

FIRST REGULAR SESSION

HOUSE BILL NO. 1512

103RD GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE PROUDIE.

3178H.011

JOSEPH ENGLER, Chief Clerk

AN ACT

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

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

Section A. Section 210.125, RSMo, is repealed and two new sections enacted in lieu thereof, to be known as sections 210.125 and 210.144, to read as follows:

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

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

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

EXPLANATION — Matter enclosed in bold-faced brackets **[thus]** in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

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

26 4. Temporary protective custody for purposes of this section shall not exceed twenty-
27 four hours. Temporary protective custody for a period beyond twenty-four hours may be
28 authorized only by an order of the juvenile court, **except cases in which a parent, guardian,**
29 **or legal representative provides proof of a known medical condition found within a**
30 **child's medical history that contradicts such abuse or neglect allegations. Proof under**
31 **this subsection shall be accepted by the guardian ad litem, the caseworker, a peace**
32 **officer, or any other individual involved in the investigation that is not the parent,**
33 **guardian, or legal representative.**

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

210.144. 1. As used in this section, "network" means the sexual assault forensic
2 **examination-child abuse resource and education (SAFE-CARE) network.**

3 **2. Any agreement between the division and the network to provide assistance in**
4 **connection with abuse or neglect investigations conducted by the division shall require**
5 **the network to have the ability to obtain consultations with randomized geneticists or**
6 **physicians who specialize in identifying conditions that mimic child abuse symptoms or**
7 **other unique health conditions including, but not limited to:**

- 8 (1) Rickets;
- 9 (2) Ehlers-Danlos syndrome;
- 10 (3) Osteogenesis imperfecta;
- 11 (4) Vitamin D deficiency;
- 12 (5) Other similar metabolic bone diseases or connective tissue disorders; or
- 13 (6) Any other medical condition that mimics child maltreatment or increases the
14 risk of a misdiagnosis of child maltreatment.

15 **3. During an investigation of abuse or neglect or an assessment provided under**
16 **subsection 2 of this section, the division shall refer a child's case for consideration with a**
17 **specialist if:**

18 **(1) The division determines the child requires a specialty consultation with a**
19 **physician;**

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

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

24 **4. In cases in which a specialty consultation is required or sought by the division**
25 **or the child's parent, legal guardian, or legal representative, the physician providing the**
26 **consultation shall:**

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

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

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

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

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