FIRST REGULAR SESSION HOUSE COMMITTEE SUBSTITUTE FOR SENATE COMMITTEE SUBSTITUTE FOR

SENATE BILL NO. 403

101ST GENERAL ASSEMBLY

1874H.04C

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal sections 192.2520, 197.135, and 210.542, RSMo, and to enact in lieu thereof fourteen new sections relating to health care, with penalty provisions and an emergency clause for certain sections.

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

Section A. Sections 192.2520, 197.135, and 210.542, RSMo, are repealed and fourteen

- 2 new sections enacted in lieu thereof, to be known as sections 9.235, 9.275, 9.289, 9.309,
- 3 135.690, 192.028, 192.2520, 197.135, 210.542, 217.199, 221.065, 565.058, 574.203, and
- 4 574.204, to read as follows:
 - 9.235. The second Wednesday in May shall be designated as "Celiac Awareness
- 2 Day". The citizens of this state are encouraged to participate in appropriate events and
- 3 activities that increase awareness of celiac disease.
 - 9.275. The month of June is hereby designated as "Myasthenia Gravis Awareness
- 2 Month" in Missouri. The citizens of this state are encouraged to celebrate the month with
- 3 events and activities to raise awareness about this treatable but progressive and difficult
- 4 to diagnose disease.
 - 9.289. 1. The first full week of May each year shall be known and designated as
- 2 "Tardive Dyskinesia Awareness Week". Tardive dyskinesia is a movement disorder that
- 3 is characterized by random, involuntary, and uncontrolled movements of different muscles
- 4 in the face, trunk, and extremities. The citizens of this state are encouraged to observe the
- 5 week with appropriate events and activities to raise awareness of tardive dyskinesia.
- 6 2. The provisions of this section shall expire on August 28, 2026.

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.

9.309. The month of April is hereby designated as "Limb Loss Awareness Month"

in Missouri. Citizens of this state are encouraged to engage in appropriate events and

activities to spread awareness about limb loss and limb difference.

135.690. 1. As used in this section, the following terms mean:

- (1) "Community-based faculty preceptor", a physician or physician assistant who is licensed in Missouri and provides preceptorships to Missouri medical students or physician assistant students without direct compensation for the work of precepting;
 - (2) "Department", the Missouri department of revenue;
- (3) "Division", the division of professional registration of the Missouri department of commerce and insurance;
- (4) "Medical student", an individual enrolled in a Missouri medical college approved and accredited as reputable by the American Medical Association or the Liaison Committee on Medical Education or enrolled in a Missouri osteopathic college approved and accredited as reputable by the American Osteopathic Association;
- (5) "Medical student core preceptorship" or "physician assistant student core preceptorship", a preceptorship for a medical student or physician assistant student that provides a minimum of one hundred twenty hours of community-based instruction in family medicine, internal medicine, pediatrics, psychiatry, or obstetrics and gynecology under the guidance of a community-based faculty preceptor. A community-based faculty preceptor may add together the amounts of preceptorship instruction time separately provided to multiple students in determining whether he or she has reached the minimum hours required under this subdivision, but the total preceptorship instruction time provided shall equal at least one hundred twenty hours in order for such preceptor to be eligible for the tax credit authorized under this section;
- (6) "Physician assistant student", an individual participating in a Missouri physician assistant program accredited by the Commission on Accreditation of Allied Health Education Programs or its successor organization;
- (7) "Taxpayer", any individual, firm, partner in a firm, corporation, or shareholder in an S corporation doing business in this state and subject to the state income tax imposed under chapter 143, excluding withholding tax imposed under sections 143.191 to 143.265.
- 2. (1) Beginning January 1, 2022, any community-based faculty preceptor who serves as the community-based faculty preceptor for a medical student core preceptorship or a physician assistant student core preceptorship shall be allowed a credit against the tax otherwise due under chapter 143, excluding withholding tax imposed under sections 143.191 to 143.265, in an amount equal to one thousand dollars for each preceptorship, up

to a maximum of three thousand dollars per tax year, if he or she completes up to three preceptorship rotations during the tax year and did not receive any direct compensation for the preceptorships.

- (2) To receive the credit allowed by this section, a community-based faculty preceptor shall claim such credit on his or her return for the tax year in which he or she completes the preceptorship rotations and shall submit supporting documentation as prescribed by the division and the department.
- (3) In no event shall the total amount of a tax credit authorized under this section exceed a taxpayer's income tax liability for the tax year for which such credit is claimed. No tax credit authorized under this section shall be allowed a taxpayer against his or her tax liability for any prior or succeeding tax year.
- (4) No more than two hundred preceptorship tax credits shall be authorized under this section for any one calendar year. The tax credits shall be awarded on a first-come, first-served basis. The division and the department shall jointly promulgate rules for determining the manner in which taxpayers who have obtained certification under this section are able to claim the tax credit. The cumulative amount of tax credits awarded under this section shall not exceed two hundred thousand dollars per year.
- (5) Notwithstanding the provisions of subdivision (4) of this subsection, the division is authorized to exceed the two hundred thousand dollars per year tax credit program cap in any amount not to exceed the amount of funds remaining in the medical preceptor fund, as established under subsection 3 of this section, as of the end of the most recent tax year, after any required transfers to the general revenue fund have taken place in accordance with the provisions of subsection 3 of this section.
- 3. (1) Funding for the tax credit program authorized under this section shall be generated by the division from a license fee increase of seven dollars per license for physicians and surgeons and from a license fee increase of three dollars per license for physician assistants. The license fee increases shall take effect as of January 1, 2022, based on the underlying license fee rates prevailing on that date. The underlying license fee rates shall be determined under section 334.090 and all other applicable provisions of chapter 334.
- (2) (a) There is hereby created in the state treasury the "Medical Preceptor Fund", which shall consist of moneys collected under this subsection. The state treasurer shall be custodian of the fund. In accordance with sections 30.170 and 30.180, the state treasurer may approve disbursements. The fund shall be a dedicated fund and, upon appropriation, moneys in the fund shall be used solely by the division for the administration of the tax credit program authorized under this section. Notwithstanding the provisions of section

33.080 to the contrary, any moneys remaining in the fund at the end of the biennium shall not revert to the credit of the general revenue fund. The state treasurer shall invest moneys in the medical preceptor fund in the same manner as other funds are invested. Any interest and moneys earned on such investments shall be credited to the fund.

- (b) Notwithstanding any provision of this chapter or any other provision of law to the contrary, all revenue from the license fee increases described under subdivision (1) of this subsection shall be deposited in the medical preceptor fund. After the end of every tax year, an amount equal to the total dollar amount of all tax credits claimed under this section shall be transferred from the medical preceptor fund to the state's general revenue fund established under section 33.543. Any excess moneys in the medical preceptor fund shall remain in the fund and shall not be transferred to the general revenue fund.
- 4. (1) The division shall administer the tax credit program authorized under this section and certify rotations for the tax credit. Each taxpayer claiming a tax credit under this section shall file an affidavit with his or her income tax return, affirming that he or she is eligible for the tax credit.
- (2) No amount of any tax credit allowed under this section shall be refundable. No tax credit allowed under this section shall be transferred, sold, or assigned. No taxpayer shall be eligible to receive the tax credit authorized under this section if such taxpayer employs persons who are not authorized to work in the United States under federal law.
- 5. The department of commerce and insurance and the department of revenue shall jointly promulgate rules to implement the provisions of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2021, shall be invalid and void.
 - 192.028. 1. For purposes of this section, the following terms mean:
- (1) "Government entity", any agency or instrumentality of the state government or any political subdivision;
- 4 (2) "Vaccine passport", any standardized documentation of vaccination against a disease or diseases.
 - 2. No government entity shall be authorized to issue vaccine passports for the purpose of certifying an individual's vaccination status to a third party or to otherwise publish or share any individual's vaccination record or similar health information.

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- 3. Notwithstanding any statute, ordinance, order, or rule to the contrary, no government entity shall require documentation of an individual having received a vaccination or prophylactic treatment against any disease, other than those diseases for 12 which state statute permits such mandates and subject to the conditions expressed in such statute, in order for the individual to access public property or receive government 14 services.
 - 4. Notwithstanding any statute, ordinance, order, or rule to the contrary, no government entity shall have the authority to mandate that any private entity require documentation of an individual having received a vaccination or prophylactic treatment against any disease, other than those diseases for which state statute permits such mandates and subject to the conditions expressed in such statute, in order for the individual to access property, goods, or services.
 - 5. No entity with government-provided monopolistic privileges shall require documentation of an individual having received a vaccination or prophylactic treatment against any disease in order for the individual to access property, goods, or services.
 - 192.2520. 1. Sections 192.2520 and 197.135 shall be known and may be cited as the "Justice for Survivors Act".
 - 2. As used in this section, the following terms shall mean:
 - (1) "Appropriate medical provider", the same meaning as used in section 595.220;
 - (2) "Department", the department of health and senior services;
 - (3) "Evidentiary collection kit", the same meaning as used in section 595.220;
 - (4) "Forensic examination", the same meaning as used in section 595.220;
- 8 (5) "Telehealth", the same meaning as used in section 191.1145.
- 9 3. No later than July 1, 2022, there shall be established within the department a statewide telehealth network for forensic examinations of victims of sexual offenses in order to provide 10 11 access to sexual assault nurse examiners (SANE) or other similarly trained appropriate medical providers. A statewide coordinator for the telehealth network shall be selected by the director 12 of the department of health and senior services and shall have oversight responsibilities and 13 14 provide support for the training programs offered by the network, as well as the implementation 15 and operation of the network. The statewide coordinator shall regularly consult with Missouri-based stakeholders and clinicians actively engaged in the collection of forensic 17 evidence regarding the training programs offered by the network, as well as the 18 implementation and operation of the network.
 - 4. The network shall provide mentoring and educational training services, including:
 - (1) Conducting a forensic examination of a victim of a sexual offense, in accordance with best practices, while utilizing an evidentiary collection kit;

- 22 (2) Proper documentation, transmission, and storage of the examination evidence;
- 23 (3) Utilizing trauma-informed care to address the needs of victims;
 - (4) Utilizing telehealth technology while conducting a live examination; and
- 25 (5) Providing ongoing case consultation and serving as an expert witness in event of a 26 trial.

- The network shall, in the mentoring and educational training services provided, emphasize the importance of obtaining a victim's informed consent to evidence collection, including issues involving minor consent, and the scope and limitations of confidentiality regarding information gathered during the forensic examination.
- 5. The training offered [may] shall be made available [both] online [or in person], including the use of video conferencing technology to connect trained interdisciplinary experts with providers in a case-based learning environment, and may also be made available inperson.
- 6. The network shall, through telehealth services available twenty-four hours a day, seven days a week, by a SANE or another similarly trained appropriate medical provider, provide mentoring, consultation services, guidance, and technical assistance to appropriate medical providers during and outside of a forensic examination of a victim of a sexual offense. The network shall ensure that the system through which the network provides telehealth services meets national standards for interoperability to connect to telehealth systems.
- 7. The department may consult and enter into any necessary contracts with any other local, state, or federal agency, institution of higher education, or private entity to carry out the provisions of this section, including, but not limited to, a contract to:
 - (1) Develop, implement, maintain, or operate the network;
- (2) Train and provide technical assistance to appropriate medical providers on conducting forensic examinations of victims of sexual offenses and the use of telehealth services; and
- (3) Provide consultation, guidance, or technical assistance to appropriate medical providers using telehealth services during a forensic examination of a victim of a sexual offense.
- 8. Beginning October 1, 2021, and each year thereafter, all hospitals licensed under chapter 197 shall report to the department the following information for the previous year:
- (1) The number of forensic examinations of victims of a sexual offense performed at the hospital;
- 55 (2) The number of forensic examinations of victims of a sexual offense requested to be 56 performed by a victim of a sexual offense that the hospital did not perform and the reason why 57 the examination was not performed;

- 58 (3) The number of evidentiary collection kits submitted to a law enforcement agency for testing; and
 - (4) After July 1, 2022, the number of appropriate medical providers employed at or contracted with the hospital who utilized the training and telehealth services provided by the network.

- The information reported under this subsection and subsection 9 of this section shall not include any personally identifiable information of any victim of a sexual offense or any appropriate medical provider performing a forensic examination of such victim.
- 9. Beginning January 1, 2022, and each year thereafter, the department shall make publicly available a report that shall include the information submitted under subsection 8 of this section. The report shall also include, in collaboration with the department of public safety, information about the number of evidentiary collection kits submitted by a person or entity outside of a hospital setting, as well as the number of appropriate medical providers utilizing the training and telehealth services provided by the network outside of a hospital setting.
- 10. (1) The funding for the network shall be subject to appropriations. In addition to appropriations from the general assembly, the department shall apply for available grants and shall be able to accept other gifts, grants, bequests, and donations to develop and maintain the network and the training offered by the network.
- (2) There is hereby created in the state treasury the "Justice for Survivors Telehealth Network Fund", which shall consist of any gifts, grants, bequests, and donations accepted under this subsection. The state treasurer shall be custodian of the fund. In accordance with sections 30.170 and 30.180, the state treasurer may approve disbursements. The fund shall be a dedicated fund and money in the fund shall be used solely by the department for the purpose of developing and maintaining the network and the training offered by the network. The state treasurer shall invest moneys in the fund in the same manner as other funds are invested. Any interest and moneys earned on such investments shall be credited to the fund.
- 11. The department shall promulgate rules and regulations in order to implement the provisions of this section, including, but not limited to, the following:
- (1) The operation of a statewide telehealth network for forensic examinations of victims of sexual offenses;
- (2) The development of training for appropriate medical providers conducting a forensic examination of a victim of a sexual offense; and
 - (3) Maintenance of records and data privacy and security of patient information.

Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2020, shall be invalid and void.

197.135. 1. Beginning January 1, 2023, or no later than six months after the establishment of the statewide telehealth network under section 192.2520, whichever is later, any hospital licensed under this chapter shall perform a forensic examination using an evidentiary collection kit upon the request and consent of the victim of a sexual offense, or the victim's guardian, when the victim is at least fourteen years of age. In the case of minor consent, the provisions of subsection 2 of section 595.220 shall apply. Victims under fourteen years of age shall be referred, and victims fourteen years of age or older but less than eighteen years of age may be referred, to a SAFE CARE provider, as such term is defined in section 334.950, for medical or forensic evaluation and case review. Nothing in this section shall be interpreted to preclude a hospital from performing a forensic examination for a victim under fourteen years of age upon the request and consent of the victim or victim's guardian, subject to the provisions of section 595.220 and the rules promulgated by the department of public safety.

- 2. (1) An appropriate medical provider, as such term is defined in section 595.220, shall perform the forensic examination of a victim of a sexual offense. The hospital shall ensure that any provider performing the examination has received training conducting such examinations that is, at a minimum, equivalent to the training offered by the statewide telehealth network under subsection 4 of section 192.2520. Nothing in this section shall require providers to utilize the training offered by the statewide telehealth network, as long as the training utilized is, at a minimum, equivalent to the training offered by the statewide telehealth network.
- (2) If the provider is not a sexual assault nurse examiner (SANE), or another similarly trained physician or nurse, then the hospital shall utilize telehealth services during the examination, such as those provided by the statewide telehealth network, to provide guidance and support through a SANE, or other similarly trained physician or nurse, who may observe the live forensic examination and who shall communicate with and support the onsite provider with the examination, forensic evidence collection, and proper transmission and storage of the examination evidence.
- 3. The department of health and senior services may issue a waiver of the telehealth requirements of subsection 2 of this section if the hospital demonstrates to the department, in

writing, a technological hardship in accessing telehealth services or a lack of access to adequate broadband services sufficient to access telehealth services. Such waivers shall be granted sparingly and for no more than a year in length at a time, with the opportunity for renewal at the department's discretion.

- 4. The department shall waive the requirements of this section if the statewide telehealth network established under section 192.2520 ceases operation, the director of the department of health and senior services has provided written notice to hospitals licensed under this chapter that the network has ceased operation, and the hospital cannot, in good faith, comply with the requirements of this section without assistance or resources of the statewide telehealth network. Such waiver shall remain in effect until such time as the statewide telehealth network resumes operation or until the hospital is able to demonstrate compliance with the provisions of this section without the assistance or resources of the statewide telehealth network.
- 5. The provisions of section 595.220 shall apply to the reimbursement of the reasonable costs of the examinations and the provision of the evidentiary collection kits.
- 6. No individual hospital shall be required to comply with the provisions of this section and section 192.2520 unless and until the department provides such hospital with access to the statewide telehealth network for the purposes of mentoring and training services required under section 192.2520 without charge to the hospital.
- 210.542. 1. The children's division shall provide certain standards and training that prospective foster care parents shall meet before becoming licensed.
- 2. The children's division shall provide performance-based criteria for the evaluation of licensed foster parents and may establish by rule the frequency of such evaluation.
- 3. Any person who has a current certification in the administration of cardiopulmonary resuscitation as part of his or her professional or occupational training may substitute such certification for any cardiopulmonary resuscitation training required of him or her to obtain a license to become a foster parent.
 - 217.199. 1. As used in this section, the following terms mean:
- (1) "Appropriate quantity", an amount per day capable of satisfying the individual need of the offender if used for the feminine hygiene product's intended purpose;
 - (2) "Feminine hygiene products", tampons and sanitary napkins.
- 2. The director shall ensure that an appropriate quantity of feminine hygiene products is available at no cost to female offenders while confined in any correctional center of the department. The director shall ensure that the feminine hygiene products conform with applicable industry standards.
- 3. The general assembly may appropriate funds to assist the director in satisfying the requirements of this section.

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221.065. 1. As used in this section, the following terms mean:

- (1) "Appropriate quantity", an amount of feminine hygiene products per day capable of satisfying the individual need of the offender if used for the feminine hygiene product's intended purpose;
 - (2) "Feminine hygiene products", tampons and sanitary napkins.
- 2. Every sheriff and jailer who holds a person in custody pursuant to a writ or process or for a criminal offense shall ensure that an appropriate quantity of feminine hygiene products is available at no cost to female persons while in custody. The sheriff or jailer shall ensure that the feminine hygiene products conform with applicable industry standards.
- 3. The general assembly shall appropriate funds to assist sheriffs and jailers in satisfying the requirements of this section.
 - 565.058. 1. Any special victim as defined under section 565.002 shall not be required to reveal any current address or place of residence except to the court in camera for the purpose of determining jurisdiction and venue.
 - 2. Any special victim as defined under section 565.002 may file a petition with the court alleging assault in any degree by using his or her identifying initials instead of his or her legal name if said petition alleges that he or she would be endangered by such disclosure.
 - 574.203. 1. Except as otherwise protected by state or federal law, a person, excluding any person who has a developmental disability as defined in section 630.005, commits the offense of interference with a health care facility if the person willfully or recklessly interferes with a health care facility or employee of a health care facility by:
 - (1) Causing a peace disturbance while inside a health care facility;
 - (2) Refusing an order to vacate a health care facility when requested to by any employee of the health care facility; or
 - (3) Threatening to inflict injury on the patients or employees of a health care facility or damage to the property of a health care facility.
 - 2. Hospital policies shall address incidents of workplace violence against employees and protect an employee from retaliation when such employee complies with hospital policies in seeking assistance or intervention from local emergency services or law enforcement when a violent incident occurs.
 - 3. The offense of interference with a health care facility is a class D misdemeanor for a first offense and a class C misdemeanor for any second or subsequent offense.
 - 4. As used in this section, "health care facility" means a hospital that provides health care services directly to patients.

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574.204. 1. Except as otherwise protected by state or federal law, a person commits the offense of interference with an ambulance service if the person acts alone or in concert with others to willfully or recklessly interfere with access to or from an ambulance or willfully or recklessly disrupt any ambulance service by threatening to inflict injury on any person providing ambulance services or damage the ambulance.

- 2. The offense of interference with an ambulance service is a class D misdemeanor for a first offense and a class C misdemeanor for any second or subsequent offense.
- 3. As used in this section, "ambulance service" means a person or entity that provides emergency or nonemergency ambulance transportation and services, or both.

Section B. Because immediate action is necessary to ensure women incarcerated or held in custody are able to address their basic health needs, the enactment of sections 217.199 and 221.065 of section A of this act is deemed necessary for the immediate preservation of the public health, welfare, peace, and safety and is hereby declared to be an emergency act within the meaning of the constitution, and the enactment of sections 217.199 and 221.065 of section A of this act shall be in full force and effect upon its passage and approval.

