

House _____ Amendment NO. _____

Offered By _____

1 AMEND House Committee Substitute for Senate Bill No. 275, Pages 1 to 2, Section 21.790, Lines 1
2 to 33, by deleting said lines and inserting in lieu thereof the following:

3
4 "21.790. 1. There is hereby established the "Task Force on Substance Abuse Prevention and
5 Treatment". The task force shall be composed of six members from the house of representatives, six
6 members from the senate, and four members appointed by the governor. The senate members of the
7 task force shall be appointed by the president pro tempore of the senate and the house members by
8 the speaker of the house of representatives. There shall be at least two members from the minority
9 party of the senate and at least two members from the minority party of the house of representatives.
10 The members appointed by the governor shall include one member from the health care industry,
11 one member who is a first responder or law enforcement officer, one member who is a member of
12 the judiciary or a prosecuting attorney, and one member representing a substance abuse prevention
13 advocacy group.

14 2. The task force shall select a chairperson and a vice-chairperson, one of whom shall be a
15 member of the senate and one a member of the house of representatives. A majority of the members
16 shall constitute a quorum. The task force shall meet at least once during each legislative session and
17 at all other times as the chairperson may designate.

18 3. The task force shall:

19 (1) Conduct hearings on current and estimated future drug and substance use and abuse
20 within the state;

21 (2) Explore solutions to substance abuse issues; and

22 (3) Draft or modify legislation as necessary to effectuate the goals of finding and funding
23 education and treatment solutions to curb drug and substance use and abuse.

24 4. The task force may make reasonable requests for staff assistance from the research and
25 appropriations staffs of the senate and house of representatives and the joint committee on
26 legislative research. In the performance of its duties, the task force may request assistance or
27 information from all branches of government and state departments, agencies, boards, commissions,
28 and offices.

29 5. The task force shall report annually to the general assembly and the governor. The report
30 shall include recommendations for legislation pertaining to substance abuse prevention and
31 treatment."; and

32
33 Further amend said bill, Page 5, Section 191.1168, Line 5, by inserting after all of said section and
34 line the following:

35
36 "192.067. 1. The department of health and senior services, for purposes of conducting

Action Taken _____ Date _____

1 epidemiological studies to be used in promoting and safeguarding the health of the citizens of
 2 Missouri under the authority of this chapter is authorized to receive information from patient
 3 medical records. The provisions of this section shall also apply to the collection, analysis, and
 4 disclosure of nosocomial infection data from patient records collected pursuant to section 192.667
 5 and to the collection of data under section 192.990.

6 2. The department shall maintain the confidentiality of all medical record information
 7 abstracted by or reported to the department. Medical information secured pursuant to the provisions
 8 of subsection 1 of this section may be released by the department only in a statistical aggregate form
 9 that precludes and prevents the identification of patient, physician, or medical facility except that
 10 medical information may be shared with other public health authorities and coinvestigators of a
 11 health study if they abide by the same confidentiality restrictions required of the department of
 12 health and senior services and except as otherwise authorized by the provisions of sections 192.665
 13 to 192.667, or section 192.990. The department of health and senior services, public health
 14 authorities and coinvestigators shall use the information collected only for the purposes provided for
 15 in this section ~~[and]~~, section 192.667, or section 192.990.

16 3. No individual or organization providing information to the department in accordance with
 17 this section shall be deemed to be or be held liable, either civilly or criminally, for divulging
 18 confidential information unless such individual organization acted in bad faith or with malicious
 19 purpose.

20 4. The department of health and senior services is authorized to reimburse medical care
 21 facilities, within the limits of appropriations made for that purpose, for the costs associated with
 22 abstracting data for special studies.

23 5. Any department of health and senior services employee, public health authority or
 24 coinvestigator of a study who knowingly releases information which violates the provisions of this
 25 section shall be guilty of a class A misdemeanor and, upon conviction, shall be punished as provided
 26 by law."; and

27
 28 Further amend said bill, Pages 10 to 16, Section 192.990, Lines 1 to 215, by deleting said lines and
 29 inserting in lieu thereof the following:

30
 31 "192.990. 1. There is hereby established within the department of health and senior services
 32 the "Pregnancy-Associated Mortality Review Board" to improve data collection and reporting with
 33 respect to maternal deaths. The department may collaborate with localities and with other states to
 34 meet the goals of the initiative.

35 2. For purposes of this section, the following terms shall mean:

36 (1) "Department", the Missouri department of health and senior services;

37 (2) "Maternal death", the death of a woman while pregnant or during the one-year period
 38 following the date of the end of pregnancy, regardless of the cause of death and regardless of
 39 whether a delivery, miscarriage, or death occurs inside or outside of a hospital.

40 3. The board shall be composed of no more than eighteen members, with a chair elected
 41 from among its membership. The board shall meet at least twice per year and shall approve the
 42 strategic priorities, work processes, and products of the board. Members of the board shall be
 43 appointed by the director of the department. Members shall serve four-year terms, except that the
 44 initial terms shall be staggered so that approximately one-third serve three, four, and five-year terms.

45 4. The board shall have a multidisciplinary and diverse membership that represents a variety
 46 of medical and nursing specialties, including, but not limited to, obstetrics and maternal-fetal care,
 47 as well as state or local public health officials, epidemiologists, statisticians, community
 48 organizations, geographic regions, and other individuals or organizations that are most affected by
 49 maternal deaths and lack of access to maternal health care services.

- 1 5. The duties of the board shall be limited to:
2 (1) Conducting ongoing comprehensive, multidisciplinary reviews of all maternal deaths;
3 (2) Identifying factors associated with maternal deaths;
4 (3) Reviewing medical records and other relevant data, which shall include, to the extent
5 available:
6 (a) A description of the maternal deaths determined by matching each death record of a
7 maternal death to a birth certificate of an infant or fetal death record, as applicable, and an indication
8 of whether the delivery, miscarriage, or death occurred inside or outside of a hospital;
9 (b) Data collected from medical examiner and coroner reports, as appropriate; and
10 (c) Using other appropriate methods or information to identify maternal deaths, including
11 deaths from pregnancy outcomes not identified under paragraph (a) of this subdivision;
12 (4) Consulting with relevant experts, as needed;
13 (5) Analyzing cases to produce recommendations for reducing maternal mortality;
14 (6) Disseminating recommendations to policy makers, health care providers and facilities,
15 and the general public;
16 (7) Recommending and promoting preventative strategies and making recommendations for
17 systems changes;
18 (8) Protecting the confidentiality of the hospitals and individuals involved in any maternal
19 deaths;
20 (9) Examining racial and social disparities in maternal deaths;
21 (10) Subject to appropriation, providing for voluntary and confidential case reporting of
22 maternal deaths to the appropriate state health agency by family members of the deceased, and other
23 appropriate individuals, for purposes of review by the board;
24 (11) Making publicly available the contact information of the board for use in such
25 reporting;
26 (12) Conducting outreach to local professional organizations, community organizations, and
27 social services agencies regarding the availability of the review board; and
28 (13) Ensuring that data collected under this section is made available, as appropriate and
29 practicable, for research purposes, in a manner that protects individually identifiable or potentially
30 identifiable information and that is consistent with state and federal privacy laws.
31 6. The board may contract with other entities consistent with the duties of the board.
32 7. (1) Before June 30, 2020, and annually thereafter, the board shall submit to the Director
33 of the Centers for Disease Control and Prevention, the director of the department, the governor, and
34 the general assembly a report on maternal mortality in the state based on data collected through
35 ongoing comprehensive, multidisciplinary reviews of all maternal deaths, and any other projects or
36 efforts of the board. The data shall be collected using best practices to reliably determine and
37 include all maternal deaths, regardless of the outcome of the pregnancy and shall include data,
38 findings, and recommendations of the committee, and, as applicable, information on the
39 implementation during such year of any recommendations submitted by the board in a previous
40 year.
41 (2) The report shall be made available to the public on the department's website and the
42 director shall disseminate the report to all health care providers and facilities that provide women's
43 health services in the state.
44 8. The director of the department, or his or her designee, shall provide the board with the
45 copy of the death certificate and any linked birth or fetal death certificate for any maternal death
46 occurring within the state.
47 9. Upon request by the department, health care providers, health care facilities, clinics,
48 laboratories, medical examiners, coroners, law enforcement agencies, driver's license bureaus, other
49 state agencies, and facilities licensed by the department shall provide to the department data related

to maternal deaths from sources such as medical records, autopsy reports, medical examiner's reports, coroner's reports, law enforcement reports, motor vehicle records, social services records, and other sources as appropriate. Such data requests shall be limited to maternal deaths which have occurred within the previous twenty-four months. No entity shall be held liable for civil damages or be subject to any criminal or disciplinary action when complying in good faith with a request from the department for information under the provisions of this subsection.

10. (1) The board shall protect the privacy and confidentiality of all patients, decedents, providers, hospitals, or any other participants involved in any maternal deaths. In no case shall any individually identifiable health information be provided to the public or submitted to an information clearinghouse.

(2) Nothing in this subsection shall prohibit the board or department from publishing statistical compilations and research reports that:

(a) Are based on confidential information relating to mortality reviews under this section; and

(b) Do not contain identifying information or any other information that could be used to ultimately identify the individuals concerned.

(3) Information, records, reports, statements, notes, memoranda, or other data collected under this section shall not be admissible as evidence in any action of any kind in any court or before any other tribunal, board, agency, or person. Such information, records, reports, notes, memoranda, data obtained by the department or any other person, statements, notes, memoranda, or other data shall not be exhibited nor their contents disclosed in any way, in whole or in part, by any officer or representative of the department or any other person. No person participating in such review shall disclose, in any manner, the information so obtained except in strict conformity with such review project. Such information shall not be subject to disclosure under chapter 610.

(4) All information, records of interviews, written reports, statements, notes, memoranda, or other data obtained by the department, the board, and other persons, agencies, or organizations so authorized by the department under this section shall be confidential.

(5) All proceedings and activities of the board, opinions of members of such board formed as a result of such proceedings and activities, and records obtained, created, or maintained under this section, including records of interviews, written reports, statements, notes, memoranda, or other data obtained by the department or any other person, agency, or organization acting jointly or under contract with the department in connection with the requirements of this section, shall be confidential and shall not be subject to subpoena, discovery, or introduction into evidence in any civil or criminal proceeding; provided, however, that nothing in this section shall be construed to limit or restrict the right to discover or use in any civil or criminal proceeding anything that is available from another source and entirely independent of the board's proceedings.

(6) Members of the board shall not be questioned in any civil or criminal proceeding regarding the information presented in or opinions formed as a result of a meeting or communication of the board; provided, however, that nothing in this section shall be construed to prevent a member of the board from testifying to information obtained independently of the board or which is public information.

11. The department may use grant program funds to support the efforts of the board and may apply for additional federal government and private foundation grants as needed. The department may also accept private, foundation, city, county, or federal moneys to implement the provisions of this section."; and

Further amend said bill, Page 22, Section 196.100, Line 18, by inserting after said section and line the following:

1 "217.199. 1. As used in this section, "healthcare products" include tampons and sanitary
 2 napkins.

3 2. The director shall ensure that healthcare products are available for free to offenders while
 4 confined in any correctional center of the department, in a quantity that is appropriate for the
 5 healthcare needs of each offender. The director shall ensure that the healthcare products conform
 6 with applicable industry standards."; and

7
 8 Further amend said bill, Page 23, Section 221.111, Line 34, by inserting after said section and line
 9 the following:

10
 11 "221.520. 1. As used in this section, the following terms shall mean:

12 (1) "Extraordinary circumstance", a substantial flight risk or some other extraordinary
 13 security circumstance that dictates restraints be used to ensure the safety and security of a pregnant
 14 prisoner in her third trimester or a postpartum prisoner within forty-eight hours postdelivery, the
 15 staff of the county or city jail or medical facility, other prisoners, or the public;

16 (2) "Labor", the period of time before a birth during which contractions are present;

17 (3) "Major bodily function", functions of the immune system, normal cell growth, and
 18 digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive
 19 functions;

20 (4) "Medical emergency", a condition that, based on reasonable medical judgment, so
 21 complicates the medical condition of a pregnant woman as to necessitate the immediate removal of
 22 restraints to avert the death of the pregnant woman or for which a delay in removal of restraints will
 23 create a serious risk of substantial and irreversible physical impairment of a major bodily function of
 24 the pregnant woman;

25 (5) "Physician", any person licensed by the state board of registration for the healing arts to
 26 practice medicine in this state;

27 (6) "Postpartum", the period of recovery immediately following childbirth, which is six
 28 weeks for a vaginal birth or eight weeks for a cesarean birth, or longer if so determined by a
 29 physician;

30 (7) "Reasonable medical judgment", a medical judgment made by a reasonably prudent
 31 physician, knowledgeable about the case and the treatment possibilities with respect to the medical
 32 conditions involved;

33 (8) "Restraints", any physical restraint or other device used to control the movement of a
 34 person's body or limbs;

35 (9) "Third trimester", gestational age, which is the length of pregnancy as measured from
 36 the first day of the woman's last menstrual period, of twenty-eight weeks or more;

37 (10) "Unborn child", the offspring of human beings from the moment of conception until
 38 birth and at every state of its biological development, including the human conceptus, zygote,
 39 morula, blastocyst, embryo, and fetus.

40 2. Pregnant prisoners shall be transported in vehicles equipped with seatbelts.

41 3. Any time restraints are used on a pregnant prisoner in her third trimester or on a
 42 postpartum prisoner within forty-eight hours postdelivery, as documented by a physician and for
 43 which the county or city officer or sheriff or jailer has written notice, the restraints shall be the least
 44 restrictive available and reasonable under the circumstances. Only in extraordinary circumstances,
 45 as determined by a county or city officer or jail official, shall ankle or waist restraints be used on
 46 any such offender.

47 4. If, based on his or her reasonable medical judgment, a doctor, nurse, or other licensed
 48 health care provider treating the pregnant prisoner in her third trimester or the postpartum prisoner
 49 within forty-eight hours postdelivery, as previously documented by a physician, finds that a medical

emergency exists and requests that restraints not be used, the county or city officer or sheriff or jailer accompanying such prisoner shall as soon as practical remove all restraints. The individual ordering the removal of restraints shall assume all liability for acts and damages that occur as a result of the restraints being removed and shall report in writing the specific facts justifying the medical emergency. The report shall be kept on file for at least five years.

5. In the event a county or city officer or sheriff or jailer determines that extraordinary circumstances exist and restraints are necessary, the officer, sheriff, or jailer shall fully document in writing within forty-eight hours of the incident the reasons he or she determined such extraordinary circumstances existed, the type of restraints used, and the reasons those restraints were considered the least restrictive available and reasonable under the circumstances. Such documents shall be kept on file by the county or city jail for at least five years from the date the restraints were used.

6. The county or city jail shall inform female prisoners, in writing and orally, of any policies and practices developed in accordance with this section upon admission to the jail, and post the policies and practices in locations in the jail where such notices are commonly posted and will be seen by female prisoners."; and

Further amend said bill, Pages 54 and 55, Section 376.1578, Lines 1 to 24, by deleting said section and lines from the bill; and

Further amend said bill and section, Page 55, Line 24, by inserting after said section and line the following:

"567.020. 1. A person commits the offense of prostitution if he or she engages in or offers or agrees to engage in sexual conduct with another person in return for something of value to be received by any person.

2. The offense of prostitution is a class B misdemeanor unless the person knew prior to performing the act of prostitution that he or she was infected with HIV in which case prostitution is a class B felony. The use of condoms is not a defense to this offense.

3. As used in this section, "HIV" means the human immunodeficiency virus that causes acquired immunodeficiency syndrome.

4. The judge may order a drug and alcohol abuse treatment program for any person found guilty of prostitution, either after trial or upon a plea of guilty, before sentencing. For the class B misdemeanor offense, upon the successful completion of such program by the defendant, the court may at its discretion allow the defendant to withdraw the plea of guilty or reverse the verdict and enter a judgment of not guilty. For the class B felony offense, the court shall not allow the defendant to withdraw the plea of guilty or reverse the verdict and enter a judgment of not guilty. The judge, however, has discretion to take into consideration successful completion of a drug or alcohol treatment program in determining the defendant's sentence.

5. In addition to the affirmative defense provided in subsection 2 of section 566.223, it shall be an affirmative defense to prosecution pursuant to this section that the defendant was under the age of eighteen ~~and~~ or was acting under the coercion, as defined in section 566.200, of an agent at the time of the offense charged. In such cases where the defendant was under the age of eighteen and found not guilty of any violation under this section, the defendant shall be classified as a victim of abuse, as defined under section 210.110, and such abuse shall be reported, as required under section 210.115."; and

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