

HCS SS SCS SB 106 -- PUBLIC HEALTH

SPONSOR: Arthur (Kelly 141)

COMMITTEE ACTION: Voted "Do Pass with HCS" by the Standing Committee on Health and Mental Health Policy by a vote of 12 to 0. Voted "Do Pass" by the Standing Committee on Rules- Administrative Oversight by a vote of 9 to 0.

The following is a summary of the House Committee Substitute for SB 106.

EDUCATION RECORDS (Section 167.027, RSMo)

Beginning with the 2023- 2024 school year, a student special education record, as defined in the bill, shall be a permanent record and will be maintained as a part of a child's cumulative scholastic record.

PATIENT EXAMINATIONS (Section 171.240)

As specified in this bill, no health care provider, or any student or trainee under the supervision of a health care provider, shall perform a patient examination, defined in the bill as a prostate, anal, or pelvic examination, upon an anesthetized or unconscious patient in a health care facility, unless:

- (1) The patient or person authorized to make health care decisions for the patient gives specific, informed consent for nonmedical purposes;
- (2) The patient examination is necessary for diagnostic or treatment purposes;
- (3) The collection of evidence through a forensic examination for a suspected sexual assault is necessary because the evidence is lost, or because the patient is unable to give informed consent due to a medical condition; or
- (4) Emergency implied consent, as described in the bill, is present. A health care provider shall notify a patient of any such examination performed.

MAMMOGRAMS (Sections 192.775, 376.782, and 376.1183)

The bill specifies that a mammography facility certified by the United States Food and Drug Administration shall not require any person to obtain a referral from a primary care provider or physician in order to receive a screening mammogram for breast

cancer screening as established by the United States Preventative Services Task Force.

Additionally, any health carrier or health benefit plan that offers or issues health benefit plans that provide coverage for diagnostic breast examinations, coverage for supplemental breast examinations, low-dose mammography screenings, breast magnetic resonance imaging, ultrasounds, or any combination of such coverages can not impose any deductible, coinsurance, co-payment, or similar out-of-pocket expense with respect to such coverage. The provisions of the bill apply to health carriers or health benefit plans that are delivered, issued for delivery, continued, or renewed on or after January 1, 2024.

#### MO HEALTHNET COVERAGE FOR PREGNANT WOMEN (Section 208.151)

Currently, low-income pregnant and postpartum women receiving benefits through MO HealthNet for pregnant women or the Show-Me Healthy Babies Program are eligible for pregnancy-related coverage throughout the pregnancy and for 60 days following the end of the pregnancy. This bill specifies that MO HealthNet coverage for such women will include full Medicaid benefits for the duration of the pregnancy and for one year following the end of the pregnancy.

This provision of the bill contains an emergency clause.

#### PRETRIAL EXAMINATIONS (Section 552.020)

Currently, a judge may order a pretrial examination of an accused person whom the judge has reasonable cause to believe lacks mental fitness to proceed. The psychiatrist, psychologist, or physician performing the examination shall submit a report with findings, opinions, and recommendations on treatment in suitable hospitals. This bill requires the examination report to contain recommendations as to whether the accused, if found to lack mental fitness to proceed, should be committed to a suitable hospital for treatment or if the treatment can be provided in a county jail or other detention facility approved by the Director of the Department of Mental Health. Additionally, the report shall contain a recommendation as to whether the accused, if found to lack mental fitness to proceed and if not charged with a dangerous felony, murder in the first degree, or rape in the second degree, should be committed to a suitable hospital facility or may be appropriately treated in the community, and whether the accused can comply with bond conditions and treatment conditions. The Director, or his or her designee, shall determine the locations and conditions under which treatment shall be provided to the accused.

#### MENTAL HEALTH COORDINATOR (Section 631.120- 633.125)

Additionally, this bill repeals all references to a "mental health coordinator", currently defined in statute as a mental health professional who has knowledge of the laws relating to hospital admissions and civil commitment, and who is authorized by the Director of the Department of Mental Health or their designee to serve a designated geographic area or mental health facility. Associated duties, responsibilities, and powers of mental health coordinators are also repealed.

#### MENTAL HEALTH FACILITIES (Section 632.320)

For any respondent arriving at a mental health facility, this bill shortens the allotted time frame for designated facility staff to meet with the respondent and explain the respondent's statutory rights from four days to 48 hours.

#### LEAD POISONING (Section 701.340)

Additionally, this bill modifies several provisions relating to lead poisoning. This bill modifies current statute by removing a goal of testing 75% of children who receive Medicaid for lead poisoning and instead requiring that every medical provider serving children must annually provide education to parents and guardians of children under age four regarding lead hazards to children and also, annually, provide the option to test every child under age four for lead poisoning with the consent of the child's parent or guardian.

As specified in this bill, every child under age six shall be assessed annually using a questionnaire to determine whether the child is at high risk for lead poisoning. Those who are deemed high risk shall be tested using a blood sample with the consent of the child's parent or guardian.

This bill repeals the requirement that any child deemed high risk for lead poisoning who resides in housing that is currently undergoing renovations be tested at least once every six months.

This bill also modifies the provision that, in geographic areas determined to be of high risk for lead poisoning, every child care facility and every child care facility affiliated with a school system, business organization, or nonprofit, must require evidence of lead poisoning testing in all children within 30 days of enrollment to only require such testing for children between 12 months and age five. Currently, the parent or guardian must provide a reason for refusing such testing, but this bill amends that to only require a statement confirming the parent or guardian refused such testing.

The following is a summary of the public testimony from the committee hearing. The testimony was based on the Senate Perfected version of the bill.

PROPONENTS: Supporters say that there are, on average, up to 700 survivors in hospital advocacy response programs per year. Survivors of sexual violence are impacted for the rest of their life, and the legislature should be doing what is possible to support them. If an exam is conducted without consent, and it is done while unconscious or under anesthesia, that is a major invasion of trust and privacy.

Testifying in person for the bill were Senator Arthur; Julie Donelon, Metropolitan Organization to Counter Sexual Assault; Missouri Coalition Against Domestic and Sexual Violence.

OPPONENTS: There was no opposition voiced to the committee.

Written testimony has been submitted for this bill. The full written testimony and witnesses testifying online can be found under "House Testimony on Senate Bills" on the House website.