

FIRST REGULAR SESSION
[PERFECTED]
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NOS. 462 & 463
93RD GENERAL ASSEMBLY

Reported from the Committee on Health Care Policy March 9, 2005 with recommendation that House Committee Substitute for House Bill Nos. 462 & 463 Do Pass by Consent. Referred to the Committee on Rules pursuant to Rule 25(26)(f).

Reported from the Committee on Rules March 14, 2005 with recommendation that House Committee Substitute for House Bill Nos. 462 & 463 Do Pass by Consent with no time limit for debate.

Perfectured by Consent March 29, 2005.

STEPHEN S. DAVIS, Chief Clerk

1377L.02P

AN ACT

To repeal sections 537.037 and 630.140, RSMo, and to enact in lieu thereof four new sections relating to suicide prevention.

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

Section A. Sections 537.037 and 630.140, RSMo, are repealed and four new sections
2 enacted in lieu thereof, to be known as sections 537.037, 630.140, 630.910, and 630.915, to read
3 as follows:

537.037. 1. Any physician or surgeon, registered professional nurse or licensed practical
2 nurse licensed to practice in this state under the provisions of chapter 334 or 335, RSMo, or
3 licensed to practice under the equivalent laws of any other state and any person licensed as a
4 mobile emergency medical technician under the provisions of chapter 190, RSMo, may:

5 (1) In good faith render emergency care or assistance, without compensation, at the scene
6 of an emergency or accident, and shall not be liable for any civil damages, for acts or omissions
7 other than damages occasioned by gross negligence or by willful or wanton acts or omissions by
8 such person in rendering such emergency care;

9 (2) In good faith render emergency care or assistance, without compensation, to any
10 minor involved in an accident, or in competitive sports, or other emergency at the scene of an

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.

11 accident, without first obtaining the consent of the parent or guardian of the minor, and shall not
12 be liable for any civil damages other than damages occasioned by gross negligence or by willful
13 or wanton acts or omissions by such person in rendering the emergency care.

14 2. Any other person who has been trained to provide first aid in a standard recognized
15 training program may, without compensation, render emergency care or assistance to the level
16 for which he or she has been trained, at the scene of an emergency or accident, and shall not be
17 liable for civil damages for acts or omissions other than damages occasioned by gross negligence
18 or by willful or wanton acts or omissions by such person in rendering such emergency care.

19 **3. Any mental health professional, as defined in section 632.005, RSMo, or**
20 **substance abuse counselor, as defined in section 631.005, RSMo, or any practicing medical,**
21 **osteopathic, or chiropractic physician, or certified nurse practitioner, or physicians'**
22 **assistant may in good faith render suicide prevention interventions at the scene of a**
23 **threatened suicide and shall not be liable for any civil damages for acts or omissions other**
24 **than damages occasioned by gross negligence or by willful or wanton acts or omissions by**
25 **such person in rendering such suicide prevention interventions.**

26 **4. Any other person who has been trained to provide suicide prevention**
27 **interventions in a standard recognized training program may, without compensation,**
28 **render suicide prevention interventions to the level for which such person has been trained**
29 **at the scene of a threatened suicide and shall not be liable for civil damages for acts or**
30 **omissions other than damages occasioned by gross negligence or by willful or wanton acts**
31 **or omissions by such person in rendering such suicide prevention interventions.**

630.140. 1. Information and records compiled, obtained, prepared or maintained by the
2 residential facility, day program operated, funded or licensed by the department or otherwise,
3 specialized service, or by any mental health facility or mental health program in which people
4 may be civilly detained pursuant to chapter 632, RSMo, in the course of providing services to
5 either voluntary or involuntary patients, residents or clients shall be confidential.

6 2. The facilities or programs shall disclose information and records including medication
7 given, dosage levels, and individual ordering such medication to the following upon their
8 request:

- 9 (1) The parent of a minor patient, resident or client;
- 10 (2) The guardian or other person having legal custody of the patient, resident or client;
- 11 (3) The attorney of a patient, resident or client who is a ward of the juvenile court, an
12 alleged incompetent, an incompetent ward or a person detained under chapter 632, RSMo, as
13 evidenced by court orders of the attorney's appointment;
- 14 (4) An attorney or personal physician as authorized by the patient, resident or client;
- 15 (5) Law enforcement officers and agencies, information about patients, residents or

16 clients committed pursuant to chapter 552, RSMo, but only to the extent necessary to carry out
17 the responsibilities of their office, and all such law enforcement officers shall be obligated to
18 keep such information confidential;

19 (6) The entity or agency authorized to implement a system to protect and advocate the
20 rights of persons with developmental disabilities under the provisions of 42 U.S.C. Sections
21 15042 to 15044. The entity or agency shall be able to obtain access to the records of a person
22 with developmental disabilities who is a client of the entity or agency if such person has
23 authorized the entity or agency to have such access; and the records of any person with
24 developmental disabilities who, by reason of mental or physical condition is unable to authorize
25 the entity or agency to have such access, if such person does not have a legal guardian,
26 conservator or other legal representative, and a complaint has been received by the entity or
27 agency with respect to such person or there is probable cause to believe that such person has been
28 subject to abuse or neglect. The entity or agency obtaining access to a person's records shall
29 meet all requirements for confidentiality as set out in this section;

30 (7) The entity or agency authorized to implement a system to protect and advocate the
31 rights of persons with mental illness under the provisions of 42 U.S.C. 10801 shall be able to
32 obtain access to the records of a patient, resident or client who by reason of mental or physical
33 condition is unable to authorize the system to have such access, who does not have a legal
34 guardian, conservator or other legal representative and with respect to whom a complaint has
35 been received by the system or there is probable cause to believe that such individual has been
36 subject to abuse or neglect. The entity or agency obtaining access to a person's records shall
37 meet all requirements for confidentiality as set out in this section. The provisions of this
38 subdivision shall apply to a person who has a significant mental illness or impairment as
39 determined by a mental health professional qualified under the laws and regulations of the state;

40 (8) To mental health coordinators, but only to the extent necessary to carry out their
41 duties under chapter 632, RSMo.

42 3. The facilities or services may disclose information and records under any of the
43 following:

44 (1) As authorized by the patient, resident or client;

45 (2) To persons or agencies responsible for providing health care services to such patients,
46 residents or clients;

47 (3) To the extent necessary for a recipient to make a claim or for a claim to be made on
48 behalf of a recipient for aid or insurance;

49 (4) To qualified personnel for the purpose of conducting scientific research, management
50 audits, financial audits, program evaluations or similar studies; provided, that such personnel
51 shall not identify, directly or indirectly, any individual patient, resident or client in any report of

52 such research, audit or evaluation, or otherwise disclose patient, resident or client identities in
53 any manner;

54 (5) To the courts as necessary for the administration of chapter 211, RSMo, 475, RSMo,
55 552, RSMo, or 632, RSMo;

56 (6) To law enforcement officers or public health officers, but only to the extent necessary
57 to carry out the responsibilities of their office, and all such law enforcement and public health
58 officers shall be obligated to keep such information confidential;

59 (7) Pursuant to an order of a court or administrative agency of competent jurisdiction;

60 (8) To the attorney representing petitioners, but only to the extent necessary to carry out
61 their duties under chapter 632, RSMo;

62 (9) To the department of social services or the department of health and senior services
63 as necessary to report or have investigated abuse, neglect, or rights violations of patients,
64 residents, or clients;

65 (10) To a county board established pursuant to sections 205.968 to 205.972, RSMo 1986,
66 but only to the extent necessary to carry out their statutory responsibilities. The county board
67 shall not identify, directly or indirectly, any individual patient, resident or client;

68 **(11) To parents, legal guardians, treatment professionals, law enforcement officers,**
69 **and other individuals who by having such information could mitigate the likelihood of a**
70 **suicide. The facility treatment team shall have determined that the consumer's safety is**
71 **at some level of risk.**

72 4. The facility or program shall document the dates, nature, purposes and recipients of
73 any records disclosed under this section and sections 630.145 and 630.150.

74 5. The records and files maintained in any court proceeding under chapter 632, RSMo,
75 shall be confidential and available only to the patient, the patient's attorney, guardian, or, in the
76 case of a minor, to a parent or other person having legal custody of the patient, and to the
77 petitioner and the petitioner's attorney. In addition, the court may order the release or use of such
78 records or files only upon good cause shown, and the court may impose such restrictions as the
79 court deems appropriate.

80 6. Nothing contained in this chapter shall limit the rights of discovery in judicial or
81 administrative procedures as otherwise provided for by statute or rule.

82 7. The fact of admission of a voluntary or involuntary patient to a mental health facility
83 under chapter 632, RSMo, may only be disclosed as specified in subsections 2 and 3 of this
84 section.

630.910. 1. There is hereby created within the department of mental health the
2 **"Suicide Prevention Advisory Committee" to be comprised of the following eighteen**
3 **members:**

4 **(1) Six representatives from each of the following state departments: mental health,**
5 **health and senior services, social services, elementary and secondary education,**
6 **corrections, and higher education;**

7 **(2) Ten citizen members representing suicide survivors, the criminal justice system,**
8 **the business community, clergy, schools, youth, mental health professionals, health care**
9 **providers, nonprofit organizations, and a researcher to be appointed by the governor;**

10 **(3) One member from the house of representatives to be appointed by the speaker**
11 **of the house of representatives; and**

12 **(4) One member of the senate to be appointed by the president pro tem of the**
13 **senate.**

14 **2. The initial appointments to the advisory committee shall be made by October 1,**
15 **2005. The initial ten members appointed under subdivision (2) of subsection 1 of this**
16 **section shall be appointed as follows: four members shall be appointed for a four-year**
17 **term, three members shall be appointed for a three-year term, and three members shall be**
18 **appointed for a two-year term.**

19 **3. The first meeting of the advisory committee shall be scheduled by the director**
20 **of the department of mental health and held on or before December 1, 2005. The**
21 **committee shall meet at least quarterly thereafter. The director of the department of**
22 **mental health, or the director's designee, shall be the chair of the advisory committee.**
23 **Each of the departments listed in subdivision (1) of subsection 1 of this section shall**
24 **provide staff and technical support for the advisory committee.**

25 **4. The advisory committee shall:**

26 **(1) Provide oversight, technical support, and outcome promotion for prevention**
27 **activities;**

28 **(2) Develop annual goals and objectives for ongoing suicide prevention efforts;**

29 **(3) Make information on prevention and mental health intervention models**
30 **available to community groups implementing suicide prevention programs;**

31 **(4) Promote the use of outcome methods that will allow comparison and evaluation**
32 **of the efficacy, effectiveness, cultural competence, and cost-effectiveness of plan-supported**
33 **interventions, including making specific recording and monitoring instruments available**
34 **for plan-supported projects;**

35 **(5) Review and recommend changes to existing or proposed statutes, rules, and**
36 **policies to prevent suicides; and**

37 **(6) Coordinate and issue a biannual report on suicide and suicidal behaviors in the**
38 **state using information drawn from federal, state, and local sources.**

39 **5. Members of the committee shall serve without compensation but the ten citizen**

40 members may be reimbursed for any actual expenses incurred in the performance of their
41 duties as members of the advisory committee.

630.915. 1. The department of mental health, in consultation with the department
2 of health and senior services, shall seek funding from the Centers for Disease Control and
3 Prevention to participate in the National Violent Death Reporting System (NVDRS) to
4 obtain better information about violent deaths, including suicide.

5 2. If such funding under subsection 1 of this section is not available to the state of
6 Missouri, on or before July 1, 2006, the department of mental health, in consultation with
7 the department of health and senior services and subject to appropriation, shall develop
8 a state-based reporting system based on the National Violent Death Reporting System that
9 will provide information needed to accurately assess the factors causing violent deaths,
10 including suicide.

11 3. Information obtained from this state's participation in the National Violent
12 Death Reporting System under subsection 1 of this section or the state-based system
13 developed under subsection 2 of this section shall be used to help answer questions
14 regarding the magnitude, trends, and characteristics of violent deaths and assist in the
15 evaluation and improvement of violence prevention policies and programs.

16 4. Information obtained under this section shall be provided to the suicide
17 prevention advisory committee established under section 630.910.

18 5. Pursuant to section 23.253, RSMo, of the Missouri Sunset Act:

19 (1) The provisions of the new program authorized under this section shall
20 automatically sunset six years after the effective date of this section unless reauthorized by
21 an act of the general assembly; and

22 (2) If such program is reauthorized, the program authorized under this section
23 shall automatically sunset twelve years after the effective date of the reauthorization of this
24 section; and

25 (3) This section shall terminate on September first of the calendar year immediately
26 following the calendar year in which the program authorized under this section is sunset.