

SECOND REGULAR SESSION

HOUSE BILL NO. 1852

102ND GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE PETERS.

4136H.011

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal sections 167.624 and 170.310, RSMo, and to enact in lieu thereof four new sections relating to health and safety measures in public schools.

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

Section A. Sections 167.624 and 170.310, RSMo, are repealed and four new sections enacted in lieu thereof, to be known as sections 160.111, 167.624, 170.310, and 170.321, to read as follows:

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

(1) "Automated external defibrillator" or "AED", a 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.

15 (2) "Cardiac arrest", a condition, often sudden, that is due to abnormal heart
16 rhythms called arrhythmias and that is generally the result of some underlying form of
17 heart disease;

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

21 (4) "Defibrillation", administering an electrical impulse to an individual's heart
22 in order to stop ventricular fibrillation or rapid ventricular tachycardia;

23 (5) "Department", the department of elementary and secondary education;

24 (6) "Emergency medical services", the transportation and medical care provided
25 to the ill or injured prior to arrival at a medical facility by a licensed emergency medical
26 technician or other health care provider and the continuation of the initial emergency
27 care within a medical facility subject to the approval of the medical staff and governing
28 board of that facility;

29 (7) "Extracurricular event", any school-sponsored program or voluntary
30 activity sponsored by the school, local education agency, or an organization sanctioned
31 by the local education agency at which students compete for the purpose of:

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

33 (b) Qualifying for additional competition; or

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

36 (8) "Program coordinator", an individual, appointed by the school district, who
37 is responsible for administration of the AED program for such individual's public
38 school campus;

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

41 (10) "Provider", school personnel of a public school campus who have
42 completed training in CPR in addition to having knowledge and understanding of an
43 AED's operation and use under the requirements of this section;

44 (11) "Public school", the same definition as in section 160.011;

45 (12) "School campus", any public school building or cluster of buildings, and
46 grounds around such public school building or cluster of buildings, used for any public
47 school purpose including, but not limited to, an extracurricular activity, organized
48 physical activity courses, early childhood education programs, or school district
49 administration;

50 (13) "School personnel", a school district employee approved by the school
51 board or a contract employee of the school district who is required to follow school
52 policy and procedures;

53 (14) "School-sponsored event", any event or activity sponsored by the public
54 school or school district including, but not limited to, athletic events, booster clubs,
55 parent-teacher organizations, or any activity designed to enhance the school curriculum
56 whether on the school campus or not;

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

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

61 (1) Each school campus shall install automated external defibrillators as
62 required in this section;

63 (2) Appropriate school personnel shall have been adequately trained in the use
64 of such AEDs as required under this section before the beginning of the 2025-26 school
65 year; and

66 (3) Appropriate school personnel shall be trained annually in the use of such
67 AEDs as required under this section.

68 3. (1) An automated external defibrillator meets the requirements of this section
69 if such AED is:

70 (a) Approved by the U.S. Food and Drug Administration;

71 (b) An automated kind of external defibrillator requiring provider intervention
72 to initiate a defibrillation shock; and

73 (c) Capable of automatically collecting data.

74 (2) No modifications shall be made to AED equipment by the provider or the
75 service that results in deviation from:

76 (a) The original manufacturer's specifications; or

77 (b) AED protocols, which are:

78 a. Early access, which is calling 911;

79 b. Early CPR, which is starting CPR immediately;

80 c. Early defibrillation, which is using the on-site AED within three to five
81 minutes of onset; and

82 d. Early advanced care, which is trained health care providers arriving to
83 provide advanced care.

84 4. (1) Each school district shall designate appropriate personnel to be
85 responsible for the maintenance of each automated external defibrillator.

86 **(2) All components of each AED and integrated data recording system shall be**
87 **inspected by a qualified service technician at least one time per calendar year or as**
88 **recommended by the manufacturer to ensure that the AED equipment:**

89 **(a) Meets original manufacturer's specifications; and**

90 **(b) Maintains the currently approved treatment protocols based on the current**
91 **American Heart Association scientific guidelines, standards, and recommendations for**
92 **the use of the AED.**

93 **(3) The battery of the AED shall be maintained and replaced in accordance with**
94 **manufacturer's specifications.**

95 **(4) All maintenance and repairs shall be performed by a qualified service**
96 **technician recognized by the manufacturer.**

97 **(5) Written records shall be maintained for all maintenance, repairs, and**
98 **inspections performed on all components for mandated annual state reporting purposes.**

99 **5. (1) Each public school shall designate appropriate school personnel to be**
100 **responsible for ensuring the availability of each automated external defibrillator as**
101 **provided in this subsection.**

102 **(2) The regular location of each AED shall be based on the following:**

103 **(a) The size and physical layout of the school campus;**

104 **(b) The number and ages of individuals on the school campus;**

105 **(c) Types and locations of curricular, extracurricular, and school-sponsored**
106 **events; and**

107 **(d) Design features that are unique to particular buildings on the school campus.**

108 **(3) During school hours, an AED shall be placed at designated locations. Such**
109 **locations shall be specific to each school campus but shall allow such AED to be easily**
110 **seen by school personnel. Such locations shall allow school personnel to retrieve such**
111 **AED outside of normal school hours.**

112 **(4) In conjunction with the location standards listed in subdivisions (2) and (3) of**
113 **this subsection, AEDs shall be placed in areas where there is likely to be high traffic or**
114 **congregation, such as auditoriums, cafeterias, or gymnasiums, and areas where risk of**
115 **injury may be elevated on each school campus, in an easily accessible location of such**
116 **areas, to be determined after consultation with the local emergency medical services**
117 **system or emergency medical response agency.**

118 **6. The program coordinator shall:**

119 **(1) Maintain current provider status in CPR and the use of an automated**
120 **external defibrillator;**

121 **(2) Ensure that providers on the school campus receive appropriate training in**
122 **the use and maintenance of the public school's AEDs;**

123 **(3) Oversee training operations for the public school and maintain**
124 **organizational training reports;**

125 **(4) Ensure that AED equipment is maintained according to manufacturer and**
126 **treatment protocol specifications based on the current American Heart Association**
127 **scientific guidelines, standards, and recommendations for the use of each AED and**
128 **submit maintenance records to the department as required by the department;**

129 **(5) Provide professional development opportunities annually for providers and**
130 **all school personnel, if applicable;**

131 **(6) Verify credentials of school personnel functioning as a provider within the**
132 **public school;**

133 **(7) Review each use of each AED; and**

134 **(8) Report, in a format approved by the department, each use of an AED. Such**
135 **report shall be completed and submitted to the department within thirty days following**
136 **such use. Such form shall contain at least relevant information regarding the incidence**
137 **and use of the AED and the client outcome.**

138 **7. Appropriate training of providers and anticipated rescuers in the use of an**
139 **automated external defibrillator and in CPR shall incorporate at least the following:**

140 **(1) Testing of psychomotor skills based on the American Heart Association**
141 **scientific guidelines, standards, and recommendations for the use of each AED, as in**
142 **existence on January 1, 2022;**

143 **(2) Providing CPR as published by the American Heart Association, American**
144 **Red Cross, or in equivalent course materials, as in existence on January 1, 2022;**

145 **(3) Coordinating with the local emergency medical services system or emergency**
146 **medical response agency; and**

147 **(4) An ongoing quality improvement program to monitor training and evaluate**
148 **response with each use of an AED.**

149 **8. Automated external defibrillator and cardiopulmonary resuscitation training**
150 **shall count fully toward professional development requirements under section 168.021.**

151 **9. Before April thirtieth in each school year, each public school shall report to**
152 **the department on the implementation and status of automated external defibrillator**
153 **availability on each school campus. The department shall compile such data and submit**
154 **a report to the general assembly before the end of each school year.**

155 **10. The department may promulgate all necessary rules and regulations for the**
156 **administration of this section. Any rule or portion of a rule, as that term is defined in**
157 **section 536.010, that is created under the authority delegated in this section shall**
158 **become effective only if it complies with and is subject to all of the provisions of chapter**
159 **536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable**

160 **and if any of the powers vested with the general assembly pursuant to chapter 536 to**
161 **review, to delay the effective date, or to disapprove and annul a rule are subsequently**
162 **held unconstitutional, then the grant of rulemaking authority and any rule proposed or**
163 **adopted after August 28, 2024, shall be invalid and void.**

167.624. 1. Each school board in the state, if the school district does not presently
2 have a program as described below, may develop and implement a program to train the
3 students and employees of the district in the administration of cardiopulmonary resuscitation
4 and other lifesaving methods, as they determine best, and may consult the department of
5 public safety, the state fire marshal's office, the local fire protection authorities, and others as
6 the board sees fit. The board may make completion of the program a requirement for
7 graduation. Any trained employee shall be held harmless and immune from any civil liability
8 for administering cardiopulmonary resuscitation and other lifesaving methods in good faith
9 and according to standard medical practices.

10 **2. For the 2024-25 school year and all subsequent school years, district training**
11 **implemented under this section shall include appropriate training in the use of an**
12 **automated external defibrillator as required in sections 160.111 and 190.1005. Each**
13 **school district shall comply with all applicable provisions of sections 160.111 and**
14 **190.092 relating to placement, maintenance, testing, and inspection of automated**
15 **external defibrillators. Any trained employee shall be held harmless and immune from**
16 **any civil liability for the use of an automated external defibrillator in good faith and**
17 **according to standard medical practices.**

170.310. 1. For school year 2017-18 and each school year thereafter, upon
2 graduation from high school, pupils in public schools and charter schools shall have received
3 thirty minutes of cardiopulmonary resuscitation instruction and training in the proper
4 performance of the Heimlich maneuver or other first aid for choking given any time during a
5 pupil's four years of high school.

6 2. Beginning in school year 2017-18, any public school or charter school serving
7 grades nine through twelve shall provide enrolled students instruction in cardiopulmonary
8 resuscitation. Students with disabilities may participate to the extent appropriate as
9 determined by the provisions of the **federal** Individuals with Disabilities Education Act
10 **(IDEA) (20 U.S.C. Section 1400 et seq., as amended)** or Section 504 of the **federal**
11 **Rehabilitation Act of 1973 (29 U.S.C. Section 794, as amended)**. Instruction shall be
12 included in the district's existing health or physical education curriculum. Instruction shall be
13 based on a program established by the American Heart Association or the American Red
14 Cross, or through a nationally recognized program based on the most current national
15 evidence-based emergency cardiovascular care guidelines, and psychomotor skills
16 development shall be incorporated into the instruction. For purposes of this section,

17 "psychomotor skills" means the use of hands-on practicing and skills testing to support
18 cognitive learning.

19 **3. For the 2024-25 school year and all subsequent school years, instruction in**
20 **cardiopulmonary resuscitation under this section shall include appropriate instruction**
21 **and training in the use of an automated external defibrillator as required under sections**
22 **160.111 and 190.1005.**

23 **4.** The teacher of the cardiopulmonary resuscitation course or unit shall not be
24 required to be a certified trainer of cardiopulmonary resuscitation if the instruction is not
25 designed to result in certification of students. Instruction that is designed to result in
26 certification being earned shall be required to be taught by an authorized cardiopulmonary
27 instructor. Schools may develop agreements with any local chapter of a voluntary
28 organization of first responders to provide the required hands-on practice and skills testing.
29 For purposes of this subsection, "first responders" shall include telecommunicator first
30 responders as defined in section 650.320.

31 **[4.] 5.** The department of elementary and secondary education may promulgate rules
32 to implement this section. Any rule or portion of a rule, as that term is defined in section
33 536.010, that is created under the authority delegated in this section shall become effective
34 only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable,
35 section 536.028. This section and chapter 536 are nonseverable and if any of the powers
36 vested with the general assembly pursuant to chapter 536 to review, to delay the effective
37 date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant
38 of rulemaking authority and any rule proposed or adopted after August 28, 2012, shall be
39 invalid and void.

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

2 **(1) "Naloxone", a lifesaving emergency treatment that reverses opioid overdose,**
3 **is approved by the United States Food and Drug Administration for opioid overdose**
4 **reversal on a nonprescription basis, and is available directly to consumers. The term**
5 **shall be construed to include Narcan 4 milligram (mg) naloxone hydrochloride nasal**
6 **spray, other formulations of naloxone available as a nonprescription product, and any**
7 **other drug or device approved by the United States Food and Drug Administration for**
8 **opioid overdose reversal on a nonprescription basis;**

9 **(2) "Psychomotor skills", the use of hands-on practicing and skills testing to**
10 **support cognitive learning;**

11 **(3) "Public school", the same definition as in section 160.011;**

12 **(4) "School district", the same definition as in section 160.011.**

13 **2. (1) For the 2024-25 school year and all subsequent school years, upon**
14 **graduation from high school, pupils in public schools shall have received at least thirty**

15 minutes of instruction in preventing opioid use and training in the proper performance
16 of administering naloxone. Such instruction and training required under this
17 subdivision shall be given any time during a pupil's four years of high school.

18 (2) For the 2024-25 school year and all subsequent school years, each public
19 school serving grades seven through twelve shall provide enrolled pupils with
20 instruction in preventing opioid use. Students with disabilities may participate to the
21 extent appropriate as determined under the federal Individuals with Disabilities
22 Education Act (IDEA) (20 U.S.C. Section 1400 et seq., as amended) or Section 504 of the
23 federal Rehabilitation Act of 1973 (29 U.S.C. Section 794, as amended). Such
24 instruction shall be based on the most current national evidence-based emergency
25 guidelines, and psychomotor skills development shall be incorporated into the
26 instruction.

27 (3) The teacher of the course or unit of instruction required under this
28 subsection shall be required to be a certified instructor of naloxone administration. A
29 public school may develop agreements with any local chapter of a voluntary
30 organization of first responders to provide the required hands-on practice and skills
31 testing.

32 3. (1) This subsection shall be known and may be cited as the "Public Access to
33 Naloxone (Narcan) Kits Act".

34 (2) An individual who or entity that acquires naloxone shall:

35 (a) Comply with all regulations governing the placement of naloxone kits;

36 (b) Ensure that naloxone kits are maintained and unexpired according to the
37 operation guidelines set forth by the manufacturer; and

38 (c) Ensure that an inspection is made of each naloxone kit placed on the premises
39 at least every ninety days for potential issues related to the operation or administration
40 of the kit, other obvious defects that may suggest tampering, or other problems that
41 have arisen with the kit's functionality.

42 (3) Any individual who gratuitously and in good faith renders emergency care
43 by use or administration of naloxone shall not be held liable for any civil damages or
44 subject to any criminal penalty as a result of such care or treatment, unless the
45 individual acts in a willful and wanton or reckless manner in providing the care, advice,
46 or assistance. The individual who or entity that provides training to the individual
47 administering naloxone, the individual or entity responsible for the site where the
48 naloxone is located, and the individual who or entity that owns the naloxone shall
49 likewise not be held liable for civil damages or subject to any criminal penalty resulting
50 from the use of or administration of naloxone.

51 **(4) (a) If a school district or charter school does not have a current program for**
52 **naloxone use or administration as described in subsection 2 of this section, such**
53 **district's school board or such charter school's governing board may develop and**
54 **implement a program to educate and train pupils and employees of the district or**
55 **charter school in the use and administration of naloxone as determined by the district's**
56 **school board or charter school's governing board.**

57 **(b) In the development and implementation of the program, the school district's**
58 **school board or charter school's governing board may consult with the Missouri**
59 **department of health and senior services, the Missouri department of public safety, and**
60 **other Missouri departments as determined by the district's school board or charter**
61 **school's governing board.**

62 **(c) The school district's school board or charter school's governing board may**
63 **make completion of the program a requirement for graduation.**

64 **4. The department of elementary and secondary education may promulgate all**
65 **necessary rules and regulations for the administration of this section. Any rule or**
66 **portion of a rule, as that term is defined in section 536.010, that is created under the**
67 **authority delegated in this section shall become effective only if it complies with and is**
68 **subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This**
69 **section and chapter 536 are nonseverable and if any of the powers vested with the**
70 **general assembly pursuant to chapter 536 to review, to delay the effective date, or to**
71 **disapprove and annul a rule are subsequently held unconstitutional, then the grant of**
72 **rulemaking authority and any rule proposed or adopted after August 28, 2024, shall be**
73 **invalid and void.**

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