

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives
that the Senate has taken up and passed

SS SCS HS HB 432

entitled:

AN ACT

To repeal sections 192.2520, 193.075, 197.135, 208.018, 208.053, 208.227, 208.285, 210.115, 210.150, 210.201, 210.251, 210.950, and 452.410, RSMo, and to enact in lieu thereof twenty-eight new sections relating to the protection of vulnerable persons, with penalty provisions and an emergency clause for a certain section.

With SA 1, SA 2, SA 3, SA 4, SA 5, SA 6, SA 7, SA 8 & SA 9

EC - Adopted

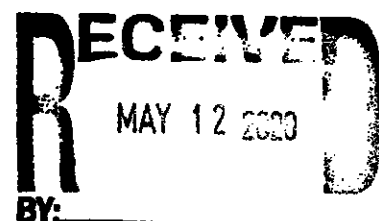
In which the concurrence of the House is respectfully requested.

Respectfully,

Adriane D. Crouse

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Secretary of the Senate



SENATE AMENDMENT NO. 1Offered by White of 32Amend SS/SCS/HS/House Bill No. 432, Page 65, Section 452.410, Line 20,

2 by inserting after all of said line the following:

3 "633.200. 1. [For purposes of this section, the term
4 "autism spectrum disorder" shall be defined as in standard
5 diagnostic criteria for pervasive developmental disorder, to
6 include autistic disorder; Asperger's syndrome; pervasive
7 developmental disorder-not otherwise specified; childhood
8 disintegrative disorder; and Rett's syndrome.

9 2. There is hereby created the "Missouri Commission on
10 Autism Spectrum Disorders" to be housed within the
11 department of mental health. The department of mental
12 health shall provide technical and administrative support as
13 required by the commission. The commission shall meet on at
14 least four occasions annually, including at least two
15 occasions before the end of December of the first year the
16 commission is fully established. The commission may hold
17 meetings by telephone or video conference. The commission
18 shall advise and make recommendations to the governor,
19 general assembly, and relevant state agencies regarding
20 matters concerning all state levels of autism spectrum
21 disorder services, including health care, education, and
22 other adult and adolescent services.

23 3. The commission shall be composed of twenty-four
24 members, consisting of the following:

25 (1) Four members of the general assembly, with two
26 members from the senate and two members from the house of

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27 representatives. The president pro tem of the senate shall
28 appoint one member from the senate and the minority leader
29 of the senate shall appoint one member from the senate. The
30 speaker of the house shall appoint one member from the house
31 of representatives and the minority leader of the house
32 shall appoint one member from the house of representatives;

33 (2) The director of the department of mental health,
34 or his or her designee;

35 (3) The commissioner of the department of elementary
36 and secondary education, or his or her designee;

37 (4) The director of the department of health and
38 senior services, or his or her designee;

39 (5) The director of the department of public safety,
40 or his or her designee;

41 (6) The commissioner of the department of higher
42 education and workforce development, or his or her designee;

43 (7) The director of the department of social services,
44 or his or her designee;

45 (8) The director of the department of commerce and
46 insurance, or his or her designee;

47 (9) Two representatives from different institutions of
48 higher learning located in Missouri;

49 (10) An individual employed as a director of special
50 education at a school district located in Missouri;

51 (11) A speech and language pathologist;

52 (12) A diagnostician;

53 (13) A mental health provider;

54 (14) A primary care physician;

55 (15) Two parents of individuals with autism spectrum
56 disorder, including one parent of an individual under the
57 age of eighteen and one parent of an individual over the age
58 of eighteen;

59 (16) Two individuals with autism spectrum disorder;

60 (17) A representative from an independent private
61 provider or nonprofit provider or organization;

62 (18) A member of a county developmental disability
63 board.

64 The members of the commission, other than the members from
65 the general assembly and ex-officio members, shall be
66 appointed by the director of the department of mental
67 health. A chair of the commission shall be selected by the
68 members of the commission. Of the members first appointed
69 to the commission by the governor, half shall serve a term
70 of four years and half shall serve a term of two years, and
71 thereafter, members shall serve a term of four years and may
72 be reappointed. Members shall continue to serve until their
73 successor is duly appointed and qualified. Any vacancy on
74 the commission shall be filled in the same manner as the
75 original appointment. Members shall serve on the commission
76 without compensation but may be reimbursed for their actual
77 and necessary expenses from moneys appropriated to the
78 department of mental health.

79 4. The members of the commission shall consist of a
80 broad representation of Missouri citizens, both urban and
81 rural, who are concerned with the health and quality of life
82 for individuals with autism spectrum disorder.

83 5. The commission shall make recommendations for
84 developing a comprehensive statewide plan for an integrated
85 system of training, treatment, and services for individuals
86 of all ages with autism spectrum disorder. By July 1, 2009,
87 the commission shall issue preliminary findings and
88 recommendations to the general assembly.

89 6. In preparing the state plan, the commission shall
90 specifically perform the following responsibilities and
91 report on them accordingly, in conjunction with state
92 agencies and the office of autism services:

93 (1) Study and report on the means for developing a
94 comprehensive, coordinated system of care delivery across
95 the state to address the increased and increasing presence
96 of autism spectrum disorder and ensure that resources are
97 created, well-utilized, and appropriately spread across the
98 state:

99 (a) Determine the need for the creation of additional
100 centers for diagnostic excellence in designated sectors of
101 the state, which could provide clinical services, including
102 assessment, diagnoses, and treatment of patients;

103 (b) Plan for effectively evaluating regional service
104 areas throughout the state and their capacity, including
105 outlining personnel and skills that exist within the service
106 area, other capabilities that exist, and resource needs that
107 may be unmet;

108 (c) Assess the need for additional behavioral
109 intervention capabilities and, as necessary, the means for
110 expanding those capabilities in a regional service area;

111 (d) Develop recommendations for expanding these
112 services in conjunction with hospitals after considering the
113 resources that exist in terms of specialty clinics and
114 hospitals, and hospital inpatient care capabilities;

115 (2) Conduct an assessment of the need for coordinated,
116 enhanced and targeted special education capabilities within
117 each region of the state;

118 (3) Develop a recommendation for enlisting appropriate
119 universities and colleges to ensure support and
120 collaboration in developing certification or degree programs
121 for students specializing in autism spectrum disorder
122 intervention. This may include degree programs in
123 education, special education, social work, and psychology;
124 and

125 (4) Other responsibilities may include but not be
126 limited to:

127 (a) Provide recommendations regarding training
128 programs and the content of training programs being
129 developed;

130 (b) Recommend individuals to participate in a
131 committee of major stakeholders charged with developing
132 screening, diagnostic, assessment, and treatment standards
133 for Missouri;

134 (c) Participate in recommending a panel of qualified
135 professionals and experts to review existing models of
136 evidence-based educational practices for adaptation specific
137 to Missouri;

138 (d) Examine the barriers to accurate information of
139 the prevalence of individuals with autism spectrum disorder
140 across the state and recommend a process for accurate
141 reporting of demographic data;

142 (e) Explore the need for the creation of interagency
143 councils and evaluation of current councils to ensure a
144 comprehensive, coordinated system of care for all
145 individuals with autism spectrum disorder;

146 (f) Study or explore other developmental delay
147 disorders and genetic conditions known to be associated with
148 autism, including fragile X syndrome; Sotos syndrome;
149 Angelman syndrome; and tuberous sclerosis.] For purposes of
150 this section, the term "autism spectrum disorder" shall have
151 the same meaning as the term is defined in the current
152 Diagnostic and Statistical Manual of Mental Disorders.

153 2. There is hereby created the "Missouri Commission on
154 Autism Spectrum Disorders" to be housed within the
155 department of mental health. The department of mental
156 health shall provide technical and administrative support as
157 required by the commission. The commission shall meet on at

158 least four occasions annually, including at least two
159 occasions before the end of December of the first year the
160 commission is fully established. The commission may hold
161 meetings by telephone or video conference.

162 3. The Missouri commission on autism spectrum
163 disorders shall have the mission of producing an "Autism
164 Roadmap for Missouri" encompassing the lifespan of a person
165 living with an autism spectrum disorder. The autism roadmap
166 shall discuss best practices for care and services within
167 health care, education, vocational support, and community
168 resources and highlight opportunities for improvement. The
169 autism roadmap shall include:

170 (1) A targeted review of existing autism resources,
171 initiatives, and funding;

172 (2) The identification of unmet needs or gaps; and

173 (3) Tangible recommendations for system improvements,
174 including specific policy, programmatic, legislative, and
175 funding recommendations.

176 4. The commission shall be composed of twenty-five
177 members, consisting of the following:

178 (1) The director of the office of autism services
179 within the department of mental health;

180 (2) The directors from three of the designated
181 Missouri autism centers receiving state funding, or their
182 designees;

183 (3) Two independent providers of autism diagnosis and
184 related services in Missouri;

185 (4) Three representatives from separate not-for-profit
186 applied behavioral analysis and related allied health
187 service providers in Missouri;

188 (5) Two representatives from the rural health care
189 community whose practices or health care systems include
190 care of individuals with autism;

191 (6) Two representatives from organizations providing
192 vocational rehabilitation, educational, or adult service
193 opportunities for individuals with autism spectrum disorders;

194 (7) Two special education professionals or
195 administrators representing primary and secondary education
196 in Missouri;

197 (8) The director of the department of mental health,
198 or his or her designee;

199 (9) The commissioner of education, or his or her
200 designee;

201 (10) The commissioner of higher education, or his or
202 her designee;

203 (11) The director of the department of health and
204 senior services, or his or her designee;

205 (12) The director of the department of social service,
206 or his or her designee;

207 (13) The director of the department of commerce and
208 insurance, or his or her designee;

209 (14) Two parents of individuals on the autism
210 spectrum, one of whom shall be a parent of a child who is on
211 the autism spectrum and who is preschool- or school-aged and
212 the other shall be a parent of an adult who is on the autism
213 spectrum; and

214 (15) Two adults with autism spectrum disorders.

215 With the exception of department directors, the members of
216 the commission shall be appointed by the director of the
217 department of mental health. A chair of the commission
218 shall be selected by the members of the commission. Members
219 shall serve a term of four years, except that the directors
220 of the designated Missouri autism centers shall only serve
221 two year terms, but may be reappointed and shall continue to
222 serve until their successor is duly appointed and
223 qualified. Any vacancy on the commission shall be filled in

224 the same manner as the original appointment. Members shall
225 serve on the commission without compensation but may be
226 reimbursed for their actual and necessary expenses from
227 moneys appropriated to the department of mental health.

228 5. The commission shall conduct its work in four
229 phases, with such phases including:

230 (1) Transitioning to adulthood for those living with
231 autism spectrum disorders, which shall include:

232 (a) Organizing and reviewing existing systems,
233 resources, and programs available to those living with
234 autism spectrum disorders who are approaching adulthood;

235 (b) Identifying unmet needs or gaps and prioritizing
236 such needs for those living with an autism spectrum disorder
237 who are approaching adulthood; and

238 (c) Reviewing best practices and developing strategic
239 goals to meet the needs of those living with an autism
240 spectrum disorder who are approaching adulthood;

241 (2) Early identification and intervention for those
242 living with autism spectrum disorders, which shall include:

243 (a) Organizing and reviewing existing systems,
244 resources, and programs available to quickly identify and
245 intervene in the lives of those living with an autism
246 spectrum disorder;

247 (b) Identifying unmet needs or gaps and prioritizing
248 such needs to quickly identify and intervene in the lives of
249 those living with an autism spectrum disorder; and

250 (c) Reviewing best practices and developing strategic
251 goals to quickly identify and intervene in the lives of
252 those living with an autism spectrum disorder;

253 (3) Access to care for those living with autism
254 spectrum disorders, which shall include:

255 (a) Organizing and reviewing existing systems,
256 resources, and programs available that provide access to
257 care for those living with an autism spectrum disorder;

258 (b) Identifying unmet needs or gaps and prioritizing
259 such needs in providing access to care for those living with
260 an autism spectrum disorder; and

261 (c) Reviewing best practices and developing strategic
262 goals for providing access to care for those living with an
263 autism spectrum disorder; and

264 (4) Challenging behavior and crisis care for those
265 living with autism spectrum disorders, which shall include:

266 (a) Organizing and reviewing existing systems,
267 resources, and programs available for challenging behavior
268 and crisis care for those living with an autism spectrum
269 disorder;

270 (b) Identifying unmet needs or gaps and prioritizing
271 such needs for challenging behavior and crisis care for
272 those living with an autism spectrum disorder; and

273 (c) Reviewing best practices and developing strategic
274 goals for challenging behavior and crisis care for those
275 living with an autism spectrum disorder.

276 6. The commission shall submit a report to the
277 director of the department of mental health and the governor
278 upon the completion of each phase. In addition, a final
279 document summarizing all completed tasks and remaining
280 recommendations shall be submitted to the director of the
281 department of mental health and the governor upon the
282 completion of all phases.

283 7. The first phase of work done by the commission
284 shall commence on January 1, 2022, with each new phase
285 commencing on January first of each of the following three
286 years. The work in each phase shall be complete by December
287 thirty-first of the year in which the phase began. Each

288 report shall be submitted to the director of the department
289 of mental health and the governor no later than April first
290 following the completion of the phase."; and

. 291 Further amend the title and enacting clause accordingly.

SENATE AMENDMENT NO. 2

Offered by

Riddle

of

10thAmend SS/SCS/HS/House Bill No. 432, Page 65, Section 452.410, Line 20,

2 by inserting after all of said line the following:

3 "566.150. 1. Any person who has been found guilty of:

4 (1) Violating any of the provisions of this chapter or
5 the provisions of section 568.020, incest; section 568.045,
6 endangering the welfare of a child in the first degree;
7 section 573.200, use of a child in a sexual performance;
8 section 573.205, promoting a sexual performance by a child;
9 section 573.023, sexual exploitation of a minor; section
10 573.025, promoting child pornography; or section 573.040,
11 furnishing pornographic material to minors; or

12 (2) Any offense in any other jurisdiction which, if
13 committed in this state, would be a violation listed in this
14 section;

15 shall not knowingly be present in or loiter within five
16 hundred feet of any real property comprising any public park
17 with playground equipment, a public swimming pool, [or]
18 athletic complex or athletic fields if such facilities exist
19 for the primary use of recreation for children, any museum
20 if such museum holds itself out to the public as and exists
21 with the primary purpose of entertaining or educating
22 children under eighteen years of age, or Missouri department
23 of conservation nature or education center properties.

24 2. The first violation of the provisions of this
25 section is a class E felony.

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26 3. A second or subsequent violation of this section is
27 a class D felony.

28 4. Any person who has been found guilty of an offense
29 under subdivision (1) or (2) of subsection 1 of this section
30 who is the parent, legal guardian, or custodian of a child
31 under the age of eighteen attending a program on the
32 property of a nature or education center of the Missouri
33 department of conservation may receive permission from the
34 nature or education center manager to be present on the
35 property with the child during the program."; and

36 Further amend the title and enacting clause accordingly.

SENATE AMENDMENT NO. 3Offered by Don Beckof 1Amend SS/SCS/HS/House Bill No. 432, Page 1, Section A, Line 9,

2 by inserting after all of said line the following:

3 "160.3005. 1. Before July 1, 2022, the local board of
4 education of each school district shall adopt a written
5 policy that requires the administration of each public
6 school building within the district to provide
7 accommodations to lactating employees, teachers, and
8 students to express breast milk, breast-feed a child, or
9 address other needs relating to breast-feeding. The policy
10 shall include provisions that require the district to
11 provide a minimum of three opportunities during a school
12 day, at intervals agreed upon by the district and the
13 individual, to accommodate an employee's, teacher's, or
14 student's need to express breast milk or breast-feed a
15 child. The policy shall include provisions that require
16 such accommodations to be available to each lactating
17 employee, teacher, or student for at least one year
18 following the birth of the employee's, teacher's, or
19 student's child, and that permit such accommodations to be
20 available for longer than one year as determined by each
21 local school board.

22 2. District policies shall require each school
23 building to contain suitable accommodation in the form of a
24 room, other than a restroom, for the exclusive use of women
25 to express breast milk or breast-feed a child. Such
26 accommodation shall be located in close proximity to a sink

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27 with running water and a refrigerator for breast milk
28 storage and have, at a minimum, the following features:

29 (1) Ventilation and a door that may be locked for
30 privacy;

31 (2) A work surface and a chair; and

32 (3) Conveniently-placed electrical outlets.

33 3. The department of elementary and secondary
34 education shall develop a model policy that satisfies the
35 requirements of subsections 1 and 2 of this section before
36 January 1, 2022.

37 4. The department of elementary and secondary
38 education may promulgate all necessary rules and regulations
39 for the administration of this section. Any rule or portion
40 of a rule, as that term is defined in section 536.010, that
41 is created under the authority delegated in this section
42 shall become effective only if it complies with and is
43 subject to all of the provisions of chapter 536 and, if
44 applicable, section 536.028. This section and chapter 536
45 are nonseverable, and if any of the powers vested with the
46 general assembly pursuant to chapter 536 to review, to delay
47 the effective date, or to disapprove and annul a rule are
48 subsequently held unconstitutional, then the grant of
49 rulemaking authority and any rule proposed or adopted after
50 August 28, 2021, shall be invalid and void."; and

51 Further amend the title and enacting clause accordingly.

SENATE AMENDMENT NO. 4

Offered by

RAUER

of

7Amend SS/SCS/HS/House Bill No. 432, Page 65, Section 376.1228, Line 26,

2 by inserting after all of said line the following:

3 "376.1551. 1. As used in this section, the following
4 terms mean:

5 (1) "Health benefit plan", the same meaning given to
6 the term in section 376.1350;

7 (2) "Health carrier", the same meaning given to the
8 term in section 376.1350;

9 (3) "Mental health condition", the same meaning given
10 to the term in section 376.1550.

11 2. Notwithstanding any other provision of law to the
12 contrary, each health carrier that offers or issues health
13 benefit plans that are delivered, issued for delivery,
14 continued, or renewed in this state on or after January 1,
15 2022, and that provide coverage for a mental health
16 condition shall meet the requirements of the Mental Health
17 Parity and Addiction Equity Act of 2008, 42 U.S.C. Section
18 300gg-26, as amended, and the regulations promulgated
19 thereunder. The director may enforce such requirements
20 subject to the provisions of this section.

21 3. The provisions of this section shall not apply to a
22 supplemental insurance policy, including a life care
23 contract, accident-only policy, specified disease policy,
24 hospital policy providing a fixed daily benefit only,
25 Medicare supplement policy, long-term care policy,
26 hospitalization-surgical care policy, short-term major

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27 medical policy of twelve months' or less duration, a health
28 benefit plan in the small group market that was issued
29 before January 1, 2014, or a health benefit plan in the
30 individual market that was purchased before January 1, 2014,
31 or any other supplemental policy as determined by the
32 director of the department of commerce and insurance.

33 4. The director may promulgate rules to effectuate the
34 provisions of this section. Any rule or portion of a rule,
35 as that term is defined in section 536.010, that is created
36 under the authority delegated in this section shall become
37 effective only if it complies with and is subject to all of
38 the provisions of chapter 536 and, if applicable, section
39 536.028. This section and chapter 536 are nonseverable, and
40 if any of the powers vested with the general assembly
41 pursuant to chapter 536 to review, to delay the effective
42 date, or to disapprove and annul a rule are subsequently
43 held unconstitutional, then the grant of rulemaking
44 authority and any rule proposed or adopted after August 28,
45 2021, shall be invalid and void."; and

46 Further amend the title and enacting clause accordingly.

SENATE AMENDMENT NO. 5Offered by Roberts of 5Amend SS/SCS/HS/House Bill No. 432, Page 52, Section 210.1225, Line 12,

2 by inserting after all of said line the following:

3 "211.211. 1. A child is entitled to be represented by
4 counsel in all proceedings under subdivision (2) or (3) of
5 subsection 1 of section 211.031 and by a guardian ad litem
6 in all proceedings under subdivision (1) of subsection 1 of
7 section 211.031.

8 2. The court shall appoint counsel for a child prior
9 to the filing of a petition if a request is made therefor to
10 the court and the court finds that the child is the subject
11 of a juvenile court proceeding and that the child making the
12 request is indigent.

13 3. (1) When a petition has been filed under
14 subdivision (2) or (3) of subsection 1 of section 211.031,
15 the court [shall] may appoint counsel for the child except
16 if private counsel has entered his or her appearance on
17 behalf of the child or if counsel has been waived in
18 accordance with law; except that, counsel shall not be
19 waived for any proceeding specified under subsection 10 of
20 this section unless the child has had the opportunity to
21 meaningfully consult with counsel and the court has
22 conducted a hearing on the record.

23 (2) If a child waives his or her right to counsel,
24 such waiver shall be made in open court and be recorded and
25 in writing and shall be made knowingly, intelligently, and
26 voluntarily. In determining whether a child has knowingly,

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27 intelligently, and voluntarily waived his or her right to
28 counsel, the court shall look to the totality of the
29 circumstances including, but not limited to, the child's
30 age, intelligence, background, and experience generally and
31 in the court system specifically; the child's emotional
32 stability; and the complexity of the proceedings.

33 4. When a petition has been filed and the child's
34 custodian appears before the court without counsel, the
35 court shall appoint counsel for the custodian if it finds:

36 (1) That the custodian is indigent; and

37 (2) That the custodian desires the appointment of
38 counsel; and

39 (3) That a full and fair hearing requires appointment
40 of counsel for the custodian.

41 5. Counsel shall be allowed a reasonable time in which
42 to prepare to represent his client.

43 6. Counsel shall serve for all stages of the
44 proceedings, including appeal, unless relieved by the court
45 for good cause shown. If no appeal is taken, services of
46 counsel are terminated following the entry of an order of
47 disposition.

48 7. The child and his custodian may be represented by
49 the same counsel except where a conflict of interest
50 exists. Where it appears to the court that a conflict
51 exists, it shall order that the child and his custodian be
52 represented by separate counsel, and it shall appoint
53 counsel if required by subsection 3 or 4 of this section.

54 8. When a petition has been filed, a child may waive
55 his or her right to counsel only with the approval of the
56 court and if such waiver is not prohibited under subsection
57 10 of this section. If a child waives his or her right to
58 counsel for any proceeding except proceedings under
59 subsection 10 of this section, the waiver shall only apply

60 to that proceeding. In any subsequent proceeding, the child
61 shall be informed of his or her right to counsel.

62 9. Waiver of counsel by a child may be withdrawn at
63 any stage of the proceeding, in which event the court shall
64 appoint counsel for the child if required by subsection 3 of
65 this section.

66 10. A child's right to be represented by counsel shall
67 not be waived in any of the following proceedings:

68 (1) At any contested detention hearing under Missouri
69 supreme court rule 127.08 where the petitioner alleges that
70 the child violated any law that, if committed by an adult,
71 would be a felony unless an agreement is otherwise reached;

72 (2) At a certification hearing under section 211.071
73 or a dismissal hearing under Missouri supreme court rule
74 129.04;

75 (3) At an adjudication hearing under Missouri supreme
76 court rule 128.02 for any felony offense or at any detention
77 hearing arising from a misdemeanor or felony motion to
78 modify or revoke, including the acceptance of an admission;

79 (4) At a dispositional hearing under Missouri supreme
80 court rule 128.03; or

81 (5) At a hearing on a motion to modify or revoke
82 supervision under subdivision (2) or (3) of subsection 1 of
83 section 211.031."; and

84 Further amend the title and enacting clause accordingly.

SENATE AMENDMENT NO. 16Offered by Kuenig of 15Amend SS/SCS/HS/House Bill No. 432, Page 1, Section A, Line 9,

2 by inserting after all of said line the following:

3 "160.263. 1. As used in this section, the following
4 terms mean:

5 (1) "Mechanical restraint", the use of any device or
6 equipment to restrict a student's freedom of movement.

7 "Mechanical restraint" shall not include devices implemented
8 by trained personnel or used by a student with a
9 prescription for such devices from an appropriate medical or
10 related services professional and that are used for specific
11 and approved purposes for which such devices were designed,
12 such as the following:

13 (a) Adaptive devices or mechanical supports used to
14 achieve proper body position, balance, or alignment to allow
15 greater freedom of mobility than would be possible without
16 the use of such devices or mechanical supports;

17 (b) Vehicle safety restraints when used as intended
18 during the transport of a student in a moving vehicle;

19 (c) Restraints for medical immobilization; or

20 (d) Orthopedically prescribed devices that permit a
21 student to participate in activities without risk;

22 (2) "Physical restraint", a personal restriction such
23 as person-to-person physical contact that immobilizes,
24 reduces, or restricts the ability of a student to move the
25 student's torso, arms, legs, or head freely. "Physical
26 restraint" shall not include:

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27 (a) A physical escort, which is a temporary touching
28 or holding of the hand, wrist, arm, shoulder, or back for
29 the purpose of inducing a student to walk to a safe location;

30 (b) Comforting or calming a student;

31 (c) Holding a student's hand to transport the student
32 for safety purposes;

33 (d) Intervening in a fight; or

34 (e) Using an assistive or protective device prescribed
35 by an appropriately trained professional or professional
36 team;

37 (3) "Prone restraint", using mechanical or physical
38 restraint or both to restrict a student's movement while the
39 student is lying with the student's front or face downward;

40 (4) "Restraint" includes, but is not limited to,
41 mechanical restraint, physical restraint, and prone
42 restraint;

43 (5) "Seclusion", the involuntary confinement of a
44 student alone in a room or area that the student is
45 physically prevented from leaving and that complies with the
46 building code in effect in the school district. "Seclusion"
47 shall not include the following:

48 (a) A timeout, which is a behavior management
49 technique that is part of an approved program, involves the
50 monitored separation of the student in a nonlocked setting,
51 and is implemented for the purpose of calming;

52 (b) In-school suspension;

53 (c) Detention; or

54 (d) Other appropriate disciplinary measures.

55 2. The school discipline policy under section 160.261
56 shall [prohibit] reserve confining a student in [an
57 unattended; locked space except for an emergency situation
58 while awaiting the arrival of law enforcement personnel]

59 seclusion for situations or conditions in which there is
60 imminent danger of physical harm to self or others.

61 3. For all school years beginning on or after July 1,
62 2022, no school district, charter school, or publicly
63 contracted private provider shall use any mechanical,
64 physical, or prone restraint technique that:

65 (1) Obstructs views of the student's face;

66 (2) Obstructs the student's respiratory airway,
67 impairs the student's breathing or respiratory capacity, or
68 restricts the movement required for normal breathing to
69 cause positional or postural asphyxia;

70 (3) Places pressure or weight on or causes the
71 compression of the student's chest, lungs, sternum,
72 diaphragm, back, abdomen, or genitals;

73 (4) Obstructs the student's circulation of blood;

74 (5) Involves pushing on or into the student's mouth,
75 nose, eyes, or any part of the face or involves covering the
76 face or body with anything including, but not limited to,
77 soft objects such as pillows, blankets, or washcloths;

78 (6) Endangers the student's life or significantly
79 exacerbates the student's medical condition;

80 (7) Is purposely designed to inflict pain;

81 (8) Restricts the student from communicating. If an
82 employee physically restrains a student who uses sign
83 language or an augmentative mode of communication as the
84 student's primary mode of communication, the student shall
85 be permitted to have the student's hands free of restraint
86 for brief periods unless an employee determines that such
87 freedom appears likely to result in harm to self or others.

88 [2.] 4. (1) By July 1, 2011, the local board of
89 education of each school district shall adopt a written
90 policy that comprehensively addresses the use of restrictive
91 behavioral interventions as a form of discipline or behavior

management technique. The policy shall be consistent with professionally accepted practices and standards of student discipline, behavior management, health and safety, including the safe schools act. The policy shall include but not be limited to:

[(1)] (a) Definitions of restraint, seclusion, and time-out and any other terminology necessary to describe the continuum of restrictive behavioral interventions available for use or prohibited in the district, consistent with the provisions of this section;

[(2)] (b) Description of circumstances under which a restrictive behavioral intervention is allowed and prohibited, consistent with the provisions of this section, and any unique application requirements for specific groups of students such as differences based on age, disability, or environment in which the educational services are provided;

[(3)] (c) Specific implementation requirements associated with a restrictive behavioral intervention such as time limits, facility specifications, training requirements or supervision requirements; and

[(4)] (d) Documentation, notice and permission requirements associated with use of a restrictive behavioral intervention.

(2) Before July 1, 2022, each written policy adopted under this subsection shall be updated to prohibit the school district, charter school, or publicly contracted private provider from using any restraint that employs any technique listed in subsection 3 of this section.

(3) Before July 1, 2022, each written policy adopted under this subsection shall be updated to state that the school district, charter school, or publicly contracted private provider will reserve restraint or seclusion for

situations or conditions in which there is imminent danger of physical harm to self or others.

5. Before July 1, 2022, each school district, charter school, and publicly contracted private provider shall ensure that the policy adopted under subsection 4 of this section requires the following:

(1) Any student placed in seclusion or restraint shall be removed from such seclusion or restraint as soon as the school district, charter school, or publicly contracted private provider determines that the student is no longer an imminent danger of physical harm to self or others;

(2) All school district, charter school, and publicly contracted private provider personnel shall annually review the policy and procedures involving the use of seclusion and restraint. Personnel who use seclusion or restraint shall annually complete mandatory training in the specific seclusion and restraint techniques the school district, charter school, or publicly contracted private provider uses under this section;

(3) (a) Each time seclusion or restraint is used for a student, the incident shall be monitored by a member of the school district, charter school, or publicly contracted private provider personnel, and a report shall be completed by the school district, charter school, or publicly contracted private provider that contains, at a minimum, the following:

a. The date, time of day, location, duration, and description of the incident and interventions;

b. Any event leading to the incident and the reason for using seclusion or restraint;

c. A description of the methods of seclusion or restraint used;

d. The nature and extent of any injury to the student;

157 e. The names, roles, and certifications of each
158 employee involved in the use of seclusion or restraint;

159 f. The name, role, and signature of the person who
160 prepared the report;

161 g. The name of an employee whom the parent or guardian
162 can contact regarding the incident and use of seclusion or
163 restraint;

164 h. The name of an employee to contact if the parent or
165 guardian wishes to file a complaint; and

166 i. A statement directing parents and legal guardians
167 to a sociological, emotional, or behavioral support
168 organization and a hotline number to report child abuse and
169 neglect.

170 (b) The school district, charter school, or publicly
171 contracted private provider shall maintain the report as an
172 education record of the student, provide a copy to the
173 parent or legal guardian within five school days, and a copy
174 of each incident report shall be given to the department of
175 elementary and secondary education within thirty days of the
176 incident;

177 (4) The school district, charter school, or publicly
178 contracted private provider shall attempt to notify the
179 parents or legal guardians as soon as possible but no later
180 than one hour after the end of the school day on which the
181 use of seclusion or restraint occurred. Notification shall
182 be oral or electronic and shall include a statement
183 indicating that the school district, charter school, or
184 publicly contracted private provider will provide the
185 parents or legal guardians a copy of the report described in
186 subdivision (3) of this subsection within five school days;

187 (5) An officer, administrator, or employee of a public
188 school district or charter school shall not retaliate
189 against any person for having:

190 (a) Reported a violation of any policy established
191 under this section or failure of a district or charter
192 school to follow any provisions of this section in relation
193 to incidents of seclusion and restraint; or

194 (b) Provided information regarding a violation of this
195 section by a public school district or charter school or a
196 member of the staff of the public school district or charter
197 school.

198 6. The department of elementary and secondary
199 education shall compile and maintain all incidents reported
200 under this section in the department's core data system and
201 make such data available on the Missouri comprehensive data
202 system. No personally identifiable data shall be accessible
203 on the database.

204 [3.] 7. The department of elementary and secondary
205 education shall, in cooperation with appropriate
206 associations, organizations, agencies and individuals with
207 specialized expertise in behavior management, develop a
208 model policy that satisfies the requirements of subsection 2
209 of this section as it existed on August 28, 2009, by July 1,
210 2010, and shall update such model policy to include the
211 requirements of subdivisions (2) and (3) of subsection 4 and
212 subsection 5 of this section by July 1, 2022."; and

213 Further amend the title and enacting clause accordingly.

SENATE AMENDMENT NO. 7

Offered by

Hegeman

of

AndreaAmend SS/SCS/HS/House Bill No. 432, Page 46, Section 210.251, Line 18,

2 by inserting after all of said line the following:

3 "210.252. 1. All buildings and premises used by a
4 child-care facility to care for more than six children
5 except those exempted from the licensing provisions of the
6 department of health and senior services pursuant to
7 subdivisions (1) to (15) of subsection 1 of section 210.211,
8 shall be inspected annually for fire and safety by the state
9 fire marshal, the marshal's designee or officials of a local
10 fire district and for health and sanitation by the
11 department of [health and senior services] elementary and
12 secondary education or the department's designee, including
13 officials of the department of health and senior services,
14 or officials of the local health department. Evidence of
15 compliance with the inspections required by this section
16 shall be kept on file and available to parents of children
17 enrolling in the child-care facility.

18 2. Local inspection of child-care facilities may be
19 accomplished if the standards employed by local personnel
20 are substantially equivalent to state standards and local
21 personnel are available for enforcement of such standards.

22 3. Any child-care facility may request a variance from
23 a rule or regulation promulgated pursuant to this section.
24 The request for a variance shall be made in writing to the
25 department of [health and senior services] elementary and
26 secondary education and shall include the reasons the

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27 facility is requesting the variance. The department shall
28 approve any variance request that does not endanger the
29 health or safety of the children served by the facility.
30 The burden of proof at any appeal of a disapproval of a
31 variance application shall be with the department of [health
32 and senior services] elementary and secondary education.
33 Local inspectors may grant a variance, subject to approval
34 by the department.

35 4. The department of [health and senior services]
36 elementary and secondary education shall administer the
37 provisions of sections 210.252 to 210.256, with the
38 cooperation of the state fire marshal, the department of
39 elementary and secondary education, local fire departments
40 and local health agencies.

41 5. The department of [health and senior services]
42 elementary and secondary education shall promulgate rules
43 and regulations to implement and administer the provisions
44 of sections 210.252 to 210.256. Such rules and regulations
45 shall provide for the protection of children in all child-
46 care facilities whether or not such facility is subject to
47 the licensing provisions of sections 210.201 to 210.245.

48 6. The department of health and senior services, after
49 consultation with the department of elementary and secondary
50 education, may promulgate rules and regulations to implement
51 and administer the provisions of this section related to
52 sanitation requirements. Such rules and regulations shall
53 provide for the protection of children in all child-care
54 facilities whether or not such facility is subject to the
55 licensing provisions of sections 210.201 to 210.245.

56 7. Any rule or portion of a rule, as that term is
57 defined in section 536.010, that is created under the
58 authority delegated in sections 210.252 to 210.256 shall
59 become effective only if it complies with and is subject to

60 all of the provisions of chapter 536 and, if applicable,
61 section 536.028. All rulemaking authority delegated prior
62 to August 28, 1999, is of no force and effect and repealed.
63 Nothing in this section shall be interpreted to repeal or
64 affect the validity of any rule filed or adopted prior to
65 August 28, 1999, if it fully complied with all applicable
66 provisions of law. This section and chapter 536 are
67 nonseverable and if any of the powers vested with the
68 general assembly pursuant to chapter 536 to review, to delay
69 the effective date or to disapprove and annul a rule are
70 subsequently held unconstitutional, then the grant of
71 rulemaking authority and any rule proposed or adopted after
72 August 28, 1999, shall be invalid and void."; and
73 Further amend the title and enacting clause accordingly.

SENATE AMENDMENT NO. 8Offered by O'Loughlin of 18^mAmend SS/SCS/HS/House Bill No. 432, Page 1, Section A, Line 9,

2 by inserting after all of said line the following:

3 "162.686. 1. No school district or charter school
4 shall prohibit a parent or legal guardian of a student from
5 recording by audio any meeting held under the federal
6 Individuals with Disabilities Education Act (IDEA), 20
7 U.S.C. Section 1400, et seq., as amended, or Section 504 of
8 the federal Rehabilitation Act of 1973, 29 U.S.C. Section
9 794, as amended.

10 2. Any recording made by a parent or legal guardian
11 under this section shall be the property of the parent or
12 legal guardian creating the recording. No recording made
13 under this section shall be construed to be a public record
14 made by or prepared for any public governmental body under
15 chapter 610.

16 3. No school district or charter school shall impose
17 pre-meeting notification requirements of recording by a
18 parent or legal guardian of more than twenty-four hours.

19 4. No school district or charter school employee who
20 reports any violations under this section shall be subject
21 to discharge, retaliation, or any other adverse employment
22 action for making such report."; and

23 Further amend the title and enacting clause accordingly.

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Adopted "

SENATE AMENDMENT NO. 9Offered by EIGEL of 23Amend SS/SCS/HS/House Bill No. 432, Page 65, Section 376.1228, Line 26,

2 by inserting after all of said line the following:

3 "376.2034. 1. If coverage of a prescription drug for
4 the treatment of any medical condition is restricted for use
5 by a health carrier, health benefit plan, or utilization
6 review organization via a step therapy protocol, a patient,
7 through his or her health care provider, shall have access
8 to a clear, convenient, and readily accessible process to
9 request a step therapy override exception determination. A
10 health carrier, health benefit plan, or utilization review
11 organization may use its existing medical exceptions process
12 to satisfy this requirement. The process shall be disclosed
13 to the patient and health care provider, which shall include
14 the necessary documentation needed to process such request
15 and be made available on the health carrier plan or health
16 benefit plan website.

17 2. A step therapy override exception determination
18 shall be granted if the patient has tried the step therapy
19 required prescription drugs while under his or her current
20 or previous health insurance or health benefit plan, and
21 such prescription drugs were discontinued due to lack of
22 efficacy or effectiveness, diminished effect, or an adverse
23 event, or if the patient's treating health care provider
24 attests that coverage of the prescribed prescription drug is
25 necessary to save the life of the patient. Pharmacy drug
26 samples shall not be considered trial and failure of a

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27 preferred prescription drug in lieu of trying the step
28 therapy required prescription drug.

29 3. The health carrier, health benefit plan, or
30 utilization review organization may request relevant
31 documentation from the patient or provider to support the
32 override exception request.

33 4. Upon the granting of a step therapy override
34 exception request, the health carrier, health benefit plan,
35 or utilization review organization shall authorize
36 dispensation of and coverage for the prescription drug
37 prescribed by the patient's treating health care provider,
38 provided such drug is a covered drug under such policy or
39 contract.

40 5. This section shall not be construed to prevent:

41 (1) A health carrier, health benefit plan, or
42 utilization review organization from requiring a patient to
43 try a generic equivalent or other brand name drug prior to
44 providing coverage for the requested prescription drug; or

45 (2) A health care provider from prescribing a
46 prescription drug he or she determines is medically
47 appropriate."; and

48 Further amend the title and enacting clause accordingly.