

Journal of the Senate

SECOND REGULAR SESSION

SIXTY-SECOND DAY—MONDAY, MAY 9, 2022

The Senate met pursuant to adjournment.

President Pro Tem Schatz in the Chair.

The Reverend Carl Gauck offered the following prayer:

“The path of the righteous is like the light of dawn, which shines brighter and higher until full day.” (Proverbs 4:18)

We praise You Lord God, that the longer we walk in Your way the stronger Your leadership and Lordship in our lives. So, we pray that You will continue to guide us in the way of righteousness for the sake of Your love at work for us, which then touches our world through us. And Lord, we pray for Senator Eigel’s wife as she goes through surgery that the surgeons are successful and your guiding hand assists with her healing. In Your Holy Name we pray. Amen.

The Pledge of Allegiance to the Flag was recited.

A quorum being established, the Senate proceeded with its business.

On motion of Senator Rowden, the Senate recessed until 2:35 p.m.

RECESS

The time of recess having expired, the Senate was called to order by President Pro Tem Schatz.

The Journal for Friday, May 6, 2022, was read and approved.

Photographers from KOMU 8 were given permission to take pictures in the Senate Chamber.

The following Senators were present during the day’s proceedings:

Present—Senators

Arthur	Bean	Beck	Bernskoetter	Brattin	Brown	Burlison
Cierpiot	Crawford	Eigel	Eslinger	Gannon	Hegeman	Hoskins
Hough	Koenig	Luetkemeyer	May	Moon	Mosley	O’Laughlin
Onder	Razer	Riddle	Rizzo	Roberts	Rowden	Schatz
Schupp	Thompson Rehder	Washington	White	Wieland	Williams—34	

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—None

RESOLUTIONS

Senator Schupp offered Senate Resolution No. 915, regarding Jessica D. Rigby, Columbia, which was adopted.

Senator Schupp offered Senate Resolution No. 916, regarding Najda Moalla, Columbia, which was adopted.

Senator Luetkemeyer offered Senate Resolution No. 917, regarding the Central High School Scholar Bowl Team, St. Joseph, which was adopted.

Senator Beck offered Senate Resolution No. 918, regarding Rene Howitt, which was adopted.

CONCURRENT RESOLUTIONS

Senator Brown offered the following concurrent resolution:

SENATE CONCURRENT RESOLUTION NO. 37

Whereas, the Constitution of the United States makes no reference to a right to an abortion and no such right exists under the Missouri Constitution; and

Whereas, *Roe v. Wade*, 410 U.S. 113 (1973), and *Planned Parenthood of Southeastern Pa. v. Casey*, 505 U.S. 833 (1992), serve as egregious examples of “legislating from the bench” in finding that a broad right to an abortion implicitly exists, despite the lack of such right in common law and in most state laws leading up to the *Roe* opinion; and

Whereas, the United States Supreme Court has revisited its previous decisions in *Dobbs v. Jackson Women’s Health Organization* and has indicated its intent to overturn *Roe* and its line of cases, thereby recognizing the authority of the elected representatives of the states to once again settle the question of abortion according to the will of the people in accordance with the rule of law; and

Whereas, Missouri has a longstanding history from the state’s earliest beginnings of recognizing abortion as the murder of an unborn child and the prohibition of such remained the law of the land until the Supreme Court’s decision in *Roe*; and

Whereas, Missouri continues to recognize the importance of the right to life of an unborn child and has implemented the strongest protections for unborn life in the United States; and

Whereas, the General Assembly passed House Bill 126 in 2019 containing the “Right to Life of the Unborn Child Act”, Section 188.017, which makes the knowing performance or inducement of an abortion, except in cases of medical emergency, a Class B felony; and

Whereas, Section 188.017 contains a contingent effective date reliant upon the action of the United States Supreme Court in overruling *Roe* and restoring to Missouri the authority to regulate abortion; and

Whereas, the Revisor of Statutes shall put Section 188.017 into effect in Missouri upon notification by the adoption of a concurrent resolution by the General Assembly, an opinion of the Attorney General, or a proclamation of the Governor:

Now Therefore Be It Resolved that the members of the Missouri Senate, One Hundred First General Assembly, Second Regular Session, the House of Representatives concurring therein, hereby notify the Revisor of Statutes that this resolution shall serve as the General Assembly’s notice pursuant to the provisions of Section 188.017 that the provisions of such section shall become effective upon the issuance by the United States Supreme Court of the *Dobbs* opinion overruling *Roe v. Wade*, 410 U.S. 113 (1973); and

Be It Further Resolved that the Secretary of the Senate be instructed to prepare a properly inscribed copy of this resolution for the Revisor of Statutes.

MESSAGES FROM THE HOUSE

The following messages were received from the House of Representatives through its Chief Clerk:

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and adopted SCS for **HB 2090**, as amended, and has taken up and passed SCS for **HB 2090**, as amended.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House grant the Senate further conference on **HCS** for **SS** for **SCS** for **SBs 681 & 662**, as amended, and that the conferees be allowed to exceed the differences in section 160.077.

Also,

Mr. President: The Speaker of the House of Representatives has re-appointed the following committee to act with a like committee from the Senate on **CCR** on **HCS** for **SS** for **SCS** for **SBs 681 & 662**. Representatives: Basye, Francis, Haffner, Sharp (36), Proudie.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and adopted **SS** for **SCS** for **HCS** for **HB 3020**, as amended, and has taken up and passed **SS** for **SCS** for **HCS** for **HB 3020**, as amended.

Also,

Mr. President: The Speaker of the House of Representatives has appointed the following committee to act with a like committee from the Senate on **SS** for **SCS** for **HCS** for **HB 1606**, as amended. Representatives: McGaugh, Fitzwater, O'Donnell, Baringer, Adams.

CONFERENCE COMMITTEE APPOINTMENTS

President Pro Tem Schatz re-appointed the following conference committee to act with a like committee from the House on **SS** for **SCS** for **SBs 681 and 662**, with **HCS**, as amended: Senators O'Laughlin, Koenig, Eslinger, Arthur, and Schupp.

PRIVILEGED MOTIONS

Senator Beck moved that the conferees on **SB 710**, with **HCS No. 2**, as amended, be allowed to exceed the differences in Sections 191.1400, 191.2290 and 630.202, 191.116, 194.297, and 208.909.

Senator Onder raised the point of order that **HCS No. 2** for **SB 710**, as amended, is out of order as it goes beyond the scope of the underlying bill.

Senator Bernskoetter assumed the Chair.

The point of order was referred to the President Pro Tem, who ruled it not well taken.

Senator Beck moved that the conferees on **SB 710**, with **HCS No. 2**, as amended, be allowed to exceed the differences in Sections 191.1400, 191.2290 and 630.202, 191.116, 194.297, and 208.909, which motion prevailed.

REPORTS OF STANDING COMMITTEES

Senator Hough, Chairman of the Committee on Governmental Accountability and Fiscal Oversight, submitted the following reports:

Mr. President: Your Committee on Governmental Accountability and Fiscal Oversight, to which were referred **HB 2694**, with **SCS**; **HB 2202**, with **SCS**; **HCS** for **HB 2120**, with **SCS**; **SS** for **SCS** for **HB 1878**; and **HCS** for **HB 1590**, begs leave to report that it has considered the same and recommends that the bills do pass.

REFERRALS

President Pro Tem Schatz referred **SCR 37** to the Committee on Rules, Joint Rules, Resolutions and Ethics.

HOUSE BILLS ON THIRD READING

Senator Crawford moved that **SS** for **SCS** for **HB 1878**, as amended, be called from the Informal Calendar and again taken up for 3rd reading and final passage, which motion prevailed.

SS for **SCS** for **HB 1878**, as amended, was read the 3rd time and passed by the following vote:

YEAS—Senators

Bean	Bernskoetter	Brattin	Brown	Burlison	Cierpiot	Crawford
Eigel	Eslinger	Gannon	Hegeman	Hoskins	Hough	Koenig
Luetkemeyer	O'Laughlin	Onder	Riddle	Rowden	Schatz	Thompson Rehder
White	Wieland—23					

NAYS—Senators

Arthur	Beck	May	Moon	Mosley	Razer	Rizzo
Roberts	Schupp	Washington	Williams—11			

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—None

The President declared the bill passed.

On motion of Senator Crawford, title to the bill agreed to.

Senator Crawford moved that the vote by which the bill passed be reconsidered.

Senator Rowden moved that motion lay on the table, which motion prevailed.

HB 2697, introduced by Representative Shaul, **HB 1589**, introduced by Representative Fitzwater, **HB 1637**, introduced by Representative Schwadron, and **HCS** for **HB 2127**, with **SCS**, entitled respectively:

An Act to amend chapters 407 and 570, RSMo, by adding thereto two new sections relating to the offense of organized retail theft, with penalty provisions and a delayed effective date for certain sections.

An Act to repeal section 566.150, RSMo, and to enact in lieu thereof one new section relating to location restrictions for certain offenders, with penalty provisions.

An Act to repeal sections 43.650, 67.145, 70.631, 170.310, 190.091, 191.900, 191.905, 210.493, 285.575, 304.022, 374.702, 407.300, 556.046, 565.184, 566.010, 566.086, 566.151, 566.155, 567.030, 569.010, 569.100, 569.170, 570.010, 570.030, 575.095, 575.205, 610.120, 610.130, 610.140, 630.155, 650.320, and 650.340, RSMo, and to enact in lieu thereof forty new sections relating to crime prevention, with penalty provisions.

An Act to repeal sections 569.010, 569.100, 570.010, and 570.030, RSMo, and to enact in lieu thereof five new sections relating to offenses involving teller machines, with penalty provisions.

Were called from the Informal Calendar and taken up by Senator Luetkemeyer.

SCS for HB 2697, HB 1589, HB 1637, and HCS for HB 2127, entitled:

SENATE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 2697
HOUSE BILL NO. 1589
HOUSE BILL NO. 1637
and
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 2127

An Act to repeal sections 43.650, 191.900, 191.905, 217.690, 491.015, 544.170, 556.046, 558.016, 558.019, 565.184, 566.010, 566.086, 566.149, 566.150, 566.151, 566.155, 567.030, 569.010, 569.100, 570.010, 570.030, 571.015, 571.070, 575.010, 575.095, 575.200, 575.205, 575.353, 578.007, 578.022, 595.201, 595.226, and 630.155, RSMo, and to enact in lieu thereof thirty-eight new sections relating to criminal laws, with penalty provisions and a delayed effective date for a certain section.

Was taken up.

Senator Luetkemeyer moved that **SCS for HB 2697, HB 1589, HB 1637, and HCS for HB 2127** be adopted.

Senator Luetkemeyer offered **SS for SCS for HB 2697, HB 1589, HB 1637, and HCS for HB 2127**, entitled:

SENATE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 2697
HOUSE BILL NO. 1589
HOUSE BILL NO. 1637
and
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 2127

An Act to repeal sections 43.650, 191.900, 191.905, 217.690, 491.015, 544.170, 545.473, 556.036, 556.046, 558.016, 558.019, 565.184, 566.010, 566.086, 566.149, 566.150, 566.151, 566.155, 567.030, 569.010, 569.100, 570.010, 570.030, 571.015, 571.070, 575.010, 575.095, 575.200, 575.205, 575.353, 577.010, 577.012, 578.007, 578.022, 595.201, 595.226, and 630.155, RSMo, and to enact in lieu thereof forty-three new sections relating to criminal laws, with penalty provisions and a delayed effective date for a certain section.

Senator Luetkemeyer moved that **SS for SCS for HB 2697, HB 1589, HB 1637, and HCS for HB 2127** be adopted.

Senator Hoskins offered **SA 1**, which was read:

SENATE AMENDMENT NO. 1

Amend Senate Substitute for Senate Committee Substitute for House Bills Nos. 2697, 1589, 1637 and

House Committee Substitute for House Bill No. 2127, Page 1, Section A, Line 14, by inserting after all of said line the following:

“1.500. No entity or person, including any public officer or employee of this state or any political subdivision of this state, shall have the authority to enforce or attempt to enforce any federal acts, laws, executive orders, administrative orders, rules, regulations, statutes, or ordinances passed or promulgated by the Disinformation Governance Board of the United States Department of Homeland Security.”; and

Further amend the title and enacting clause accordingly.

Senator Hoskins moved that the above amendment be adopted.

Senator White raised the point of order that SA 1 is out of order as it goes beyond the scope of the underlying bill.

The point of order was referred to the President Pro Tem.

At the request of Senator Hoskins, SA 1 was withdrawn, rendering the point of order moot.

Senator Razer offered SA 2:

SENATE AMENDMENT NO. 2

Amend Senate Substitute for Senate Committee Substitute for House Bills Nos. 2697, 1589, 1637 and House Committee Substitute for House Bill No. 2127, Page 3, Section 43.650, Line 55, by inserting after all of said line the following:

“84.575. 1. The board of police commissioners established by section 84.350 shall not require, as a condition of employment, that any currently employed or prospective law enforcement officer or other employee reside within any jurisdictional limit. If the board of police commissioners has a residency rule or requirement for law enforcement officers or other employees that is in effect on or before August 28, 2021, the residency rule or requirement shall not apply and shall not be enforced.

2. The board of police commissioners may impose a residency rule or requirement on law enforcement officers or other employees, but the rule or requirement shall be no more restrictive than requiring such personnel to reside within thirty miles from the nearest city limit and within the boundaries of the state of Missouri.

3. Any law enforcement officer employed by the board of police commissioners established under section 84.350 shall be a resident of the state of Missouri.”; and

Further amend the title and enacting clause accordingly.

Senator Razer moved that the above amendment be adopted.

Senator Luetkemeyer requested a roll call vote be taken and was joined in his request by Senators Burlison, Moon, Razer and White.

Senator Bean assumed the Chair.

Senator Rowden assumed the Chair.

Senator Hough assumed the Chair.

Senator Razer moved that the above amendment be adopted.

SA 2 failed of adoption by the following vote:

YEAS—Senators

Arthur	Beck	Hough	May	Mosley	Razer	Rizzo
Roberts	Schatz	Schupp	Thompson Rehder	Washington	Williams—13	

NAYS—Senators

Bean	Bernskoetter	Brattin	Brown	Burlison	Cierpiot	Eigel
Eslinger	Gannon	Hegeman	Hoskins	Luetkemeyer	Moon	O’Laughlin
Onder	Riddle	Rowden	White—18			

Absent—Senators

Crawford	Koenig	Wieland—3
----------	--------	-----------

Absent with leave—Senators—None

Vacancies—None

Senator Rizzo offered SA 3:

SENATE AMENDMENT NO. 3

Amend Senate Substitute for Senate Committee Substitute for House Bills Nos. 2697, 1589, 1637 and House Committee Substitute for House Bill No. 2127, Page 1, Section A, Line 14, by inserting after all of said line the following:

“1.487. The repeal of sections 1.450, 1.460, 1.470, and 1.480 by the one hundred first general assembly, second regular session, shall be known and may be cited as the “Back the Blue Act”.”; and

Further amend said bill, page 26, Section 407.1700, line 271, by inserting after all of said line the following:

“455.050. 1. Any full or ex parte order of protection granted pursuant to sections 455.010 to 455.085 shall be to protect the petitioner from domestic violence, stalking, or sexual assault and may include such terms as the court reasonably deems necessary to ensure the petitioner’s safety, including but not limited to:

(1) Temporarily enjoining the respondent from committing or threatening to commit domestic violence, molesting, stalking, sexual assault, or disturbing the peace of the petitioner, including violence against a pet;

(2) Temporarily enjoining the respondent from entering the premises of the dwelling unit of the petitioner when the dwelling unit is:

(a) Jointly owned, leased or rented or jointly occupied by both parties; or

(b) Owned, leased, rented or occupied by petitioner individually; or

(c) Jointly owned, leased, rented or occupied by petitioner and a person other than respondent; provided, however, no spouse shall be denied relief pursuant to this section by reason of the absence of a property interest in the dwelling unit; or

(d) Jointly occupied by the petitioner and a person other than respondent; provided that the respondent has no property interest in the dwelling unit; or

(3) Temporarily enjoining the respondent from communicating with the petitioner in any manner or through any medium.

2. Mutual orders of protection are prohibited unless both parties have properly filed written petitions and proper service has been made in accordance with sections 455.010 to 455.085.

3. When the court has, after a hearing for any full order of protection, issued an order of protection, it may, in addition:

(1) Award custody of any minor child born to or adopted by the parties when the court has jurisdiction over such child and no prior order regarding custody is pending or has been made, and the best interests of the child require such order be issued;

(2) Establish a visitation schedule that is in the best interests of the child;

(3) Award child support in accordance with supreme court rule 88.01 and chapter 452;

(4) Award maintenance to petitioner when petitioner and respondent are lawfully married in accordance with chapter 452;

(5) Order respondent to make or to continue to make rent or mortgage payments on a residence occupied by the petitioner if the respondent is found to have a duty to support the petitioner or other dependent household members;

(6) Order the respondent to pay the petitioner's rent at a residence other than the one previously shared by the parties if the respondent is found to have a duty to support the petitioner and the petitioner requests alternative housing;

(7) Order that the petitioner be given temporary possession of specified personal property, such as automobiles, checkbooks, keys, and other personal effects;

(8) Prohibit the respondent from transferring, encumbering, or otherwise disposing of specified property mutually owned or leased by the parties;

(9) Order the respondent to participate in a court-approved counseling program designed to help batterers stop violent behavior or to participate in a substance abuse treatment program;

(10) Order the respondent to pay a reasonable fee for housing and other services that have been provided or that are being provided to the petitioner by a shelter for victims of domestic violence;

(11) Order the respondent to pay court costs;

(12) Order the respondent to pay the cost of medical treatment and services that have been provided or that are being provided to the petitioner as a result of injuries sustained to the petitioner by an act of domestic violence committed by the respondent;

(13) Award possession and care of any pet, along with any moneys necessary to cover medical costs that may have resulted from abuse of the pet.

4. If the court issues, after a hearing for any full order of protection, an order of protection, the court shall also:

(1) Prohibit the respondent from knowingly possessing or purchasing any firearm while the order

is in effect;

(2) Inform the respondent of such prohibition in writing and, if the respondent is present, orally; and

(3) Forward the order to the state highway patrol so that the state highway patrol can update the respondent's record in the National Instant Criminal Background Check System (NICS). Upon receiving an order under this subsection, the state highway patrol shall notify the Federal Bureau of Investigation within twenty-four hours.

5. A verified petition seeking orders for maintenance, support, custody, visitation, payment of rent, payment of monetary compensation, possession of personal property, prohibiting the transfer, encumbrance, or disposal of property, or payment for services of a shelter for victims of domestic violence, shall contain allegations relating to those orders and shall pray for the orders desired.

[5.] 6. In making an award of custody, the court shall consider all relevant factors including the presumption that the best interests of the child will be served by placing the child in the custody and care of the nonabusive parent, unless there is evidence that both parents have engaged in abusive behavior, in which case the court shall not consider this presumption but may appoint a guardian ad litem or a court-appointed special advocate to represent the children in accordance with chapter 452 and shall consider all other factors in accordance with chapter 452.

[6.] 7. The court shall grant to the noncustodial parent rights to visitation with any minor child born to or adopted by the parties, unless the court finds, after hearing, that visitation would endanger the child's physical health, impair the child's emotional development or would otherwise conflict with the best interests of the child, or that no visitation can be arranged which would sufficiently protect the custodial parent from further domestic violence. The court may appoint a guardian ad litem or court-appointed special advocate to represent the minor child in accordance with chapter 452 whenever the custodial parent alleges that visitation with the noncustodial parent will damage the minor child.

[7.] 8. The court shall make an order requiring the noncustodial party to pay an amount reasonable and necessary for the support of any child to whom the party owes a duty of support when no prior order of support is outstanding and after all relevant factors have been considered, in accordance with Missouri supreme court rule 88.01 and chapter 452.

[8.] 9. The court may grant a maintenance order to a party for a period of time, not to exceed one hundred eighty days. Any maintenance ordered by the court shall be in accordance with chapter 452.

[9.] 10. (1) The court may, in order to ensure that a petitioner can maintain an existing wireless telephone number or numbers, issue an order, after notice and an opportunity to be heard, directing a wireless service provider to transfer the billing responsibility for and rights to the wireless telephone number or numbers to the petitioner, if the petitioner is not the wireless service accountholder.

(2) (a) The order transferring billing responsibility for and rights to the wireless telephone number or numbers to the petitioner shall list the name and billing telephone number of the accountholder, the name and contact information of the person to whom the telephone number or numbers will be transferred, and each telephone number to be transferred to that person. The court shall ensure that the contact information of the petitioner is not provided to the accountholder in proceedings held under this chapter.

(b) Upon issuance, a copy of the full order of protection shall be transmitted, either electronically or by certified mail, to the wireless service provider's registered agent listed with the secretary of state, or electronically to the email address provided by the wireless service provider. Such transmittal shall constitute adequate notice for the wireless service provider acting under this section and section 455.523.

(c) If the wireless service provider cannot operationally or technically effectuate the order due to certain circumstances, the wireless service provider shall notify the petitioner within three business days. Such circumstances shall include, but not be limited to, the following:

- a. The accountholder has already terminated the account;
- b. The differences in network technology prevent the functionality of a device on the network; or
- c. There are geographic or other limitations on network or service availability.

(3) (a) Upon transfer of billing responsibility for and rights to a wireless telephone number or numbers to the petitioner under this subsection by a wireless service provider, the petitioner shall assume all financial responsibility for the transferred wireless telephone number or numbers, monthly service costs, and costs for any mobile device associated with the wireless telephone number or numbers.

(b) This section shall not preclude a wireless service provider from applying any routine and customary requirements for account establishment to the petitioner as part of this transfer of billing responsibility for a wireless telephone number or numbers and any devices attached to that number or numbers including, but not limited to, identification, financial information, and customer preferences.

(4) This section shall not affect the ability of the court to apportion the assets and debts of the parties as provided for in law, or the ability to determine the temporary use, possession, and control of personal property.

(5) No cause of action shall lie against any wireless service provider, its officers, employees, or agents, for actions taken in accordance with the terms of a court order issued under this section.

(6) As used in this section and section 455.523, a "wireless service provider" means a provider of commercial mobile service under Section 332(d) of the Federal [Telecommunications] **Communications Act of [1996] 1934** (47 U.S.C. Section [151, et seq.] **332**).

455.523. 1. Any full order of protection granted under sections 455.500 to 455.538 shall be to protect the victim from domestic violence, including danger to the child's pet, stalking, and sexual assault may include such terms as the court reasonably deems necessary to ensure the petitioner's safety, including but not limited to:

(1) Temporarily enjoining the respondent from committing domestic violence or sexual assault, threatening to commit domestic violence or sexual assault, stalking, molesting, or disturbing the peace of the victim;

(2) Temporarily enjoining the respondent from entering the family home of the victim, except as specifically authorized by the court;

(3) Temporarily enjoining the respondent from communicating with the victim in any manner or through any medium, except as specifically authorized by the court.

2. If the court issues, after a hearing for any full order of protection, an order of protection, the court shall also:

(1) Prohibit the respondent from knowingly possessing or purchasing any firearm while the order is in effect;

(2) Inform the respondent of such prohibition in writing and, if the respondent is present, orally; and

(3) Forward the order to the state highway patrol so that the state highway patrol can update the respondent's record in the National Instant Criminal Background Check System (NICS). Upon receiving an order under this subsection, the state highway patrol shall notify the Federal Bureau of Investigation within twenty-four hours.

3. When the court has, after hearing for any full order of protection, issued an order of protection, it may, in addition:

(1) Award custody of any minor child born to or adopted by the parties when the court has jurisdiction over such child and no prior order regarding custody is pending or has been made, and the best interests of the child require such order be issued;

(2) Award visitation;

(3) Award child support in accordance with supreme court rule 88.01 and chapter 452;

(4) Award maintenance to petitioner when petitioner and respondent are lawfully married in accordance with chapter 452;

(5) Order respondent to make or to continue to make rent or mortgage payments on a residence occupied by the victim if the respondent is found to have a duty to support the victim or other dependent household members;

(6) Order the respondent to participate in a court-approved counseling program designed to help stop violent behavior or to treat substance abuse;

(7) Order the respondent to pay, to the extent that he or she is able, the costs of his or her treatment, together with the treatment costs incurred by the victim;

(8) Order the respondent to pay a reasonable fee for housing and other services that have been provided or that are being provided to the victim by a shelter for victims of domestic violence;

(9) Order a wireless service provider, in accordance with the process, provisions, and requirements set out in subdivisions (1) to (6) of subsection [9] 10 of section 455.050, to transfer the billing responsibility for and rights to the wireless telephone number or numbers of any minor children in the petitioner's care to the petitioner, if the petitioner is not the wireless service account holder;

(10) Award possession and care of any pet, along with any moneys necessary to cover medical costs that may have resulted from abuse of the pet.”; and

Further amend said bill, page 40, Section 558.019, line 186, by inserting after all of said line the following:

“565.076. 1. A person commits the offense of domestic assault in the fourth degree if the act involves

a domestic victim, as the term “domestic victim” is defined under section 565.002, and:

- (1) The person attempts to cause or recklessly causes physical injury, physical pain, or illness to such domestic victim;
- (2) With criminal negligence the person causes physical injury to such domestic victim by means of a deadly weapon or dangerous instrument;
- (3) The person purposely places such domestic victim in apprehension of immediate physical injury by any means;
- (4) The person recklessly engages in conduct which creates a substantial risk of death or serious physical injury to such domestic victim;
- (5) The person knowingly causes physical contact with such domestic victim knowing he or she will regard the contact as offensive; or
- (6) The person knowingly attempts to cause or causes the isolation of such domestic victim by unreasonably and substantially restricting or limiting his or her access to other persons, telecommunication devices or transportation for the purpose of isolation.

2. The offense of domestic assault in the fourth degree is a class A misdemeanor, unless the person has previously been found guilty of the offense of domestic assault, of any assault offense under this chapter, or of any offense against a domestic victim committed in violation of any county or municipal ordinance in any state, any state law, any federal law, or any military law which if committed in this state two or more times would be a violation of this section, in which case it is a class E felony. The offenses described in this subsection may be against the same domestic victim or against different domestic victims.

3. Upon a conviction for the offense of domestic assault in the fourth degree, the court shall forward the record of conviction to the Missouri state highway patrol so that the Missouri state highway patrol can update the offender’s record in the National Instant Criminal Background Check System (NICS). Upon receiving a record under this subsection, the Missouri state highway patrol shall notify the Federal Bureau of Investigation within twenty-four hours.”; and

Further amend said bill, page 65, Section 571.070, line 7, by striking “or”; and further amend line 10, by inserting immediately after “incompetent” the following: “; or

(3) Such person has been convicted of a misdemeanor offense of domestic violence under the laws of this state, or of a crime under the laws of any state or of the United States that if committed in this state would be a misdemeanor offense of domestic violence”; and

Further amend said bill and section, page 66, line 18, by inserting after all of said line the following:

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

- (1) “Family or household member”, the same meaning as such term is defined under section 455.010;**
- (2) “Misdemeanor offense of domestic violence”:**
 - (a) Domestic assault in the fourth degree under section 565.076; or**
 - (b) Any misdemeanor offense committed by a family or household member of the victim that**

involves the use or attempted use of a physical force or the threatened use of a deadly weapon.”; and

Further amend said bill, page 92, Section 630.155, line 27, by inserting after all of said line the following:

“[1.450. No entity or person, including any public officer or employee of this state or any political subdivision of this state, shall have the authority to enforce or attempt to enforce any federal acts, laws, executive orders, administrative orders, rules, regulations, statutes, or ordinances infringing on the right to keep and bear arms as described under section 1.420. Nothing in sections 1.410 to 1.480 shall be construed to prohibit Missouri officials from accepting aid from federal officials in an effort to enforce Missouri laws.]

[1.460. 1. Any political subdivision or law enforcement agency that employs a law enforcement officer who acts knowingly, as defined under section 562.016, to violate the provisions of section 1.450 or otherwise knowingly deprives a citizen of Missouri of the rights or privileges ensured by Amendment II of the Constitution of the United States or Article I, Section 23 of the Constitution of Missouri while acting under the color of any state or federal law shall be liable to the injured party in an action at law, suit in equity, or other proper proceeding for redress, and subject to a civil penalty of fifty thousand dollars per occurrence. Any person injured under this section shall have standing to pursue an action for injunctive relief in the circuit court of the county in which the action allegedly occurred or in the circuit court of Cole County with respect to the actions of such individual. The court shall hold a hearing on the motion for temporary restraining order and preliminary injunction within thirty days of service of the petition.

2. In such actions, the court may award the prevailing party, other than the state of Missouri or any political subdivision of the state, reasonable attorney’s fees and costs.

3. Sovereign immunity shall not be an affirmative defense in any action pursuant to this section.]

[1.470. 1. Any political subdivision or law enforcement agency that knowingly employs an individual acting or who previously acted as an official, agent, employee, or deputy of the government of the United States, or otherwise acted under the color of federal law within the borders of this state, who has knowingly, as defined under section 562.016, after the adoption of this section:

(1) Enforced or attempted to enforce any of the infringements identified in section 1.420;

or

(2) Given material aid and support to the efforts of another who enforces or attempts to enforce any of the infringements identified in section 1.420;

shall be subject to a civil penalty of fifty thousand dollars per employee hired by the political subdivision or law enforcement agency. Any person residing in a jurisdiction who believes that an individual has taken action that would violate the provisions of this section shall have standing to pursue an action.

2. Any person residing or conducting business in a jurisdiction who believes that an individual has taken action that would violate the provisions of this section shall have standing to pursue an action for injunctive relief in the circuit court of the county in which the action allegedly

occurred or in the circuit court of Cole County with respect to the actions of such individual. The court shall hold a hearing on the motion for a temporary restraining order and preliminary injunction within thirty days of service of the petition.

3. In such actions, the court may award the prevailing party, other than the state of Missouri or any political subdivision of the state, reasonable attorney's fees and costs.

4. Sovereign immunity shall not be an affirmative defense in any action pursuant to this section.]

[1.480. 1. For sections 1.410 to 1.485, the term "law-abiding citizen" shall mean a person who is not otherwise precluded under state law from possessing a firearm and shall not be construed to include anyone who is not legally present in the United States or the state of Missouri.

2. For the purposes of sections 1.410 to 1.480, "material aid and support" shall include voluntarily giving or allowing others to make use of lodging; communications equipment or services, including social media accounts; facilities; weapons; personnel; transportation; clothing; or other physical assets. Material aid and support shall not include giving or allowing the use of medicine or other materials necessary to treat physical injuries, nor shall the term include any assistance provided to help persons escape a serious, present risk of life-threatening injury.

3. It shall not be considered a violation of sections 1.410 to 1.480 to provide material aid to federal officials who are in pursuit of a suspect when there is a demonstrable criminal nexus with another state or country and such suspect is either not a citizen of this state or is not present in this state.

4. It shall not be considered a violation of sections 1.410 to 1.480 to provide material aid to federal prosecution for:

(1) Felony crimes against a person when such prosecution includes weapons violations substantially similar to those found in chapter 570 or 571 so long as such weapons violations are merely ancillary to such prosecution; or

(2) Class A or class B felony violations substantially similar to those found in chapter 579 when such prosecution includes weapons violations substantially similar to those found in chapter 570 or 571 so long as such weapons violations are merely ancillary to such prosecution.

5. The provisions of sections 1.410 to 1.485 shall be applicable to offenses occurring on or after August 28, 2021.]"; and

Further amend the title and enacting clause accordingly.

Senator Rizzo moved that the above amendment be adopted and requested a roll call vote be taken. He was joined in his request by Senators Arthur, May, Roberts and Washington.

Senator Luetkemeyer offered **SA 1 to SA 3**:

SENATE AMENDMENT NO. 1 TO
SENATE AMENDMENT NO. 3

Amend Senate Amendment No. 3 to Senate Substitute for Senate Committee Substitute for House Bills Nos. 2697, 1589, 1637 and House Committee Substitute for House Bill No. 2127, Page 1, Line 6, by striking

the words ““Back the Blue Act”” and inserting in lieu thereof the following: ““**Undermining the Second Amendment Preservation Act**””.

Senator Luetkemeyer moved that the above amendment be adopted, which motion prevailed on a standing division vote.

SA 3, as amended, failed of adoption by the following vote:

YEAS—Senators

Arthur	Beck	May	Mosley	Razer	Rizzo	Roberts
Schupp	Washington	Williams—10				

NAYS—Senators

Bean	Brattin	Brown	Burlison	Crawford	Eigel	Eslinger
Gannon	Hegeman	Hoskins	Hough	Koenig	Luetkemeyer	Moon
O’Laughlin	Onder	Riddle	Rowden	Schatz	Thompson Rehder	White—21

Absent—Senators

Bernskoetter	Cierpiot	Wieland—3
--------------	----------	-----------

Absent with leave—Senators—None

Vacancies—None

At the request of Senator Luetkemeyer, **HB 2697**, **HB 1589**, **HB 1637**, and **HCS** for **HB 2127**, with **SCS** and **SS** for **SCS** (pending), was placed on the Informal Calendar.

MESSAGES FROM THE HOUSE

The following messages were received from the House of Representatives through its Chief Clerk:

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS** for **SS** for **SB 690**, entitled:

An Act to repeal sections 170.047, 170.048, 172.800, 173.1200, 190.245, 191.116, 191.500, 191.515, 191.520, 191.525, 191.743, 192.2225, 194.210, 194.255, 194.265, 194.285, 194.290, 194.297, 194.299, 194.300, 194.304, 195.010, 195.206, 196.866, 196.868, 197.100, 197.256, 197.258, 197.400, 197.415, 197.445, 198.006, 198.022, 198.026, 198.036, 198.525, 198.526, 198.545, 208.151, 208.152, 208.662, 208.798, 210.921, 251.070, 301.020, 302.171, 334.530, 334.655, 335.230, 335.257, 338.010, 376.427, 376.1575, 376.1800, 579.040, 579.076, and 660.010, RSMo, and to enact in lieu thereof seventy new sections relating to health care, with penalty provisions and an emergency clause for certain sections.

With House Amendment Nos. 2 and 3, House Amendment No. 1 to House Amendment No. 4, House Amendment No. 2 to House Amendment No. 4, House Amendment No. 3 to House Amendment No. 4, House Amendment No. 4, as amended, House Amendment No. 1 to House Amendment No. 5, House Amendment No. 5, as amended, House Amendment No. 1 to House Amendment No. 6, House Amendment No. 2 to House Amendment No. 6 and House Amendment No. 6, as amended.

HOUSE AMENDMENT NO. 2

Amend House Committee Substitute for Senate Substitute for Senate Bill No. 690, Page 97, Section

630.980, Line 47, by inserting after all of said section and line the following:

“630.1150. 1. The department of mental health and the department of social services shall oversee and implement a collaborative project to:

(1) Assess the incidence and implications of continued hospitalization of foster children and clients of the department of mental health that occurs without medical justification because appropriate post-discharge placement options are unavailable;

(2) Assess the incidence and implications of continued hospitalization of foster children with mental illnesses, mental disorders, intellectual disabilities, and developmental disabilities that occurs without medical justification because they are awaiting screening for appropriateness of residential services; and

(3) Develop recommendations to ensure that patients described in this subsection receive treatment in the most cost-effective and efficacious settings, consistent with federal and state standards for treatment in the least restrictive environment.

2. The departments shall also solicit and consider data and recommendations from foster children, clients of the department of mental health, and other stakeholders who may provide or coordinate treatment for, or have responsibility for, such children or patients, including:

(1) Hospital social workers and discharge planners;

(2) Health insurers;

(3) Psychiatrists and psychologists;

(4) Hospitals, as defined in section 197.020;

(5) Skilled nursing facilities and intermediate care facilities licensed under chapter 198;

(6) Vendors, as defined in section 630.005;

(7) Vulnerable persons or persons under the care and custody of the children’s division of the department of social services;

(8) Consumers;

(9) Public elementary and secondary schools;

(10) Family support teams and case workers; and

(11) The courts.

3. The departments shall issue interim reports before December 31, 2022, and before July 1, 2023, and a final report before December 1, 2023. Copies of each report shall be submitted concurrently to the general assembly.

4. The provisions of this section shall expire on January 1, 2024.”; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

HOUSE AMENDMENT NO. 3

194.304, Line 20, by inserting after all of the said section and line the following:

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

(1) “COVID-19 vaccination status”, an indication of whether a person has received a vaccination against COVID-19;

(2) “Hospital”, the same meaning given to the term in section 197.020;

(3) “Procurement organization”, the same meaning given to the term in section 194.210.

2. Except if the organ being transplanted is a lung, no hospital, physician, procurement organization, or other person shall consider the COVID-19 vaccination status of a potential organ transplant recipient or potential organ donor in any part of the organ transplant process including, but not limited to:

(1) The referral of a patient to be considered for a transplant;

(2) The evaluation of a patient for a transplant;

(3) The consideration of a patient for placement on a waiting list;

(4) A patient’s particular position on a waiting list; and

(5) The evaluation of a potential donor to determine his or her suitability as an organ donor.”; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

HOUSE AMENDMENT NO. 1 TO
HOUSE AMENDMENT NO. 4

Amend House Amendment No. 4 to House Committee Substitute for Senate Substitute for Senate Bill No. 690, Page 2, Line 32, by inserting after the first instance of the word **“the”** the word **“attending”**; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

HOUSE AMENDMENT NO. 2
HOUSE AMENDMENT NO. 4

Amend House Amendment No. 4 to House Committee Substitute for Senate Substitute for Senate Bill No. 690, Page 5, Line 12, by inserting after said line the following:

“Further amend said bill, Page 80, Section 210.921, Line 41, by inserting after said section and line the following:

“217.940. 1. This act establishes the “Correctional Center Nursery Program”. The department of corrections shall, subject to appropriations, establish a correctional center nursery in one or more of the correctional centers for women operated by the department, no later than July 1, 2025. The purpose of the correctional center nursery program is for bonding and unification between the mother and child. The program shall allow eligible inmates and children born from them while in the custody of the department to reside together in the institution for up to eighteen months post-delivery. In establishing this program, neither the inmate’s participation in the program nor any provision of sections 217.940 to 217.947 shall affect, modify, or interfere with the inmate’s custodial rights to the child nor does it establish legal custody of the child with the department.

2. As used in sections 217.940 to 217.947, the following terms shall mean:

(1) “Correctional center nursery program”, the program authorized by sections 217.940 to 217.947;

(2) “Department”, the department of corrections;

(3) “Public assistance”, all forms of assistance, including monetary assistance from any public source paid either to the mother or child or any other person on behalf of the child;

(4) “Support”, the payment of money, including interest:

(a) For a child or spouse ordered by a court of competent jurisdiction, whether the payment is ordered in an emergency, temporary, permanent, or modified order, the amount of unpaid support shall bear simple interest from the date it accrued, at a rate of ten dollars upon one hundred dollars per annum, and proportionately for a greater or lesser sum, or for a longer or shorter time;

(b) To third parties on behalf of a child or spouse, including, but not limited to, payments to medical, dental or educational providers, payments to insurers for health and hospitalization insurance, payments of residential rent or mortgage payments, payments on an automobile, or payments for day care; or

(c) For a mother, ordered by a court of competent jurisdiction, for the necessary expenses incurred by or for the mother in connection with her confinement or of other expenses in connection with the pregnancy of the mother.

217.941. 1. An inmate is eligible to participate in the correctional center nursery program if:

(1) She delivers the child while in the custody of the department;

(2) She is expected to give birth or gives birth on or after the date the program is implemented;

(3) She has a presumptive release date established by the parole board of eighteen months or less from the date she applies to participate in the program;

(4) She has not pled guilty to or been convicted of a dangerous felony as defined in section 556.061;

(5) She has not pled guilty to or been convicted of any sexual offense contained in chapter 566 where the victim of the crime was a minor;

(6) She has not pled guilty to or been convicted of an offense against the family contained in chapter 568, excluding criminal nonsupport; and

(7) She and the child meet any other criteria established by the department.

2. Placement into the program shall be by internal classification of the department. A sentencing court is without jurisdiction to order a placement of an inmate into the program.

3. Program capacity shall be determined by the department.

4. Upon first release of the mother and child, the child shall not be eligible to return to the program if the mother is revoked or receives a new assignment to the department of corrections.

217.942. 1. To participate in the correctional center nursery program, each eligible inmate selected by the department shall agree in writing to:

(1) Comply with all department policies, procedures and other requirements related to the corrections nursery program and rules that apply to all incarcerated offenders generally;

(2) If eligible, have the child participate in the state children's health insurance program under sections 208.631 to 208.658;

(3) Abide by any court decisions regarding the allocation of parental rights and responsibilities with respect to the child; and

(4) Specify with whom the child is to be placed in the event the inmate's participation in the program is terminated for a reason other than release from imprisonment.

2. The department shall be required to establish policy for the operation of the program.

217.943. An inmate's participation in the correctional center nursery program may be terminated by the department if one of the following occurs:

(1) The inmate fails to comply with the agreement entered into under section 217.942;

(2) The inmate violates an institutional rule that results in alternative housing placement outside of the area designated for the program;

(3) The inmate's child becomes seriously ill, cannot receive the necessary medical care, or otherwise cannot safely participate in the program;

(4) A court of competent jurisdiction grants custody of the child to a person other than the inmate;

(5) A court of competent jurisdiction issues an order regarding the child granting temporary, permanent, or legal custody of the child to a person other than the inmate, or to a public children services agency or private child placing agency; or

(6) The inmate is released from imprisonment.

217.944. 1. The division of child support enforcement shall collect support payments made pursuant to the assignment and forward them to the department for deposit into the inmate's inmate banking account.

2. The department may accept monetary and property donations on behalf of the program.

3. All donations accepted by the department for the correctional center nursery program shall be used solely for any expenses relating to the operation and maintenance of the program.

4. No donations of property shall be made on behalf of one particular inmate or child to be used while incarcerated.

5. Financial donations, public assistance, or support for a specific inmate or child shall be made through the inmate banking system.

217.945. 1. There is hereby created in the state treasury the "Correctional Center Nursery Program Fund", which shall consist of money collected under this section and section 217.944 as well as any appropriations made by the general assembly. The department shall obtain sufficient resources to initiate and maintain the program and may accept gifts, grants, and donations of any kind. The state treasurer shall be custodian of the fund. In accordance with sections 30.170 and 30.180, the state treasurer may approve disbursements. The fund shall be a dedicated fund and money in the fund

shall be used solely by the department for the purposes of operating and maintaining sections 217.940 to 217.947.

2. Notwithstanding the provisions of section 33.080 to the contrary, any moneys remaining in the fund at the end of the biennium shall not revert to the credit of the general revenue fund.

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

217.946. Notwithstanding any other provision of law to contrary, neither the correctional center nursery program nor the department, with respect to the program, is subject to any regulation, licensing or oversight by the department of health and senior services, department of social services, children’s division, juvenile officer of any jurisdiction or the office of childhood unless the department voluntarily agrees to services, regulation, licensing, or oversight from any of the aforementioned entities.

217.947. The operation of a correctional center nursery program established under sections 217.940 to 217.947 and the presence of children of inmates participating in the correctional center nursery program shall not be considered a dangerous condition that would result in a waiver of sovereign immunity under section 537.600. The sovereign immunity provisions under section 537.600 and any other statute regarding the sovereign immunity of the state or public entities in existence as of August 28, 2022, shall remain in effect and shall be applied in the same manner as such provisions were applied prior to the establishment of the correctional center nursery program under sections 217.940 to 217.947.”; and”; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

HOUSE AMENDMENT NO. 3 TO
HOUSE AMENDMENT NO. 4

Amend House Amendment No. 4 to House Committee Substitute for Senate Substitute for Senate Bill No. 690, Page 1, Line 1, by inserting after the number “690,” the following:

“Page 14, Section 173.1200, Line 53, by inserting after all of said section and line the following:

“190.100. As used in sections 190.001 to 190.245 **and section 190.257**, the following words and terms mean:

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

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

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

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

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

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

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

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

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

(9) “Director”, the director of the department of health and senior services or the director’s duly authorized representative;

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

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

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

(b) Serious impairment to a bodily function;

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

(d) Inadequately controlled pain;

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

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

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

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

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

(17) “Emergency medical technician”, a person licensed in emergency medical care in accordance with standards prescribed by sections 190.001 to 190.245, and by rules adopted by the department pursuant to sections 190.001 to 190.245;

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

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

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

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

(22) “Health care facility”, a hospital, nursing home, physician’s office or other fixed location at which medical and health care services are performed;

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

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

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

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

(27) “Memorandum of understanding”, an agreement between an emergency medical response agency

or dispatch agency and an ambulance service or services within whose territory the agency operates, in order to coordinate emergency medical services;

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

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

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

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

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

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

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

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

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

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

(38) “State advisory council on emergency medical services”, a committee formed to advise the

department on policy affecting emergency medical service throughout the state;

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

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

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

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

(43) “Stroke”, a condition of impaired blood flow to a patient’s brain as defined by the department;

(44) “Stroke care”, includes emergency transport, triage, and acute intervention and other acute care services for stroke that potentially require immediate medical or surgical intervention or treatment, and may include education, primary prevention, acute intervention, acute and subacute management, prevention of complications, secondary stroke prevention, and rehabilitative services;

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

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

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

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

[(47)] (49) “Trauma care” includes injury prevention, triage, acute care and rehabilitative services for major single system or multisystem injuries that potentially require immediate medical or surgical intervention or treatment;

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

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

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

3. The council shall have geographical representation and representation from appropriate areas of expertise in emergency medical services including volunteers, professional organizations involved in

emergency medical services, EMT's, paramedics, nurses, firefighters, physicians, ambulance service administrators, hospital administrators and other health care providers concerned with emergency medical services. The regional EMS advisory committees shall serve as a resource for the identification of potential members of the state advisory council on emergency medical services.

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

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

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

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

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

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

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

190.103. 1. One physician with expertise in emergency medical services from each of the EMS regions shall be elected by that region's EMS medical directors to serve as a regional EMS medical director. The regional EMS medical directors shall constitute the state EMS medical director's advisory committee and shall advise the department and their region's ambulance services on matters relating to medical control and medical direction in accordance with sections 190.001 to 190.245 and rules adopted by the department

pursuant to sections 190.001 to 190.245. The regional EMS medical director shall serve a term of four years. The southwest, northwest, and Kansas City regional EMS medical directors shall be elected to an initial two-year term. The central, east central, and southeast regional EMS medical directors shall be elected to an initial four-year term. All subsequent terms following the initial terms shall be four years. The state EMS medical director shall be the chair of the state EMS medical director's advisory committee, and shall be elected by the members of the regional EMS medical director's advisory committee, shall serve a term of four years, and shall seek to coordinate EMS services between the EMS regions, promote educational efforts for agency medical directors, represent Missouri EMS nationally in the role of the state EMS medical director, and seek to incorporate the EMS system into the health care system serving Missouri.

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

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

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

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

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

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

8. When developing treatment protocols for special needs patients, regional EMS medical directors may promulgate such protocols on a regional basis across multiple political subdivisions' jurisdictional boundaries, and such protocols may be used by multiple agencies including, but not limited to, ambulance

services, emergency response agencies, and public health departments. Treatment protocols shall include steps to ensure the receiving hospital is informed of the pending arrival of the special needs patient, the condition of the patient, and the treatment instituted.

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

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

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

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

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

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

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

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

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

- (1) Compile [and], assess, **and make publicly available** peer-reviewed and evidence-based clinical

research and guidelines that provide or support recommended treatment standards **and that have been recommended by the time-critical diagnosis advisory committee;**

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

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

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

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

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

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

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

2. Except as provided for in subsection [5] 4 of this section, the department shall designate a hospital as a STEMI or stroke center when such hospital, upon proper application and site review, has been found by the department to meet the applicable level of STEMI or stroke center criteria for designation in accordance with rules adopted by the department as prescribed by section 190.185. **Site review may occur on-site or by any reasonable means of communication, or by any combination thereof.** In developing STEMI center and stroke center designation criteria, the department shall use, as it deems practicable, [appropriate] peer-reviewed [or] **and evidence-based clinical research [on such topics] and guidelines**

including, but not limited to, the most recent guidelines of the American College of Cardiology [and], **the American Heart Association [for STEMI centers, or the Joint Commission's Primary Stroke Center Certification program criteria for stroke centers, or Primary and Comprehensive Stroke Center Recommendations as published by], or the American Stroke Association.** Such rules shall include designation as a STEMI center **or stroke center** without site review if such hospital is certified by a national body.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Further amend said bill and page, Section 190.245, Lines 1-18, by deleting all of said section and line

and inserting in lieu thereof the following:

190.245. [The department shall require hospitals, as defined by chapter 197, designated as trauma, STEMI, or stroke centers to provide for a peer review system, approved by the department, for trauma, STEMI, and stroke cases, respective to their designations, under section 537.035. For purposes of sections 190.241 to 190.245, the department of health and senior services shall have the same powers and authority of a health care licensing board pursuant to subsection 6 of section 537.035.] **1. Any person licensed under sections 190.001 to 190.245 shall be considered a health care professional for purposes of section 537.035, and any quality improvement or quality assurance activity required under sections 190.001 to 190.245 shall be considered an activity of a peer review committee for purposes of section 537.035.**

2. Failure of a hospital to provide all medical records and quality improvement documentation necessary for the department to implement provisions of sections 190.241 to 190.245 shall result in the revocation of the hospital's designation as a trauma center, STEMI center, or stroke center.

3. Any medical records obtained by the department [or peer review committees] shall be used only for purposes of implementing the provisions of sections 190.241 to 190.245 and the names of hospitals, physicians and patients shall not be released by the department or members of review [committees] teams.

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

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

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

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

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

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

Further amend said bill,”; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

HOUSE AMENDMENT NO. 4

Amend House Committee Substitute for Senate Substitute for Senate Bill No. 690, Page 17, Section 191.525, Line 8, by inserting after said section and line the following:

“191.1400. 1. This section shall be known and may be cited as the “Compassionate Care Visitation Act”.

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

(1) “Compassionate care visitor”, a patient’s or resident’s friend, family member, or other person requested by the patient or resident for the purpose of a compassionate care visit;

(2) “Compassionate care visit”, a visit necessary to meet the physical or mental needs of the patient or resident, including, but not limited to:

(a) For end-of-life situations, including making decisions regarding end-of-life care during in-person contact or communication with the compassionate care visitor;

(b) For adjustment support or communication support, including, but not limited to, assistance with hearing and speaking;

(c) For emotional support;

- (d) For physical support after eating or drinking issues, including weight loss or dehydration; or**
- (e) For social support;**

(3) “Health care facility”, a hospital, as defined in section 197.020, a long-term care facility licensed under chapter 198, or a hospice facility certified under chapter 197.

3. A health care facility shall allow a patient or resident, or his or her legal guardian, to permit at least two compassionate care visitors simultaneously to have in-person contact with the patient or resident during visiting hours. Compassionate care visitation hours shall be no less than six hours daily and shall include evenings, weekends, and holidays. Health care facilities shall be permitted to place additional restrictions on children under the age of fourteen who are compassionate care visitors.

4. Health care facilities shall have a visitation policy that allows, at a minimum:

(1) Twenty-four hour attendance by a compassionate care visitor when reasonably appropriate;

(2) A compassionate care visitor to leave and return within the hours of the visitation policy. A patient or resident may receive multiple compassionate care visitors during visitation hours, subject to the provisions of subsection 3 of this section; and

(3) Parents with custody or unsupervised visitation rights, legal guardians, and other persons standing in loco parentis to be physically present with a minor child while the child receives care in the facility.

5. This section shall not affect any obligation of a health care facility to:

(1) Provide patients or residents with effective communication supports or other reasonable accommodations in accordance with federal and state laws to assist in remote personal contact; and

(2) Comply with the provisions of the Americans with Disabilities Act of 1990, 42 U.S.C. Section 12101 et seq.

6. A health care facility may limit:

(1) The number of visitors per patient or resident at one time based on the size of the building and physical space;

(2) Movement of visitors within the health care facility, including restricting access to operating rooms, isolation rooms or units, behavioral health units, or other commonly restricted areas; and

(3) Access of any person to a patient:

(a) At the request of the patient or resident, or the legal guardian of such;

(b) At the request of a law enforcement agency for a person in custody;

(c) Due to a court order;

(d) To prevent substantial disruption to the care of a patient or resident or the operation of the facility;

(e) During the administration of emergency care in critical situations;

(f) If the person has measurable signs and symptoms of a transmissible infection; except that, the health care facility shall allow access through telephone or other means of telecommunication that ensure the protection of the patient or resident;

(g) If the health care facility has reasonable cause to suspect the person of being a danger or otherwise contrary to the health or welfare of the patient or resident, other patients or residents, or facility staff; or

(h) If, in the clinical judgment of the patient’s or resident’s attending physician, the presence of visitors would be medically or therapeutically contraindicated to the health or life of the patient or resident, and the physician attests to such in the patient’s or resident’s chart.

7. Nothing in this section shall limit a health care facility from limiting or redirecting visitors of a patient or resident in a shared room to ensure the health and safety of the patients or residents in the shared room. Nothing in this section shall be construed to prohibit health care facilities from adopting reasonable safety or security restrictions or other requirements for visitors.

8. Nothing in this section shall be construed to waive or change long-term care facility residents’ rights under sections 198.088 and 198.090.

9. No later than January 1, 2023, the department of health and senior services shall develop informational materials for patients, residents, and their legal guardians, regarding the provisions of this section. A health care facility shall make these informational materials accessible upon admission or registration and on the primary website of the health care facility.

10. A compassionate care visitor of a patient or resident of a health care facility may report any violation of the provisions of this section by a health care facility to the department of health and senior services. The department shall begin investigating any such complaint filed under this subsection within thirty-six hours of receipt of the complaint. The purpose of such investigation shall be to ensure compliance with the provisions of this section and any such investigation shall otherwise comply with the complaint processes established by section 197.080 for a hospital, section 197.268 for a hospice facility, and section 198.532 for a long-term care facility.

11. No health care facility shall be held liable for damages in an action involving a liability claim against the facility arising from the compliance with the provisions of this section. The immunity described in this subsection shall not apply to any act or omission by a facility, its employees, or its contractors that constitutes recklessness or willful misconduct and shall be provided in addition to, and shall in no way limit, any other immunity protections that may apply in state or federal law.

12. The provisions of this section shall not be terminated, suspended, or waived except by a declaration of emergency under chapter 44, during which time the provisions of sections 191.2290 and 630.202 shall apply.

191.2290. 1. The provisions of this section and section 630.202 shall be known and may be cited as the “Essential Caregiver Program Act”.

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

(1) “Department”, the department of health and senior services;

(2) “Essential caregiver”, a family member, friend, guardian, or other individual selected by a

facility resident or patient who has not been adjudged incapacitated under chapter 475, or the guardian or legal representative of the resident or patient;

(3) “Facility”, a hospital licensed under chapter 197 or a facility licensed under chapter 198.

3. During a state of emergency declared pursuant to chapter 44 relating to infectious, contagious, communicable, or dangerous diseases, a facility shall allow a resident or patient who has not been adjudged incapacitated under chapter 475, a resident’s or patient’s guardian, or a resident’s or patient’s legally authorized representative to designate an essential caregiver for in-person contact with the resident or patient in accordance with the standards and guidelines developed by the department under this section. Essential caregivers shall be considered as part of the resident’s or patient’s care team, along with the resident’s or patient’s health care providers and facility staff.

4. The facility shall inform, in writing, residents and patients who have not been adjudged incapacitated under chapter 475, or guardians or legal representatives of residents or patients, of the “Essential Caregiver Program” and the process for designating an essential caregiver.

5. The department shall develop standards and guidelines concerning the essential caregiver program, including, but not limited to, the following:

(1) The facility shall allow at least two individuals per resident or patient to be designated as essential caregivers, although the facility may limit the in-person contact to one caregiver at a time. The caregiver shall not be required to have previously served in a caregiver capacity prior to the declared state of emergency;

(2) The facility shall establish a reasonable in-person contact schedule to allow the essential caregiver to provide care to the resident or patient for at least four hours each day, including evenings, weekends, and holidays, but shall allow for twenty-four-hour in-person care as necessary and appropriate for the well-being of the resident or patient. The essential caregiver shall be permitted to leave and return during the scheduled hours or be replaced by another essential caregiver;

(3) The facility shall establish procedures to enable physical contact between the resident or patient and the essential caregiver. The facility may not require the essential caregiver to undergo more stringent screening, testing, hygiene, personal protective equipment, and other infection control and prevention protocols than required of facility employees;

(4) The facility shall specify in its protocols the criteria that the facility will use if it determines that in-person contact by a particular essential caregiver is inconsistent with the resident’s or patient’s therapeutic care and treatment or is a safety risk to other residents, patients, or staff at the facility. Any limitations placed upon a particular essential caregiver shall be reviewed and documented every seven days to determine if the limitations remain appropriate; and

(5) The facility may restrict or revoke in-person contact by an essential caregiver who fails to follow required protocols and procedures established under this subsection.

6. (1) A facility may request from the department a suspension of in-person contact by essential caregivers for a period not to exceed seven days. The department may deny the facility’s request to suspend in-person contact with essential caregivers if the department determines that such in-person contact does not pose a serious community health risk. A facility may request from the department

an extension of a suspension for more than seven days; provided, that the department shall not approve an extension period for longer than seven days at a time. A facility shall not suspend in-person caregiver contact for more than fourteen consecutive days in a twelve-month period or for more than forty-five total days in a twelve-month period.

(2) The department shall suspend in-person contact by essential caregivers under this section if it determines that doing so is required under federal law, including a determination that federal law requires a suspension of in-person contact by members of the resident’s or patient’s care team.

(3) The attorney general shall institute all suits necessary on behalf of the state to defend the right of the state to implement the provisions of this section to ensure access by residents and patients to essential caregivers as part of their care team.

7. The provisions of this section shall not be construed to require an essential caregiver to provide necessary care to a resident or patient and a facility shall not require an essential caregiver to provide necessary care.

8. The provisions of this section shall not apply to those residents or patients whose particular plan of therapeutic care and treatment necessitates restricted or otherwise limited visitation for reasons unrelated to the stated reasons for the declared state emergency.

9. A facility, its employees, and its contractors shall be immune from civil liability for an injury or harm caused by or resulting from:

(1) Exposure to a contagious disease or other harmful agent that is specified during the state of emergency declared pursuant to chapter 44; or

(2) Acts or omissions by essential caregivers who are present in the facility;

as a result of the implementation of the essential caregiver program under this section. The immunity described in this subsection shall not apply to any act or omission by a facility, its employees, or its contractors that constitutes recklessness or willful misconduct.”; and

Further amend said bill, Page 96, Section 579.076, Line 13, by inserting after said section and line the following:

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

(1) “Department”, the department of mental health;

(2) “Essential caregiver”, a family member, friend, guardian, or other individual selected by a facility resident or client who has not been adjudged incapacitated under chapter 475, or the guardian or legal representative of the resident or client;

(3) “Facility”, a facility operated, licensed, or certified by the department.

2. During a state of emergency declared pursuant to chapter 44 relating to infectious, contagious, communicable, or dangerous diseases, a facility shall allow a resident or client who has not been adjudged incapacitated under chapter 475, a resident’s or client’s guardian, or a resident’s or client’s legally authorized representative to designate an essential caregiver for in-person contact with the resident or client in accordance with the standards and guidelines developed by the department under this section. Essential caregivers shall be considered a part of the resident’s or client’s care team,

along with the resident's or client's health care providers and facility staff.

3. The facility shall inform, in writing, residents and clients who have not been adjudged incapacitated under chapter 475, or guardians or legal representatives of residents or clients, of the "Essential Caregiver Program" and the process for designating an essential caregiver.

4. The department shall develop standards and guidelines concerning the essential caregiver program, including, but not limited to, the following:

(1) The facility shall allow at least two individuals per resident or client to be designated as essential caregivers, although the facility may limit the in-person contact to one caregiver at a time. The caregiver shall not be required to have previously served in a caregiver capacity prior to the declared state of emergency;

(2) The facility shall establish a reasonable in-person contact schedule to allow the essential caregiver to provide care to the resident or client for at least four hours each day, including evenings, weekends, and holidays, but shall allow for twenty-four-hour in-person care as necessary and appropriate for the well-being of the resident or client and consistent with the safety and security of the facility's staff and other residents or clients. The essential caregiver shall be permitted to leave and return during the scheduled hours or be replaced by another essential caregiver;

(3) The facility shall establish procedures to enable physical contact between the resident or client and the essential caregiver. The facility may not require the essential caregiver to undergo more stringent screening, testing, hygiene, personal protective equipment, and other infection control and prevention protocols than required of facility employees;

(4) The facility shall specify in its protocols the criteria that the facility will use if it determines that in-person contact by a particular essential caregiver is inconsistent with the resident's or client's therapeutic care and treatment or is a safety risk to other residents, clients, or staff at the facility. Any limitations placed upon a particular essential caregiver shall be reviewed and documented every seven days to determine if the limitations remain appropriate; and

(5) The facility may restrict or revoke in-person contact by an essential caregiver who fails to follow required protocols and procedures established under this subsection.

5. (1) A facility may request from the department a suspension of in-person contact by essential caregivers for a period not to exceed seven days. The department may deny the facility's request to suspend in-person contact with essential caregivers if the department determines that such in-person contact does not pose a serious community health risk. A facility may request from the department an extension of a suspension for more than seven days; provided, that the department shall not approve an extension period for longer than seven days at a time. A facility shall not suspend in-person caregiver visitation for more than fourteen consecutive days in a twelve-month period or for more than forty-five total days in a twelve-month period.

(2) The department shall suspend in-person contact by essential caregivers under this section if it determines that doing so is required under federal law, including a determination that federal law requires a suspension of in-person contact by members of the resident's or client's care team.

(3) The attorney general shall institute all suits necessary on behalf of the state to defend the right of the state to implement the provisions of this section to ensure access by residents and clients to

essential caregivers as part of their care team.

6. The provisions of this section shall not be construed to require an essential caregiver to provide necessary care to a resident or client and a facility shall not require an essential caregiver to provide necessary care.

7. The provisions of this section shall not apply to those residents or clients whose particular plan of therapeutic care and treatment necessitates restricted or otherwise limited visitation for reasons unrelated to the stated reason for the declared state of emergency.

8. A facility, its employees, and its contractors shall be immune from civil liability for an injury or harm caused by or resulting from:

(1) Exposure to a contagious disease or other harmful agent that is specified during the state of emergency declared pursuant to chapter 44; or

(2) Acts or omissions by essential caregivers who are present in the facility;

as a result of the implementation of the essential caregiver program under this section. The immunity described in this subsection shall not apply to any act or omission by a facility, its employees, or its contractors that constitutes recklessness or willful misconduct.”; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

HOUSE AMENDMENT NO. 1 TO
HOUSE AMENDMENT NO. 5

Amend House Amendment No. 5 to House Committee Substitute for Senate Substitute for Senate Bill No. 690, Page 3, Line 8, by inserting after all of said page and line the following:

“Further amend said bill, Page 97, Section 630.980, Line 47, by inserting after all of said section and line the following:

“632.305. 1. An application for detention for evaluation and treatment may be executed by any adult person, who need not be an attorney or represented by an attorney, including the mental health coordinator, on a form provided by the court for such purpose, and [must] **shall** allege under oath, **without a notarization requirement**, that the applicant has reason to believe that the respondent is suffering from a mental disorder and presents a likelihood of serious harm to himself **or herself** or to others. The application [must] **shall** specify the factual information on which such belief is based and should contain the names and addresses of all persons known to the applicant who have knowledge of such facts through personal observation.

2. The filing of a written application in court by any adult person, who need not be an attorney or represented by an attorney, including the mental health coordinator, shall authorize the applicant to bring the matter before the court on an ex parte basis to determine whether the respondent should be taken into custody and transported to a mental health facility. The application may be filed in the court having probate jurisdiction in any county where the respondent may be found. If the court finds that there is probable cause, either upon testimony under oath or upon a review of affidavits, to believe that the respondent may be suffering from a mental disorder and presents a likelihood of serious harm to himself **or herself** or others, it shall direct a peace officer to take the respondent into custody and transport him **or her** to a mental health facility for detention for evaluation and treatment for a period not to exceed ninety-six hours unless further

detention and treatment is authorized pursuant to this chapter. Nothing herein shall be construed to prohibit the court, in the exercise of its discretion, from giving the respondent an opportunity to be heard.

3. A mental health coordinator may request a peace officer to take or a peace officer may take a person into custody for detention for evaluation and treatment for a period not to exceed ninety-six hours only when such mental health coordinator or peace officer has reasonable cause to believe that such person is suffering from a mental disorder and that the likelihood of serious harm by such person to himself **or herself** or others is imminent unless such person is immediately taken into custody. Upon arrival at the mental health facility, the peace officer or mental health coordinator who conveyed such person or caused him **or her** to be conveyed shall either present the application for detention for evaluation and treatment upon which the court has issued a finding of probable cause and the respondent was taken into custody or complete an application for initial detention for evaluation and treatment for a period not to exceed ninety-six hours which shall be based upon his **or her** own personal observations or investigations and shall contain the information required in subsection 1 of this section.

4. If a person presents himself **or herself** or is presented by others to a mental health facility and a licensed physician, a registered professional nurse or a mental health professional designated by the head of the facility and approved by the department for such purpose has reasonable cause to believe that the person is mentally disordered and presents an imminent likelihood of serious harm to himself **or herself** or others unless he **or she** is accepted for detention, the licensed physician, the mental health professional or the registered professional nurse designated by the facility and approved by the department may complete an application for detention for evaluation and treatment for a period not to exceed ninety-six hours. The application shall be based on his **or her** own personal observations or investigation and shall contain the information required in subsection 1 of this section.

5. Any oath required by the provisions of this section shall be subject to the provisions of section 492.060.”; and”; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

HOUSE AMENDMENT NO. 5

Amend House Committee Substitute for Senate Substitute for Senate Bill No. 690, Page 59, Section 198.648, Line 9, by inserting after all of said section and line the following:

“208.030. 1. The family support division shall make monthly payments to each person who was a recipient of old age assistance, aid to the permanently and totally disabled, and aid to the blind and who:

(1) Received such assistance payments from the state of Missouri for the month of December, 1973, to which they were legally entitled; and

(2) Is a resident of Missouri.

2. The amount of supplemental payment made to persons who meet the eligibility requirements for and receive federal supplemental security income payments shall be in an amount, as established by rule and regulation of the family support division, sufficient to, when added to all other income, equal the amount of cash income received in December, 1973; except, in establishing the amount of the supplemental payments, there shall be disregarded cost-of-living increases provided for in Titles II and XVI of the federal Social Security Act and any benefits or income required to be disregarded by an act of Congress of the United States or any regulation duly promulgated thereunder. As long as the recipient continues to receive

a supplemental security income payment, the supplemental payment shall not be reduced. The minimum supplemental payment for those persons who continue to meet the December, 1973, eligibility standards for aid to the blind shall be in an amount which, when added to the federal supplemental security income payment, equals the amount of the blind pension grant as provided for in chapter 209.

3. The amount of supplemental payment made to persons who do not meet the eligibility requirements for federal supplemental security income benefits, but who do meet the December, 1973, eligibility standards for old age assistance, permanent and total disability and aid to the blind or less restrictive requirements as established by rule or regulation of the family support division, shall be in an amount established by rule and regulation of the family support division sufficient to, when added to all other income, equal the amount of cash income received in December, 1973; except, in establishing the amount of the supplemental payment, there shall be disregarded cost-of-living increases provided for in Titles II and XVI of the federal Social Security Act and any other benefits or income required to be disregarded by an act of Congress of the United States or any regulation duly promulgated thereunder. The minimum supplemental payments for those persons who continue to meet the December, 1973, eligibility standards for aid to the blind shall be a blind pension payment as prescribed in chapter 209.

4. The family support division shall make monthly payments to persons meeting the eligibility standards for the aid to the blind program in effect December 31, 1973, who are bona fide residents of the state of Missouri. The payment shall be in the amount prescribed in subsection 1 of section 209.040, less any federal supplemental security income payment.

5. The family support division shall make monthly payments to persons age twenty-one or over who meet the eligibility requirements in effect on December 31, 1973, or less restrictive requirements as established by rule or regulation of the family support division, who were receiving old age assistance, permanent and total disability assistance, general relief assistance, or aid to the blind assistance lawfully, who are not eligible for nursing home care under the Title XIX program, and who reside in a licensed residential care facility, a licensed assisted living facility, a licensed intermediate care facility or a licensed skilled nursing facility in Missouri and whose total cash income is not sufficient to pay the amount charged by the facility; and to all applicants age twenty-one or over who are not eligible for nursing home care under the Title XIX program who are residing in a licensed residential care facility, a licensed assisted living facility, a licensed intermediate care facility or a licensed skilled nursing facility in Missouri, who make application after December 31, 1973, provided they meet the eligibility standards for old age assistance, permanent and total disability assistance, general relief assistance, or aid to the blind assistance in effect on December 31, 1973, or less restrictive requirements as established by rule or regulation of the family support division, who are bona fide residents of the state of Missouri, and whose total cash income is not sufficient to pay the amount charged by the facility. [Until July 1, 1983, the amount of the total state payment for home care in licensed residential care facilities shall not exceed one hundred twenty dollars monthly, for care in licensed intermediate care facilities or licensed skilled nursing facilities shall not exceed three hundred dollars monthly, and for care in licensed assisted living facilities shall not exceed two hundred twenty-five dollars monthly. Beginning July 1, 1983, for fiscal year 1983-1984 and each year thereafter,] **The amount of the total state payment for home care in licensed residential care facilities and for care in licensed assisted living facilities shall [not exceed one hundred fifty-six dollars monthly,] be subject to appropriation. The amount of total state payment** for care in licensed intermediate care facilities or licensed skilled nursing facilities shall not exceed three hundred ninety dollars monthly[, and for care in licensed assisted living facilities shall not exceed two hundred ninety-two dollars and fifty cents monthly]. No intermediate care or skilled nursing payment shall be made to a person residing in a licensed

intermediate care facility or in a licensed skilled nursing facility unless such person has been determined, by his or her own physician or doctor, to medically need such services subject to review and approval by the department. Residential care payments may be made to persons residing in licensed intermediate care facilities or licensed skilled nursing facilities. Any person eligible to receive a monthly payment pursuant to this subsection shall receive an additional monthly payment equal to the Medicaid vendor nursing facility personal needs allowance. The exact amount of the additional payment shall be determined by rule of the department. This additional payment shall not be used to pay for any supplies or services, or for any other items that would have been paid for by the family support division if that person would have been receiving medical assistance benefits under Title XIX of the federal Social Security Act for nursing home services pursuant to the provisions of section 208.159. Notwithstanding the previous part of this subsection, the person eligible shall not receive this additional payment if such eligible person is receiving funds for personal expenses from some other state or federal program.”; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

HOUSE AMENDMENT NO. 1 TO
HOUSE AMENDMENT NO. 6

Amend House Amendment No. 6 to House Committee Substitute for Senate Substitute for Senate Bill No. 690, Page 1, Line 1, by inserting after the word “Page” the following:

“86, Section 302.171, Line 129, by inserting after all of said section and line the following:

“332.325. 1. The Missouri dental board may collaborate with the department of health and senior services and the office of dental health within the department of health and senior services to approve pilot projects designed to examine new methods of extending care to underserved populations. Such pilot projects may employ techniques or approaches to care that may necessitate a waiver of the requirements of this chapter and regulations promulgated thereunder, provided that:

(1) The project plan has a clearly stated objective of serving a specific underserved population that warrants, in the opinion of a majority of the board, granting approval for a pilot project;

(2) The pilot project has a finite start date and termination date;

(3) The pilot project clearly defines the new techniques or approaches the project intends to examine to determine whether such techniques or approaches improve access to or quality of care;

(4) The project plan identifies specific and limited locations and populations to participate in the pilot project;

(5) The project plan clearly establishes minimum guidelines and standards for the pilot project including, but not limited to, provisions for protecting the safety of participating patients;

(6) The project plan clearly defines the measurement criteria the pilot project will use to evaluate the outcomes of the project on access to and quality of care; and

(7) The project plan identifies reporting intervals to communicate interim and final outcomes to the board.

2. The board may promulgate rules and regulations to implement the provisions of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all

of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2022, shall be invalid and void.

3. The provisions of this section shall expire on August 28, 2026. The board shall provide a final report on approved pilot projects and related data or findings to the general assembly on or before December 31, 2025. The name, location, approval dates, and general description of an approved pilot project shall be deemed a public record under chapter 610.”; and

Further amend said bill, Page”; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

HOUSE AMENDMENT NO. 2 TO
HOUSE AMENDMENT NO. 6

Amend House Amendment No. 6 to House Committee Substitute for Senate Substitute for Senate Bill No. 690, Page 1 Line 1, by inserting after the number “690,” the following:

“, Page 58, Section 198.644, Lines 43-49, by deleting said lines and inserting in lieu thereof the following:

“(10) Indemnify and hold harmless a health care facility for any damages, sanctions, or civil monetary penalties that are proximately caused by an action or failure to act of any health care personnel the agency provides to the health care facility; provided that the amount for which the supplemental health care services agency may be liable to a health care facility for civil monetary penalties and sanctions shall not exceed one hundred thousand dollars for civil monetary penalties and sanctions that can be assessed against skilled nursing facilities by the United States Department of Health and Human Services or the Centers for Medicare and Medicaid Services. If the damages, sanctions, or civil monetary penalties are proximately caused by the negligence, action, or failure to act by the health care facility, then liability shall be determined by a percentage of fault and shall be the sole responsibility of the party against whom such determination is made. Such determinations shall be made by the agreement of the parties or a neutral third party who considers all of the relevant factors in making a determination.”; and

Further amend said bill,”; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

HOUSE AMENDMENT NO. 6

Amend House Committee Substitute for Senate Substitute for Senate Bill No. 690, Page 92, Section 338.061, Line 21, by inserting after all of said section and line the following:

“345.015. As used in sections 345.010 to 345.080, the following terms mean:

(1) “Audiologist”, a person who is licensed as an audiologist pursuant to sections 345.010 to 345.080 to practice audiology;

(2) “Audiology aide”, a person who is registered as an audiology aide by the board, who does not act

independently but works under the direction and supervision of a licensed audiologist. Such person assists the audiologist with activities which require an understanding of audiology but do not require formal training in the relevant academics. To be eligible for registration by the board, each applicant shall submit a registration fee and:

- (a) Be at least eighteen years of age;
- (b) Furnish evidence of the person's educational qualifications which shall be at a minimum:
 - a. Certification of graduation from an accredited high school or its equivalent; and
 - b. On-the-job training;
- (c) Be employed in a setting in which direct and indirect supervision are provided on a regular and systematic basis by a licensed audiologist.

However, the aide shall not administer or interpret hearing screening or diagnostic tests, fit or dispense hearing instruments, make ear impressions, make diagnostic statements, determine case selection, present written reports to anyone other than the supervisor without the signature of the supervisor, make referrals to other professionals or agencies, use a title other than audiology aide, develop or modify treatment plans, discharge clients from treatment or terminate treatment, disclose clinical information, either orally or in writing, to anyone other than the supervising audiologist, or perform any procedure for which he or she is not qualified, has not been adequately trained or both;

(3) "Board", the state board of registration for the healing arts;

(4) **"Clinical fellowship", the supervised professional employment period following completion of the academic and practicum requirements of an accredited training program as described in sections 345.010 to 345.080;**

(5) "Commission", the advisory commission for speech-language pathologists and audiologists;

[(5)] (6) "Hearing instrument" or "hearing aid", any wearable device or instrument designed for or offered for the purpose of aiding or compensating for impaired human hearing and any parts, attachments or accessories, including ear molds, but excluding batteries, cords, receivers and repairs;

[(6)] (7) "Person", any individual, organization, or corporate body, except that only individuals may be licensed pursuant to sections 345.010 to 345.080;

[(7)] (8) "Practice of audiology":

(a) The application of accepted audiologic principles, methods and procedures for the measurement, testing, interpretation, appraisal and prediction related to disorders of the auditory system, balance system or related structures and systems;

(b) Provides consultation or counseling to the patient, client, student, their family or interested parties;

(c) Provides academic, social and medical referrals when appropriate;

(d) Provides for establishing goals, implementing strategies, methods and techniques, for habilitation, rehabilitation or aural rehabilitation, related to disorders of the auditory system, balance system or related structures and systems;

(e) Provides for involvement in related research, teaching or public education;

(f) Provides for rendering of services or participates in the planning, directing or conducting of programs which are designed to modify audition, communicative, balance or cognitive disorder, which may involve speech and language or education issues;

(g) Provides and interprets behavioral and neurophysiologic measurements of auditory balance, cognitive processing and related functions, including intraoperative monitoring;

(h) Provides involvement in any tasks, procedures, acts or practices that are necessary for evaluation of audition, hearing, training in the use of amplification or assistive listening devices;

(i) Provides selection, assessment, fitting, programming, and dispensing of hearing instruments, assistive listening devices, and other amplification systems;

(j) Provides for taking impressions of the ear, making custom ear molds, ear plugs, swim molds and industrial noise protectors;

(k) Provides assessment of external ear and cerumen management;

(l) Provides advising, fitting, mapping assessment of implantable devices such as cochlear or auditory brain stem devices;

(m) Provides information in noise control and hearing conservation including education, equipment selection, equipment calibration, site evaluation and employee evaluation;

(n) Provides performing basic speech-language screening test;

(o) Provides involvement in social aspects of communication, including challenging behavior and ineffective social skills, lack of communication opportunities;

(p) Provides support and training of family members and other communication partners for the individual with auditory balance, cognitive and communication disorders;

(q) Provides aural rehabilitation and related services to individuals with hearing loss and their families;

(r) Evaluates, collaborates and manages audition problems in the assessment of the central auditory processing disorders and providing intervention for individuals with central auditory processing disorders;

(s) Develops and manages academic and clinical problems in communication sciences and disorders;

(t) Conducts, disseminates and applies research in communication sciences and disorders;

[(8)] (9) “Practice of speech-language pathology”:

(a) Provides screening, identification, assessment, diagnosis, treatment, intervention, including but not limited to prevention, restoration, amelioration and compensation, and follow-up services for disorders of:

a. Speech: articulation, fluency, voice, including respiration, phonation and resonance;

b. Language, involving the parameters of phonology, morphology, syntax, semantics and pragmatic; and including disorders of receptive and expressive communication in oral, written, graphic and manual modalities;

c. Oral, pharyngeal, cervical esophageal and related functions, such as dysphagia, including disorders of swallowing and oral functions for feeding; orofacial myofunctional disorders;

d. Cognitive aspects of communication, including communication disability and other functional disabilities associated with cognitive impairment;

e. Social aspects of communication, including challenging behavior, ineffective social skills, lack of communication opportunities;

(b) Provides consultation and counseling and makes referrals when appropriate;

(c) Trains and supports family members and other communication partners of individuals with speech, voice, language, communication and swallowing disabilities;

(d) Develops and establishes effective augmentative and alternative communication techniques and strategies, including selecting, prescribing and dispensing of augmentative aids and devices; and the training of individuals, their families and other communication partners in their use;

(e) Selects, fits and establishes effective use of appropriate prosthetic/adaptive devices for speaking and swallowing, such as tracheoesophageal valves, electrolarynges, or speaking valves;

(f) Uses instrumental technology to diagnose and treat disorders of communication and swallowing, such as videofluoroscopy, nasendoscopy, ultrasonography and stroboscopy;

(g) Provides aural rehabilitative and related counseling services to individuals with hearing loss and to their families;

(h) Collaborates in the assessment of central auditory processing disorders in cases in which there is evidence of speech, language or other cognitive communication disorders; provides intervention for individuals with central auditory processing disorders;

(i) Conducts pure-tone air conduction hearing screening and screening tympanometry for the purpose of the initial identification or referral;

(j) Enhances speech and language proficiency and communication effectiveness, including but not limited to accent reduction, collaboration with teachers of English as a second language and improvement of voice, performance and singing;

(k) Trains and supervises support personnel;

(l) Develops and manages academic and clinical programs in communication sciences and disorders;

(m) Conducts, disseminates and applies research in communication sciences and disorders;

(n) Measures outcomes of treatment and conducts continuous evaluation of the effectiveness of practices and programs to improve and maintain quality of services;

[(9)] (10) “Speech-language pathologist”, a person who is licensed as a speech-language pathologist pursuant to sections 345.010 to 345.080; who engages in the practice of speech-language pathology as defined in sections 345.010 to 345.080;

[(10)] (11) “Speech-language pathology aide”, a person who is registered as a speech-language aide by the board, who does not act independently but works under the direction and supervision of a licensed speech-language pathologist. Such person assists the speech-language pathologist with activities which require an understanding of speech-language pathology but do not require formal training in the relevant academics. To be eligible for registration by the board, each applicant shall submit a registration fee and:

- (a) Be at least eighteen years of age;
- (b) Furnish evidence of the person's educational qualifications which shall be at a minimum:
 - a. Certification of graduation from an accredited high school or its equivalent; and
 - b. On-the-job training;
- (c) Be employed in a setting in which direct and indirect supervision is provided on a regular and systematic basis by a licensed speech-language pathologist.

However, the aide shall not administer or interpret hearing screening or diagnostic tests, fit or dispense hearing instruments, make ear impressions, make diagnostic statements, determine case selection, present written reports to anyone other than the supervisor without the signature of the supervisor, make referrals to other professionals or agencies, use a title other than speech-language pathology aide, develop or modify treatment plans, discharge clients from treatment or terminate treatment, disclose clinical information, either orally or in writing, to anyone other than the supervising speech-language pathologist, or perform any procedure for which he or she is not qualified, has not been adequately trained or both;

[(11)] (12) "Speech-language pathology assistant", a person who is registered as a speech-language pathology assistant by the board, who does not act independently but works under the direction and supervision of a licensed speech-language pathologist practicing for at least one year or speech-language pathologist practicing under subdivision (1) or (6) of subsection 1 of section 345.025 for at least one year and whose activities require both academic and practical training in the field of speech-language pathology although less training than those established by sections 345.010 to 345.080 as necessary for licensing as a speech-language pathologist. To be eligible for registration by the board, each applicant shall submit the registration fee, supervising speech-language pathologist information if employment is confirmed, if not such information shall be provided after registration, and furnish evidence of the person's educational qualifications which meet the following:

- (a) Hold a bachelor's level degree from an institution accredited or approved by a regional accrediting body recognized by the United States Department of Education or its equivalent; and
- (b) Submit official transcripts from one or more accredited colleges or universities presenting evidence of the completion of bachelor's level course work and requirements in the field of speech-language pathology as established by the board through rules and regulations;
- (c) Submit proof of completion of the number and type of clinical hours as established by the board through rules and regulations.

345.022. 1. Any person in the person's clinical fellowship as defined in sections 345.010 to 345.080 shall hold a provisional license to practice speech-language pathology or audiology. The board may issue a provisional license to an applicant who:

- (1) Has met the requirements for practicum and academic requirements from an accredited training program as defined in sections 345.010 to 345.080;**
- (2) Submits an application to the board on a form prescribed by the board. Such form shall include a plan for the content and supervision of the clinical fellowship, as well as evidence of good moral and ethical character; and**
- (3) Submits to the board an application fee, as set by the board, for the provisional license.**

2. A provisional license is effective for one year. A provisional license may be extended for an additional twelve months only for purposes of completing the postgraduate clinical experience portion of the clinical fellowship; provided that, the applicant has passed the national examination and shall hold a master's degree from an approved training program in his or her area of application.

3. Within twelve months of issuance of the provisional license, the applicant shall pass an examination promulgated or approved by the board.

4. Within twelve months of issuance of a provisional license, the applicant shall complete the requirements for the master's or doctoral degree from a program accredited by the Council on Academic Accreditation of the American Speech-Language-Hearing Association or other accrediting agency approved by the board in the area in which licensure is sought.

345.025. 1. The provisions of sections 345.010 to 345.080 do not apply to:

(1) The activities, services, and the use of an official title on the part of a person in the employ of a federal agency insofar as such services are part of the duties of the person's office or position with such agency;

(2) The activities and services of certified teachers of the deaf;

(3) The activities and services of a student in speech-language pathology or audiology pursuing a course of study at a university or college that has been approved by its regional accrediting association, or working in a recognized training center, if these activities and services constitute a part of the person's course of study supervised by a licensed speech-language pathologist or audiologist as provided in section 345.050;

(4) The activities and services of physicians and surgeons licensed pursuant to chapter 334;

(5) Audiometric technicians who are certified by the council for accreditation of occupational hearing conservationists when conducting pure tone air conduction audiometric tests for purposes of industrial hearing conservation and comply with requirements of the federal Occupational Safety and Health Administration;

(6) A person who holds a current valid certificate as a speech-language pathologist issued before January 1, 2016, by the Missouri department of elementary and secondary education and who is an employee of a public school while providing speech-language pathology services in such school system;

(7) Any person completing the required number and type of clinical hours required by paragraph (c) of subdivision [(11)] **(12)** of section 345.015 as long as such person is under the direct supervision of a licensed speech-language pathologist and has not completed more than the number of clinical hours required by rule.

2. No one shall be exempt pursuant to subdivision (1) or (6) of subsection 1 of this section if the person does any work as a speech-language pathologist or audiologist outside of the exempted areas outlined in this section for which a fee or compensation may be paid by the recipient of the service. When college or university clinics charge a fee, supervisors of student clinicians shall be licensed.

345.050. [1.] To be eligible for licensure by the board by examination, each applicant shall submit the application fee and shall furnish evidence of such person's current competence and shall:

(1) Hold a master's or a doctoral degree from a program that was awarded "accreditation candidate" status or is accredited by the Council on Academic Accreditation of the American Speech-Language-

Hearing Association or other accrediting agency approved by the board in the area in which licensure is sought;

(2) Submit official transcripts from one or more accredited colleges or universities presenting evidence of the completion of course work and clinical practicum requirements equivalent to that required by the Council on Academic Accreditation of the American Speech-Language-Hearing Association or other accrediting agency approved by the board; [and]

(3) Present written evidence of completion of a clinical fellowship from supervisors. The experience required by this subdivision shall follow the completion of the requirements of subdivisions (1) and (2) of this section. This period of employment shall be under the direct supervision of a person who is licensed by the state of Missouri in the profession in which the applicant seeks to be licensed. Persons applying with an audiology clinical doctoral degree are exempt from this provision; and

(4) Pass an examination promulgated or approved by the board. The board shall determine the subject and scope of the examinations.

[2. To be eligible for licensure by the board without examination, each applicant shall make application on forms prescribed by the board, submit the application fee, submit an activity statement and meet one of the following requirements:

(1) The board shall issue a license to any speech-language pathologist or audiologist who is licensed in another country and who has had no violations, suspension or revocations of a license to practice speech-language pathology or audiology in any jurisdiction; provided that, such person is licensed in a country whose requirements are substantially equal to, or greater than, Missouri at the time the applicant applies for licensure; or

(2) Hold the certificate of clinical competence issued by the American Speech-Language-Hearing Association in the area in which licensure is sought.]

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

(1) “License”, a license, certificate, registration, permit, accreditation, or military occupational specialty that enables a person to legally practice an occupation or profession in a particular jurisdiction;

(2) “Military”, the Armed Forces of the United States, including the Air Force, Army, Coast Guard, Marine Corps, Navy, Space Force, National Guard, and any other military branch that is designated by Congress as part of the Armed Forces of the United States, and all reserve components and auxiliaries. The term “military” also includes the military reserves and militia of any United States territory or state;

(3) “Nonresident military spouse”, a nonresident spouse of an active duty member of the Armed Forces of the United States who has been transferred or is scheduled to be transferred to the state of Missouri, or who has been transferred or is scheduled to be transferred to an adjacent state and is or will be domiciled in the state of Missouri, or has moved to the state of Missouri on a permanent change-of-station basis;

(4) “Oversight body”, any board, department, agency, or office of a jurisdiction that issues licenses;

(5) “Resident military spouse”, a spouse of an active duty member of the Armed Forces of the United States who has been transferred or is scheduled to be transferred to the state of Missouri or an adjacent state and who is a permanent resident of the state of Missouri, who is domiciled in the state of Missouri, or who has Missouri as his or her home of record.

2. Any person who holds a valid current speech-language pathologist or audiologist license issued by another state, a branch or unit of the military, a territory of the United States, or the District of Columbia, and who has been licensed for at least one year in such other jurisdiction, may submit an application for a speech-language pathologist or audiologist license in Missouri along with proof of current licensure and proof of licensure for at least one year in the other jurisdiction to the board.

3. The board shall:

(1) Within six months of receiving an application described in subsection 2 of this section, waive any examination, educational, or experience requirements for licensure in this state for the applicant if it determines that there were minimum education requirements and, if applicable, work experience and clinical supervision requirements in effect and the other jurisdiction verifies that the person met those requirements in order to be licensed or certified in that jurisdiction. The board may require an applicant to take and pass an examination specific to the laws of this state; or

(2) Within thirty days of receiving an application described in subsection 2 of this section from a nonresident military spouse or a resident military spouse, waive any examination, educational, or experience requirements for licensure in this state for the applicant and issue such applicant a license under this section if such applicant otherwise meets the requirements of this section.

4. (1) The board shall not waive any examination, educational, or experience requirements for any applicant who has had his or her license revoked by an oversight body outside the state; who is currently under investigation, who has a complaint pending, or who is currently under disciplinary action, except as provided in subdivision (2) of this subsection, with an oversight body outside the state; who does not hold a license in good standing with an oversight body outside the state; who has a criminal record that would disqualify him or her for licensure in Missouri; or who does not hold a valid current license in the other jurisdiction on the date the board receives his or her application under this section.

(2) If another jurisdiction has taken disciplinary action against an applicant, the board shall determine if the cause for the action was corrected and the matter resolved. If the matter has not been resolved by that jurisdiction, the board may deny a license until the matter is resolved.

5. Nothing in this section shall prohibit the board from denying a license to an applicant under this section for any reason described in section 345.065.

6. Any person who is licensed under the provisions of this section shall be subject to the board’s jurisdiction and all rules and regulations pertaining to the practice as a speech-language pathologist or audiologist in this state.

7. This section shall not be construed to waive any requirement for an applicant to pay any fees.

345.170. Sections 345.170 to 345.240 shall be known and may be cited as the “Audiology and Speech-Language Pathology Interstate Compact”.

345.175. 1. The purpose of this Compact is to facilitate interstate practice of audiology and speech-

language pathology with the goal of improving public access to audiology and speech-language pathology services. The practice of audiology and speech-language pathology occurs in the state where the patient/client/student is located at the time of the patient/client/student encounter. The Compact preserves the regulatory authority of states to protect public health and safety through the current system of state licensure.

2. This Compact is designed to achieve the following objectives:

(1) Increase public access to audiology and speech-language pathology services by providing for the mutual recognition of other member state licenses;

(2) Enhance the states' ability to protect the public's health and safety;

(3) Encourage the cooperation of member states in regulating multistate audiology and speech-language pathology practice;

(4) Support spouses of relocating active duty military personnel;

(5) Enhance the exchange of licensure, investigative and disciplinary information between member states;

(6) Allow a remote state to hold a provider of services with a compact privilege in that state accountable to that state's practice standards; and

(7) Allow for the use of telehealth technology to facilitate increased access to audiology and speech-language pathology services.

345.180. As used in this Compact, and except as otherwise provided, the following definitions shall apply:

(1) "Active duty military" means full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to 10 U.S.C. Chapter 1209 and 1211.

(2) "Adverse action" means any administrative, civil, equitable or criminal action permitted by a state's laws which is imposed by a licensing board or other authority against an audiologist or speech-language pathologist, including actions against an individual's license or privilege to practice such as revocation, suspension, probation, monitoring of the licensee, or restriction on the licensee's practice.

(3) "Alternative program" means a non-disciplinary monitoring process approved by an audiology or speech-language pathology licensing board to address impaired practitioners.

(4) "Audiologist" means an individual who is licensed by a state to practice audiology.

(5) "Audiology" means the care and services provided by a licensed audiologist as set forth in the member state's statutes and rules.

(6) "Audiology and Speech-Language Pathology Compact Commission" or "Commission" means the national administrative body whose membership consists of all states that have enacted the Compact.

(7) "Audiology and speech-language pathology licensing board," "audiology licensing board,"

“speech-language pathology licensing board,” or “licensing board” means the agency of a state that is responsible for the licensing and regulation of audiologists and/or speech-language pathologists.

(8) “Compact privilege” means the authorization granted by a remote state to allow a licensee from another member state to practice as an audiologist or speech-language pathologist in the remote state under its laws and rules. The practice of audiology or speech-language pathology occurs in the member state where the patient/client/student is located at the time of the patient/client/student encounter.

(9) “Current significant investigative information” means investigative information that a licensing board, after an inquiry or investigation that includes notification and an opportunity for the audiologist or speech-language pathologist to respond, if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction.

(10) “Data system” means a repository of information about licensees, including, but not limited to, continuing education, examination, licensure, investigative, compact privilege and adverse action.

(11) “Encumbered license” means a license in which an adverse action restricts the practice of audiology or speech-language pathology by the licensee and said adverse action has been reported to the National Practitioners Data Bank (NPDB).

(12) “Executive Committee” means a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the Commission.

(13) “Home state” means the member state that is the licensee’s primary state of residence.

(14) “Impaired practitioner” means individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions.

(15) “Licensee” means an individual who currently holds an authorization from the state licensing board to practice as an audiologist or speech-language pathologist.

(16) “Member state” means a state that has enacted the Compact.

(17) “Privilege to practice” means a legal authorization permitting the practice of audiology or speech-language pathology in a remote state.

(18) “Remote state” means a member state other than the home state where a licensee is exercising or seeking to exercise the compact privilege.

(19) “Rule” means a regulation, principle or directive promulgated by the Commission that has the force of law.

(20) “Single-state license” means an audiology or speech-language pathology license issued by a member state that authorizes practice only within the issuing state and does not include a privilege to practice in any other member state.

(21) “Speech-language pathologist” means an individual who is licensed by a state to practice speech-language pathology.

(22) “Speech-language pathology” means the care and services provided by a licensed speech-language pathologist as set forth in the member state’s statutes and rules.

(23) “State” means any state, commonwealth, district or territory of the United States of America that regulates the practice of audiology and speech-language pathology.

(24) “State practice laws” means a member state’s laws, rules and regulations that govern the practice of audiology or speech-language pathology, define the scope of audiology or speech-language pathology practice, and create the methods and grounds for imposing discipline.

(25) “Telehealth” means the application of telecommunication technology to deliver audiology or speech-language pathology services at a distance for assessment, intervention and/or consultation.

345.185. 1. A license issued to an audiologist or speech-language pathologist by a home state to a resident in that state shall be recognized by each member state as authorizing an audiologist or speech-language pathologist to practice audiology or speech-language pathology, under a privilege to practice, in each member state.

2. A state must implement or utilize procedures for considering the criminal history records of applicants for initial privilege to practice. These procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant’s criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state’s criminal records.

(1) A member state must fully implement a criminal background check requirement, within a time frame established by rule, by receiving the results of the Federal Bureau of Investigation record search on criminal background checks and use the results in making licensure decisions.

(2) Communication between a member state, the Commission and among member states regarding the verification of eligibility for licensure through the Compact shall not include any information received from the Federal Bureau of Investigation relating to a federal criminal records check performed by a member state under Public Law 92-544.

3. Upon application for a privilege to practice, the licensing board in the issuing remote state shall ascertain, through the data system, whether the applicant has ever held, or is the holder of, a license issued by any other state, whether there are any encumbrances on any license or privilege to practice held by the applicant, whether any adverse action has been taken against any license or privilege to practice held by the applicant.

4. Each member state shall require an applicant to obtain or retain a license in the home state and meet the home state’s qualifications for licensure or renewal of licensure, as well as, all other applicable state laws.

5. For an audiologist:

(1) Must meet one of the following educational requirements:

(a) On or before, Dec. 31, 2007, has graduated with a master’s degree or doctorate in audiology, or equivalent degree regardless of degree name, from a program that is accredited by an accrediting agency recognized by the Council for Higher Education Accreditation, or its successor, or by the United States Department of Education and operated by a college or university accredited by a regional or national accrediting organization recognized by the board; or

(b) On or after, Jan. 1, 2008, has graduated with a Doctoral degree in audiology, or equivalent

degree, regardless of degree name, from a program that is accredited by an accrediting agency recognized by the Council for Higher Education Accreditation, or its successor, or by the United States Department of Education and operated by a college or university accredited by a regional or national accrediting organization recognized by the board; or

(c) Has graduated from an audiology program that is housed in an institution of higher education outside of the United States a. for which the program and institution have been approved by the authorized accrediting body in the applicable country and b. the degree program has been verified by an independent credentials review agency to be comparable to a state licensing board-approved program.

(2) Has completed a supervised clinical practicum experience from an accredited educational institution or its cooperating programs as required by the Commission;

(3) Has successfully passed a national examination approved by the Commission;

(4) Holds an active, unencumbered license;

(5) Has not been convicted or found guilty, and has not entered into an agreed disposition, of a felony related to the practice of audiology, under applicable state or federal criminal law;

(6) Has a valid United States Social Security or National Practitioner Identification number.

6. For a speech-language pathologist:

(1) Must meet one of the following educational requirements:

(a) Has graduated with a master's degree from a speech-language pathology program that is accredited by an organization recognized by the United States Department of Education and operated by a college or university accredited by a regional or national accrediting organization recognized by the board; or

(b) Has graduated from a speech-language pathology program that is housed in an institution of higher education outside of the United States a. for which the program and institution have been approved by the authorized accrediting body in the applicable country and b. the degree program has been verified by an independent credentials review agency to be comparable to a state licensing board-approved program.

(2) Has completed a supervised clinical practicum experience from an educational institution or its cooperating programs as required by the Commission;

(3) Has completed a supervised postgraduate professional experience as required by the Commission;

(4) Has successfully passed a national examination approved by the Commission;

(5) Holds an active, unencumbered license;

(6) Has not been convicted or found guilty, and has not entered into an agreed disposition, of a felony related to the practice of speech-language pathology, under applicable state or federal criminal law;

(7) Has a valid United States Social Security or National Practitioner Identification number.

7. The privilege to practice is derived from the home state license.

8. An audiologist or speech-language pathologist practicing in a member state must comply with the state practice laws of the state in which the client is located at the time service is provided. The practice of audiology and speech-language pathology shall include all audiology and speech-language pathology practice as defined by the state practice laws of the member state in which the client is located. The practice of audiology and speech-language pathology in a member state under a privilege to practice shall subject an audiologist or speech-language pathologist to the jurisdiction of the licensing board, the courts and the laws of the member state in which the client is located at the time service is provided.

9. Individuals not residing in a member state shall continue to be able to apply for a member state's single-state license as provided under the laws of each member state. However, the single-state license granted to these individuals shall not be recognized as granting the privilege to practice audiology or speech-language pathology in any other member state. Nothing in this Compact shall affect the requirements established by a member state for the issuance of a single-state license.

10. Member states may charge a fee for granting a compact privilege.

11. Member states must comply with the bylaws and rules and regulations of the Commission.

345.190. 1. To exercise the compact privilege under the terms and provisions of the Compact, the audiologist or speech-language pathologist shall:

(1) Hold an active license in the home state;

(2) Have no encumbrance on any state license;

(3) Be eligible for a compact privilege in any member state in accordance with section 345.185;

(4) Have not had any adverse action against any license or compact privilege within the previous 2 years from date of application;

(5) Notify the Commission that the licensee is seeking the compact privilege within a remote state or states;

(6) Pay any applicable fees, including any state fee, for the compact privilege;

(7) Report to the Commission adverse action taken by any non-member state within 30 days from the date the adverse action is taken.

2. For the purposes of the compact privilege, an audiologist or speech-language pathologist shall only hold one home state license at a time.

3. Except as provided in section 345.200, if an audiologist or speech-language pathologist changes primary state of residence by moving between two-member states, the audiologist or speech-language pathologist must apply for licensure in the new home state, and the license issued by the prior home state shall be deactivated in accordance with applicable rules adopted by the Commission.

4. The audiologist or speech-language pathologist may apply for licensure in advance of a change in primary state of residence.

5. A license shall not be issued by the new home state until the audiologist or speech-language

pathologist provides satisfactory evidence of a change in primary state of residence to the new home state and satisfies all applicable requirements to obtain a license from the new home state.

6. If an audiologist or speech-language pathologist changes primary state of residence by moving from a member state to a non-member state, the license issued by the prior home state shall convert to a single-state license, valid only in the former home state.

7. The compact privilege is valid until the expiration date of the home state license. The licensee must comply with the requirements of subsection 1 of this section to maintain the compact privilege in the remote state.

8. A licensee providing audiology or speech-language pathology services in a remote state under the compact privilege shall function within the laws and regulations of the remote state.

9. A licensee providing audiology or speech-language pathology services in a remote state is subject to that state's regulatory authority. A remote state may, in accordance with due process and that state's laws, remove a licensee's compact privilege in the remote state for a specific period of time, impose fines, and/or take any other necessary actions to protect the health and safety of its citizens.

10. If a home state license is encumbered, the licensee shall lose the compact privilege in any remote state until the following occur:

- (1) The home state license is no longer encumbered; and
- (2) Two years have elapsed from the date of the adverse action.

11. Once an encumbered license in the home state is restored to good standing, the licensee must meet the requirements of subsection 1 of this section to obtain a compact privilege in any remote state.

12. Once the requirements of subsection 10 of this section have been met, the licensee must meet the requirements in subsection 1 of this section to obtain a compact privilege in a remote state.

345.195. Member states shall recognize the right of an audiologist or speech-language pathologist, licensed by a home state in accordance with section 345.185 and under rules promulgated by the Commission, to practice audiology or speech-language pathology in any member state via telehealth under a privilege to practice as provided in the Compact and rules promulgated by the Commission.

345.200. Active duty military personnel, or their spouse, shall designate a home state where the individual has a current license in good standing. The individual may retain the home state designation during the period the service member is on active duty. Subsequent to designating a home state, the individual shall only change their home state through application for licensure in the new state.

345.205. 1. In addition to the other powers conferred by state law, a remote state shall have the authority, in accordance with existing state due process law, to:

- (1) Take adverse action against an audiologist's or speech-language pathologist's privilege to practice within that member state.
- (2) Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses as well as the production of evidence. Subpoenas issued by a licensing board in a member

state for the attendance and testimony of witnesses or the production of evidence from another member state shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state in which the witnesses or evidence are located.

(3) Only the home state shall have the power to take adverse action against an audiologist's or speech-language pathologist's license issued by the home state.

2. For purposes of taking adverse action, the home state shall give the same priority and effect to reported conduct received from a member state as it would if the conduct had occurred within the home state. In so doing, the home state shall apply its own state laws to determine appropriate action.

3. The home state shall complete any pending investigations of an audiologist or speech-language pathologist who changes primary state of residence during the course of the investigations. The home state shall also have the authority to take appropriate action or actions and shall promptly report the conclusions of the investigations to the administrator of the data system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any adverse actions.

4. If otherwise permitted by state law, the member state may recover from the affected audiologist or speech-language pathologist the costs of investigations and disposition of cases resulting from any adverse action taken against that audiologist or speech-language pathologist.

5. The member state may take adverse action based on the factual findings of the remote state, provided that the member state follows the member state's own procedures for taking the adverse action.

6. (1) In addition to the authority granted to a member state by its respective audiology or speech-language pathology practice act or other applicable state law, any member state may participate with other member states in joint investigations of licensees.

(2) Member states shall share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the Compact.

7. If adverse action is taken by the home state against an audiologist's or speech language pathologist's license, the audiologist's or speech-language pathologist's privilege to practice in all other member states shall be deactivated until all encumbrances have been removed from the state license. All home state disciplinary orders that impose adverse action against an audiologist's or speech language pathologist's license shall include a statement that the audiologist's or speech-language pathologist's privilege to practice is deactivated in all member states during the pendency of the order.

8. If a member state takes adverse action, it shall promptly notify the administrator of the data system. The administrator of the data system shall promptly notify the home state of any adverse actions by remote states.

9. Nothing in this Compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action.

345.210. 1. The Compact member states hereby create and establish a joint public agency known

as the Audiology and Speech-Language Pathology Compact Commission:

(1) The Commission is an instrumentality of the Compact states.

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

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

2. (1) Each member state shall have two (2) delegates selected by that member state's licensing board. The delegates shall be current members of the licensing board. One shall be an audiologist and one shall be a speech-language pathologist.

(2) An additional five (5) delegates, who are either a public member or board administrator from a state licensing board, shall be chosen by the Executive Committee from a pool of nominees provided by the Commission at Large.

(3) Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed.

(4) The member state board shall fill any vacancy occurring on the Commission, within 90 days.

(5) Each delegate shall be entitled to one (1) vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission.

(6) A delegate shall vote in person or by other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.

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

3. The Commission shall have the following powers and duties:

(1) Establish the fiscal year of the Commission;

(2) Establish bylaws;

(3) Establish a Code of Ethics;

(4) Maintain its financial records in accordance with the bylaws;

(5) Meet and take actions as are consistent with the provisions of this Compact and the bylaws;

(6) Promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rules shall have the force and effect of law and shall be binding in all member states;

(7) Bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any state audiology or speech-language pathology licensing board to sue or be sued under applicable law shall not be affected;

(8) Purchase and maintain insurance and bonds;

(9) Borrow, accept, or contract for services of personnel, including, but not limited to, employees of a member state;

(10) Hire employees, elect or appoint officers, fix compensation, define duties, grant individuals appropriate authority to carry out the purposes of the Compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

(11) Accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the Commission shall avoid any appearance of impropriety and/or conflict of interest;

(12) Lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided that at all times the Commission shall avoid any appearance of impropriety;

(13) Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property real, personal, or mixed;

(14) Establish a budget and make expenditures;

(15) Borrow money;

(16) Appoint committees, including standing committees composed of members, and other interested persons as may be designated in this Compact and the bylaws;

(17) Provide and receive information from, and cooperate with, law enforcement agencies;

(18) Establish and elect an Executive Committee; and

(19) Perform other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of audiology and speech-language pathology licensure and practice.

4. The Executive Committee shall have the power to act on behalf of the Commission according to the terms of this Compact:

(1) The Executive Committee shall be composed of ten (10) members:

(a) Seven (7) voting members who are elected by the Commission from the current membership of the Commission;

(b) Two (2) ex-officios, consisting of one nonvoting member from a recognized national audiology professional association and one nonvoting member from a recognized national speech-language pathology association; and

(c) One (1) ex-officio, nonvoting member from the recognized membership organization of the audiology and speech-language pathology licensing boards.

5. The ex-officio members shall be selected by their respective organizations.

(1) The Commission may remove any member of the Executive Committee as provided in bylaws.

(2) The Executive Committee shall meet at least annually.

(3) The Executive Committee shall have the following duties and responsibilities:

(a) Recommend to the entire Commission changes to the rules or bylaws, changes to this Compact legislation, fees paid by Compact member states such as annual dues, and any commission Compact fee charged to licensees for the compact privilege;

(b) Ensure Compact administration services are appropriately provided, contractual or otherwise;

(c) Prepare and recommend the budget;

(d) Maintain financial records on behalf of the Commission;

(e) Monitor Compact compliance of member states and provide compliance reports to the Commission;

(f) Establish additional committees as necessary; and

(g) Other duties as provided in rules or bylaws.

(4) All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in section 345.220.

(5) The Commission or the Executive Committee or other committees of the Commission may convene in a closed, non-public meeting if the Commission or Executive Committee or other committees of the Commission must discuss:

(a) Non-compliance of a member state with its obligations under the Compact;

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

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

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

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

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

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

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

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

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

(6) If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision.

(7) The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.

(8) (a) The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.

(b) The Commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.

(c) The Commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission, which shall promulgate a rule binding upon all member states.

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

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

6. (1) The members, officers, executive director, employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing in this subdivision shall be construed to protect any person from suit and/or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person.

(2) The Commission shall defend any member, officer, executive director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.

(3) The Commission shall indemnify and hold harmless any member, officer, executive director, employee, or representative of the Commission for the amount of any settlement or judgment

obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that person had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

345.215. 1. The Commission shall provide for the development, maintenance, and utilization of a coordinated database and reporting system containing licensure, adverse action, and investigative information on all licensed individuals in member states.

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

(1) Identifying information;

(2) Licensure data;

(3) Adverse actions against a license or compact privilege;

(4) Non-confidential information related to alternative program participation;

(5) Any denial of application for licensure, and the reason or reasons for denial; and

(6) Other information that may facilitate the administration of this Compact, as determined by the rules of the Commission.

3. Investigative information pertaining to a licensee in any member state shall only be available to other member states.

4. The Commission shall promptly notify all member states of any adverse action taken against a licensee or an individual applying for a license. Adverse action information pertaining to a licensee in any member state shall be available to any other member state.

5. Member states contributing information to the data system may designate information that may not be shared with the public without the express permission of the contributing state.

6. Any information submitted to the data system that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the data system.

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

2. If a majority of the legislatures of the member states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the Compact within 4 years of the date of adoption of the rule, the rule shall have no further force and effect in any member state.

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

4. Prior to promulgation and adoption of a final rule or rules by the Commission, and at least thirty (30) days in advance of the meeting at which the rule shall be considered and voted upon, the

Commission shall file a Notice of Proposed Rulemaking:

(1) On the website of the Commission or other publicly accessible platform; and

(2) On the website of each member state audiology or speech-language pathology licensing board or other publicly accessible platform or the publication in which each state would otherwise publish proposed rules.

5. The Notice of Proposed Rulemaking shall include:

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

(2) The text of the proposed rule or amendment and the reason for the proposed rule;

(3) A request for comments on the proposed rule from any interested person; and

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

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

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

(1) At least twenty-five (25) persons;

(2) A state or federal governmental subdivision or agency; or

(3) An association having at least twenty-five (25) members.

8. If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing. If the hearing is held via electronic means, the Commission shall publish the mechanism for access to the electronic hearing.

(1) All persons wishing to be heard at the hearing shall notify the executive director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five (5) business days before the scheduled date of the hearing.

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

(3) All hearings shall be recorded. A copy of the recording shall be made available on request.

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

9. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.

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

11. The Commission shall, by majority vote of all members, take final action on the proposed rule

and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

12. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

(1) Meet an imminent threat to public health, safety, or welfare;

(2) Prevent a loss of Commission or member state funds; or

(3) Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule.

13. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing and delivered to the chair of the Commission prior to the end of the notice period. If no challenge is made, the revision shall take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

345.225. 1. (1) Upon request by a member state, the Commission shall attempt to resolve disputes related to the Compact that arise among member states and between member and non-member states.

(2) The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

2. (1) The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this Compact.

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

(3) The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

345.230. 1. The Compact shall come into effect on the date on which the Compact statute is enacted into law in the 10th member state. The provisions, which become effective at that time, shall be limited to the powers granted to the Commission relating to assembly and the promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the Compact.

2. Any state that joins the Compact subsequent to the Commission’s initial adoption of the rules shall be subject to the rules as they exist on the date on which the Compact becomes law in that state. Any rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that state.

3. Any member state may withdraw from this Compact by enacting a statute repealing the same.

(1) A member state’s withdrawal shall not take effect until six (6) months after enactment of the repealing statute.

(2) Withdrawal shall not affect the continuing requirement of the withdrawing state’s audiology or speech-language pathology licensing board to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

4. Nothing contained in this Compact shall be construed to invalidate or prevent any audiology or speech-language pathology licensure agreement or other cooperative arrangement between a member state and a non-member state that does not conflict with the provisions of this Compact.

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

345.235. This Compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this Compact shall be severable and if any phrase, clause, sentence or provision of this Compact is declared to be contrary to the constitution of any member state or of the United States or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this Compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this Compact shall be held contrary to the constitution of any member state, the Compact shall remain in full force and effect as to the remaining member states and in full force and effect as to the member state affected as to all severable matters.

345.240. 1. Nothing herein prevents the enforcement of any other law of a member state that is not inconsistent with the Compact.

2. All laws in a member state in conflict with the Compact are superseded to the extent of the conflict.

3. All lawful actions of the Commission, including all rules and bylaws promulgated by the Commission, are binding upon the member states.

4. All agreements between the Commission and the member states are binding in accordance with their terms.

5. In the event any provision of the Compact exceeds the constitutional limits imposed on the legislature of any member state, the provision shall be ineffective to the extent of the conflict with the constitutional provision in question in that member state.”; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

Emergency clause adopted.

In which the concurrence of the Senate is respectfully requested.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House Conferees on **HCS #2** for **SB 710**, as amended, be allowed to exceed the differences on sections 191.1400, 191.2290, 630.202, 191.116, 194.297 and 208.909.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS** for **HB 2909**, entitled:

An Act to repeal sections 128.345, 128.346, and 128.348, RSMo, and to enact in lieu thereof twelve new sections relating to the composition of congressional districts, with an emergency clause.

Emergency clause adopted.

In which the concurrence of the Senate is respectfully requested.

Read 1st time.

PRIVILEGED MOTIONS

Senator Thompson Rehder moved that the Senate refuse to concur in **SS** for **SB 690**, with **HCS**, as amended, and request the House to recede from its position or, failing to do so, grant the Senate a conference thereon, which motion prevailed.

INTRODUCTION OF GUESTS

Senator May introduced to the Senate, Courtney Groce and her two children.

On motion of Senator Rowden, the Senate adjourned under the rules.

SENATE CALENDAR

SIXTY-THIRD DAY—TUESDAY, MAY 10, 2022

FORMAL CALENDAR

HOUSE BILLS ON SECOND READING

HB 1859-Eggleston

HB 1692-Boggs

HCS for HB 2381

HB 1977-Kelley (127)

HJR 114-Coleman (32)

HCS for HB 1704

HB 1973-Gregory (51)

HCS for HB 2140

HCS for HB 2600

HB 2439-Hovis

HB 2160-Dinkins

HB 2660-Veit

HCS for HB 2638

HCS for HB 2136

HCS for HB 1489
 HS for HB 2310
 HCS for HB 2177

HB 1564-Griffith
 HCS for HB 1559
 HCS for HB 2909

THIRD READING OF SENATE BILLS

SS#2 for SCS for SB 649-Eigel, as
 amended (In Fiscal Oversight)

SS for SCS for SB 741-Crawford, as
 amended (In Fiscal Oversight)

SENATE BILLS FOR PERFECTION

- | | |
|---------------------------------|--|
| 1. SB 1179-Hough | 13. SB 958-Bean, with SCS |
| 2. SB 994-Washington | 14. SB 694-Brattin |
| 3. SBs 961 & 733-Beck, with SCS | 15. SB 1063-Crawford |
| 4. SB 739-Eigel | 16. SB 963-Brown, with SCS |
| 5. SB 874-Arthur | 17. SB 978-Eslinger, with SCS |
| 6. SB 1040-Burlison | 18. SB 843-Moon, with SCS |
| 7. SB 1143-Brown | 19. SB 1178-White and Cierpiot, with SCS |
| 8. SB 685-May | 20. SB 1133-White, with SCS |
| 9. SB 833-Luetkemeyer | 21. SB 684-May |
| 10. SB 1023-Gannon | 22. SB 923-Brattin |
| 11. SB 809-Koenig, with SCS | 23. SJRs 52 & 53-Koenig, with SCS |
| 12. SB 800-Hegeman | 24. SB 839-Brattin, with SCS |

HOUSE BILLS ON THIRD READING

- | | |
|--|---|
| 1. HCS for HB 1686 (Brown)
(In Fiscal Oversight) | 9. HCS for HB 1662 (Koenig) |
| 2. HCS for HJR 117 (Hegeman)
(In Fiscal Oversight) | 10. HB 1738-Dogan, with SCS (Roberts) |
| 3. HCS for HB 2304, with SCS
(O'Laughlin) (In Fiscal Oversight) | 11. HB 2365-Shields (Hegeman) |
| 4. HCS for HB 1462, with SCS (Burlison)
(In Fiscal Oversight) | 12. HB 2331-Baker, with SCS (White) |
| 5. HCS for HB 1858 (O'Laughlin)
(In Fiscal Oversight) | 13. HCS for HB 1590 (Hoskins) |
| 6. HCS for HB 2587 (Hoskins) | 14. HCS for HB 1583 (Koenig) |
| 7. HB 1962-Copeland (Eslinger) | 15. HCS for HB 1597, with SCS (O'Laughlin) |
| 8. HB 2202-Fitzwater, with SCS (Cierpiot) | 16. HB 1860-Eggleston, with SCS
(Bernskoetter) (In Fiscal Oversight) |
| | 17. HCS for HB 2382 (Koenig)
(In Fiscal Oversight) |
| | 18. HB 2593-Lovasco, with SCS (Koenig) |
| | 19. HCS for HB 1732, with SCS (Crawford) |

- | | |
|--|--|
| 20. HCS for HB 2012, with SCS (White)
(In Fiscal Oversight) | 24. HCS for HB 2120, with SCS (Crawford) |
| 21. HB 2694-Hudson, with SCS (Crawford) | 25. HB 1473-Pike (Onder) |
| 22. HB 2325-Patterson (Bean) | 26. HB 1541-McGill, with SCS (Gannon) |
| 23. HB 2607-Rone (Bean) | 27. HB 2455-Griffith, with SCS (White) |

INFORMAL CALENDAR

SENATE BILLS FOR PERFECTION

- | | |
|---|---|
| SB 631-Hegeman, with SCS, SS for SCS &
SA 4 (pending) | SB 723-Hegeman, with SA 1 (pending) |
| SB 648-Rowden | SB 726-Onder, with SS & SA 6 (pending) |
| SB 650-Eigel | SB 732-Hoskins, with SCS |
| SB 654-Crawford, with SCS | SB 762-Brown, with SS & SA 4 (pending) |
| SB 657-Cierpiot, with SS (pending) | SBs 777 & 808-Brattin, with SCS |
| SB 663-Bernskoetter, with SCS | SB 781-Moon, with SCS & SS for SCS
(pending) |
| SB 664-Bernskoetter | SB 850-Bean, with SCS & SS for SCS
(pending) |
| SB 665-Bernskoetter, with SS (pending) | SB 864-Hoskins, with SCS |
| SB 667-Burlison, with SS (pending) | SB 867-Koenig, with SCS |
| SB 671-White, with SCS, SS for SCS, SA 1
& point of order (pending) | SB 869-Koenig, with SS (pending) |
| SB 674-Hough, with SCS | SB 918-Burlison, with SCS, SS for SCS &
SA 1 (pending) |
| SBs 698 & 639-Gannon, et al, with SCS,
SA 1 & SA 1 to SA 1 (pending) | SB 938-White, with SCS & SS#2 for SCS &
SA 1 (pending) |
| SBs 702, 636, 651, & 693-Eslinger, with SCS | SB 1153-Eslinger, with SCS |
| SB 713-Razer, with SCS | |

HOUSE BILLS ON THIRD READING

- | | |
|--|--|
| HCS for HB 1734, with SCS (White) | HCS for HBs 2502 & 2556, with SS, SA 1
& SA 1 to SA 1 (pending) (Hegeman) |
| HB 1856-Baker, with SCS (O'Laughlin) | HB 2697, HB 1589, HB 1637 & HCS for
HB 2127, with SCS & SS for SCS
(pending) (Luetkemeyer) |
| HCS for HB 2000, with SCS (Williams) | HCS for HJR 79, with SCS (Crawford) |
| HB 2088, HB 1705 & HCS for HB 1699,
with SCS (Luetkemeyer) | |
| HCS for HBs 2116, 2097, 1690 & 2221,
with SCS (White) | |
| HCS for HB 2151, with SCS, SS for SCS &
SA 6 (pending) (Arthur) | |

BILLS IN CONFERENCE AND BILLS
CARRYING REQUEST MESSAGES

In Conference

<p>SS for SCS for SBs 681 & 662-O’Laughlin and Arthur, with HCS, as amended (Further conference granted) (Conferees allowed to exceed the differences)</p> <p>SB 710-Beck, with HCS#2, as amended (Conferees allowed to exceed the differences)</p> <p>SS for SCS for SBs 775, 751 & 640-Thompson Rehder and Schupp, with HCS, as amended</p> <p>SB 820-Burlison, with HCS, as amended (Senate conferees allowed to exceed the differences)</p>	<p>SB 845-Eslinger, with HCS, as amended (Senate conferees allowed to exceed the differences)</p> <p>HCS for HB 1606, with SS for SCS, as amended (Eslinger)</p> <p>HCS for HB 1720, with SS for SCS, as amended (Bean) (Conferees allowed to exceed the differences)</p> <p>HB 2149-Shields, with SS, as amended (Eslinger) (Further conference granted)</p> <p>HCS for HB 2168, with SS for SCS, as amended (Crawford)</p>
---	--

Requests to Recede or Grant Conference

<p>HCS for HB 2117, with SS#2, as amended (Bernskoetter) (House requests Senate recede or grant conference)</p>	<p>SS for SB 690-Thompson Rehder, with HCS, as amended (Senate requests House recede or grant conference)</p>
---	---

RESOLUTIONS

<p>SR 435-Schatz</p> <p>SR 448-Eigel</p> <p>SR 453-Eigel</p> <p>SR 466-Eigel</p> <p>SR 467-Eigel</p> <p>SR 468-Hoskins</p>	<p>SR 469-Hoskins</p> <p>SR 472-White</p> <p>SR 496-Hoskins</p> <p>SR 783-Hough</p> <p>HCR 52-Plocher (Rowden)</p>
--	--

Reported from Committee

<p>SR 594-Bernskoetter and Schupp</p>	<p>SR 626-Schatz</p>
---------------------------------------	----------------------

✓