

SENATE COMMITTEE SUBSTITUTE

FOR

HOUSE COMMITTEE SUBSTITUTE

FOR

HOUSE BILL NO. 1015

AN ACT

To repeal sections 67.145, 105.500, 168.133, 190.100, 190.103, 190.142, 190.147, 190.600, 190.603, 190.606, 190.612, 192.2405, 208.1032, 285.040, 300.100, 304.022, 321.225, 321.620, 537.037, 590.040, 590.080, and 610.021, RSMo, and to enact in lieu thereof twenty-seven new sections relating to public safety, with penalty provisions.

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

Section A. Sections 67.145, 105.500, 168.133, 190.100, 190.103, 190.142, 190.147, 190.600, 190.603, 190.606, 190.612, 192.2405, 208.1032, 285.040, 300.100, 304.022, 321.225, 321.620, 537.037, 590.040, 590.080, and 610.021, RSMo, are repealed and twenty-seven new sections enacted in lieu thereof, to be known as sections 43.253, 44.087, 67.145, 105.500, 168.133, 190.100, 190.103, 190.142, 190.147, 190.600, 190.603, 190.606, 190.612, 190.613, 192.2405, 208.1032, 285.040, 300.100, 304.022, 321.225, 321.620, 537.037, 571.031, 590.033, 590.040, 590.080, and 610.021, to read as follows:

43.253. 1. Notwithstanding any other provision of law to the contrary, a minimum fee of six dollars may be charged by the Missouri state highway patrol for a records request for a Missouri Uniform Crash Report or Marine Accident Investigation Report where there are allowable fees of less than six dollars under this chapter or chapter 610. Such six-dollar fee shall be in place of any allowable fee of less than six dollars.

2. The superintendent of the Missouri state highway patrol may increase the minimum fee described in this section by no more than one dollar every other year beginning August 28, 2024; however, the minimum fee described in this section shall not exceed ten dollars.

44.087. 1. The chief law enforcement executive for any law enforcement agency, or such executive's designee, may request assistance from a law enforcement agency of another jurisdiction, including a jurisdiction outside the state of Missouri but within the United States.

2. If a law enforcement officer makes an arrest or apprehension outside such officer's jurisdiction, the offender shall be delivered to the first available law enforcement officer who is commissioned in the jurisdiction in which the arrest was made. The officer making the initial arrest or apprehension shall assist in the preparation of any affidavits filed with the complaint or based on other evidence that there is probable cause to believe that both a crime has been committed and the defendant has committed such crime.

3. For the purpose of liability, workers' compensation, and any other employment-related matter, law enforcement officers remain employees of their respective law enforcement agency throughout any request for assistance. Qualified immunity, sovereign immunity, official immunity, and the public duty rule shall apply to the provisions of this section as interpreted by the federal and state courts of the responding agency.

4. Nothing in this section shall be construed to limit the actions of law enforcement officers or agencies conducted in accordance with section 44.095 or 44.098, or any other mutual aid agreement made under this chapter.

5. The provisions of chapter 544 are applicable to any law enforcement officers from jurisdictions located outside the state of Missouri, but within the United States, who are acting pursuant to a request made under this section.

67.145. 1. No political subdivision of this state shall prohibit any first responder from engaging in any political activity while off duty and not in uniform, being a candidate for elected or appointed public office, or holding such office unless such political activity or candidacy is otherwise prohibited by state or federal law.

2. As used in this section, "first responder" means any person trained and authorized by law or rule to render emergency medical assistance or treatment. Such persons may include, but shall not be limited to, emergency first responders, police officers, sheriffs, deputy sheriffs, firefighters, [ambulance attendants and attendant drivers,] emergency medical technicians, [mobile emergency medical technicians, emergency medical technician-paramedics,] registered nurses, or physicians.

105.500. For purposes of sections 105.500 to 105.598, unless the context otherwise requires, the following words and phrases mean:

(1) "Bargaining unit", a unit of public employees at any plant or installation or in a craft or in a function of a public body that establishes a clear and identifiable community of interest among the public employees concerned;

(2) "Board", the state board of mediation established under section 295.030;

(3) "Department", the department of labor and industrial relations established under section 286.010;

(4) "Exclusive bargaining representative", an organization that has been designated or selected, as provided in section 105.575, by a majority of the public

employees in a bargaining unit as the representative of such public employees in such unit for purposes of collective bargaining;

(5) "Labor organization", any organization, agency, or public employee representation committee or plan, in which public employees participate and that exists for the purpose, in whole or in part, of dealing with a public body or public bodies concerning collective bargaining, grievances, labor disputes, wages, rates of pay, hours of employment, or conditions of work;

(6) "Public body", the state of Missouri, or any officer, agency, department, bureau, division, board or commission of the state, or any other political subdivision or special district of or within the state. Public body shall not include the department of corrections;

(7) "Public employee", any person employed by a public body;

(8) "Public safety labor organization", a labor organization wholly or primarily representing persons trained or authorized by law or rule to render emergency medical assistance or treatment, including, but not limited to, firefighters, [ambulance attendants, attendant drivers,] emergency medical technicians, [emergency medical technician paramedics,] dispatchers, registered nurses and physicians, and persons who are vested with the power of arrest for criminal code violations including, but not limited to, police officers, sheriffs, and deputy sheriffs.

168.133. 1. As used in this section, "screened volunteer" shall mean any person who assists a school by providing uncompensated service and who may periodically be left alone with students. The school district shall ensure that a criminal background check is conducted for all screened volunteers, who shall complete the criminal

background check prior to being left alone with a student. [Screened volunteers include, but are not limited to, persons who regularly assist in the office or library, mentor or tutor students, coach or supervise a school-sponsored activity before or after school, or chaperone students on an overnight trip.] Screened volunteers may only access student education records when necessary to assist the district and while supervised by staff members. Volunteers that are not screened shall not be left alone with a student or have access to student records.

2. The school district shall ensure that a criminal background check is conducted on any [person employed after January 1, 2005,] applicant for employment as defined in section 43.540 authorized to have contact with pupils [and]. The criminal background check shall be conducted prior to the [individual] applicant for employment having contact with any pupil. [Such persons include, but are not limited to, administrators, teachers, aides, paraprofessionals, assistants, secretaries, custodians, cooks, screened volunteers, and nurses.] The school district shall also ensure that a criminal background check is conducted for school bus drivers. The district may allow such drivers to operate buses pending the result of the criminal background check. For bus drivers, the school district shall be responsible for conducting the criminal background check on drivers employed by the school district. For drivers employed by a pupil transportation company under contract with the school district, the criminal background check shall be conducted pursuant to section [43.540] 43.539 and conform to the requirements established in the National Child Protection Act of 1993, as amended by the Volunteers for Children Act. Personnel who have successfully undergone a criminal background check and

a check of the family care safety registry as part of the professional license application process under section 168.021 and who have received clearance on the checks within one prior year of employment shall be considered to have completed the background check requirement. A criminal background check under this section shall include a search of any information publicly available in an electronic format through a public index or single case display.

3. In order to facilitate the criminal history background check, the applicant shall submit a set of fingerprints collected pursuant to standards determined by the Missouri highway patrol. The fingerprints shall be used by the highway patrol to search the criminal history repository and shall be forwarded to the Federal Bureau of Investigation for searching the federal criminal history files under section 43.540.

4. The applicant shall pay the fee for the state criminal history record information pursuant to section 43.530 and sections 210.900 to 210.936 and pay the appropriate fee determined by the Federal Bureau of Investigation for the federal criminal history record when he or she applies for a position authorized to have contact with pupils pursuant to this section. The department shall distribute the fees collected for the state and federal criminal histories to the Missouri highway patrol.

5. The department of elementary and secondary education shall facilitate an annual check of employed persons holding current active certificates under section 168.021 against criminal history records in the central repository under section 43.530, the sexual offender registry under sections 589.400 to 589.426, and child abuse central registry under sections 210.109 to 210.183. The department of elementary and secondary education shall

facilitate procedures for school districts to submit personnel information annually for persons employed by the school districts who do not hold a current valid certificate who are required by subsection 1 of this section to undergo a criminal background check, sexual offender registry check, and child abuse central registry check. The Missouri state highway patrol shall provide ongoing electronic updates to criminal history background checks of those persons previously submitted, both those who have an active certificate and those who do not have an active certificate, by the department of elementary and secondary education. This shall fulfill the annual check against the criminal history records in the central repository under section 43.530.

6. The school district may adopt a policy to provide for reimbursement of expenses incurred by an employee for state and federal criminal history information pursuant to section 43.530.

7. If, as a result of the criminal history background check mandated by this section, it is determined that the holder of a certificate issued pursuant to section 168.021 has pled guilty or nolo contendere to, or been found guilty of a crime or offense listed in section 168.071, or a similar crime or offense committed in another state, the United States, or any other country, regardless of imposition of sentence, such information shall be reported to the department of elementary and secondary education.

8. Any school official making a report to the department of elementary and secondary education in conformity with this section shall not be subject to civil liability for such action.

9. For any teacher who is employed by a school district on a substitute or part-time basis within one year

of such teacher's retirement from a Missouri school, the state of Missouri shall not require such teacher to be subject to any additional background checks prior to having contact with pupils. Nothing in this subsection shall be construed as prohibiting or otherwise restricting a school district from requiring additional background checks for such teachers employed by the school district.

10. A criminal background check and fingerprint collection conducted under subsections 1 to 3 of this section shall be valid for at least a period of one year and transferrable from one school district to another district. A school district may, in its discretion, conduct a new criminal background check and fingerprint collection under subsections 1 to 3 for a newly hired employee at the district's expense. A teacher's change in type of certification shall have no effect on the transferability or validity of such records.

11. Nothing in this section shall be construed to alter the standards for suspension, denial, or revocation of a certificate issued pursuant to this chapter.

12. The state board of education may promulgate rules for criminal history background checks made pursuant to 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 January 1, 2005, shall be invalid and void.

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

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

[(24)] (22) "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)] (23) "Medical direction", medical guidance and supervision provided by a physician to an emergency services provider or emergency medical services system;

[(26)] (24) "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)] (25) "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;

(26) "Paramedic", 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;

[(28)] (27) "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)] (28) "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)] (29) "Physician", a person licensed as a physician pursuant to chapter 334;

[(31)] (30) "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)] (31) "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,] EMTs, nurses, [EMT-P's,] paramedics, 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)] (32) "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)] (33) "Protocol", a predetermined, written medical care guideline, which may include standing orders;

[(35)] (34) "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)] (35) "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)] (36) "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)] (37) "State advisory council on emergency medical services", a committee formed to advise the department on policy affecting emergency medical service throughout the state;

[(39)] (38) "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)] (39) "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)] (40) "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)] (41) "STEMI center", a hospital that is currently designated as such by the department to care for patients with ST-segment elevation myocardial infarctions;

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

[(44)] (43) "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)] (44) "Stroke center", a hospital that is currently designated as such by the department;

[(46)] (45) "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)] (46) "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)] (47) "Trauma", an injury to human tissues and organs resulting from the transfer of energy from the environment;

[(49)] (48) "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;

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

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] EMTs, paramedics, and community paramedics and provide offline medical direction per standardized treatment, triage, and transport protocols when EMS personnel, including AEMTs, [EMT-Bs, EMT-Ps] EMTs, paramedics, 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] EMTs, paramedics, 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.

190.142. 1. (1) For applications submitted before the recognition of EMS personnel licensure interstate compact under sections 190.900 to 190.939 takes effect, the department shall, within a reasonable time after receipt of an application, cause such investigation as it deems

necessary to be made of the applicant for an emergency medical technician's license.

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

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

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

(1) Age requirements;

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

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

(4) Initial licensure testing requirements. Initial **[EMT-P]** paramedic licensure testing shall be through the national registry of EMTs;

(5) Continuing education and relicensure requirements;  
and

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

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

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

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

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

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

6. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2002, shall be invalid and void.

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

the appropriate use of temporary holds and restraints in medical transport. Prior to making such a determination:

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

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

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

(a) That such protocols shall be reviewed and approved by the state EMS medical director's advisory committee; and

(b) That such protocols shall direct the **[EMT-P]** paramedic regarding the proper use of patient restraint and coordination with area law enforcement; and

(c) Patient restraint protocols shall be based upon current applicable national guidelines.

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

3. **[EMT-Ps]** Paramedics who have made a good faith decision for a temporary hold of a patient as authorized by this section shall no longer have to rely on the common law doctrine of implied consent and therefore shall not be civilly liable for a good faith determination made in

accordance with this section and shall not have waived any sovereign immunity defense, official immunity defense, or Missouri public duty doctrine defense if employed at the time of the good faith determination by a government employer.

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

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

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

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

(4) Coordination of program quality assurance.

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

restraint used under the authority of this section shall be reviewed by the ambulance service physician medical director.

190.600. 1. Sections 190.600 to 190.621 shall be known and may be cited as the "Outside the Hospital Do-Not-Resuscitate Act".

2. As used in sections 190.600 to 190.621, unless the context clearly requires otherwise, the following terms shall mean:

(1) "Attending physician":

(a) A physician licensed under chapter 334 selected by or assigned to a patient who has primary responsibility for treatment and care of the patient; or

(b) If more than one physician shares responsibility for the treatment and care of a patient, one such physician who has been designated the attending physician by the patient or the patient's representative shall serve as the attending physician;

(2) "Cardiopulmonary resuscitation" or "CPR", emergency medical treatment administered to a patient in the event of the patient's cardiac or respiratory arrest, and shall include cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, defibrillation, administration of cardiac resuscitation medications, and related procedures;

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

(4) "Emergency medical services personnel", paid or volunteer firefighters, law enforcement officers, first responders, emergency medical technicians, or other emergency service personnel acting within the ordinary course and scope of their professions, but excluding physicians;

(5) "Health care facility", any institution, building, or agency or portion thereof, private or public, excluding federal facilities and hospitals, whether organized for profit or not, used, operated, or designed to provide health services, medical treatment, or nursing, rehabilitative, or preventive care to any person or persons. Health care facility includes but is not limited to ambulatory surgical facilities, health maintenance organizations, home health agencies, hospices, infirmaries, renal dialysis centers, long-term care facilities licensed under sections 198.003 to 198.186, medical assistance facilities, mental health centers, outpatient facilities, public health centers, rehabilitation facilities, and residential treatment facilities;

(6) "Hospital", a place devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment, or care for not less than twenty-four consecutive hours in any week of three or more nonrelated individuals suffering from illness, disease, injury, deformity, or other abnormal physical conditions; or a place devoted primarily to provide for not less than twenty-four consecutive hours in any week medical or nursing care for three or more nonrelated individuals. Hospital does not include any long-term care facility licensed under sections 198.003 to 198.186;

(7) "Outside the hospital do-not-resuscitate identification" or "outside the hospital DNR identification", a standardized identification card, bracelet, or necklace of a single color, form, and design as described by rule of the department that signifies that the patient's attending physician has issued an outside the hospital do-not-resuscitate order for the patient and has

documented the grounds for the order in the patient's medical file;

(8) "Outside the hospital do-not-resuscitate order" or "outside the hospital DNR order", a written physician's order signed by the patient and the attending physician, or the patient's representative and the attending physician, in a form promulgated by rule of the department which authorizes emergency medical services personnel to withhold or withdraw cardiopulmonary resuscitation from the patient in the event of cardiac or respiratory arrest;

(9) "Outside the hospital do-not-resuscitate protocol" or "outside the hospital DNR protocol", a standardized method or procedure promulgated by rule of the department for the withholding or withdrawal of cardiopulmonary resuscitation by emergency medical services personnel from a patient in the event of cardiac or respiratory arrest;

(10) "Patient", a person eighteen years of age or older who is not incapacitated, as defined in section 475.010, and who is otherwise competent to give informed consent to an outside the hospital do-not-resuscitate order at the time such order is issued, and who, with his [or her] attending physician, has executed an outside the hospital do-not-resuscitate order under sections 190.600 to 190.621. A person who has a patient's representative shall also be a patient for the purposes of sections 190.600 to 190.621, if the person or the person's patient's representative has executed an outside the hospital do-not-resuscitate order under sections 190.600 to 190.621. A person under eighteen years of age shall also be a patient for purposes of sections 190.600 to 190.621 if the person has had a do-not-resuscitate order issued on his behalf under the provisions of section 191.250;

(11) "Patient's representative":

(a) An attorney in fact designated in a durable power of attorney for health care for a patient determined to be incapacitated under sections 404.800 to 404.872; or

(b) A guardian or limited guardian appointed under chapter 475 to have responsibility for an incapacitated patient.

190.603. 1. A patient or patient's representative and the patient's attending physician may execute an outside the hospital do-not-resuscitate order. An outside the hospital do-not-resuscitate order shall not be effective unless it is executed by the patient or patient's representative and the patient's attending physician, and it is in the form promulgated by rule of the department.

2. A patient under eighteen years of age is not authorized to execute an outside the hospital do-not-resuscitate order for himself but may have a do-not-resuscitate order issued on his behalf by one parent or legal guardian or by a juvenile or family court under the provisions of section 191.250. Such do-not-resuscitate order shall also function as an outside the hospital do-not-resuscitate order for the purposes of sections 190.600 to 190.621 unless such do-not-resuscitate order authorized under the provisions of section 191.250 states otherwise.

3. If an outside the hospital do-not-resuscitate order has been executed, it shall be maintained as the first page of a patient's medical record in a health care facility unless otherwise specified in the health care facility's policies and procedures.

**[3.]** 4. An outside the hospital do-not-resuscitate order shall be transferred with the patient when the patient is transferred from one health care facility to another health care facility. If the patient is transferred outside of a hospital, the outside the hospital DNR form shall be

provided to any other facility, person, or agency responsible for the medical care of the patient or to the patient or patient's representative.

190.606. The following persons and entities shall not be subject to civil, criminal, or administrative liability and are not guilty of unprofessional conduct for the following acts or omissions that follow discovery of an outside the hospital do-not-resuscitate identification upon a patient or a do-not-resuscitate order functioning as an outside the hospital do-not-resuscitate order for a patient under eighteen years of age, or upon being presented with an outside the hospital do-not-resuscitate order [from Missouri, another state, the District of Columbia, or a territory of the United States]; provided that the acts or omissions are done in good faith and in accordance with the provisions of sections 190.600 to 190.621 and the provisions of an outside the hospital do-not-resuscitate order executed under sections 190.600 to 190.621:

(1) Physicians, persons under the direction or authorization of a physician, emergency medical services personnel, or health care facilities that cause or participate in the withholding or withdrawal of cardiopulmonary resuscitation from such patient; and

(2) Physicians, persons under the direction or authorization of a physician, emergency medical services personnel, or health care facilities that provide cardiopulmonary resuscitation to such patient under an oral or written request communicated to them by the patient or the patient's representative.

190.612. 1. Emergency medical services personnel are authorized to comply with the outside the hospital do-not-resuscitate protocol when presented with an outside the hospital do-not-resuscitate identification or an outside the

hospital do-not-resuscitate order. However, emergency medical services personnel shall not comply with an outside the hospital do-not-resuscitate order or the outside the hospital do-not-resuscitate protocol when the patient or patient's representative expresses to such personnel in any manner, before or after the onset of a cardiac or respiratory arrest, the desire to be resuscitated.

2. [Emergency medical services personnel are authorized to comply with the outside the hospital do-not-resuscitate protocol when presented with an outside the hospital do-not-resuscitate order from another state, the District of Columbia, or a territory of the United States if such order is on a standardized written form:

(1) Signed by the patient or the patient's representative and a physician who is licensed to practice in the other state, the District of Columbia, or the territory of the United States; and

(2) Such form has been previously reviewed and approved by the department of health and senior services to authorize emergency medical services personnel to withhold or withdraw cardiopulmonary resuscitation from the patient in the event of a cardiac or respiratory arrest.

Emergency medical services personnel shall not comply with an outside the hospital do-not-resuscitate order from another state, the District of Columbia, or a territory of the United States or the outside the hospital do-not-resuscitate protocol when the patient or patient's representative expresses to such personnel in any manner, before or after the onset of a cardiac or respiratory arrest, the desire to be resuscitated.]

(1) Except as provided in subdivision (2) of this subsection, emergency medical services personnel are authorized to comply with the outside the hospital do-not-

resuscitate protocol when presented with a do-not-resuscitate order functioning as an outside the hospital do-not-resuscitate order for a patient under eighteen years of age if such do-not-resuscitate order has been authorized by one parent or legal guardian or by a juvenile or family court under the provisions of section 191.250.

(2) Emergency medical services personnel shall not comply with a do-not-resuscitate order or the outside the hospital do-not-resuscitate protocol when the patient under eighteen years of age, either parent of such patient, the patient's legal guardian, or the juvenile or family court expresses to such personnel in any manner, before or after the onset of a cardiac or respiratory arrest, the desire for the patient to be resuscitated.

3. If a physician or a health care facility other than a hospital admits or receives a patient with an outside the hospital do-not-resuscitate identification or an outside the hospital do-not-resuscitate order, and the patient or patient's representative has not expressed or does not express to the physician or health care facility the desire to be resuscitated, and the physician or health care facility is unwilling or unable to comply with the outside the hospital do-not-resuscitate order, the physician or health care facility shall take all reasonable steps to transfer the patient to another physician or health care facility where the outside the hospital do-not-resuscitate order will be complied with.

190.613. 1. A patient or patient's representative and the patient's attending physician may execute an outside the hospital do-not-resuscitate order through the presentation of a properly executed outside the hospital do-not-resuscitate order from another state, the District of Columbia, or a territory of the United States, or a

Transportable Physician Orders for Patient Preferences (TPOPP)/Physician Orders for Life-Sustaining Treatment (POLST) form containing a specific do-not-resuscitate section.

2. Any outside the hospital do-not-resuscitate form identified from another state, the District of Columbia, or a territory of the United States, or a TPOPP/POLST form shall:

(1) Have been previously reviewed and approved by the department as in compliance with the provision of sections 190.600 to 190.621;

(2) Not be accepted for a patient under eighteen years of age, except as allowed under section 191.250; and

(3) Not be effective during such time as the patient is pregnant as set forth in section 190.609.

A patient or patient's representative may express to emergency medical services personnel, at any time and by any means, the intent to revoke the outside the hospital do-not-resuscitate order.

3. The provisions of section 190.606 shall apply to the good faith acts or omissions of emergency medical services personnel under this section.

192.2405. 1. The following persons shall be required to immediately report or cause a report to be made to the department under sections 192.2400 to 192.2470:

(1) Any person having reasonable cause to suspect that an eligible adult presents a likelihood of suffering serious physical harm, or bullying as defined in subdivision (2) of section 192.2400, and is in need of protective services; and

(2) Any adult day care worker, chiropractor, Christian Science practitioner, coroner, dentist, embalmer, employee of the departments of social services, mental health, or health and senior services, employee of a local area agency

on aging or an organized area agency on aging program, emergency medical technician, firefighter, first responder, funeral director, home health agency, home health agency employee, hospital and clinic personnel engaged in the care or treatment of others, in-home services owner or provider, in-home services operator or employee, law enforcement officer, long-term care facility administrator or employee, medical examiner, medical resident or intern, mental health professional, minister, nurse, nurse practitioner, optometrist, other health practitioner, peace officer, pharmacist, physical therapist, physician, physician's assistant, podiatrist, probation or parole officer, psychologist, social worker, or other person with the responsibility for the care of an eligible adult who has reasonable cause to suspect that the eligible adult has been subjected to abuse or neglect or observes the eligible adult being subjected to conditions or circumstances which would reasonably result in abuse or neglect. Notwithstanding any other provision of this section, a duly ordained minister, clergy, religious worker, or Christian Science practitioner while functioning in his or her ministerial capacity shall not be required to report concerning a privileged communication made to him or her in his or her professional capacity.

2. Any other person who becomes aware of circumstances that may reasonably be expected to be the result of, or result in, abuse or neglect of an eligible adult may report to the department.

3. The penalty for failing to report as required under subdivision (2) of subsection 1 of this section is provided under section 565.188.

4. As used in this section, "first responder" means any person trained and authorized by law or rule to render

emergency medical assistance or treatment. Such persons may include, but shall not be limited to, emergency first responders, police officers, sheriffs, deputy sheriffs, firefighters, or emergency medical technicians[, or emergency medical technician-paramedics].

208.1032. 1. The department of social services shall be authorized to design and implement in consultation and coordination with eligible providers as described in subsection 2 of this section an intergovernmental transfer program relating to ground emergency medical transport services, including those services provided at the emergency medical responder, emergency medical technician (EMT), advanced EMT, [EMT intermediate,] or paramedic levels in the prestabilization and preparation for transport, in order to increase capitation payments for the purpose of increasing reimbursement to eligible providers.

2. A provider shall be eligible for increased reimbursement under this section only if the provider meets the following conditions in an applicable state fiscal year:

- (1) Provides ground emergency medical transportation services to MO HealthNet participants;
- (2) Is enrolled as a MO HealthNet provider for the period being claimed; and
- (3) Is owned, operated, or contracted by the state or a political subdivision.

3. (1) To the extent intergovernmental transfers are voluntarily made by and accepted from an eligible provider described in subsection 2 of this section or a governmental entity affiliated with an eligible provider, the department of social services shall make increased capitation payments to applicable MO HealthNet eligible providers for covered ground emergency medical transportation services.

(2) The increased capitation payments made under this section shall be in amounts at least actuarially equivalent to the supplemental fee-for-service payments and up to equivalent of commercial reimbursement rates available for eligible providers to the extent permissible under federal law.

(3) Except as provided in subsection 6 of this section, all funds associated with intergovernmental transfers made and accepted under this section shall be used to fund additional payments to eligible providers.

(4) MO HealthNet managed care plans and coordinated care organizations shall pay one hundred percent of any amount of increased capitation payments made under this section to eligible providers for providing and making available ground emergency medical transportation and prestabilization services pursuant to a contract or other arrangement with a MO HealthNet managed care plan or coordinated care organization.

4. The intergovernmental transfer program developed under this section shall be implemented on the date federal approval is obtained, and only to the extent intergovernmental transfers from the eligible provider, or the governmental entity with which it is affiliated, are provided for this purpose. The department of social services shall implement the intergovernmental transfer program and increased capitation payments under this section on a retroactive basis as permitted by federal law.

5. Participation in the intergovernmental transfers under this section is voluntary on the part of the transferring entities for purposes of all applicable federal laws.

6. As a condition of participation under this section, each eligible provider as described in subsection 2 of this

section or the governmental entity affiliated with an eligible provider shall agree to reimburse the department of social services for any costs associated with implementing this section. Intergovernmental transfers described in this section are subject to an administration fee of up to twenty percent of the nonfederal share paid to the department of social services and shall be allowed to count as a cost of providing the services not to exceed one hundred twenty percent of the total amount.

7. As a condition of participation under this section, MO HealthNet managed care plans, coordinated care organizations, eligible providers as described in subsection 2 of this section, and governmental entities affiliated with eligible providers shall agree to comply with any requests for information or similar data requirements imposed by the department of social services for purposes of obtaining supporting documentation necessary to claim federal funds or to obtain federal approvals.

8. This section shall be implemented only if and to the extent federal financial participation is available and is not otherwise jeopardized, and any necessary federal approvals have been obtained.

9. To the extent that the director of the department of social services determines that the payments made under this section do not comply with federal Medicaid requirements, the director retains the discretion to return or not accept an intergovernmental transfer, and may adjust payments under this section as necessary to comply with federal Medicaid requirements.

285.040. 1. As used in this section, "public safety employee" shall mean a person trained or authorized by law or rule to render emergency medical assistance or treatment, including, but not limited to, firefighters, [ambulance

attendants and attendant drivers,] emergency medical technicians, [emergency medical technician paramedics,] dispatchers, registered nurses, physicians, and sheriffs and deputy sheriffs.

2. No public safety employee of a city not within a county who is hired prior to September 1, 2023, shall be subject to a residency requirement of retaining a primary residence in a city not within a county but may be required to maintain a primary residence located within a one-hour response time.

3. Public safety employees of a city not within a county who are hired after August 31, 2023, may be subject to a residency rule no more restrictive than a requirement of retaining a primary residence in a city not within a county for a total of seven years and of then allowing the public safety employee to maintain a primary residence outside the city not within a county so long as the primary residence is located within a one-hour response time.

300.100. 1. The driver of an authorized emergency vehicle, when responding to an emergency call or when in the pursuit of an actual or suspected violator of the law or when responding to but not upon returning from a fire alarm, may exercise the privileges set forth in this section, but subject to the conditions herein stated.

2. The driver of an authorized emergency vehicle may:

(1) Park or stand, irrespective of the provisions of this ordinance;

(2) Proceed past a red or stop signal or stop sign, but only after slowing down as may be necessary for safe operation;

(3) Exceed the maximum speed limits so long as he does not endanger life or property;

(4) Disregard regulations governing direction of movement or turning in specified directions.

3. The exemptions herein granted to an authorized emergency vehicle shall apply only when the driver of any said vehicle while in motion sounds audible signal by siren or while having at least one lighted lamp exhibiting a red light visible under normal atmospheric conditions from a distance of five hundred feet to the front of such vehicle or a flashing blue light authorized by section 307.175, except that an authorized emergency vehicle operated as a police vehicle is not required to use an audible signal or display a visual signal when the vehicle is being used to:

(1) Obtain evidence of a speeding violation;

(2) Respond to a suspected crime in progress when use of an audible or visual signal, or both, could reasonably result in the destruction of evidence or escape of a suspect; or

(3) Conduct surveillance of a vehicle or the passengers of a vehicle who are suspected of involvement in a crime.

4. The foregoing provisions shall not relieve the driver of an authorized emergency vehicle from the duty to drive with due regard for the safety of all persons, nor shall such provisions protect the driver from the consequences of his reckless disregard for the safety of others.

304.022. 1. Upon the immediate approach of an emergency vehicle giving audible signal by siren or while having at least one lighted lamp exhibiting red light visible under normal atmospheric conditions from a distance of five hundred feet to the front of such vehicle or a flashing blue light authorized by section 307.175, the driver of every other vehicle shall yield the right-of-way

and shall immediately drive to a position parallel to, and as far as possible to the right of, the traveled portion of the highway and thereupon stop and remain in such position until such emergency vehicle has passed, except when otherwise directed by a police or traffic officer.

2. Upon approaching a stationary vehicle displaying lighted red or red and blue lights, or a stationary vehicle displaying lighted amber or amber and white lights, the driver of every motor vehicle shall:

(1) Proceed with caution and yield the right-of-way, if possible with due regard to safety and traffic conditions, by making a lane change into a lane not adjacent to that of the stationary vehicle, if on a roadway having at least four lanes with not less than two lanes proceeding in the same direction as the approaching vehicle; or

(2) Proceed with due caution and reduce the speed of the vehicle, maintaining a safe speed for road conditions, if changing lanes would be unsafe or impossible.

3. The motorman of every streetcar shall immediately stop such car clear of any intersection and keep it in such position until the emergency vehicle has passed, except as otherwise directed by a police or traffic officer.

4. An "emergency vehicle" is a vehicle of any of the following types:

(1) A vehicle operated by the state highway patrol, the state water patrol, the Missouri capitol police, a conservation agent, or a state or a county or municipal park ranger, those vehicles operated by enforcement personnel of the state highways and transportation commission, police or fire department, sheriff, constable or deputy sheriff, federal law enforcement officer authorized to carry firearms and to make arrests for violations of the laws of the United States, traffic officer, coroner, medical examiner, or

forensic investigator of the county medical examiner's office, or by a privately owned emergency vehicle company;

(2) A vehicle operated as an ambulance or operated commercially for the purpose of transporting emergency medical supplies or organs;

(3) Any vehicle qualifying as an emergency vehicle pursuant to section 307.175;

(4) Any wrecker, or tow truck or a vehicle owned and operated by a public utility or public service corporation while performing emergency service;

(5) Any vehicle transporting equipment designed to extricate human beings from the wreckage of a motor vehicle;

(6) Any vehicle designated to perform emergency functions for a civil defense or emergency management agency established pursuant to the provisions of chapter 44;

(7) Any vehicle operated by an authorized employee of the department of corrections who, as part of the employee's official duties, is responding to a riot, disturbance, hostage incident, escape or other critical situation where there is the threat of serious physical injury or death, responding to mutual aid call from another criminal justice agency, or in accompanying an ambulance which is transporting an offender to a medical facility;

(8) Any vehicle designated to perform hazardous substance emergency functions established pursuant to the provisions of sections 260.500 to 260.550;

(9) Any vehicle owned by the state highways and transportation commission and operated by an authorized employee of the department of transportation that is marked as a department of transportation emergency response or motorist assistance vehicle; or

(10) Any vehicle owned and operated by the civil support team of the Missouri National Guard while in

response to or during operations involving chemical, biological, or radioactive materials or in support of official requests from the state of Missouri involving unknown substances, hazardous materials, or as may be requested by the appropriate state agency acting on behalf of the governor.

5. (1) The driver of any vehicle referred to in subsection 4 of this section shall not sound the siren thereon or have the front red lights or blue lights on except when such vehicle is responding to an emergency call or when in pursuit of an actual or suspected law violator, or when responding to, but not upon returning from, a fire.

(2) The driver of an emergency vehicle may:

(a) Park or stand irrespective of the provisions of sections 304.014 to 304.025;

(b) Proceed past a red or stop signal or stop sign, but only after slowing down as may be necessary for safe operation;

(c) Exceed the prima facie speed limit so long as the driver does not endanger life or property;

(d) Disregard regulations governing direction of movement or turning in specified directions.

(3) The exemptions granted to an emergency vehicle pursuant to subdivision (2) of this subsection shall apply only when the driver of any such vehicle while in motion sounds audible signal by bell, siren, or exhaust whistle as may be reasonably necessary, and when the vehicle is equipped with at least one lighted lamp displaying a red light or blue light visible under normal atmospheric conditions from a distance of five hundred feet to the front of such vehicle, except that an authorized emergency vehicle operated as a police vehicle is not required to use an

audible signal or display a visual signal when the vehicle is being used to:

(a) Obtain evidence of a speeding violation;

(b) Respond to a suspected crime in progress when use of an audible or visual signal, or both, could reasonably result in the destruction of evidence or escape of a suspect; or

(c) Conduct surveillance of a vehicle or the passengers of a vehicle who are suspected of involvement in a crime.

6. No person shall purchase an emergency light as described in this section without furnishing the seller of such light an affidavit stating that the light will be used exclusively for emergency vehicle purposes.

7. Violation of this section shall be deemed a class A misdemeanor.

321.225. 1. A fire protection district may, in addition to its other powers and duties, provide emergency ambulance service within its district if a majority of the voters voting thereon approve a proposition to furnish such service and to levy a tax not to exceed thirty cents on the one hundred dollars assessed valuation to be used exclusively to supply funds for the operation of an emergency ambulance service. The district shall exercise the same powers and duties in operating an emergency ambulance service as it does in operating its fire protection service.

2. The proposition to furnish emergency ambulance service may be submitted by the board of directors at any municipal general, primary or general election or at any election of the members of the board.

3. The question shall be submitted in substantially the following form:

Shall the board of directors of \_\_\_\_\_ Fire Protection District be authorized to provide emergency ambulance service within the district and be authorized to levy a tax not to exceed thirty cents on the one hundred dollars assessed valuation to provide funds for such service?

4. If a majority of the voters casting votes thereon be in favor of emergency ambulance service and the levy, the district shall forthwith commence such service.

5. As used in this section "emergency" means a situation resulting from a sudden or unforeseen situation or occurrence that requires immediate action to save life or prevent suffering or disability.

6. In addition to all other taxes authorized on or before September 1, 1990, the board of directors of any fire protection district may, if a majority of the voters of the district voting thereon approve, levy an additional tax of not more than forty cents per one hundred dollars of assessed valuation to be used for the support of the ambulance service or partial or complete support of [an emergency medical technician defibrillator program or partial or complete support of an emergency medical technician] a paramedic first responder program. The proposition to levy the tax authorized by this subsection may be submitted by the board of directors at the next annual election of the members of the board or at any regular municipal or school election conducted by the county clerk or board of election commissioners in such district or at a special election called for the purpose, or upon petition of five hundred registered voters of the district. A separate ballot containing the question shall read as follows:

Shall the board of directors of the \_\_\_\_\_ Fire Protection District be authorized to levy an additional tax of not more than forty cents per one hundred dollars assessed valuation to provide funds for the support of an ambulance service or partial or complete support of an emergency medical technician defibrillator program or partial or complete support of an emergency medical technician paramedic first responder program?

FOR THE PROPOSITION

AGAINST THE PROPOSITION

(Place an X in the square opposite the one for which you wish to vote.)

If a majority of the qualified voters casting votes thereon be in favor of the question, the board of directors shall accordingly levy a tax in accordance with the provisions of this subsection, but if a majority of voters casting votes thereon do not vote in favor of the levy authorized by this subsection, any levy previously authorized shall remain in effect.

321.620. 1. Fire protection districts in first class counties may, in addition to their other powers and duties, provide ambulance service within their district if a majority of the voters voting thereon approve a proposition to furnish such service and to levy a tax not to exceed thirty cents on the one hundred dollars assessed valuation to be used exclusively to supply funds for the operation of an emergency ambulance service. The district shall exercise the same powers and duties in operating an ambulance service as it does in operating its fire protection service. As used in this section "emergency" means a situation resulting from a sudden or unforeseen situation or occurrence that

requires immediate action to save life or prevent suffering or disability.

2. The proposition to furnish ambulance service may be submitted by the board of directors at any municipal general, primary or general election or at any election of the members of the board or upon petition by five hundred voters of such district.

3. The question shall be submitted in substantially the following form:

Shall the board of directors of \_\_\_\_\_ Fire Protection District be authorized to provide ambulance service within the district and be authorized to levy a tax not to exceed thirty cents on the one hundred dollars assessed valuation to provide funds for such service?

4. If a majority of the voters casting votes thereon be in favor of ambulance service and the levy, the district shall forthwith commence such service.

5. In addition to all other taxes authorized on or before September 1, 1990, the board of directors of any fire protection district may, if a majority of the voters of the district voting thereon approve, levy an additional tax of not more than forty cents per one hundred dollars of assessed valuation to be used for the support of the ambulance service, or partial or complete support of [an emergency medical technician defibrillator program or partial or complete support of an emergency medical technician] a paramedic first responder program. The proposition to levy the tax authorized by this subsection may be submitted by the board of directors at the next annual election of the members of the board or at any regular municipal or school election conducted by the county clerk or board of election commissioners in such district or

at a special election called for the purpose, or upon petition of five hundred registered voters of the district. A separate ballot containing the question shall read as follows:

Shall the board of directors of the \_\_\_\_\_ Fire Protection District be authorized to levy an additional tax of not more than forty cents per one hundred dollars assessed valuation to provide funds for the support of an ambulance service or partial or complete support of an emergency medical technician defibrillator program or partial or complete support of an emergency medical technician paramedic first responder program?

FOR THE PROPOSITION

AGAINST THE PROPOSITION

(Place an X in the square opposite the one for which you wish to vote).

If a majority of the qualified voters casting votes thereon be in favor of the question, the board of directors shall accordingly levy a tax in accordance with the provisions of this subsection, but if a majority of voters casting votes thereon do not vote in favor of the levy authorized by this subsection, any levy previously authorized shall remain in effect.

537.037. 1. Any physician or surgeon, registered professional nurse or licensed practical nurse licensed to practice in this state under the provisions of chapter 334 or 335, or licensed to practice under the equivalent laws of any other state and any person licensed as [a mobile] an emergency medical technician under the provisions of chapter 190, may:

(1) In good faith render emergency care or assistance, without compensation, at the scene of an emergency or

accident, and shall not be liable for any civil damages for acts or omissions other than damages occasioned by gross negligence or by willful or wanton acts or omissions by such person in rendering such emergency care;

(2) In good faith render emergency care or assistance, without compensation, to any minor involved in an accident, or in competitive sports, or other emergency at the scene of an accident, without first obtaining the consent of the parent or guardian of the minor, and shall not be liable for any civil damages other than damages occasioned by gross negligence or by willful or wanton acts or omissions by such person in rendering the emergency care.

2. Any other person who has been trained to provide first aid in a standard recognized training program may, without compensation, render emergency care or assistance to the level for which he or she has been trained, at the scene of an emergency or accident, and shall not be liable for civil damages for acts or omissions other than damages occasioned by gross negligence or by willful or wanton acts or omissions by such person in rendering such emergency care.

3. Any mental health professional, as defined in section 632.005, or qualified counselor, as defined in section 631.005, or any practicing medical, osteopathic, or chiropractic physician, or certified nurse practitioner, or physicians' assistant may in good faith render suicide prevention interventions at the scene of a threatened suicide and shall not be liable for any civil damages for acts or omissions other than damages occasioned by gross negligence or by willful or wanton acts or omissions by such person in rendering such suicide prevention interventions.

4. Any other person may, without compensation, render suicide prevention interventions at the scene of a threatened suicide and shall not be liable for civil damages

for acts or omissions other than damages occasioned by gross negligence or by willful or wanton acts or omissions by such person in rendering such suicide prevention interventions.

571.031. 1. This section shall be known and may be cited as "Blair's Law".

2. A person commits the offense of unlawful discharge of a firearm if, with criminal negligence, he or she discharges a firearm within or into the limits of any municipality.

3. This section shall not apply if the firearm is discharged:

(1) As allowed by a defense of justification under chapter 563;

(2) On a properly supervised shooting range;

(3) To lawfully take wildlife during an open season established by the department of conservation. Nothing in this subdivision shall prevent a municipality from adopting an ordinance restricting the discharge of a firearm within one-quarter mile of an occupied structure;

(4) For the control of nuisance wildlife as permitted by the department of conservation or the United States Fish and Wildlife Service;

(5) By special permit of the chief of police of the municipality;

(6) As required by an animal control officer in the performance of his or her duties;

(7) Using blanks;

(8) More than one mile from any occupied structure;

(9) In self-defense or defense of another person against an animal attack if a reasonable person would believe that deadly physical force against the animal is immediately necessary and reasonable under the circumstances to protect oneself or the other person; or

(10) By law enforcement personnel, as defined in section 590.1040, or a member of the United States Armed Forces if acting in an official capacity.

4. A person who commits the offense of discharge of a firearm shall be guilty of:

(1) For a first offense, a class A misdemeanor;

(2) For a second offense, a class E felony; and

(3) For a third or subsequent offense, a class D felony.

590.033. 1. The POST commission shall establish minimum standards for a chief of police training course which shall include at least forty hours of training. All police chiefs appointed after August 28, 2023, shall attend a chief of police training course certified by the POST commission not later than six months after the person's appointment as a chief of police.

2. A chief of police may request an exemption from the training in subsection 1 of this section by submitting to the POST commission proof of completion of the Federal Bureau of Investigation's national academy course or any other equivalent training course within the previous ten years or at least five years of experience as a police chief in a Missouri law enforcement agency.

3. Any law enforcement agency who has a chief of police appointed after August 28, 2023, that fails to complete a chief of police training course within six months of appointment shall be precluded from receiving any POST commission training funds, state grant funds, or federal grant funds until the police chief has completed the training course.

4. While attending a chief of police training course, the chief of police shall receive compensation in the same manner and amount as if carrying out the powers and duties

of the chief of police. The cost of the chief of police training course may be paid by moneys from the peace officer standards and training commission fund created in section 590.178.

590.040. 1. The POST commission shall set the minimum number of hours of basic training for licensure as a peace officer no lower [than four hundred seventy and no higher] than six hundred, with the following exceptions:

(1) Up to one thousand hours may be mandated for any class of license required for commission by a state law enforcement agency;

(2) As few as one hundred twenty hours may be mandated for any class of license restricted to commission as a reserve peace officer with police powers limited to the commissioning political subdivision;

(3) Persons validly licensed on August 28, 2001, may retain licensure without additional basic training;

(4) Persons licensed and commissioned within a county of the third classification before July 1, 2002, may retain licensure with one hundred twenty hours of basic training if the commissioning political subdivision has adopted an order or ordinance to that effect;

(5) Persons serving as a reserve officer on August 27, 2001, within a county of the first classification or a county with a charter form of government and with more than one million inhabitants on August 27, 2001, having previously completed a minimum of one hundred sixty hours of training, shall be granted a license necessary to function as a reserve peace officer only within such county. For the purposes of this subdivision, the term "reserve officer" shall mean any person who serves in a less than full-time law enforcement capacity, with or without pay and who, without certification, has no power of arrest and who,

without certification, must be under the direct and immediate accompaniment of a certified peace officer of the same agency at all times while on duty; and

(6) The POST commission shall provide for the recognition of basic training received at law enforcement training centers of other states, the military, the federal government and territories of the United States regardless of the number of hours included in such training and shall have authority to require supplemental training as a condition of eligibility for licensure.

2. The director shall have the authority to limit any exception provided in subsection 1 of this section to persons remaining in the same commission or transferring to a commission in a similar jurisdiction.

3. The basic training of every peace officer, except agents of the conservation commission, shall include at least thirty hours of training in the investigation and management of cases involving domestic and family violence. Such training shall include instruction, specific to domestic and family violence cases, regarding: report writing; physical abuse, sexual abuse, child fatalities and child neglect; interviewing children and alleged perpetrators; the nature, extent and causes of domestic and family violence; the safety of victims, other family and household members and investigating officers; legal rights and remedies available to victims, including rights to compensation and the enforcement of civil and criminal remedies; services available to victims and their children; the effects of cultural, racial and gender bias in law enforcement; and state statutes. Said curriculum shall be developed and presented in consultation with the department of health and senior services, the children's division, public and private providers of programs for victims of

domestic and family violence, persons who have demonstrated expertise in training and education concerning domestic and family violence, and the Missouri coalition against domestic violence.

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

(1) "Gross misconduct", includes any willful and wanton or unlawful conduct motivated by premeditated or intentional purpose or by purposeful indifference to the consequences of one's acts;

(2) "Moral turpitude", the wrongful quality shared by acts of fraud, theft, bribery, illegal drug use, sexual misconduct, and other similar acts as defined by the common law of Missouri;

(3) "Reckless disregard", a conscious disregard of a substantial risk that circumstances exist or that a result will follow, and such failure constitutes a gross deviation from the standard of care that a reasonable peace officer would exercise in the situation.

2. The director shall have cause to discipline any peace officer licensee who:

(1) Is unable to perform the functions of a peace officer with reasonable competency or reasonable safety [as a result of a mental condition, including alcohol or substance abuse];

(2) Has committed any criminal offense, whether or not a criminal charge has been filed, has been convicted, or has entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state, or the United States, or of any country, regardless of whether or not sentence is imposed;

(3) Has committed any act [while on active duty or under color of law] that involves moral turpitude or a

reckless disregard for the safety of the public or any person;

(4) Has caused a material fact to be misrepresented for the purpose of obtaining or retaining a peace officer commission or any license issued pursuant to this chapter;

(5) Has violated a condition of any order of probation lawfully issued by the director; [or]

(6) Has violated a provision of this chapter or a rule promulgated pursuant to this chapter;

(7) Has tested positive for a controlled substance, as defined in chapter 195, without a valid prescription for the controlled substance;

(8) Is subject to an order of another state, territory, the federal government, or any peace officer licensing authority suspending or revoking a peace officer license or certification; or

(9) Has committed any act of gross misconduct indicating inability to function as a peace officer.

[2.] 3. When the director has knowledge of cause to discipline a peace officer license pursuant to this section, the director may cause a complaint to be filed with the administrative hearing commission, which shall conduct a hearing to determine whether the director has cause for discipline, and which shall issue findings of fact and conclusions of law on the matter. The administrative hearing commission shall not consider the relative severity of the cause for discipline or any rehabilitation of the licensee or otherwise impinge upon the discretion of the director to determine appropriate discipline when cause exists pursuant to this section.

[3.] 4. Upon a finding by the administrative hearing commission that cause to discipline exists, the director shall, within thirty days, hold a hearing to determine the

form of discipline to be imposed and thereafter shall probate, suspend, or permanently revoke the license at issue. If the licensee fails to appear at the director's hearing, this shall constitute a waiver of the right to such hearing.

**[4.]** 5. Notice of any hearing pursuant to this chapter or section may be made by certified mail to the licensee's address of record pursuant to subdivision (2) of subsection 3 of section 590.130. Proof of refusal of the licensee to accept delivery or the inability of postal authorities to deliver such certified mail shall be evidence that required notice has been given. Notice may be given by publication.

**[5.]** 6. Nothing contained in this section shall prevent a licensee from informally disposing of a cause for discipline with the consent of the director by voluntarily surrendering a license or by voluntarily submitting to discipline.

**[6.]** 7. The provisions of chapter 621 and any amendments thereto, except those provisions or amendments that are in conflict with this chapter, shall apply to and govern the proceedings of the administrative hearing commission and pursuant to this section the rights and duties of the parties involved.

610.021. Except to the extent disclosure is otherwise required by law, a public governmental body is authorized to close meetings, records and votes, to the extent they relate to the following:

(1) Legal actions, causes of action or litigation involving a public governmental body and any confidential or privileged communications between a public governmental body or its representatives and its attorneys. However, any minutes, vote or settlement agreement relating to legal actions, causes of action or litigation involving a public

governmental body or any agent or entity representing its interests or acting on its behalf or with its authority, including any insurance company acting on behalf of a public government body as its insured, shall be made public upon final disposition of the matter voted upon or upon the signing by the parties of the settlement agreement, unless, prior to final disposition, the settlement agreement is ordered closed by a court after a written finding that the adverse impact to a plaintiff or plaintiffs to the action clearly outweighs the public policy considerations of section 610.011, however, the amount of any moneys paid by, or on behalf of, the public governmental body shall be disclosed; provided, however, in matters involving the exercise of the power of eminent domain, the vote shall be announced or become public immediately following the action on the motion to authorize institution of such a legal action. Legal work product shall be considered a closed record;

(2) Leasing, purchase or sale of real estate by a public governmental body where public knowledge of the transaction might adversely affect the legal consideration therefor. However, any minutes, vote or public record approving a contract relating to the leasing, purchase or sale of real estate by a public governmental body shall be made public upon execution of the lease, purchase or sale of the real estate;

(3) Hiring, firing, disciplining or promoting of particular employees by a public governmental body when personal information about the employee is discussed or recorded. However, any vote on a final decision, when taken by a public governmental body, to hire, fire, promote or discipline an employee of a public governmental body shall be made available with a record of how each member voted to

the public within seventy-two hours of the close of the meeting where such action occurs; provided, however, that any employee so affected shall be entitled to prompt notice of such decision during the seventy-two-hour period before such decision is made available to the public. As used in this subdivision, the term "personal information" means information relating to the performance or merit of individual employees;

(4) The state militia or national guard or any part thereof;

(5) Nonjudicial mental or physical health proceedings involving identifiable persons, including medical, psychiatric, psychological, or alcoholism or drug dependency diagnosis or treatment;

(6) Scholastic probation, expulsion, or graduation of identifiable individuals, including records of individual test or examination scores; however, personally identifiable student records maintained by public educational institutions shall be open for inspection by the parents, guardian or other custodian of students under the age of eighteen years and by the parents, guardian or other custodian and the student if the student is over the age of eighteen years;

(7) Testing and examination materials, before the test or examination is given or, if it is to be given again, before so given again;

(8) Welfare cases of identifiable individuals;

(9) Preparation, including any discussions or work product, on behalf of a public governmental body or its representatives for negotiations with employee groups;

(10) Software codes for electronic data processing and documentation thereof;

(11) Specifications for competitive bidding, until either the specifications are officially approved by the public governmental body or the specifications are published for bid;

(12) Sealed bids and related documents, until the bids are opened; and sealed proposals and related documents or any documents related to a negotiated contract until a contract is executed, or all proposals are rejected;

(13) Individually identifiable personnel records, performance ratings or records pertaining to employees or applicants for employment, except that this exemption shall not apply to the names, positions, salaries and lengths of service of officers and employees of public agencies once they are employed as such, and the names of private sources donating or contributing money to the salary of a chancellor or president at all public colleges and universities in the state of Missouri and the amount of money contributed by the source;

(14) Records which are protected from disclosure by law;

(15) Meetings and public records relating to scientific and technological innovations in which the owner has a proprietary interest;

(16) Records relating to municipal hotlines established for the reporting of abuse and wrongdoing;

(17) Confidential or privileged communications between a public governmental body and its auditor, including all auditor work product; however, all final audit reports issued by the auditor are to be considered open records pursuant to this chapter;

(18) (a) Security measures, global positioning system (GPS) data, investigative information, or investigative or surveillance techniques of any public agency responsible for

law enforcement or public safety that, if disclosed, has the potential to endanger the health or safety of an individual or the public.

(b) Any information or data provided to a tip line for the purpose of safety or security at an educational institution that, if disclosed, has the potential to endanger the health or safety of an individual or the public.

(c) Any information contained in any suspicious activity report provided to law enforcement that, if disclosed, has the potential to endanger the health or safety of an individual or the public.

(d) Operational guidelines, policies and specific response plans developed, adopted, or maintained by any public agency responsible for law enforcement, public safety, first response, or public health for use in responding to or preventing any critical incident which is or appears to be terrorist in nature and which has the potential to endanger individual or public safety or health. Financial records related to the procurement of or expenditures relating to operational guidelines, policies or plans purchased with public funds shall be open. When seeking to close information pursuant to this exception, the public governmental body shall affirmatively state in writing that disclosure would impair the public governmental body's ability to protect the security or safety of persons or real property, and shall in the same writing state that the public interest in nondisclosure outweighs the public interest in disclosure of the records;

(19) Existing or proposed security systems and structural plans of real property owned or leased by a public governmental body, and information that is voluntarily submitted by a nonpublic entity owning or operating an infrastructure to any public governmental body

for use by that body to devise plans for protection of that infrastructure, the public disclosure of which would threaten public safety:

(a) Records related to the procurement of or expenditures relating to security systems purchased with public funds shall be open;

(b) When seeking to close information pursuant to this exception, the public governmental body shall affirmatively state in writing that disclosure would impair the public governmental body's ability to protect the security or safety of persons or real property, and shall in the same writing state that the public interest in nondisclosure outweighs the public interest in disclosure of the records;

(c) Records that are voluntarily submitted by a nonpublic entity shall be reviewed by the receiving agency within ninety days of submission to determine if retention of the document is necessary in furtherance of a state security interest. If retention is not necessary, the documents shall be returned to the nonpublic governmental body or destroyed;

(20) The portion of a record that identifies security systems or access codes or authorization codes for security systems of real property;

(21) Records that identify the configuration of components or the operation of a computer, computer system, computer network, or telecommunications network, and would allow unauthorized access to or unlawful disruption of a computer, computer system, computer network, or telecommunications network of a public governmental body. This exception shall not be used to limit or deny access to otherwise public records in a file, document, data file or database containing public records. Records related to the procurement of or expenditures relating to such computer,

computer system, computer network, or telecommunications network, including the amount of moneys paid by, or on behalf of, a public governmental body for such computer, computer system, computer network, or telecommunications network shall be open;

(22) Credit card numbers, personal identification numbers, digital certificates, physical and virtual keys, access codes or authorization codes that are used to protect the security of electronic transactions between a public governmental body and a person or entity doing business with a public governmental body. Nothing in this section shall be deemed to close the record of a person or entity using a credit card held in the name of a public governmental body or any record of a transaction made by a person using a credit card or other method of payment for which reimbursement is made by a public governmental body;

(23) Records submitted by an individual, corporation, or other business entity to a public institution of higher education in connection with a proposal to license intellectual property or perform sponsored research and which contains sales projections or other business plan information the disclosure of which may endanger the competitiveness of a business;

(24) Records relating to foster home or kinship placements of children in foster care under section 210.498; and

(25) Individually identifiable customer usage and billing records for customers of a municipally owned utility, unless the records are requested by the customer or authorized for release by the customer, except that a municipally owned utility shall make available to the public the customer's name, billing address, location of service,

and dates of service provided for any commercial service account.