House		Amendment NO
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	· · · · · · · · · · · · · · · · · · ·	tle, Lines 2-3, by deleting the phrase "suicide thereof the phrase "health care"; and
Further amenthe following	1 &	ne 2, by inserting after all of said section and line
brochure relameningococy website and of the broche all students as Such inform (1) The and its possis (2) If (3) The effectiveness recommendation (4) As meningococy (5) As vaccines in a such as the	ating to meningococcal disease that cal disease [is] are available. The dishall notify every public institution are. Each public institution of high and if the student is under eighteen ation in the brochure shall include: The risk factors for and symptoms of ble consequences if untreated; How meningococcal disease is trans. The latest scientific information on all mening including information on all mening information on all mening ation from the Advisory Committee A statement that any questions or contact all disease may be answered by correct and commendation that the current states are commendation that the current states are all disease may be answered by correct and commendation that the current states are all disease may be answered by correct and commendation that the current states are all disease may be answered by correct and commendation that the current states are all disease that are available. The disease that are available and available are available. The disease that are available and available available are available. The disease that are available ava	meningococcal disease immunization and its ngococcal vaccines receiving a Category A or B on Immunization Practices; [and] oncerns regarding immunization against stacting the individuals's health care provider; and student or entering student receive meningococcal ommittee on Immunization Practices of the Centers
	nd said bill, Page 2, Section 173.12	00, Line 41, by inserting after all of said section and
every public campus hous enrollment a Immunization statement of student shall certification	institution of higher education in the sing to have received the meningode and in accordance with the latest reconstruction of the Centers for Disease medical or religious exemption is to be exempted from the immunization	O5 school year and for each school year thereafter, his state shall require all students who reside in on-occal vaccine not more than five years prior to commendations of the Advisory Committee on use Control and Prevention, unless a signed on file with the institution's administration. A on requirement of this section upon signed ter 334 indicating that either the immunization
Select Act	ion Taken	Date

would seriously endanger the student's health or life or the student has documentation of the disease or laboratory evidence of immunity to the disease. A student shall be exempted from the immunization requirement of this section if he or she objects in writing to the institution's administration that immunization violates his or her religious beliefs.

- 2. Each public university or college in this state shall maintain records on the meningococcal vaccination status of every student residing in on-campus housing at the university or college.
- 3. Nothing in this section shall be construed as requiring any institution of higher education to provide or pay for vaccinations against meningococcal disease.
- 4. For purposes of this section, the term "on-campus housing" shall include, but not be limited to, any fraternity or sorority residence, regardless of whether such residence is privately owned, on or near the campus of a public institution of higher education.
- 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 state EMS medical director shall be the chair of the state EMS medical director's advisory committee.
- 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.
- 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. The state EMS medical director's advisory committee shall be considered a peer review committee under section 537.035 and regional EMS medical directors shall be eligible to participate in the Missouri Patient Safety Organization as provided under the Patient Safety and Quality Improvement Act of 2005, 42 U.S.C. section 299 et seq, as amended.
- 6. 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.
- 7. When regional EMS medical directors develop and implement treatment protocols for patients or provide online medical direction for such patients, such activity shall not be construed as

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having usurped local medical direction authority in any manner.

2 198.054. Each year between October first and March first, all long-term care facilities 3 licensed under this chapter shall assist their health care workers, volunteers, and other employees 4 who have direct contact with residents in obtaining the vaccination for the influenza virus by either offering the vaccination in the facility or providing information as to how they may independently 5 6 obtain the vaccination, unless contraindicated, in accordance with the latest recommendations of the 7 Centers for Disease Control and Prevention and subject to availability of the vaccine. Facilities are 8 encouraged to document that each health care worker, volunteer, and employee has been offered 9 assistance in receiving a vaccination against the influenza virus and has either accepted or 10 declined."; and

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

13 accordingly.