House Amendment NO
Offered By
AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 834, Page 1, Section A, Line 5, by inserting after said section and line the following:
"67.145. 1. No political subdivision of this state shall prohibit any first responder from engaging in any political activity while off duty and not in uniform, being a candidate for elected or appointed public office, or holding such office unless such political activity or candidacy is otherwise prohibited by state or federal law.
2. As used in this section, "first responder" means any person trained and authorized by law or rule to render emergency medical assistance or treatment. Such persons may include, but shall not be limited to, emergency first responders, telecommunicator first responders, police officers, sheriffs, deputy sheriffs, firefighters, ambulance attendants and attendant drivers, emergency medical technicians, mobile emergency medical technicians, emergency medical technicians, registered nurses, or physicians.
70.631. 1. Each political subdivision may, by majority vote of its governing body, elect to cover [emergency telecommunicators] telecommunicator first responders, jailors, and emergency medical service personnel as public safety personnel members of the system. The clerk or secretary of the political subdivision shall certify an election concerning the coverage of [emergency telecommunicators] telecommunicator first responders, jailors, and emergency medical service
personnel as public safety personnel members of the system to the board within ten days after such vote. The date in which the political subdivision's election becomes effective shall be the first day of the calendar month specified by such governing body, the first day of the calendar month next following receipt by the board of the certification of the election, or the effective date of the political subdivision's becoming an employer, whichever is the latest date. Such election shall not be changed after the effective date. If the election is made, the coverage provisions shall be applicable
to all past and future employment with the employer by present and future employees. If a political subdivision makes no election under this section, no [emergency] telecommunicator <u>first responder</u> , jailor, or emergency medical service personnel of the political subdivision shall be considered public safety personnel for purposes determining a minimum service retirement age as defined in section 70.600. 2. If an employer elects to cover [emergency telecommunicators] telecommunicator first
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<u>responders</u>, jailors, and emergency medical service personnel as public safety personnel members of the system, the employer's contributions shall be correspondingly changed effective the same date as the effective date of the political subdivision's election.

- 3. The limitation on increases in an employer's contributions provided by subsection 6 of section 70.730 shall not apply to any contribution increase resulting from an employer making an election under the provisions of this section.
- 4. The provisions of this section shall only apply to counties of the third classification and any county of the first classification with more than seventy thousand but fewer than eighty-three thousand inhabitants and with a city of the fourth classification with more than thirteen thousand five hundred but fewer than sixteen thousand inhabitants as the county seat, and any political subdivisions located, in whole or in part, within such counties.
- 170.310. 1. For school year 2017-18 and each school year thereafter, upon graduation from high school, pupils in public schools and charter schools shall have received thirty minutes of cardiopulmonary resuscitation instruction and training in the proper performance of the Heimlich maneuver or other first aid for choking given any time during a pupil's four years of high school.
- 2. Beginning in school year 2017-18, any public school or charter school serving grades nine through twelve shall provide enrolled students instruction in cardiopulmonary resuscitation. Students with disabilities may participate to the extent appropriate as determined by the provisions of the Individuals with Disabilities Education Act or Section 504 of the Rehabilitation Act. Instruction shall be included in the district's existing health or physical education curriculum. Instruction shall be based on a program established by the American Heart Association or the American Red Cross, or through a nationally recognized program based on the most current national evidence-based emergency cardiovascular care guidelines, and psychomotor skills development shall be incorporated into the instruction. For purposes of this section, "psychomotor skills" means the use of hands-on practicing and skills testing to support cognitive learning.
- 3. The teacher of the cardiopulmonary resuscitation course or unit shall not be required to be a certified trainer of cardiopulmonary resuscitation if the instruction is not designed to result in certification of students. Instruction that is designed to result in certification being earned shall be required to be taught by an authorized cardiopulmonary instructor. Schools may develop agreements with any local chapter of a voluntary organization of first responders to provide the required hands-on practice and skills testing. For purposes of this subsection, first responders shall include telecommunicator first responders as defined in section 650.320.
- 4. The department of elementary and secondary education may promulgate rules to implement 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

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adopted after August 28, 2012, shall be invalid and void.

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

- (1) "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 microorganism, virus, infectious substance, or biological product to cause death, disease, or other biological malfunction in a human, an animal, a plant, or any other living organism to influence the conduct of government or to intimidate or coerce a civilian population;
 - (2) "Department", the Missouri department of health and senior services;
 - (3) "Director", the director of the department of health and senior services;
- (4) "Disaster locations", any geographical location where a bioterrorism attack, terrorist attack, catastrophic or natural disaster, or emergency occurs;
- (5) "First responders", state and local law enforcement personnel, <u>telecommunicator first</u> <u>responders</u>, fire department personnel, and emergency medical personnel who will be deployed to bioterrorism attacks, terrorist attacks, catastrophic or natural disasters, and emergencies;
- (6) "Missouri state highway patrol telecommunicator", any authorized Missouri state highway patrol communications division personnel whose primary responsibility includes directly responding to emergency communications and who meet the training requirements pursuant to section 650.340.
- 2. The department shall offer a vaccination program for first responders <u>and Missouri state highway patrol telecommunicators</u> who may be exposed to infectious diseases when deployed to disaster locations as a result of a bioterrorism event or a suspected bioterrorism event. The vaccinations shall include, but are not limited to, smallpox, anthrax, and other vaccinations when recommended by the federal Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.
- 3. Participation in the vaccination program shall be voluntary by the first responders <u>and Missouri state highway patrol telecommunicators</u>, except for first responders <u>or Missouri state highway patrol telecommunicators</u> who, as determined by their employer, cannot safely perform emergency responsibilities when responding to a bioterrorism event or suspected bioterrorism event without being vaccinated. The recommendations of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices shall be followed when providing appropriate screening for contraindications to vaccination for first responders <u>and Missouri state highway patrol telecommunicators</u>. A first responder <u>and Missouri state highway patrol telecommunicators</u> shall be exempt from vaccinations when a written statement from a licensed physician is presented to their employer indicating that a vaccine is medically contraindicated for such person.
- 4. If a shortage of the vaccines referred to in subsection 2 of this section exists following a bioterrorism event or suspected bioterrorism event, the director, in consultation with the governor and the federal Centers for Disease Control and Prevention, shall give priority for such vaccinations

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to persons exposed to the disease and to first responders or Missouri state highway patrol telecommunicators who are deployed to the disaster location.

- 5. The department shall notify first responders <u>and Missouri state highway patrol</u> <u>telecommunicators</u> concerning the availability of the vaccination program described in subsection 2 of this section and shall provide education to such first responders, [and] their employers, and <u>Missouri state highway patrol telecommunicators</u> concerning the vaccinations offered and the associated diseases.
- 6. The department may contract for the administration of the vaccination program described in subsection 2 of this section with health care providers, including but not limited to local public health agencies, hospitals, federally qualified health centers, and physicians.
- 7. The provisions of this section shall become effective upon receipt of federal funding or federal grants which designate that the funding is required to implement vaccinations for first responders and Missouri state highway patrol telecommunicators in accordance with the recommendations of the federal Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices. Upon receipt of such funding, the department shall make available the vaccines to first responders and Missouri state highway patrol telecommunicators as provided in this section.

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

- (1) "Advanced emergency medical technician" or "AEMT", a person who has successfully completed a course of instruction in certain aspects of advanced life support care as prescribed by the department and is licensed by the department in accordance with sections 190.001 to 190.245 and rules and regulations adopted by the department pursuant to sections 190.001 to 190.245;
- (2) "Advanced life support (ALS)", an advanced level of care as provided to the adult and pediatric patient such as defined by national curricula, and any modifications to that curricula specified in rules adopted by the department pursuant to sections 190.001 to 190.245;
- (3) "Ambulance", any privately or publicly owned vehicle or craft that is specially designed, constructed or modified, staffed or equipped for, and is intended or used, maintained or operated for the transportation of persons who are sick, injured, wounded or otherwise incapacitated or helpless, or who require the presence of medical equipment being used on such individuals, but the term does not include any motor vehicle specially designed, constructed or converted for the regular transportation of persons who are disabled, handicapped, normally using a wheelchair, or otherwise not acutely ill, or emergency vehicles used within airports;
- (4) "Ambulance service", a person or entity that provides emergency or nonemergency ambulance transportation and services, or both, in compliance with sections 190.001 to 190.245, and the rules promulgated by the department pursuant to sections 190.001 to 190.245;
- (5) "Ambulance service area", a specific geographic area in which an ambulance service has been authorized to operate;
- (6) "Basic life support (BLS)", a basic level of care, as provided to the adult and pediatric patient as defined by national curricula, and any modifications to that curricula specified in rules

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adopted by the department pursuant to sections 190.001 to 190.245;

- (7) "Council", the state advisory council on emergency medical services;
- (8) "Department", the department of health and senior services, state of Missouri;
- (9) "Director", the director of the department of health and senior services or the director's duly authorized representative;
- (10) "Dispatch agency", any person or organization that receives requests for emergency medical services from the public, by telephone or other means, and is responsible for dispatching emergency medical services;
- (11) "Emergency", the sudden and, at the time, unexpected onset of a health condition that manifests itself by symptoms of sufficient severity that would lead a prudent layperson, possessing an average knowledge of health and medicine, to believe that the absence of immediate medical care could result in:
- (a) Placing the person's health, or with respect to a pregnant woman, the health of the woman or her unborn child, in significant jeopardy;
 - (b) Serious impairment to a bodily function;
 - (c) Serious dysfunction of any bodily organ or part;
 - (d) Inadequately controlled pain;
- (12) "Emergency medical dispatcher", a person who receives emergency calls from the public and has successfully completed an emergency medical dispatcher course[, meeting or exceeding the national curriculum of the United States Department of Transportation and any modifications to such curricula specified by the department through rules adopted pursuant to sections 190.001 to 190.245] and any ongoing training requirements under section 650.340;
- (13) "Emergency medical responder", a person who has successfully completed an emergency first response course meeting or exceeding the national curriculum of the U.S. Department of Transportation and any modifications to such curricula specified by the department through rules adopted under sections 190.001 to 190.245 and who provides emergency medical care through employment by or in association with an emergency medical response agency;
- (14) "Emergency medical response agency", any person that regularly provides a level of care that includes first response, basic life support or advanced life support, exclusive of patient transportation;
- (15) "Emergency medical services for children (EMS-C) system", the arrangement of personnel, facilities and equipment for effective and coordinated delivery of pediatric emergency medical services required in prevention and management of incidents which occur as a result of a medical emergency or of an injury event, natural disaster or similar situation;
- (16) "Emergency medical services (EMS) system", the arrangement of personnel, facilities and equipment for the effective and coordinated delivery of emergency medical services required in prevention and management of incidents occurring as a result of an illness, injury, natural disaster or similar situation;
 - (17) "Emergency medical technician", a person licensed in emergency medical care in

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accordance with standards prescribed by sections 190.001 to 190.245, and by rules adopted by the department pursuant to sections 190.001 to 190.245;

- (18) "Emergency medical technician-basic" or "EMT-B", a person who has successfully completed a course of instruction in basic life support as prescribed by the department and is licensed by the department in accordance with standards prescribed by sections 190.001 to 190.245 and rules adopted by the department pursuant to sections 190.001 to 190.245;
- (19) "Emergency medical technician-community paramedic", "community paramedic", or "EMT-CP", a person who is certified as an emergency medical technician-paramedic and is certified by the department in accordance with standards prescribed in section 190.098;
- (20) "Emergency medical technician-paramedic" or "EMT-P", a person who has successfully completed a course of instruction in advanced life support care as prescribed by the department and is licensed by the department in accordance with sections 190.001 to 190.245 and rules adopted by the department pursuant to sections 190.001 to 190.245;
- (21) "Emergency services", health care items and services furnished or required to screen and stabilize an emergency which may include, but shall not be limited to, health care services that are provided in a licensed hospital's emergency facility by an appropriate provider or by an ambulance service or emergency medical response agency;
- (22) "Health care facility", a hospital, nursing home, physician's office or other fixed location at which medical and health care services are performed;
- (23) "Hospital", an establishment as defined in the hospital licensing law, subsection 2 of section 197.020, or a hospital operated by the state;
- (24) "Medical control", supervision provided by or under the direction of physicians, or their designated registered nurse, including both online medical control, instructions by radio, telephone, or other means of direct communications, and offline medical control through supervision by treatment protocols, case review, training, and standing orders for treatment;
- (25) "Medical direction", medical guidance and supervision provided by a physician to an emergency services provider or emergency medical services system;
- (26) "Medical director", a physician licensed pursuant to chapter 334 designated by the ambulance service, dispatch agency, or emergency medical response agency and who meets criteria specified by the department by rules pursuant to sections 190.001 to 190.245;
- (27) "Memorandum of understanding", an agreement between an emergency medical response agency or dispatch agency and an ambulance service or services within whose territory the agency operates, in order to coordinate emergency medical services;
- (28) "Patient", an individual who is sick, injured, wounded, diseased, or otherwise incapacitated or helpless, or dead, excluding deceased individuals being transported from or between private or public institutions, homes or cemeteries, and individuals declared dead prior to the time an ambulance is called for assistance;
- (29) "Person", as used in these definitions and elsewhere in sections 190.001 to 190.245, any individual, firm, partnership, copartnership, joint venture, association, cooperative organization,

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corporation, municipal or private, and whether organized for profit or not, state, county, political subdivision, state department, commission, board, bureau or fraternal organization, estate, public trust, business or common law trust, receiver, assignee for the benefit of creditors, trustee or trustee in bankruptcy, or any other service user or provider;

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

- (31) "Political subdivision", any municipality, city, county, city not within a county, ambulance district or fire protection district located in this state which provides or has authority to provide ambulance service;
- (32) "Professional organization", any organized group or association with an ongoing interest regarding emergency medical services. Such groups and associations could include those representing volunteers, labor, management, firefighters, EMT-B's, nurses, EMT-P's, physicians, communications specialists and instructors. Organizations could also represent the interests of ground ambulance services, air ambulance services, fire service organizations, law enforcement, hospitals, trauma centers, communication centers, pediatric services, labor unions and poison control services;
- (33) "Proof of financial responsibility", proof of ability to respond to damages for liability, on account of accidents occurring subsequent to the effective date of such proof, arising out of the ownership, maintenance or use of a motor vehicle in the financial amount set in rules promulgated by the department, but in no event less than the statutory minimum required for motor vehicles. Proof of financial responsibility shall be used as proof of self-insurance;
- (34) "Protocol", a predetermined, written medical care guideline, which may include standing orders;
- (35) "Regional EMS advisory committee", a committee formed within an emergency medical services (EMS) region to advise ambulance services, the state advisory council on EMS and the department;
- (36) "Specialty care transportation", the transportation of a patient requiring the services of an emergency medical technician-paramedic who has received additional training beyond the training prescribed by the department. Specialty care transportation services shall be defined in writing in the appropriate local protocols for ground and air ambulance services and approved by the local physician medical director. The protocols shall be maintained by the local ambulance service and shall define the additional training required of the emergency medical technician-paramedic;
- (37) "Stabilize", with respect to an emergency, the provision of such medical treatment as may be necessary to attempt to assure within reasonable medical probability that no material deterioration of an individual's medical condition is likely to result from or occur during ambulance transportation unless the likely benefits of such transportation outweigh the risks;
- (38) "State advisory council on emergency medical services", a committee formed to advise the department on policy affecting emergency medical service throughout the state;
- (39) "State EMS medical directors advisory committee", a subcommittee of the state advisory council on emergency medical services formed to advise the state advisory council on

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emergency medical services and the department on medical issues;

- (40) "STEMI" or "ST-elevation myocardial infarction", a type of heart attack in which impaired blood flow to the patient's heart muscle is evidenced by ST-segment elevation in electrocardiogram analysis, and as further defined in rules promulgated by the department under sections 190.001 to 190.250;
- (41) "STEMI care", includes education and prevention, emergency transport, triage, and acute care and rehabilitative services for STEMI that requires immediate medical or surgical intervention or treatment;
- (42) "STEMI center", a hospital that is currently designated as such by the department to care for patients with ST-segment elevation myocardial infarctions;
- (43) "Stroke", a condition of impaired blood flow to a patient's brain as defined by the department;
- (44) "Stroke care", includes emergency transport, triage, and acute intervention and other acute care services for stroke that potentially require immediate medical or surgical intervention or treatment, and may include education, primary prevention, acute intervention, acute and subacute management, prevention of complications, secondary stroke prevention, and rehabilitative services;
 - (45) "Stroke center", a hospital that is currently designated as such by the department;
- (46) "Trauma", an injury to human tissues and organs resulting from the transfer of energy from the environment;
- (47) "Trauma care" includes injury prevention, triage, acute care and rehabilitative services for major single system or multisystem injuries that potentially require immediate medical or surgical intervention or treatment;
- (48) "Trauma center", a hospital that is currently designated as such by the department."; and

Further amend said bill, Page 12, Section 217.947, Line 9, by inserting after said section and line the following:

"320.210. The state fire marshal shall appoint one assistant director and such other investigators and employees as the needs of the office require within the limits of the appropriation made for such purpose. [Supervising investigators shall be at least twenty-five years of age and shall have either a minimum of five years' experience in fire risk inspection, prevention, or investigation work, or a degree in fire protection engineering from a recognized college or university of engineering.] No person shall be appointed as an investigator or other employee who has been convicted of a felony or other crime involving moral turpitude. Any person appointed as an investigator shall be of good character, shall be a citizen of the United States, [shall have been a taxpaying resident of this state for at least three years immediately preceding his appointment, and] shall be a graduate of an accredited four-year high school or, in lieu thereof, shall have obtained a certificate of equivalency from the state department of elementary and secondary education, and shall [possess ordinary physical strength and be able to pass such physical and mental examinations

as the state fire marshal may prescribe] be a resident of Missouri at the time of appointment. An investigator or employee shall not hold any other commission or office, elective or appointive, or accept any other employment that would pose a conflict of interest while he or she is an investigator or employee. An investigator or employee shall not accept any compensation, reward, or gift other than his or her regular salary and expenses for the performance of his or her official duties."; and

Further amend said bill, Page 19, Section 589.565, Line 19, by inserting after said section and line the following:

- "650.320. For the purposes of sections 650.320 to 650.340, the following terms mean:
- (1) "Ambulance service", the same meaning given to the term in section 190.100;
- (2) "Board", the Missouri 911 service board established in section 650.325;
- [(2)] (3) "Dispatch agency", the same meaning given to the term in section 190.100;
- (4) "Medical director", the same meaning given to the term in section 190.100;
- (5) "Memorandum of understanding", the same meaning given to the term in section 190.100;
 - (6) "Public safety answering point", the location at which 911 calls are answered;
- [(3)] (7) "Telecommunicator", any person employed as an emergency telephone worker, call taker or public safety dispatcher whose duties include receiving, processing or transmitting public safety information received through a 911 public safety answering point.
- 650.340. 1. The provisions of this section may be cited and shall be known as the "911 Training and Standards Act".
- 2. Initial training requirements for telecommunicators who answer 911 calls that come to public safety answering points shall be as follows:
 - (1) Police telecommunicator, 16 hours;
 - (2) Fire telecommunicator, 16 hours;
 - (3) Emergency medical services telecommunicator, 16 hours;
- (4) Joint communication center telecommunicator, 40 hours.
 - 3. All persons employed as a telecommunicator in this state shall be required to complete ongoing training so long as such person engages in the occupation as a telecommunicator. Such persons shall complete at least twenty-four hours of ongoing training every three years by such persons or organizations as provided in subsection 6 of this section.
 - 4. Any person employed as a telecommunicator on August 28, 1999, shall not be required to complete the training requirement as provided in subsection 2 of this section. Any person hired as a telecommunicator after August 28, 1999, shall complete the training requirements as provided in subsection 2 of this section within twelve months of the date such person is employed as a telecommunicator.
- 5. The training requirements as provided in subsection 2 of this section shall be waived for any person who furnishes proof to the committee that such person has completed training in another

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state which is at least as stringent as the training requirements of subsection 2 of this section.

- 6. The board shall determine by administrative rule the persons or organizations authorized to conduct the training as required by subsection 2 of this section.
- 7. [This section shall not apply to an emergency medical dispatcher or agency as defined in section 190.100, or a person trained by an entity accredited or certified under section 190.131, or a person who provides prearrival medical instructions who works for an agency which meets the requirements set forth in section 190.134.] The board shall be responsible for the approval of training courses for emergency medical dispatchers. The board shall develop necessary rules and regulations in collaboration with the state EMS medical director's advisory committee, as described in section 190.103, which may provide recommendations relating to the medical aspects of prearrival medical instructions.
- 8. A dispatch agency is required to have a memorandum of understanding with all ambulance services that it dispatches. If a dispatch agency provides prearrival medical instructions, it is required to have a medical director whose duties include the maintenance of standards and approval of protocols or guidelines.
- Section 1. The portion of State Highway 231 (Telegraph Rd.) from PVT Tori Pines Drive continuing to Meadow Haven Lane in St. Louis County shall be designated as "Mehlville Fire Captain Chris Francis Memorial Highway". The department of transportation shall erect and maintain appropriate signs designating such highway, with the costs to be paid by private donation.

[190.134. A dispatch agency is required to have a memorandum of understanding with all ambulance services that it dispatches. If a dispatch agency provides prearrival medical instructions, it is required to have a medical director, whose duties include the maintenance of standards and protocol approval.]"; and

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