SECOND REGULAR SESSION

HOUSE COMMITTEE SUBSTITUTE FOR

SENATE SUBSTITUTE FOR

SENATE BILL NO. 732

98TH GENERAL ASSEMBLY

4627H.05C

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal sections 43.545, 44.010, 44.032, 84.720, 190.102, 190.103, 190.165, 190.241, 192.737, 192.2400, 192.2405, 311.735, 455.543, 455.545, 590.040, 610.026, and 610.100, RSMo, and section 192.2475 as enacted by house revision bill no. 1299 merged with senate bill no. 491, ninety-seventh general assembly, second regular session, section 192.2475 as enacted by house revision bill no. 1299, ninety-seventh general assembly, second regular session, and section 565.188 as enacted by senate bill nos. 556 & 311, ninety-second general assembly, first regular session, and to enact in lieu thereof twenty-four new sections relating to public safety, with penalty provisions.

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

Section A. Sections 43.545, 44.010, 44.032, 84.720, 190.102, 190.103, 190.165,

- $2\quad 190.241,\ 192.737,\ 192.2400,\ 192.2405,\ 311.735,\ 455.543,\ 455.545,\ 590.040,\ 610.026,\ and$
- 3 610.100, RSMo, and section 192.2475 as enacted by house revision bill no. 1299 merged with
- 4 senate bill no. 491, ninety-seventh general assembly, second regular session, section 192.2475
- as enacted by house revision bill no. 1299, ninety-seventh general assembly, second regular
- 6 session, and section 565.188 as enacted by senate bill nos. 556 & 311, ninety-second general
- 7 assembly, first regular session are repealed and twenty-four new sections enacted in lieu thereof,
- $8 \quad \text{to be known as sections } 43.545, 44.010, 44.032, 84.720, 173.2050, 190.102, 190.103, 190.144, \\$
- $9 \quad 190.165, 190.173, 190.240, 190.241, 190.260, 192.737, 192.2400, 192.2405, 192.2475, 311.735, \\$
- 10 455.543, 455.545, 565.188, 590.040, 610.026, and 610.100, to read as follows:
 - 43.545. The state highway patrol shall include [in its voluntary system of reporting for
- 2 compilation in the "Crime in Missouri" all reported incidents of domestic violence as defined
- 3 in section 455.010, whether or not an arrest is made, in its system of reporting for compilation

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

in the annual crime report published under section 43.505. All incidents shall be reported on forms provided by the highway patrol and in a manner prescribed by the patrol.

44.010. As used in sections 44.010 to 44.130, the following terms mean:

- 2 (1) "Agency", the state emergency management agency;
 - (2) "Bioterrorism", the intentional use of any microorganism, virus, infectious substance, or biological product that may be engineered as a result of biotechnology, or any naturally occurring or bioengineered component of any such microorganism, virus, infectious substance, or biological product, to cause death, disease, or other biological malfunction in a human, an animal, a plant, or another living organism in order to influence the conduct of government or to intimidate or coerce a civilian population;
 - (3) "Director", the director of the state emergency management agency;
- 10 (4) "Disasters", disasters which may result from terrorism, including bioterrorism, or 11 from fire, wind, flood, earthquake, or other natural or man-made causes;
 - (5) "Economic or geographic area", an area or areas within the state, or partly in this state and adjacent states, comprising political subdivisions grouped together for purposes of administration, organization, control or disaster recovery and rehabilitation in time of emergency;
 - (6) "Emergency", any state of emergency declared by proclamation by the governor, or by resolution of the legislature pursuant to sections 44.010 to 44.130 upon the actual occurrence of a natural or man-made disaster of major proportions within this state when the safety and welfare of the inhabitants of this state are jeopardized;
 - (7) "Emergency management", government at all levels performing emergency functions, other than functions for which military forces are primarily responsible;
 - (8) "Emergency management functions", "emergency management activities" and "emergency management service", those functions required to prepare for and carry out actions to prevent, minimize and repair injury and damage due to disasters, to include emergency management of resources and administration of such economic controls as may be needed to provide for the welfare of the people, either on order of or at the request of the federal government, or in the event the federal government is incapable of administering such control;
 - (9) "Emergency resources planning and management", planning for, management and coordination of national, state and local resources;
 - (10) "Executive officer of any political subdivision", the county commission or county supervisor or the mayor or other manager of the executive affairs of any city, town, village or fire protection district;

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- 33 (11) "Local organization for emergency management", any organization established 34 under this law by any county or by any city, town, or village to perform local emergency 35 management functions;
- 36 (12) "Management", the activities of the emergency management director in the implementation of emergency operations plans during time of emergency;
- 38 (13) "Planning", activities of the state and local emergency management agency in the 39 formulation of emergency management plans to be used in time of emergency;
- 40 (14) "Political subdivision", any county or city, town or village, or any fire district created by law;
 - (15) "Urban search and rescue task force", any entity whose primary responsibility is to locate, remove, and provide medical care to persons in collapsed buildings.
 - 44.032. 1. The general assembly recognizes the necessity for anticipating and making advance provisions to care for the unusual and extraordinary burdens imposed on this state and its political subdivisions by disasters or emergencies. To meet such situations, it is the intention of the general assembly to confer emergency powers on the governor, acting through the director, and vesting the governor with adequate power and authority within the limitation of available funds in the Missouri disaster fund to meet any such emergency or disaster.
 - 2. There is hereby established a fund to be known as the "Missouri Disaster Fund", to which the general assembly may appropriate funds and from which funds may be appropriated annually to the state emergency management agency. The funds appropriated shall be expended during a state emergency at the direction of the governor and upon the issuance of an emergency declaration which shall set forth the emergency and shall state that it requires the expenditure of public funds to furnish immediate aid and relief. The director of the state emergency management agency shall administer the fund.
 - 3. Expenditures may be made upon direction of the governor for emergency management, as defined in section 44.010, or to implement the state disaster plans. Expenditures may also be made to meet the matching requirements of state and federal agencies for any applicable assistance programs.
 - 4. Assistance may be provided from the Missouri disaster fund to political subdivisions of this state which have suffered from a disaster to such an extent as to impose a severe financial burden exceeding the ordinary reserve capacity of the subdivision affected. Applications for aid under this section shall be made to the state emergency management agency on such forms as may be prescribed and furnished by the agency, which forms shall require the furnishing of sufficient information to determine eligibility for aid and the extent of the financial burden incurred. The agency may call upon other agencies of the state in evaluating such applications. The director of the state emergency management agency shall review each application for aid

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under the provisions of this section and recommend its approval or disapproval, in whole or in part, to the governor. If approved, the governor shall determine and certify to the director of the state emergency management agency the amount of aid to be furnished. The director of the state emergency management agency shall thereupon issue his voucher to the commissioner of administration, who shall issue his warrants therefor to the applicant.

- 5. When a disaster or emergency has been proclaimed by the governor or there is a national emergency, the director of the state emergency management agency, upon order of the governor, shall have authority to expend funds for the following:
- (1) The purposes of sections 44.010 to 44.130 and the responsibilities of the governor and the state emergency management agency as outlined in sections 44.010 to 44.130;
- (2) Employing, for the duration of the response and recovery to emergency, additional personnel and contracting or otherwise procuring necessary appliances, supplies, equipment, and transport;
- (3) Performing services for and furnishing materials and supplies to state government agencies, counties, and municipalities with respect to performance of any duties enjoined by law upon such agencies, counties, and municipalities which they are unable to perform because of extreme natural or man-made phenomena, and receiving reimbursement in whole or in part from such agencies, counties, and municipalities able to pay therefor under such terms and conditions as may be agreed upon by the director of the state emergency management agency and any such agency, county, or municipality;
- (4) Performing services for and furnishing materials to any individual in connection with alleviating hardship and distress growing out of extreme natural or man-made phenomena, and receiving reimbursement in whole or in part from such individual under such terms as may be agreed upon by the director of the state emergency management agency and such individual;
- (5) Providing services to counties and municipalities with respect to quelling riots and civil disturbances;
 - (6) Repairing and restoring public infrastructure;
 - (7) Furnishing transportation for supplies to alleviate suffering and distress;
- 54 (8) Furnishing medical services and supplies to prevent the spread of disease and 55 epidemics;
 - (9) Quelling riots and civil disturbances;
 - (10) Training individuals or governmental agencies for the purpose of perfecting the performance of emergency assistance duties as defined in the state disaster plans;
- 59 (11) Procurement, storage, and transport of special emergency supplies or equipment 60 determined by the director to be necessary to provide rapid response by state government to 61 assist counties and municipalities in impending or actual emergencies;

- 62 (12) Clearing or removing from publicly or privately owned land or water, debris and 63 wreckage which may threaten public health or safety; [and]
 - (13) Reimbursement to any urban search and rescue task force for any reasonable and necessary expenditures incurred in the course of responding to any declared emergency under this section; and
 - (14) Such other measures as are customarily necessary to furnish adequate relief in cases of catastrophe or disaster.
 - 6. The governor may receive such voluntary contributions as may be made from any source to aid in carrying out the purposes of this section and shall credit the same to the Missouri disaster fund.
 - 7. All obligations and expenses incurred by the governor in the exercise of the powers and duties vested by the provisions of this section shall be paid by the state treasurer out of available funds in the Missouri disaster fund, and the commissioner of administration shall draw warrants upon the state treasurer for the payment of such sum, or so much thereof as may be required, upon receipt of proper vouchers provided by the director of the state emergency management agency.
 - 8. The provisions of this section shall be liberally construed in order to accomplish the purposes of sections 44.010 to 44.130 and to permit the governor to cope adequately with any emergency which may arise, and the powers vested in the governor by this section shall be construed as being in addition to all other powers presently vested in the governor and not in derogation of any existing powers.
 - 9. Such funds as may be made available by the government of the United States for the purpose of alleviating distress from disasters may be accepted by the state treasurer and shall be credited to the Missouri disaster fund, unless otherwise specifically provided in the act of Congress making such funds available.
 - 10. The foregoing provisions of this section notwithstanding, any expenditure or proposed series of expenditures which total in excess of one thousand dollars per project shall be approved by the governor prior to the expenditure.
- 84.720. **1.** The police commissioners of any city with a population of three hundred fifty thousand or more inhabitants which is located in more than one county shall have power to regulate and license all private security personnel and organizations, serving or acting as such in such cities, and no person or organization shall act in the capacity of, or provide, security services in such cities without first having obtained the written license of the president or acting president of the police commissioners of such cities. In order to determine an individual's suitability to be licensed, the police commissioners of such cities shall require each applicant to be licensed to be fingerprinted and shall forward the fingerprints to the Missouri state highway

9 patrol for a criminal history record check. Any person or organization that violates the 10 provisions of this section is guilty of a class B misdemeanor.

- 2. Any individual who is a holder of an occupational license issued by the Missouri gaming commission as defined under section 313.800 to perform the duties of an unarmed security guard while working on an excursion gambling boat as defined under section 313.800 or at a facility adjacent to an excursion gambling boat shall be exempt from the requirements of subsection 1 of this section and from any other political subdivision licensing requirements for unarmed security guards.
- 173.2050. 1. The governing board of each public institution of higher education in this state shall engage in discussions with law enforcement agencies with jurisdiction over the premises of an institution to develop and enter into a memorandum of understanding concerning sexual assault, domestic violence, dating violence, and stalking, as defined in the federal Higher Education Act of 1965, 20 U.S.C. Section 1092(f), involving students both on and off campus.
- 2. The memorandum of understanding shall contain detailed policies and protocols regarding sexual assault, domestic violence, dating violence, and stalking involving a student that comport with best practices and current professional practices. At a minimum, the memorandum shall set out procedural requirements for the reporting of an offense, protocol for establishing who has jurisdiction over an offense, and criteria for determining when an offense is to be reported to law enforcement.
- 3. The department of public safety in cooperation with the department of higher education shall promulgate rules and regulations to facilitate the implementation of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2016, shall be invalid and void.
- 190.102. 1. The department shall designate through regulation EMS regions and committees. The purpose of the regional EMS advisory committees is to advise and make recommendations to the region and the department on:
 - (1) Coordination of emergency resources in the region;
- (2) Improvement of public and professional education;
- 6 (3) Cooperative research endeavors;

- 7 (4) Development of standards, protocols and policies; [and]
 - (5) Voluntary multiagency quality improvement committee and process; and
- **(6) Development, review, and recommendation for action to be taken on community** 10 **and regional time critical diagnosis plans**.
 - 2. The members of the committees shall serve without compensation except that the department of health and senior services shall budget for reasonable travel expenses and meeting expenses related to the functions of the committees.
 - 3. The director will appoint personnel to no less than six regional EMS committees from recommendations provided by recognized professional organizations. Appointments will be for four years with individuals serving until reappointed or replaced. The regional EMS medical director shall serve as a member of the regional EMS committee.
- 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.
 - 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.

190.144. No emergency medical technician licensed under section 190.142 or 190.143, if acting in good faith and without gross negligence, shall be liable for:

- (1) Transporting a person for whom an application for detention for evaluation and treatment has been filed under section 631.115 or 632.305; or
- (2) Physically or chemically restraining an at-risk behavioral health patient as that term is defined under section 190.240 if such restraint is to ensure the safety of the patient or technician.
- 190.165. 1. The department may refuse to issue or deny renewal of any certificate, permit or license required pursuant to sections 190.100 to 190.245 for failure to comply with the provisions of sections 190.100 to 190.245 or any lawful regulations promulgated by the department to implement its provisions as described in subsection 2 of this section. The department shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his or her right to file a complaint with the administrative hearing commission as provided by chapter 621.
- 2. The department may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621 against any holder of any certificate, permit or license required by sections 190.100 to 190.245 or any person who has failed to renew or has surrendered his or her certificate, permit or license for failure to comply with the provisions of sections 190.100 to 190.245 or any lawful regulations promulgated by the department to implement such sections. Those regulations shall be limited to the following:
- (1) Use or unlawful possession of any controlled substance, as defined in chapter 195, or alcoholic beverage to an extent that such use impairs a person's ability to perform the work of any activity licensed or regulated by sections 190.100 to 190.245;
- (2) Being finally adjudicated and found guilty, or having entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States, for any offense reasonably related to the qualifications, functions or duties of any activity licensed or regulated pursuant to sections 190.100 to 190.245, for any offense an essential element of which is fraud, dishonesty or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;

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- 23 (3) Use of fraud, deception, misrepresentation or bribery in securing any certificate, 24 permit or license issued pursuant to sections 190.100 to 190.245 or in obtaining permission to 25 take any examination given or required pursuant to sections 190.100 to 190.245;
 - (4) Obtaining or attempting to obtain any fee, charge, tuition or other compensation by fraud, deception or misrepresentation;
- 28 (5) Incompetency, misconduct, gross negligence, fraud, misrepresentation or dishonesty 29 in the performance of the functions or duties of any activity licensed or regulated by sections 30 190.100 to 190.245;
 - (6) Violation of, or assisting or enabling any person to violate, any provision of sections 190.100 to 190.245, or of any lawful rule or regulation adopted by the department pursuant to sections 190.100 to 190.245;
 - (7) Impersonation of any person holding a certificate, permit or license or allowing any person to use his or her certificate, permit, license or diploma from any school;
 - (8) Disciplinary action against the holder of a license or other right to practice any activity regulated by sections 190.100 to 190.245 granted by another state, territory, federal agency or country upon grounds for which revocation or suspension is authorized in this state;
 - (9) For an individual being finally adjudged insane or incompetent by a court of competent jurisdiction;
 - (10) Assisting or enabling any person to practice or offer to practice any activity licensed or regulated by sections 190.100 to 190.245 who is not licensed and currently eligible to practice pursuant to sections 190.100 to 190.245;
 - (11) Issuance of a certificate, permit or license based upon a material mistake of fact;
 - (12) Violation of any [professional trust or confidence] legally protected privacy rights of a patient by means of an unauthorized or unlawful disclosure;
 - (13) Use of any advertisement or solicitation which is false, misleading or deceptive to the general public or persons to whom the advertisement or solicitation is primarily directed;
 - (14) Violation of the drug laws or rules and regulations of this state, any other state or the federal government;
 - (15) Refusal of any applicant or licensee to [cooperate with the] respond to reasonable department of health and senior [services during any investigation] services' requests for necessary information to process an application or to determine license status or license eligibility;
 - (16) Any conduct or practice which is or might be harmful or dangerous to the mental or physical health **or safety** of a patient or the public **as defined by applicable national standards**;

- 58 (17) Repeated **acts of** negligence **or recklessness** in the performance of the functions 59 or duties of any activity licensed or regulated by sections 190.100 to 190.245.
 - 3. If the department conducts investigations, the department, prior to interviewing a licensee who is the subject of the investigation, shall explain to the licensee that he or she has the right to:
 - (1) Consult legal counsel or have legal counsel present;
 - (2) Have anyone present whom he or she deems to be necessary or desirable; and
 - (3) Refuse to answer any question or refuse to provide or sign any written statement.

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

- 4. After the filing of such complaint, the proceedings shall be conducted in accordance with the provisions of chapter 621. Upon a finding by the administrative hearing commission that the grounds, provided in subsection 2 of this section, for disciplinary action are met, the department may, singly or in combination, censure or place the person named in the complaint on probation on such terms and conditions as the department deems appropriate for a period not to exceed five years, or may suspend, for a period not to exceed three years, or revoke the license, certificate or permit. Notwithstanding any provision of law to the contrary, the department shall be authorized to impose a suspension or revocation as a disciplinary action only if it first files the requisite complaint with the administrative hearing commission. The commission shall not be permitted to grant summary decision in such instances if the licensee files an answer contesting the department's intended licensure action.
- [4.] 5. An individual whose license has been revoked shall wait one year from the date of revocation to apply for relicensure. Relicensure shall be at the discretion of the department after compliance with all the requirements of sections 190.100 to 190.245 relative to the licensing of an applicant for the first time. Any individual whose license has been revoked twice within a ten-year period shall not be eligible for relicensure.
- [5.] **6.** The department may notify the proper licensing authority of any other state in which the person whose license was suspended or revoked was also licensed of the suspension or revocation.
- [6.] 7. Any person, organization, association or corporation who reports or provides information to the department pursuant to the provisions of sections 190.100 to 190.245 and who does so in good faith shall not be subject to an action for civil damages as a result thereof.
- [7.] **8.** The department of health and senior services may suspend any certificate, permit or license required pursuant to sections 190.100 to 190.245 simultaneously with the filing of the

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

- 190.173. 1. All complaints, investigatory reports, and information pertaining to any applicant; holder of any certificate, permit, or license; or other individual are confidential and shall only be disclosed upon written consent of the person whose records are involved 4 or to other administrative or law enforcement agencies acting with the scope of their statutory authority. However, no applicant; holder of any certificate, permit, or license; or other individual shall have access to any complaints, investigatory reports, or information concerning an investigation in progress until such time as the investigation has been completed as required by subsection 1 of section 190.248.
 - 2. Any information regarding the identity, name, address, license, final disciplinary action taken, or currency of the license of the person possessing a license in accordance with sections 190.100 to 190.245, of any applicant shall not be confidential.
 - 3. This section shall not be construed to authorize the release of records, reports, or other information that may be held in department files for any holder of any certificate, permit, or license, or applicant which is subject to other specific state or federal laws concerning their disclosure.
 - 190.240. 1. Any hospital licensed under chapter 197 or any nursing home facility licensed under chapter 198 shall have policies and procedures that require the hospital or facility to give advance notification to emergency medical services personnel prior to the transportation of any at-risk behavioral health patient.
 - 2. Any emergency medical services personnel licensed under this chapter who conducts interfacility transfers of at-risk behavioral health patients may be properly trained as determined by the ambulance services and emergency medical response agency medical director, established under section 190.103, with regard to proper restraining procedures and nonmedical management techniques, such as verbal de-escalation techniques, to handle such patients before their transportation.
 - 3. Any physician treating an at-risk behavioral patient in an emergency situation who, after assessing the patient, determines that there is a reasonable cause to believe there

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- is a likelihood that the patient may cause an imminent serious harm to himself, herself, or others unless the patient is immediately transported to another appropriate facility may place the patient on a temporary involuntary hold for a period of time necessary to effectuate the patient's transport. During the transport, the emergency medical services personnel may rely on the physician's hold order as a basis for implied consent to treat and transport the patient and shall not be liable for any claims of negligence, false imprisonment, or invasion of privacy based on such temporary hold, treatment, or transport of the patient.
 - 4. Nothing in this section shall be construed to limit the patient's rights under the federal Mental Health Patient's Bill of Rights under 42 U.S.C. Section 9501(1)(A) and (F).
 - 5. For the purposes of this section, "at-risk behavioral health patient" shall mean any patient who displays violent, homicidal, or suicidal ideation or behavior.
 - 190.241. 1. The department shall designate a hospital as an adult, pediatric or adult and pediatric trauma center when a hospital, upon proper application submitted by the hospital and site review, has been found by the department to meet the applicable level of trauma center criteria for designation in accordance with rules adopted by the department as prescribed by section 190.185.
 - 2. Except as provided in subsection 4 of this section, the department shall designate a hospital as a STEMI or stroke center when such hospital, upon proper application and site review, has been found by the department to meet the applicable level of STEMI or stroke center criteria for designation in accordance with rules adopted by the department as prescribed by section 190.185. In developing STEMI center and stroke center designation criteria, the department shall use, as it deems practicable, appropriate peer-reviewed or evidence-based research on such topics including, but not limited to, the most recent guidelines of the American College of Cardiology and American Heart Association for STEMI centers, or the Joint Commission's Primary Stroke Center Certification program criteria for stroke centers, or Primary and Comprehensive Stroke Center Recommendations as published by the American Stroke Association.
 - 3. The department of health and senior services shall, not less than once every five years, conduct an on-site review of every trauma, STEMI, and stroke center through appropriate department personnel or a qualified contractor, with the exception of stroke centers designated under subsection 4 of this section; however, this provision shall not limit the department's ability to conduct a complaint investigation under subdivision (3) of subsection 2 of section 197.080 of any trauma, STEMI, or stroke center. On-site reviews shall be coordinated for the different types of centers to the extent practicable with hospital licensure inspections conducted under chapter 197. No person shall be a qualified contractor for purposes of this

subsection who has a substantial conflict of interest in the operation of any trauma, STEMI, or stroke center under review. The department may deny, place on probation, suspend or revoke such designation in any case in which it has reasonable cause to believe that there has been a substantial failure to comply with the provisions of this chapter or any rules or regulations promulgated pursuant to this chapter. If the department of health and senior services has reasonable cause to believe that a hospital is not in compliance with such provisions or regulations, it may conduct additional announced or unannounced site reviews of the hospital to verify compliance. If a trauma, STEMI, or stroke center fails two consecutive on-site reviews because of substantial noncompliance with standards prescribed by sections 190.001 to 190.245 or rules adopted by the department pursuant to sections 190.001 to 190.245, its center designation shall be revoked.

- 4. Instead of applying for stroke center designation under the provisions of subsection 2 of this section, a hospital may apply for stroke center designation under the provisions of this subsection. Upon receipt of an application from a hospital on a form prescribed by the department, the department shall designate such hospital:
- (1) A level I stroke center if such hospital has been certified as a comprehensive stroke center by the Joint Commission or any other certifying organization designated by the department if such certification is in accordance with the American Heart Association and American Stroke Association guidelines;
- (2) A level II stroke center if such hospital has been certified as a primary stroke center by the Joint Commission or any other certifying organization designated by the department if such certification is in accordance with the American Heart Association and American Stroke Association guidelines; or
- (3) A level III stroke center if such hospital has been certified as an acute strokeready hospital by the Joint Commission or any other certifying organization designated by the department if such certification is in accordance with the American Heart Association and American Stroke Association guidelines.

Except as provided under subsection 5 of this section, the department shall not require compliance with any additional standards for establishing or renewing stroke designations. The designation shall continue if such hospital remains certified. The department may remove a hospital's designation as a stroke center if the hospital requests removal of the designation or the department determines that the certificate recognizing the hospital as a stroke center has been suspended or revoked. Because the department may not have access to the records of the certifying organization, any decision made by the department to withdraw its designation of a stroke center under this subsection that is based on the

- revocation or suspension of a certification by a certifying organization shall not be subject to judicial review. The department shall report to the certifying organization any complaint it receives related to the certification of a stroke center designated under subsection 4 of this section. The department shall also advise the complainant of which organization certified the stroke center and provide the necessary contact information should the complainant wish to pursue a complaint with the certifying organization.
 - 5. Any hospital receiving designation as a stroke center under subsection 4 of this section shall:
 - (1) Annually and within thirty days of any changes submit to the department proof of stroke certification and the names and contact information of the medical director and the program manager of the stroke center;
 - (2) Submit to the department a copy of the certifying organization's final stroke certification survey results within thirty days of receiving such results;
 - (3) Submit every four years an application on a form prescribed by the department for stroke center review and designation;
 - (4) Participate in the emergency medical services regional system of stroke care in its respective emergency medical services region as defined in 19 CSR 30-40.302; and
 - (5) Participate in local and regional emergency medical services systems by reviewing and sharing outcome data and providing training and clinical educational resources.

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

- 6. Hospitals designated as a STEMI or stroke center by the department, including those designated under subsection 4 of this section, shall submit data to meet the data submission requirements specified by rules promulgated by the department. Such submission of data may be done by the following methods:
 - (1) Entering hospital data directly into a state registry by direct data entry;
- (2) Downloading hospital data from a nationally recognized registry or data bank and importing the data files into a state registry; or
- (3) Authorizing a nationally recognized registry or data bank to disclose or grant access to the department facility-specific data held by the registry or data bank.

- A hospital submitting data under subdivision (2) or (3) of this subsection shall not be required to collect and submit any additional STEMI or stroke center data elements.
 - 7. When collecting and analyzing data under the provisions of this section, the department shall comply with the following requirements:
 - (1) The names of any health care professionals as defined in section 376.1350 shall not be subject to disclosure;
 - (2) The data shall not be disclosed in a manner that permits the identification of an individual patient or encounter;
 - (3) The data shall be used for the evaluation and improvement of hospital and emergency medical services trauma, stroke, and STEMI care;
 - (4) The data collection system shall be capable of accepting file transfers of data entered into any nationally recognized trauma, stroke, or STEMI registry or data bank to fulfill trauma, stroke, or STEMI certification reporting requirements;
 - (5) STEMI and stroke center data elements shall conform to nationally recognized performance measures, such as the American Heart Association's Get With the Guidelines, and include published, detailed measure specifications, data coding instructions, and patient population inclusion and exclusion criteria to ensure data reliability and validity; and
 - (6) Generate from the trauma, stroke, and STEMI registries quarterly regional and state outcome data reports for trauma, stroke, and STEMI designated centers for the state advisory council on emergency medical services and regional emergency medical services committees to review for performance improvement and patient safety.
- **8.** The department of health and senior services may establish appropriate fees to offset the costs of trauma, STEMI, and stroke center reviews.
 - [5.] 9. No hospital shall hold itself out to the public as a STEMI center, stroke center, adult trauma center, pediatric trauma center, or an adult and pediatric trauma center unless it is designated as such by the department of health and senior services.
 - [6.] 10. Any person aggrieved by an action of the department of health and senior services affecting the trauma, STEMI, or stroke center designation pursuant to this chapter, including the revocation, the suspension, or the granting of, refusal to grant, or failure to renew a designation, may seek a determination thereon by the administrative hearing commission under chapter 621. It shall not be a condition to such determination that the person aggrieved seek a reconsideration, a rehearing, or exhaust any other procedure within the department.
 - 190.260. 1. This section shall be known and may be cited as the "First Informer Broadcasters Act".
 - 2. As used in this section, the following terms shall mean:

- (1) "Broadcaster", a radio broadcasting station or television broadcasting station licensed by the Federal Communications Commission and subject to participation in the Emergency Alert System (EAS), which is primarily engaged in and deriving income from the business of facilitating speech via over-the-air-communications, both as pure speech and commercial speech;
 - (2) "First informer broadcaster", a person who has been certified as a first informer broadcaster under this section.
 - 3. The department of public safety, in cooperation with any statewide organization or any member of a statewide organization that represents broadcasters, shall establish a program for training and certifying broadcast engineers and technical personnel as first informer broadcasters. Upon completion of the program, broadcasters shall receive statewide recognized credentials to certify that such broadcasters are first informer broadcasters. The program established under this section shall provide training and education concerning:
 - (1) The restoration, repair, and resupply of any facilities and equipment of a broadcaster in an area affected by an emergency or disaster; and
 - (2) The personal safety of a first informer broadcaster in an area affected by an emergency or disaster.
 - 4. To the extent practicable and consistent with not endangering public safety or inhibiting recovery efforts, state and local governmental agencies shall allow first informer broadcasters access to areas affected by an emergency or disaster for the purposes of restoring, repairing, or resupplying any facility or equipment critical to the ability of a broadcaster to acquire, produce, and transmit essential emergency or disaster-related public information programming including, without limitation, repairing and maintaining transmitters and generators, and transporting fuel for generators.
 - 5. The statewide association involved in establishing a program in accordance with this section shall pay the costs of developing and implementing the training program.
 - 192.737. [1.] The department of health and senior services shall [establish and maintain an information registry and reporting system for the purpose of data collection and needs assessment of brain and spinal cord injured persons in this state] use patient abstract data under section 192.667, the department's trauma registry, motor vehicle crash and outcome data, and other publicly available data sources to provide information and create reports for the purpose of data analysis and needs assessment of traumatic brain and spinal cord injured persons.
- 8 [2. Reports of traumatic brain and spinal cord injuries shall be filed with the department 9 by a treating physician or his designee within seven days of identification. The attending

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physician of any patient with traumatic brain or spinal cord injury who is in the hospital shall provide in writing to the chief administrative officer the information required to be reported by this section. The chief administrative officer of the hospital shall then have the duty to submit the required reports.

3. Reporting forms and the manner in which the information is to be reported shall be provided by the department. Such reports shall include, but shall not be limited to, the following information: name, age, and residence of the injured person, the date and cause of the injury, the initial diagnosis and such other information as required by the department.]

192.2400. As used in sections 192.2400 to 192.2505, the following terms mean:

- (1) "Abuse", the infliction of physical, sexual, or emotional injury or harm including financial exploitation by any person, firm, or corporation **and bullying**;
- (2) "Bullying", intimidation or harassment that causes a reasonable person to fear for his or her physical safety or property and may consist of physical actions including gestures; cyberbullying; oral, electronic, or written communication; and any threat of retaliation for reporting of such acts;
- 8 (3) "Court", the circuit court;
- 9 [(3)] (4) "Department", the department of health and senior services;
- 10 **[(4)] (5)** "Director", director of the department of health and senior services or his or her designees;
 - [(5)] (6) "Eligible adult", a person sixty years of age or older who is unable to protect his or her own interests or adequately perform or obtain services which are necessary to meet his or her essential human needs or an adult with a disability, as defined in section 192.2005, between the ages of eighteen and fifty-nine who is unable to protect his or her own interests or adequately perform or obtain services which are necessary to meet his or her essential human needs;
- [(6)] (7) "Home health agency", the same meaning as such term is defined in section 18 197.400;
 - [(7)] (8) "Home health agency employee", a person employed by a home health agency;
- [(8)] (9) "Home health patient", an eligible adult who is receiving services through any home health agency;
- [(9)] (10) "In-home services client", an eligible adult who is receiving services in his or her private residence through any in-home services provider agency;
 - [(10)] (11) "In-home services employee", a person employed by an in-home services provider agency;
- [(11)] (12) "In-home services provider agency", a business entity under contract with the department or with a Medicaid participation agreement, which employs persons to deliver any kind of services provided for eligible adults in their private homes;

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- [(12)] (13) "Least restrictive environment", a physical setting where protective services for the eligible adult and accommodation is provided in a manner no more restrictive of an individual's personal liberty and no more intrusive than necessary to achieve care and treatment objectives;
 - [(13)] (14) "Likelihood of serious physical harm", one or more of the following:
 - (a) A substantial risk that physical harm to an eligible adult will occur because of his or her failure or inability to provide for his or her essential human needs as evidenced by acts or behavior which has caused such harm or which gives another person probable cause to believe that the eligible adult will sustain such harm;
 - (b) A substantial risk that physical harm will be inflicted by an eligible adult upon himself or herself, as evidenced by recent credible threats, acts, or behavior which has caused such harm or which places another person in reasonable fear that the eligible adult will sustain such harm;
 - (c) A substantial risk that physical harm will be inflicted by another upon an eligible adult as evidenced by recent acts or behavior which has caused such harm or which gives another person probable cause to believe the eligible adult will sustain such harm;
 - (d) A substantial risk that further physical harm will occur to an eligible adult who has suffered physical injury, neglect, sexual or emotional abuse, or other maltreatment or wasting of his or her financial resources by another person;
 - [(14)] (15) "Neglect", the failure to provide services to an eligible adult by any person, firm or corporation with a legal or contractual duty to do so, when such failure presents either an imminent danger to the health, safety, or welfare of the client or a substantial probability that death or serious physical harm would result;
 - [(15)] (16) "Protective services", services provided by the state or other governmental or private organizations or individuals which are necessary for the eligible adult to meet his or her essential human needs.
 - 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, **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

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or provider, in-home services operator or employee, law enforcement officer, long-term care 12 facility administrator or employee, medical examiner, medical resident or intern, mental health 13 professional, minister, nurse, nurse practitioner, optometrist, other health practitioner, peace 14 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 15 16 of a person sixty years of age or older who has reasonable cause to suspect that such a person has been subjected to abuse or neglect or observes such a person being subjected to conditions or 17 circumstances which would reasonably result in abuse or neglect. Notwithstanding any other 18 19 provision of this section, a duly ordained minister, clergy, religious worker, or Christian Science 20 practitioner while functioning in his or her ministerial capacity shall not be required to report 21 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 a person sixty years of age or older 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, emergency medical technicians, or emergency medical technician-paramedics.

192.2475. 1. When 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; first responder, as defined in section 192.2405; funeral 4 director; home health agency or home health agency employee; hospital and clinic personnel 6 engaged in examination, care, or treatment of persons; in-home services owner, provider, 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; 11 psychologist; or social worker has reasonable cause to believe that an in-home services client has 12 been abused or neglected, as a result of in-home services, he or she shall immediately report or 13 cause a report to be made to the department. If the report is made by a physician of the in-home 14 services client, the department shall maintain contact with the physician regarding the progress of the investigation. 15

2. [When a report of deteriorating physical condition resulting in possible abuse or neglect of an in-home services client is received by the department, the client's case manager and the department nurse shall be notified. The client's case manager shall investigate and immediately report the results of the investigation to the department nurse. The department may authorize the in-home services provider nurse to assist the case manager with the investigation.

- 3. If requested, local area agencies on aging shall provide volunteer training to those persons listed in subsection 1 of this section regarding the detection and report of abuse and neglect pursuant to this section.
- 4.] Any person required in subsection 1 of this section to report or cause a report to be made to the department who fails to do so within a reasonable time after the act of abuse or neglect is guilty of a class A misdemeanor.
- [5.] 3. The report shall contain the names and addresses of the in-home services provider agency, the in-home services employee, the in-home services client, the home health agency, the home health agency employee, information regarding the nature of the abuse or neglect, the name of the complainant, and any other information which might be helpful in an investigation.
- [6.] **4.** In addition to those persons required to report under subsection 1 of this section, any other person having reasonable cause to believe that an in-home services client or home health patient has been abused or neglected by an in-home services employee or home health agency employee may report such information to the department.
- [7.] 5. If the investigation indicates possible abuse or neglect of an in-home services client or home health patient, the investigator shall refer the complaint together with his or her report to the department director or his or her designee for appropriate action. If, during the investigation or at its completion, the department has reasonable cause to believe that immediate action is necessary to protect the in-home services client or home health patient from abuse or neglect, the department or the local prosecuting attorney may, or the attorney general upon request of the department shall, file a petition for temporary care and protection of the in-home services client or home health patient in a circuit court of competent jurisdiction. The circuit court in which the petition is filed shall have equitable jurisdiction to issue an ex parte order granting the department authority for the temporary care and protection of the in-home services client or home health patient, for a period not to exceed thirty days.
 - [8.] 6. Reports shall be confidential, as provided under section 192.2500.
- [9.] 7. Anyone, except any person who has abused or neglected an in-home services client or home health patient, who makes a report pursuant to this section or who testifies in any administrative or judicial proceeding arising from the report shall be immune from any civil or criminal liability for making such a report or for testifying except for liability for perjury, unless such person acted negligently, recklessly, in bad faith, or with malicious purpose.

- [10.] **8.** Within five working days after a report required to be made under this section is received, the person making the report shall be notified in writing of its receipt and of the initiation of the investigation.
- [11.] **9.** No person who directs or exercises any authority in an in-home services provider agency or home health agency shall harass, dismiss or retaliate against an in-home services client or home health patient, or an in-home services employee or a home health agency employee because he or she or any member of his or her family has made a report of any violation or suspected violation of laws, standards or regulations applying to the in-home services provider agency or home health agency or any in-home services employee or home health agency employee which he or she has reasonable cause to believe has been committed or has occurred.
- [12.] 10. Any person who abuses or neglects an in-home services client or home health patient is subject to criminal prosecution under section 565.184. If such person is an in-home services employee and has been found guilty by a court, and if the supervising in-home services provider willfully and knowingly failed to report known abuse by such employee to the department, the supervising in-home services provider may be subject to administrative penalties of one thousand dollars per violation to be collected by the department and the money received therefor shall be paid to the director of revenue and deposited in the state treasury to the credit of the general revenue fund. Any in-home services provider which has had administrative penalties imposed by the department or which has had its contract terminated may seek an administrative review of the department's action pursuant to chapter 621. Any decision of the administrative hearing commission may be appealed to the circuit court in the county where the violation occurred for a trial de novo. For purposes of this subsection, the term "violation" means a determination of guilt by a court.
- [13.] 11. The department shall establish a quality assurance and supervision process for clients that requires an in-home services provider agency to conduct random visits to verify compliance with program standards and verify the accuracy of records kept by an in-home services employee.
- [14.] 12. The department shall maintain the employee disqualification list and place on the employee disqualification list the names of any persons who have been finally determined by the department, pursuant to section 192.2490, to have recklessly, knowingly or purposely abused or neglected an in-home services client or home health patient while employed by an in-home services provider agency or home health agency. For purposes of this section only, "knowingly" and "recklessly" shall have the meanings that are ascribed to them in this section. A person acts "knowingly" with respect to the person's conduct when a reasonable person should be aware of the result caused by his or her conduct. A person acts "recklessly" when the person consciously disregards a substantial and unjustifiable risk that the person's conduct will result

in serious physical injury and such disregard constitutes a gross deviation from the standard of care that a reasonable person would exercise in the situation.

[15.] 13. At the time a client has been assessed to determine the level of care as required by rule and is eligible for in-home services, the department shall conduct a "Safe at Home Evaluation" to determine the client's physical, mental, and environmental capacity. The department shall develop the safe at home evaluation tool by rule in accordance with chapter 536. The purpose of the safe at home evaluation is to assure that each client has the appropriate level of services and professionals involved in the client's care. The plan of service or care for each in-home services client shall be authorized by a nurse. The department may authorize the licensed in-home services nurse, in lieu of the department nurse, to conduct the assessment of the client's condition and to establish a plan of services or care. The department may use the expertise, services, or programs of other departments and agencies on a case-by-case basis to establish the plan of service or care. The department may, as indicated by the safe at home evaluation, refer any client to a mental health professional, as defined in 9 CSR 30-4.030, for evaluation and treatment as necessary.

[16.] 14. Authorized nurse visits shall occur at least twice annually to assess the client and the client's plan of services. The provider nurse shall report the results of his or her visits to the client's case manager. If the provider nurse believes that the plan of service requires alteration, the department shall be notified and the department shall make a client evaluation. All authorized nurse visits shall be reimbursed to the in-home services provider. All authorized nurse visits shall be reimbursed outside of the nursing home cap for in-home services clients whose services have reached one hundred percent of the average statewide charge for care and treatment in an intermediate care facility, provided that the services have been preauthorized by the department.

[17.] **15.** All in-home services clients shall be advised of their rights by the department or the department's designee at the initial evaluation. The rights shall include, but not be limited to, the right to call the department for any reason, including dissatisfaction with the provider or services. The department may contract for services relating to receiving such complaints. The department shall establish a process to receive such nonabuse and neglect calls other than the elder abuse and neglect hotline.

[18.] **16.** Subject to appropriations, all nurse visits authorized in sections 192.2400 to 192.2475 shall be reimbursed to the in-home services provider agency.

192.2475. 1. When 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; **first responder**, as defined in section 192.2405; funeral

- director; home health agency or home health agency employee; hospital and clinic personnel engaged in examination, care, or treatment of persons; in-home services owner, provider, 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; or social worker has reasonable cause to believe that an in-home services client has been abused or neglected, as a result of in-home services, he or she shall immediately report or cause a report to be made to the department. If the report is made by a physician of the in-home services client, the department shall maintain contact with the physician regarding the progress of the investigation.
 - 2. [When a report of deteriorating physical condition resulting in possible abuse or neglect of an in-home services client is received by the department, the client's case manager and the department nurse shall be notified. The client's case manager shall investigate and immediately report the results of the investigation to the department nurse. The department may authorize the in-home services provider nurse to assist the case manager with the investigation.
 - 3. If requested, local area agencies on aging shall provide volunteer training to those persons listed in subsection 1 of this section regarding the detection and report of abuse and neglect pursuant to this section.
 - 4.] Any person required in subsection 1 of this section to report or cause a report to be made to the department who fails to do so within a reasonable time after the act of abuse or neglect is guilty of a class A misdemeanor.
 - [5.] 3. The report shall contain the names and addresses of the in-home services provider agency, the in-home services employee, the in-home services client, the home health agency, the home health agency employee, information regarding the nature of the abuse or neglect, the name of the complainant, and any other information which might be helpful in an investigation.
 - [6.] **4.** In addition to those persons required to report under subsection 1 of this section, any other person having reasonable cause to believe that an in-home services client or home health patient has been abused or neglected by an in-home services employee or home health agency employee may report such information to the department.
 - [7.] 5. If the investigation indicates possible abuse or neglect of an in-home services client or home health patient, the investigator shall refer the complaint together with his or her report to the department director or his or her designee for appropriate action. If, during the investigation or at its completion, the department has reasonable cause to believe that immediate action is necessary to protect the in-home services client or home health patient from abuse or neglect, the department or the local prosecuting attorney may, or the attorney general upon

- request of the department shall, file a petition for temporary care and protection of the in-home services client or home health patient in a circuit court of competent jurisdiction. The circuit court in which the petition is filed shall have equitable jurisdiction to issue an exparte order granting the department authority for the temporary care and protection of the in-home services client or home health patient, for a period not to exceed thirty days.
 - [8.] 6. Reports shall be confidential, as provided under section 192.2500.
 - [9.] 7. Anyone, except any person who has abused or neglected an in-home services client or home health patient, who makes a report pursuant to this section or who testifies in any administrative or judicial proceeding arising from the report shall be immune from any civil or criminal liability for making such a report or for testifying except for liability for perjury, unless such person acted negligently, recklessly, in bad faith, or with malicious purpose.
 - [10.] **8.** Within five working days after a report required to be made under this section is received, the person making the report shall be notified in writing of its receipt and of the initiation of the investigation.
 - [11.] 9. No person who directs or exercises any authority in an in-home services provider agency or home health agency shall harass, dismiss or retaliate against an in-home services client or home health patient, or an in-home services employee or a home health agency employee because he or she or any member of his or her family has made a report of any violation or suspected violation of laws, standards or regulations applying to the in-home services provider agency or home health agency or any in-home services employee or home health agency employee which he or she has reasonable cause to believe has been committed or has occurred.
 - [12.] 10. Any person who abuses or neglects an in-home services client or home health patient is subject to criminal prosecution under section 565.180, 565.182, or 565.184. If such person is an in-home services employee and has been found guilty by a court, and if the supervising in-home services provider willfully and knowingly failed to report known abuse by such employee to the department, the supervising in-home services provider may be subject to administrative penalties of one thousand dollars per violation to be collected by the department and the money received therefor shall be paid to the director of revenue and deposited in the state treasury to the credit of the general revenue fund. Any in-home services provider which has had administrative penalties imposed by the department or which has had its contract terminated may seek an administrative review of the department's action pursuant to chapter 621. Any decision of the administrative hearing commission may be appealed to the circuit court in the county where the violation occurred for a trial de novo. For purposes of this subsection, the term "violation" means a determination of guilt by a court.
 - [13.] 11. The department shall establish a quality assurance and supervision process for clients that requires an in-home services provider agency to conduct random visits to verify

77 compliance with program standards and verify the accuracy of records kept by an in-home services employee.

[14.] 12. The department shall maintain the employee disqualification list and place on the employee disqualification list the names of any persons who have been finally determined by the department, pursuant to section 192.2490, to have recklessly, knowingly or purposely abused or neglected an in-home services client or home health patient while employed by an in-home services provider agency or home health agency. For purposes of this section only, "knowingly" and "recklessly" shall have the meanings that are ascribed to them in this section. A person acts "knowingly" with respect to the person's conduct when a reasonable person should be aware of the result caused by his or her conduct. A person acts "recklessly" when the person consciously disregards a substantial and unjustifiable risk that the person's conduct will result in serious physical injury and such disregard constitutes a gross deviation from the standard of care that a reasonable person would exercise in the situation.

[15.] 13. At the time a client has been assessed to determine the level of care as required by rule and is eligible for in-home services, the department shall conduct a "Safe at Home Evaluation" to determine the client's physical, mental, and environmental capacity. The department shall develop the safe at home evaluation tool by rule in accordance with chapter 536. The purpose of the safe at home evaluation is to assure that each client has the appropriate level of services and professionals involved in the client's care. The plan of service or care for each in-home services client shall be authorized by a nurse. The department may authorize the licensed in-home services nurse, in lieu of the department nurse, to conduct the assessment of the client's condition and to establish a plan of services or care. The department may use the expertise, services, or programs of other departments and agencies on a case-by-case basis to establish the plan of service or care. The department may, as indicated by the safe at home evaluation, refer any client to a mental health professional, as defined in 9 CSR 30-4.030, for evaluation and treatment as necessary.

[16.] 14. Authorized nurse visits shall occur at least twice annually to assess the client and the client's plan of services. The provider nurse shall report the results of his or her visits to the client's case manager. If the provider nurse believes that the plan of service requires alteration, the department shall be notified and the department shall make a client evaluation. All authorized nurse visits shall be reimbursed to the in-home services provider. All authorized nurse visits shall be reimbursed outside of the nursing home cap for in-home services clients whose services have reached one hundred percent of the average statewide charge for care and treatment in an intermediate care facility, provided that the services have been preauthorized by the department.

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- [17.] **15.** All in-home services clients shall be advised of their rights by the department or the department's designee at the initial evaluation. The rights shall include, but not be limited to, the right to call the department for any reason, including dissatisfaction with the provider or services. The department may contract for services relating to receiving such complaints. The department shall establish a process to receive such nonabuse and neglect calls other than the elder abuse and neglect hotline.
- 118 [18.] **16.** Subject to appropriations, all nurse visits authorized in sections 192.2400 to 192.2475 shall be reimbursed to the in-home services provider agency.
 - 311.735. 1. There is hereby created in the state treasury the "Division of Alcohol and Tobacco Control Fund". The state treasurer shall be custodian of the fund. In accordance with sections 30.170 and 30.180, the state treasurer may approve disbursements. The fund shall be a dedicated fund and, upon appropriation, money in the fund shall be used solely by the division of alcohol and tobacco control for the administration, [of this chapter and] **implementation, and enforcement of** sections 311.010 to 311.880 and sections 407.925 to 407.934, and any duties under such [chapter and] sections relating to licensing, training, technical assistance, and regulations needed for administering, implementing, and enforcing such sections.
 - 2. Notwithstanding the provisions of section 33.080 to the contrary, any moneys remaining in the fund at the end of the biennium shall not revert to the credit of the general revenue fund.
 - 3. Appropriation of funds by the general assembly from the fund shall be used to support the division of alcohol and tobacco control for the purposes provided under subsection 1 of this section.
 - 455.543. 1. In any incident investigated by a law enforcement agency involving a homicide or suicide, the law enforcement agency shall make a determination as to whether the homicide or suicide is related to domestic violence.
 - 2. In making such determination, the local law enforcement agency may consider a number of factors including, but not limited to, the following:
 - 6 (1) If the relationship between the perpetrator and the victim is or was that of a family 7 or household member;
 - (2) Whether the victim or perpetrator had previously filed for an order of protection;
 - 9 (3) Whether any of the subjects involved in the incident had previously been investigated 10 for incidents of domestic violence; and
 - 11 (4) Any other evidence regarding the homicide or suicide that assists the agency in making its determination.
 - 3. After making a determination as to whether the homicide or suicide is related to domestic violence, the law enforcement agency shall forward the information required [within

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- 15 fifteen days] to the Missouri state highway patrol on a form or format approved by the patrol.
- 16 The required information shall include the gender and age of the victim, the type of incident
- 17 investigated, the disposition of the incident and the relationship of the victim to the perpetrator.
- 18 The state highway patrol shall develop a form for this purpose which shall be distributed by the
- 19 department of public safety to all law enforcement agencies by October 1, 2000. [Completed
- 20 forms shall be forwarded to the highway patrol without undue delay as required by section
- 21 43.500; except that all such reports shall be forwarded no later than seven days after an incident
- 22 is determined or identified as a homicide or suicide involving domestic violence.]
 - 455.545. The highway patrol shall compile an annual report of homicides and suicides related to domestic violence. Such report shall be presented by [February] **March** first of the subsequent year to the governor, speaker of the house of representatives, and president pro tempore of the senate.
- 565.188. 1. When 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 3 area agency on aging program; first responder, as defined in section 192.2405, or funeral 5 director; home health agency or home health agency employee; hospital and clinic personnel engaged in examination, care, or treatment of persons; in-home services owner, provider, operator, or employee; law enforcement officer; long-term care facility administrator or 8 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; 10 psychologist; social worker; or other person with responsibility for the care of a person sixty 12 years of age or older has reasonable cause to suspect that such a person has been subjected to abuse or neglect or observes such a person being subjected to conditions or circumstances which 13 would reasonably result in abuse or neglect, he or she shall immediately report or cause a report to be made to the department in accordance with the provisions of sections 192.2400 to 15 192.2470. Any other person who becomes aware of circumstances which may reasonably be 17 expected to be the result of or result in abuse or neglect may report to the department.
 - 2. Any person who knowingly fails to make a report as required in subsection 1 of this section is guilty of a class A misdemeanor.
 - 3. Any person who purposely files a false report of elder abuse or neglect is guilty of a class A misdemeanor.
- 4. Every person who has been previously convicted of or pled guilty to making a false report to the department and who is subsequently convicted of making a false report under subsection 3 of this section is guilty of a class D felony.

- 5. Evidence of prior convictions of false reporting shall be heard by the court, out of the hearing of the jury, prior to the submission of the case to the jury, and the court shall determine the existence of the prior convictions.
 - 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) Any peace officer obtaining licensure after August 28, 2020, and employed by a political subdivision in a county with a charter form of government or by a city not within a county shall have a minimum of one thousand hours of basic training at a nationally accredited training facility;
 - (4) Persons validly licensed on August 28, 2001, may retain licensure without additional basic training;
 - [(4)] (5) 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;
 - (6) Reserve officers serving in a county with a charter form of government and with more than nine hundred fifty thousand inhabitants shall at all times work in the accompaniment of a full-time commissioned officer while performing enforcement duties. The POST commission may grant an annual waiver of this requirement upon written request by a law enforcement agency;
 - [(5)] (7) 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)] **(8)** 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

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- and territories of the United States regardless of the number of hours included in such training 35 and shall have authority to require supplemental training as a condition of eligibility for 36 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.
 - 610.026. 1. Except as otherwise provided by law, each public governmental body shall provide access to and, upon request, furnish copies of public records subject to the following:
- (1) Fees for copying public records, except those records restricted under section 32.091, shall not exceed ten cents per page for a paper copy not larger than nine by fourteen inches, with the hourly fee for duplicating time not to exceed the average hourly rate of pay for clerical staff of the public governmental body. Research time required for fulfilling records requests includes 7 time spent reviewing records to determine whether records are closed or are authorized to be closed, and may be charged at the actual cost of research time. Based on the scope of the request, the public governmental body shall produce the copies using employees of the body that result in the lowest amount of charges for search, research, and duplication time. Prior to producing copies of the requested records, the person requesting the records may request the public governmental body to provide an estimate of the cost to the person requesting the records. Documents [may] shall be furnished without charge [or at a reduced charge] when the request is made by bona fide credentialed members of the media or may be furnished at a reduced 14 charge when the public governmental body determines that [waiver or] reduction of the fee is in the public interest because:

- **(a)** It is likely to contribute significantly to public understanding of the operations or activities of the public governmental body and is not primarily in the commercial interest of the requester; **or**
 - (b) The applicable fees are minimal and should be waived for administrative efficiency.
 - (2) Fees for providing access to public records maintained on computer facilities, recording tapes or disks, videotapes or films, pictures, maps, slides, graphics, illustrations or similar audio or visual items or devices, and for paper copies larger than nine by fourteen inches shall include only the cost of copies, **research time**, staff time, which shall not exceed the average hourly rate of pay for staff of the public governmental body required for making copies and programming, if necessary, and the cost of the disk, tape, or other medium used for the duplication. Fees for maps, blueprints, or plats that require special expertise to duplicate may include the actual rate of compensation for the trained personnel required to duplicate such maps, blueprints, or plats. If programming is required beyond the customary and usual level to comply with a request for records or information, the fees for compliance may include the actual costs of such programming.
 - 2. Payment of such copying, search, research, and duplication fees may be requested prior to the making of copies or production of records.
 - 3. Except as otherwise provided by law, each public governmental body of the state shall remit all moneys received by or for it from fees charged pursuant to this section to the director of revenue for deposit to the general revenue fund of the state.
 - 4. Except as otherwise provided by law, each public governmental body of a political subdivision of the state shall remit all moneys received by it or for it from fees charged pursuant to sections 610.010 to 610.028 to the appropriate fiscal officer of such political subdivision for deposit to the governmental body's accounts.
 - 5. The term "tax, license or fees" as used in Section 22 of Article X of the Constitution of the State of Missouri does not include copying charges and related fees that do not exceed the level necessary to pay or to continue to pay the costs for providing a service, program, or activity which was in existence on November 4, 1980, or which was approved by a vote of the people subsequent to November 4, 1980.
 - 610.100. 1. As used in sections 610.100 to 610.150, the following words and phrases shall mean:
- 3 (1) "Arrest", an actual restraint of the person of the defendant, or by his or her 4 submission to the custody of the officer, under authority of a warrant or otherwise for a criminal 5 violation which results in the issuance of a summons or the person being booked;

- 6 (2) "Arrest report", a record of a law enforcement agency of an arrest and of any detention or confinement incident thereto together with the charge therefor;
 - (3) "Inactive", an investigation in which no further action will be taken by a law enforcement agency or officer for any of the following reasons:
 - (a) A decision by the law enforcement agency not to pursue the case;
 - (b) Expiration of the time to file criminal charges pursuant to the applicable statute of limitations, or ten years after the commission of the offense; whichever date earliest occurs;
 - (c) Finality of the convictions of all persons convicted on the basis of the information contained in the investigative report, by exhaustion of or expiration of all rights of appeal of such persons;
 - (4) "Incident report", a record of a law enforcement agency consisting of the date, time, specific location, name of the victim and immediate facts and circumstances surrounding the initial report of a crime or incident, including any logs of reported crimes, accidents and complaints maintained by that agency;
 - (5) "Investigative report", a record, other than an arrest or incident report, prepared by personnel of a law enforcement agency, inquiring into a crime or suspected crime, either in response to an incident report or in response to evidence developed by law enforcement officers in the course of their duties;
 - (6) "Mobile video recorder", any system or device that captures visual signals that is capable of being installed in a vehicle or being worn or carried by personnel of a law enforcement agency and that includes, at minimum, a camera and recording capabilities;
 - (7) "Mobile video recording", any data captured by a mobile video recorder, including audio, video, and any metadata;
 - (8) "Nonpublic location", a place where one would have a reasonable expectation of privacy including, but not limited to, a dwelling, school, or medical facility.
 - 2. Each law enforcement agency of this state, of any county, and of any municipality shall maintain records of all incidents reported to the agency, investigations and arrests made by such law enforcement agency. All incident reports and arrest reports shall be open records.
 - (1) Notwithstanding any other provision of law other than the provisions of subsections 4, 5 and 6 of this section or section 320.083, **mobile video recordings and** investigative reports of all law enforcement agencies are closed records until the investigation becomes inactive.
 - (2) If any person is arrested and not charged with an offense against the law within thirty days of the person's arrest, the arrest report shall thereafter be a closed record except that the disposition portion of the record may be accessed and except as provided in section 610.120.
 - (3) Except as provided in subsections 3 and 5 of this section, a mobile video recording that is recorded in a nonpublic location is authorized to be closed, except that

 any person who is depicted in the recording or whose voice is in the recording, a legal guardian or parent of such person if he or she is a minor, a family member of such person within the first degree of consanguinity if he or she is deceased or incompetent, an attorney for such person, or insurer of such person may obtain a complete, unaltered, and unedited copy of a recording under this section upon written request.

- 3. Except as provided in subsections 4, 5, 6 and 7 of this section, if any portion of a record or document of a law enforcement officer or agency, other than an arrest report, which would otherwise be open, contains information that is reasonably likely to pose a clear and present danger to the safety of any victim, witness, undercover officer, or other person; or jeopardize a criminal investigation, including records which would disclose the identity of a source wishing to remain confidential or a suspect not in custody; or which would disclose techniques, procedures or guidelines for law enforcement investigations or prosecutions, that portion of the record shall be closed and shall be redacted from any record made available pursuant to this chapter.
- 4. Any person, including a legal guardian or a parent of such person if he or she is a minor, family member of such person within the first degree of consanguinity if such person is deceased or incompetent, attorney for a person, or insurer of a person involved in any incident or whose property is involved in an incident, may obtain any records closed pursuant to this section or section 610.150 for purposes of investigation of any civil claim or defense, as provided by this subsection. Any individual, legal guardian or parent of such person if he or she is a minor, his or her family member within the first degree of consanguinity if such individual is deceased or incompetent, his or her attorney or insurer, involved in an incident or whose property is involved in an incident, upon written request, may obtain a complete unaltered and unedited incident report concerning the incident, and may obtain access to other records closed by a law enforcement agency pursuant to this section. Within thirty days of such request, the agency shall provide the requested material or file a motion pursuant to this subsection with the circuit court having jurisdiction over the law enforcement agency stating that the safety of the victim, witness or other individual cannot be reasonably ensured, or that a criminal investigation is likely to be jeopardized. If, based on such motion, the court finds for the law enforcement agency, the court shall either order the record closed or order such portion of the record that should be closed to be redacted from any record made available pursuant to this subsection.
- 5. Any person may bring an action pursuant to this section in the circuit court having jurisdiction to authorize disclosure of **a mobile video recording or** the information contained in an investigative report of any law enforcement agency, which would otherwise be closed pursuant to this section. The court may order that all or part of **a mobile video recording or** the information contained in an investigative report be released to the person bringing the action.

- (1) In making the determination as to whether information contained in an investigative report shall be disclosed, the court shall consider whether the benefit to the person bringing the action or to the public outweighs any harm to the public, to the law enforcement agency or any of its officers, or to any person identified in the investigative report in regard to the need for law enforcement agencies to effectively investigate and prosecute criminal activity.
- (2) In making the determination as to whether a mobile video recording shall be disclosed, the court shall consider:
- (a) Whether the benefit to the person bringing the action or the benefit to the public outweighs any harm to the public, to the law enforcement agency or any of its officers, or to any person identified in the mobile video recording with respect to the need for law enforcement agencies to effectively investigate and prosecute criminal activity;
- (b) Whether the mobile video recording contains information that is reasonably likely to disclose private matters in which the public has no legitimate concern;
- (c) Whether the mobile video recording is reasonably likely to bring shame or humiliation to a person of ordinary sensibilities; and
- (d) Whether the mobile recording was taken in a place where a person recorded or depicted has a reasonable expectation of privacy.
- (3) The **mobile video recording or** investigative report in question may be examined by the court in camera.
- (4) If the disclosure is authorized in whole or in part, the court may make any order that justice requires, including one or more of the following:
- (a) That the mobile video recording or investigative report may be disclosed only on specified terms and conditions, including a designation of the time or place;
- (b) That the mobile video recording or investigative report may be disclosed to the person making the request in a different manner or form as requested;
 - (c) That the scope of the request be limited to certain matters;
- (d) That the disclosure occur with no one present except persons designated by the court;
- (e) That the mobile video recording or investigative report be redacted to exclude for example, personally identifiable features or other sensitive information;
- (f) That a trade secret or other confidential research, development, or commercial information not be disclosed or be disclosed only in a designated way.
- (5) The court may find that the party seeking disclosure of the **mobile video recording** or investigative report shall bear the reasonable and necessary costs and attorneys' fees of both parties, unless the court finds that the decision of the law enforcement agency not to open the **mobile video recording or** investigative report was substantially unjustified under all relevant

circumstances, and in that event, the court may assess such reasonable and necessary costs and attorneys' fees to the law enforcement agency.

- 6. Any person may apply pursuant to this subsection to the circuit court having jurisdiction for an order requiring a law enforcement agency to open incident reports and arrest reports being unlawfully closed pursuant to this section. If the court finds by a preponderance of the evidence that the law enforcement officer or agency has knowingly violated this section, the officer or agency shall be subject to a civil penalty in an amount up to one thousand dollars. If the court finds that there is a knowing violation of this section, the court may order payment by such officer or agency of all costs and attorneys' fees, as provided by section 610.027. If the court finds by a preponderance of the evidence that the law enforcement officer or agency has purposely violated this section, the officer or agency shall be subject to a civil penalty in an amount up to five thousand dollars and the court shall order payment by such officer or agency of all costs and attorney fees, as provided in section 610.027. The court shall determine the amount of the penalty by taking into account the size of the jurisdiction, the seriousness of the offense, and whether the law enforcement officer or agency has violated this section previously.
- 7. The victim of an offense as provided in chapter 566 may request that his or her identity be kept confidential until a charge relating to such incident is filed.
- 8. Any person who requests and receives a mobile video recording that was recorded in a nonpublic location under this section is prohibited from displaying or disclosing the mobile video recording, including any description or account of any or all of the mobile video recording, without first providing direct third party notice to each person not affiliated with a law enforcement agency whose image or sound is contained in the recording. Upon receiving such notice, each person appearing in a mobile video recording shall be given ten days to file and serve an action seeking an order from a court of competent jurisdiction to enjoin all or some of the intended display, disclosure, description, or account of the recording. Any person who fails to comply with the provisions of this section shall be subject to damages in a civil action proceeding.

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