

FIRST REGULAR SESSION

HOUSE BILL NO. 1304

103RD GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE AUNE.

2712H.02I

JOSEPH ENGLER, Chief Clerk

AN ACT

To repeal sections 188.015, 188.017, 188.020, 188.021, 188.027, 188.030, 188.033, 188.038, 188.039, 188.047, 188.052, 188.056, 188.057, 188.058, 188.075, 188.080, 188.230, 188.375, 192.665, 192.667, 197.150, 197.152, 197.158, 197.160, 197.162, 197.165, 197.200, 197.205, 197.215, 197.220, 197.225, 197.230, 197.235, 197.240, 197.285, 197.287, 197.289, 197.293, 197.295, 334.100, 334.245, 334.735, 574.200, and 595.027, RSMo, and to enact in lieu thereof twenty-five new sections relating to abortion.

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

Section A. Sections 188.015, 188.017, 188.020, 188.021, 188.027, 188.030, 188.033, 188.038, 188.039, 188.047, 188.052, 188.056, 188.057, 188.058, 188.075, 188.080, 188.230, 188.375, 192.665, 192.667, 197.150, 197.152, 197.158, 197.160, 197.162, 197.165, 197.200, 197.205, 197.215, 197.220, 197.225, 197.230, 197.235, 197.240, 197.285, 197.287, 197.289, 197.293, 197.295, 334.100, 334.245, 334.735, 574.200, and 595.027, RSMo, are repealed and twenty-five new sections enacted in lieu thereof, to be known as sections 188.015, 192.665, 192.667, 197.150, 197.152, 197.158, 197.160, 197.162, 197.165, 197.200, 197.205, 197.215, 197.220, 197.225, 197.230, 197.235, 197.240, 197.285, 197.287, 197.289, 197.293, 197.295, 334.100, 334.735, and 595.027, to read as follows:

188.015. As used in this chapter, the following terms mean:

(1) "Abortion":

(a) The act of using or prescribing any instrument, device, medicine, drug, or any other means or substance with the intent to ~~destroy the life of~~ **terminate** an embryo or fetus ~~[in his or her mother's womb]~~; or

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.

6 (b) The intentional termination of ~~[the]~~ a pregnancy ~~[of a mother]~~ by using or
7 prescribing any instrument, device, medicine, drug, or other means or substance with an
8 intention other than to increase the probability of a live birth or to remove a ~~[dead unborn~~
9 **child] deceased embryo or fetus;**

10 (2) ~~["Abortion facility", a clinic, physician's office, or any other place or facility in~~
11 ~~which abortions are performed or induced other than a hospital;~~

12 ~~(3)~~ "Affiliate", a person who or entity that enters into, with an abortion facility, a
13 legal relationship created or governed by at least one written instrument, including a
14 certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license,
15 that demonstrates:

16 (a) Common ownership, management, or control between the parties to the
17 relationship;

18 (b) A franchise granted by the person or entity to the affiliate; or

19 (c) The granting or extension of a license or other agreement authorizing the affiliate
20 to use the other person's or entity's brand name, trademark, service mark, or other registered
21 identification mark;

22 ~~[(4)]~~ **(3)** "Conception", the fertilization of the ovum of a female by a sperm of a male;

23 ~~[(5)]~~ **(4)** "Department", the department of health and senior services;

24 ~~[(6)]~~ ~~"Down Syndrome", the same meaning as defined in section 191.923;~~

25 ~~(7)~~ **(5)** "Gestational age", length of pregnancy as measured from the first day of the
26 woman's last menstrual period;

27 ~~[(8)]~~ **(6)** "Medical emergency", a condition which, based on reasonable medical
28 judgment, so complicates the medical condition of a pregnant woman as to necessitate the
29 immediate abortion of her pregnancy to avert the death of the pregnant woman or for which a
30 delay will create a serious risk of substantial and irreversible physical impairment of a major
31 bodily function of the pregnant woman;

32 ~~[(9)]~~ **(7)** "Physician", any person licensed to practice medicine in this state by the
33 state board of registration for the healing arts;

34 ~~[(10)]~~ **(8)** "Reasonable medical judgment", a medical judgment that would be made
35 by a reasonably prudent physician, knowledgeable about the case and the treatment
36 possibilities with respect to the medical conditions involved[;]

37 ~~(11)~~ ~~"Unborn child", the offspring of human beings from the moment of conception~~
38 ~~until birth and at every stage of its biological development, including the human conceptus,~~
39 ~~zygote, morula, blastocyst, embryo, and fetus;~~

40 ~~(12)~~ ~~"Viability" or "viable", that stage of fetal development when the life of the~~
41 ~~unborn child may be continued indefinitely outside the womb by natural or artificial life-~~
42 ~~supportive systems;~~

43 ~~(13) "Viable pregnancy" or "viable intrauterine pregnancy", in the first trimester of~~
44 ~~pregnancy, an intrauterine pregnancy that can potentially result in a liveborn baby].~~

192.665. As used in this section, section 192.667, and sections 197.150 to 197.165,
2 the following terms mean:

3 (1) "Charge data", information submitted by health care providers on current charges
4 for leading procedures and diagnoses;

5 (2) "Charges by payer", information submitted by hospitals on amount billed to
6 Medicare, Medicaid, other government sources and all nongovernment sources combined as
7 one data element;

8 (3) "Department", the department of health and senior services;

9 (4) "Financial data", information submitted by hospitals drawn from financial
10 statements which includes the balance sheet, income statement, charity care and bad debt and
11 charges by payer, prepared in accordance with generally accepted accounting principles;

12 (5) "Health care provider", hospitals as defined in section 197.020 and ambulatory
13 surgical centers ~~[and abortion facilities]~~ as defined in section 197.200;

14 (6) "Nosocomial infection", as defined by the federal Centers for Disease Control and
15 Prevention and applied to infections within hospitals, ambulatory surgical centers, ~~[abortion~~
16 ~~facilities,]~~ and other facilities;

17 (7) "Nosocomial infection incidence rate", a risk-adjusted measurement of new cases
18 of nosocomial infections by procedure or device within a population over a given period of
19 time, with such measurements defined by rule of the department pursuant to subsection 3 of
20 section 192.667 for use by all hospitals, ambulatory surgical centers, ~~[abortion facilities,]~~ and
21 other facilities in complying with the requirements of the Missouri nosocomial infection
22 control act of 2004;

23 (8) "Other facility", a type of facility determined to be a source of infections and
24 designated by rule of the department pursuant to subsection 11 of section 192.667;

25 (9) "Patient abstract data", data submitted by hospitals which includes but is not
26 limited to date of birth, sex, race, zip code, county of residence, admission date, discharge
27 date, principal and other diagnoses, including external causes, principal and other procedures,
28 procedure dates, total billed charges, disposition of the patient and expected source of
29 payment with sources categorized according to Medicare, Medicaid, other government,
30 workers' compensation, all commercial payors coded with a common code, self-pay, no
31 charge and other.

192.667. 1. All health care providers shall at least annually provide to the department
2 charge data as required by the department. All hospitals shall at least annually provide patient
3 abstract data and financial data as required by the department. Hospitals as defined in section
4 197.020 shall report patient abstract data for outpatients and inpatients. Ambulatory surgical

5 centers ~~[and abortion facilities]~~ as defined in section 197.200 shall provide patient abstract
6 data to the department. The department shall specify by rule the types of information which
7 shall be submitted and the method of submission.

8 2. The department shall collect data on the incidence of health care-associated
9 infections from hospitals, ambulatory surgical centers, ~~[abortion facilities,]~~ and other facilities
10 as necessary to generate the reports required by this section. Hospitals, ambulatory surgical
11 centers, ~~[abortion facilities,]~~ and other facilities shall provide such data in compliance with
12 this section. In order to streamline government and to eliminate duplicative reporting
13 requirements, if the Centers for Medicare and Medicaid Services, or its successor entity,
14 requires hospitals to submit health care-associated infection data, then hospitals and the
15 department shall not be required to comply with the health care-associated infection data
16 reporting requirements of subsections 2 to 17 of this section applicable to hospitals, except
17 that the department shall post a link on its website to publicly reported data by hospitals on
18 the Centers for Medicare and Medicaid Services' Hospital Compare website, or its successor.

19 3. The department shall promulgate rules specifying the standards and procedures for
20 the collection, analysis, risk adjustment, and reporting of the incidence of health care-
21 associated infections and the types of infections and procedures to be monitored pursuant to
22 subsection 13 of this section. In promulgating such rules, the department shall:

23 (1) Use methodologies and systems for data collection established by the federal
24 Centers for Disease Control and Prevention's National Healthcare Safety Network, or its
25 successor; and

26 (2) Consider the findings and recommendations of the infection control advisory
27 panel established pursuant to section 197.165.

28 4. By January 1, 2017, the infection control advisory panel created by section 197.165
29 shall make recommendations to the department regarding the Centers for Medicare and
30 Medicaid Services' health care-associated infection data collection, analysis, and public
31 reporting requirements for hospitals, ambulatory surgical centers, and other facilities in the
32 federal Centers for Disease Control and Prevention's National Healthcare Safety Network, or
33 its successor, in lieu of all or part of the data collection, analysis, and public reporting
34 requirements of this section. The advisory panel recommendations shall address which
35 hospitals shall be required as a condition of licensure to use the National Healthcare Safety
36 Network for data collection; the use of the National Healthcare Safety Network for risk
37 adjustment and analysis of hospital submitted data; and the use of the Centers for Medicare
38 and Medicaid Services' Hospital Compare website, or its successor, for public reporting of the
39 incidence of health care-associated infection metrics. The advisory panel shall consider the
40 following factors in developing its recommendation:

41 (1) Whether the public is afforded the same or greater access to facility-specific
42 infection control indicators and metrics;

43 (2) Whether the data provided to the public is subject to the same or greater accuracy
44 of risk adjustment;

45 (3) Whether the public is provided with the same or greater specificity of reporting of
46 infections by type of facility infections and procedures;

47 (4) Whether the data is subject to the same or greater level of confidentiality of the
48 identity of an individual patient;

49 (5) Whether the National Healthcare Safety Network, or its successor, has the
50 capacity to receive, analyze, and report the required data for all facilities;

51 (6) Whether the cost to implement the National Healthcare Safety Network infection
52 data collection and reporting system is the same or less.

53 5. After considering the recommendations of the infection control advisory panel, and
54 provided that the requirements of subsection 13 of this section can be met, the department
55 shall implement guidelines from the federal Centers for Disease Control and Prevention's
56 National Healthcare Safety Network, or its successor. It shall be a condition of licensure for
57 hospitals that meet the minimum public reporting requirements of the National Healthcare
58 Safety Network and the Centers for Medicare and Medicaid Services to participate in the
59 National Healthcare Safety Network, or its successor. Such hospitals shall permit the
60 National Healthcare Safety Network, or its successor, to disclose facility-specific infection
61 data to the department as required under this section, and as necessary to provide the public
62 reports required by the department. It shall be a condition of licensure for any ambulatory
63 surgical center [~~or abortion facility~~] which does not voluntarily participate in the National
64 Healthcare Safety Network, or its successor, to submit facility-specific data to the department
65 as required under this section, and as necessary to provide the public reports required by the
66 department.

67 6. The department shall not require the resubmission of data which has been
68 submitted to the department of health and senior services or the department of social services
69 under any other provision of law. The department of health and senior services shall accept
70 data submitted by associations or related organizations on behalf of health care providers by
71 entering into binding agreements negotiated with such associations or related organizations to
72 obtain data required pursuant to section 192.665 and this section. A health care provider shall
73 submit the required information to the department of health and senior services:

74 (1) If the provider does not submit the required data through such associations or
75 related organizations;

76 (2) If no binding agreement has been reached within ninety days of August 28, 1992,
77 between the department of health and senior services and such associations or related
78 organizations; or

79 (3) If a binding agreement has expired for more than ninety days.

80 7. Information obtained by the department under the provisions of section 192.665
81 and this section shall not be public information. Reports and studies prepared by the
82 department based upon such information shall be public information and may identify
83 individual health care providers. The department of health and senior services may authorize
84 the use of the data by other research organizations pursuant to the provisions of section
85 192.067. The department shall not use or release any information provided under section
86 192.665 and this section which would enable any person to determine any health care
87 provider's negotiated discounts with specific preferred provider organizations or other
88 managed care organizations. The department shall not release data in a form which could be
89 used to identify a patient. Any violation of this subsection is a class A misdemeanor.

90 8. The department shall undertake a reasonable number of studies and publish
91 information, including at least an annual consumer guide, in collaboration with health care
92 providers, business coalitions and consumers based upon the information obtained pursuant to
93 the provisions of section 192.665 and this section. The department shall allow all health care
94 providers and associations and related organizations who have submitted data which will be
95 used in any publication to review and comment on the publication prior to its publication or
96 release for general use. The publication shall be made available to the public for a reasonable
97 charge.

98 9. Any health care provider which continually and substantially, as these terms are
99 defined by rule, fails to comply with the provisions of this section shall not be allowed to
100 participate in any program administered by the state or to receive any moneys from the state.

101 10. A hospital, as defined in section 197.020, aggrieved by the department's
102 determination of ineligibility for state moneys pursuant to subsection 9 of this section may
103 appeal as provided in section 197.071. An ambulatory surgical center ~~[or abortion facility]~~ as
104 defined in section 197.200 aggrieved by the department's determination of ineligibility for
105 state moneys pursuant to subsection 9 of this section may appeal as provided in section
106 197.221.

107 11. The department of health may promulgate rules providing for collection of data
108 and publication of the incidence of health care-associated infections for other types of health
109 facilities determined to be sources of infections; except that, physicians' offices shall be
110 exempt from reporting and disclosure of such infections.

111 12. By January 1, 2017, the advisory panel shall recommend and the department shall
112 adopt in regulation with an effective date of no later than January 1, 2018, the requirements
113 for the reporting of the following types of infections as specified in this subsection:

114 (1) Infections associated with a minimum of four surgical procedures for hospitals
115 and a minimum of two surgical procedures for ambulatory surgical centers that meet the
116 following criteria:

117 (a) Are usually associated with an elective surgical procedure. An "elective surgical
118 procedure" is a planned, nonemergency surgical procedure that may be either medically
119 required such as a hip replacement or optional such as breast augmentation;

120 (b) Demonstrate a high priority aspect such as affecting a large number of patients,
121 having a substantial impact for a smaller population, or being associated with substantial cost,
122 morbidity, or mortality; or

123 (c) Are infections for which reports are collected by the National Healthcare Safety
124 Network or its successor;

125 (2) Central line-related bloodstream infections;

126 (3) Health care-associated infections specified for reporting by hospitals, ambulatory
127 surgical centers, and other health care facilities by the rules of the Centers for Medicare and
128 Medicaid Services to the federal Centers for Disease Control and Prevention's National
129 Healthcare Safety Network, or its successor; and

130 (4) Other categories of infections that may be established by rule by the department.

131

132 The department, in consultation with the advisory panel, shall be authorized to collect and
133 report data on subsets of each type of infection described in this subsection.

134 13. In consultation with the infection control advisory panel established pursuant to
135 section 197.165, the department shall develop and disseminate to the public reports based on
136 data compiled for a period of twelve months. Such reports shall be updated quarterly and
137 shall show for each hospital, ambulatory surgical center, ~~[abortion facility,]~~ and other facility
138 metrics on risk-adjusted health care-associated infections under this section.

139 14. The types of infections under subsection 12 of this section to be publicly reported
140 shall be determined by the department by rule and shall be consistent with the infections
141 tracked by the National Healthcare Safety Network, or its successor.

142 15. Reports published pursuant to subsection 13 of this section shall be published and
143 readily accessible on the department's internet website. The reports shall be distributed at
144 least annually to the governor and members of the general assembly. The department shall
145 make such reports available to the public for a period of at least two years.

146 16. The Hospital Industry Data Institute shall publish a report of Missouri hospitals'[,]
147 **and** ambulatory surgical centers'[, ~~and abortion facilities'~~] compliance with standardized

148 quality of care measures established by the federal Centers for Medicare and Medicaid
149 Services for prevention of infections related to surgical procedures. If the Hospital Industry
150 Data Institute fails to do so by July 31, 2008, and annually thereafter, the department shall be
151 authorized to collect information from the Centers for Medicare and Medicaid Services or
152 from hospitals~~;~~ **and** ambulatory surgical centers~~;~~ ~~and abortion facilities~~ and publish such
153 information in accordance with this section.

154 17. The data collected or published pursuant to this section shall be available to the
155 department for purposes of licensing hospitals~~;~~ **and** ambulatory surgical centers~~;~~ ~~and~~
156 ~~abortion facilities~~ pursuant to chapter 197.

157 18. The department shall promulgate rules to implement the provisions of section
158 192.131 and sections 197.150 to 197.160. Any rule or portion of a rule, as that term is
159 defined in section 536.010, that is created under the authority delegated in this section shall
160 become effective only if it complies with and is subject to all of the provisions of chapter 536
161 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any
162 of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the
163 effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then
164 the grant of rulemaking authority and any rule proposed or adopted after August 28, 2004,
165 shall be invalid and void.

166 19. No later than August 28, 2017, each hospital, excluding mental health facilities as
167 defined in section 632.005, and each ambulatory surgical center ~~[and abortion facility]~~ as
168 defined in section 197.200, shall in consultation with its medical staff establish an
169 antimicrobial stewardship program for evaluating the judicious use of antimicrobials,
170 especially antibiotics that are the last line of defense against resistant infections. The
171 hospital's stewardship program and the results of the program shall be monitored and
172 evaluated by hospital quality improvement departments and shall be available upon
173 inspection to the department. At a minimum, the antimicrobial stewardship program shall be
174 designed to evaluate that hospitalized patients receive, in accordance with accepted medical
175 standards of practice, the appropriate antimicrobial, at the appropriate dose, at the appropriate
176 time, and for the appropriate duration.

177 20. Hospitals described in subsection 19 of this section shall meet the National
178 Healthcare Safety Network requirements for reporting antimicrobial usage or resistance by
179 using the Centers for Disease Control and Prevention's Antimicrobial Use and Resistance
180 (AUR) Module when conditions of participation promulgated by the Centers for Medicare
181 and Medicaid Services requiring the electronic reporting of antibiotic use or antibiotic
182 resistance by hospitals become effective. When such antimicrobial usage or resistance
183 reporting takes effect, hospitals shall authorize the National Healthcare Safety Network, or its
184 successor, to disclose to the department facility-specific information reported to the AUR

185 Module. Facility-specific data on antibiotic usage and resistance collected under this
186 subsection shall not be disclosed to the public, but the department may release case-specific
187 information to other facilities, physicians, and the public if the department determines on a
188 case-by-case basis that the release of such information is necessary to protect persons in a
189 public health emergency. Nothing in this section shall prohibit a hospital from voluntarily
190 reporting antibiotic use or antibiotic resistance data through the National Healthcare Safety
191 Network, or its successor, prior to the effective date of the conditions of participation
192 requiring the reporting.

193 21. The department shall make a report to the general assembly beginning January 1,
194 2018, and on every January first thereafter on the incidence, type, and distribution of
195 antimicrobial-resistant infections identified in the state and within regions of the state.

197.150. The department shall require that each hospital, ambulatory surgical center,
2 ~~abortion facility,~~ and other facility have in place procedures for monitoring and enforcing
3 compliance with infection control regulations and standards. Such procedures shall be
4 coordinated with administrative staff, personnel staff, and the quality improvement program.
5 Such procedures shall include, at a minimum, requirements for the facility's infection control
6 program to conduct surveillance of personnel with a portion of the surveillance to be done in
7 such manner that employees and medical staff are observed without their knowledge of such
8 observation, provided that this unobserved surveillance requirement shall not be considered to
9 be grounds for licensure enforcement action by the department until the department
10 establishes clear and verifiable criteria for determining compliance. Such surveillance also
11 may include monitoring of the rate of use of hand hygiene products.

197.152. 1. Infection control officers as defined in federal regulation and other
2 hospital~~;~~ **and** ambulatory surgical center~~;~~ ~~and abortion facility~~ employees shall be
3 protected against retaliation by the hospital~~;~~ **or** ambulatory surgical center~~;~~ ~~or abortion~~
4 ~~facility~~ for reporting infection control concerns pursuant to section 197.285 and shall be
5 entitled to the full benefits of that section. Such infection control officers shall report any
6 interference in the performance of their duties by their supervisors to the hospital~~;~~ **or**
7 ambulatory surgical center~~;~~ ~~or abortion facility~~ compliance officer established by and
8 empowered to act pursuant to section 197.285.

9 2. Infection control officers as defined in federal regulation shall also have the
10 authority to order the cessation of a practice that falls outside accepted practices as defined by
11 appropriate state and federal regulatory agencies, accreditation organizations, or the standards
12 adopted by the Centers for Disease Control and Prevention or the Association of
13 Professionals in Infection Control and Epidemiology. The hospital~~;~~ **or** ambulatory
14 surgical center~~;~~ ~~or abortion facility~~ may require that such a cessation order of an infection
15 control officer be endorsed by the hospital~~;~~ **or** ambulatory surgical center~~;~~ ~~or abortion~~

16 ~~facility~~] chief executive officer or his or her designee before taking effect. The hospital[~~;~~] **or**
17 ambulatory surgical center[~~;~~~~or abortion facility~~] infection control committee shall convene as
18 soon as possible to review such cessation order and may overrule or sustain the directive of
19 the infection control officer. The department shall promulgate rules governing documentation
20 of such events.

21 3. Members of the medical staff who report in good faith infection control concerns to
22 the hospital[~~;~~] **or** ambulatory surgical center[~~;~~~~or abortion facility~~] administration or medical
23 staff leadership shall not be subject to retaliation or discrimination for doing so. Nothing in
24 this section shall prevent or shield medical staff members from being subject to professional
25 review actions for substandard care or breach of standards established in hospital policy,
26 rules, or medical staff bylaws.

197.158. Every hospital[~~;~~] **and** ambulatory surgery center[~~;~~~~and abortion facility~~]
2 shall, beginning June 1, 2006, provide each patient an opportunity to submit to the hospital[~~;~~]
3 **or** ambulatory surgical center[~~;~~~~or abortion facility~~] administration complaints, comments,
4 and suggestions related to the care they received or their personal observations related to the
5 quality of care provided. The department shall promulgate rules to implement this section.

197.160. The department of health and senior services shall have access to all data
2 and information held by hospitals, ambulatory surgical centers, [~~abortion facilities;~~] and other
3 facilities related to their infection control practices, rates, or treatments of infections. Failure
4 to provide such access shall be grounds for full or partial licensure suspension or revocation
5 pursuant to section 197.293, sections 197.010 to 197.100, or sections 197.200 to 197.240. If
6 the department determines that the hospital, ambulatory surgical center, [~~abortion facility;~~] or
7 other facility is willfully impeding access to such information, the department shall be
8 authorized to direct all state agencies to suspend all or a portion of state payments to such
9 entity until such time as the desired information is obtained by the department.

197.162. The department shall in its licensure of hospitals[~~;~~] **and** ambulatory surgical
2 centers[~~;~~~~and abortion facilities~~] give special attention to infection control practices and shall
3 direct hospitals[~~;~~] **and** ambulatory surgical centers[~~;~~~~and abortion facilities~~] to set quantifiable
4 measures of performance for reducing the incidence of nosocomial infections in Missouri.
5 The department shall prepare an annual report on infection control standards and compliance,
6 which shall be shared with the governor and the general assembly.

197.165. 1. The department shall appoint an "Infection Control Advisory Panel" for
2 the purposes of implementing sections 192.131 and 192.667.

3 2. Members of the infection control advisory panel shall include:

4 (1) Two public members;

5 (2) Three board-certified or board-eligible physicians licensed pursuant to chapter
6 334 who are affiliated with a Missouri hospital or medical school, active members of the

7 Society for Health Care Epidemiology of America, and have demonstrated interest and
8 expertise in health facility infection control;

9 (3) One physician licensed pursuant to chapter 334 who is active in the practice of
10 medicine in Missouri and who holds medical staff privileges at a Missouri hospital;

11 (4) Four infection control practitioners certified by the certification board of infection
12 control and epidemiology, at least two of whom shall be practicing in a rural hospital or
13 setting and at least two of whom shall be registered professional nurses licensed under chapter
14 335;

15 (5) A medical statistician with an advanced degree in such specialty;

16 (6) A clinical microbiologist with an advanced degree in such specialty;

17 (7) Three employees of the department, representing the functions of hospital~~[,]~~ **and**
18 ambulatory surgical center~~[, and abortion facility]~~ licensure, epidemiology and health data
19 analysis, who shall serve as ex officio nonvoting members of the panel.

20 3. Reasonable expenses of the panel shall be paid from private donations made
21 specifically for that purpose to the "Infection Control Advisory Panel Fund", which is hereby
22 created in the state treasury. If such donations are not received from private sources, then the
23 provisions of this act shall be implemented without the advisory panel.

197.200. As used in sections 197.200 to 197.240, unless the context clearly indicates
2 otherwise, the following terms mean:

3 (1) ~~["Abortion facility", as such term is defined in section 188.015;~~

4 ~~(2)~~ (2) "Ambulatory surgical center", any public or private establishment operated
5 primarily for the purpose of performing surgical procedures or primarily for the purpose of
6 performing childbirths, and which does not provide services or other accommodations for
7 patients to stay more than twenty-three hours within the establishment, provided, however,
8 that nothing in this definition shall be construed to include the offices of dentists currently
9 licensed pursuant to chapter 332;

10 ~~(3)~~ (2) "Dentist", any person currently licensed to practice dentistry pursuant to
11 chapter 332;

12 ~~(4)~~ (3) "Department", the department of health and senior services;

13 ~~(5)~~ (4) "Governmental unit", any city, county or other political subdivision of this
14 state, or any department, division, board or other agency of any political subdivision of this
15 state;

16 ~~(6)~~ (5) "Person", any individual, firm, partnership, corporation, company, or
17 association and the legal successors thereof;

18 ~~(7)~~ (6) "Physician", any person currently licensed to practice medicine pursuant to
19 chapter 334;

20 ~~[(8)]~~ (7) "Podiatrist", any person currently licensed to practice podiatry pursuant to
21 chapter 330.

 197.205. 1. No person or governmental unit acting severally or jointly with any other
2 person or governmental unit shall establish, conduct or maintain an ambulatory surgical
3 center ~~[or abortion facility]~~ in this state without a license under sections 197.200 to 197.240
4 issued by the department of health and senior services.

5 2. Nothing in sections 197.200 to 197.240 shall be construed to impair or abridge the
6 authority of a governmental unit to license ambulatory surgical centers ~~[or abortion facilities]~~,
7 provided that any ordinance of a governmental unit shall require compliance with all rules,
8 regulations, and standards adopted by the department to implement the provisions of sections
9 197.200 to 197.240.

 197.215. 1. Upon receipt of an application for a license, the department of health and
2 senior services shall issue a license if the applicant and ambulatory surgical center facilities
3 ~~[or abortion facilities]~~ meet the requirements established under sections 197.200 to 197.240,
4 and have provided affirmative evidence that:

5 (1) Each member of the surgical staff is a physician, dentist or podiatrist currently
6 licensed to practice in Missouri~~]; and each person authorized to perform or induce abortions is~~
7 ~~a physician currently licensed to practice in Missouri];~~

8 (2) Surgical procedures in ambulatory surgical centers shall be performed only by
9 physicians, dentists or podiatrists, who at the time are privileged to perform surgical
10 procedures in at least one licensed hospital in the community in which the ambulatory
11 surgical center is located, thus providing assurance to the public that patients treated in the
12 center shall receive continuity of care should the services of a hospital be required;
13 alternatively, applicant shall submit a copy of a current working agreement with at least one
14 licensed hospital in the community in which the ambulatory surgical center is located,
15 guaranteeing the transfer and admittance of patients for emergency treatment whenever
16 necessary;

17 (3) Continuous physician services or registered professional nursing services are
18 provided whenever a patient is in the facility;

19 (4) Adequate medical records for each patient are to be maintained.

20 2. Upon receipt of an application for a license, or the renewal thereof, the department
21 shall issue or renew the license if the applicant and program meet the requirements
22 established under sections 197.200 to 197.240. Each license shall be issued only for the
23 persons and premises named in the application. A license, unless sooner suspended or
24 revoked, shall be issued for a period of one year.

25 3. Each license shall be issued only for the premises and persons or governmental
26 units named in the application, and shall not be transferable or assignable except with the

27 written consent of the department. Licenses shall be posted in a conspicuous place on the
28 licensed premises.

29 4. If, during the period in which an ambulatory surgical center license [~~or an abortion~~
30 ~~facility license~~] is in effect, the license holder or operator legally transfers operational
31 responsibilities by any process to another person as defined in section 197.200, an application
32 shall be made for the issuance of a new license to become effective on the transfer date.

197.220. The department of health and senior services may deny, suspend or revoke a
2 license in any case in which the department finds that there has been a substantial failure to
3 comply with the requirements of sections 197.200 to 197.240, or in any case in which the
4 director of the department makes a finding that:

5 (1) The applicant, or if the applicant is a firm, partnership or association, any of its
6 members, or if a corporation, any of its officers or directors, or the person designated to
7 manage or supervise the facility, has been finally adjudicated and found guilty, or entered a
8 plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of
9 the United States, for any offense reasonably related to the qualifications, functions, or duties
10 of an ambulatory surgical center [~~or of an abortion facility~~], or for any offense an essential
11 element of which is fraud, dishonesty, or an act of violence, or for any offense involving
12 moral turpitude, whether or not sentence is imposed;

13 (2) The licensure status or record of the applicant, or if the applicant is a firm,
14 partnership or association, of any of its members, or if a corporation, of any of its officers or
15 directors, or of the person designated to manage or supervise the facility, from any other state,
16 federal district or land, territory or commonwealth of the United States, or of any foreign
17 country where the applicant has done business in a similar capacity indicates that granting a
18 license to the applicant would be detrimental to the interests of the public.

197.225. 1. The department of health and senior services may adopt such reasonable
2 rules, regulations, and standards for the types of services provided as are necessary to carry
3 out the provisions of sections 197.200 to 197.240, and to assure quality patient care and
4 patient safety, which shall include, but not be limited to:

5 (1) Construction of the facility including, but not limited to, plumbing, heating,
6 lighting, and ventilation which should insure the health, safety, comfort, and privacy of
7 patients and protection from fire hazard;

8 (2) Number, qualifications, and organization of all personnel, having responsibility
9 for any part of the care provided to the patients;

10 (3) Equipment essential to the health, welfare, and safety of the patients;

11 (4) Facilities, programs, and services to be provided in connection with the care of
12 patients in ambulatory surgical centers; and

13 (5) Procedures for peer review and for receiving and investigating complaints
14 regarding any ambulatory surgical center or any physician, dentist, podiatrist, nurse, assistant,
15 manager, supervisor, or employee practicing or working in any such facility.

16 2. The department of health and senior services may adopt separate rules, regulations,
17 or standards to apply to ambulatory surgical centers ~~[and to apply to abortion facilities].~~

18 ~~[3. Abortion facilities shall be required to maintain a written protocol for managing~~
19 ~~medical emergencies and the transfer of patients requiring further emergency care to a~~
20 ~~hospital within a reasonable distance from the abortion facility.]~~

197.230. 1. The department of health and senior services shall make, or cause to be
2 made, such inspections and investigations as it deems necessary. The department may
3 delegate its powers and duties to investigate and inspect ambulatory surgical centers ~~[or~~
4 ~~abortion facilities]~~ to an official of a political subdivision having a population of at least four
5 hundred fifty thousand if such political subdivision is deemed qualified by the department to
6 inspect and investigate ambulatory surgical centers. The official so designated shall submit a
7 written report of his or her findings to the department and the department may accept the
8 recommendations of such official if it determines that the facility inspected meets minimum
9 standards established pursuant to sections 197.200 to 197.240.

10 2. ~~[In the case of any abortion facility, the department shall make or cause to be made~~
11 ~~an unannounced on-site inspection and investigation at least annually. Such on-site~~
12 ~~inspection and investigation shall include, but not be limited to, the following areas:~~

13 (1) ~~Compliance with all statutory and regulatory requirements for an abortion facility,~~
14 ~~including requirements that the facility maintain adequate staffing and equipment to respond~~
15 ~~to medical emergencies;~~

16 (2) ~~Compliance with the provisions of chapter 188; and~~

17 (3) ~~Compliance with the requirement in section 197.215 that continuous physician~~
18 ~~services or registered professional nursing services be provided whenever a patient is in the~~
19 ~~facility.~~

20 ~~3.]~~ Inspection, investigation, and quality assurance reports shall be made available to
21 the public. Any portion of a report may be redacted when made publicly available if such
22 portion would disclose information that is not subject to disclosure under the law.

197.235. 1. Any person operating, conducting, managing, or establishing an
2 ambulatory surgical center ~~[or abortion facility]~~ without a license required by sections
3 197.200 to 197.240 is guilty of a class A misdemeanor and, upon conviction, shall be subject
4 to a fine of not more than five hundred dollars. Each day of continuing violation shall
5 constitute a separate offense.

6 2. The attorney general shall represent the department of health and senior services
7 and shall institute an action in the name of the state for injunctive or other relief against any

8 person or governmental unit to restrain or prevent the establishment, conduct, management,
9 or operation of an ambulatory surgical center [~~or abortion facility~~] without a license issued
10 pursuant to the provisions of sections 197.200 to 197.240.

11 3. Any person operating, conducting, managing, or establishing an ambulatory
12 surgical center [~~or abortion facility~~] who, in the course of advertising, promoting, or
13 otherwise publicizing the activities, business, location, or any other matter concerning the
14 operations of said ambulatory surgical center [~~or abortion facility~~], uses or employs in any
15 manner the words "State, Missouri, State of Missouri, Department of Health and Senior
16 Services, the initials 'Mo.'," or any emblem of the state of Missouri or the department of
17 health and senior services, for the purpose of conveying or in any manner reasonably
18 calculated to convey the false impression that the state of Missouri or any department, agency,
19 bureau, or instrumentality thereof is involved in the business of said ambulatory surgical
20 center [~~or abortion facility~~], or took part in said advertisement, promotion, publicity, or other
21 statement, shall be subject to a fine of one hundred dollars per day for each day during the
22 period beginning with the day said advertisement, promotion, publication, or statement first
23 appears and ending on the day on which it is withdrawn.

197.240. After September 28, 1975, no individual or group health insurance policy of
2 insurance providing coverage on an expense incurred basis, nor individual or group service or
3 indemnity type contract issued by a nonprofit corporation, nor any self-insured group health
4 benefit plan or trust, of any kind or description, shall be issued or payment accepted therefor
5 in renewal or continuation thereof unless coverage for any service performed in an
6 ambulatory surgical center [~~or abortion facility~~] is provided for therein if such service would
7 have been covered under the terms of the policy or contract as an eligible inpatient service,
8 except as provided in section 376.805. Nothing in this section shall apply to a group contract,
9 plan or trust which provides health care and surgical care directly to its members and their
10 dependents. Nothing in this section shall be construed to mandate coverage under an
11 individual or group health insurance policy of insurance providing coverage on an expense-
12 incurred basis, or an individual or group service or indemnity type contract issued by a
13 nonprofit corporation, or any self-insured group health benefit plan or trust, of any kind or
14 description, to provide health insurance for services which are usually performed in a
15 physician's office.

197.285. 1. Hospitals[;] **and** ambulatory surgical centers[~~, and abortion facilities~~]
2 shall establish and implement a written policy adopted by each hospital[;] **and** ambulatory
3 surgical center[~~, and abortion facility~~] relating to the protections for employees who disclose
4 information pursuant to subsection 2 of this section. This policy shall include a time frame
5 for completion of investigations related to complaints, not to exceed thirty days, and a method
6 for notifying the complainant of the disposition of the investigation. This policy shall be

7 submitted to the department of health and senior services to verify implementation. At a
8 minimum, such policy shall include the following provisions:

9 (1) No supervisor or individual with authority to hire or fire in a hospital[~~;~~] **or**
10 ambulatory surgical center[~~;~~ ~~or abortion facility~~] shall prohibit employees from disclosing
11 information pursuant to subsection 2 of this section;

12 (2) No supervisor or individual with authority to hire or fire in a hospital[~~;~~] **or**
13 ambulatory surgical center[~~;~~ ~~or abortion facility~~] shall use or threaten to use his or her
14 supervisory authority to knowingly discriminate against, dismiss, penalize or in any way
15 retaliate against or harass an employee because the employee in good faith reported or
16 disclosed any information pursuant to subsection 2 of this section, or in any way attempt to
17 dissuade, prevent or interfere with an employee who wishes to report or disclose such
18 information;

19 (3) Establish a program to identify a compliance officer who is a designated person
20 responsible for administering the reporting and investigation process and an alternate person
21 should the primary designee be implicated in the report.

22 2. This section shall apply to information disclosed or reported in good faith by an
23 employee concerning:

24 (1) Alleged facility mismanagement or fraudulent activity;

25 (2) Alleged violations of applicable federal or state laws or administrative rules
26 concerning patient care, patient safety or facility safety; or

27 (3) The ability of employees to successfully perform their assigned duties.

28

29 All information disclosed, collected and maintained pursuant to this subsection and pursuant
30 to the written policy requirements of this section shall be accessible to the department of
31 health and senior services at all times and shall be reviewed by the department of health and
32 senior services at least annually. Complainants shall be notified of the department of health
33 and senior services' access to such information and of the complainant's right to notify the
34 department of health and senior services of any information concerning alleged violations of
35 applicable federal or state laws or administrative rules concerning patient care, patient safety
36 or facility safety.

37 3. Prior to any disclosure to individuals or agencies other than the department of
38 health and senior services, employees wishing to make a disclosure pursuant to the provisions
39 of this section shall first report to the individual or individuals designated by the hospital[~~;~~] **or**
40 ambulatory surgical center[~~;~~ ~~or abortion facility~~] pursuant to subsection 1 of this section.

41 4. If the compliance officer, compliance committee or management official discovers
42 credible evidence of misconduct from any source and, after a reasonable inquiry, has reason
43 to believe that the misconduct may violate criminal, civil or administrative law, then the

44 hospital~~;~~ **or** ambulatory surgical center~~;~~ ~~or abortion facility~~ shall report the existence of
45 misconduct to the appropriate governmental authority within a reasonable period, but not
46 more than seven days after determining that there is credible evidence of a violation.

47 5. Reports made to the department of health and senior services shall be subject to the
48 provisions of section 197.477, provided that the restrictions of section 197.477 shall not be
49 construed to limit the employee's ability to subpoena from the original source the information
50 reported to the department pursuant to this section.

51 6. Each written policy shall allow employees making a report who wish to remain
52 anonymous to do so, and shall include safeguards to protect the confidentiality of the
53 employee making the report, the confidentiality of patients and the integrity of data,
54 information and medical records.

55 7. Each hospital~~;~~ **and** ambulatory surgical center~~;~~ ~~and abortion facility~~ shall,
56 within forty-eight hours of the receipt of a report, notify the employee that his or her report
57 has been received and is being reviewed.

197.287. By July 1, 2001, all hospitals and ambulatory surgical centers~~;~~ ~~and by July~~
2 ~~1, 2018, all abortion facilities~~ shall provide training programs, with measurable minimal
3 training outcomes relating to quality of patient care and patient safety, to all unlicensed staff
4 providing patient care in their facility within ninety days of the beginning date of
5 employment. Standards for such training shall be established by the department of health and
6 senior services by rule. It shall be a requirement of hospital~~;~~ **and** ambulatory surgical center
7 ~~;~~ ~~and abortion facility~~ licensure pursuant to this chapter that all hospitals~~;~~ **and** ambulatory
8 surgical centers~~;~~ ~~and abortion facilities~~ submit documentation to the department of health
9 and senior services on the training program used.

197.289. 1. All hospitals~~;~~ **and** ambulatory surgical centers~~;~~ ~~and abortion facilities~~
2 shall develop and implement a methodology which ensures adequate nurse staffing that will
3 meet the needs of patients. At a minimum, there shall be on duty at all times a sufficient
4 number of licensed registered nurses to provide patient care requiring the judgment and skills
5 of a licensed registered nurse and to oversee the activities of all nursing personnel.

6 2. There shall be sufficient licensed and ancillary nursing personnel on duty on each
7 nursing unit to meet the needs of each patient in accordance with accepted standards of
8 quality patient care.

197.293. 1. In addition to the powers established in sections 197.070 and 197.220,
2 the department of health and senior services shall use the following standards for enforcing
3 hospital~~;~~ **and** ambulatory surgical center~~;~~ ~~and abortion facility~~ licensure regulations
4 promulgated to enforce the provisions of sections 197.010 to 197.120, sections 197.150 to
5 197.165, and sections 197.200 to 197.240:

6 (1) Upon notification of a deficiency in meeting regulatory standards, the hospital[;]
7 **or** ambulatory surgical center[; ~~or abortion facility~~] shall develop and implement a plan of
8 correction approved by the department which includes, but is not limited to, the specific type
9 of corrective action to be taken and an estimated time to complete such action;

10 (2) If the plan as implemented does not correct the deficiency, the department may
11 either:

12 (a) Direct the hospital[;] **or** ambulatory surgical center[; ~~or abortion facility~~] to
13 develop and implement a plan of correction pursuant to subdivision (1) of this subsection; or

14 (b) Require the hospital[;] **or** ambulatory surgical center[; ~~or abortion facility~~] to
15 implement a plan of correction developed by the department;

16 (3) If there is a continuing deficiency after implementation of the plan of correction
17 pursuant to subdivision (2) of this subsection and the hospital[;] **or** ambulatory surgical center
18 [~~or abortion facility~~] has had an opportunity to correct such deficiency, the department may
19 restrict new inpatient admissions or outpatient entrants to the service or services affected by
20 such deficiency;

21 (4) If there is a continuing deficiency after the department restricts new inpatient
22 admissions or outpatient entrants to the service or services pursuant to subdivision (3) of this
23 subsection and the hospital[;] **or** ambulatory surgical center[; ~~or abortion facility~~] has had an
24 opportunity to correct such deficiency, the department may suspend operations in all or part of
25 the service or services affected by such deficiency;

26 (5) If there is a continuing deficiency after suspension of operations pursuant to
27 subdivision (4) of this subsection, the department may deny, suspend or revoke the hospital's
28 [;] **or** ambulatory surgical center's[; ~~or abortion facility's~~] license pursuant to section 197.070
29 or section 197.220.

30 2. Notwithstanding the provisions of subsection 1 of this section to the contrary, if a
31 deficiency in meeting licensure standards presents an immediate and serious threat to the
32 patients' health and safety, the department may, based on the scope and severity of the
33 deficiency, restrict access to the service or services affected by the deficiency until the
34 hospital[;] **or** ambulatory surgical center[; ~~or abortion facility~~] has developed and
35 implemented an approved plan of correction. Decisions as to whether a deficiency
36 constitutes an immediate and serious threat to the patients' health and safety shall be made in
37 accordance with guidelines established pursuant to regulation of the department of health and
38 senior services and such decisions shall be approved by the bureau of health facility licensing
39 in the department of health and senior services, or its successor agency, or by a person
40 authorized by the regulations to approve such decisions in the absence of the director.

197.295. 1. A hospital[;] **or** ambulatory surgical center[; ~~or abortion facility~~]
2 aggrieved by a decision of the department pursuant to the provisions of paragraph (b) of

3 subdivision (2) and subdivisions (3), (4) and (5) of subsection 1 of section 197.293 may
4 appeal such decision to the administrative hearing commission pursuant to section 197.071 or
5 section 197.221, and seek judicial review pursuant to section 621.145. An appeal of an action
6 to restrict new inpatient admissions or outpatient entrants, suspend operations or revoke a
7 license shall be heard on an expedited basis by the administrative hearing commission. The
8 hospital[;] ~~or ambulatory surgical center[; or abortion facility]~~ may apply to the
9 administrative hearing commission for an order to stay or suspend any such departmental
10 action pending the commission's findings and ruling as authorized by section 621.035.

11 2. If both the department and the hospital[;] ~~or ambulatory surgical center[; or~~
12 ~~abortion facility]~~ agree to do so, prior to an appeal to the administrative hearing commission
13 pursuant to section 197.071 or section 197.221, an official action of the department made
14 pursuant to sections 197.010 to 197.120 or sections 197.200 to 197.240 may be appealed to a
15 departmental hearing officer. The department of health and senior services shall promulgate
16 rules specifying the qualifications of such a hearing officer, establish procedures to ensure
17 impartial decisions and provide for comparable appeal remedies when a departmental hearing
18 officer is unavailable.

334.100. 1. The board may refuse to issue or renew any certificate of registration or
2 authority, permit or license required pursuant to this chapter for one or any combination of
3 causes stated in subsection 2 of this section. The board shall notify the applicant in writing of
4 the reasons for the refusal and shall advise the applicant of the applicant's right to file a
5 complaint with the administrative hearing commission as provided by chapter 621. As an
6 alternative to a refusal to issue or renew any certificate, registration or authority, the board
7 may, at its discretion, issue a license which is subject to probation, restriction or limitation to
8 an applicant for licensure for any one or any combination of causes stated in subsection 2 of
9 this section. The board's order of probation, limitation or restriction shall contain a statement
10 of the discipline imposed, the basis therefor, the date such action shall become effective, and a
11 statement that the applicant has thirty days to request in writing a hearing before the
12 administrative hearing commission. If the board issues a probationary, limited or restricted
13 license to an applicant for licensure, either party may file a written petition with the
14 administrative hearing commission within thirty days of the effective date of the probationary,
15 limited or restricted license seeking review of the board's determination. If no written request
16 for a hearing is received by the administrative hearing commission within the thirty-day
17 period, the right to seek review of the board's decision shall be considered as waived.

18 2. The board may cause a complaint to be filed with the administrative hearing
19 commission as provided by chapter 621 against any holder of any certificate of registration or
20 authority, permit or license required by this chapter or any person who has failed to renew or

21 has surrendered the person's certificate of registration or authority, permit or license for any
22 one or any combination of the following causes:

23 (1) Use of any controlled substance, as defined in chapter 195, or alcoholic beverage
24 to an extent that such use impairs a person's ability to perform the work of any profession
25 licensed or regulated by this chapter;

26 (2) The person has been finally adjudicated and found guilty, or entered a plea of
27 guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the
28 United States, for any offense reasonably related to the qualifications, functions or duties of
29 any profession licensed or regulated pursuant to this chapter, for any offense involving fraud,
30 dishonesty or an act of violence, or for any offense involving moral turpitude, whether or not
31 sentence is imposed;

32 (3) Use of fraud, deception, misrepresentation or bribery in securing any certificate of
33 registration or authority, permit or license issued pursuant to this chapter or in obtaining
34 permission to take any examination given or required pursuant to this chapter;

35 (4) Misconduct, fraud, misrepresentation, dishonesty, unethical conduct or
36 unprofessional conduct in the performance of the functions or duties of any profession
37 licensed or regulated by this chapter, including, but not limited to, the following:

38 (a) Obtaining or attempting to obtain any fee, charge, tuition or other compensation
39 by fraud, deception or misrepresentation; willfully and continually overcharging or
40 overtreating patients; or charging for visits to the physician's office which did not occur
41 unless the services were contracted for in advance, or for services which were not rendered or
42 documented in the patient's records;

43 (b) Attempting, directly or indirectly, by way of intimidation, coercion or deception,
44 to obtain or retain a patient or discourage the use of a second opinion or consultation;

45 (c) Willfully and continually performing inappropriate or unnecessary treatment,
46 diagnostic tests or medical or surgical services;

47 (d) Delegating professional responsibilities to a person who is not qualified by
48 training, skill, competency, age, experience or licensure to perform such responsibilities;

49 (e) Misrepresenting that any disease, ailment or infirmity can be cured by a method,
50 procedure, treatment, medicine or device;

51 (f) Performing or prescribing medical services which have been declared by board
52 rule to be of no medical or osteopathic value;

53 (g) Final disciplinary action by any professional medical or osteopathic association or
54 society or licensed hospital or medical staff of such hospital in this or any other state or
55 territory, whether agreed to voluntarily or not, and including, but not limited to, any removal,
56 suspension, limitation, or restriction of the person's license or staff or hospital privileges,
57 failure to renew such privileges or license for cause, or other final disciplinary action, if the

58 action was in any way related to unprofessional conduct, professional incompetence,
59 malpractice or any other violation of any provision of this chapter;

60 (h) Signing a blank prescription form; or dispensing, prescribing, administering or
61 otherwise distributing any drug, controlled substance or other treatment without sufficient
62 examination including failing to establish a valid physician-patient relationship pursuant to
63 section 334.108, or for other than medically accepted therapeutic or experimental or
64 investigative purposes duly authorized by a state or federal agency, or not in the course of
65 professional practice, or not in good faith to relieve pain and suffering, or not to cure an
66 ailment, physical infirmity or disease, except as authorized in section 334.104;

67 (i) Exercising influence within a physician-patient relationship for purposes of
68 engaging a patient in sexual activity;

69 (j) Being listed on any state or federal sexual offender registry;

70 (k) Terminating the medical care of a patient without adequate notice or without
71 making other arrangements for the continued care of the patient;

72 (l) Failing to furnish details of a patient's medical records to other treating physicians
73 or hospitals upon proper request; or failing to comply with any other law relating to medical
74 records;

75 (m) Failure of any applicant or licensee to cooperate with the board during any
76 investigation;

77 (n) Failure to comply with any subpoena or subpoena duces tecum from the board or
78 an order of the board;

79 (o) Failure to timely pay license renewal fees specified in this chapter;

80 (p) Violating a probation agreement, order, or other settlement agreement with this
81 board or any other licensing agency;

82 (q) Failing to inform the board of the physician's current residence and business
83 address;

84 (r) Advertising by an applicant or licensee which is false or misleading, or which
85 violates any rule of the board, or which claims without substantiation the positive cure of any
86 disease, or professional superiority to or greater skill than that possessed by any other
87 physician. An applicant or licensee shall also be in violation of this provision if the applicant
88 or licensee has a financial interest in any organization, corporation or association which issues
89 or conducts such advertising;

90 (s) Any other conduct that is unethical or unprofessional involving a minor;

91 (5) Any conduct or practice which is or might be harmful or dangerous to the mental
92 or physical health of a patient or the public; or incompetency, gross negligence or repeated
93 negligence in the performance of the functions or duties of any profession licensed or
94 regulated by this chapter. For the purposes of this subdivision, "repeated negligence" means

95 the failure, on more than one occasion, to use that degree of skill and learning ordinarily used
96 under the same or similar circumstances by the member of the applicant's or licensee's
97 profession;

98 (6) Violation of, or attempting to violate, directly or indirectly, or assisting or
99 enabling any person to violate, any provision of this chapter or chapter 324, or of any lawful
100 rule or regulation adopted pursuant to this chapter or chapter 324;

101 (7) Impersonation of any person holding a certificate of registration or authority,
102 permit or license or allowing any person to use his or her certificate of registration or
103 authority, permit, license or diploma from any school;

104 (8) Revocation, suspension, restriction, modification, limitation, reprimand, warning,
105 censure, probation or other final disciplinary action against the holder of or applicant for a
106 license or other right to practice any profession regulated by this chapter by another state,
107 territory, federal agency or country, whether or not voluntarily agreed to by the licensee or
108 applicant, including, but not limited to, the denial of licensure, surrender of the license,
109 allowing the license to expire or lapse, or discontinuing or limiting the practice of medicine
110 while subject to an investigation or while actually under investigation by any licensing
111 authority, medical facility, branch of the Armed Forces of the United States of America,
112 insurance company, court, agency of the state or federal government, or employer;

113 (9) A person is finally adjudged incapacitated or disabled by a court of competent
114 jurisdiction;

115 (10) Assisting or enabling any person to practice or offer to practice any profession
116 licensed or regulated by this chapter who is not registered and currently eligible to practice
117 pursuant to this chapter; or knowingly performing any act which in any way aids, assists,
118 procures, advises, or encourages any person to practice medicine who is not registered and
119 currently eligible to practice pursuant to this chapter. A physician who works in accordance
120 with standing orders or protocols or in accordance with the provisions of section 334.104
121 shall not be in violation of this subdivision;

122 (11) Issuance of a certificate of registration or authority, permit or license based upon
123 a material mistake of fact;

124 (12) Failure to display a valid certificate or license if so required by this chapter or
125 any rule promulgated pursuant to this chapter;

126 (13) Violation of the drug laws or rules and regulations of this state, including but not
127 limited to any provision of chapter 195, any other state, or the federal government;

128 (14) Knowingly making, or causing to be made, or aiding, or abetting in the making
129 of, a false statement in any birth, death or other certificate or document executed in
130 connection with the practice of the person's profession;

131 (15) Knowingly making a false statement, orally or in writing to the board;

132 (16) Soliciting patronage in person or by agents or representatives, or by any other
133 means or manner, under the person's own name or under the name of another person or
134 concern, actual or pretended, in such a manner as to confuse, deceive, or mislead the public as
135 to the need or necessity for or appropriateness of health care services for all patients, or the
136 qualifications of an individual person or persons to diagnose, render, or perform health care
137 services;

138 (17) Using, or permitting the use of, the person's name under the designation of
139 "Doctor", "Dr.", "M.D.", or "D.O.", or any similar designation with reference to the
140 commercial exploitation of any goods, wares or merchandise;

141 (18) Knowingly making or causing to be made a false statement or misrepresentation
142 of a material fact, with intent to defraud, for payment pursuant to the provisions of chapter
143 208 or chapter 630 or for payment from Title XVIII or Title XIX of the Social Security Act;

144 (19) Failure or refusal to properly guard against contagious, infectious or
145 communicable diseases or the spread thereof; maintaining an unsanitary office or
146 performing professional services under unsanitary conditions; or failure to report the
147 existence of an unsanitary condition in the office of a physician or in any health care facility
148 to the board, in writing, within thirty days after the discovery thereof;

149 (20) Any candidate for licensure or person licensed to practice as a physical therapist,
150 paying or offering to pay a referral fee or evaluating or treating a patient in a manner
151 inconsistent with section 334.506;

152 (21) Any candidate for licensure or person licensed to practice as a physical therapist,
153 treating or attempting to treat ailments or other health conditions of human beings other than
154 by professional physical therapy and as authorized by sections 334.500 to 334.620;

155 (22) Any person licensed to practice as a physician or surgeon, requiring, as a
156 condition of the physician-patient relationship, that the patient receive prescribed drugs,
157 devices or other professional services directly from facilities of that physician's office or other
158 entities under that physician's ownership or control. A physician shall provide the patient
159 with a prescription which may be taken to the facility selected by the patient and a physician
160 knowingly failing to disclose to a patient on a form approved by the advisory commission for
161 professional physical therapists as established by section 334.625 which is dated and signed
162 by a patient or guardian acknowledging that the patient or guardian has read and understands
163 that the physician has a pecuniary interest in a physical therapy or rehabilitation service
164 providing prescribed treatment and that the prescribed treatment is available on a competitive
165 basis. This subdivision shall not apply to a referral by one physician to another physician
166 within a group of physicians practicing together;

167 (23) A pattern of personal use or consumption of any controlled substance unless it is
168 prescribed, dispensed or administered by another physician who is authorized by law to do so;

169 (24) Habitual intoxication or dependence on alcohol, evidence of which may include
170 more than one alcohol-related enforcement contact as defined by section 302.525;

171 (25) Failure to comply with a treatment program or an aftercare program entered into
172 as part of a board order, settlement agreement or licensee's professional health program;

173 (26) Revocation, suspension, limitation, probation, or restriction of any kind
174 whatsoever of any controlled substance authority, whether agreed to voluntarily or not, or
175 voluntary termination of a controlled substance authority while under investigation[;

176 ~~(27) For a physician to operate, conduct, manage, or establish an abortion facility, or
177 for a physician to perform an abortion in an abortion facility, if such facility comes under the
178 definition of an ambulatory surgical center pursuant to sections 197.200 to 197.240, and such
179 facility has failed to obtain or renew a license as an ambulatory surgical center].~~

180 3. Collaborative practice arrangements, protocols and standing orders shall be in
181 writing and signed and dated by a physician prior to their implementation.

182 4. After the filing of such complaint before the administrative hearing commission,
183 the proceedings shall be conducted in accordance with the provisions of chapter 621. Upon a
184 finding by the administrative hearing commission that the grounds, provided in subsection 2
185 of this section, for disciplinary action are met, the board may, singly or in combination, warn,
186 censure or place the person named in the complaint on probation on such terms and
187 conditions as the board deems appropriate for a period not to exceed ten years, or may
188 suspend the person's license, certificate or permit for a period not to exceed three years, or
189 restrict or limit the person's license, certificate or permit for an indefinite period of time, or
190 revoke the person's license, certificate, or permit, or administer a public or private reprimand,
191 or deny the person's application for a license, or permanently withhold issuance of a license or
192 require the person to submit to the care, counseling or treatment of physicians designated by
193 the board at the expense of the individual to be examined, or require the person to attend such
194 continuing educational courses and pass such examinations as the board may direct.

195 5. In any order of revocation, the board may provide that the person may not apply for
196 reinstatement of the person's license for a period of time ranging from two to seven years
197 following the date of the order of revocation. All stay orders shall toll this time period.

198 6. Before restoring to good standing a license, certificate or permit issued pursuant to
199 this chapter which has been in a revoked, suspended or inactive state for any cause for more
200 than two years, the board may require the applicant to attend such continuing medical
201 education courses and pass such examinations as the board may direct.

202 7. In any investigation, hearing or other proceeding to determine a licensee's or
203 applicant's fitness to practice, any record relating to any patient of the licensee or applicant
204 shall be discoverable by the board and admissible into evidence, regardless of any statutory or
205 common law privilege which such licensee, applicant, record custodian or patient might

206 otherwise invoke. In addition, no such licensee, applicant, or record custodian may withhold
207 records or testimony bearing upon a licensee's or applicant's fitness to practice on the ground
208 of privilege between such licensee, applicant or record custodian and a patient.

209 8. The act of lawfully dispensing, prescribing, administering, or otherwise
210 distributing ivermectin tablets or hydroxychloroquine sulfate tablets for human use shall
211 not be grounds for denial, suspension, revocation, or other disciplinary action by the board.

334.735. 1. As used in sections 334.735 to 334.749, the following terms mean:

2 (1) "Applicant", any individual who seeks to become licensed as a physician
3 assistant;

4 (2) "Certification" or "registration", a process by a certifying entity that grants
5 recognition to applicants meeting predetermined qualifications specified by such certifying
6 entity;

7 (3) "Certifying entity", the nongovernmental agency or association which certifies or
8 registers individuals who have completed academic and training requirements;

9 (4) "Collaborative practice arrangement", written agreements, jointly agreed upon
10 protocols, or standing orders, all of which shall be in writing, for the delivery of health care
11 services;

12 (5) "Department", the department of commerce and insurance or a designated agency
13 thereof;

14 (6) "License", a document issued to an applicant by the board acknowledging that the
15 applicant is entitled to practice as a physician assistant;

16 (7) "Physician assistant", a person who has graduated from a physician assistant
17 program accredited by the Accreditation Review Commission on Education for the Physician
18 Assistant or its successor agency, prior to 2001, or the Committee on Allied Health Education
19 and Accreditation or the Commission on Accreditation of Allied Health Education Programs,
20 who has passed the certifying examination administered by the National Commission on
21 Certification of Physician Assistants and has active certification by the National Commission
22 on Certification of Physician Assistants who provides health care services delegated by a
23 licensed physician. A person who has been employed as a physician assistant for three years
24 prior to August 28, 1989, who has passed the National Commission on Certification of
25 Physician Assistants examination, and has active certification of the National Commission on
26 Certification of Physician Assistants;

27 (8) "Recognition", the formal process of becoming a certifying entity as required by
28 the provisions of sections 334.735 to 334.749.

29 2. The scope of practice of a physician assistant shall consist only of the following
30 services and procedures:

31 (1) Taking patient histories;

- 32 (2) Performing physical examinations of a patient;
- 33 (3) Performing or assisting in the performance of routine office laboratory and patient
34 screening procedures;
- 35 (4) Performing routine therapeutic procedures;
- 36 (5) Recording diagnostic impressions and evaluating situations calling for attention of
37 a physician to institute treatment procedures;
- 38 (6) Instructing and counseling patients regarding mental and physical health using
39 procedures reviewed and approved by a collaborating physician;
- 40 (7) Assisting the supervising physician in institutional settings, including reviewing
41 of treatment plans, ordering of tests and diagnostic laboratory and radiological services, and
42 ordering of therapies, using procedures reviewed and approved by a licensed physician;
- 43 (8) Assisting in surgery; and
- 44 (9) Performing such other tasks not prohibited by law under the collaborative practice
45 arrangement with a licensed physician as the physician assistant has been trained and is
46 proficient to perform.
- 47 3. ~~Physician assistants shall not perform or prescribe abortions.~~
- 48 4.] Physician assistants shall not prescribe any drug, medicine, device or therapy
49 unless pursuant to a collaborative practice arrangement in accordance with the law, nor
50 prescribe lenses, prisms or contact lenses for the aid, relief or correction of vision or the
51 measurement of visual power or visual efficiency of the human eye, nor administer or monitor
52 general or regional block anesthesia during diagnostic tests, surgery or obstetric procedures.
53 Prescribing of drugs, medications, devices or therapies by a physician assistant shall be
54 pursuant to a collaborative practice arrangement which is specific to the clinical conditions
55 treated by the supervising physician and the physician assistant shall be subject to the
56 following:
- 57 (1) A physician assistant shall only prescribe controlled substances in accordance
58 with section 334.747;
- 59 (2) The types of drugs, medications, devices or therapies prescribed by a physician
60 assistant shall be consistent with the scopes of practice of the physician assistant and the
61 collaborating physician;
- 62 (3) All prescriptions shall conform with state and federal laws and regulations and
63 shall include the name, address and telephone number of the physician assistant;
- 64 (4) A physician assistant, or advanced practice registered nurse as defined in section
65 335.016 may request, receive and sign for noncontrolled professional samples and may
66 distribute professional samples to patients; and
- 67 (5) A physician assistant shall not prescribe any drugs, medicines, devices or
68 therapies the collaborating physician is not qualified or authorized to prescribe.

69 ~~[5-]~~ 4. A physician assistant shall clearly identify himself or herself as a physician
70 assistant and shall not use or permit to be used in the physician assistant's behalf the terms
71 "doctor", "Dr." or "doc" nor hold himself or herself out in any way to be a physician or
72 surgeon. No physician assistant shall practice or attempt to practice without physician
73 collaboration or in any location where the collaborating physician is not immediately
74 available for consultation, assistance and intervention, except as otherwise provided in this
75 section, and in an emergency situation, nor shall any physician assistant bill a patient
76 independently or directly for any services or procedure by the physician assistant; except that,
77 nothing in this subsection shall be construed to prohibit a physician assistant from enrolling
78 with a third-party plan or the department of social services as a MO HealthNet or Medicaid
79 provider while acting under a collaborative practice arrangement between the physician and
80 physician assistant.

81 ~~[6-]~~ 5. The licensing of physician assistants shall take place within processes
82 established by the state board of registration for the healing arts through rule and regulation.
83 The board of healing arts is authorized to establish rules pursuant to chapter 536 establishing
84 licensing and renewal procedures, collaboration, collaborative practice arrangements, fees,
85 and addressing such other matters as are necessary to protect the public and discipline the
86 profession. An application for licensing may be denied or the license of a physician assistant
87 may be suspended or revoked by the board in the same manner and for violation of the
88 standards as set forth by section 334.100, or such other standards of conduct set by the board
89 by rule or regulation. Persons licensed pursuant to the provisions of chapter 335 shall not be
90 required to be licensed as physician assistants. All applicants for physician assistant licensure
91 who complete a physician assistant training program after January 1, 2008, shall have a
92 master's degree from a physician assistant program.

93 ~~[7-]~~ 6. At all times the physician is responsible for the oversight of the activities of,
94 and accepts responsibility for, health care services rendered by the physician assistant.

95 ~~[8-]~~ 7. (1) A physician may enter into collaborative practice arrangements with
96 physician assistants. Collaborative practice arrangements, which shall be in writing, may
97 delegate to a physician assistant the authority to prescribe, administer, or dispense drugs and
98 provide treatment which is within the skill, training, and competence of the physician
99 assistant. Collaborative practice arrangements may delegate to a physician assistant, as
100 defined in section 334.735, the authority to administer, dispense, or prescribe controlled
101 substances listed in Schedules III, IV, and V of section 195.017, and Schedule II -
102 hydrocodone. Schedule III narcotic controlled substances and Schedule II - hydrocodone
103 prescriptions shall be limited to a one hundred twenty-hour supply without refill. Such
104 collaborative practice arrangements shall be in the form of a written arrangement, jointly
105 agreed-upon protocols, or standing orders for the delivery of health care services.

106 (2) Notwithstanding any other provision of this section to the contrary, a collaborative
107 practice arrangement may delegate to a physician assistant the authority to administer,
108 dispense, or prescribe Schedule II controlled substances for hospice patients; provided, that
109 the physician assistant is employed by a hospice provider certified pursuant to chapter 197
110 and the physician assistant is providing care to hospice patients pursuant to a collaborative
111 practice arrangement that designates the certified hospice as a location where the physician
112 assistant is authorized to practice and prescribe.

113 ~~[9-]~~ **8.** The written collaborative practice arrangement shall contain at least the
114 following provisions:

115 (1) Complete names, home and business addresses, zip codes, and telephone numbers
116 of the collaborating physician and the physician assistant;

117 (2) A list of all other offices or locations, other than those listed in subdivision (1) of
118 this subsection, where the collaborating physician has authorized the physician assistant to
119 prescribe;

120 (3) A requirement that there shall be posted at every office where the physician
121 assistant is authorized to prescribe, in collaboration with a physician, a prominently displayed
122 disclosure statement informing patients that they may be seen by a physician assistant and
123 have the right to see the collaborating physician;

124 (4) All specialty or board certifications of the collaborating physician and all
125 certifications of the physician assistant;

126 (5) The manner of collaboration between the collaborating physician and the
127 physician assistant, including how the collaborating physician and the physician assistant
128 will:

129 (a) Engage in collaborative practice consistent with each professional's skill, training,
130 education, and competence;

131 (b) Maintain geographic proximity, as determined by the board of registration for the
132 healing arts; and

133 (c) Provide coverage during absence, incapacity, infirmity, or emergency of the
134 collaborating physician;

135 (6) A list of all other written collaborative practice arrangements of the collaborating
136 physician and the physician assistant;

137 (7) The duration of the written practice arrangement between the collaborating
138 physician and the physician assistant;

139 (8) A description of the time and manner of the collaborating physician's review of
140 the physician assistant's delivery of health care services. The description shall include
141 provisions that the physician assistant shall submit a minimum of ten percent of the charts
142 documenting the physician assistant's delivery of health care services to the collaborating

143 physician for review by the collaborating physician, or any other physician designated in the
144 collaborative practice arrangement, every fourteen days. Reviews may be conducted
145 electronically;

146 (9) The collaborating physician, or any other physician designated in the
147 collaborative practice arrangement, shall review every fourteen days a minimum of twenty
148 percent of the charts in which the physician assistant prescribes controlled substances. The
149 charts reviewed under this subdivision may be counted in the number of charts required to be
150 reviewed under subdivision (8) of this subsection;

151 (10) A statement that no collaboration requirements in addition to the federal law
152 shall be required for a physician-physician assistant team working in a certified community
153 behavioral health clinic as defined by Pub.L. 113-93, or a rural health clinic under the federal
154 Rural Health Services Act, Pub.L. 95-210, as amended, or a federally qualified health center
155 as defined in 42 U.S.C. Section 1395x, as amended; and

156 (11) If a collaborative practice arrangement is used in clinical situations where a
157 collaborating physician assistant provides health care services that include the diagnosis and
158 initiation of treatment for acutely or chronically ill or injured persons, then the collaborating
159 physician or any other physician designated in the collaborative practice arrangement shall be
160 present for sufficient periods of time, at least once every two weeks, except in extraordinary
161 circumstances that shall be documented, to participate in a chart review and to provide
162 necessary medical direction, medical services, consultations, and supervision of the health
163 care staff.

164 ~~[10.]~~ **9.** The state board of registration for the healing arts under section 334.125 may
165 promulgate rules regulating the use of collaborative practice arrangements.

166 ~~[11.]~~ **10.** The state board of registration for the healing arts shall not deny, revoke,
167 suspend, or otherwise take disciplinary action against a collaborating physician for health care
168 services delegated to a physician assistant, provided that the provisions of this section and the
169 rules promulgated thereunder are satisfied.

170 ~~[12.]~~ **11.** Within thirty days of any change and on each renewal, the state board of
171 registration for the healing arts shall require every physician to identify whether the physician
172 is engaged in any collaborative practice arrangement, including collaborative practice
173 arrangements delegating the authority to prescribe controlled substances, and also report to
174 the board the name of each physician assistant with whom the physician has entered into such
175 arrangement. The board may make such information available to the public. The board shall
176 track the reported information and may routinely conduct random reviews of such
177 arrangements to ensure that the arrangements are carried out in compliance with this chapter.

178 ~~[13.]~~ **12.** The collaborating physician shall determine and document the completion of
179 a period of time during which the physician assistant shall practice with the collaborating

180 physician continuously present before practicing in a setting where the collaborating
181 physician is not continuously present. This limitation shall not apply to collaborative
182 arrangements of providers of population-based public health services as defined by 20 CSR
183 2150-5.100 as of April 30, 2009.

184 ~~[14.]~~ **13.** No contract or other arrangement shall require a physician to act as a
185 collaborating physician for a physician assistant against the physician's will. A physician
186 shall have the right to refuse to act as a supervising physician, without penalty, for a particular
187 physician assistant. No contract or other agreement shall limit the collaborating physician's
188 ultimate authority over any protocols or standing orders or in the delegation of the physician's
189 authority to any physician assistant. No contract or other arrangement shall require any
190 physician assistant to collaborate with any physician against the physician assistant's will. A
191 physician assistant shall have the right to refuse to collaborate, without penalty, with a
192 particular physician.

193 ~~[15.]~~ **14.** Physician assistants shall file with the board a copy of their collaborating
194 physician form.

195 ~~[16.]~~ **15.** No physician shall be designated to serve as a collaborating physician for
196 more than six full-time equivalent licensed physician assistants, full-time equivalent
197 advanced practice registered nurses, or full-time equivalent assistant physicians, or any
198 combination thereof. This limitation shall not apply to physician assistant collaborative
199 practice arrangements of hospital employees providing inpatient care service in hospitals as
200 defined in chapter 197, or to a certified registered nurse anesthetist providing anesthesia
201 services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist
202 who is immediately available if needed as set out in subsection 7 of section 334.104.

203 ~~[17.]~~ **16.** No arrangement made under this section shall supercede current hospital
204 licensing regulations governing hospital medication orders under protocols or standing orders
205 for the purpose of delivering inpatient or emergency care within a hospital, as defined in
206 section 197.020, if such protocols or standing orders have been approved by the hospital's
207 medical staff and pharmaceutical therapeutics committee.

595.027. 1. Upon request by the department for verification of injuries of victims,
2 medical providers shall submit the information requested by the department within twenty
3 working days of the request at no cost to the fund.

4 2. For purposes of this section, "medical providers" means physicians, dentists,
5 clinical psychologists, optometrists, podiatrists, registered nurses, physician's assistants,
6 chiropractors, physical therapists, hospitals, ambulatory surgical centers, ~~[abortion facilities,]~~
7 and nursing homes.

8 3. Failure to submit the information as required by this section shall be an infraction.

~~[188.017. 1. This section shall be known and may be cited as the "Right to Life of the Unborn Child Act".~~

~~2. Notwithstanding any other provision of law to the contrary, no abortion shall be performed or induced upon a woman, except in cases of medical emergency. Any person who knowingly performs or induces an abortion of an unborn child in violation of this subsection shall be guilty of a class B felony, as well as subject to suspension or revocation of his or her professional license by his or her professional licensing board. A woman upon whom an abortion is performed or induced in violation of this subsection shall not be prosecuted for a conspiracy to violate the provisions of this subsection.~~

~~3. It shall be an affirmative defense for any person alleged to have violated the provisions of subsection 2 of this section that the person performed or induced an abortion because of a medical emergency. The defendant shall have the burden of persuasion that the defense is more probably true than not.~~

~~4. The enactment of this section shall only become effective upon notification to the revisor of statutes by an opinion by the attorney general of Missouri, a proclamation by the governor of Missouri, or the adoption of a concurrent resolution by the Missouri general assembly that:~~

~~(1) The United States Supreme Court has overruled, in whole or in part, Roe v. Wade, 410 U.S. 113 (1973), restoring or granting to the state of Missouri the authority to regulate abortion to the extent set forth in this section, and that as a result, it is reasonably probable that this section would be upheld by the court as constitutional;~~

~~(2) An amendment to the Constitution of the United States has been adopted that has the effect of restoring or granting to the state of Missouri the authority to regulate abortion to the extent set forth in this section; or~~

~~(3) The United States Congress has enacted a law that has the effect of restoring or granting to the state of Missouri the authority to regulate abortion to the extent set forth in this section.]~~

~~[188.020. No person shall perform or induce an abortion except a physician.]~~

~~[188.021. 1. When RU 486 (mifepristone) or any drug or chemical is used for the purpose of inducing an abortion, the initial dose of the drug or chemical shall be administered in the same room and in the physical presence of the physician who prescribed, dispensed, or otherwise provided the drug or chemical to the patient. The physician inducing the abortion, or a person acting on such physician's behalf, shall make all reasonable efforts to ensure that the patient returns after the administration or use of RU 486 or any drug or chemical for a follow-up visit unless such termination of the pregnancy has already been confirmed and the patient's medical condition has been assessed by a licensed physician prior to discharge.~~

~~2. When the Food and Drug Administration label of any drug or chemical used for the purpose of inducing an abortion includes any clinical study in which more than one percent of those administered the drug or chemical required surgical intervention after its administration, no physician~~

15 ~~may prescribe or administer such drug or chemical to any patient without first~~
 16 ~~obtaining approval from the department of health and senior services of a~~
 17 ~~complication plan from the physician for administration of the drug or~~
 18 ~~chemical to any patient. The complication plan shall include any information~~
 19 ~~deemed necessary by the department to ensure the safety of any patient~~
 20 ~~suffering complications as a result of the administration of the drug or~~
 21 ~~chemical in question. No complication plan shall be required where the~~
 22 ~~patient is administered the drug in a medical emergency at a hospital and is~~
 23 ~~then treated as an inpatient at a hospital under medical monitoring by the~~
 24 ~~hospital until the abortion is completed.~~

25 ~~3. The department may adopt rules, regulations, and standards~~
 26 ~~governing complication plans to ensure that patients undergoing abortions~~
 27 ~~induced by drugs or chemicals have access to safe and reliable care. Any rule~~
 28 ~~or portion of a rule, as that term is defined in section 536.010, that is created~~
 29 ~~under the authority delegated in this section shall become effective only if it~~
 30 ~~complies with and is subject to all of the provisions of chapter 536 and, if~~
 31 ~~applicable, section 536.028. This section and chapter 536 are nonseverable~~
 32 ~~and if any of the powers vested with the general assembly pursuant to chapter~~
 33 ~~536 to review, to delay the effective date, or to disapprove and annul a rule are~~
 34 ~~subsequently held unconstitutional, then the grant of rulemaking authority and~~
 35 ~~any rule proposed or adopted after October 24, 2017, shall be invalid and~~
 36 ~~void.]~~

2 ~~[188.027. 1. Except in cases of medical emergency, no abortion shall~~
 3 ~~be performed or induced on a woman without her voluntary and informed~~
 4 ~~consent, given freely and without coercion. Consent to an abortion is~~
 5 ~~voluntary and informed and given freely and without coercion if, and only if,~~
 6 ~~at least seventy-two hours prior to the abortion:~~

7 ~~(1) The physician who is to perform or induce the abortion, a qualified~~
 8 ~~professional, or the referring physician has informed the woman orally,~~
 9 ~~reduced to writing, and in person, of the following:~~

10 ~~(a) The name of the physician who will perform or induce the~~
 11 ~~abortion;~~

12 ~~(b) Medically accurate information that a reasonable patient would~~
 13 ~~consider material to the decision of whether or not to undergo the abortion,~~
 14 ~~including:~~

15 ~~a. A description of the proposed abortion method;~~

16 ~~b. The immediate and long term medical risks to the woman~~
 17 ~~associated with the proposed abortion method including, but not limited to,~~
 18 ~~infection, hemorrhage, cervical tear or uterine perforation, harm to subsequent~~
 19 ~~pregnancies or the ability to carry a subsequent child to term, and possible~~
 20 ~~adverse psychological effects associated with the abortion; and~~

21 ~~c. The immediate and long term medical risks to the woman, in light~~
 22 ~~of the anesthesia and medication that is to be administered, the unborn child's~~
 23 ~~gestational age, and the woman's medical history and medical condition;~~

24 ~~(c) Alternatives to the abortion which shall include making the woman~~
 25 ~~aware that information and materials shall be provided to her detailing such~~
 alternatives to the abortion;

26 (d) A statement that the physician performing or inducing the abortion
27 is available for any questions concerning the abortion, together with the
28 telephone number that the physician may be later reached to answer any
29 questions that the woman may have;

30 (e) The location of the hospital that offers obstetrical or gynecological
31 care located within thirty miles of the location where the abortion is performed
32 or induced and at which the physician performing or inducing the abortion has
33 clinical privileges and where the woman may receive follow up care by the
34 physician if complications arise;

35 (f) The gestational age of the unborn child at the time the abortion is to
36 be performed or induced; and

37 (g) The anatomical and physiological characteristics of the unborn
38 child at the time the abortion is to be performed or induced;

39 (2) The physician who is to perform or induce the abortion or a
40 qualified professional has presented the woman, in person, printed materials
41 provided by the department, which describe the probable anatomical and
42 physiological characteristics of the unborn child at two-week gestational
43 increments from conception to full term, including color photographs or
44 images of the developing unborn child at two-week gestational increments.
45 Such descriptions shall include information about brain and heart functions,
46 the presence of external members and internal organs during the applicable
47 stages of development and information on when the unborn child is viable.
48 The printed materials shall prominently display the following statement: "The
49 life of each human being begins at conception. Abortion will terminate the life
50 of a separate, unique, living human being.";

51 (3) The physician who is to perform or induce the abortion, a qualified
52 professional, or the referring physician has presented the woman, in person,
53 printed materials provided by the department, which describe the various
54 surgical and drug-induced methods of abortion relevant to the stage of
55 pregnancy, as well as the immediate and long-term medical risks commonly
56 associated with each abortion method including, but not limited to, infection,
57 hemorrhage, cervical tear or uterine perforation, harm to subsequent
58 pregnancies or the ability to carry a subsequent child to term, and the
59 possible adverse psychological effects associated with an abortion;

60 (4) The physician who is to perform or induce the abortion or a
61 qualified professional shall provide the woman with the opportunity to view at
62 least seventy-two hours prior to the abortion an active ultrasound of the unborn
63 child and hear the heartbeat of the unborn child if the heartbeat is audible. The
64 woman shall be provided with a geographically indexed list maintained by the
65 department of health care providers, facilities, and clinics that perform
66 ultrasounds, including those that offer ultrasound services free of charge. Such
67 materials shall provide contact information for each provider, facility, or clinic
68 including telephone numbers and, if available, website addresses. Should the
69 woman decide to obtain an ultrasound from a provider, facility, or clinic other
70 than the abortion facility, the woman shall be offered a reasonable time to
71 obtain the ultrasound examination before the date and time set for performing
72 or inducing an abortion. The person conducting the ultrasound shall ensure
73 that the active ultrasound image is of a quality consistent with standard

74 ~~medical practice in the community, contains the dimensions of the unborn~~
75 ~~child, and accurately portrays the presence of external members and internal~~
76 ~~organs, if present or viewable, of the unborn child. The auscultation of fetal~~
77 ~~heart tone must also be of a quality consistent with standard medical practice~~
78 ~~in the community. If the woman chooses to view the ultrasound or hear the~~
79 ~~heartbeat or both at the abortion facility, the viewing or hearing or both shall~~
80 ~~be provided to her at the abortion facility at least seventy-two hours prior to~~
81 ~~the abortion being performed or induced;~~

82 ~~(5) The printed materials provided by the department shall include~~
83 ~~information on the possibility of an abortion causing pain in the unborn child.~~
84 ~~This information shall include, but need not be limited to, the following:~~

85 ~~(a) Unborn children as early as eight weeks gestational age start to~~
86 ~~show spontaneous movements and unborn children at this stage in pregnancy~~
87 ~~show reflex responses to touch;~~

88 ~~(b) In the unborn child, the area around his or her mouth and lips is the~~
89 ~~first part of the unborn child's body to respond to touch and by fourteen weeks~~
90 ~~gestational age most of the unborn child's body is responsive to touch;~~

91 ~~(c) Pain receptors on the unborn child's skin develop around his or her~~
92 ~~mouth at around seven to eight weeks gestational age, around the palms of his~~
93 ~~or her hands at ten to ten and a half weeks, on the abdominal wall at fifteen~~
94 ~~weeks, and over all of his or her body at sixteen weeks gestational age;~~

95 ~~(d) Beginning at sixteen weeks gestational age and later, it is possible~~
96 ~~for pain to be transmitted from receptors to the cortex of the unborn child's~~
97 ~~brain, where thinking and perceiving occur;~~

98 ~~(e) When a physician performs a life-saving surgery, he or she~~
99 ~~provides anesthesia to unborn children as young as sixteen weeks gestational~~
100 ~~age in order to alleviate the unborn child's pain; and~~

101 ~~(f) A description of the actual steps in the abortion procedure to be~~
102 ~~performed or induced and at which steps the abortion procedure could be~~
103 ~~painful to the unborn child;~~

104 ~~(6) The physician who is to perform or induce the abortion or a~~
105 ~~qualified professional has presented the woman, in person, printed materials~~
106 ~~provided by the department explaining to the woman alternatives to abortion~~
107 ~~she may wish to consider. Such materials shall:~~

108 ~~(a) Identify on a geographical basis public and private agencies~~
109 ~~available to assist a woman in carrying her unborn child to term, and to assist~~
110 ~~her in caring for her dependent child or placing her child for adoption,~~
111 ~~including agencies commonly known and generally referred to as pregnancy~~
112 ~~resource centers, crisis pregnancy centers, maternity homes, and adoption~~
113 ~~agencies. Such materials shall provide a comprehensive list by geographical~~
114 ~~area of the agencies, a description of the services they offer, and the telephone~~
115 ~~numbers and addresses of the agencies; provided that such materials shall not~~
116 ~~include any programs, services, organizations, or affiliates of organizations~~
117 ~~that perform or induce, or assist in the performing or inducing of, abortions or~~
118 ~~that refer for abortions;~~

119 ~~(b) Explain the Missouri alternatives to abortion services program~~
120 ~~under section 188.325, and any other programs and services available to~~
121 ~~pregnant women and mothers of newborn children offered by public or private~~

122 agencies which assist a woman in carrying her unborn child to term and assist
123 her in caring for her dependent child or placing her child for adoption,
124 including but not limited to prenatal care; maternal health care; newborn or
125 infant care; mental health services; professional counseling services; housing
126 programs; utility assistance; transportation services; food, clothing, and
127 supplies related to pregnancy; parenting skills; educational programs; job
128 training and placement services; drug and alcohol testing and treatment; and
129 adoption assistance;

130 (c) Identify the state website for the Missouri alternatives to abortion
131 services program under section 188.325, and any toll-free number established
132 by the state operated in conjunction with the program;

133 (d) Prominently display the statement: "There are public and private
134 agencies willing and able to help you carry your child to term, and to assist
135 you and your child after your child is born, whether you choose to keep your
136 child or place him or her for adoption. The state of Missouri encourages you
137 to contact those agencies before making a final decision about abortion. State
138 law requires that your physician or a qualified professional give you the
139 opportunity to call agencies like these before you undergo an abortion.";

140 (7) The physician who is to perform or induce the abortion or a
141 qualified professional has presented the woman, in person, printed materials
142 provided by the department explaining that the father of the unborn child is
143 liable to assist in the support of the child, even in instances where he has
144 offered to pay for the abortion. Such materials shall include information on
145 the legal duties and support obligations of the father of a child, including, but
146 not limited to, child support payments, and the fact that paternity may be
147 established by the father's name on a birth certificate or statement of paternity,
148 or by court action. Such printed materials shall also state that more
149 information concerning paternity establishment and child support services and
150 enforcement may be obtained by calling the family support division within the
151 Missouri department of social services; and

152 (8) The physician who is to perform or induce the abortion or a
153 qualified professional shall inform the woman that she is free to withhold or
154 withdraw her consent to the abortion at any time without affecting her right to
155 future care or treatment and without the loss of any state or federally funded
156 benefits to which she might otherwise be entitled.

157 2. All information required to be provided to a woman considering
158 abortion by subsection 1 of this section shall be presented to the woman
159 individually, in the physical presence of the woman and in a private room, to
160 protect her privacy, to maintain the confidentiality of her decision, to ensure
161 that the information focuses on her individual circumstances, to ensure she has
162 an adequate opportunity to ask questions, and to ensure that she is not a victim
163 of coerced abortion. Should a woman be unable to read materials provided to
164 her, they shall be read to her. Should a woman need an interpreter to
165 understand the information presented in the written materials, an interpreter
166 shall be provided to her. Should a woman ask questions concerning any of the
167 information or materials, answers shall be provided in a language she can
168 understand.

169 ~~3. No abortion shall be performed or induced unless and until the~~
170 ~~woman upon whom the abortion is to be performed or induced certifies in~~
171 ~~writing on a checklist form provided by the department that she has been~~
172 ~~presented all the information required in subsection 1 of this section, that she~~
173 ~~has been provided the opportunity to view an active ultrasound image of the~~
174 ~~unborn child and hear the heartbeat of the unborn child if it is audible, and that~~
175 ~~she further certifies that she gives her voluntary and informed consent, freely~~
176 ~~and without coercion, to the abortion procedure.~~

177 ~~4. No physician shall perform or induce an abortion unless and until~~
178 ~~the physician has obtained from the woman her voluntary and informed~~
179 ~~consent given freely and without coercion. If the physician has reason to~~
180 ~~believe that the woman is being coerced into having an abortion, the physician~~
181 ~~or qualified professional shall inform the woman that services are available for~~
182 ~~her and shall provide her with private access to a telephone and information~~
183 ~~about such services, including but not limited to the following:~~

184 ~~(1) Rape crisis centers, as defined in section 455.003;~~

185 ~~(2) Shelters for victims of domestic violence, as defined in section~~
186 ~~455.200; and~~

187 ~~(3) Orders of protection, pursuant to chapter 455.~~

188 ~~5. The physician who is to perform or induce the abortion shall, at~~
189 ~~least seventy-two hours prior to such procedure, inform the woman orally and~~
190 ~~in person of:~~

191 ~~(1) The immediate and long-term medical risks to the woman~~
192 ~~associated with the proposed abortion method including, but not limited to,~~
193 ~~infection, hemorrhage, cervical tear or uterine perforation, harm to subsequent~~
194 ~~pregnancies or the ability to carry a subsequent child to term, and possible~~
195 ~~adverse psychological effects associated with the abortion; and~~

196 ~~(2) The immediate and long-term medical risks to the woman, in light~~
197 ~~of the anesthesia and medication that is to be administered, the unborn child's~~
198 ~~gestational age, and the woman's medical history and medical conditions.~~

199 ~~6. No physician shall perform or induce an abortion unless and until~~
200 ~~the physician has received and signed a copy of the form prescribed in~~
201 ~~subsection 3 of this section. The physician shall retain a copy of the form in~~
202 ~~the patient's medical record.~~

203 ~~7. In the event of a medical emergency, the physician who performed~~
204 ~~or induced the abortion shall clearly certify in writing the nature and~~
205 ~~circumstances of the medical emergency. This certification shall be signed by~~
206 ~~the physician who performed or induced the abortion, and shall be maintained~~
207 ~~under section 188.060.~~

208 ~~8. No person or entity shall require, obtain, or accept payment for an~~
209 ~~abortion from or on behalf of a patient until at least seventy-two hours have~~
210 ~~passed since the time that the information required by subsection 1 of this~~
211 ~~section has been provided to the patient. Nothing in this subsection shall~~
212 ~~prohibit a person or entity from notifying the patient that payment for the~~
213 ~~abortion will be required after the seventy-two-hour period has expired if she~~
214 ~~voluntarily chooses to have the abortion.~~

215 ~~9. The term "qualified professional" as used in this section shall refer~~
216 ~~to a physician, physician assistant, registered nurse, licensed practical nurse,~~

217 ~~psychologist, licensed professional counselor, or licensed social worker,~~
218 ~~licensed or registered under chapter 334, 335, or 337, acting under the~~
219 ~~supervision of the physician performing or inducing the abortion, and acting~~
220 ~~within the course and scope of his or her authority provided by law. The~~
221 ~~provisions of this section shall not be construed to in any way expand the~~
222 ~~authority otherwise provided by law relating to the licensure, registration, or~~
223 ~~scope of practice of any such qualified professional.~~

224 ~~10. By November 30, 2010, the department shall produce the written~~
225 ~~materials and forms described in this section. Any written materials produced~~
226 ~~shall be printed in a typeface large enough to be clearly legible. All~~
227 ~~information shall be presented in an objective, unbiased manner designed to~~
228 ~~convey only accurate scientific and medical information. The department~~
229 ~~shall furnish the written materials and forms at no cost and in sufficient~~
230 ~~quantity to any person who performs or induces abortions, or to any hospital or~~
231 ~~facility that provides abortions. The department shall make all information~~
232 ~~required by subsection 1 of this section available to the public through its~~
233 ~~department website. The department shall maintain a toll-free, twenty-four-~~
234 ~~hour hotline telephone number where a caller can obtain information on a~~
235 ~~regional basis concerning the agencies and services described in subsection 1~~
236 ~~of this section. No identifying information regarding persons who use the~~
237 ~~website shall be collected or maintained. The department shall monitor the~~
238 ~~website on a regular basis to prevent tampering and correct any operational~~
239 ~~deficiencies.~~

240 ~~11. In order to preserve the compelling interest of the state to ensure~~
241 ~~that the choice to consent to an abortion is voluntary and informed, and given~~
242 ~~freely and without coercion, the department shall use the procedures for~~
243 ~~adoption of emergency rules under section 536.025 in order to promulgate all~~
244 ~~necessary rules, forms, and other necessary material to implement this section~~
245 ~~by November 30, 2010.~~

246 ~~12. If the provisions in subsections 1 and 8 of this section requiring a~~
247 ~~seventy-two hour waiting period for an abortion are ever temporarily or~~
248 ~~permanently restrained or enjoined by judicial order, then the waiting period~~
249 ~~for an abortion shall be twenty-four hours; provided, however, that if such~~
250 ~~temporary or permanent restraining order or injunction is stayed or dissolved,~~
251 ~~or otherwise ceases to have effect, the waiting period for an abortion shall be~~
252 ~~seventy-two hours.]~~

2 ~~[188.030. 1. Except in the case of a medical emergency, no abortion~~
3 ~~of a viable unborn child shall be performed or induced unless the abortion is~~
4 ~~necessary to preserve the life of the pregnant woman whose life is endangered~~
5 ~~by a physical disorder, physical illness, or physical injury, including a life-~~
6 ~~endangering physical condition caused by or arising from the pregnancy itself,~~
7 ~~or when continuation of the pregnancy will create a serious risk of substantial~~
8 ~~and irreversible physical impairment of a major bodily function of the~~
9 ~~pregnant woman. For purposes of this section, "major bodily function"~~
10 ~~includes, but is not limited to, functions of the immune system, normal cell~~
11 ~~growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory,~~
~~endocrine, and reproductive functions.~~

12 2. Except in the case of a medical emergency:

13 ~~(1) Prior to performing or inducing an abortion upon a woman, the~~
14 ~~physician shall determine the gestational age of the unborn child in a manner~~
15 ~~consistent with accepted obstetrical and neonatal practices and standards. In~~
16 ~~making such determination, the physician shall make such inquiries of the~~
17 ~~pregnant woman and perform or cause to be performed such medical~~
18 ~~examinations, imaging studies, and tests as a reasonably prudent physician,~~
19 ~~knowledgeable about the medical facts and conditions of both the woman and~~
20 ~~the unborn child involved, would consider necessary to perform and consider~~
21 ~~in making an accurate diagnosis with respect to gestational age;~~

22 ~~(2) If the physician determines that the gestational age of the unborn~~
23 ~~child is twenty weeks or more, prior to performing or inducing an abortion~~
24 ~~upon the woman, the physician shall determine if the unborn child is viable by~~
25 ~~using and exercising that degree of care, skill, and proficiency commonly~~
26 ~~exercised by a skillful, careful, and prudent physician. In making this~~
27 ~~determination of viability, the physician shall perform or cause to be~~
28 ~~performed such medical examinations and tests as are necessary to make a~~
29 ~~finding of the gestational age, weight, and lung maturity of the unborn child~~
30 ~~and shall enter such findings and determination of viability in the medical~~
31 ~~record of the woman;~~

32 ~~(3) If the physician determines that the gestational age of the unborn~~
33 ~~child is twenty weeks or more, and further determines that the unborn child is~~
34 ~~not viable and performs or induces an abortion upon the woman, the physician~~
35 ~~shall report such findings and determinations and the reasons for such~~
36 ~~determinations to the health care facility in which the abortion is performed~~
37 ~~and to the state board of registration for the healing arts, and shall enter such~~
38 ~~findings and determinations in the medical records of the woman and in the~~
39 ~~individual abortion report submitted to the department under section 188.052;~~

40 ~~(4) (a) If the physician determines that the unborn child is viable, the~~
41 ~~physician shall not perform or induce an abortion upon the woman unless the~~
42 ~~abortion is necessary to preserve the life of the pregnant woman or that a~~
43 ~~continuation of the pregnancy will create a serious risk of substantial and~~
44 ~~irreversible physical impairment of a major bodily function of the woman.~~

45 ~~(b) Before a physician may proceed with performing or inducing an~~
46 ~~abortion upon a woman when it has been determined that the unborn child is~~
47 ~~viable, the physician shall first certify in writing the medical threat posed to~~
48 ~~the life of the pregnant woman, or the medical reasons that continuation of the~~
49 ~~pregnancy would cause a serious risk of substantial and irreversible physical~~
50 ~~impairment of a major bodily function of the pregnant woman. Upon~~
51 ~~completion of the abortion, the physician shall report the reasons and~~
52 ~~determinations for the abortion of a viable unborn child to the health care~~
53 ~~facility in which the abortion is performed and to the state board of registration~~
54 ~~for the healing arts, and shall enter such findings and determinations in the~~
55 ~~medical record of the woman and in the individual abortion report submitted to~~
56 ~~the department under section 188.052.~~

57 ~~(c) Before a physician may proceed with performing or inducing an~~
58 ~~abortion upon a woman when it has been determined that the unborn child is~~
59 ~~viable, the physician who is to perform the abortion shall obtain the agreement~~

60 of a second physician with knowledge of accepted obstetrical and neonatal
61 practices and standards who shall concur that the abortion is necessary to
62 preserve the life of the pregnant woman, or that continuation of the pregnancy
63 would cause a serious risk of substantial and irreversible physical impairment
64 of a major bodily function of the pregnant woman. This second physician
65 shall also report such reasons and determinations to the health care facility in
66 which the abortion is to be performed and to the state board of registration for
67 the healing arts, and shall enter such findings and determinations in the
68 medical record of the woman and the individual abortion report submitted to
69 the department under section 188.052. The second physician shall not have
70 any legal or financial affiliation or relationship with the physician performing
71 or inducing the abortion, except that such prohibition shall not apply to
72 physicians whose legal or financial affiliation or relationship is a result of
73 being employed by or having staff privileges at the same hospital as the term
74 "hospital" is defined in section 197.020.

75 (d) Any physician who performs or induces an abortion upon a woman
76 when it has been determined that the unborn child is viable shall utilize the
77 available method or technique of abortion most likely to preserve the life or
78 health of the unborn child. In cases where the method or technique of abortion
79 most likely to preserve the life or health of the unborn child would present a
80 greater risk to the life or health of the woman than another legally permitted
81 and available method or technique, the physician may utilize such other
82 method or technique. In all cases where the physician performs an abortion
83 upon a viable unborn child, the physician shall certify in writing the available
84 method or techniques considered and the reasons for choosing the method or
85 technique employed.

86 (e) No physician shall perform or induce an abortion upon a woman
87 when it has been determined that the unborn child is viable unless there is in
88 attendance a physician other than the physician performing or inducing the
89 abortion who shall take control of and provide immediate medical care for a
90 child born as a result of the abortion. During the performance of the abortion,
91 the physician performing it, and subsequent to the abortion, the physician
92 required to be in attendance, shall take all reasonable steps in keeping with
93 good medical practice, consistent with the procedure used, to preserve the life
94 or health of the viable unborn child; provided that it does not pose an increased
95 risk to the life of the woman or does not pose an increased risk of substantial
96 and irreversible physical impairment of a major bodily function of the woman.

97 3. Any person who knowingly performs or induces an abortion of an
98 unborn child in violation of the provisions of this section is guilty of a class D
99 felony, and, upon a finding of guilt or plea of guilty, shall be imprisoned for a
100 term of not less than one year, and, notwithstanding the provisions of section
101 558.002, shall be fined not less than ten thousand nor more than fifty thousand
102 dollars.

103 4. Any physician who pleads guilty to or is found guilty of performing
104 or inducing an abortion of an unborn child in violation of this section shall be
105 subject to suspension or revocation of his or her license to practice medicine in
106 the state of Missouri by the state board of registration for the healing arts under
107 the provisions of sections 334.100 and 334.103.

108 5. ~~Any hospital licensed in the state of Missouri that knowingly allows~~
 109 ~~an abortion of an unborn child to be performed or induced in violation of this~~
 110 ~~section may be subject to suspension or revocation of its license under the~~
 111 ~~provisions of section 197.070.~~

112 6. ~~Any abortion facility licensed in the state of Missouri that~~
 113 ~~knowingly allows an abortion of an unborn child to be performed or induced in~~
 114 ~~violation of this section may be subject to suspension or revocation of its~~
 115 ~~license under the provisions of section 197.220.~~

116 7. ~~A woman upon whom an abortion is performed or induced in~~
 117 ~~violation of this section shall not be prosecuted for a conspiracy to violate the~~
 118 ~~provisions of this section.~~

119 8. ~~Nothing in this section shall be construed as creating or recognizing~~
 120 ~~a right to abortion, nor is it the intention of this section to make lawful any~~
 121 ~~abortion that is currently unlawful.~~

122 9. ~~It is the intent of the legislature that this section be severable as~~
 123 ~~noted in section 1.140. In the event that any section, subsection, subdivision,~~
 124 ~~paragraph, sentence, or clause of this section be declared invalid under the~~
 125 ~~Constitution of the United States or the Constitution of the State of Missouri, it~~
 126 ~~is the intent of the legislature that the remaining provisions of this section~~
 127 ~~remain in force and effect as far as capable of being carried into execution as~~
 128 ~~intended by the legislature.~~

129 10. ~~The general assembly may, by concurrent resolution, appoint one~~
 130 ~~or more of its members who sponsored or co-sponsored this act in his or her~~
 131 ~~official capacity to intervene as a matter of right in any case in which the~~
 132 ~~constitutionality of this law is challenged.]~~

2 ~~[188.033. Whenever an abortion facility or a family planning agency~~
 3 ~~located in this state, or any of its agents or employees acting within the scope~~
 4 ~~of his or her authority or employment, provides to a woman considering an~~
 5 ~~abortion the name, address, telephone number, or website of an abortion~~
 6 ~~provider that is located outside of the state, such abortion facility or family~~
 7 ~~planning agency or its agents or employees shall also provide to such woman~~
 8 ~~the printed materials produced by the department under section 188.027. If the~~
 9 ~~name, address, telephone number, or website of such abortion provider is not~~
 10 ~~provided to such woman in person, such printed materials shall be offered to~~
 11 ~~her, and if she chooses, sent to such woman at no cost to her the same day or as~~
 12 ~~soon as possible either electronically or by U.S. mail overnight delivery~~
 13 ~~service or by other overnight or same day delivery service to an address of~~
 14 ~~such woman's choosing. The department shall furnish such printed materials~~
 15 ~~at no cost and in sufficient quantities to abortion facilities and family planning~~
~~agencies located within the state.]~~

2 ~~[188.038. 1. The general assembly of this state finds that:~~

3 ~~(1) Removing vestiges of any past bias or discrimination against~~
 4 ~~pregnant women, their partners, and their family members, including their~~
 5 ~~unborn children, is an important task for those in the legal, medical, social~~
~~services, and human services professions;~~

6 ~~(2) Ending any current bias or discrimination against pregnant women,~~
 7 ~~their partners, and their family members, including their unborn children, is a~~
 8 ~~legitimate purpose of government in order to guarantee that those who "are~~
 9 ~~endowed by their Creator with certain unalienable Rights" can enjoy "Life,~~
 10 ~~Liberty and the pursuit of Happiness";~~

11 ~~(3) The historical relationship of bias or discrimination by some~~
 12 ~~family planning programs and policies towards poor and minority populations,~~
 13 ~~including, but not limited to, the nonconsensual sterilization of mentally ill,~~
 14 ~~poor, minority, and immigrant women and other coercive family planning~~
 15 ~~programs and policies, must be rejected;~~

16 ~~(4) Among Missouri residents, the rate of black or African American~~
 17 ~~women who undergo abortions is significantly higher, about three and one half~~
 18 ~~times higher, than the rate of white women who undergo abortions. Among~~
 19 ~~Missouri residents, the rate of black or African American women who~~
 20 ~~undergo repeat abortions is significantly higher, about one and one half times~~
 21 ~~higher, than the rate of white women who undergo repeat abortions;~~

22 ~~(5) Performing or inducing an abortion because of the sex of the~~
 23 ~~unborn child is repugnant to the values of equality of females and males and~~
 24 ~~the same opportunities for girls and boys, and furthers a false mindset of~~
 25 ~~female inferiority;~~

26 ~~(6) Government has a legitimate interest in preventing the abortion of~~
 27 ~~unborn children with Down Syndrome because it is a form of bias or disability~~
 28 ~~discrimination and victimizes the disabled unborn child at his or her most~~
 29 ~~vulnerable stage. Eliminating unborn children with Down Syndrome raises~~
 30 ~~grave concerns for the lives of those who do live with disabilities. It sends a~~
 31 ~~message of dwindling support for their unique challenges, fosters a false sense~~
 32 ~~that disability is something that could have been avoidable, and is likely to~~
 33 ~~increase the stigma associated with disability.~~

34 ~~2. No person shall perform or induce an abortion on a woman if the~~
 35 ~~person knows that the woman is seeking the abortion solely because of a~~
 36 ~~prenatal diagnosis, test, or screening indicating Down Syndrome or the~~
 37 ~~potential of Down Syndrome in an unborn child.~~

38 ~~3. No person shall perform or induce an abortion on a woman if the~~
 39 ~~person knows that the woman is seeking the abortion solely because of the sex~~
 40 ~~or race of the unborn child.~~

41 ~~4. Any physician or other person who performs or induces or attempts~~
 42 ~~to perform or induce an abortion prohibited by this section shall be subject to~~
 43 ~~all applicable civil penalties under this chapter including, but not limited to,~~
 44 ~~sections 188.065 and 188.085.]~~

2 ~~[188.039. 1. For purposes of this section, "medical emergency" means~~
 3 ~~a condition which, on the basis of the physician's good faith clinical judgment,~~
 4 ~~so complicates the medical condition of a pregnant woman as to necessitate~~
 5 ~~the immediate abortion of her pregnancy to avert her death or for which a~~
 6 ~~delay will create a serious risk of substantial and irreversible impairment of a~~
 7 ~~major bodily function.~~

8 ~~2. Except in the case of medical emergency, no person shall perform or~~
 induce an abortion unless at least seventy two hours prior thereto the physician

9 who is to perform or induce the abortion, a qualified professional, or the
10 referring physician has conferred with the patient and discussed with her the
11 indicators and contraindicators, and risk factors including any physical,
12 psychological, or situational factors for the proposed procedure and the use of
13 medications, including but not limited to mifepristone, in light of her medical
14 history and medical condition. For an abortion performed or an abortion
15 induced by a drug or drugs, such conference shall take place at least seventy-
16 two hours prior to the writing or communication of the first prescription for
17 such drug or drugs in connection with inducing an abortion. Only one such
18 conference shall be required for each abortion.

19 3. The patient shall be evaluated by the physician who is to perform or
20 induce the abortion, a qualified professional, or the referring physician during
21 the conference for indicators and contraindicators, risk factors including any
22 physical, psychological, or situational factors which would predispose the
23 patient to or increase the risk of experiencing one or more adverse physical,
24 emotional, or other health reactions to the proposed procedure or drug or drugs
25 in either the short or long term as compared with women who do not possess
26 such risk factors.

27 4. At the end of the conference, and if the woman chooses to proceed
28 with the abortion, the physician who is to perform or induce the abortion, a
29 qualified professional, or the referring physician shall sign and shall cause the
30 patient to sign a written statement that the woman gave her informed consent
31 freely and without coercion after the physician or qualified professional had
32 discussed with her the indicators and contraindicators, and risk factors,
33 including any physical, psychological, or situational factors. All such
34 executed statements shall be maintained as part of the patient's medical file,
35 subject to the confidentiality laws and rules of this state.

36 5. The director of the department of health and senior services shall
37 disseminate a model form that physicians or qualified professionals may use as
38 the written statement required by this section, but any lack or unavailability of
39 such a model form shall not affect the duties of the physician or qualified
40 professional set forth in subsections 2 to 4 of this section.

41 6. As used in this section, the term "qualified professional" shall refer
42 to a physician, physician assistant, registered nurse, licensed practical nurse,
43 psychologist, licensed professional counselor, or licensed social worker,
44 licensed or registered under chapter 334, 335, or 337, acting under the
45 supervision of the physician performing or inducing the abortion, and acting
46 within the course and scope of his or her authority provided by law. The
47 provisions of this section shall not be construed to in any way expand the
48 authority otherwise provided by law relating to the licensure, registration, or
49 scope of practice of any such qualified professional.

50 7. If the provisions in subsection 2 of this section requiring a seventy-
51 two-hour waiting period for an abortion are ever temporarily or permanently
52 restrained or enjoined by judicial order, then the waiting period for an abortion
53 shall be twenty-four hours; provided, however, that if such temporary or
54 permanent restraining order or injunction is stayed or dissolved, or otherwise
55 ceases to have effect, the waiting period for an abortion shall be seventy-two
56 hours.]

2 ~~[188.047. 1. All tissue, except that tissue needed for purposes~~
3 ~~described in subsection 5 of this section, removed at the time of abortion shall~~
4 ~~be submitted within five days to a board-eligible or certified pathologist for~~
5 ~~gross and histopathological examination. The pathologist shall file a copy of~~
6 ~~the tissue report with the state department of health and senior services, and~~
7 ~~shall provide within seventy-two hours a copy of the report to the abortion~~
8 ~~facility or hospital in which the abortion was performed or induced. The~~
9 ~~pathologist's report shall be made a part of the patient's permanent record. If~~
10 ~~the pathological examination fails to identify evidence of a completed~~
11 ~~abortion, the pathologist shall notify the abortion facility or hospital within~~
12 ~~twenty-four hours.~~

13 ~~2. The department shall reconcile each notice of abortion with its~~
14 ~~corresponding tissue report. If the department does not receive the notice of~~
15 ~~abortion or the tissue report, the department shall make an inquiry of the~~
16 ~~abortion facility or hospital. After such inquiry, if the hospital or abortion~~
17 ~~facility has not satisfactorily responded to said inquiry and the department~~
18 ~~finds that the abortion facility or hospital where the abortion was performed or~~
19 ~~induced was not in compliance with the provisions of this section, the~~
20 ~~department shall consider such noncompliance a deficiency requiring an~~
21 ~~unscheduled inspection of the facility to ensure the deficiency is remedied,~~
22 ~~subject to the provisions of chapter 197 regarding license suspensions,~~
23 ~~reviews, and appeals.~~

24 ~~3. Beginning January 1, 2018, the department shall make an annual~~
25 ~~report to the general assembly. The report shall include the number of any~~
26 ~~deficiencies and inquiries by the department of each abortion facility in the~~
27 ~~calendar year and whether any deficiencies were remedied and, for each~~
28 ~~abortion facility, aggregated de-identified data about the total number of~~
29 ~~abortions performed at the facility, the termination procedures used, the~~
30 ~~number and type of complications reported for each type of termination~~
31 ~~procedure, whether the department received the tissue report for each abortion,~~
32 ~~and the existence and nature, if any, of any inconsistencies or concerns~~
33 ~~between the abortion reports submitted under section 188.052 and the tissue~~
34 ~~report submitted under this section. The report shall not contain any personal~~
35 ~~patient information the disclosure of which is prohibited by state or federal~~
36 ~~law.~~

37 ~~4. All reports provided by the department to the general assembly~~
38 ~~under this section shall maintain confidentiality of all personal information of~~
39 ~~patients, facility personnel, and facility physicians.~~

40 ~~5. Nothing in this section shall prohibit the utilization of fetal organs~~
41 ~~or tissue resulting from an abortion for medical or scientific purposes to~~
42 ~~determine the cause or causes of any anomaly, illness, death, or genetic~~
43 ~~condition of the fetus, the paternity of the fetus, or for law enforcement~~
44 ~~purposes.~~

45 ~~6. The department may adopt rules, regulations, and standards~~
46 ~~governing the reports required under this section. In doing so, the department~~
47 ~~shall ensure that these reports contain all information necessary to ensure~~
~~compliance with all applicable laws and regulations. Any rule or portion of a~~

48 rule, as that term is defined in section 536.010, that is created under the
 49 authority delegated in this section shall become effective only if it complies
 50 with and is subject to all of the provisions of chapter 536 and, if applicable,
 51 section 536.028. This section and chapter 536 are nonseverable and if any of
 52 the powers vested with the general assembly pursuant to chapter 536 to review,
 53 to delay the effective date, or to disapprove and annul a rule are subsequently
 54 held unconstitutional, then the grant of rulemaking authority and any rule
 55 proposed or adopted after October 24, 2017, shall be invalid and void.]

2 [188.052. 1. An individual abortion report for each abortion
 3 performed or induced upon a woman shall be completed by the physician who
 4 performed or induced the abortion. Abortion reports shall include, but not be
 5 limited to, a certification that the physician does not have any knowledge that
 6 the woman sought the abortion solely because of a prenatal diagnosis, test, or
 7 screening indicating Down Syndrome or the potential of Down Syndrome in
 8 the unborn child and a certification that the physician does not have any
 9 knowledge that the woman sought the abortion solely because of the sex or
 10 race of the unborn child.

11 2. An individual complication report for any post-abortion care
 12 performed upon a woman shall be completed by the physician providing such
 13 post-abortion care. This report shall include:

- 14 (1) The date of the abortion;
- 15 (2) The name and address of the abortion facility or hospital where the
 16 abortion was performed or induced;
- 17 (3) The nature of the abortion complication diagnosed or treated.

18 3. All abortion reports shall be signed by the attending physician who
 19 performed or induced the abortion and submitted to the department within
 20 forty five days from the date of the abortion. All complication reports shall be
 21 signed by the physician providing the post-abortion care and submitted to the
 22 department within forty five days from the date of the post-abortion care.

23 4. A copy of the abortion report shall be made a part of the medical
 24 record of the patient of the abortion facility or hospital in which the abortion
 25 was performed or induced.

26 5. The department shall be responsible for collecting all abortion
 27 reports and complication reports and collating and evaluating all data gathered
 28 therefrom and shall annually publish a statistical report based on such data
 from abortions performed or induced in the previous calendar year.]

2 [188.056. 1. Notwithstanding any other provision of law to the
 3 contrary, no abortion shall be performed or induced upon a woman at eight
 4 weeks gestational age or later, except in cases of medical emergency. Any
 5 person who knowingly performs or induces an abortion of an unborn child in
 6 violation of this subsection shall be guilty of a class B felony, as well as
 7 subject to suspension or revocation of his or her professional license by his or
 8 her professional licensing board. A woman upon whom an abortion is
 9 performed or induced in violation of this subsection shall not be prosecuted for
 a conspiracy to violate the provisions of this section.

10 2. ~~It shall be an affirmative defense for any person alleged to have~~
 11 ~~violated the provisions of subsection 1 of this section that the person~~
 12 ~~performed or induced an abortion because of a medical emergency. The~~
 13 ~~defendant shall have the burden of persuasion that the defense is more~~
 14 ~~probably true than not.~~

15 3. ~~Prosecution under this section shall bar prosecution under section~~
 16 ~~188.057, 188.058, or 188.375 if prosecution under such sections would violate~~
 17 ~~the provisions of Amendment V to the Constitution of the United States or~~
 18 ~~Article I, Section 19 of the Constitution of Missouri.~~

19 4. ~~If any one or more provisions, subsections, sentences, clauses,~~
 20 ~~phrases, or words of this section or the application thereof to any person,~~
 21 ~~circumstance, or period of gestational age is found to be unenforceable,~~
 22 ~~unconstitutional, or invalid by a court of competent jurisdiction, the same is~~
 23 ~~hereby declared to be severable and the balance of the section shall remain~~
 24 ~~effective notwithstanding such unenforceability, unconstitutionality, or~~
 25 ~~invalidity. The general assembly hereby declares that it would have passed~~
 26 ~~this section, and each provision, subsection, sentence, clause, phrase, or word~~
 27 ~~thereof, irrespective of the fact that any one or more provisions, subsections,~~
 28 ~~sentences, clauses, phrases, or words of the section, or the application of the~~
 29 ~~section to any person, circumstance, or period of gestational age, would be~~
 30 ~~declared unenforceable, unconstitutional, or invalid.]~~

2 ~~[188.057. 1. Notwithstanding any other provision of law to the~~
 3 ~~contrary, no abortion shall be performed or induced upon a woman at fourteen~~
 4 ~~weeks gestational age or later, except in cases of medical emergency. Any~~
 5 ~~person who knowingly performs or induces an abortion of an unborn child in~~
 6 ~~violation of this subsection shall be guilty of a class B felony, as well as~~
 7 ~~subject to suspension or revocation of his or her professional license by his or~~
 8 ~~her professional licensing board. A woman upon whom an abortion is~~
 9 ~~performed or induced in violation of this subsection shall not be prosecuted for~~
 10 ~~a conspiracy to violate the provisions of this section.~~

11 2. ~~It shall be an affirmative defense for any person alleged to have~~
 12 ~~violated the provisions of subsection 1 of this section that the person~~
 13 ~~performed or induced an abortion because of a medical emergency. The~~
 14 ~~defendant shall have the burden of persuasion that the defense is more~~
 15 ~~probably true than not.~~

16 3. ~~Prosecution under this section shall bar prosecution under~~
 17 ~~section 188.056, 188.058, or 188.375 if prosecution under such sections~~
 18 ~~would violate the provisions of Amendment V to the Constitution of the~~
 19 ~~United States or Article I, Section 19 of the Constitution of Missouri.~~

20 4. ~~If any one or more provisions, subsections, sentences, clauses,~~
 21 ~~phrases, or words of this section or the application thereof to any person,~~
 22 ~~circumstance, or period of gestational age is found to be unenforceable,~~
 23 ~~unconstitutional, or invalid by a court of competent jurisdiction, the same is~~
 24 ~~hereby declared to be severable and the balance of the section shall remain~~
 25 ~~effective notwithstanding such unenforceability, unconstitutionality, or~~
 26 ~~invalidity. The general assembly hereby declares that it would have passed~~
 this section, and each provision, subsection, sentence, clause, phrase, or word

27 ~~thereof, irrespective of the fact that any one or more provisions, subsections,~~
28 ~~sentences, clauses, phrases, or words of the section, or the application of the~~
29 ~~section to any person, circumstance, or period of gestational age, would be~~
30 ~~declared unenforceable, unconstitutional, or invalid.]~~

~~[188.058. 1. Notwithstanding any other provision of law to the~~
2 ~~contrary, no abortion shall be performed or induced upon a woman at eighteen~~
3 ~~weeks gestational age or later, except in cases of medical emergency. Any~~
4 ~~person who knowingly performs or induces an abortion of an unborn child in~~
5 ~~violation of this subsection shall be guilty of a class B felony, as well as~~
6 ~~subject to suspension or revocation of his or her professional license by his or~~
7 ~~her professional licensing board. A woman upon whom an abortion is~~
8 ~~performed or induced in violation of this section shall not be prosecuted for a~~
9 ~~conspiracy to violate the provisions of this section.~~

10 ~~2. It shall be an affirmative defense for any person alleged to have~~
11 ~~violated the provisions of subsection 1 of this section that the person~~
12 ~~performed or induced an abortion because of a medical emergency. The~~
13 ~~defendant shall have the burden of persuasion that the defense is more~~
14 ~~probably true than not.~~

15 ~~3. Prosecution under this section shall bar prosecution under section~~
16 ~~188.056, 188.057, or 188.375 if prosecution under such sections would violate~~
17 ~~the provisions of Amendment V to the Constitution of the United States or~~
18 ~~Article I, Section 19 of the Constitution of Missouri.~~

19 ~~4. If any one or more provisions, subsections, sentences, clauses,~~
20 ~~phrases, or words of this section or the application thereof to any person,~~
21 ~~circumstance, or period of gestational age is found to be unenforceable,~~
22 ~~unenforceable, unconstitutional, or invalid by a court of competent jurisdiction,~~
23 ~~the same is hereby declared to be severable and the balance of the section shall remain~~
24 ~~effective notwithstanding such unenforceability, unconstitutionality, or~~
25 ~~invalidity. The general assembly hereby declares that it would have passed~~
26 ~~this section, and each provision, subsection, sentence, clause, phrase, or word~~
27 ~~thereof, irrespective of the fact that any one or more provisions, subsections,~~
28 ~~sentences, clauses, phrases, or words of the section, or the application of the~~
29 ~~section to any person, circumstance, or period of gestational age, would be~~
30 ~~declared unenforceable, unconstitutional, or invalid.]~~

~~[188.075. 1. Any person who contrary to the provisions of sections~~
2 ~~188.010 to 188.085 knowingly performs, induces, or aids in the performance~~
3 ~~or inducing of any abortion or knowingly fails to perform any action required~~
4 ~~by sections 188.010 to 188.085 shall be guilty of a class A misdemeanor,~~
5 ~~unless a different penalty is provided for in state law, and, upon conviction,~~
6 ~~shall be punished as provided by law.~~

7 ~~2. It shall be an affirmative defense for any person alleged to have~~
8 ~~violated any provision of this chapter that the person performed an action or~~
9 ~~did not perform an action because of a medical emergency. This affirmative~~
10 ~~defense shall be available in criminal, civil, and administrative actions or~~
11 ~~proceedings. The defendant shall have the burden of persuasion that the~~
12 ~~defense is more probably true than not.~~

13 3. ~~The attorney general shall have concurrent original jurisdiction~~
 14 ~~throughout the state, along with each prosecuting attorney and circuit attorney~~
 15 ~~within their respective jurisdictions, to commence actions for a violation of~~
 16 ~~any provision of this chapter, for a violation of any state law on the use of~~
 17 ~~public funds for an abortion, or for a violation of any state law which regulates~~
 18 ~~an abortion facility or a person who performs or induces an abortion. The~~
 19 ~~attorney general, or prosecuting attorney or circuit attorney within their~~
 20 ~~respective jurisdictions, may seek injunctive or other relief against any person~~
 21 ~~who, or entity which, is in violation of any provision of this chapter, misuses~~
 22 ~~public funds for an abortion, or violates any state law which regulates an~~
 23 ~~abortion facility or a person who performs or induces an abortion.]~~

2 ~~[188.080. Any person who is not a physician who performs or induces~~
 3 ~~or attempts to perform or induce an abortion on another is guilty of a class B~~
 4 ~~felony, and, upon conviction, shall be punished as provided by law. Any~~
 5 ~~physician performing or inducing an abortion who does not have clinical~~
 6 ~~privileges at a hospital which offers obstetrical or gynecological care located~~
 7 ~~within thirty miles of the location at which the abortion is performed or~~
 8 ~~induced shall be guilty of a class A misdemeanor, and, upon conviction shall~~
~~be punished as provided by law.]~~

2 ~~[188.230. Nothing in this act is intended to authorize anyone other~~
~~than a physician to perform an abortion.]~~

2 ~~[188.375. 1. This section shall be known and may be cited as the~~
~~"Late-Term Pain-Capable Unborn Child Protection Act".~~

3 ~~2. As used in this section, the phrase "late-term pain-capable unborn~~
 4 ~~child" shall mean an unborn child at twenty weeks gestational age or later.~~

5 ~~3. Notwithstanding any other provision of law to the contrary, no~~
 6 ~~abortion shall be performed or induced upon a woman carrying a late-term~~
 7 ~~pain-capable unborn child, except in cases of medical emergency. Any person~~
 8 ~~who knowingly performs or induces an abortion of a late-term pain-capable~~
 9 ~~unborn child in violation of this subsection shall be guilty of a class B felony,~~
 10 ~~as well as subject to suspension or revocation of his or her professional license~~
 11 ~~by his or her professional licensing board. A woman upon whom an abortion~~
 12 ~~is performed or induced in violation of this subsection shall not be prosecuted~~
 13 ~~for a conspiracy to violate the provisions of this subsection.~~

14 ~~4. It shall be an affirmative defense for any person alleged to have~~
 15 ~~violated the provisions of subsection 3 of this section that the person~~
 16 ~~performed or induced an abortion because of a medical emergency. The~~
 17 ~~defendant shall have the burden of persuasion that the defense is more~~
 18 ~~probably true than not.~~

19 ~~5. Prosecution under subsection 3 of this section shall bar prosecution~~
 20 ~~under section 188.056, 188.057, or 188.058 if prosecution under such sections~~
 21 ~~would violate the provisions of Amendment V to the Constitution of the~~
 22 ~~United States or Article I, Section 19 of the Constitution of Missouri.~~

23 ~~6. When in cases of medical emergency a physician performs or~~
 24 ~~induces an abortion upon a woman in her third trimester carrying a late-term~~

25 ~~pain-capable unborn child, the physician shall utilize the available method or~~
 26 ~~technique of abortion most likely to preserve the life or health of the unborn~~
 27 ~~child. In cases where the method or technique of abortion most likely to~~
 28 ~~preserve the life or health of the unborn child would present a greater risk to~~
 29 ~~the life or health of the woman than another legally permitted and available~~
 30 ~~method or technique, the physician may utilize such other method or~~
 31 ~~technique. In all cases where the physician performs or induces an abortion~~
 32 ~~upon a woman during her third trimester carrying a late term pain-capable~~
 33 ~~unborn child, the physician shall certify in writing the available method or~~
 34 ~~techniques considered and the reasons for choosing the method or technique~~
 35 ~~employed.~~

36 ~~7. When in cases of medical emergency a physician performs or~~
 37 ~~induces an abortion upon a woman during her third trimester carrying a late-~~
 38 ~~term pain-capable unborn child, there shall be in attendance a physician other~~
 39 ~~than the physician performing or inducing the abortion who shall take control~~
 40 ~~of and provide immediate medical care for a child born as a result of the~~
 41 ~~abortion.~~

42 ~~8. Any physician who knowingly violates any of the provisions of~~
 43 ~~subsection 6 or 7 of this section shall be guilty of a class D felony, as well as~~
 44 ~~subject to suspension or revocation of his or her professional license by his or~~
 45 ~~her professional licensing board. A woman upon whom an abortion is~~
 46 ~~performed or induced in violation of subsection 6 or 7 of this section shall not~~
 47 ~~be prosecuted for a conspiracy to violate the provisions of those subsections.~~

48 ~~9. If any one or more provisions, subsections, sentences, clauses,~~
 49 ~~phrases, or words of this section or the application thereof to any person,~~
 50 ~~circumstance, or period of gestational age is found to be unenforceable,~~
 51 ~~unconstitutional, or invalid by a court of competent jurisdiction, the same is~~
 52 ~~hereby declared to be severable and the balance of the section shall remain~~
 53 ~~effective notwithstanding such unenforceability, unconstitutionality, or~~
 54 ~~invalidity. The general assembly hereby declares that it would have passed~~
 55 ~~this section, and each provision, subsection, sentence, clause, phrase, or word~~
 56 ~~thereof, irrespective of the fact that any one or more provisions, subsections,~~
 57 ~~sentences, clauses, phrases, or words of the section, or the application of the~~
 58 ~~section to any person, circumstance, or period of gestational age, would be~~
 59 ~~declared unenforceable, unconstitutional, or invalid.]~~

2 ~~[334.245. 1. Notwithstanding any other provision of law to the~~
 3 ~~contrary that may allow a person to provide services relating to pregnancy,~~
 4 ~~including prenatal, delivery, and postpartum services, no person other than a~~
 5 ~~licensed physician is authorized to perform or induce an abortion.~~

6 ~~2. Any person who violates the provisions of this section is guilty of a~~
~~class B felony.]~~

2 ~~[574.200. 1. A person commits the offense of interference with~~
 3 ~~medical assistance if he or she, while serving in his or her capacity as an~~
 4 ~~employee of an abortion facility:~~

5 ~~(1) Knowingly orders or requests medical personnel to deviate from~~
~~any applicable standard of care or ordinary practice while providing medical~~

6 assistance to a patient for reasons unrelated to the patient's health or welfare;
7 ~~or~~
8 (2) ~~Knowingly attempts to prevent medical personnel from providing~~
9 ~~medical assistance to a patient in accordance with all applicable standards of~~
10 ~~care or ordinary practice for reasons unrelated to the patient's health or~~
11 ~~welfare.~~
12 ~~2. The offense of interference with medical assistance is a class A~~
13 ~~misdemeanor.~~
14 ~~3. For purposes of this section, the term "medical personnel" shall~~
15 ~~include, but not be limited to, the following:~~
16 ~~(1) Physicians and surgeons licensed under chapter 334;~~
17 ~~(2) Nurses licensed under chapter 335;~~
18 ~~(3) Emergency medical services personnel as defined in section~~
19 ~~190.600; or~~
20 ~~(4) Any person operating under the supervision of such medical~~
21 ~~personnel.]~~

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