

FIRST REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE SUBSTITUTE FOR
SENATE BILL NO. 64
101ST GENERAL ASSEMBLY

0506H.04C

DANA RADEMAN MILLER, Chief Clerk

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, 334.036, 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, 190.098, 190.100, 190.101, 2 190.103, 190.104, 190.105, 190.108, 190.109, 190.120, 190.131, 190.133, 190.142, 190.143, 3 190.146, 190.160, 190.165, 190.171, 190.173, 190.176, 190.180, 190.185, 190.190, 190.196, 4 190.200, 190.241, 190.243, 190.245, 190.248, 191.237, 191.677, 192.2520, 197.135, 208.227, 5 287.243, 334.036, 338.010, 338.710, 376.1575, 545.940, 575.155, 575.157, 579.040, and 6 579.076, RSMo, are repealed and fifty-eight new sections enacted in lieu thereof, to be known 7 as sections 9.236, 9.288, 9.289, 173.260, 190.001, 190.053, 190.060, 190.098, 190.100, 190.101, 8 190.103, 190.104, 190.105, 190.108, 190.109, 190.120, 190.131, 190.133, 190.142, 190.143, 9 190.146, 190.160, 190.165, 190.171, 190.173, 190.176, 190.180, 190.185, 190.190, 190.196, 10 190.200, 190.241, 190.243, 190.248, 190.257, 191.237, 191.677, 192.2520, 197.135, 208.226, 11 208.227, 217.199, 221.065, 287.243, 334.036, 338.010, 338.710, 338.730, 376.1228, 376.1575, 12 545.940, 565.058, 574.203, 574.204, 575.155, 575.157, 579.040, and 579.076, to read as 13 follows:

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

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

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

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

7 **2. The provisions of this section shall expire on August 28, 2026.**

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

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

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

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

- 18 (4) "Board", the coordinating board for higher education;
- 19 (5) "Eligible child", the natural, adopted or stepchild of a public safety officer or
20 employee, as defined in this section, who is less than twenty-four years of age and who is a
21 dependent of a public safety officer or employee or was a dependent at the time of death or
22 permanent and total disability of a public safety officer or employee;
- 23 (6) "Emergency medical technician", a person licensed in emergency medical care in
24 accordance with standards prescribed by sections 190.001 to [~~190.245~~] **190.243** and by rules
25 adopted by the department of health and senior services under sections 190.001 to [~~190.245~~]
26 **190.243**;
- 27 (7) "Employee", any full-time employee of the department of transportation engaged in
28 the construction or maintenance of the state's highways, roads and bridges;
- 29 (8) "Flight crew member", an individual engaged in flight responsibilities with an air
30 ambulance licensed in accordance with sections 190.001 to [~~190.245~~] **190.243** and corresponding
31 regulations applicable to such programs;
- 32 (9) "Grant", the public safety officer or employee survivor grant as established by this
33 section;
- 34 (10) "Institution of postsecondary education", any approved public or private institution
35 as defined in section 173.205;
- 36 (11) "Line of duty", any action of a public safety officer, whose primary function is crime
37 control or reduction, enforcement of the criminal law, or suppression of fires, is authorized or
38 obligated by law, rule, regulation or condition of employment or service to perform;
- 39 (12) "Public safety officer", any firefighter, uniformed employee of the office of the state
40 fire marshal, emergency medical technician, police officer, capitol police officer, parole officer,
41 probation officer, state correctional employee, water safety officer, park ranger, conservation
42 officer or highway patrolman employed by the state of Missouri or a political subdivision thereof
43 who is killed or permanently and totally disabled in the line of duty or any emergency medical
44 technician, air ambulance pilot, air ambulance registered professional nurse, air ambulance
45 registered respiratory therapist, or flight crew member who is killed or permanently and totally
46 disabled in the line of duty;
- 47 (13) "Permanent and total disability", a disability which renders a person unable to
48 engage in any gainful work;
- 49 (14) "Spouse", the husband, wife, widow or widower of a public safety officer or
50 employee at the time of death or permanent and total disability of such public safety officer;
- 51 (15) "Tuition", any tuition or incidental fee or both charged by an institution of
52 postsecondary education, as defined in this section, for attendance at that institution by a student
53 as a resident of this state.

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

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

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

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

69 4. The coordinating board for higher education shall:

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

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

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

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

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

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

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

85 6. An eligible child or spouse who is a recipient of a grant may transfer from one
86 approved public or private institution of postsecondary education to another without losing his
87 **or her** entitlement under this section. The board shall make necessary adjustments in the amount
88 of the grant. If a grant recipient at anytime withdraws from the institution of postsecondary
89 education so that under the rules and regulations of that institution he **or she** is entitled to a

90 refund of any tuition, fees, or other charges, the institution shall pay the portion of the refund to
91 which he **or she** is entitled attributable to the grant for that semester or similar grading period
92 to the board.

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

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

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

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

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

190.053. 1. All members of the board of directors of an ambulance district first elected
2 on or after January 1, 2008, shall attend and complete an educational seminar or conference or
3 other suitable training on the role and duties of a board member of an ambulance district. The
4 training required under this section shall be offered by a statewide association organized for the
5 benefit of ambulance districts or be approved by the state advisory council on emergency medical
6 services. Such training shall include, at a minimum:

- 7 (1) Information relating to the roles and duties of an ambulance district director;
- 8 (2) A review of all state statutes and regulations relevant to ambulance districts;
- 9 (3) State ethics laws;
- 10 (4) State sunshine laws, chapter 610;
- 11 (5) Financial and fiduciary responsibility;
- 12 (6) State laws relating to the setting of tax rates; and
- 13 (7) State laws relating to revenue limitations.

14 2. If any ambulance district board member fails to attend a training session within twelve
15 months after taking office, the board member shall not be compensated for attendance at
16 meetings thereafter until the board member has completed such training session. **If any**
17 **ambulance district board member fails to attend a training session within twelve months**
18 **of taking office regardless of whether the board member received an attendance fee for a**

19 **training session, the board member shall be ineligible to run for reelection for another term**
20 **of office until the board member satisfies the training requirement of this section; however,**
21 **this requirement shall apply only to board members elected after August 28, 2021.**

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

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

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

11 (3) To operate, maintain and manage the ambulance service, and to make and enter into
12 contracts for the use, operation or management of and to provide rules and regulations for the
13 operation, management or use of the ambulance service;

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

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

21 (6) To employ or enter into contracts for the employment of any person, firm, or
22 corporation, and for professional services, necessary or desirable for the accomplishment of the
23 objects of the district or the proper administration, management, protection or control of its
24 property;

25 (7) To maintain the ambulance service for the benefit of the inhabitants of the area
26 comprising the district regardless of race, creed or color, and to adopt such reasonable rules and
27 regulations as may be necessary to render the highest quality of emergency medical care; to
28 exclude from the use of the ambulance service all persons who willfully disregard any of the
29 rules and regulations so established; to extend the privileges and use of the ambulance service
30 to persons residing outside the area of the district upon such terms and conditions as the board
31 of directors prescribes by its rules and regulations;

32 (8) To provide for health, accident, disability and pension benefits for the salaried
33 members of its organized ambulance district and such other benefits for the members' spouses

34 and minor children, through either, or both, a contributory or noncontributory plan. The type and
35 amount of such benefits shall be determined by the board of directors of the ambulance district
36 within the level of available revenue of the pension program and other available revenue of the
37 district. If an employee contributory plan is adopted, then at least one voting member of the
38 board of trustees shall be a member of the ambulance district elected by the contributing
39 members. The board of trustees shall not be the same as the board of directors;

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

44 (10) To provide for life insurance, accident, sickness, health, disability, annuity, length
45 of service, pension, retirement and other employee-type fringe benefits, subject to the provisions
46 of section 70.615, for the volunteer members of any organized ambulance district and such other
47 benefits for their spouses and eligible unemancipated children, either through a contributory or
48 noncontributory plan, or both. For purposes of this section, "eligible unemancipated child"
49 means a natural or adopted child of an insured, or a stepchild of an insured who is domiciled
50 with the insured, who is less than twenty-three years of age, who is not married, not employed
51 on a full-time basis, not maintaining a separate residence except for full-time students in an
52 accredited school or institution of higher learning, and who is dependent on parents or guardians
53 for at least fifty percent of his or her support. The type and amount of such benefits shall be
54 determined by the board of directors of the ambulance district within available revenues of the
55 district, including the pension program of the district. The provision and receipt of such benefits
56 shall not make the recipient an employee of the district. Directors who are also volunteer
57 members may receive such benefits while serving as a director of the district.

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

61 3. A regulatory ordinance of a district adopted pursuant to any provision of this section
62 may provide for a suspension or revocation of any rights or privileges within the control of the
63 district for a violation of any regulatory ordinance.

64 4. Nothing in this section or in other provisions of sections 190.001 to [~~190.245~~] **190.243**
65 shall be construed to authorize the district or board to establish or enforce any regulation or rule
66 in respect to the operation or maintenance of the ambulance service within its jurisdiction which
67 is in conflict with any federal or state law or regulation applicable to the same subject matter.

68 5. After August 28, 1998, the board of directors of an ambulance district that proposes
69 to contract for the total management and operation of the ambulance service, when that

70 ambulance district has not previously contracted out for said service, shall hold a public hearing
71 within a thirty-day period and shall make a finding that the proposed contract to manage and
72 operate the ambulance service will:

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

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

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

77 6. (1) Upon a satisfactory finding following the public hearing in subsection 5 of this
78 section and after a sixty-day period, the ambulance district may enter into the proposed contract,
79 however said contract shall not be implemented for at least thirty days.

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

84 7. All ambulance districts authorized to adopt laws, ordinances, or regulations regarding
85 basic life support ambulances shall require such ambulances to be equipped with an automated
86 external defibrillator and be staffed by at least one individual trained in the use of an automated
87 external defibrillator.

88 8. The ambulance district may adopt procedures for conducting fingerprint background
89 checks on current and prospective employees, contractors, and volunteers. The ambulance
90 district may submit applicant fingerprints to the Missouri state highway patrol, Missouri criminal
91 records repository, for the purpose of checking the person's criminal history. The fingerprints
92 shall be used to search the Missouri criminal records repository and shall be submitted to the
93 Federal Bureau of Investigation to be used for searching the federal criminal history files. The
94 fingerprints shall be submitted on forms and in the manner prescribed by the Missouri state
95 highway patrol. Fees shall be as set forth in section 43.530.

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

3 (1) Be currently certified as a paramedic;

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

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

9 2. A community paramedic shall practice in accordance with protocols and supervisory
10 standards established by the medical director. A community paramedic shall provide services

11 of a health care plan if the plan has been developed by the patient's physician or by an advanced
12 practice registered nurse through a collaborative practice arrangement with a physician or a
13 physician assistant through a collaborative practice arrangement with a physician and there is no
14 duplication of services to the patient from another provider.

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

19 4. A community paramedic is subject to the provisions of sections 190.001 to [~~190.245~~]
20 **190.243** and rules promulgated under sections 190.001 to [~~190.245~~] **190.243**.

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

23 6. The medical director shall approve the implementation of the community paramedic
24 program.

25 7. Any rule or portion of a rule, as that term is defined in section 536.010, that is created
26 under the authority delegated in this section shall become effective only if it complies with and
27 is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section
28 and chapter 536 are nonseverable and if any of the powers vested with the general assembly
29 pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule
30 are subsequently held unconstitutional, then the grant of rulemaking authority and any rule
31 proposed or adopted after August 28, 2013, shall be invalid and void.

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

3 (1) "Advanced emergency medical technician" or "AEMT", a person who has
4 successfully completed a course of instruction in certain aspects of advanced life support care
5 as prescribed by the department and is licensed by the department in accordance with sections
6 190.001 to [~~190.245~~] **190.243** and rules and regulations adopted by the department pursuant to
7 sections 190.001 to [~~190.245~~] **190.243**;

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

11 (3) "Ambulance", any privately or publicly owned vehicle or craft that is specially
12 designed, constructed or modified, staffed or equipped for, and is intended or used, maintained
13 or operated for the transportation of persons who are sick, injured, wounded or otherwise
14 incapacitated or helpless, or who require the presence of medical equipment being used on such
15 individuals, but the term does not include any motor vehicle specially designed, constructed or

16 converted for the regular transportation of persons who are disabled, handicapped, normally
17 using a wheelchair, or otherwise not acutely ill, or emergency vehicles used within airports;

18 (4) "Ambulance service", a person or entity that provides emergency or nonemergency
19 ambulance transportation and services, or both, in compliance with sections 190.001 to [~~190.245~~]
20 **190.243**, and the rules promulgated by the department pursuant to sections 190.001 to [~~190.245~~]
21 **190.243**;

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

24 (6) "Basic life support (BLS)", a basic level of care, as provided to the adult and pediatric
25 patient as defined by national curricula, and any modifications to that curricula specified in rules
26 adopted by the department pursuant to sections 190.001 to [~~190.245~~] **190.243**;

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

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

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

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

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

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

40 (b) Serious impairment to a bodily function;

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

42 (d) Inadequately controlled pain;

43 (12) "Emergency medical dispatcher", a person who receives emergency calls from the
44 public and has successfully completed an emergency medical dispatcher course, meeting or
45 exceeding the national curriculum of the United States Department of Transportation and any
46 modifications to such curricula specified by the department through rules adopted pursuant to
47 sections 190.001 to [~~190.245~~] **190.243**;

48 (13) "Emergency medical responder", a person who has successfully completed an
49 emergency first response course meeting or exceeding the national curriculum of the U.S.
50 Department of Transportation and any modifications to such curricula specified by the
51 department through rules adopted under sections 190.001 to [~~190.245~~] **190.243** and who

52 provides emergency medical care through employment by or in association with an emergency
53 medical response agency;

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

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

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

65 (17) "Emergency medical technician", a person licensed in emergency medical care in
66 accordance with standards prescribed by sections 190.001 to ~~[190.245]~~ **190.243**, and by rules
67 adopted by the department pursuant to sections 190.001 to ~~[190.245]~~ **190.243**;

68 (18) "Emergency medical technician-basic" or "EMT-B", a person who has successfully
69 completed a course of instruction in basic life support as prescribed by the department and is
70 licensed by the department in accordance with standards prescribed by sections 190.001 to
71 ~~[190.245]~~ **190.243** and rules adopted by the department pursuant to sections 190.001 to
72 ~~[190.245]~~ **190.243**;

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

76 (20) "Emergency medical technician-paramedic" or "EMT-P", a person who has
77 successfully completed a course of instruction in advanced life support care as prescribed by the
78 department and is licensed by the department in accordance with sections 190.001 to ~~[190.245]~~
79 **190.243** and rules adopted by the department pursuant to sections 190.001 to ~~[190.245]~~ **190.243**;

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

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

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

88 (24) "Medical control", supervision provided by or under the direction of physicians, or
89 their designated registered nurse, including both online medical control, instructions by radio,
90 telephone, or other means of direct communications, and offline medical control through
91 supervision by treatment protocols, case review, training, and standing orders for treatment;

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

94 (26) "Medical director", a physician licensed pursuant to chapter 334 designated by the
95 ambulance service or emergency medical response agency and who meets criteria specified by
96 the department by rules pursuant to sections 190.001 to ~~190.245~~ **190.243**;

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

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

104 (29) "Person", as used in these definitions and elsewhere in sections 190.001 to
105 ~~190.245~~ **190.243**, any individual, firm, partnership, copartnership, joint venture, association,
106 cooperative organization, corporation, municipal or private, and whether organized for profit or
107 not, state, county, political subdivision, state department, commission, board, bureau or fraternal
108 organization, estate, public trust, business or common law trust, receiver, assignee for the benefit
109 of creditors, trustee or trustee in bankruptcy, or any other service user or provider;

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

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

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

121 (33) "Proof of financial responsibility", proof of ability to respond to damages for
122 liability, on account of accidents occurring subsequent to the effective date of such proof, arising
123 out of the ownership, maintenance or use of a motor vehicle in the financial amount set in rules

124 promulgated by the department, but in no event less than the statutory minimum required for
125 motor vehicles. Proof of financial responsibility shall be used as proof of self-insurance;

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

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

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

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

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

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

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

151 (41) "STEMI care", includes education and prevention, emergency transport, triage, and
152 acute care and rehabilitative services for STEMI that requires immediate medical or surgical
153 intervention or treatment;

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

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

158 (44) "Stroke care", includes emergency transport, triage, and acute intervention and other
159 acute care services for stroke that potentially require immediate medical or surgical intervention

160 or treatment, and may include education, primary prevention, acute intervention, acute and
161 subacute management, prevention of complications, secondary stroke prevention, and
162 rehabilitative services;

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

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

166 (47) **"Time-critical diagnosis advisory committee", a committee formed under**
167 **section 190.257 to advise the department on policies impacting trauma, stroke, and STEMI**
168 **center designations; regulations on trauma care, stroke care, and STEMI care; and the**
169 **transport of trauma, stroke, and STEMI patients;**

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

172 [~~47~~] (49) "Trauma care" includes injury prevention, triage, acute care and rehabilitative
173 services for major single system or multisystem **trauma** injuries that potentially require
174 immediate medical or surgical intervention or treatment;

175 [~~48~~] (50) "Trauma center", a hospital that is currently designated as such by the
176 department.

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

7 2. The state EMS medical directors advisory committee and the regional EMS advisory
8 committees will be recognized as subcommittees of the state advisory council on emergency
9 medical services.

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

17 4. **The state EMS medical director, as described under section 190.103, shall serve**
18 **as an ex officio member of the council.**

19 **5.** The members of the council and subcommittees shall serve without compensation
20 except that members of the council shall, subject to appropriations, be reimbursed for reasonable
21 travel expenses and meeting expenses related to the functions of the council.

22 ~~[5-]~~ **6.** The purpose of the council is to make recommendations to the governor, the
23 general assembly, and the department on policies, plans, procedures and proposed regulations
24 on how to improve the statewide emergency medical services system. The council shall advise
25 the governor, the general assembly, and the department on all aspects of the emergency medical
26 services system.

27 ~~[6-]~~ **7.** (1) There is hereby established a standing subcommittee of the council to monitor
28 the implementation of the recognition of the EMS personnel licensure interstate compact under
29 sections 190.900 to 190.939, the interstate commission for EMS personnel practice, and the
30 involvement of the state of Missouri. The subcommittee shall meet at least biannually and
31 receive reports from the Missouri delegate to the interstate commission for EMS personnel
32 practice. The subcommittee shall consist of at least seven members appointed by the chair of the
33 council, to include at least two members as recommended by the Missouri state council of
34 firefighters and one member as recommended by the Missouri Association of Fire Chiefs. The
35 subcommittee may submit reports and recommendations to the council, the department of health
36 and senior services, the general assembly, and the governor regarding the participation of
37 Missouri with the recognition of the EMS personnel licensure interstate compact.

38 (2) The subcommittee shall formally request a public hearing for any rule proposed by
39 the interstate commission for EMS personnel practice in accordance with subsection 7 of section
40 190.930. The hearing request shall include the request that the hearing be presented live through
41 the internet. The Missouri delegate to the interstate commission for EMS personnel practice
42 shall be responsible for ensuring that all hearings, notices of, and related rulemaking
43 communications as required by the compact be communicated to the council and emergency
44 medical services personnel under the provisions of subsections 4, 5, 6, and 8 of section 190.930.

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

49 **8. The council shall consult with the time-critical diagnosis advisory committee, as**
50 **described under section 190.257, regarding time-critical diagnosis.**

190.103. 1. One physician with expertise in emergency medical services from each of
2 the EMS regions shall be elected by that region's EMS medical directors to serve as a regional
3 EMS medical director. The regional EMS medical directors shall constitute the state EMS
4 medical director's advisory committee and shall advise the department and their region's

5 ambulance services on matters relating to medical control and medical direction in accordance
6 with sections 190.001 to [~~190.245~~] **190.243** and rules adopted by the department pursuant to
7 sections 190.001 to [~~190.245~~] **190.243**. The regional EMS medical director shall serve a term
8 of four years. The southwest, northwest, and Kansas City regional EMS medical directors shall
9 be elected to an initial two-year term. The central, east central, and southeast regional EMS
10 medical directors shall be elected to an initial four-year term. All subsequent terms following
11 the initial terms shall be four years. The state EMS medical director shall be the chair of the state
12 EMS medical director's advisory committee, and shall be elected by the members of the regional
13 EMS medical director's advisory committee, shall serve a term of four years, and shall seek to
14 coordinate EMS services between the EMS regions, promote educational efforts for agency
15 medical directors, represent Missouri EMS nationally in the role of the state EMS medical
16 director, and seek to incorporate the EMS system into the health care system serving Missouri.

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

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

32 4. All ambulance services and emergency medical response agencies that are required
33 to have a medical director shall establish an agreement between the service or agency and their
34 medical director. The agreement will include the roles, responsibilities and authority of the
35 medical director beyond what is granted in accordance with sections 190.001 to [~~190.245~~]
36 **190.243** and rules adopted by the department pursuant to sections 190.001 to [~~190.245~~] **190.243**.
37 The agreement shall also include grievance procedures regarding the emergency medical
38 response agency or ambulance service, personnel and the medical director.

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

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

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

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

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

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

63 11. **The state EMS medical directors advisory committee shall review and make**
64 **recommendations regarding all proposed community and regional time-critical diagnosis**
65 **plans.**

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

190.104. 1. The department is authorized to establish a program to improve the quality
2 of emergency care for pediatric patients throughout the state and to implement a comprehensive
3 pediatric emergency medical services system in accordance with standards prescribed by sections

4 190.001 to ~~[190.245]~~ **190.243** and rules adopted by the department pursuant to sections 190.001
5 to ~~[190.245]~~ **190.243**.

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

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

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

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

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

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

33 4. The issuance of a license pursuant to the provisions of sections 190.001 to [~~190.245~~]
34 **190.243** shall not be construed so as to authorize any person to provide ambulance services or
35 to operate any ambulances without a franchise in any city not within a county or in a political
36 subdivision in any county with a population of over nine hundred thousand inhabitants, or a
37 franchise, contract or mutual-aid agreement in any other political subdivision which has enacted
38 an ordinance making it unlawful to do so.

39 5. Sections 190.001 to [~~190.245~~] **190.243** shall not preclude the adoption of any law,
40 ordinance or regulation not in conflict with such sections by any city not within a county, or at
41 least as strict as such sections by any county, municipality or political subdivision except that no
42 such regulations or ordinances shall be adopted by a political subdivision in a county with a
43 population of over nine hundred thousand inhabitants except by the county's governing body.

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

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

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

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

61 10. Except as provided in subsections 5 and 6, nothing in section 67.300, or subsection
62 2 of section 190.109, shall be construed to authorize any municipality or county which is located
63 within an ambulance district or a fire protection district that is authorized to provide ambulance
64 service to promulgate laws, ordinances or regulations related to the provision of ambulance
65 services. This provision shall not apply to any municipality or county which operates an
66 ambulance service established prior to August 28, 1998.

67 11. Nothing in section 67.300 or subsection 2 of section 190.109 shall be construed to
68 authorize any municipality or county which is located within an ambulance district or a fire

69 protection district that is authorized to provide ambulance service to operate an ambulance
70 service without a franchise in an ambulance district or a fire protection district that is authorized
71 to provide ambulance service which has enacted an ordinance making it unlawful to do so. This
72 provision shall not apply to any municipality or county which operates an ambulance service
73 established prior to August 28, 1998.

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

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

82 14. Upon the sale or transfer of any ground ambulance service ownership, the owner of
83 such service shall notify the department of the change in ownership within thirty days of such
84 sale or transfer. After receipt of such notice, the department shall conduct an inspection of the
85 ambulance service to verify compliance with the licensure standards of sections 190.001 to
86 ~~[190.245]~~ **190.243**.

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

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

- 9 (1) Medical control plans;
- 10 (2) Medical director qualifications;
- 11 (3) Air medical staff qualifications;
- 12 (4) Response and operations standards to assure that the health and safety needs of the
13 public are met;
- 14 (5) Standards for air medical communications;
- 15 (6) Criteria for compliance with licensure requirements;
- 16 (7) Records and forms;
- 17 (8) Equipment requirements;
- 18 (9) Five-year license renewal;

19 (10) Quality improvement committees; and

20 (11) Response time, patient care and transportation standards.

21 3. Application for an air ambulance service license shall be made upon such forms as
22 prescribed by the department in rules adopted pursuant to sections 190.001 to ~~[190.245]~~ **190.243**.
23 The application form shall contain such information as the department deems necessary to make
24 a determination as to whether the air ambulance service meets all the requirements of sections
25 190.001 to ~~[190.245]~~ **190.243** and rules promulgated pursuant to sections 190.001 to ~~[190.245]~~
26 **190.243**.

27 4. Upon the sale or transfer of any air ambulance service ownership, the owner of such
28 service shall notify the department of the change in ownership within thirty days of such sale or
29 transfer. After receipt of such notice, the department shall conduct an inspection of the
30 ambulance service to verify compliance with the licensure standards of sections 190.001 to
31 ~~[190.245]~~ **190.243**.

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

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

10 3. The department shall issue a new ground ambulance service license to an ambulance
11 service that is not currently licensed by the department, or is currently licensed by the department
12 and is seeking to expand its ambulance service area, except as provided in subsection 4 of this
13 section, to be valid for a period of five years, unless suspended, revoked or terminated, when the
14 director finds that the applicant meets the requirements of ambulance service licensure
15 established pursuant to sections 190.100 to ~~[190.245]~~ **190.243** and the rules adopted by the
16 department pursuant to sections 190.001 to ~~[190.245]~~ **190.243**. In order to be considered for a
17 new ambulance service license, an ambulance service shall submit to the department a letter of
18 endorsement from each ambulance district or fire protection district that is authorized to provide
19 ambulance service, or from each municipality not within an ambulance district or fire protection
20 district that is authorized to provide ambulance service, in which the ambulance service proposes
21 to operate. If an ambulance service proposes to operate in unincorporated portions of a county
22 not within an ambulance district or fire protection district that is authorized to provide ambulance
23 service, in order to be considered for a new ambulance service license, the ambulance service

24 shall submit to the department a letter of endorsement from the county. Any letter of
25 endorsement required pursuant to this section shall verify that the political subdivision has
26 conducted a public hearing regarding the endorsement and that the governing body of the
27 political subdivision has adopted a resolution approving the endorsement. The letter of
28 endorsement shall affirmatively state that the proposed ambulance service:

- 29 (1) Will provide a benefit to public health that outweighs the associated costs;
- 30 (2) Will maintain or enhance the public's access to ambulance services;
- 31 (3) Will maintain or improve the public health and promote the continued development
32 of the regional emergency medical service system;
- 33 (4) Has demonstrated the appropriate expertise in the operation of ambulance services;
- 34 and
- 35 (5) Has demonstrated the financial resources necessary for the operation of the proposed
36 ambulance service.

37 4. A contract between a political subdivision and a licensed ambulance service for the
38 provision of ambulance services for that political subdivision shall expand, without further action
39 by the department, the ambulance service area of the licensed ambulance service to include the
40 jurisdictional boundaries of the political subdivision. The termination of the aforementioned
41 contract shall result in a reduction of the licensed ambulance service's ambulance service area
42 by removing the geographic area of the political subdivision from its ambulance service area,
43 except that licensed ambulance service providers may provide ambulance services as are needed
44 at and around the state fair grounds for protection of attendees at the state fair.

45 5. The department shall renew a ground ambulance service license if the applicant meets
46 the requirements established pursuant to sections 190.001 to ~~[190.245]~~ **190.243**, and the rules
47 adopted by the department pursuant to sections 190.001 to ~~[190.245]~~ **190.243**.

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

- 50 (1) Vehicle design, specification, operation and maintenance standards;
- 51 (2) Equipment requirements;
- 52 (3) Staffing requirements;
- 53 (4) Five-year license renewal;
- 54 (5) Records and forms;
- 55 (6) Medical control plans;
- 56 (7) Medical director qualifications;
- 57 (8) Standards for medical communications;
- 58 (9) Memorandums of understanding with emergency medical response agencies that
59 provide advanced life support;

60 (10) Quality improvement committees; and

61 (11) Response time, patient care and transportation standards.

62 7. Application for a ground ambulance service license shall be made upon such forms
63 as prescribed by the department in rules adopted pursuant to sections 190.001 to [~~190.245~~]
64 **190.243**. The application form shall contain such information as the department deems
65 necessary to make a determination as to whether the ground ambulance service meets all the
66 requirements of sections 190.001 to [~~190.245~~] **190.243** and rules promulgated pursuant to
67 sections 190.001 to [~~190.245~~] **190.243**.

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

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

10 (2) For the loss of or damage to the property of another, including personal property,
11 under like circumstances.

12 2. The insurance policy or proof of financial responsibility shall be submitted by all
13 licensees required to provide such insurance pursuant to sections 190.001 to [~~190.245~~] **190.243**.
14 The insurance policy, or proof of the existence of financial responsibility, shall be submitted to
15 the director, in such form as the director may specify, for the director's approval prior to the
16 issuance of each ambulance service license.

17 3. Every insurance policy or proof of financial responsibility document required by the
18 provisions of this section shall contain proof of a provision for a continuing liability thereunder
19 to the full amount thereof, notwithstanding any recovery thereon; that the liability of the insurer
20 shall not be affected by the insolvency or the bankruptcy of the assured; and that until the policy
21 is revoked the insurance company or self-insured licensee or entity will not be relieved from
22 liability on account of nonpayment of premium, failure to renew license at the end of the year,
23 or any act or omission of the named assured. Such policy of insurance or self-insurance shall be
24 further conditioned for the payment of any judgments up to the limits of such policy, recovered
25 against any person other than the owner, the owner's agent or employee, who may operate the
26 same with the consent of the owner.

27 4. Every insurance policy or self-insured licensee or entity as required by the provisions
28 of this section shall extend for the period to be covered by the license applied for and the insurer

29 shall be obligated to give not less than thirty days' written notice to the director and to the insured
30 before any cancellation or termination thereof earlier than its expiration date, and the cancellation
31 or other termination of any such policy shall automatically revoke and terminate the licenses
32 issued for the ambulance service covered by such policy unless covered by another insurance
33 policy in compliance with sections 190.001 to ~~[190.245]~~ **190.243**.

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

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

8 3. Application for training entity accreditation or certification shall be made upon such
9 forms as prescribed by the department in rules adopted pursuant to sections 190.001 to ~~[190.245]~~
10 **190.243**. The application form shall contain such information as the department deems
11 reasonably necessary to make a determination as to whether the training entity meets all
12 requirements of sections 190.001 to ~~[190.245]~~ **190.243** and rules promulgated pursuant to
13 sections 190.001 to ~~[190.245]~~ **190.243**.

14 4. Upon receipt of such application for training entity accreditation or certification, the
15 department shall determine whether the training entity, its instructors, facilities, equipment,
16 curricula and medical oversight meet the requirements of sections 190.001 to ~~[190.245]~~ **190.243**
17 and rules promulgated pursuant to sections 190.001 to ~~[190.245]~~ **190.243**.

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

21 6. Subsequent to the issuance of a training entity accreditation or certification, the
22 department shall cause a periodic review of the training entity to assure continued compliance
23 with the requirements of sections 190.001 to ~~[190.245]~~ **190.243** and all rules promulgated
24 pursuant to sections 190.001 to ~~[190.245]~~ **190.243**.

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

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

4 2. The department shall issue a license to any emergency medical response agency which
5 provides advanced life support if the applicant meets the requirements established pursuant to

6 sections 190.001 to [~~190.245~~] **190.243**, and the rules adopted by the department pursuant to
7 sections 190.001 to [~~190.245~~] **190.243**. The department may promulgate rules relating to the
8 requirements for an emergency medical response agency including, but not limited to:

- 9 (1) A licensure period of five years;
- 10 (2) Medical direction;
- 11 (3) Records and forms; and
- 12 (4) Memorandum of understanding with local ambulance services.

13 3. Application for an emergency medical response agency license shall be made upon
14 such forms as prescribed by the department in rules adopted pursuant to sections 190.001 to
15 [~~190.245~~] **190.243**. The application form shall contain such information as the department
16 deems necessary to make a determination as to whether the emergency medical response agency
17 meets all the requirements of sections 190.001 to [~~190.245~~] **190.243** and rules promulgated
18 pursuant to sections 190.001 to [~~190.245~~] **190.243**.

19 4. No person or entity shall hold itself out as an emergency medical response agency that
20 provides advanced life support or provide the services of an emergency medical response agency
21 that provides advanced life support unless such person or entity is licensed by the department.

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

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

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

20 2. The department shall issue a license to all levels of emergency medical technicians,
21 for a period of five years, if the applicant meets the requirements established pursuant to sections
22 190.001 to [~~190.245~~] **190.243** and the rules adopted by the department pursuant to sections
23 190.001 to [~~190.245~~] **190.243**. The department may promulgate rules relating to the
24 requirements for an emergency medical technician including but not limited to:

25 (1) Age requirements;

26 (2) Emergency medical technician and paramedic education and training requirements
27 based on respective National Emergency Medical Services Education Standards and any
28 modification to such curricula specified by the department through rules adopted pursuant to
29 sections 190.001 to [~~190.245~~] **190.243**;

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

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

35 (5) Continuing education and relicensure requirements; and

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

37 3. Application for all levels of emergency medical technician license shall be made upon
38 such forms as prescribed by the department in rules adopted pursuant to sections 190.001 to
39 [~~190.245~~] **190.243**. The application form shall contain such information as the department
40 deems necessary to make a determination as to whether the emergency medical technician meets
41 all the requirements of sections 190.001 to [~~190.245~~] **190.243** and rules promulgated pursuant
42 to sections 190.001 to [~~190.245~~] **190.243**.

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

45 (1) Consistent with the training, education and experience of the particular emergency
46 medical technician; and

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

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

51 6. Any rule or portion of a rule, as that term is defined in section 536.010, that is created
52 under the authority delegated in this section shall become effective only if it complies with and
53 is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section
54 and chapter 536 are nonseverable and if any of the powers vested with the general assembly
55 pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule

56 are subsequently held unconstitutional, then the grant of rulemaking authority and any rule
57 proposed or adopted after August 28, 2002, shall be invalid and void.

190.143. 1. Notwithstanding any other provisions of law, the department may grant a
2 ninety-day temporary emergency medical technician license to all levels of emergency medical
3 technicians who meet the following:

4 (1) Can demonstrate that they have, or will have, employment requiring an emergency
5 medical technician license;

6 (2) Are not currently licensed as an emergency medical technician in Missouri or have
7 been licensed as an emergency medical technician in Missouri and fingerprints need to be
8 submitted to the Federal Bureau of Investigation to verify the existence or absence of a criminal
9 history, or they are currently licensed and the license will expire before a verification can be
10 completed of the existence or absence of a criminal history;

11 (3) Have submitted a complete application upon such forms as prescribed by the
12 department in rules adopted pursuant to sections 190.001 to ~~[190.245]~~ **190.243**;

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

15 (5) Meet all the requirements of rules promulgated pursuant to sections 190.001 to
16 ~~[190.245]~~ **190.243**.

17 2. A temporary emergency medical technician license shall only authorize the ~~[license]~~
18 **licensee** to practice while under the immediate supervision of a licensed emergency medical
19 technician, registered nurse, physician assistant, or physician who is currently licensed, without
20 restrictions, to practice in Missouri.

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

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

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

190.165. 1. The department may refuse to issue or deny renewal of any certificate,
2 permit or license required pursuant to sections 190.100 to ~~[190.245]~~ **190.243** for failure to

3 comply with the provisions of sections 190.100 to ~~[190.245]~~ **190.243** or any lawful regulations
4 promulgated by the department to implement its provisions as described in subsection 2 of this
5 section. The department shall notify the applicant in writing of the reasons for the refusal and
6 shall advise the applicant of his or her right to file a complaint with the administrative hearing
7 commission as provided by chapter 621.

8 2. The department may cause a complaint to be filed with the administrative hearing
9 commission as provided by chapter 621 against any holder of any certificate, permit or license
10 required by sections 190.100 to ~~[190.245]~~ **190.243** or any person who has failed to renew or has
11 surrendered his or her certificate, permit or license for failure to comply with the provisions of
12 sections 190.100 to ~~[190.245]~~ **190.243** or any lawful regulations promulgated by the department
13 to implement such sections. Those regulations shall be limited to the following:

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

17 (2) Being finally adjudicated and found guilty, or having entered a plea of guilty or nolo
18 contendere, in a criminal prosecution under the laws of any state or of the United States, for any
19 offense reasonably related to the qualifications, functions or duties of any activity licensed or
20 regulated pursuant to sections 190.100 to ~~[190.245]~~ **190.243**, for any offense an essential element
21 of which is fraud, dishonesty or an act of violence, or for any offense involving moral turpitude,
22 whether or not sentence is imposed;

23 (3) Use of fraud, deception, misrepresentation or bribery in securing any certificate,
24 permit or license issued pursuant to sections 190.100 to ~~[190.245]~~ **190.243** or in obtaining
25 permission to take any examination given or required pursuant to sections 190.100 to ~~[190.245]~~
26 **190.243**;

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

29 (5) Incompetency, misconduct, gross negligence, fraud, misrepresentation or dishonesty
30 in the performance of the functions or duties of any activity licensed or regulated by sections
31 190.100 to ~~[190.245]~~ **190.243**;

32 (6) Violation of, or assisting or enabling any person to violate, any provision of sections
33 190.100 to ~~[190.245]~~ **190.243**, or of any lawful rule or regulation adopted by the department
34 pursuant to sections 190.100 to ~~[190.245]~~ **190.243**;

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

37 (8) Disciplinary action against the holder of a license or other right to practice any
38 activity regulated by sections 190.100 to ~~[190.245]~~ **190.243** granted by another state, territory,

39 federal agency or country upon grounds for which revocation or suspension is authorized in this
40 state;

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

43 (10) Assisting or enabling any person to practice or offer to practice any activity licensed
44 or regulated by sections 190.100 to ~~[190.245]~~ **190.243** who is not licensed and currently eligible
45 to practice pursuant to sections 190.100 to ~~[190.245]~~ **190.243**;

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

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

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

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

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

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

58 (17) Repeated acts of negligence or recklessness in the performance of the functions or
59 duties of any activity licensed or regulated by sections 190.100 to ~~[190.245]~~ **190.243**.

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

63 (1) Consult legal counsel or have legal counsel present;

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

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

66

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

69 4. After the filing of such complaint, the proceedings shall be conducted in accordance
70 with the provisions of chapter 621. Upon a finding by the administrative hearing commission
71 that the grounds, provided in subsection 2 of this section, for disciplinary action are met, the
72 department may, singly or in combination, censure or place the person named in the complaint
73 on probation on such terms and conditions as the department deems appropriate for a period not
74 to exceed five years, or may suspend, for a period not to exceed three years, or revoke the

75 license, certificate or permit. Notwithstanding any provision of law to the contrary, the
76 department shall be authorized to impose a suspension or revocation as a disciplinary action only
77 if it first files the requisite complaint with the administrative hearing commission. The
78 administrative hearing commission shall hear all relevant evidence on remediation activities of
79 the licensee and shall make a recommendation to the department of health and senior services
80 as to licensure disposition based on such evidence.

81 5. An individual whose license has been revoked shall wait one year from the date of
82 revocation to apply for relicensure. Relicensure shall be at the discretion of the department after
83 compliance with all the requirements of sections 190.100 to [~~190.245~~] **190.243** relative to the
84 licensing of an applicant for the first time. Any individual whose license has been revoked twice
85 within a ten-year period shall not be eligible for relicensure.

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

89 7. Any person, organization, association or corporation who reports or provides
90 information to the department pursuant to the provisions of sections 190.100 to [~~190.245~~]
91 **190.243** and who does so in good faith shall not be subject to an action for civil damages as a
92 result thereof.

93 8. The department of health and senior services may suspend any certificate, permit or
94 license required pursuant to sections 190.100 to [~~190.245~~] **190.243** simultaneously with the filing
95 of the complaint with the administrative hearing commission as set forth in subsection 2 of this
96 section, if the department finds that there is an imminent threat to the public health. The notice
97 of suspension shall include the basis of the suspension and notice of the right to appeal such
98 suspension. The licensee may appeal the decision to suspend the license, certificate or permit
99 to the department. The appeal shall be filed within ten days from the date of the filing of the
100 complaint. A hearing shall be conducted by the department within ten days from the date the
101 appeal is filed. The suspension shall continue in effect until the conclusion of the proceedings,
102 including review thereof, unless sooner withdrawn by the department, dissolved by a court of
103 competent jurisdiction or stayed by the administrative hearing commission.

190.171. Any person aggrieved by an official action of the department of health and
2 senior services affecting the licensed status of a person pursuant to the provisions of sections
3 190.001 to [~~190.245~~] **190.243** and sections 190.525 to 190.537, including the refusal to grant,
4 the grant, the revocation, the suspension, or the failure to renew a license, may seek a
5 determination thereon by the administrative hearing commission pursuant to the provisions of
6 section 621.045, and it shall not be a condition to such determination that the person aggrieved

7 seek a reconsideration, a rehearing, or exhaust any other procedure within the department of
8 health and senior services or the department of social services.

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

9 2. Any information regarding the identity, name, address, license, final disciplinary
10 action taken, currency of the license, permit, or certificate of an applicant for or a person
11 possessing a license, permit, or certificate in accordance with sections 190.100 to ~~[190.245]~~
12 **190.243** shall not be confidential.

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

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

21 5. Nothing in this section shall prohibit the department from releasing aggregate
22 information in accordance with section 192.067.

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

7 (1) Departmental regulation of trauma centers; or

8 (2) ~~[The Missouri brain and spinal cord injury registry established by sections 192.735~~
9 ~~to 192.745, or~~

10 ~~—(3)] Abstracts of inpatient hospital data; or~~

11 ~~[(4)] (3)~~ If such data elements are requested by a lawful subpoena or subpoena duces
12 tecum.

13 2. All information and documents in any civil action, otherwise discoverable, may be
14 obtained from any person or entity providing information pursuant to the provisions of sections
15 190.001 to ~~[190.245]~~ **190.243**.

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

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

7 3. The attorney general of Missouri shall have concurrent jurisdiction with any and all
8 prosecuting attorneys to prosecute persons in violation of sections 190.001 to ~~[190.245]~~ **190.243**,
9 and the attorney general or prosecuting attorney may institute injunctive proceedings against any
10 person operating in violation of sections 190.001 to ~~[190.245]~~ **190.243**.

11 4. The prosecuting attorney for the county in which the violation of a political
12 subdivision's law, ordinance or regulation relating to the provision of ambulance services occurs
13 may prosecute such violations in the circuit court of that county. The legal officer or attorney
14 for the political subdivision may be appointed by the prosecuting attorney as special assistant
15 prosecuting attorney for the prosecution of any such violation.

16 5. A person, acting as owner, agent or otherwise, who holds a valid license for an
17 ambulance service, shall not, incident to such person's business or service of transporting
18 patients, violate any applicable law, ordinance or regulation of any political subdivision by
19 providing ambulance services or operating any ambulances without a franchise, contract or
20 mutual-aid agreement in such political subdivision, or by violating any such franchise, contract
21 or mutual-aid agreement by any political subdivision which has enacted ordinances making it
22 unlawful to do so. If the department receives official written notification by a political
23 subdivision that an ambulance service has been adjudicated and found to be in violation of any
24 applicable law or ordinance, such ambulance service shall be subject to licensure action by the
25 department.

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

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

 190.185. The department shall adopt, amend, promulgate, and enforce such rules,
2 regulations and standards with respect to the provisions of this chapter as may be designed to
3 further the accomplishment of the purpose of this law in promoting state-of-the-art emergency

4 medical services in the interest of public health, safety and welfare. When promulgating such
5 rules and regulations, the department shall consider the recommendations of the state advisory
6 council on emergency medical services. Any rule or portion of a rule promulgated pursuant to
7 the authority of sections 190.001 to ~~[190.245]~~ **190.243** or sections 190.525 to 190.537 shall
8 become effective only if it complies with and is subject to all of the provisions of chapter 536
9 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of
10 the powers vested with the general assembly pursuant to chapter 536 to review, to delay the
11 effective date or to disapprove and annul a rule are subsequently held unconstitutional, then the
12 grant of rulemaking authority and any rule proposed or adopted after August 28, 2002, shall be
13 invalid and void.

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

5 2. All ambulance services shall have until August 28, 1999, to comply with the
6 provisions of sections 190.001 to ~~[190.245]~~ **190.243** and rules developed pursuant to sections
7 190.001 to ~~[190.245]~~ **190.243**. Pursuant to sections 190.001 to ~~[190.245]~~ **190.243** the
8 department may adjust the initial period of licensure, from one year to five years, of any
9 ambulance service licensed pursuant to sections 190.001 to ~~[190.245]~~ **190.243**, to equalize the
10 number of licenses that may be renewed during each year of any five-year licensure period.

190.196. 1. No employer shall knowingly employ or permit any employee to perform
2 any services for which a license, certificate or other authorization is required by sections 190.001
3 to ~~[190.245]~~ **190.243**, or by rules adopted pursuant to sections 190.001 to ~~[190.245]~~ **190.243**,
4 unless and until the person so employed possesses all licenses, certificates or authorizations that
5 are required.

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

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

- 15 (1) Child abuse or sexual abuse of a child;
16 (2) Crimes of violence; or

17 (3) Rape or sexual abuse.

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

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

190.200. 1. The department of health and senior services in cooperation with **hospitals**
2 **and** local and regional EMS systems and agencies may provide public and professional
3 information and education programs related to emergency medical services systems including
4 trauma, STEMI, and stroke systems and emergency medical care and treatment. The department
5 of health and senior services may also provide public information and education programs for
6 informing residents of and visitors to the state of the availability and proper use of emergency
7 medical services, **of the designation a hospital may receive as a trauma center, STEMI**
8 **center, or stroke center**, of the value and nature of programs to involve citizens in the
9 administering of prehospital emergency care, including cardiopulmonary resuscitation, and of
10 the availability of training programs in emergency care for members of the general public.

11 2. The department shall, for **trauma care**, STEMI care, and stroke care, respectively:

12 (1) Compile ~~and~~ , assess, **and make publicly available** peer-reviewed and
13 evidence-based clinical research and guidelines that provide or support recommended treatment
14 standards **and that have been recommended by the time-critical diagnosis advisory**
15 **committee**;

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

18 (3) Use the research, guidelines, and assessment to promulgate rules establishing
19 protocols for transporting **trauma patients to a trauma center**, STEMI patients to a STEMI
20 center, or stroke patients to a stroke center. Such transport protocols shall direct patients to
21 **trauma centers**, STEMI centers, and stroke centers under section 190.243 based on the centers'
22 capacities to deliver recommended acute care treatments within time limits suggested by clinical
23 research;

24 (4) Define regions within the state for purposes of coordinating the delivery of **trauma**
25 **care**, STEMI care, and stroke care, respectively;

26 (5) Promote the development of regional or community-based plans for transporting
27 **trauma**, STEMI, or stroke patients via ground or air ambulance to **trauma centers**, STEMI
28 centers, or stroke centers, respectively, in accordance with section 190.243; and

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

31 3. A community-based or regional plan **for the transport of trauma, STEMI, and**
32 **stroke patients** shall be submitted to the department for approval. Such plan shall be based on
33 the clinical research and guidelines and assessment of capacity described in subsection ~~[4]~~ **2** of
34 this section and shall include a mechanism for evaluating its effect on medical outcomes. Upon
35 approval of a plan, the department shall waive the requirements of rules promulgated under
36 sections 190.100 to ~~[190.245]~~ **190.243** that are inconsistent with the community-based or
37 regional plan. A community-based or regional plan shall be developed by ~~[or in consultation~~
38 ~~with]~~ the representatives of hospitals, physicians, and emergency medical services providers in
39 the community or region.

 190.241. 1. **Except as provided for in subsection 4 of this section,** the department
2 shall designate a hospital as an adult, pediatric or adult and pediatric trauma center when a
3 hospital, upon proper application submitted by the hospital and site review, has been found by
4 the department to meet the applicable level of trauma center criteria for designation in
5 accordance with rules adopted by the department as prescribed by section 190.185. **Site review**
6 **may occur on-site or by any reasonable means of communication, or by any combination**
7 **thereof.** Such rules shall include designation as a trauma center without site review if such
8 hospital is verified by a national verifying or designating body at the level which corresponds to
9 a level approved in rule. **In developing trauma center designation criteria, the department**
10 **shall use, as it deems practicable, peer-reviewed and evidence-based clinical research and**
11 **guidelines including, but not limited to, the most recent guidelines of the American College**
12 **of Surgeons.**

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

27 3. The department of health and senior services shall, not less than once every [five]
 28 **three** years, conduct [~~an on-site~~] **a site** review of every trauma, STEMI, and stroke center
 29 through appropriate department personnel or a qualified contractor, with the exception of
 30 **trauma centers, STEMI centers, and** stroke centers designated pursuant to subsection [5] **4** of
 31 this section; however, this provision is not intended to limit the department's ability to conduct
 32 a complaint investigation pursuant to subdivision (3) of subsection 2 of section 197.080 of any
 33 trauma, STEMI, or stroke center. [~~On-site~~] **Site** reviews shall be coordinated for the different
 34 types of centers to the extent practicable with hospital licensure inspections conducted under
 35 chapter 197. No person shall be a qualified contractor for purposes of this subsection who has
 36 a substantial conflict of interest in the operation of any trauma, STEMI, or stroke center under
 37 review. The department may deny, place on probation, suspend or revoke such designation in
 38 any case in which it has [~~reasonable cause to believe that~~] **determined** there has been a
 39 substantial failure to comply with the provisions of this chapter or any rules or regulations
 40 promulgated pursuant to this chapter. **Centers that are placed on probationary status shall**
 41 **be required to demonstrate compliance with the provisions of this chapter and any rules**
 42 **or regulations promulgated under this chapter within twelve months of the date of the**
 43 **receipt of the notice of probationary status, unless otherwise provided by a settlement**
 44 **agreement with a duration of a maximum of eighteen months between the department and**
 45 **the designated center.** If the department of health and senior services has [~~reasonable cause to~~
 46 ~~believe~~] **determined** that a hospital is not in compliance with such provisions or regulations, it
 47 may conduct additional announced or unannounced site reviews of the hospital to verify
 48 compliance. If a trauma, STEMI, or stroke center fails two consecutive [~~on-site~~] **site** reviews
 49 because of substantial noncompliance with standards prescribed by sections 190.001 to [190.245]
 50 **190.243** or rules adopted by the department pursuant to sections 190.001 to [190.245] **190.243**,
 51 its center designation shall be revoked.

52 4. **(1)** Instead of applying for **trauma, STEMI, or stroke** center designation under
 53 subsection **1 or 2** of this section, a hospital may apply for **trauma, STEMI, or stroke** center
 54 designation under this subsection. Upon receipt of an application [~~from a hospital~~] on a form
 55 prescribed by the department, the department shall designate such hospital[:

56 ~~—— (1) A level I STEMI center if such hospital has been certified as a Joint Commission~~
 57 ~~comprehensive cardiac center or another department-approved nationally recognized~~
 58 ~~organization that provides comparable STEMI center accreditation; or~~

59 ~~—— (2) A level II STEMI center if such hospital has been accredited as a Mission: Lifeline~~
 60 ~~STEMI receiving center by the American Heart Association accreditation process or another~~
 61 ~~department-approved nationally recognized organization that provides STEMI receiving center~~
 62 ~~accreditation.~~

63 ~~5. Instead of applying for stroke center designation pursuant to the provisions of~~
 64 ~~subsection 2 of this section, a hospital may apply for stroke center designation pursuant to this~~
 65 ~~subsection. Upon receipt of an application from a hospital on a form prescribed by the~~
 66 ~~department, the department shall designate such hospital:~~

67 ~~(1) A level I stroke center if such hospital has been certified as a comprehensive stroke~~
 68 ~~center by the Joint Commission or any other certifying organization designated by the department~~
 69 ~~when such certification is in accordance with the American Heart Association/American Stroke~~
 70 ~~Association guidelines;~~

71 ~~(2) A level II stroke center if such hospital has been certified as a primary stroke center~~
 72 ~~by the Joint Commission or any other certifying organization designated by the department when~~
 73 ~~such certification is in accordance with the American Heart Association/American Stroke~~
 74 ~~Association guidelines; or~~

75 ~~(3) A level III stroke center if such hospital has been certified as an acute stroke-ready~~
 76 ~~hospital by the Joint Commission or any other certifying organization designated by the~~
 77 ~~department when such certification is in accordance with the American Heart~~
 78 ~~Association/American Stroke Association guidelines] at a state level that corresponds to a~~
 79 **similar national designation as set forth in rules promulgated by the department. The rules**
 80 **shall be based on standards of nationally recognized organizations and the**
 81 **recommendations of the time-critical diagnosis advisory committee.**

82 (2) Except as provided by subsection [6] 5 of this section, the department shall not
 83 require compliance with any additional standards for establishing or renewing **trauma, STEMI,**
 84 **or** stroke designations. The designation shall continue if such hospital remains certified **or**
 85 **verified.** The department may remove a hospital's designation as a **trauma center, STEMI**
 86 **center, or** stroke center if the hospital requests removal of the designation or the department
 87 determines that the certificate [recognizing] **or verification that qualified** the hospital [as a
 88 ~~stroke center] for the designation under this subsection has been suspended or revoked. Any~~
 89 decision made by the department to withdraw its designation of a [stroke] center pursuant to this
 90 subsection that is based on the revocation or suspension of a certification **or verification** by a
 91 certifying **or verifying** organization shall not be subject to judicial review. The department shall
 92 report to the certifying **or verifying** organization any complaint it receives related to the [stroke]
 93 center [certification of a stroke center] designated pursuant to this subsection. The department
 94 shall also advise the complainant which organization certified **or verified** the [stroke] center and
 95 provide the necessary contact information should the complainant wish to pursue a complaint
 96 with the certifying **or verifying** organization.

97 [6.] 5. Any hospital receiving designation as a **trauma center, STEMI center, or** stroke
 98 center pursuant to subsection [5] 4 of this section shall:

99 (1) ~~[Annually and]~~ Within thirty days of any changes **or receipt of a certificate or**
100 **verification**, submit to the department proof of ~~[stroke]~~ **certification or verification** and the
101 names and contact information of the **center's** medical director and the program manager ~~[of the~~
102 ~~stroke center]~~; **and**

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

105 ~~— (3) Submit every four years an application on a form prescribed by the department for~~
106 ~~stroke center review and designation;~~

107 ~~— (4) Participate in the emergency medical services regional system of stroke care in its~~
108 ~~respective emergency medical services region as defined in rules promulgated by the department;~~

109 ~~— (5)] Participate in local and regional emergency medical services systems [by reviewing~~
110 ~~and sharing outcome data and] **for purposes of** providing training ~~[and] , sharing~~ clinical
111 educational resources, **and collaborating on improving patient outcomes.**~~

112

113 Any hospital receiving designation as a level III stroke center pursuant to subsection ~~[5]~~ **4** of this
114 section shall have a formal agreement with a level I or level II stroke center for physician
115 consultative services for evaluation of stroke patients for thrombolytic therapy and the care of
116 the patient post-thrombolytic therapy.

117 ~~[7.]~~ **6.** Hospitals designated as a **trauma center, STEMI center,** or stroke center by the
118 department~~[, including those designated pursuant to subsection 5 of this section,]~~ shall submit
119 data ~~[to meet the data submission requirements specified by rules promulgated by the~~
120 ~~department. Such submission of data may be done]~~ by **one of** the following methods:

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

122 (2) ~~[Downloading hospital data from a nationally recognized registry or data bank and~~
123 ~~importing the data files into a state registry; or~~

124 ~~— (3) Authorizing a nationally recognized registry or data bank to disclose or grant access~~
125 ~~to the department facility-specific data held by the]~~ **Entering hospital data into a national**

126 registry or data bank. A hospital submitting data pursuant to **this** subdivision ~~[(2) or (3) of this~~
127 ~~subsection]~~ shall not be required to collect and submit any additional **trauma, STEMI, or stroke**

128 center data elements. **No hospital submitting data to a national data registry or data bank**

129 **under this subdivision shall withhold authorization for the department to access such data**
130 **through such national data registry or data bank. Nothing in this subdivision shall be**

131 **construed as requiring duplicative data entry by a hospital that is otherwise complying**

132 **with the provisions of this subsection. Failure of the department to obtain access to data**

133 **submitted to a national data registry or data bank shall not be construed as hospital**

134 **noncompliance under this subsection.**

135 ~~[8-]~~ 7. When collecting and analyzing data pursuant to the provisions of this section, the
136 department shall comply with the following requirements:

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

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

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

143 (4) ~~[The data collection system shall be capable of accepting file transfers of data entered
144 into any national recognized trauma, stroke, or STEMI registry or data bank to fulfill trauma,
145 stroke, or STEMI certification reporting requirements; and~~

146 ~~——(5)]~~ **Trauma, STEMI, and stroke center data elements shall conform to [nationally
147 recognized performance measures, such as the American Heart Association's Get With the
148 Guidelines] national registry or data bank data elements**, and include published detailed
149 measure specifications, data coding instructions, and patient population inclusion and exclusion
150 criteria to ensure data reliability and validity.

151 ~~[9. The board of registration for the healing arts shall have sole authority to establish
152 education requirements for physicians who practice in an emergency department of a facility
153 designated as a trauma, STEMI, or stroke center by the department under this section. The
154 department shall deem such education requirements promulgated by the board of registration for
155 the healing arts sufficient to meet the standards for designations under this section.~~

156 ~~——10.]~~ **8. The department shall not have authority to establish additional education
157 requirements for emergency medicine board-certified or board-eligible physicians who are
158 participating in the American Board of Emergency Medicine (ABEM) or American
159 Osteopathic Board of Emergency Medicine (AOBEM) maintenance of certification process
160 and are practicing in the emergency department of a facility designated as a trauma center,
161 STEMI center, or stroke center by the department under this section. The department
162 shall deem the education requirements promulgated by ABEM or AOBEM to meet the
163 standards for designations under this section. Education requirements for non-ABEM or
164 non-AOBEM certified physicians, nurses, and other providers who provide care at a
165 facility designated as a trauma center, STEMI center, or stroke center by the department
166 under this section shall mirror but not exceed those established by national designating or
167 verifying bodies of trauma centers, STEMI centers, or stroke centers.**

168 **9.** The department of health and senior services may establish appropriate fees to offset
169 **only** the costs of trauma, STEMI, and stroke center ~~[reviews]~~ **surveys.**

170 ~~[11.]~~ **10.** No hospital shall hold itself out to the public as a STEMI center, stroke center,
171 adult trauma center, pediatric trauma center, or an adult and pediatric trauma center unless it is
172 designated as such by the department of health and senior services.

173 ~~[12.]~~ **11.** Any person aggrieved by an action of the department of health and senior
174 services affecting the trauma, STEMI, or stroke center designation pursuant to this chapter,
175 including the revocation, the suspension, or the granting of, refusal to grant, or failure to renew
176 a designation, may seek a determination thereon by the administrative hearing commission under
177 chapter 621. It shall not be a condition to such determination that the person aggrieved seek a
178 reconsideration, a rehearing, or exhaust any other procedure within the department.

179 **12. Failure of a hospital to provide all medical records and quality improvement**
180 **documentation necessary for the department to implement the provisions of sections**
181 **190.241 to 190.243 shall result in the revocation of the hospital's designation as a trauma**
182 **center, STEMI center, or stroke center. Any medical records obtained by the department**
183 **shall be used only for purposes of implementing the provisions of sections 190.241 to**
184 **190.243, and the names of hospitals, physicians, and patients shall not be released by the**
185 **department or members of review teams.**

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

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

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

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

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

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

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

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

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

(2) Engagement in cooperative research endeavors;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

27 (e) Three physicians, with one physician certified by the American Board of
28 Emergency Medicine (ABEM) or American Osteopathic Board of Emergency Medicine
29 (AOBEM) and two physicians employed in time-critical diagnosis specialties at a level I or
30 level II trauma center, STEMI center, or stroke center.

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

33 5. The director shall make a reasonable effort to ensure that the members
34 representing hospitals have geographical representation from each district of the state
35 designated by a statewide nonprofit membership association of hospitals.

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

41 7. The committee shall consult with the state advisory council on emergency
42 medical services, as described in section 190.101, regarding issues involving emergency
43 medical services.

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

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

8 3. (1) Notwithstanding any other provision of law to the contrary, any participant
9 may disclose, access, or use individually identifiable information through a health
10 information network under this section and in accordance with applicable federal laws,
11 including, but not limited to, the HIPAA laws, related to individual consent or
12 authorization requirements.

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

17 (3) A health information exchange or health information network shall implement
18 policies that meet the requirements under the HIPAA laws governing the privacy and

19 security of individually identifiable information that is accessible or delivered through the
20 health information exchange or health information network.

21 (4) All participants in a health information network under this section shall comply
22 with the HIPAA laws, if such participant is subject to the HIPAA laws, and all policies and
23 procedures of the health information network with respect to the health information
24 exchange activities.

25 (5) To the extent any provision of state law, rule, or regulation regarding the
26 confidentiality of any individually identifiable information conflicts with, is contrary to,
27 or is more stringent than the provisions of this section, the provisions of this section shall
28 control with respect to a participant's disclosure, access, or use of that individually
29 identifiable information through a health information network under this section. More
30 stringent provisions would include requiring a participant to obtain individual written
31 consent or authorization before disclosing, accessing, or using individually identifiable
32 information through a health information network under this section that is not in
33 accordance with applicable federal laws including, but not limited to, the HIPAA laws.

34 4. (1) Participants shall maintain a written notice of privacy practices for the
35 health information network that describes all of the following:

36 (a) The categories of individually identifiable information that are accessible or
37 disclosed through the health information network;

38 (b) The purposes for which access to individually identifiable information is
39 provided through the health information network or for which individually identifiable
40 information is disclosed through the health information network; and

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

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

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

51 5. (1) A health information network shall not be considered a health care provider,
52 as that term is defined in section 538.205, based on its health information exchange
53 activities and shall not be subject to liability for damages or costs of any nature, in law or
54 in equity, arising out of chapter 538 and the common law of Missouri related to rendering

55 of or failure to render health care services when carrying out health information exchange
56 activities in accordance with this section.

57 (2) Participants under this section shall not be liable in any action for damages or
58 costs of any nature, in law or in equity, including a breach of a duty of confidentiality, that
59 result solely from the participant's use of or failure to use the health information exchange
60 or the participant's disclosure of individually identifiable information through the health
61 information exchange in accordance with the requirements of this section. Nothing in this
62 section shall be construed to limit the liability of a health care provider, as that term is
63 defined in section 538.205, for damages or costs of any nature, in law or in equity, arising
64 out of chapter 538 or the common law of Missouri for the health care provider's rendering
65 of or failure to render health care services, as that term is defined in section 538.205.

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

69 (4) All staff, officers, and members of the board of directors of a health information
70 network under this section who perform health information exchange activities under this
71 section, whether temporary or permanent, shall not be subject to and shall be immune
72 from any claim, suit, liability, damages, or any other recourse, civil or criminal, arising
73 from any act or proceeding, decision, or determination undertaken, performed, or reached
74 in good faith and without malice by any such member or members acting individually or
75 jointly in carrying out the responsibilities, authority, duties, powers, and privileges of the
76 offices conferred by law upon them under this section, or any other law, or policies and
77 procedures of the health information network, good faith being presumed until proven
78 otherwise, with malice required to be shown by a complainant.

79 (5) Individually identifiable information received from a participant and accessible
80 through a health information network under this section shall not be subject to discovery,
81 subpoena, or other means of legal compulsion for the release of such individually
82 identifiable information received from other participants or the health information
83 network to any person or entity. Health information networks and participants shall not
84 be compelled by a request for production, subpoena, court order, or otherwise to disclose
85 individually identifiable information received from another participant.

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

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

93 6. This section shall not be construed as implementing a prescription drug
94 monitoring program under the authority of the department of health and senior services
95 or compelling a health care provider to report prescription drug information to the
96 department of health and senior services.

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

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

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

104 (3) "Health information ~~[organization]~~ exchange" or "health information network",
105 an organization that oversees and governs ~~[the exchange of health-related information among~~
106 ~~organizations according to nationally recognized standards.]~~ health information exchange
107 activities;

108 (4) "Health information exchange activities", the electronic exchange, including
109 permitting access to or the delivery, of individually identifiable information among more
110 than two unaffiliated organizations, not including the health information exchange itself,
111 according to nationally recognized standards. The following activities are not considered
112 "health information exchange activities":

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

116 (b) Electronic exchange of individually identifiable information among unaffiliated
117 organizations solely for research purposes;

118 (5) "HIPAA", the Health Insurance Portability and Accountability Act of 1996, as
119 amended, the Health Information Technology for Economic and Clinical Health Act, as
120 amended, and implementing regulations;

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

123 (7) "Individually identifiable information", any information that identifies an
124 individual or with respect to which there is a reasonable basis to believe the information
125 can be used to identify the individual and relates to the past, present, or future physical or

126 **mental health or condition of an individual; the provision of health care to an individual;**
 127 **or the past, present, or future payment for the provision of health care to an individual,**
 128 **and includes, without limitation, information created or generated by health care**
 129 **providers, health benefit plans, organizations providing social services or assessing social**
 130 **determinants of health, and organizations that provide services to or on behalf of any of**
 131 **the foregoing and health care clearinghouses;**

132 **(8) "Participant", an individual who or entity that accesses, uses, or discloses**
 133 **individually identifiable information through a health information network, and includes,**
 134 **without limitation, health care providers, health benefit plans, organizations providing**
 135 **social services or assessing social determinants of health, and organizations that provide**
 136 **services to or on behalf of any of the foregoing.**

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

5 **2. It shall be unlawful for any individual knowingly infected with [HIV] a serious**
 6 **infectious or communicable disease to:**

7 (1) **Be or attempt to be a blood, blood products, organ, sperm, or tissue donor except as**
 8 **deemed necessary for medical research or as deemed medically appropriate by a licensed**
 9 **physician;**

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

13 ~~—— (a) Through contact with blood, semen or vaginal secretions in the course of oral, anal~~
 14 ~~or vaginal sexual intercourse; or~~

15 ~~—— (b) By the sharing of needles; or~~

16 ~~—— (c) By biting another person or purposely acting in any other manner which causes the~~
 17 ~~HIV-infected person's semen, vaginal secretions, or blood to come into contact with the mucous~~
 18 ~~membranes or nonintact skin of another person.—~~

19

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

22 ~~—— a. The HIV-infected person knew of such infection before engaging in sexual activity~~
 23 ~~with another person, sharing needles with another person, biting another person, or purposely~~
 24 ~~causing his or her semen, vaginal secretions, or blood to come into contact with the mucous~~
 25 ~~membranes or nonintact skin of another person, and such other person is unaware of the~~

26 ~~HHV-infected person's condition or does not consent to contact with blood, semen or vaginal fluid~~
27 ~~in the course of such activities;~~

28 ~~—— b. The HHV-infected person has subsequently been infected with and tested positive to~~
29 ~~primary and secondary syphilis, or gonorrhea, or chlamydia; or~~

30 ~~—— c. Another person provides evidence of sexual contact with the HHV-infected person after~~
31 ~~a diagnosis of an HIV status.]~~ **such serious infectious or communicable disease through an**
32 **activity that creates a substantial risk of disease transmission as determined by competent**
33 **medical or epidemiological evidence; or**

34 **(3) Act in a reckless manner by exposing another person to such serious infectious**
35 **or communicable disease through an activity that creates a substantial risk of disease**
36 **transmission as determined by competent medical or epidemiological evidence.**

37 ~~[2.]~~ **3. (1) Violation of the provisions of subdivision (1) or (2) of subsection [4] 2 of this**
38 **section is a class [B] D felony unless the victim contracts [HIV] the serious infectious or**
39 **communicable disease from the contact, in which case it is a class [A] C felony.**

40 ~~[3. The department of health and senior services or local law enforcement agency, victim~~
41 ~~or others may file a complaint with the prosecuting attorney or circuit attorney of a court of~~
42 ~~competent jurisdiction alleging that a person has violated a provision of subsection 1 of this~~
43 ~~section. The department of health and senior services shall assist the prosecutor or circuit~~
44 ~~attorney in preparing such case, and upon request, turn over to peace officers, police officers, the~~
45 ~~prosecuting attorney or circuit attorney, or the attorney general records concerning that person's~~
46 ~~HHV-infected status, testing information, counseling received, and the identity and available~~
47 ~~contact information for individuals with whom that person had sexual intercourse or deviate~~
48 ~~sexual intercourse and those individuals' test results.~~

49 ~~—— 4. The use of condoms is not a defense to a violation of paragraph (a) of subdivision (2)~~
50 ~~of subsection 1 of this section.]~~

51 **(2) Violation of the provisions of subdivision (3) of subsection 2 of this section is a**
52 **class A misdemeanor.**

53 **4. It is an affirmative defense to a charge under this section if the person exposed**
54 **to the serious infectious or communicable disease knew that the infected person was**
55 **infected with the serious infectious or communicable disease at the time of the exposure**
56 **and consented to the exposure with such knowledge.**

57 **5. (1) For purposes of this subsection, the term "identifying characteristics"**
58 **includes, but is not limited to, the name or any part of the name, address or any part of the**
59 **address, city or unincorporated area of residence, age, marital status, place of employment,**
60 **or racial or ethnic background of the defendant or the person exposed, or the relationship**
61 **between the defendant and the person exposed.**

62 **(2) When alleging a violation of this section, the prosecuting attorney or the grand**
63 **jury shall substitute a pseudonym for the actual name of the person exposed to a serious**
64 **infectious or communicable disease. The actual name and other identifying characteristics**
65 **of the person exposed shall be revealed to the court only in camera unless the person**
66 **exposed requests otherwise, and the court shall seal the information from further**
67 **disclosure, except by counsel as part of discovery.**

68 **(3) Unless the person exposed requests otherwise, all court decisions, orders,**
69 **pleadings, and other documents, including motions and papers filed by the parties, shall**
70 **be worded so as to protect from public disclosure the name and other identifying**
71 **characteristics of the person exposed.**

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

76 **(5) Unless the defendant requests otherwise, a court in which a violation of this**
77 **section is filed shall issue an order that prohibits counsel and their agents, law enforcement**
78 **personnel, and court staff, before a finding of guilt, from making a public disclosure of the**
79 **name or other identifying characteristics of the defendant. In any public disclosure before**
80 **a finding of guilt, a pseudonym shall be substituted for the actual name of the defendant.**

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

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

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

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

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

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

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

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

9 3. No later than July 1, 2022, there shall be established within the department a statewide
10 telehealth network for forensic examinations of victims of sexual offenses in order to provide
11 access to sexual assault nurse examiners (SANE) or other similarly trained appropriate medical
12 providers. A statewide coordinator for the telehealth network shall be selected by the director
13 of the department of health and senior services and shall have oversight responsibilities and
14 provide support for the training programs offered by the network, as well as the implementation

15 and operation of the network. **The statewide coordinator shall regularly consult with**
16 **Missouri-based stakeholders and clinicians actively engaged in the collection of forensic**
17 **evidence regarding the training programs offered by the network, as well as the**
18 **implementation and operation of the network.**

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

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

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

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

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

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

27

28 The network shall, in the mentoring and educational training services provided, emphasize the
29 importance of obtaining a victim's informed consent to evidence collection, including issues
30 involving minor consent, and the scope and limitations of confidentiality regarding information
31 gathered during the forensic examination.

32 5. The training offered ~~[may]~~ **shall** be made available ~~[both]~~ online ~~[or in person]~~,
33 including the use of video conferencing technology to connect trained interdisciplinary experts
34 with providers in a case-based learning environment, **and may also be made available in-**
35 **person.**

36 6. The network shall, through telehealth services available twenty-four hours a day,
37 seven days a week, by a SANE or another similarly trained appropriate medical provider, provide
38 mentoring, consultation services, guidance, and technical assistance to appropriate medical
39 providers during and outside of a forensic examination of a victim of a sexual offense. The
40 network shall ensure that the system through which the network provides telehealth services
41 meets national standards for interoperability to connect to telehealth systems.

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

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

46 (2) Train and provide technical assistance to appropriate medical providers on
47 conducting forensic examinations of victims of sexual offenses and the use of telehealth services;
48 and

49 (3) Provide consultation, guidance, or technical assistance to appropriate medical
50 providers using telehealth services during a forensic examination of a victim of a sexual offense.

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

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

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

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

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

63

64 The information reported under this subsection and subsection 9 of this section shall not include
65 any personally identifiable information of any victim of a sexual offense or any appropriate
66 medical provider performing a forensic examination of such victim.

67 9. Beginning January 1, 2022, and each year thereafter, the department shall make
68 publicly available a report that shall include the information submitted under subsection 8 of this
69 section. The report shall also include, in collaboration with the department of public safety,
70 information about the number of evidentiary collection kits submitted by a person or entity
71 outside of a hospital setting, as well as the number of appropriate medical providers utilizing the
72 training and telehealth services provided by the network outside of a hospital setting.

73 10. (1) The funding for the network shall be subject to appropriations. In addition to
74 appropriations from the general assembly, the department shall apply for available grants and
75 shall be able to accept other gifts, grants, bequests, and donations to develop and maintain the
76 network and the training offered by the network.

77 (2) There is hereby created in the state treasury the "Justice for Survivors Telehealth
78 Network Fund", which shall consist of any gifts, grants, bequests, and donations accepted under
79 this subsection. The state treasurer shall be custodian of the fund. In accordance with sections
80 30.170 and 30.180, the state treasurer may approve disbursements. The fund shall be a dedicated
81 fund and money in the fund shall be used solely by the department for the purpose of developing
82 and maintaining the network and the training offered by the network. The state treasurer shall
83 invest moneys in the fund in the same manner as other funds are invested. Any interest and
84 moneys earned on such investments shall be credited to the fund.

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

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

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

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

92

93 Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the
94 authority delegated in this section shall become effective only if it complies with and is subject
95 to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and
96 chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant
97 to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are
98 subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed
99 or adopted after August 28, 2020, shall be invalid and void.

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

13 2. (1) An appropriate medical provider, as such term is defined in section 595.220, shall
14 perform the forensic examination of a victim of a sexual offense. The hospital shall ensure that
15 any provider performing the examination has received training conducting such examinations
16 that is, at a minimum, equivalent to the training offered by the statewide telehealth network
17 under subsection 4 of section 192.2520. **Nothing in this section shall require providers to**
18 **utilize the training offered by the statewide telehealth network, as long as the training**
19 **utilized is, at a minimum, equivalent to the training offered by the statewide telehealth**
20 **network.**

21 (2) If the provider is not a sexual assault nurse examiner (SANE), or another similarly
22 trained physician or nurse, then the hospital shall utilize telehealth services during the
23 examination, such as those provided by the statewide telehealth network, to provide guidance

24 and support through a SANE, or other similarly trained physician or nurse, who may observe the
25 live forensic examination and who shall communicate with and support the onsite provider with
26 the examination, forensic evidence collection, and proper transmission and storage of the
27 examination evidence.

28 3. The department of health and senior services may issue a waiver of the telehealth
29 requirements of subsection 2 of this section if the hospital demonstrates to the department, in
30 writing, a technological hardship in accessing telehealth services or a lack of access to adequate
31 broadband services sufficient to access telehealth services. Such waivers shall be granted
32 sparingly and for no more than a year in length at a time, with the opportunity for renewal at the
33 department's discretion.

34 4. The department shall waive the requirements of this section if the statewide telehealth
35 network established under section 192.2520 ceases operation, the director of the department of
36 health and senior services has provided written notice to hospitals licensed under this chapter that
37 the network has ceased operation, and the hospital cannot, in good faith, comply with the
38 requirements of this section without assistance or resources of the statewide telehealth network.
39 Such waiver shall remain in effect until such time as the statewide telehealth network resumes
40 operation or until the hospital is able to demonstrate compliance with the provisions of this
41 section without the assistance or resources of the statewide telehealth network.

42 5. The provisions of section 595.220 shall apply to the reimbursement of the reasonable
43 costs of the examinations and the provision of the evidentiary collection kits.

44 **6. No individual hospital shall be required to comply with the provisions of this**
45 **section and section 192.2520 unless and until the department provides such hospital with**
46 **access to the statewide telehealth network for the purposes of mentoring and training**
47 **services required under section 192.2520 without charge to the hospital.**

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

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

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

7 **(1) Drug safety and avoidance of harmful drug interactions;**

8 **(2) Compliance with nationally recognized and juried clinical guidelines from**
9 **national medical associations using medical evidence and emphasizing best practice**
10 **principles;**

11 **(3) Detection of patients receiving prescription drugs from multiple prescribers;**
12 **and**

- 13 **(4) Detection, prevention, and treatment of substance use disorders.**
 14 **4. The division shall issue a provider update at least twice annually to enumerate**
 15 **treatment and utilization principles for MO HealthNet providers including, but not limited**
 16 **to:**
 17 **(1) Treatment with antipsychotic drugs, as with any other form of treatment,**
 18 **should be individualized in order to optimize the patient's recovery and stability;**
 19 **(2) Treatment with antipsychotic drugs should be as effective, safe, and**
 20 **well-tolerated as supported by best medical evidence;**
 21 **(3) Treatment with antipsychotic drugs should consider the individual patient's**
 22 **needs, preferences, and vulnerabilities;**
 23 **(4) Treatment with antipsychotic drugs should support an improved quality of life**
 24 **for the patient; and**
 25 **(5) Treatment choices should be informed by the best current medical evidence and**
 26 **should be updated consistent with evolving nationally recognized best practice guidelines.**
 27 **5. If the division implements any new policy or clinical edit for an antipsychotic**
 28 **drug, the division shall continue to allow MO HealthNet participants access to any**
 29 **antipsychotic drug that they use and on which they are stable or that they have successfully**
 30 **used previously. The division may recommend a reference list with no restrictions to**
 31 **access.**

- 208.227. 1. ~~[No restrictions to access shall be imposed that preclude availability of any~~
 2 ~~individual atypical antipsychotic monotherapy for the treatment of schizophrenia, bipolar~~
 3 ~~disorder, or psychosis associated with severe depression.] **For purposes of this section, the**~~
 4 **term "division" means the MO HealthNet division of the department of social services.**
 5 **2.** The division shall establish a pharmaceutical case management or polypharmacy
 6 program for high risk MO HealthNet participants with numerous or multiple prescribed drugs.
 7 The division shall also establish a behavioral health pharmacy and opioid surveillance program
 8 to encourage the use of best medical evidence-supported prescription practices. The division
 9 shall communicate with providers, as such term is defined in section 208.164, whose prescribing
 10 practices deviate from or do not otherwise utilize best medical evidence-supported prescription
 11 practices. The communication may be telemetric, written, oral, or some combination thereof.
 12 These programs shall be established and administered through processes established and
 13 supported under a memorandum of understanding between the department of mental health and
 14 the department of social services, or their successor entities.
 15 ~~[2-]~~ **3.** The provisions of this section shall not prohibit the division from utilizing clinical
 16 edits to ensure clinical best practices including, but not limited to:
 17 **(1) Drug safety and avoidance of harmful drug interactions;**

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

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

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

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

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

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

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

30 ~~—— (4) Treatment with antipsychotic drugs should support an improved quality of life for~~
31 ~~the patient;~~

32 ~~—— (5) Treatment choices should be informed by the best current medical evidence and~~
33 ~~should be updated consistent with evolving nationally recognized best practice guidelines; and~~

34 ~~—— (6) Cost considerations in the context of best practices, efficacy, and patient response~~
35 ~~to adverse drug reactions should guide antipsychotic medication policy and selection once the~~
36 ~~preceding principles have been maximally achieved.~~

37 ~~—— 4. If the division implements any new policy or clinical edit for an antipsychotic drug,~~
38 ~~the division shall continue to allow MO HealthNet participants access to any antipsychotic drug~~
39 ~~that they utilize and on which they are stable or that they have successfully utilized previously.~~
40 ~~The division shall adhere to the following:~~

41 ~~—— (1) If an antipsychotic drug listed as "nonpreferred" is considered clinically appropriate~~
42 ~~for an individual patient based on the patient's previous response to the drug or other medical~~
43 ~~considerations, prior authorization procedures, as such term is defined in section 208.164, shall~~
44 ~~be simple and flexible;~~

45 ~~—— (2) If an antipsychotic drug listed as "nonpreferred" is known or found to be safe and~~
46 ~~effective for a given individual, the division shall not restrict the patient's access to that drug.~~
47 ~~Such nonpreferred drug shall, for that patient only and if that patient has been reasonably~~
48 ~~adherent to the prescribed therapy, be considered "preferred" in order to minimize the risk of~~
49 ~~relapse and to support continuity of care for the patient;~~

50 ~~—— (3) A patient shall not be required to change antipsychotic drugs due to changes in~~
51 ~~medication management policy, prior authorization, or a change in the payor responsible for the~~
52 ~~benefit; and~~

53 ~~———— (4) Patients transferring from state psychiatric hospitals to community-based settings;~~
54 ~~including patients previously found to be not guilty of a criminal offense by reason of insanity~~
55 ~~or who have previously been found to be incompetent to stand trial, shall be permitted to~~
56 ~~continue the medication regimen that aided the stability and recovery so that such patient was~~
57 ~~able to successfully transition to the community-based setting.~~

58 ~~———— 5. The division's medication policy and clinical edits shall provide MO HealthNet~~
59 ~~participants initial access to multiple Food and Drug Administration-approved antipsychotic~~
60 ~~drugs that have substantially the same clinical differences and adverse effects that are predictable~~
61 ~~across individual patients and whose manufacturers have entered into a federal rebate agreement~~
62 ~~with the Department of Health and Human Services. Clinical differences may include, but not~~
63 ~~be limited to, weight gain, extrapyramidal side effects, sedation, susceptibility to metabolic~~
64 ~~syndrome, other substantial adverse effects, the availability of long-acting formulations, and~~
65 ~~proven efficacy in the treatment of psychosis. The available drugs for an individual patient shall~~
66 ~~include, but not be limited to, the following categories:~~

67 ~~———— (1) At least one relatively weight-neutral atypical antipsychotic medication;~~

68 ~~———— (2) At least one long-acting injectable formulation of an atypical antipsychotic;~~

69 ~~———— (3) Clozapine;~~

70 ~~———— (4) At least one atypical antipsychotic medication with relatively potent sedative effects;~~

71 ~~———— (5) At least one medium-potency typical antipsychotic medication;~~

72 ~~———— (6) At least one long-acting injectable formulation of a high-potency typical~~
73 ~~antipsychotic medication;~~

74 ~~———— (7) At least one high-potency typical antipsychotic medication; and~~

75 ~~———— (8) At least one low-potency typical antipsychotic medication.~~

76 ~~———— 6. Nothing in subsection 5 of this section shall be construed to require any of the~~
77 ~~following:~~

78 ~~———— (1) Step therapy or a trial of a typical antipsychotic drug before permitting a patient~~
79 ~~access to an atypical drug or antipsychotic medication;~~

80 ~~———— (2) A limit of one atypical antipsychotic drug as an open-access, first-choice agent, or~~

81 ~~———— (3) A trial of one of the eight categories of drugs listed in subsection 5 of this section~~
82 ~~before having access to the other seven categories.~~

83 ~~————7.] 4. The department of social services may promulgate rules and regulations to~~
84 ~~implement the provisions of this section. Any rule or portion of a rule, as that term is defined~~
85 ~~in section 536.010, that is created under the authority delegated in this section shall become~~
86 ~~effective only if it complies with and is subject to all of the provisions of chapter 536 and, if~~
87 ~~applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the~~
88 ~~powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective~~

89 date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of
 90 rulemaking authority and any rule proposed or adopted after August 28, 2017, shall be invalid
 91 and void.

92 ~~[8.]~~ **5.** The department shall submit such state plan amendments and waivers to the
 93 Centers for Medicare and Medicaid Services of the federal Department of Health and Human
 94 Services as the department determines are necessary to implement the provisions of this section.

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

96 ~~—— (1) "Division", the MO HealthNet division of the department of social services;~~

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

99 ~~—— (3) "Successfully utilized previously", a drug or drug regimen's provision of clinical
 100 stability in treating a patient's symptoms.]~~

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

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

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

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

9 **3. The general assembly may appropriate funds to assist the director in satisfying
 10 the requirements of this section.**

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

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

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

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

11 **3. The general assembly shall appropriate funds to assist sheriffs and jailers in
 12 satisfying the requirements of this section.**

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

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

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

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

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

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

21 (a) Eighteen years of age or under;

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

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

25 (5) "Emergency medical technician", a person licensed in emergency medical care in
26 accordance with standards prescribed by sections 190.001 to [~~190.245~~] **190.243** and by rules
27 adopted by the department of health and senior services under sections 190.001 to [~~190.245~~]
28 **190.243**;

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

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

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

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

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

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

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

46

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

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

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

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

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

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

73 3. (1) A claim for compensation under this section shall be filed by survivors of the
74 deceased with the division of workers' compensation not later than one year from the date of

75 death of a public safety officer. If a claim is made within one year of the date of death of a public
76 safety officer killed in the line of duty, compensation shall be paid, if the division finds that the
77 claimant is entitled to compensation under this section.

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

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

82 (1) To the surviving spouse of the public safety officer if there is no child who survived
83 the public safety officer;

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

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

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

90 (a) To the surviving individual, or individuals, in shares per the designation or,
91 otherwise, in equal shares, designated by the public safety officer to receive benefits under this
92 subsection in the most recently executed designation of beneficiary of the public safety officer
93 on file at the time of death with the public safety agency, organization, or unit; or

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

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

100 (6) To the surviving individual, or individuals, in equal shares, who would qualify under
101 the definition of the term "child" but for age if there is no individual qualifying under subdivision
102 (1), (2), (3), (4), or (5) of this subsection.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

139 11. There is hereby created in the state treasury the "Line of Duty Compensation Fund",
140 which shall consist of moneys appropriated to the fund and any voluntary contributions, gifts,
141 or bequests to the fund. The state treasurer shall be custodian of the fund and shall approve
142 disbursements from the fund in accordance with sections 30.170 and 30.180. Upon
143 appropriation, money in the fund shall be used solely for paying claims under this section.
144 Notwithstanding the provisions of section 33.080 to the contrary, any moneys remaining in the
145 fund at the end of the biennium shall not revert to the credit of the general revenue fund. The

146 state treasurer shall invest moneys in the fund in the same manner as other funds are invested.
147 Any interest and moneys earned on such investments shall be credited to the fund.

148 12. The division shall promulgate rules to administer this section, including but not
149 limited to the appointment of claims to multiple claimants, record retention, and procedures for
150 information requests. Any rule or portion of a rule, as that term is defined in section 536.010,
151 that is created under the authority delegated in this section shall become effective only if it
152 complies with and is subject to all of the provisions of chapter 536 and, if applicable, section
153 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the
154 general assembly under chapter 536 to review, to delay the effective date, or to disapprove and
155 annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and
156 any rule proposed or adopted after June 19, 2009, shall be invalid and void.

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

- 2 (1) "Assistant physician", any **graduate of a Missouri** medical school [graduate] who:
3 (a) Is a resident and citizen of the United States or is a legal resident alien;
4 (b) Has successfully completed Step 2 of the United States Medical Licensing
5 Examination or the equivalent of such step of any other board-approved medical licensing
6 examination within the three-year period immediately preceding application for licensure as an
7 assistant physician, or within three years after graduation from a medical college or osteopathic
8 medical college, whichever is later;
9 (c) Has not completed an approved postgraduate residency and has successfully
10 completed Step 2 of the United States Medical Licensing Examination or the equivalent of such
11 step of any other board-approved medical licensing examination within the immediately
12 preceding three-year period unless when such three-year anniversary occurred he or she was
13 serving as a resident physician in an accredited residency in the United States and continued to
14 do so within thirty days prior to application for licensure as an assistant physician; and
15 (d) Has proficiency in the English language.

16
17 Any **graduate of a Missouri** medical school [graduate] who could have applied for licensure
18 and complied with the provisions of this subdivision at any time between August 28, 2014, and
19 August 28, 2017, may apply for licensure and shall be deemed in compliance with the provisions
20 of this subdivision;

21 (2) "Assistant physician collaborative practice arrangement", an agreement between a
22 physician and an assistant physician that meets the requirements of this section and section
23 334.037[;

24 ~~(3) "Medical school graduate", any person who has graduated from a medical college or~~
25 ~~osteopathic medical college described in section 334.031].~~

26 2. (1) An assistant physician collaborative practice arrangement shall limit the assistant
27 physician to providing only primary care services and only in medically underserved rural or
28 urban areas of this state [~~or in any pilot project areas established in which assistant physicians~~
29 ~~may practice~~].

30 (2) For a physician-assistant physician team working in a rural health clinic under the
31 federal Rural Health Clinic Services Act, P.L. 95-210, as amended:

32 (a) An assistant physician shall be considered a physician assistant for purposes of
33 regulations of the Centers for Medicare and Medicaid Services (CMS); and

34 (b) No supervision requirements in addition to the minimum federal law shall be
35 required.

36 3. (1) For purposes of this section, the licensure of assistant physicians shall take place
37 within processes established by rules of the state board of registration for the healing arts. The
38 board of healing arts is authorized to establish rules under chapter 536 establishing licensure and
39 renewal procedures, supervision, collaborative practice arrangements, fees, and addressing such
40 other matters as are necessary to protect the public and discipline the profession. No licensure
41 fee for an assistant physician shall exceed the amount of any licensure fee for a physician
42 assistant. An application for licensure may be denied or the licensure of an assistant physician
43 may be suspended or revoked by the board in the same manner and for violation of the standards
44 as set forth by section 334.100, or such other standards of conduct set by the board by rule. No
45 rule or regulation shall require an assistant physician to complete more hours of continuing
46 medical education than that of a licensed physician.

47 (2) Any rule or portion of a rule, as that term is defined in section 536.010, that is created
48 under the authority delegated in this section shall become effective only if it complies with and
49 is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section
50 and chapter 536 are nonseverable and if any of the powers vested with the general assembly
51 under chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are
52 subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed
53 or adopted after August 28, 2014, shall be invalid and void.

54 (3) Any rules or regulations regarding assistant physicians in effect as of the effective
55 date of this section that conflict with the provisions of this section and section 334.037 shall be
56 null and void as of the effective date of this section.

57 4. An assistant physician shall clearly identify himself or herself as an assistant physician
58 and shall be permitted to use the terms "doctor", "Dr.", or "doc". No assistant physician shall
59 practice or attempt to practice without an assistant physician collaborative practice arrangement,
60 except as otherwise provided in this section and in an emergency situation.

61 5. The collaborating physician is responsible at all times for the oversight of the
62 activities of and accepts responsibility for primary care services rendered by the assistant
63 physician.

64 6. The provisions of section 334.037 shall apply to all assistant physician collaborative
65 practice arrangements. Any renewal of licensure under this section shall include verification of
66 actual practice under a collaborative practice arrangement in accordance with this subsection
67 during the immediately preceding licensure period.

68 7. Each health carrier or health benefit plan that offers or issues health benefit plans that
69 are delivered, issued for delivery, continued, or renewed in this state shall reimburse an assistant
70 physician for the diagnosis, consultation, or treatment of an insured or enrollee on the same basis
71 that the health carrier or health benefit plan covers the service when it is delivered by another
72 comparable mid-level health care provider including, but not limited to, a physician assistant.

73 **8. No individual shall hold an assistant physician license for more than three years.**
74 **An assistant physician license issued before the effective date of this subsection shall expire**
75 **three years after this subsection becomes effective.**

338.010. 1. The "practice of pharmacy" means the interpretation, implementation, and
2 evaluation of medical prescription orders, including any legend drugs under 21 U.S.C. Section
3 353; receipt, transmission, or handling of such orders or facilitating the dispensing of such
4 orders; the designing, initiating, implementing, and monitoring of a medication therapeutic plan
5 as defined by the prescription order so long as the prescription order is specific to each patient
6 for care by a pharmacist; the compounding, dispensing, labeling, and administration of drugs and
7 devices pursuant to medical prescription orders and administration of viral influenza, pneumonia,
8 shingles, hepatitis A, hepatitis B, diphtheria, tetanus, pertussis, and meningitis vaccines by
9 written protocol authorized by a physician for persons at least seven years of age or the age
10 recommended by the Centers for Disease Control and Prevention, whichever is higher, or the
11 administration of pneumonia, shingles, hepatitis A, hepatitis B, diphtheria, tetanus, pertussis,
12 meningitis, and viral influenza vaccines by written protocol authorized by a physician for a
13 specific patient as authorized by rule, **the administration of vaccines for the prevention of**
14 **COVID-19 as authorized or approved by the United States Food and Drug Administration**
15 **and recommended by the Advisory Committee on Immunization Practices of the Centers**
16 **for Disease Control and Prevention except that the administration of vaccines in a**
17 **pharmacy shall not be delegated to a person who is not a licensed pharmacist under this**
18 **chapter**; the participation in drug selection according to state law and participation in drug
19 utilization reviews; the proper and safe storage of drugs and devices and the maintenance of
20 proper records thereof; consultation with patients and other health care practitioners, and
21 veterinarians and their clients about legend drugs, about the safe and effective use of drugs and

22 devices; the prescribing and dispensing of any nicotine replacement therapy product under
23 section 338.665; **the dispensing of HIV postexposure prophylaxis pursuant to section**
24 **338.730**; and the offering or performing of those acts, services, operations, or transactions
25 necessary in the conduct, operation, management and control of a pharmacy. No person shall
26 engage in the practice of pharmacy unless he or she is licensed under the provisions of this
27 chapter. This chapter shall not be construed to prohibit the use of auxiliary personnel under the
28 direct supervision of a pharmacist from assisting the pharmacist in any of his or her duties. This
29 assistance in no way is intended to relieve the pharmacist from his or her responsibilities for
30 compliance with this chapter and he or she will be responsible for the actions of the auxiliary
31 personnel acting in his or her assistance. This chapter shall also not be construed to prohibit or
32 interfere with any legally registered practitioner of medicine, dentistry, or podiatry, or veterinary
33 medicine only for use in animals, or the practice of optometry in accordance with and as
34 provided in sections 195.070 and 336.220 in the compounding, administering, prescribing, or
35 dispensing of his or her own prescriptions.

36 2. Any pharmacist who accepts a prescription order for a medication therapeutic plan
37 shall have a written protocol from the physician who refers the patient for medication therapy
38 services. The written protocol and the prescription order for a medication therapeutic plan shall
39 come from the physician only, and shall not come from a nurse engaged in a collaborative
40 practice arrangement under section 334.104, or from a physician assistant engaged in a
41 collaborative practice arrangement under section 334.735.

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

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

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

50 6. This section shall not be construed to allow a pharmacist to diagnose or independently
51 prescribe pharmaceuticals.

52 7. The state board of registration for the healing arts, under section 334.125, and the state
53 board of pharmacy, under section 338.140, shall jointly promulgate rules regulating the use of
54 protocols for prescription orders for medication therapy services and administration of viral
55 influenza vaccines. Such rules shall require protocols to include provisions allowing for timely
56 communication between the pharmacist and the referring physician, and any other patient
57 protection provisions deemed appropriate by both boards. In order to take effect, such rules shall

58 be approved by a majority vote of a quorum of each board. Neither board shall separately
59 promulgate rules regulating the use of protocols for prescription orders for medication therapy
60 services and administration of viral influenza vaccines. Any rule or portion of a rule, as that term
61 is defined in section 536.010, that is created under the authority delegated in this section shall
62 become effective only if it complies with and is subject to all of the provisions of chapter 536
63 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of
64 the powers vested with the general assembly pursuant to chapter 536 to review, to delay the
65 effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the
66 grant of rulemaking authority and any rule proposed or adopted after August 28, 2007, shall be
67 invalid and void.

68 8. The state board of pharmacy may grant a certificate of medication therapeutic plan
69 authority to a licensed pharmacist who submits proof of successful completion of a
70 board-approved course of academic clinical study beyond a bachelor of science in pharmacy,
71 including but not limited to clinical assessment skills, from a nationally accredited college or
72 university, or a certification of equivalence issued by a nationally recognized professional
73 organization and approved by the board of pharmacy.

74 9. Any pharmacist who has received a certificate of medication therapeutic plan authority
75 may engage in the designing, initiating, implementing, and monitoring of a medication
76 therapeutic plan as defined by a prescription order from a physician that is specific to each
77 patient for care by a pharmacist.

78 10. Nothing in this section shall be construed to allow a pharmacist to make a therapeutic
79 substitution of a pharmaceutical prescribed by a physician unless authorized by the written
80 protocol or the physician's prescription order.

81 11. "Veterinarian", "doctor of veterinary medicine", "practitioner of veterinary
82 medicine", "DVM", "VMD", "BVSe", "BVMS", "BSe (Vet Science)", "VMB", "MRCVS", or
83 an equivalent title means a person who has received a doctor's degree in veterinary medicine
84 from an accredited school of veterinary medicine or holds an Educational Commission for
85 Foreign Veterinary Graduates (EDFVG) certificate issued by the American Veterinary Medical
86 Association (AVMA).

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

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

91 (2) A pharmacist who is administering a vaccine shall request a patient to remain in the
92 pharmacy a safe amount of time after administering the vaccine to observe any adverse reactions.

93 Such pharmacist shall have adopted emergency treatment protocols;

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

98 13. A pharmacist shall inform the patient that the administration of the vaccine will be
99 entered into the ShowMeVax system, as administered by the department of health and senior
100 services. The patient shall attest to the inclusion of such information in the system by signing
101 a form provided by the pharmacist. If the patient indicates that he or she does not want such
102 information entered into the ShowMeVax system, the pharmacist shall provide a written report
103 within fourteen days of administration of a vaccine to the patient's [primary] health care provider,
104 if provided by the patient, containing:

- 105 (1) The identity of the patient;
- 106 (2) The identity of the vaccine or vaccines administered;
- 107 (3) The route of administration;
- 108 (4) The anatomic site of the administration;
- 109 (5) The dose administered; and
- 110 (6) The date of administration.

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

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

12 3. The board shall be the administrative agency responsible for implementing the
13 program in consultation with the department. The board and the department may enter into
14 interagency agreements between themselves to allow the department to assist in the management
15 or operation of the program. The board may award funds directly to the department to
16 implement, manage, develop, or provide programs or education pursuant to the program.

17 4. After a full year of program operation, the board shall prepare and submit an
18 evaluation report to the governor and the general assembly describing the operation of the

19 program and the funds allocated. Unless otherwise authorized by the general assembly, the
20 program shall expire on August 28, [2019] 2026.

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

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

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

**10 4. The state board of registration for the healing arts and the state board of
11 pharmacy shall jointly promulgate rules and regulations for the administration of this
12 section. Neither board shall separately promulgate rules governing a pharmacist's
13 authority to dispense HIV postexposure prophylaxis under this section.**

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

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

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

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

14 **supplemental policy as determined by the director of the department of commerce and**
15 **insurance.**

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

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

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

9 (3) "Health carrier", the same meaning as such term is defined in section 376.1350. **The**
10 **term "health carrier" shall also include any entity described in subdivision (4) of section**
11 **354.700;**

12 (4) "Practitioner":

13 (a) A physician or physician assistant eligible to provide treatment services under chapter
14 334;

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

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

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

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

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

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

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

545.940. 1. Pursuant to a motion filed by the prosecuting attorney or circuit attorney
2 with notice given to the defense attorney and for good cause shown, in any criminal case in
3 which a defendant has been charged by the prosecuting attorney's office or circuit attorney's
4 office with any offense under chapter 566 or section 565.050, assault in the first degree; section
5 565.052 or 565.060, assault in the second degree; section 565.054 or 565.070, assault in the third
6 degree; section 565.056, assault in the fourth degree; section 565.072, domestic assault in the
7 first degree; section 565.073, domestic assault in the second degree; section 565.074, domestic
8 assault in the third degree; section 565.075, assault while on school property; section 565.076,
9 domestic assault in the fourth degree; section 565.081, 565.082, or 565.083, assault of a law
10 enforcement officer, corrections officer, emergency personnel, highway worker in a construction
11 zone or work zone, utility worker, cable worker, or probation and parole officer in the first,
12 second, or third degree; section 567.020, prostitution; section 568.045, endangering the welfare

13 of a child in the first degree; section 568.050, endangering the welfare of a child in the second
14 degree; section 568.060, abuse of a child; section 575.150, resisting or interfering with an arrest;
15 or ~~[paragraph (a), (b), or (c), of]~~ subdivision (2) **or (3)** of subsection ~~[4]~~ **2** of section 191.677,
16 **knowingly or** recklessly exposing a person to ~~[HIV]~~ **a serious infectious or communicable**
17 **disease**, the court may order that the defendant be conveyed to a state-, city-, or county-operated
18 HIV clinic for testing for HIV, hepatitis B, hepatitis C, syphilis, gonorrhea, and chlamydia. The
19 results of such tests shall be released to the victim and his or her parent or legal guardian if the
20 victim is a minor. The results of such tests shall also be released to the prosecuting attorney or
21 circuit attorney and the defendant's attorney. The state's motion to obtain said testing, the court's
22 order of the same, and the test results shall be sealed in the court file.

23 2. As used in this section, "HIV" means the human immunodeficiency virus that causes
24 acquired immunodeficiency syndrome.

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

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

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

5 **(1) Causing a peace disturbance while inside a health care facility;**

6 **(2) Refusing an order to vacate a health care facility when requested to by any**
7 **employee of the health care facility; or**

8 **(3) Threatening to inflict injury on the patients or employees of a health care**
9 **facility or damage to the property of a health care facility.**

10 **2. Hospital policies shall address incidents of workplace violence against employees**
11 **and protect an employee from retaliation when such employee complies with hospital**
12 **policies in seeking assistance or intervention from local emergency services or law**
13 **enforcement when a violent incident occurs.**

14 **3. The offense of interference with a health care facility is a class D misdemeanor**
15 **for a first offense and a class C misdemeanor for any second or subsequent offense.**

16 **4. As used in this section, "health care facility" means a hospital that provides**
17 **health care services directly to patients.**

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

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

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

575.155. 1. An offender or prisoner commits the offense of endangering a corrections employee, a visitor to a correctional center, county or city jail, or another offender or prisoner if he or she attempts to cause or knowingly causes such person to come into contact with blood, seminal fluid, urine, feces, or saliva.

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

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

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

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

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

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

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

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

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

10 (2) "Offender", persons ordered to the department of mental health after a determination
11 by the court that such persons may meet the definition of a sexually violent predator, persons
12 ordered to the department of mental health after a finding of probable cause under section
13 632.489, and persons committed for control, care, and treatment by the department of mental
14 health under sections 632.480 to 632.513;

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

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

19 3. The offense of endangering a department of mental health employee, a visitor or other
20 person at a secure facility, or another offender is a class E felony. If an offender is knowingly
21 infected with ~~[the human immunodeficiency virus (HIV), hepatitis B, or hepatitis C]~~ **a serious**
22 **infectious or communicable disease** and exposes another individual to ~~[HIV or hepatitis B or~~
23 ~~hepatitis C]~~ **such serious infectious or communicable disease** by committing the offense of
24 endangering a department of mental health employee, a visitor or other person at a mental health
25 facility, or another offender **and the nature of the exposure to the bodily fluid has been**
26 **scientifically shown to be a means of transmission of the serious infectious or**
27 **communicable disease**, the offense is a class D felony.

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

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

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

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

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

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

15 Section B. Because immediate action is necessary to ensure women incarcerated or held
2 in custody are able to address their basic health needs, the enactment of sections 217.199 and
3 221.065 of section A of this act is deemed necessary for the immediate preservation of the public
4 health, welfare, peace, and safety, and is hereby declared to be an emergency act within the
5 meaning of the constitution, and the enactment of sections 217.199 and 221.065 of section A of
6 this act shall be in full force and effect upon its passage and approval.

✓