
131 verified. The department may remove a hospital's
132 designation as a trauma center, STEMI center, or stroke
133 center if the hospital requests removal of the designation
134 or the department determines that the certificate
135 [recognizing] or verification that qualified the hospital
136 [as a stroke center] for the designation under this
137 subsection has been suspended or revoked. Any decision made
138 by the department to withdraw its designation of a [stroke]
139 center pursuant to this subsection that is based on the
140 revocation or suspension of a certification or verification
141 by a certifying or verifying organization shall not be
142 subject to judicial review. The department shall report to
143 the certifying or verifying organization any complaint it

144 receives related to the [stroke] center [certification of a
145 stroke center] designated pursuant to this subsection. The
146 department shall also advise the complainant which
147 organization certified or verified the [stroke] center and
148 provide the necessary contact information should the
149 complainant wish to pursue a complaint with the certifying
150 or verifying organization.

151 [6.] 5. Any hospital receiving designation as a trauma
152 center, STEMI center, or stroke center pursuant to
153 subsection [5] 4 of this section shall:

154 (1) [Annually and] Within thirty days of any changes
155 or receipt of a certificate or verification, submit to the
156 department proof of [stroke] certification or verification
157 and the names and contact information of the center's
158 medical director and the program manager [of the stroke
159 center]; and

160 (2) [Submit to the department a copy of the certifying
161 organization's final stroke certification survey results
162 within thirty days of receiving such results;

163 (3) Submit every four years an application on a form
164 prescribed by the department for stroke center review and
165 designation;

166 (4) Participate in the emergency medical services
167 regional system of stroke care in its respective emergency
168 medical services region as defined in rules promulgated by
169 the department;

170 (5) Participate in local and regional emergency
171 medical services systems [by reviewing and sharing outcome
172 data and] for purposes of providing training [and] , sharing
173 clinical educational resources, and collaborating on
174 improving patient outcomes.

175 Any hospital receiving designation as a level III stroke
176 center pursuant to subsection [5] 4 of this section shall

177 have a formal agreement with a level I or level II stroke
178 center for physician consultative services for evaluation of
179 stroke patients for thrombolytic therapy and the care of the
180 patient post-thrombolytic therapy.

181 [7.] 6. Hospitals designated as a trauma center, STEMI
182 center, or stroke center by the department[, including those
183 designated pursuant to subsection 5 of this section,] shall
184 submit data [to meet the data submission requirements
185 specified by rules promulgated by the department. Such
186 submission of data may be done] by one of the following
187 methods:

188 (1) Entering hospital data [directly] into a state
189 registry [by direct data entry]; or

190 (2) [Downloading hospital data from a nationally
191 recognized registry or data bank and importing the data
192 files into a state registry; or

193 (3) Authorizing a nationally recognized registry or
194 data bank to disclose or grant access to the department
195 facility-specific data held by the] Entering hospital data
196 into a national registry or data bank. A hospital
197 submitting data pursuant to this subdivision [(2) or (3) of
198 this subsection] shall not be required to collect and submit
199 any additional trauma, STEMI, or stroke center data
200 elements. No hospital submitting data to a national data
201 registry or data bank under this subdivision shall withhold
202 authorization for the department to access such data through
203 such national data registry or data bank. Nothing in this
204 subdivision shall be construed as requiring duplicative data
205 entry by a hospital that is otherwise complying with the
206 provisions of this subsection. Failure of the department to
207 obtain access to data submitted to a national data registry
208 or data bank shall not be construed as hospital
209 noncompliance under this subsection.

210 [8.] 7. When collecting and analyzing data pursuant to
211 the provisions of this section, the department shall comply
212 with the following requirements:

213 (1) Names of any health care professionals, as defined
214 in section 376.1350, shall not be subject to disclosure;

215 (2) The data shall not be disclosed in a manner that
216 permits the identification of an individual patient or
217 encounter;

218 (3) The data shall be used for the evaluation and
219 improvement of hospital and emergency medical services'
220 trauma, stroke, and STEMI care; and

221 (4) [The data collection system shall be capable of
222 accepting file transfers of data entered into any national
223 recognized trauma, stroke, or STEMI registry or data bank to
224 fulfill trauma, stroke, or STEMI certification reporting
225 requirements; and

226 (5)] Trauma, STEMI, and stroke center data elements
227 shall conform to [nationally recognized performance
228 measures, such as the American Heart Association's Get With
229 the Guidelines] national registry or data bank data
230 elements, and include published detailed measure
231 specifications, data coding instructions, and patient
232 population inclusion and exclusion criteria to ensure data
233 reliability and validity.

234 [9. The board of registration for the healing arts
235 shall have sole authority to establish education
236 requirements for physicians who practice in an emergency
237 department of a facility designated as a trauma, STEMI, or
238 stroke center by the department under this section. The
239 department shall deem such education requirements
240 promulgated by the board of registration for the healing
241 arts sufficient to meet the standards for designations under
242 this section.

243 10.] 8. The department shall not have authority to
244 establish additional education requirements for emergency
245 medicine board-certified or board-eligible physicians who
246 are participating in the American Board of Emergency
247 Medicine (ABEM) or American Osteopathic Board of Emergency
248 Medicine (AOBEM) maintenance of certification process and
249 are practicing in the emergency department of a facility
250 designated as a trauma center, STEMI center, or stroke
251 center by the department under this section. The department
252 shall deem the education requirements promulgated by ABEM or
253 AOBEM to meet the standards for designations under this
254 section. Education requirements for non-ABEM or non-AOBEM
255 certified physicians, nurses, and other providers who
256 provide care at a facility designated as a trauma center,
257 STEMI center, or stroke center by the department under this
258 section shall mirror but not exceed those established by
259 national designating or verifying bodies of trauma centers,
260 STEMI centers, or stroke centers.

261 9. The department of health and senior services may
262 establish appropriate fees to offset only the costs of
263 trauma, STEMI, and stroke center [reviews] surveys.

264 [11.] 10. No hospital shall hold itself out to the
265 public as a STEMI center, stroke center, adult trauma
266 center, pediatric trauma center, or an adult and pediatric
267 trauma center unless it is designated as such by the
268 department of health and senior services.

269 [12.] 11. Any person aggrieved by an action of the
270 department of health and senior services affecting the
271 trauma, STEMI, or stroke center designation pursuant to this
272 chapter, including the revocation, the suspension, or the
273 granting of, refusal to grant, or failure to renew a
274 designation, may seek a determination thereon by the
275 administrative hearing commission under chapter 621. It

276 shall not be a condition to such determination that the
277 person aggrieved seek a reconsideration, a rehearing, or
278 exhaust any other procedure within the department.

279 12. Failure of a hospital to provide all medical
280 records and quality improvement documentation necessary for
281 the department to implement the provisions of sections
282 190.241 to 190.243 shall result in the revocation of the
283 hospital's designation as a trauma center, STEMI center, or
284 stroke center. Any medical records obtained by the
285 department shall be used only for purposes of implementing
286 the provisions of sections 190.241 to 190.243, and the names
287 of hospitals, physicians, and patients shall not be released
288 by the department or members of review teams.

190.243. 1. Severely injured patients shall be
2 transported to a trauma center. Patients who suffer a
3 STEMI, as defined in section 190.100, shall be transported
4 to a STEMI center. Patients who suffer a stroke, as defined
5 in section 190.100, shall be transported to a stroke center.

6 2. A physician, physician assistant, or registered
7 nurse authorized by a physician who has established verbal
8 communication with ambulance personnel shall instruct the
9 ambulance personnel to transport a severely ill or injured
10 patient to the closest hospital or designated trauma, STEMI,
11 or stroke center, as determined according to estimated
12 transport time whether by ground ambulance or air ambulance,
13 in accordance with transport protocol approved by the
14 medical director and the department of health and senior
15 services, even when the hospital is located outside of the
16 ambulance service's primary service area. When initial
17 transport from the scene of illness or injury to a trauma,
18 STEMI, or stroke center would be prolonged, the STEMI,
19 stroke, or severely injured patient may be transported to

20 the nearest appropriate facility for stabilization prior to
21 transport to a trauma, STEMI, or stroke center.

22 3. Transport of the STEMI, stroke, or severely injured
23 patient shall be governed by principles of timely and
24 medically appropriate care; consideration of reimbursement
25 mechanisms shall not supersede those principles.

26 4. Patients who do not meet the criteria for direct
27 transport to a trauma, STEMI, or stroke center shall be
28 transported to and cared for at the hospital of their choice
29 so long as such ambulance service is not in violation of
30 local protocols.

190.248. 1. All investigations conducted in response
2 to allegations of violations of sections 190.001 to
3 ~~[190.245]~~ 190.243 shall be completed within six months of
4 receipt of the allegation.

5 2. In the course of an investigation the department
6 shall have access to all records directly related to the
7 alleged violations from persons or entities licensed
8 pursuant to this chapter or chapter 197 or 198.

9 3. Any department investigations that involve other
10 administrative or law enforcement agencies shall be
11 completed within six months of notification and final
12 determination by such administrative or law enforcement
13 agencies.

190.257. 1. There is hereby established the "Time-
2 Critical Diagnosis Advisory Committee", to be designated by
3 the director for the purpose of advising and making
4 recommendations to the department on:

5 (1) Improvement of public and professional education
6 related to time-critical diagnosis;

7 (2) Engagement in cooperative research endeavors;

8 (3) Development of standards, protocols, and policies
9 related to time-critical diagnosis, including
10 recommendations for state regulations; and

11 (4) Evaluation of community and regional time-critical
12 diagnosis plans, including recommendations for changes.

13 2. The members of the committee shall serve without
14 compensation, except that the department shall budget for
15 reasonable travel expenses and meeting expenses related to
16 the functions of the committee.

17 3. The director shall appoint sixteen members to the
18 committee from applications submitted for appointment, with
19 the membership to be composed of the following:

20 (1) Six members, one from each EMS region, who are
21 active participants providing emergency medical services,
22 with at least:

23 (a) One member who is a physician serving as a
24 regional EMS medical director;

25 (b) One member who serves on an air ambulance service;

26 (c) One member who resides in an urban area; and

27 (d) One member who resides in a rural area; and

28 (2) Ten members who represent hospitals, with at least:

29 (a) One member who is employed by a level I or level
30 II trauma center;

31 (b) One member who is employed by a level I or level
32 II STEMI center;

33 (c) One member who is employed by a level I or level
34 II stroke center;

35 (d) One member who is employed by a rural or critical
36 access hospital; and

37 (e) Three physicians, with one physician certified by
38 the American Board of Emergency Medicine (ABEM) or American
39 Osteopathic Board of Emergency Medicine (AOBEM) and two
40 physicians employed in time-critical diagnosis specialties

41 at a level I or level II trauma center, STEMI center, or
42 stroke center.

43 4. In addition to the sixteen appointees, the state
44 EMS medical director shall serve as an ex officio member of
45 the committee.

46 5. The director shall make a reasonable effort to
47 ensure that the members representing hospitals have
48 geographical representation from each district of the state
49 designated by a statewide nonprofit membership association
50 of hospitals.

51 6. Members appointed by the director shall be
52 appointed for three-year terms. Initial appointments shall
53 include extended terms in order to establish a rotation to
54 ensure that only approximately one-third of the appointees
55 will have their term expire in any given year. An appointee
56 wishing to continue in his or her role on the committee
57 shall resubmit an application as required by this section.

58 7. The committee shall consult with the state advisory
59 council on emergency medical services, as described in
60 section 190.101, regarding issues involving emergency
61 medical services.

191.237. 1. No law or rule promulgated by an agency
2 of the state of Missouri may impose a fine or penalty
3 against a health care provider, hospital, or health care
4 system for failing to participate in any particular health
5 information [organization] exchange.

6 2. A health information [organization] exchange shall
7 not restrict the exchange of state agency data or standards-
8 based clinical summaries for patients for [federal Health
9 Insurance Portability and Accountability Act (HIPAA)] HIPAA
10 allowable uses. Charges for such service shall not exceed
11 the cost of the actual technology connection or recurring
12 maintenance thereof.

13 3. (1) Notwithstanding any other provision of law to
14 the contrary, any participant may disclose, access, or use
15 individually identifiable information through a health
16 information network under this section and in accordance
17 with applicable federal laws, including, but not limited to,
18 the HIPAA laws, related to individual consent or
19 authorization requirements.

20 (2) A health information network shall follow state or
21 federal law related to providing an individual the right to
22 opt out of having his or her individually identifiable
23 information accessible or delivered through a health
24 information network under this section.

25 (3) A health information exchange or health
26 information network shall implement policies that meet the
27 requirements under the HIPAA laws governing the privacy and
28 security of individually identifiable information that is
29 accessible or delivered through the health information
30 exchange or health information network.

31 (4) All participants in a health information network
32 under this section shall comply with the HIPAA laws, if such
33 participant is subject to the HIPAA laws, and all policies
34 and procedures of the health information network with
35 respect to the health information exchange activities.

36 (5) To the extent any provision of state law, rule, or
37 regulation regarding the confidentiality of any individually
38 identifiable information conflicts with, is contrary to, or
39 is more stringent than the provisions of this section, the
40 provisions of this section shall control with respect to a
41 participant's disclosure, access, or use of that
42 individually identifiable information through a health
43 information network under this section. More stringent
44 provisions would include requiring a participant to obtain
45 individual written consent or authorization before

46 disclosing, accessing, or using individually identifiable
47 information through a health information network under this
48 section that is not in accordance with applicable federal
49 laws including, but not limited to, the HIPAA laws.

50 4. (1) Participants shall maintain a written notice
51 of privacy practices for the health information network that
52 describes all of the following:

53 (a) The categories of individually identifiable
54 information that are accessible or disclosed through the
55 health information network;

56 (b) The purposes for which access to individually
57 identifiable information is provided through the health
58 information network or for which individually identifiable
59 information is disclosed through the health information
60 network; and

61 (c) An explanation as to when and how an individual
62 may opt out of having his or her individually identifiable
63 information accessible or disclosed through the health
64 information network consistent with state and federal law.

65 (2) The notice of privacy practices maintained by
66 participants may reference a publicly accessible website or
67 websites that contain some or all of the information
68 described in subdivision (1) of this subsection, such as a
69 current list of participants and the permitted purposes for
70 accessing or disclosing individually identifiable
71 information through the health information network.

72 (3) Participants shall post their current notice of
73 privacy practices on their website in a conspicuous manner.

74 5. (1) A health information network shall not be
75 considered a health care provider, as that term is defined
76 in section 538.205, based on its health information exchange
77 activities and shall not be subject to liability for damages
78 or costs of any nature, in law or in equity, arising out of

79 chapter 538 and the common law of Missouri related to
80 rendering of or failure to render health care services when
81 carrying out health information exchange activities in
82 accordance with this section.

83 (2) Participants under this section shall not be
84 liable in any action for damages or costs of any nature, in
85 law or in equity, including a breach of a duty of
86 confidentiality, that result solely from the participant's
87 use of or failure to use the health information exchange or
88 the participant's disclosure of individually identifiable
89 information through the health information exchange in
90 accordance with the requirements of this section. Nothing
91 in this section shall be construed to limit the liability of
92 a health care provider, as that term is defined in section
93 538.205, for damages or costs of any nature, in law or in
94 equity, arising out of chapter 538 or the common law of
95 Missouri for the health care provider's rendering of or
96 failure to render health care services, as that term is
97 defined in section 538.205.

98 (3) No person shall be subject to antitrust or unfair
99 competition liability based solely on participation in a
100 health information exchange operated by a health information
101 network under this section.

102 (4) All staff, officers, and members of the board of
103 directors of a health information network under this section
104 who perform health information exchange activities under
105 this section, whether temporary or permanent, shall not be
106 subject to and shall be immune from any claim, suit,
107 liability, damages, or any other recourse, civil or
108 criminal, arising from any act or proceeding, decision, or
109 determination undertaken, performed, or reached in good
110 faith and without malice by any such member or members
111 acting individually or jointly in carrying out the

112 responsibilities, authority, duties, powers, and privileges
113 of the offices conferred by law upon them under this
114 section, or any other law, or policies and procedures of the
115 health information network, good faith being presumed until
116 proven otherwise, with malice required to be shown by a
117 complainant.

118 (5) Individually identifiable information received
119 from a participant and accessible through a health
120 information network under this section shall not be subject
121 to discovery, subpoena, or other means of legal compulsion
122 for the release of such individually identifiable
123 information received from other participants or the health
124 information network to any person or entity. Health
125 information networks and participants shall not be compelled
126 by a request for production, subpoena, court order, or
127 otherwise to disclose individually identifiable information
128 received from another participant.

129 (6) A health information exchange shall disclose
130 personal health information in accordance with HIPAA,
131 including the restrictions on disclosures to third parties.
132 Personal health information disclosures for marketing are
133 prohibited, subject to the definition of "marketing"
134 purposes as defined by 45 CFR 164.501.

135 (7) A health information exchange and its participants
136 shall use personal health information in accordance with
137 HIPAA, including the restrictions relating to prohibiting
138 disclosures for material gain.

139 6. This section shall not be construed as implementing
140 a prescription drug monitoring program under the authority
141 of the department of health and senior services or
142 compelling a health care provider to report prescription
143 drug information to the department of health and senior
144 services.

145 7. As used in this section, the following terms shall
146 mean:

147 (1) "Fine or penalty", any civil or criminal penalty
148 or fine, tax, salary or wage withholding, or surcharge
149 established by law or by rule promulgated by a state agency
150 pursuant to chapter 536;

151 (2) "Health care system", any public or private entity
152 whose function or purpose is the management of, processing
153 of, or enrollment of individuals for or payment for, in full
154 or in part, health care services or health care data or
155 health care information for its participants;

156 (3) "Health information [organization] exchange" or
157 "health information network", an organization that oversees
158 and governs [the exchange of health-related information
159 among organizations according to nationally recognized
160 standards.] health information exchange activities;

161 (4) "Health information exchange activities", the
162 electronic exchange, including permitting access to or the
163 delivery, of individually identifiable information among
164 more than two unaffiliated organizations, not including the
165 health information exchange itself, according to nationally
166 recognized standards. The following activities are not
167 considered "health information exchange activities":

168 (a) Electronic exchange of individually identifiable
169 information among unaffiliated organizations solely for the
170 purposes of an organized health care arrangement as defined
171 under the HIPAA laws; and

172 (b) Electronic exchange of individually identifiable
173 information among unaffiliated organizations solely for
174 research purposes;

175 (5) "HIPAA", the Health Insurance Portability and
176 Accountability Act of 1996, as amended, the Health

177 Information Technology for Economic and Clinical Health Act,
178 as amended, and implementing regulations;

179 (6) "Individual", the person who is the subject of the
180 individually identifiable information;

181 (7) "Individually identifiable information", any
182 information that identifies an individual or with respect to
183 which there is a reasonable basis to believe the information
184 can be used to identify the individual and relates to the
185 past, present, or future physical or mental health or
186 condition of an individual; the provision of health care to
187 an individual; or the past, present, or future payment for
188 the provision of health care to an individual, and includes,
189 without limitation, information created or generated by
190 health care providers, health benefit plans, organizations
191 providing social services or assessing social determinants
192 of health, and organizations that provide services to or on
193 behalf of any of the foregoing and health care
194 clearinghouses;

195 (8) "Participant", an individual who or entity that
196 accesses, uses, or discloses individually identifiable
197 information through a health information network, and
198 includes, without limitation, health care providers, health
199 benefit plans, organizations providing social services or
200 assessing social determinants of health, and organizations
201 that provide services to or on behalf of any of the
202 foregoing.

191.677. 1. For purposes of this section, the term
2 "serious infectious or communicable disease" means a
3 nonairborne or nonrespiratory disease spread from person to
4 person that is fatal or causes disabling long-term
5 consequences in the absence of lifelong treatment and
6 management.

7 2. It shall be unlawful for any individual knowingly
8 infected with [HIV] a serious infectious or communicable
9 disease to:

10 (1) Be or attempt to be a blood, blood products,
11 organ, sperm, or tissue donor except as deemed necessary for
12 medical research or as deemed medically appropriate by a
13 licensed physician;

14 (2) **[Act in a reckless manner by exposing]** Knowingly
15 expose another person to [HIV without the knowledge and
16 consent of that person to be exposed to HIV, in one of the
17 following manners:

18 (a) Through contact with blood, semen or vaginal
19 secretions in the course of oral, anal or vaginal sexual
20 intercourse; or

21 (b) By the sharing of needles; or

22 (c) By biting another person or purposely acting in
23 any other manner which causes the HIV-infected person's
24 semen, vaginal secretions, or blood to come into contact
25 with the mucous membranes or nonintact skin of another
26 person.

27 Evidence that a person has acted recklessly in creating a
28 risk of infecting another individual with HIV shall include,
29 but is not limited to, the following:

30 a. The HIV-infected person knew of such infection
31 before engaging in sexual activity with another person,
32 sharing needles with another person, biting another person,
33 or purposely causing his or her semen, vaginal secretions,
34 or blood to come into contact with the mucous membranes or
35 nonintact skin of another person, and such other person is
36 unaware of the HIV-infected person's condition or does not
37 consent to contact with blood, semen or vaginal fluid in the
38 course of such activities;

39 b. The HIV-infected person has subsequently been
40 infected with and tested positive to primary and secondary
41 syphilis, or gonorrhea, or chlamydia; or

42 c. Another person provides evidence of sexual contact
43 with the HIV-infected person after a diagnosis of an HIV
44 status] such serious infectious or communicable disease
45 through an activity that creates a substantial risk of
46 disease transmission as determined by competent medical or
47 epidemiological evidence; or

48 (3) Act in a reckless manner by exposing another
49 person to such serious infectious or communicable disease
50 through an activity that creates a substantial risk of
51 disease transmission as determined by competent medical or
52 epidemiological evidence.

53 [2.] 3. (1) Violation of the provisions of
54 subdivision (1) or (2) of subsection [1] 2 of this section
55 is a class [B] D felony unless the victim contracts [HIV]
56 the serious infectious or communicable disease from the
57 contact, in which case it is a class [A] C felony.

58 [3. The department of health and senior services or
59 local law enforcement agency, victim or others may file a
60 complaint with the prosecuting attorney or circuit attorney
61 of a court of competent jurisdiction alleging that a person
62 has violated a provision of subsection 1 of this section.
63 The department of health and senior services shall assist
64 the prosecutor or circuit attorney in preparing such case,
65 and upon request, turn over to peace officers, police
66 officers, the prosecuting attorney or circuit attorney, or
67 the attorney general records concerning that person's HIV-
68 infected status, testing information, counseling received,
69 and the identity and available contact information for
70 individuals with whom that person had sexual intercourse or

71 deviate sexual intercourse and those individuals' test
72 results.

73 4. The use of condoms is not a defense to a violation
74 of paragraph (a) of subdivision (2) of subsection 1 of this
75 section.]

76 (2) Violation of the provisions of subdivision (3) of
77 subsection 2 of this section is a class A misdemeanor.

78 4. It is an affirmative defense to a charge under this
79 section if the person exposed to the serious infectious or
80 communicable disease knew that the infected person was
81 infected with the serious infectious or communicable disease
82 at the time of the exposure and consented to the exposure
83 with such knowledge.

84 5. (1) For purposes of this subsection, the term
85 "identifying characteristics" includes, but is not limited
86 to, the name or any part of the name, address or any part of
87 the address, city or unincorporated area of residence, age,
88 marital status, place of employment, or racial or ethnic
89 background of the defendant or the person exposed, or the
90 relationship between the defendant and the person exposed.

91 (2) When alleging a violation of this section, the
92 prosecuting attorney or the grand jury shall substitute a
93 pseudonym for the actual name of the person exposed to a
94 serious infectious or communicable disease. The actual name
95 and other identifying characteristics of the person exposed
96 shall be revealed to the court only in camera unless the
97 person exposed requests otherwise, and the court shall seal
98 the information from further disclosure, except by counsel
99 as part of discovery.

100 (3) Unless the person exposed requests otherwise, all
101 court decisions, orders, pleadings, and other documents,
102 including motions and papers filed by the parties, shall be

103 worded so as to protect from public disclosure the name and
104 other identifying characteristics of the person exposed.

105 (4) Unless the person exposed requests otherwise, a
106 court in which a violation of this section is filed shall
107 issue an order that prohibits counsel and their agents, law
108 enforcement personnel, and court staff from making a public
109 disclosure of the name or any other identifying
110 characteristics of the person exposed.

111 (5) Unless the defendant requests otherwise, a court
112 in which a violation of this section is filed shall issue an
113 order that prohibits counsel and their agents, law
114 enforcement personnel, and court staff, before a finding of
115 guilt, from making a public disclosure of the name or other
116 identifying characteristics of the defendant. In any public
117 disclosure before a finding of guilt, a pseudonym shall be
118 substituted for the actual name of the defendant.

119 (6) Before sentencing, a defendant shall be assessed
120 for placement in one or more community-based programs that
121 provide counseling, supervision, and education and that
122 offer reasonable opportunity for the defendant to provide
123 redress to the person exposed.

192.2520. 1. Sections 192.2520 and 197.135 shall be
2 known and may be cited as the "Justice for Survivors Act".

3 2. As used in this section, the following terms shall
4 mean:

5 (1) "Appropriate medical provider", the same meaning
6 as used in section 595.220;

7 (2) "Department", the department of health and senior
8 services;

9 (3) "Evidentiary collection kit", the same meaning as
10 used in section 595.220;

11 (4) "Forensic examination", the same meaning as used
12 in section 595.220;

13 (5) "Telehealth", the same meaning as used in section
14 191.1145.

15 3. No later than July 1, 2022, there shall be
16 established within the department a statewide telehealth
17 network for forensic examinations of victims of sexual
18 offenses in order to provide access to sexual assault nurse
19 examiners (SANE) or other similarly trained appropriate
20 medical providers. A statewide coordinator for the
21 telehealth network shall be selected by the director of the
22 department of health and senior services and shall have
23 oversight responsibilities and provide support for the
24 training programs offered by the network, as well as the
25 implementation and operation of the network. The statewide
26 coordinator shall regularly consult with Missouri-based
27 stakeholders and clinicians actively engaged in the
28 collection of forensic evidence regarding the training
29 programs offered by the network, as well as the
30 implementation and operation of the network.

31 4. The network shall provide mentoring and educational
32 training services, including:

33 (1) Conducting a forensic examination of a victim of a
34 sexual offense, in accordance with best practices, while
35 utilizing an evidentiary collection kit;

36 (2) Proper documentation, transmission, and storage of
37 the examination evidence;

38 (3) Utilizing trauma-informed care to address the
39 needs of victims;

40 (4) Utilizing telehealth technology while conducting a
41 live examination; and

42 (5) Providing ongoing case consultation and serving as
43 an expert witness in event of a trial.

44 The network shall, in the mentoring and educational training
45 services provided, emphasize the importance of obtaining a

46 victim's informed consent to evidence collection, including
47 issues involving minor consent, and the scope and
48 limitations of confidentiality regarding information
49 gathered during the forensic examination.

50 5. The training offered [may] shall be made available
51 [both] online [or in person], including the use of video
52 conferencing technology to connect trained interdisciplinary
53 experts with providers in a case-based learning environment,
54 and may also be made available in-person.

55 6. The network shall, through telehealth services
56 available twenty-four hours a day, seven days a week, by a
57 SANE or another similarly trained appropriate medical
58 provider, provide mentoring, consultation services,
59 guidance, and technical assistance to appropriate medical
60 providers during and outside of a forensic examination of a
61 victim of a sexual offense. The network shall ensure that
62 the system through which the network provides telehealth
63 services meets national standards for interoperability to
64 connect to telehealth systems.

65 7. The department may consult and enter into any
66 necessary contracts with any other local, state, or federal
67 agency, institution of higher education, or private entity
68 to carry out the provisions of this section, including, but
69 not limited to, a contract to:

70 (1) Develop, implement, maintain, or operate the
71 network;

72 (2) Train and provide technical assistance to
73 appropriate medical providers on conducting forensic
74 examinations of victims of sexual offenses and the use of
75 telehealth services; and

76 (3) Provide consultation, guidance, or technical
77 assistance to appropriate medical providers using telehealth

78 services during a forensic examination of a victim of a
79 sexual offense.

80 8. Beginning October 1, 2021, and each year
81 thereafter, all hospitals licensed under chapter 197 shall
82 report to the department the following information for the
83 previous year:

84 (1) The number of forensic examinations of victims of
85 a sexual offense performed at the hospital;

86 (2) The number of forensic examinations of victims of
87 a sexual offense requested to be performed by a victim of a
88 sexual offense that the hospital did not perform and the
89 reason why the examination was not performed;

90 (3) The number of evidentiary collection kits
91 submitted to a law enforcement agency for testing; and

92 (4) After July 1, 2022, the number of appropriate
93 medical providers employed at or contracted with the
94 hospital who utilized the training and telehealth services
95 provided by the network.

96 The information reported under this subsection and
97 subsection 9 of this section shall not include any
98 personally identifiable information of any victim of a
99 sexual offense or any appropriate medical provider
100 performing a forensic examination of such victim.

101 9. Beginning January 1, 2022, and each year
102 thereafter, the department shall make publicly available a
103 report that shall include the information submitted under
104 subsection 8 of this section. The report shall also
105 include, in collaboration with the department of public
106 safety, information about the number of evidentiary
107 collection kits submitted by a person or entity outside of a
108 hospital setting, as well as the number of appropriate
109 medical providers utilizing the training and telehealth

110 services provided by the network outside of a hospital
111 setting.

112 10. (1) The funding for the network shall be subject
113 to appropriations. In addition to appropriations from the
114 general assembly, the department shall apply for available
115 grants and shall be able to accept other gifts, grants,
116 bequests, and donations to develop and maintain the network
117 and the training offered by the network.

118 (2) There is hereby created in the state treasury the
119 "Justice for Survivors Telehealth Network Fund", which shall
120 consist of any gifts, grants, bequests, and donations
121 accepted under this subsection. The state treasurer shall
122 be custodian of the fund. In accordance with sections
123 30.170 and 30.180, the state treasurer may approve
124 disbursements. The fund shall be a dedicated fund and money
125 in the fund shall be used solely by the department for the
126 purpose of developing and maintaining the network and the
127 training offered by the network. The state treasurer shall
128 invest moneys in the fund in the same manner as other funds
129 are invested. Any interest and moneys earned on such
130 investments shall be credited to the fund.

131 11. The department shall promulgate rules and
132 regulations in order to implement the provisions of this
133 section, including, but not limited to, the following:

134 (1) The operation of a statewide telehealth network
135 for forensic examinations of victims of sexual offenses;

136 (2) The development of training for appropriate
137 medical providers conducting a forensic examination of a
138 victim of a sexual offense; and

139 (3) Maintenance of records and data privacy and
140 security of patient information.

141 Any rule or portion of a rule, as that term is defined in
142 section 536.010, that is created under the authority

143 delegated in this section shall become effective only if it
144 complies with and is subject to all of the provisions of
145 chapter 536 and, if applicable, section 536.028. This
146 section and chapter 536 are nonseverable and if any of the
147 powers vested with the general assembly pursuant to chapter
148 536 to review, to delay the effective date, or to disapprove
149 and annul a rule are subsequently held unconstitutional,
150 then the grant of rulemaking authority and any rule proposed
151 or adopted after August 28, 2020, shall be invalid and void.

2 196.1170. 1. This section shall be known and may be
3 cited as the "Kratom Consumer Protection Act".

4 2. As used in this section, the following terms mean:

5 (1) "Dealer", a person who sells, prepares, or
6 maintains kratom products or advertises, represents, or
7 holds oneself out as selling, preparing, or maintaining
8 kratom products. Such person may include, but not be
9 limited to, a manufacturer, wholesaler, store, restaurant,
10 hotel, catering facility, camp, bakery, delicatessen,
11 supermarket, grocery store, convenience store, nursing home,
12 or food or drink company;

13 (2) "Department", the department of health and senior
14 services;

15 (3) "Director", the director of the department or the
16 director's designee;

17 (4) "Food", a food, food product, food ingredient,
18 dietary ingredient, dietary supplement, or beverage for
19 human consumption;

20 (5) "Kratom product", a food product or dietary
21 ingredient containing any part of the leaf of the plant
22 Mitragyna speciosa.

23 3. The general assembly hereby occupies and preempts
24 the entire field of regulating kratom products to the
complete exclusion of any order, ordinance, or regulation of

25 any political subdivision of this state. Any political
26 subdivision's existing or future orders, ordinances, or
27 regulations relating to kratom products are hereby void.

28 4. (1) A dealer who prepares, distributes, sells, or
29 exposes for sale a food that is represented to be a kratom
30 product shall disclose on the product label the factual
31 basis upon which that representation is made.

32 (2) A dealer shall not prepare, distribute, sell, or
33 expose for sale a food represented to be a kratom product
34 that does not conform to the disclosure requirement under
35 subdivision (1) of this subsection.

36 5. A dealer shall not prepare, distribute, sell, or
37 expose for sale any of the following:

38 (1) A kratom product that is adulterated with a
39 dangerous non-kratom substance. A kratom product shall be
40 considered to be adulterated with a dangerous non-kratom
41 substance if the kratom product is mixed or packed with a
42 non-kratom substance and that substance affects the quality
43 or strength of the kratom product to such a degree as to
44 render the kratom product injurious to a consumer;

45 (2) A kratom product that is contaminated with a
46 dangerous non-kratom substance. A kratom product shall be
47 considered to be contaminated with a dangerous non-kratom
48 substance if the kratom product contains a poisonous or
49 otherwise deleterious non-kratom ingredient including, but
50 not limited to, any substance listed in section 195.017;

51 (3) A kratom product containing a level of 7-
52 hydroxymitragynine in the alkaloid fraction that is greater
53 than two percent of the alkaloid composition of the product;

54 (4) A kratom product containing any synthetic
55 alkaloids, including synthetic mitragynine, synthetic 7-
56 hydroxymitragynine, or any other synthetically derived
57 compounds of the plant Mitragyna speciosa; or

58 (5) A kratom product that does not include on its
59 package or label the amount of mitragynine and 7-
60 hydroxymitragynine contained in the product.

61 6. A dealer shall not distribute, sell, or expose for
62 sale a kratom product to an individual under eighteen years
63 of age.

64 7. (1) If a dealer violates subdivision (1) of
65 subsection 4 of this section, the director may, after notice
66 and hearing, impose a fine on the dealer of no more than
67 five hundred dollars for the first offense and no more than
68 one thousand dollars for the second or subsequent offense.

69 (2) A dealer who violates subdivision (2) of
70 subsection 4 of this section, subsection 5 of this section,
71 or subsection 6 of this section is guilty of a class D
72 misdemeanor.

73 (3) A person aggrieved by a violation of subdivision
74 (2) of subsection 4 of this section or subsection 5 of this
75 section may, in addition to and distinct from any other
76 remedy at law or in equity, bring a private cause of action
77 in a court of competent jurisdiction for damages resulting
78 from that violation including, but not limited to, economic,
79 noneconomic, and consequential damages.

80 (4) A dealer does not violate subdivision (2) of
81 subsection 4 of this section or subsection 5 of this section
82 if a preponderance of the evidence shows that the dealer
83 relied in good faith upon the representations of a
84 manufacturer, processor, packer, or distributor of food
85 represented to be a kratom product.

86 8. The department shall promulgate rules to implement
87 the provisions of this section including, but not limited
88 to, the requirements for the format, size, and placement of
89 the disclosure label required under subdivision (1) of
90 subsection 4 of this section and for the information to be

91 included in the disclosure label. Any rule or portion of a
92 rule, as that term is defined in section 536.010, that is
93 created under the authority delegated in this section shall
94 become effective only if it complies with and is subject to
95 all of the provisions of chapter 536 and, if applicable,
96 section 536.028. This section and chapter 536 are
97 nonseverable, and if any of the powers vested with the
98 general assembly pursuant to chapter 536 to review, to delay
99 the effective date, or to disapprove and annul a rule are
100 subsequently held unconstitutional, then the grant of
101 rulemaking authority and any rule proposed or adopted after
102 August 28, 2021, shall be invalid and void.

197.135. 1. Beginning January 1, 2023, or no later
2 than six months after the establishment of the statewide
3 telehealth network under section 192.2520, whichever is
4 later, any hospital licensed under this chapter shall
5 perform a forensic examination using an evidentiary
6 collection kit upon the request and consent of the victim of
7 a sexual offense, or the victim's guardian, when the victim
8 is at least fourteen years of age. In the case of minor
9 consent, the provisions of subsection 2 of section 595.220
10 shall apply. Victims under fourteen years of age shall be
11 referred, and victims fourteen years of age or older but
12 less than eighteen years of age may be referred, to a SAFE
13 CARE provider, as such term is defined in section 334.950,
14 for medical or forensic evaluation and case review. Nothing
15 in this section shall be interpreted to preclude a hospital
16 from performing a forensic examination for a victim under
17 fourteen years of age upon the request and consent of the
18 victim or victim's guardian, subject to the provisions of
19 section 595.220 and the rules promulgated by the department
20 of public safety.

21 2. (1) An appropriate medical provider, as such term
22 is defined in section 595.220, shall perform the forensic
23 examination of a victim of a sexual offense. The hospital
24 shall ensure that any provider performing the examination
25 has received training conducting such examinations that is,
26 at a minimum, equivalent to the training offered by the
27 statewide telehealth network under subsection 4 of section
28 192.2520. Nothing in this section shall require providers
29 to utilize the training offered by the statewide telehealth
30 network, as long as the training utilized is, at a minimum,
31 equivalent to the training offered by the statewide
32 telehealth network.

33 (2) If the provider is not a sexual assault nurse
34 examiner (SANE), or another similarly trained physician or
35 nurse, then the hospital shall utilize telehealth services
36 during the examination, such as those provided by the
37 statewide telehealth network, to provide guidance and
38 support through a SANE, or other similarly trained physician
39 or nurse, who may observe the live forensic examination and
40 who shall communicate with and support the onsite provider
41 with the examination, forensic evidence collection, and
42 proper transmission and storage of the examination evidence.

43 3. The department of health and senior services may
44 issue a waiver of the telehealth requirements of subsection
45 2 of this section if the hospital demonstrates to the
46 department, in writing, a technological hardship in
47 accessing telehealth services or a lack of access to
48 adequate broadband services sufficient to access telehealth
49 services. Such waivers shall be granted sparingly and for
50 no more than a year in length at a time, with the
51 opportunity for renewal at the department's discretion.

52 4. The department shall waive the requirements of this
53 section if the statewide telehealth network established

54 under section 192.2520 ceases operation, the director of the
55 department of health and senior services has provided
56 written notice to hospitals licensed under this chapter that
57 the network has ceased operation, and the hospital cannot,
58 in good faith, comply with the requirements of this section
59 without assistance or resources of the statewide telehealth
60 network. Such waiver shall remain in effect until such time
61 as the statewide telehealth network resumes operation or
62 until the hospital is able to demonstrate compliance with
63 the provisions of this section without the assistance or
64 resources of the statewide telehealth network.

65 5. The provisions of section 595.220 shall apply to
66 the reimbursement of the reasonable costs of the
67 examinations and the provision of the evidentiary collection
68 kits.

69 6. No individual hospital shall be required to comply
70 with the provisions of this section and section 192.2520
71 unless and until the department provides such hospital with
72 access to the statewide telehealth network for the purposes
73 of mentoring and training services required under section
74 192.2520 without charge to the hospital.

208.226. 1. For purposes of this section, the term
2 "division" means the MO HealthNet division of the department
3 of social services.

4 2. The division shall not impose restrictions to
5 access that preclude availability of any individual
6 antipsychotic medication.

7 3. The provisions of this section shall not prohibit
8 the division from utilizing clinical edits to ensure
9 clinical best practices including, but not limited to:

10 (1) Drug safety and avoidance of harmful drug
11 interactions;

12 (2) Compliance with nationally recognized and juried
13 clinical guidelines from national medical associations using
14 medical evidence and emphasizing best practice principles;

15 (3) Detection of patients receiving prescription drugs
16 from multiple prescribers; and

17 (4) Detection, prevention, and treatment of substance
18 use disorders.

19 4. The division shall issue a provider update at least
20 twice annually to enumerate treatment and utilization
21 principles for MO HealthNet providers including, but not
22 limited to:

23 (1) Treatment with antipsychotic drugs, as with any
24 other form of treatment, should be individualized in order
25 to optimize the patient's recovery and stability;

26 (2) Treatment with antipsychotic drugs should be as
27 effective, safe, and well-tolerated as supported by best
28 medical evidence;

29 (3) Treatment with antipsychotic drugs should consider
30 the individual patient's needs, preferences, and
31 vulnerabilities;

32 (4) Treatment with antipsychotic drugs should support
33 an improved quality of life for the patient; and

34 (5) Treatment choices should be informed by the best
35 current medical evidence and should be updated consistent
36 with evolving nationally recognized best practice guidelines.

37 5. If the division implements any new policy or
38 clinical edit for an antipsychotic drug, the division shall
39 continue to allow MO HealthNet participants access to any
40 antipsychotic drug that they use and on which they are
41 stable or that they have successfully used previously. The
42 division may recommend a reference list with no restrictions
43 to access.

208.227. 1. [No restrictions to access shall be
2 imposed that preclude availability of any individual
3 atypical antipsychotic monotherapy for the treatment of
4 schizophrenia, bipolar disorder, or psychosis associated
5 with severe depression.] For purposes of this section, the
6 term "division" means the MO HealthNet division of the
7 department of social services.

8 2. The division shall establish a pharmaceutical case
9 management or polypharmacy program for high risk MO
10 HealthNet participants with numerous or multiple prescribed
11 drugs. The division shall also establish a behavioral
12 health pharmacy and opioid surveillance program to encourage
13 the use of best medical evidence-supported prescription
14 practices. The division shall communicate with providers,
15 as such term is defined in section 208.164, whose
16 prescribing practices deviate from or do not otherwise
17 utilize best medical evidence-supported prescription
18 practices. The communication may be telemetric, written,
19 oral, or some combination thereof. These programs shall be
20 established and administered through processes established
21 and supported under a memorandum of understanding between
22 the department of mental health and the department of social
23 services, or their successor entities.

24 [2.] 3. The provisions of this section shall not
25 prohibit the division from utilizing clinical edits to
26 ensure clinical best practices including, but not limited to:

27 (1) Drug safety and avoidance of harmful drug
28 interactions;

29 (2) Compliance with nationally recognized and juried
30 clinical guidelines from national medical associations using
31 medical evidence and emphasizing best practice principles;

32 (3) Detection of patients receiving prescription drugs
33 from multiple prescribers; and

34 (4) Detection, prevention, and treatment of substance
35 use disorders.

36 [3. The division shall issue a provider update no less
37 than twice annually to enumerate treatment and utilization
38 principles for MO HealthNet providers including, but not
39 limited to:

40 (1) Treatment with antipsychotic drugs, as with any
41 other form of treatment, should be individualized in order
42 to optimize the patient's recovery and stability;

43 (2) Treatment with antipsychotic drugs should be as
44 effective, safe, and well-tolerated as supported by best
45 medical evidence;

46 (3) Treatment with antipsychotic drugs should consider
47 the individual patient's needs, preferences, and
48 vulnerabilities;

49 (4) Treatment with antipsychotic drugs should support
50 an improved quality of life for the patient;

51 (5) Treatment choices should be informed by the best
52 current medical evidence and should be updated consistent
53 with evolving nationally recognized best practice
54 guidelines; and

55 (6) Cost considerations in the context of best
56 practices, efficacy, and patient response to adverse drug
57 reactions should guide antipsychotic medication policy and
58 selection once the preceding principles have been maximally
59 achieved.

60 4. If the division implements any new policy or
61 clinical edit for an antipsychotic drug, the division shall
62 continue to allow MO HealthNet participants access to any
63 antipsychotic drug that they utilize and on which they are
64 stable or that they have successfully utilized previously.
65 The division shall adhere to the following:

66 (1) If an antipsychotic drug listed as "nonpreferred"
67 is considered clinically appropriate for an individual
68 patient based on the patient's previous response to the drug
69 or other medical considerations, prior authorization
70 procedures, as such term is defined in section 208.164,
71 shall be simple and flexible;

72 (2) If an antipsychotic drug listed as "nonpreferred"
73 is known or found to be safe and effective for a given
74 individual, the division shall not restrict the patient's
75 access to that drug. Such nonpreferred drug shall, for that
76 patient only and if that patient has been reasonably
77 adherent to the prescribed therapy, be considered
78 "preferred" in order to minimize the risk of relapse and to
79 support continuity of care for the patient;

80 (3) A patient shall not be required to change
81 antipsychotic drugs due to changes in medication management
82 policy, prior authorization, or a change in the payor
83 responsible for the benefit; and

84 (4) Patients transferring from state psychiatric
85 hospitals to community-based settings, including patients
86 previously found to be not guilty of a criminal offense by
87 reason of insanity or who have previously been found to be
88 incompetent to stand trial, shall be permitted to continue
89 the medication regimen that aided the stability and recovery
90 so that such patient was able to successfully transition to
91 the community-based setting.

92 5. The division's medication policy and clinical edits
93 shall provide MO HealthNet participants initial access to
94 multiple Food and Drug Administration-approved antipsychotic
95 drugs that have substantially the same clinical differences
96 and adverse effects that are predictable across individual
97 patients and whose manufacturers have entered into a federal
98 rebate agreement with the Department of Health and Human

99 Services. Clinical differences may include, but not be
100 limited to, weight gain, extrapyramidal side effects,
101 sedation, susceptibility to metabolic syndrome, other
102 substantial adverse effects, the availability of long-acting
103 formulations, and proven efficacy in the treatment of
104 psychosis. The available drugs for an individual patient
105 shall include, but not be limited to, the following
106 categories:

107 (1) At least one relatively weight-neutral atypical
108 antipsychotic medication;

109 (2) At least one long-acting injectable formulation of
110 an atypical antipsychotic;

111 (3) Clozapine;

112 (4) At least one atypical antipsychotic medication
113 with relatively potent sedative effects;

114 (5) At least one medium-potency typical antipsychotic
115 medication;

116 (6) At least one long-acting injectable formulation of
117 a high-potency typical antipsychotic medication;

118 (7) At least one high-potency typical antipsychotic
119 medication; and

120 (8) At least one low-potency typical antipsychotic
121 medication.

122 6. Nothing in subsection 5 of this section shall be
123 construed to require any of the following:

124 (1) Step therapy or a trial of a typical antipsychotic
125 drug before permitting a patient access to an atypical drug
126 or antipsychotic medication;

127 (2) A limit of one atypical antipsychotic drug as an
128 open-access, first-choice agent; or

129 (3) A trial of one of the eight categories of drugs
130 listed in subsection 5 of this section before having access
131 to the other seven categories.

132 7.] 4. The department of social services may
133 promulgate rules and regulations to implement the provisions
134 of this section. Any rule or portion of a rule, as that
135 term is defined in section 536.010, that is created under
136 the authority delegated in this section shall become
137 effective only if it complies with and is subject to all of
138 the provisions of chapter 536 and, if applicable, section
139 536.028. This section and chapter 536 are nonseverable and
140 if any of the powers vested with the general assembly
141 pursuant to chapter 536 to review, to delay the effective
142 date, or to disapprove and annul a rule are subsequently
143 held unconstitutional, then the grant of rulemaking
144 authority and any rule proposed or adopted after August 28,
145 2017, shall be invalid and void.

146 [8.] 5. The department shall submit such state plan
147 amendments and waivers to the Centers for Medicare and
148 Medicaid Services of the federal Department of Health and
149 Human Services as the department determines are necessary to
150 implement the provisions of this section.

151 [9. As used in this section, the following terms mean:

152 (1) "Division", the MO HealthNet division of the
153 department of social services;

154 (2) "Reasonably adherent", a patient's adherence to
155 taking medication on a prescribed schedule as measured by a
156 medication position ratio of at least seventy-five percent;

157 (3) "Successfully utilized previously", a drug or drug
158 regimen's provision of clinical stability in treating a
159 patient's symptoms.]

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

3 (1) "Appropriate quantity", an amount per day capable
4 of satisfying the individual need of the offender if used
5 for the feminine hygiene product's intended purpose;

6 (2) "Feminine hygiene products", tampons and sanitary
7 napkins.

8 2. The director shall ensure that an appropriate
9 quantity of feminine hygiene products is available at no
10 cost to female offenders while confined in any correctional
11 center of the department. The director shall ensure that
12 the feminine hygiene products conform with applicable
13 industry standards.

14 3. The general assembly may appropriate funds to
15 assist the director in satisfying the requirements of this
16 section.

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

3 (1) "Appropriate quantity", an amount of feminine
4 hygiene products per day capable of satisfying the
5 individual need of the offender if used for the feminine
6 hygiene product's intended purpose;

7 (2) "Feminine hygiene products", tampons and sanitary
8 napkins.

9 2. Every sheriff and jailer who holds a person in
10 custody pursuant to a writ or process or for a criminal
11 offense shall ensure that an appropriate quantity of
12 feminine hygiene products is available at no cost to female
13 persons while in custody. The sheriff or jailer shall
14 ensure that the feminine hygiene products conform with
15 applicable industry standards.

16 3. The general assembly shall appropriate funds to
17 assist sheriffs and jailers in satisfying the requirements
18 of this section.

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

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

5 (1) "Air ambulance pilot", a person certified as an
6 air ambulance pilot in accordance with sections 190.001 to
7 ~~[190.245]~~ 190.243 and corresponding regulations applicable
8 to air ambulances adopted by the department of health and
9 senior services;

10 (2) "Air ambulance registered professional nurse", a
11 person licensed as a registered professional nurse in
12 accordance with sections 335.011 to 335.096 and
13 corresponding regulations adopted by the state board of
14 nursing, 20 CSR 2200-4, et seq., who provides registered
15 professional nursing services as a flight nurse in
16 conjunction with an air ambulance program that is certified
17 in accordance with sections 190.001 to ~~[190.245]~~ 190.243 and
18 the corresponding regulations applicable to such programs;

19 (3) "Air ambulance registered respiratory therapist",
20 a person licensed as a registered respiratory therapist in
21 accordance with sections 334.800 to 334.930 and
22 corresponding regulations adopted by the state board for
23 respiratory care, who provides respiratory therapy services
24 in conjunction with an air ambulance program that is
25 certified in accordance with sections 190.001 to ~~[190.245]~~
26 190.243 and corresponding regulations applicable to such
27 programs;

28 (4) "Child", any natural, illegitimate, adopted, or
29 posthumous child or stepchild of a deceased public safety
30 officer who, at the time of the public safety officer's
31 fatality is:

32 (a) Eighteen years of age or under;

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

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

37 (5) "Emergency medical technician", a person licensed
38 in emergency medical care in accordance with standards
39 prescribed by sections 190.001 to ~~[190.245]~~ 190.243 and by
40 rules adopted by the department of health and senior
41 services under sections 190.001 to ~~[190.245]~~ 190.243;

42 (6) "Firefighter", any person, including a volunteer
43 firefighter, employed by the state or a local governmental
44 entity as an employer defined under subsection 1 of section
45 287.030, or otherwise serving as a member or officer of a
46 fire department either for the purpose of the prevention or
47 control of fire or the underwater recovery of drowning
48 victims;

49 (7) "Flight crew member", an individual engaged in
50 flight responsibilities with an air ambulance licensed in
51 accordance with sections 190.001 to ~~[190.245]~~ 190.243 and
52 corresponding regulations applicable to such programs;

53 (8) "Killed in the line of duty", when any person
54 defined in this section loses his or her life when:

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

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

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

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

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

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

79 (10) "Local governmental entity", includes counties,
80 municipalities, townships, board or other political
81 subdivision, cities under special charter, or under the
82 commission form of government, fire protection districts,
83 ambulance districts, and municipal corporations;

84 (11) "Public safety officer", any law enforcement
85 officer, firefighter, uniformed employee of the office of
86 the state fire marshal, emergency medical technician, police
87 officer, capitol police officer, parole officer, probation
88 officer, state correctional employee, water safety officer,
89 park ranger, conservation officer, or highway patrolman
90 employed by the state of Missouri or a political subdivision
91 thereof who is killed in the line of duty or any emergency
92 medical technician, air ambulance pilot, air ambulance
93 registered professional nurse, air ambulance registered
94 respiratory therapist, or flight crew member who is killed
95 in the line of duty;

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

99 (13) "Volunteer firefighter", a person having
100 principal employment other than as a firefighter, but who is
101 carried on the rolls of a regularly constituted fire

102 department either for the purpose of the prevention or
103 control of fire or the underwater recovery of drowning
104 victims, the members of which are under the jurisdiction of
105 the corporate authorities of a city, village, incorporated
106 town, or fire protection district. Volunteer firefighter
107 shall not mean an individual who volunteers assistance
108 without being regularly enrolled as a firefighter.

109 3. (1) A claim for compensation under this section
110 shall be filed by survivors of the deceased with the
111 division of workers' compensation not later than one year
112 from the date of death of a public safety officer. If a
113 claim is made within one year of the date of death of a
114 public safety officer killed in the line of duty,
115 compensation shall be paid, if the division finds that the
116 claimant is entitled to compensation under this section.

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

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

122 (1) To the surviving spouse of the public safety
123 officer if there is no child who survived the public safety
124 officer;

125 (2) Fifty percent to the surviving child, or children,
126 in equal shares, and fifty percent to the surviving spouse
127 if there is at least one child who survived the public
128 safety officer, and a surviving spouse of the public safety
129 officer;

130 (3) To the surviving child, or children, in equal
131 shares, if there is no surviving spouse of the public safety
132 officer;

133 (4) If there is no surviving spouse of the public
134 safety officer and no surviving child:

135 (a) To the surviving individual, or individuals, in
136 shares per the designation or, otherwise, in equal shares,
137 designated by the public safety officer to receive benefits
138 under this subsection in the most recently executed
139 designation of beneficiary of the public safety officer on
140 file at the time of death with the public safety agency,
141 organization, or unit; or

142 (b) To the surviving individual, or individuals, in
143 equal shares, designated by the public safety officer to
144 receive benefits under the most recently executed life
145 insurance policy of the public safety officer on file at the
146 time of death with the public safety agency, organization,
147 or unit if there is no individual qualifying under paragraph
148 (a) of this subdivision;

149 (5) To the surviving parent, or parents, in equal
150 shares, of the public safety officer if there is no
151 individual qualifying under subdivision (1), (2), (3), or
152 (4) of this subsection; or

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

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

162 (1) The name, address, and title or designation of the
163 position in which the public safety officer was serving at
164 the time of his or her death;

165 (2) The name and address of the claimant;

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

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

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

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

178 7. Neither employers nor workers' compensation
179 insurers shall have subrogation rights against any
180 compensation awarded for claims under this section. Such
181 compensation shall not be assignable, shall be exempt from
182 attachment, garnishment, and execution, and shall not be
183 subject to setoff or counterclaim, or be in any way liable
184 for any debt, except that the division or commission may
185 allow as lien on the compensation, reasonable attorney's
186 fees for services in connection with the proceedings for
187 compensation if the services are found to be necessary.
188 Such fees are subject to regulation as set forth in section
189 287.260.

190 8. Any person seeking compensation under this section
191 who is aggrieved by the decision of the division of workers'
192 compensation regarding his or her compensation claim, may
193 make application for a hearing as provided in section
194 287.450. The procedures applicable to the processing of
195 such hearings and determinations shall be those established
196 by this chapter. Decisions of the administrative law judge
197 under this section shall be binding, subject to review by
198 either party under the provisions of section 287.480.

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

201 (1) The provisions of the new program authorized under
202 this section shall automatically sunset six years after June
203 19, 2019, unless reauthorized by an act of the general
204 assembly; and

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

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

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

214 11. There is hereby created in the state treasury the
215 "Line of Duty Compensation Fund", which shall consist of
216 moneys appropriated to the fund and any voluntary
217 contributions, gifts, or bequests to the fund. The state
218 treasurer shall be custodian of the fund and shall approve
219 disbursements from the fund in accordance with sections
220 30.170 and 30.180. Upon appropriation, money in the fund
221 shall be used solely for paying claims under this section.
222 Notwithstanding the provisions of section 33.080 to the
223 contrary, any moneys remaining in the fund at the end of the
224 biennium shall not revert to the credit of the general
225 revenue fund. The state treasurer shall invest moneys in
226 the fund in the same manner as other funds are invested.
227 Any interest and moneys earned on such investments shall be
228 credited to the fund.

229 12. The division shall promulgate rules to administer
230 this section, including but not limited to the appointment
231 of claims to multiple claimants, record retention, and

232 procedures for information requests. Any rule or portion of
233 a rule, as that term is defined in section 536.010, that is
234 created under the authority delegated in this section shall
235 become effective only if it complies with and is subject to
236 all of the provisions of chapter 536 and, if applicable,
237 section 536.028. This section and chapter 536 are
238 nonseverable and if any of the powers vested with the
239 general assembly under chapter 536 to review, to delay the
240 effective date, or to disapprove and annul a rule are
241 subsequently held unconstitutional, then the grant of
242 rulemaking authority and any rule proposed or adopted after
243 June 19, 2009, shall be invalid and void.

338.010. 1. The "practice of pharmacy" means the
2 interpretation, implementation, and evaluation of medical
3 prescription orders, including any legend drugs under 21
4 U.S.C. Section 353; receipt, transmission, or handling of
5 such orders or facilitating the dispensing of such orders;
6 the designing, initiating, implementing, and monitoring of a
7 medication therapeutic plan as defined by the prescription
8 order so long as the prescription order is specific to each
9 patient for care by a pharmacist; the compounding,
10 dispensing, labeling, and administration of drugs and
11 devices pursuant to medical prescription orders and
12 administration of viral influenza, pneumonia, shingles,
13 hepatitis A, hepatitis B, diphtheria, tetanus, pertussis,
14 and meningitis vaccines by written protocol authorized by a
15 physician for persons at least seven years of age or the age
16 recommended by the Centers for Disease Control and
17 Prevention, whichever is higher, or the administration of
18 pneumonia, shingles, hepatitis A, hepatitis B, diphtheria,
19 tetanus, pertussis, meningitis, and viral influenza vaccines
20 by written protocol authorized by a physician for a specific
21 patient as authorized by rule; the administration of

22 vaccines by physician protocol for the prevention of COVID-
23 19 as authorized or approved by the United States Food and
24 Drug Administration and recommended by the Advisory
25 Committee on Immunization Practices of the Centers for
26 Disease Control and Prevention except that the
27 administration of vaccines in a pharmacy shall not be
28 delegated to a person who is not a licensed pharmacist under
29 this chapter; the participation in drug selection according
30 to state law and participation in drug utilization reviews;
31 the proper and safe storage of drugs and devices and the
32 maintenance of proper records thereof; consultation with
33 patients and other health care practitioners, and
34 veterinarians and their clients about legend drugs, about
35 the safe and effective use of drugs and devices; the
36 prescribing and dispensing of any nicotine replacement
37 therapy product under section 338.665; the dispensing of HIV
38 postexposure prophylaxis pursuant to section 338.730; and
39 the offering or performing of those acts, services,
40 operations, or transactions necessary in the conduct,
41 operation, management and control of a pharmacy. No person
42 shall engage in the practice of pharmacy unless he or she is
43 licensed under the provisions of this chapter. This chapter
44 shall not be construed to prohibit the use of auxiliary
45 personnel under the direct supervision of a pharmacist from
46 assisting the pharmacist in any of his or her duties. This
47 assistance in no way is intended to relieve the pharmacist
48 from his or her responsibilities for compliance with this
49 chapter and he or she will be responsible for the actions of
50 the auxiliary personnel acting in his or her assistance.
51 This chapter shall also not be construed to prohibit or
52 interfere with any legally registered practitioner of
53 medicine, dentistry, or podiatry, or veterinary medicine
54 only for use in animals, or the practice of optometry in

55 accordance with and as provided in sections 195.070 and
56 336.220 in the compounding, administering, prescribing, or
57 dispensing of his or her own prescriptions.

58 2. Any pharmacist who accepts a prescription order for
59 a medication therapeutic plan shall have a written protocol
60 from the physician who refers the patient for medication
61 therapy services. The written protocol and the prescription
62 order for a medication therapeutic plan shall come from the
63 physician only, and shall not come from a nurse engaged in a
64 collaborative practice arrangement under section 334.104, or
65 from a physician assistant engaged in a collaborative
66 practice arrangement under section 334.735.

67 3. Nothing in this section shall be construed as to
68 prevent any person, firm or corporation from owning a
69 pharmacy regulated by sections 338.210 to 338.315, provided
70 that a licensed pharmacist is in charge of such pharmacy.

71 4. Nothing in this section shall be construed to apply
72 to or interfere with the sale of nonprescription drugs and
73 the ordinary household remedies and such drugs or medicines
74 as are normally sold by those engaged in the sale of general
75 merchandise.

76 5. No health carrier as defined in chapter 376 shall
77 require any physician with which they contract to enter into
78 a written protocol with a pharmacist for medication
79 therapeutic services.

80 6. This section shall not be construed to allow a
81 pharmacist to diagnose or independently prescribe
82 pharmaceuticals.

83 7. The state board of registration for the healing
84 arts, under section 334.125, and the state board of
85 pharmacy, under section 338.140, shall jointly promulgate
86 rules regulating the use of protocols for prescription
87 orders for medication therapy services and administration of

88 viral influenza vaccines. Such rules shall require
89 protocols to include provisions allowing for timely
90 communication between the pharmacist and the referring
91 physician, and any other patient protection provisions
92 deemed appropriate by both boards. In order to take effect,
93 such rules shall be approved by a majority vote of a quorum
94 of each board. Neither board shall separately promulgate
95 rules regulating the use of protocols for prescription
96 orders for medication therapy services and administration of
97 viral influenza vaccines. Any rule or portion of a rule, as
98 that term is defined in section 536.010, that is created
99 under the authority delegated in this section shall become
100 effective only if it complies with and is subject to all of
101 the provisions of chapter 536 and, if applicable, section
102 536.028. This section and chapter 536 are nonseverable and
103 if any of the powers vested with the general assembly
104 pursuant to chapter 536 to review, to delay the effective
105 date, or to disapprove and annul a rule are subsequently
106 held unconstitutional, then the grant of rulemaking
107 authority and any rule proposed or adopted after August 28,
108 2007, shall be invalid and void.

109 8. The state board of pharmacy may grant a certificate
110 of medication therapeutic plan authority to a licensed
111 pharmacist who submits proof of successful completion of a
112 board-approved course of academic clinical study beyond a
113 bachelor of science in pharmacy, including but not limited
114 to clinical assessment skills, from a nationally accredited
115 college or university, or a certification of equivalence
116 issued by a nationally recognized professional organization
117 and approved by the board of pharmacy.

118 9. Any pharmacist who has received a certificate of
119 medication therapeutic plan authority may engage in the
120 designing, initiating, implementing, and monitoring of a

121 medication therapeutic plan as defined by a prescription
122 order from a physician that is specific to each patient for
123 care by a pharmacist.

124 10. Nothing in this section shall be construed to
125 allow a pharmacist to make a therapeutic substitution of a
126 pharmaceutical prescribed by a physician unless authorized
127 by the written protocol or the physician's prescription
128 order.

129 11. "Veterinarian", "doctor of veterinary medicine",
130 "practitioner of veterinary medicine", "DVM", "VMD", "BVSe",
131 "BVMS", "BSe (Vet Science)", "VMB", "MRCVS", or an
132 equivalent title means a person who has received a doctor's
133 degree in veterinary medicine from an accredited school of
134 veterinary medicine or holds an Educational Commission for
135 Foreign Veterinary Graduates (EDFVG) certificate issued by
136 the American Veterinary Medical Association (AVMA).

137 12. In addition to other requirements established by
138 the joint promulgation of rules by the board of pharmacy and
139 the state board of registration for the healing arts:

140 (1) A pharmacist shall administer vaccines by protocol
141 in accordance with treatment guidelines established by the
142 Centers for Disease Control and Prevention (CDC);

143 (2) A pharmacist who is administering a vaccine shall
144 request a patient to remain in the pharmacy a safe amount of
145 time after administering the vaccine to observe any adverse
146 reactions. Such pharmacist shall have adopted emergency
147 treatment protocols;

148 (3) In addition to other requirements by the board, a
149 pharmacist shall receive additional training as required by
150 the board and evidenced by receiving a certificate from the
151 board upon completion, and shall display the certification
152 in his or her pharmacy where vaccines are delivered.

153 13. A pharmacist shall inform the patient that the
154 administration of the vaccine will be entered into the
155 ShowMeVax system, as administered by the department of
156 health and senior services. The patient shall attest to the
157 inclusion of such information in the system by signing a
158 form provided by the pharmacist. If the patient indicates
159 that he or she does not want such information entered into
160 the ShowMeVax system, the pharmacist shall provide a written
161 report within fourteen days of administration of a vaccine
162 to the patient's [primary] health care provider, if provided
163 by the patient, containing:

- 164 (1) The identity of the patient;
- 165 (2) The identity of the vaccine or vaccines
166 administered;
- 167 (3) The route of administration;
- 168 (4) The anatomic site of the administration;
- 169 (5) The dose administered; and
- 170 (6) The date of administration.

 338.710. 1. There is hereby created in the Missouri
2 board of pharmacy the "RX Cares for Missouri Program". The
3 goal of the program shall be to promote medication safety
4 and to prevent prescription drug abuse, misuse, and
5 diversion in Missouri.

6 2. The board, in consultation with the department,
7 shall be authorized to expend, allocate, or award funds
8 appropriated to the board to private or public entities to
9 develop or provide programs or education to promote
10 medication safety or to suppress or prevent prescription
11 drug abuse, misuse, and diversion in the state of Missouri.
12 In no case shall the authorization include, nor the funds be
13 expended for, any state prescription drug monitoring program
14 including, but not limited to, such as are defined in 38 CFR
15 1.515. Funds disbursed to a state agency under this section

16 may enhance, but shall not supplant, funds otherwise
17 appropriated to such state agency.

18 3. The board shall be the administrative agency
19 responsible for implementing the program in consultation
20 with the department. The board and the department may enter
21 into interagency agreements between themselves to allow the
22 department to assist in the management or operation of the
23 program. The board may award funds directly to the
24 department to implement, manage, develop, or provide
25 programs or education pursuant to the program.

26 4. After a full year of program operation, the board
27 shall prepare and submit an evaluation report to the
28 governor and the general assembly describing the operation
29 of the program and the funds allocated. Unless otherwise
30 authorized by the general assembly, the program shall expire
31 on August 28, ~~[2019]~~ 2026.

338.730. 1. Notwithstanding any other law to the
2 contrary, a pharmacist may dispense HIV postexposure
3 prophylaxis in accordance with this section. Such
4 prophylaxis shall be dispensed only if the pharmacist
5 follows a written protocol authorized by a licensed
6 physician.

7 2. For purposes of this section, "postexposure
8 prophylaxis" shall mean any drug approved by the Food and
9 Drug Administration that meets the same clinical eligibility
10 recommendations provided in CDC guidelines.

11 3. For purposes of this section, "CDC guidelines"
12 shall mean the current HIV guidelines published by the
13 federal Centers for Disease Control and Prevention.

14 4. The state board of registration for the healing
15 arts and the state board of pharmacy shall jointly
16 promulgate rules and regulations for the administration of
17 this section. Neither board shall separately promulgate

18 rules governing a pharmacist's authority to dispense HIV
19 postexposure prophylaxis under this section.

20 5. Any rule or portion of a rule, as that term is
21 defined in section 536.010, that is created under the
22 authority delegated in this section shall become effective
23 only if it complies with and is subject to all of the
24 provisions of chapter 536 and, if applicable, section
25 536.028. This section and chapter 536 are nonseverable and
26 if any of the powers vested with the general assembly
27 pursuant to chapter 536 to review, to delay the effective
28 date, or to disapprove and annul a rule are subsequently
29 held unconstitutional, then the grant of rulemaking
30 authority and any rule proposed or adopted after August 28,
31 2021, shall be invalid and void.

376.1228. 1. For purposes of this section, the terms
2 "health carrier" and "health benefit plan" shall have the
3 same meanings given to the terms under section 376.1350, and
4 the term "hearing aid" shall have the same meaning given to
5 the term under section 345.015.

6 2. Each health carrier or health benefit plan that
7 offers or issues health benefit plans that are delivered,
8 issued for delivery, continued, or renewed in this state on
9 or after January 1, 2022, shall, at a minimum, provide
10 coverage to children under eighteen years of age for all
11 hearing aids covered for children who receive MO HealthNet
12 benefits under section 208.151.

13 3. The provisions of this section shall not apply to a
14 supplemental insurance policy, including a life care
15 contract, accident-only policy, specified disease policy,
16 hospital policy providing a fixed daily benefit only,
17 Medicare supplement policy, long-term care policy, short-
18 term major medical policies of six months' or less duration,

19 or any other supplemental policy as determined by the
20 director of the department of commerce and insurance.

376.1575. As used in sections 376.1575 to 376.1580,
2 the following terms shall mean:

3 (1) "Completed application", a practitioner's
4 application to a health carrier that seeks the health
5 carrier's authorization for the practitioner to provide
6 patient care services as a member of the health carrier's
7 network and does not omit any information which is clearly
8 required by the application form and the accompanying
9 instructions;

10 (2) "Credentialing", a health carrier's process of
11 assessing and validating the qualifications of a
12 practitioner to provide patient care services and act as a
13 member of the health carrier's provider network;

14 (3) "Health carrier", the same meaning as such term is
15 defined in section 376.1350. The term "health carrier"
16 shall also include any entity described in subdivision (4)
17 of section 354.700;

18 (4) "Practitioner":

19 (a) A physician or physician assistant eligible to
20 provide treatment services under chapter 334;

21 (b) A pharmacist eligible to provide services under
22 chapter 338;

23 (c) A dentist eligible to provide services under
24 chapter 332;

25 (d) A chiropractor eligible to provide services under
26 chapter 331;

27 (e) An optometrist eligible to provide services under
28 chapter 336;

29 (f) A podiatrist eligible to provide services under
30 chapter 330;

31 (g) A psychologist or licensed clinical social worker
32 eligible to provide services under chapter 337; or

33 (h) An advanced practice nurse eligible to provide
34 services under chapter 335.

545.940. 1. Pursuant to a motion filed by the
2 prosecuting attorney or circuit attorney with notice given
3 to the defense attorney and for good cause shown, in any
4 criminal case in which a defendant has been charged by the
5 prosecuting attorney's office or circuit attorney's office
6 with any offense under chapter 566 or section 565.050,
7 assault in the first degree; section 565.052 or 565.060,
8 assault in the second degree; section 565.054 or 565.070,
9 assault in the third degree; section 565.056, assault in the
10 fourth degree; section 565.072, domestic assault in the
11 first degree; section 565.073, domestic assault in the
12 second degree; section 565.074, domestic assault in the
13 third degree; section 565.075, assault while on school
14 property; section 565.076, domestic assault in the fourth
15 degree; section 565.081, 565.082, or 565.083, assault of a
16 law enforcement officer, corrections officer, emergency
17 personnel, highway worker in a construction zone or work
18 zone, utility worker, cable worker, or probation and parole
19 officer in the first, second, or third degree; section
20 567.020, prostitution; section 568.045, endangering the
21 welfare of a child in the first degree; section 568.050,
22 endangering the welfare of a child in the second degree;
23 section 568.060, abuse of a child; section 575.150,
24 resisting or interfering with an arrest; or [paragraph (a),
25 (b), or (c), of] subdivision (2) or (3) of subsection [1] 2
26 of section 191.677, knowingly or recklessly exposing a
27 person to [HIV] a serious infectious or communicable
28 disease, the court may order that the defendant be conveyed
29 to a state-, city-, or county-operated HIV clinic for

30 testing for HIV, hepatitis B, hepatitis C, syphilis,
31 gonorrhea, and chlamydia. The results of such tests shall
32 be released to the victim and his or her parent or legal
33 guardian if the victim is a minor. The results of such
34 tests shall also be released to the prosecuting attorney or
35 circuit attorney and the defendant's attorney. The state's
36 motion to obtain said testing, the court's order of the
37 same, and the test results shall be sealed in the court file.

38 2. As used in this section, "HIV" means the human
39 immunodeficiency virus that causes acquired immunodeficiency
40 syndrome.

565.058. 1. Any special victim as defined under
2 section 565.002 shall not be required to reveal any current
3 address or place of residence except to the court in camera
4 for the purpose of determining jurisdiction and venue.

5 2. Any special victim as defined under section 565.002
6 may file a petition with the court alleging assault in any
7 degree by using his or her identifying initials instead of
8 his or her legal name if said petition alleges that he or
9 she would be endangered by such disclosure.

574.203. 1. Except as otherwise protected by state or
2 federal law, a person, excluding any person who has a
3 developmental disability, mental disorder, or mental illness
4 as defined in section 630.005, commits the offense of
5 interference with a health care facility if the person
6 willfully or recklessly interferes with a health care
7 facility or employee of a health care facility by:

8 (1) Causing a peace disturbance while inside a health
9 care facility;

10 (2) Refusing an order to vacate a health care facility
11 when requested to by any employee of the health care
12 facility; or

13 (3) Threatening to inflict injury on the patients or
14 employees of a health care facility or damage to the
15 property of a health care facility.

16 2. Hospital policies shall address incidents of
17 workplace violence against employees and protect an employee
18 from retaliation when such employee complies with hospital
19 policies in seeking assistance or intervention from local
20 emergency services or law enforcement when a violent
21 incident occurs.

22 3. The offense of interference with a health care
23 facility is a class D misdemeanor for a first offense and a
24 class C misdemeanor for any second or subsequent offense.

25 4. As used in this section, "health care facility"
26 means a hospital that provides health care services directly
27 to patients.

 574.204. 1. Except as otherwise protected by state or
2 federal law, a person commits the offense of interference
3 with an ambulance service if the person acts alone or in
4 concert with others to willfully or recklessly interfere
5 with access to or from an ambulance or willfully or
6 recklessly disrupt any ambulance service by threatening to
7 inflict injury on any person providing ambulance services or
8 damage the ambulance.

9 2. The offense of interference with an ambulance
10 service is a class D misdemeanor for a first offense and a
11 class C misdemeanor for any second or subsequent offense.

12 3. As used in this section, "ambulance service" means
13 a person who or entity that provides emergency or
14 nonemergency ambulance transportation and services, or both.

 575.155. 1. An offender or prisoner commits the
2 offense of endangering a corrections employee, a visitor to
3 a correctional center, county or city jail, or another
4 offender or prisoner if he or she attempts to cause or

5 knowingly causes such person to come into contact with
6 blood, seminal fluid, urine, feces, or saliva.

7 2. For the purposes of this section, the following
8 terms mean:

9 (1) "Corrections employee", a person who is an
10 employee, or contracted employee of a subcontractor, of a
11 department or agency responsible for operating a jail,
12 prison, correctional facility, or sexual offender treatment
13 center or a person who is assigned to work in a jail,
14 prison, correctional facility, or sexual offender treatment
15 center;

16 (2) "Offender", a person in the custody of the
17 department of corrections;

18 (3) "Prisoner", a person confined in a county or city
19 jail;

20 (4) "Serious infectious or communicable disease", the
21 same meaning given to the term in section 191.677.

22 3. The offense of endangering a corrections employee,
23 a visitor to a correctional center, county or city jail, or
24 another offender or prisoner is a class E felony unless the
25 substance is unidentified in which case it is a class A
26 misdemeanor. If an offender or prisoner is knowingly
27 infected with [the human immunodeficiency virus (HIV),
28 hepatitis B or hepatitis C] a serious infectious or
29 communicable disease and exposes another person to [HIV or
30 hepatitis B or hepatitis C] such serious infectious or
31 communicable disease by committing the offense of
32 endangering a corrections employee, a visitor to a
33 correctional center, county or city jail, or another
34 offender or prisoner and the nature of the exposure to the
35 bodily fluid has been scientifically shown to be a means of
36 transmission of the serious infectious or communicable
37 disease, it is a class D felony.

575.157. 1. An offender commits the offense of
2 endangering a department of mental health employee, a
3 visitor or other person at a secure facility, or another
4 offender if he or she attempts to cause or knowingly causes
5 such individual to come into contact with blood, seminal
6 fluid, urine, feces, or saliva.

7 2. For purposes of this section, the following terms
8 mean:

9 (1) "Department of mental health employee", a person
10 who is an employee of the department of mental health, an
11 employee or contracted employee of a subcontractor of the
12 department of mental health, or an employee or contracted
13 employee of a subcontractor of an entity responsible for
14 confining offenders as authorized by section 632.495;

15 (2) "Offender", persons ordered to the department of
16 mental health after a determination by the court that such
17 persons may meet the definition of a sexually violent
18 predator, persons ordered to the department of mental health
19 after a finding of probable cause under section 632.489, and
20 persons committed for control, care, and treatment by the
21 department of mental health under sections 632.480 to
22 632.513;

23 (3) "Secure facility", a facility operated by the
24 department of mental health or an entity responsible for
25 confining offenders as authorized by section 632.495;

26 (4) "Serious infectious or communicable disease", the
27 same meaning given to the term in section 191.677.

28 3. The offense of endangering a department of mental
29 health employee, a visitor or other person at a secure
30 facility, or another offender is a class E felony. If an
31 offender is knowingly infected with [the human
32 immunodeficiency virus (HIV), hepatitis B, or hepatitis C]
33 a serious infectious or communicable disease and exposes

34 another individual to [HIV or hepatitis B or hepatitis C]
35 such serious infectious or communicable disease by
36 committing the offense of endangering a department of mental
37 health employee, a visitor or other person at a mental
38 health facility, or another offender and the nature of the
39 exposure to the bodily fluid has been scientifically shown
40 to be a means of transmission of the serious infectious or
41 communicable disease, the offense is a class D felony.

579.040. 1. A person commits the offense of unlawful
2 distribution, delivery, or sale of drug paraphernalia if he
3 or she unlawfully distributes, delivers, or sells, or
4 possesses with intent to distribute, deliver, or sell drug
5 paraphernalia knowing, or under circumstances in which one
6 reasonably should know, that it will be used to plant,
7 propogate, cultivate, grow, harvest, manufacture, compound,
8 convert, produce, process, prepare, test, analyze, pack,
9 repack, store, contain, conceal, inject, ingest, inhale, or
10 otherwise introduce into the human body a controlled
11 substance or an imitation controlled substance in violation
12 of this chapter. Any entity registered with the department
13 of health and senior services that possesses, distributes,
14 or delivers hypodermic needles or syringes for the purpose
15 of operating a syringe access program or otherwise
16 mitigating health risks associated with unsterile injection
17 drug use shall be exempt from the provisions of this section.

18 2. No entity shall be present within five hundred feet
19 of any school building, unless such entity is in operation
20 prior to the school building commencing operations.

21 3. The offense of unlawful delivery of drug
22 paraphernalia is a class A misdemeanor, unless done for
23 commercial purposes, in which case it is a class E felony.

579.076. 1. A person commits the offense of unlawful
2 manufacture of drug paraphernalia if he or she unlawfully

3 manufactures with intent to deliver drug paraphernalia,
4 knowing, or under circumstances where one reasonably should
5 know, that it will be used to plant, propagate, cultivate,
6 grow, harvest, manufacture, compound, convert, produce,
7 process, prepare, test, analyze, pack, repack, store,
8 contain, conceal, inject, ingest, inhale, or otherwise
9 introduce into the human body a controlled substance or an
10 imitation controlled substance in violation of this chapter
11 or chapter 195. Any entity registered with the department
12 of health and senior services that delivers or manufactures
13 hypodermic needles or syringes for the purpose of operating
14 a syringe access program or otherwise mitigating health
15 risks associated with unsterile injection drug use shall be
16 exempt from the provisions of this section.

17 2. The offense of unlawful manufacture of drug
18 paraphernalia is a class A misdemeanor, unless done for
19 commercial purposes, in which case it is a class E felony.

2 [190.245. The department shall require
3 hospitals, as defined by chapter 197, designated
4 as trauma, STEMI, or stroke centers to provide
5 for a peer review system, approved by the
6 department, for trauma, STEMI, and stroke cases,
7 respective to their designations, under section
8 537.035. For purposes of sections 190.241 to
9 190.245, the department of health and senior
10 services shall have the same powers and
11 authority of a health care licensing board
12 pursuant to subsection 6 of section 537.035.
13 Failure of a hospital to provide all medical
14 records necessary for the department to
15 implement provisions of sections 190.241 to
16 190.245 shall result in the revocation of the
17 hospital's designation as a trauma, STEMI, or
18 stroke center. Any medical records obtained by
19 the department or peer review committees shall
20 be used only for purposes of implementing the
21 provisions of sections 190.241 to 190.245 and
22 the names of hospitals, physicians and patients
23 shall not be released by the department or
members of review committees.]

2 Section B. Because immediate action is necessary to
3 ensure women incarcerated or held in custody are able to
4 address their basic health needs, the enactment of sections

4 217.199 and 221.065 of this act is deemed necessary for the
5 immediate preservation of the public health, welfare, peace,
6 and safety, and is hereby declared to be an emergency act
7 within the meaning of the constitution, and the enactment of
8 sections 217.199 and 221.065 of this act shall be in full
9 force and effect upon its passage and approval.

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Holly Rehder

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