FIRST REGULAR SESSION

HOUSE BILL NO. 924

103RD GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE SPARKS.

1914H.01I JOSEPH ENGLER, Chief Clerk

AN ACT

To repeal sections 193.015 and 193.145, RSMo, and to enact in lieu thereof two new sections relating to fetal deaths, with penalty provisions.

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

Section A. Sections 193.015 and 193.145, RSMo, are repealed and two new sections 2 enacted in lieu thereof, to be known as sections 193.015 and 193.145, to read as follows:

193.015. As used in sections 193.005 to 193.325, unless the context clearly indicates otherwise, the following terms shall mean:

3 (1) "Abortion", the same meaning given to the term in section 188.015;

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- (2) "Advanced practice registered nurse", a person licensed to practice as an advanced practice registered nurse under chapter 335, and who has been delegated tasks outlined in section 193.145 by a physician with whom they have entered into a collaborative practice arrangement under chapter 334;
- [(2)] (3) "Assistant physician", as such term is defined in section 334.036, and who has been delegated tasks outlined in section 193.145 by a physician with whom they have entered into a collaborative practice arrangement under chapter 334;
- 11 [(3)] (4) "Dead body", a human body or such parts of such human body from the condition of which it reasonably may be concluded that death recently occurred;
 - [(4)] (5) "Department", the department of health and senior services;
- 14 [(5)] (6) "Final disposition", the burial, interment, cremation, removal from the state, or other authorized disposition of a dead body or fetus;
- 16 [(6)] (7) "Induced fetal death", a death of an unborn child due to the performance of an abortion regardless of the duration of pregnancy;

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.

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(8) "Institution", any establishment, public or private, which provides inpatient or 19 outpatient medical, surgical, or diagnostic care or treatment or nursing, custodian, or 20 domiciliary care, or to which persons are committed by law;

- [(7)] (9) "Live birth", the complete expulsion or extraction from its mother of a child, irrespective of the duration of pregnancy, which after such expulsion or extraction, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached;
- [(8)] (10) "Physician", a person authorized or licensed to practice medicine or osteopathy pursuant to chapter 334;
- [(9)] (11) "Physician assistant", a person licensed to practice as a physician assistant pursuant to chapter 334, and who has been delegated tasks outlined in section 193.145 by a physician with whom they have entered into a collaborative practice arrangement under chapter 334;
- [(10)] (12) "Spontaneous fetal death", a noninduced death prior to the complete expulsion or extraction from its mother of a fetus, irrespective of the duration of pregnancy; the death is indicated by the fact that after such expulsion or extraction the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles;
- [(11)] (13) "State registrar", state registrar of vital statistics of the state of Missouri; [(12)] (14) "System of vital statistics", the registration, collection, preservation, amendment and certification of vital records; the collection of other reports required by sections 193.005 to 193.325 [and section 194.060]; and activities related thereto including the tabulation, analysis and publication of vital statistics;
- 42 [(13)] (15) "Unborn child", the same meaning given to the term in section 43 188.015;
- 44 (16) "Vital records", certificates or reports of birth, death, marriage, dissolution of marriage and data related thereto;
- 46 [(14)] (17) "Vital statistics", the data derived from certificates and reports of birth, death, spontaneous fetal death, marriage, dissolution of marriage and related reports.
- 193.145. 1. A certificate of death for each death, including each induced fetal death, which occurs in this state shall be filed with the local registrar, or as otherwise directed by the state registrar, within five days after death and shall be registered if such certificate has been completed and filed pursuant to this section. All data providers in the death registration process, including, but not limited to, the state registrar, local registrars, the state medical examiner, county medical examiners, coroners, funeral directors or persons acting as such, embalmers, sheriffs, attending physicians and resident physicians, physician assistants,

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assistant physicians, advanced practice registered nurses, and the chief medical officers of licensed health care facilities, and other public or private institutions providing medical care, treatment, or confinement to persons, shall be required to use and utilize any electronic death registration system required and adopted under subsection 1 of section 193.265 within six months of the system being certified by the director of the department of health and senior services, or the director's designee, to be operational and available to all data providers in the death registration process.

- 2. If the place of death is unknown but the dead body is found in this state, the certificate of death shall be completed and filed pursuant to the provisions of this section. The place where the body is found shall be shown as the place of death. The date of death shall be the date on which the remains were found.
- 3. When death occurs in a moving conveyance in the United States and the body is first removed from the conveyance in this state, the death shall be registered in this state and the place where the body is first removed shall be considered the place of death. When a death occurs on a moving conveyance while in international waters or air space or in a foreign country or its air space and the body is first removed from the conveyance in this state, the death shall be registered in this state but the certificate shall show the actual place of death if such place may be determined.
- 4. The funeral director or person in charge of final disposition of the dead body shall file the certificate of death. The funeral director or person in charge of the final disposition of the dead body shall obtain or verify and enter into the electronic death registration system:
- (1) The personal data from the next of kin or the best qualified person or source available;
- (2) The medical certification from the person responsible for such certification if designated to do so under subsection 5 of this section; and
- (3) Any other information or data that may be required to be placed on a death certificate or entered into the electronic death certificate system including, but not limited to, the name and license number of the embalmer.
- 5. The medical certification shall be completed, attested to its accuracy either by signature or an electronic process approved by the department, and returned to the funeral director or person in charge of final disposition within seventy-two hours after death by the physician, physician assistant, assistant physician, or advanced practice registered nurse in charge of the patient's care for the illness or condition which resulted in death or in charge of the care of the mother of the deceased unborn child for the abortion or for any health services provided due to the effects of the abortion. In the absence of the physician, physician assistant, assistant physician, or advanced practice registered nurse or with the physician's, physician assistant's, assistant physician's, or advanced practice registered nurse's

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approval the certificate may be completed and attested to its accuracy either by signature or an approved electronic process by the physician's associate physician, the chief medical 47 officer of the institution in which death occurred, or the physician who performed an autopsy upon the decedent, provided such individual has access to the medical history of the case, 48 49 views the deceased at or after death and death is due to natural causes. The person authorized to complete the medical certification may, in writing, designate any other person to enter the 50 medical certification information into the electronic death registration system if the person 52 authorized to complete the medical certificate has physically or by electronic process signed a statement stating the cause of death. The cause of death in any case of an induced fetal death in which the abortion was not performed due to a medical emergency, as defined in section 188.015, shall be listed as homicide. Any persons completing the medical 55 certification or entering data into the electronic death registration system shall be immune 57 from civil liability for such certification completion, data entry, or determination of the cause of death, absent gross negligence or willful misconduct. The state registrar may approve 58 59 alternate methods of obtaining and processing the medical certification and filing the death certificate. The Social Security number of any individual, other than an unborn child, who has died shall be placed in the records relating to the death and recorded on the death certificate.

- When death occurs from natural causes more than thirty-six hours after the decedent was last treated by a physician, physician assistant, assistant physician, or advanced practice registered nurse, the case shall be referred to the county medical examiner or coroner or physician or local registrar for investigation to determine and certify the cause of death. If the death is determined to be of a natural cause, the medical examiner or coroner or local registrar shall refer the certificate of death to the attending physician, physician assistant, assistant physician, or advanced practice registered nurse for such certification. If the attending physician, physician assistant, assistant physician, or advanced practice registered nurse refuses or is otherwise unavailable, the medical examiner or coroner or local registrar shall attest to the accuracy of the certificate of death either by signature or an approved electronic process within thirty-six hours.
- 7. If the circumstances suggest that the death was caused by other than natural causes or if it is unclear whether the death of an unborn child was due to an abortion, the medical examiner or coroner shall determine the cause of death and shall, either by signature or an approved electronic process, complete and attest to the accuracy of the medical certification within seventy-two hours after taking charge of the case.
- 8. If the cause of death cannot be determined within seventy-two hours after death, the attending medical examiner, coroner, attending physician, physician assistant, assistant physician, advanced practice registered nurse, or local registrar shall give the funeral director,

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or person in charge of final disposition of the dead body, notice of the reason for the delay, and final disposition of the body shall not be made until authorized by the medical examiner, coroner, attending physician, physician assistant, assistant physician, advanced practice registered nurse, or local registrar.

- 9. When a death is presumed to have occurred within this state but the body cannot be located, a death certificate may be prepared by the state registrar upon receipt of an order of a court of competent jurisdiction which shall include the finding of facts required to complete the death certificate. Such a death certificate shall be marked "Presumptive", show on its face the date of registration, and identify the court and the date of decree.
- 10. (1) The department of health and senior services shall notify all physicians, physician assistants, assistant physicians, and advanced practice registered nurses licensed under chapters 334 and 335 of the requirements regarding the use of the electronic vital records system provided for in this section.
- (2) On or before August 30, 2015, the department of health and senior services, division of community and public health shall create a working group comprised of representation from the Missouri electronic vital records system users and recipients of death certificates used for professional purposes to evaluate the Missouri electronic vital records system, develop recommendations to improve the efficiency and usability of the system, and to report such findings and recommendations to the general assembly no later than January 1, 2016.
- 11. Notwithstanding any provision of law to the contrary, if a coroner or deputy coroner is not current with or is without the approved training under chapter 58, the department of health and senior services shall prohibit such coroner from attesting to the accuracy of a certificate of death. No person elected or appointed to the office of coroner can assume such elected office until the training, as established by the coroner standards and training commission under the provisions of section 58.035, has been completed and a certificate of completion has been issued. In the event a coroner cannot fulfill his or her duties or is no longer qualified to attest to the accuracy of a death certificate, the sheriff of the county shall appoint a medical professional to attest death certificates until such time as the coroner can resume his or her duties or another coroner is appointed or elected to the office.
- 12. As used in this section, the term "dead body" shall include the body of an unborn child who died an induced fetal death and the term "death" shall include any induced fetal death. A certificate of death for an induced fetal death shall be considered identical to a certificate of death issued in any other death for purposes of this chapter except as otherwise specifically provided.

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