

FIRST REGULAR SESSION

HOUSE BILL NO. 437

100TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE CHIPMAN.

0938H.011

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal section 210.115, RSMo, and to enact in lieu thereof one new section relating to child abuse reports required to be referred to the juvenile office.

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

Section A. Section 210.115, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 210.115, to read as follows:

210.115. 1. When any physician, medical examiner, coroner, dentist, chiropractor, optometrist, podiatrist, resident, intern, nurse, hospital or clinic personnel that are engaged in the examination, care, treatment or research of persons, and any other health practitioner, psychologist, mental health professional, social worker, day care center worker or other child-care worker, juvenile officer, probation or parole officer, jail or detention center personnel, teacher, principal or other school official, minister as provided by section 352.400, peace officer or law enforcement official, volunteer or personnel of a community service program that offers support services for families in crisis to assist in the delegation of any powers regarding the care and custody of a child by a properly executed power of attorney pursuant to sections 475.600 to 475.604, or other person with responsibility for the care of children has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect, that person shall immediately report to the division in accordance with the provisions of sections 210.109 to 210.183. No internal investigation shall be initiated until such a report has been made. As used in this section, the term "abuse" is not limited to abuse inflicted by a person responsible for the child's care, custody and control as specified in section 210.110, but shall also include abuse inflicted by any other person.

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.

18 2. If two or more members of a medical institution who are required to report jointly
19 have knowledge of a known or suspected instance of child abuse or neglect, a single report may
20 be made by a designated member of that medical team. Any member who has knowledge that
21 the member designated to report has failed to do so shall thereafter immediately make the report.
22 Nothing in this section, however, is meant to preclude any person from reporting abuse or
23 neglect.

24 3. The reporting requirements under this section are individual, and no supervisor or
25 administrator may impede or inhibit any reporting under this section. No person making a report
26 under this section shall be subject to any sanction, including any adverse employment action, for
27 making such report. Every employer shall ensure that any employee required to report pursuant
28 to subsection 1 of this section has immediate and unrestricted access to communications
29 technology necessary to make an immediate report and is temporarily relieved of other work
30 duties for such time as is required to make any report required under subsection 1 of this section.

31 4. Notwithstanding any other provision of sections 210.109 to 210.183, any child who
32 does not receive specified medical treatment by reason of the legitimate practice of the religious
33 belief of the child's parents, guardian, or others legally responsible for the child, for that reason
34 alone, shall not be found to be an abused or neglected child, and such parents, guardian or other
35 persons legally responsible for the child shall not be entered into the central registry. However,
36 the division may accept reports concerning such a child and may subsequently investigate or
37 conduct a family assessment as a result of that report. Such an exception shall not limit the
38 administrative or judicial authority of the state to ensure that medical services are provided to
39 the child when the child's health requires it.

40 5. In addition to those persons and officials required to report actual or suspected abuse
41 or neglect, any other person may report in accordance with sections 210.109 to 210.183 if such
42 person has reasonable cause to suspect that a child has been or may be subjected to abuse or
43 neglect or observes a child being subjected to conditions or circumstances which would
44 reasonably result in abuse or neglect.

45 6. Any person or official required to report pursuant to this section, including employees
46 of the division, who has probable cause to suspect that a child who is or may be under the age
47 of eighteen, who is eligible to receive a certificate of live birth, has died shall report that fact to
48 the appropriate medical examiner or coroner. If, upon review of the circumstances and medical
49 information, the medical examiner or coroner determines that the child died of natural causes
50 while under medical care for an established natural disease, the coroner, medical examiner or
51 physician shall notify the division of the child's death and that the child's attending physician
52 shall be signing the death certificate. In all other cases, the medical examiner or coroner shall
53 accept the report for investigation, shall immediately notify the division of the child's death as

54 required in section 58.452 and shall report the findings to the child fatality review panel
55 established pursuant to section 210.192.

56 7. Any person or individual required to report may also report the suspicion of abuse or
57 neglect to any law enforcement agency or juvenile office. Such report shall not, however, take
58 the place of reporting to the division.

59 8. If an individual required to report suspected instances of abuse or neglect pursuant to
60 this section has reason to believe that the victim of such abuse or neglect is a resident of another
61 state or was injured as a result of an act which occurred in another state, the person required to
62 report such abuse or neglect may, in lieu of reporting to the Missouri children's division, make
63 such a report to the child protection agency of the other state with the authority to receive such
64 reports pursuant to the laws of such other state. If such agency accepts the report, no report is
65 required to be made, but may be made, to the children's division.

66 **9. If any physician, resident, intern, nurse, hospital or clinic personnel, or any other**
67 **health care provider who is engaged in the examination, care, treatment, or research of**
68 **persons becomes aware that a birth mother or child, within eight hours after the child's**
69 **birth, tested positive for a blood alcohol content of eight-hundredths of one percent or**
70 **more by weight or tested positive for cocaine, heroin, methamphetamine, or a controlled**
71 **substance as defined in section 195.010 or a prescription drug other than a controlled**
72 **substance or a prescription drug for which the birth mother or child has a valid**
73 **prescription and reports such diagnosis to the children's division, the division shall submit**
74 **a referral to the juvenile office as soon as reasonably possible. The referral shall include**
75 **the division's recommendations to the juvenile office regarding the care, safety, and**
76 **placement of the child and the reasons for such recommendations.**

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