

House \_\_\_\_\_ Amendment NO. \_\_\_\_\_

Offered By \_\_\_\_\_

1 AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill No. 852,  
2 Page 4, Section 105.935, Line 54, by inserting after all of said line the following:

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4 "334.950. 1. As used in this section, the following terms shall mean:

5 (1) "Child abuse medical resource centers", medical institutions affiliated with accredited  
6 children's hospitals or recognized institutions of higher education with accredited medical school  
7 programs that provide training, support, mentoring, and peer review to SAFE CARE providers in  
8 Missouri;

9 (2) "SAFE CARE provider", a physician, advanced practice nurse, or physician's assistant  
10 licensed in this state who provides medical diagnosis and treatment to children suspected of being  
11 victims of abuse and who receives:

12 (a) Missouri-based initial intensive training regarding child maltreatment from the SAFE CARE  
13 network;

14 (b) Ongoing update training on child maltreatment from the SAFE CARE network;

15 (c) Peer review and new provider mentoring regarding the forensic evaluation of children  
16 suspected of being victims of abuse from the SAFE CARE network;

17 (3) "Sexual assault forensic examination child abuse resource education network" or "SAFE  
18 CARE network", a network of SAFE CARE providers and child abuse medical resource centers that  
19 collaborate to provide forensic evaluations, medical training, support, mentoring, and peer review  
20 for SAFE CARE providers for the medical evaluation of child abuse victims in this state to improve  
21 outcomes for children who are victims of or at risk for child maltreatment by enhancing the skills  
22 and role of the medical provider in a multidisciplinary context.

23 2. Child abuse medical resource centers may collaborate directly or through the use of  
24 technology with SAFE CARE providers to promote improved services to children who are suspected  
25 victims of abuse that will need to have a forensic medical evaluation conducted by providing  
26 specialized training for forensic medical evaluations for children conducted in a hospital, child  
27 advocacy center, or by a private health care professional without the need for a collaborative  
28 agreement between the child abuse medical resource center and a SAFE CARE provider.

29 3. SAFE CARE providers who are a part of the SAFE CARE network in Missouri may  
30 collaborate directly or through the use of technology with other SAFE CARE providers and child  
31 abuse medical resource centers to promote improved services to children who are suspected victims  
32 of abuse that will need to have a forensic medical evaluation conducted by providing specialized  
33 training for forensic medical evaluations for children conducted in a hospital, child advocacy center,  
34 or by a private health care professional without the need for a collaborative agreement between the  
35 child abuse medical resource center and a SAFE CARE provider.

36 4. The SAFE CARE network shall develop recommendations concerning medically based

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1 screening processes and forensic evidence collection for children who may be in need of an  
2 emergency examination following an alleged sexual assault. Such recommendations shall be  
3 provided to the SAFE CARE providers, child advocacy centers, hospitals and licensed practitioners  
4 that provide emergency examinations for children suspected of being victims of abuse.

5 5. The department of public safety shall establish rules and make payments to SAFE CARE  
6 providers, out of appropriations made for that purpose, who provide forensic examinations of  
7 persons under eighteen years of age who are alleged victims of physical abuse.

8 6. The department shall establish maximum reimbursement rates for charges submitted under  
9 this section, which shall reflect the reasonable cost of providing the forensic exam.

10 7. The department shall only reimburse providers for forensic evaluations and case reviews.  
11 The department shall not reimburse providers for medical procedures, facility fees, supplies or  
12 laboratory/radiology tests.

13 8. In order for the department to provide reimbursement, the child shall be the subject of a  
14 child abuse investigation or reported to the children's division as a result of the examination.

15 9. A minor may consent to examination under this section. Such consent is not subject to  
16 disaffirmance because of the individual's status as a minor, and the consent of a parent or guardian of  
17 the minor is not required for such examination."; and

18  
19 Further amend said bill by amending the title, enacting clause, and intersectional references  
20 accordingly.  
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