

SECOND REGULAR SESSION

# HOUSE BILL NO. 2690

102ND GENERAL ASSEMBLY

---

INTRODUCED BY REPRESENTATIVE GRAGG.

5642H.011

DANA RADEMAN MILLER, Chief Clerk

---

## AN ACT

To repeal section 210.125, RSMo, and to enact in lieu thereof two new sections relating to child abuse or neglect.

---

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

Section A. Section 210.125, RSMo, is repealed and two new sections enacted in lieu thereof, to be known as sections 210.125 and 210.144, to read as follows:

210.125. 1. A police officer, law enforcement official, or a physician who has reasonable cause to suspect that a child is suffering from illness or injury or is in danger of personal harm by reason of his surroundings and that a case of child abuse or neglect exists, may request that the juvenile officer take the child into protective custody under chapter 211.

2. A police officer, law enforcement official, or a physician who has reasonable cause to believe that a child is in imminent danger of suffering serious physical harm or a threat to life as a result of abuse or neglect and such person has reasonable cause to believe the harm or threat to life may occur before a juvenile court could issue a temporary protective custody order or before a juvenile officer could take the child into protective custody, the police officer, law enforcement official or physician may take or retain temporary protective custody of the child without the consent of the child's parents, guardian or others legally responsible for his care.

3. Any person taking a child in protective custody under this section shall immediately notify the juvenile officer of the court of the county in which the child is located of his actions and notify the division and make a reasonable attempt to advise the parents, guardians or others legally responsible for the child's care. The jurisdiction of the juvenile court attaches from the time the juvenile is taken into protective custody. Such person shall

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 file, as soon as practicable but no later than twelve hours, a written statement with the juvenile  
19 officer which sets forth the identity of the child and the facts and circumstances which gave  
20 such person reasonable cause to believe that there was imminent danger of serious physical  
21 harm or threat to the life of the child. Upon notification that a child has been taken into  
22 protective custody, the juvenile officer shall either return the child to his parents, guardian, or  
23 others responsible for his care or shall initiate child protective proceedings under chapter 211.  
24 In no event shall an employee of the division, acting upon his own, remove a child under the  
25 provisions of this act.

26 4. Temporary protective custody for purposes of this section shall not exceed twenty-  
27 four hours. Temporary protective custody for a period beyond twenty-four hours may be  
28 authorized only by an order of the juvenile court, **except cases in which a parent, guardian,**  
29 **or authorized representative, including an attorney, provides proof that contradicts**  
30 **abuse or neglect allegations.**

31 5. For the purposes of this section, "temporary protective custody" shall mean  
32 temporary placement within a hospital or medical facility or emergency foster care facility or  
33 such other suitable custody placement as the court may direct; provided, however, that an  
34 abused or neglected child may not be detained in temporary custody in a secure detention  
35 facility.

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

2 (1) "Network", the sexual assault forensic examination-child abuse resource and  
3 education (SAFE-CARE) network;

4 (2) "System", the entities authorized under section 210.001.

5 2. Any agreement between the division or department of health and senior  
6 services and the network or system to provide assistance in connection with abuse or  
7 neglect investigations conducted by the division shall require the network and the  
8 system to have the ability to obtain consultations with randomized physicians, including  
9 radiologists, geneticists, and endocrinologists, who specialize in identifying unique  
10 health conditions including, but not limited to:

11 (1) Rickets;

12 (2) Ehlers-Danlos syndrome;

13 (3) Osteogenesis imperfecta;

14 (4) Vitamin D deficiency;

15 (5) Other similar metabolic bone diseases or connective tissue disorders; or

16 (6) Any other medical condition that mimics child maltreatment or increases the  
17 risk of a misdiagnosis of child maltreatment.

18           **3. During an investigation of abuse or neglect or an assessment provided under**  
19 **subsection 2 of this section, the department of health and senior services shall refer a**  
20 **child's case for consideration with a specialist if:**

21           **(1) The department determines the child requires a specialty consultation with a**  
22 **physician;**

23           **(2) The child's primary care provider or other health care provider who**  
24 **evaluated the child recommends a specialty consultation; or**

25           **(3) The child's parent, legal guardian, or legal representative requests a specialty**  
26 **consultation.**

27           **4. In cases in which a specialty consultation is required or sought by the**  
28 **department of health and senior services or the child's parent, legal guardian, or legal**  
29 **representative, the physician providing the consultation shall:**

30           **(1) Be licensed to practice medicine;**

31           **(2) Be board certified in the physician's specialty that is relevant to diagnosing**  
32 **and treating the conditions described under subsection 2 of this section; and**

33           **(3) Not be involved with the initial report of suspected abuse or neglect.**

34           **5. Prior to referring a child to a specialty consultation, the department of health**  
35 **and senior services shall provide the child's parent, legal guardian, or legal**  
36 **representative written notice of the name, contact information, and credentials of the**  
37 **specialist providing the consultation, the choice of whom the parent, legal guardian, or**  
38 **legal representative shall be permitted to object. The parent, legal guardian, or legal**  
39 **representative shall be allowed to seek his or her own physician to evaluate the child and**  
40 **the medical reports. The provisions of this subsection shall not be construed to prohibit**  
41 **the child's parent, legal guardian, or legal representative from obtaining an alternative**  
42 **option at the parent's, legal guardian's, or legal representative's own expense. The**  
43 **department shall consider and accept an alternative opinion and document such opinion**  
44 **in the case file.**

45           **6. The department of health and senior services, any referring provider, a**  
46 **hospital, a child abuse pediatrician, or any other network shall not obstruct, prevent, or**  
47 **inhibit a child's parent, legal guardian, or legal representative or, if represented by an**  
48 **attorney, the attorney of the parent, legal guardian, or legal representative from**  
49 **obtaining all medical records and documentation necessary to request an alternative**  
50 **opinion, including access to the child for that purpose by a health care professional**  
51 **providing an alternative or second opinion, or performing diagnostic testing.**