

SECOND REGULAR SESSION

[PERFECTED]

HOUSE BILL NO. 1991

102ND GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE GALLICK.

3777H.01P

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To amend chapters 160 and 210, RSMo, by adding thereto two new sections relating to cardiac emergency response plans.

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

Section A. Chapters 160 and 210, RSMo, are amended by adding thereto two new sections, to be known as sections 160.482 and 210.225, to read as follows:

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

- (1) "Automated external defibrillator" or "AED", a lightweight, portable device that:**
- (a) Is used to administer an electric shock through the chest wall to the heart;**
 - (b) Has built-in computers within the device to assess the patient's heart rhythm, determine whether defibrillation is needed, and administer the shock;**
 - (c) Has audible or visual prompts, or both, to guide the user through the process;**
 - (d) Has received approval from the U.S. Food and Drug Administration of its pre-market modification filed under 21 U.S.C. Section 360(k), as amended;**
 - (e) Is capable of recognizing the presence or absence of ventricular fibrillation and rapid ventricular tachycardia and is capable of determining without intervention by an operator whether defibrillation should be performed; and**
 - (f) Upon determining defibrillation should be performed, either automatically charges and delivers an electrical impulse to an individual's heart or charges and delivers an electrical impulse at the command of the operator;**

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.

16 (2) "Cardiopulmonary resuscitation" or "CPR", a combination of rescue
17 breathing, chest compressions, and external cardiac massage used to sustain an
18 individual's life until advanced assistance arrives;

19 (3) "Defibrillation", administering an electrical impulse to an individual's heart
20 in order to stop ventricular fibrillation or rapid ventricular tachycardia;

21 (4) "Emergency services provider", any public employer, or ground or air
22 ambulance service as those terms are used in chapter 190, that employs persons to
23 provide fire fighting, dispatching services, and emergency medical services;

24 (5) "Extracurricular event", any school-sponsored program or voluntary
25 activity sponsored by the school, local education agency, or an organization sanctioned
26 by the local education agency at which students compete for the purpose of:

27 (a) Receiving an award, rating, recognition, or criticism;

28 (b) Qualifying for additional competition; or

29 (c) Preparing for and involvement in public performances, contests, athletic
30 competitions, demonstrations, displays, and club activities;

31 (6) "Protocol", currently approved and accepted procedures describing specific
32 steps a provider is required to follow in assessing and treating a patient;

33 (7) "Public school", the same definition as in section 160.011;

34 (8) "School campus", any public school building or cluster of buildings, and
35 grounds around such public school building or cluster of buildings, used for any public
36 school purpose including, but not limited to, an extracurricular activity, organized
37 physical activity courses, early childhood education programs, or school district
38 administration;

39 (9) "School personnel", a school district employee approved by the school board
40 or a contract employee of the school district who is required to follow school policy and
41 procedures;

42 (10) "School-sponsored event", any event or activity sponsored by the public
43 school or school district including, but not limited to, athletic events, booster clubs,
44 parent-teacher organizations, or any activity designed to enhance the school curriculum
45 whether on the school campus or not;

46 (11) "Sudden cardiac arrest", a condition that occurs when the heart
47 malfunctions and stops beating unexpectedly, is due to abnormal heart rhythms
48 called arrhythmias, and is generally the result of some underlying form of heart disease;

49 (12) "Ventricular fibrillation", the most common arrhythmia that causes cardiac
50 arrest and a condition in which the heart's electrical impulses suddenly become chaotic,
51 often without warning, causing the heart's pumping action to stop abruptly.

52 2. For the 2025-26 school year and all subsequent school years:

53 **(1) Each public school shall develop and implement a cardiac emergency**
54 **response plan that addresses the appropriate use of school personnel to respond to**
55 **incidents involving an individual experiencing sudden cardiac arrest or a similar life-**
56 **threatening emergency while on a school campus; and**

57 **(2) Each public school with an athletic department or organized athletic**
58 **program shall develop and implement a cardiac emergency response plan that addresses**
59 **the appropriate use of school personnel to respond to incidents involving an individual**
60 **experiencing sudden cardiac arrest or a similar life-threatening emergency while**
61 **attending or participating in an extracurricular event or school-sponsored event on the**
62 **school campus.**

63 **3. Members of each public school's administration shall coordinate directly with**
64 **local emergency services providers to integrate the public school's cardiac emergency**
65 **response plan into the local emergency services providers' protocols. A cardiac**
66 **emergency response plan shall integrate evidence-based core elements, such as those**
67 **recommended by the American Heart Association guidelines, Project ADAM, or**
68 **another set of nationally recognized, evidence-based standard or core elements.**

69 **4. The cardiac emergency response plan shall integrate, at a minimum, the**
70 **following guidelines:**

71 **(1) Establishment of a cardiac emergency response team;**

72 **(2) Activation of the team in response to a sudden cardiac arrest;**

73 **(3) Implementation of AED placement and routine maintenance throughout the**
74 **school campus;**

75 **(4) Dissemination of the plan throughout the school campus;**

76 **(5) Maintenance of ongoing staff training in CPR or AED use, or both;**

77 **(6) Practice of the cardiac emergency response plan using drills;**

78 **(7) Integration of the plan into the local emergency services providers' protocols;**

79 **and**

80 **(8) Both annual and continuous reviews and evaluations of the plan.**

81 **5. Appropriate AED placement shall be dictated by the cardiac emergency**
82 **response plan and in accordance with guidelines set by the American Heart Association,**
83 **Project ADAM, or another set of nationally recognized, evidence-based standard or core**
84 **elements.**

85 **6. Appropriate school personnel shall be trained in first aid, CPR, and AED use**
86 **that follow evidence-based guidelines set forth by the American Heart Association,**
87 **American Red Cross, Project ADAM, or another set of nationally recognized, evidence-**
88 **based standard or core elements. The school personnel required to be trained shall be**

89 determined by the cardiac emergency response plan and shall include, but not be limited
90 to, athletics coaches, school nurses, and athletic trainers.

210.225. 1. This section shall be known and may be cited as "Elijah's Law".

2 2. (1) Before July 1, 2026, each licensed child care provider shall adopt a policy
3 on allergy prevention and response with priority given to addressing potentially deadly
4 food-borne allergies. Such policy shall contain, but shall not be limited to, the following
5 elements:

6 (a) Distinguishing between building-wide, room-level, and individual approaches
7 to allergy prevention and management;

8 (b) Providing an age-appropriate response to building-level and room-level
9 allergy education and prevention;

10 (c) Describing the role of child care facility staff in determining how to manage
11 an allergy problem, whether through a plan prepared for a child under Section 504 of
12 the Rehabilitation Act of 1973, as amended, for a child with an allergy that has been
13 determined to be a disability, an individualized health plan for a child who has an
14 allergy that is not disabling, or another allergy management plan;

15 (d) Describing the role of other children and parents in cooperating to prevent
16 and mitigate allergies;

17 (e) Addressing confidentiality issues involved with sharing medical information,
18 including specifying when parental permission is required to make medical information
19 available; and

20 (f) Coordinating with the department of elementary and secondary education,
21 local health authorities, and other appropriate entities to ensure efficient promulgation
22 of accurate information and to ensure that existing child care facility safety and
23 environmental policies do not conflict.

24 (2) Such policies may contain information from or links to child care facility
25 allergy prevention information furnished by the Food Allergy & Anaphylaxis Network
26 or equivalent organization with a medical advisory board that has allergy specialists.

27 3. The department of elementary and secondary education shall, in cooperation
28 with any appropriate professional association, develop a model policy or policies before
29 July 1, 2025.

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