

House _____ Amendment NO. _____

Offered By

1 AMEND House Bill No. 1783, Page 1, Section 192.021, Line 12, by inserting after said section
2 and line the following:

3
4 "192.258. 1. For purposes of this section, the following terms mean:

5 (1) "Local public health agency", a county health center board established under chapter
6 205, a county health department, a city health department or agency, a combined city and county
7 health department or agency, a multicounty health department or agency, or any other county or
8 city health authority;

9 (2) "Term infants", infants who are at thirty-six weeks or more of gestation.

10 2. (1) Each county shall annually report infant deaths to the local public health agency
11 or agencies with jurisdiction over the county or any part of the county.

12 (2) The data shall be aggregated to ensure data reflects how regionalized care systems
13 are, or should be, collaborating to improve fetal and infant health outcomes based on standard
14 statistical methods for accurate dissemination of public health data without risking a
15 confidentiality or other disclosure breach.

16 (3) The data shall be disaggregated by racial and ethnic identity.

17 3. Subject to appropriation, a local public health agency shall establish a fetal and infant
18 mortality review committee to investigate infant deaths to prevent fetal and infant death if both
19 of the following apply with respect to the local public health agency's jurisdiction:

20 (1) The jurisdiction has five or more infant deaths in a single year; and

21 (2) The jurisdiction has an infant death rate that is higher than the state's infant death rate
22 for two consecutive years.

23 4. The department of health and senior services shall establish a fetal and infant
24 mortality review process in which all local public health agencies may voluntarily participate. A
25 local public health agency that participates in the fetal and infant mortality review process
26 established by the department of health and senior services shall do all of the following:

27 (1) Annually investigate, track, and review a minimum amount of twenty percent of the
28 jurisdiction's cases of term infants who were born following labor with the outcome of
29 intrapartum stillbirth, early neonatal death, or postneonatal death, focusing on demographic

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1 groups that are disproportionately impacted by infant death. A jurisdiction that has fewer than
2 five infant deaths in a year shall investigate at least one infant death;

3 (2) Establish a committee for fetal and infant mortality reviews led by local public health
4 agencies. The committee shall include members of the community but shall not include anyone
5 employed by a law enforcement agency. In jurisdictions in which the coroner, medical examiner,
6 or other medical professional is employed by law enforcement, these individuals can share
7 information with the committee in their medical professional capacity only. The committee shall
8 be subject to the following provisions:

9 (a) All data and records obtained, prepared, created, and maintained in anticipation of a
10 review meeting shall be confidential. Data and records prepared, created, and maintained in
11 anticipation of a review meeting shall not be subject to public records requests, subpoena, or
12 civil processes and shall not be admissible in evidence in connection with any administrative,
13 judicial, executive, legislative, or other proceeding;

14 (b) All participants engaged in and associated with the review process shall sign a
15 confidentiality agreement that states such participants will not discuss or share information about
16 individual cases and the proceedings of the review meeting outside the meeting. This shall not
17 preclude the committee from publishing, or from otherwise making available for public
18 inspection, statistical compilations or reports that are based on confidential information,
19 provided that those compilations or reports shall not contain personally identifying information
20 or other information that could be used to ultimately identify the individuals concerned and shall
21 utilize standard public health reporting practices for accurate dissemination of these data
22 elements, especially with regard to the reporting of small numbers so as not to inadvertently risk
23 a breach of confidentiality or other disclosure; and

24 (c) To the extent prescribed by section 537.035, members of the committee, persons
25 attending a committee meeting, and persons who present information to a committee shall not be
26 questioned in any administrative, civil, or criminal proceeding regarding information presented
27 in, or opinions formed as a result of, a meeting. This paragraph shall not prohibit a person from
28 testifying to information obtained independently of the committee or that is public information.
29 A health care provider, health care facility, or pharmacy providing access to medical records
30 under this section shall not be held liable for civil damages or be subject to any criminal or
31 disciplinary action for good faith efforts in providing the records;

32 (3) Conduct voluntary interviews with individuals who have experienced child loss or
33 surviving family members of maternal or infant death who have knowledge of the event. The
34 interview shall include questions to determine if the pregnant person had concerns about
35 perinatal care during any point in the person's pregnancy or postpartum care, whether there were
36 disagreements about care offered and received, and whether the pregnant person had asked for
37 certain care that was denied or not received;

1 (4) Conduct a report or investigation, to the degree practicable, with all medical staff
2 involved with a maternal or infant death; and

3 (5) Offer grief counseling to surviving family members.

4 5. Counties, hospitals, birthing centers, and state entities shall provide to local public
5 health agencies death records, medical records, autopsy reports, toxicology reports, hospital
6 discharge records, birth records, and any other information that will help the local public health
7 agency conduct the fetal and infant mortality review within thirty days of a request made in
8 writing by a local public health agency. The local public health agency shall not request, and
9 health care providers shall not provide, reports, testimony, or other information produced as a
10 result of activities undertaken by a peer review committee, as defined in section 537.035, that
11 has the responsibility to evaluate or improve the quality of care rendered in a hospital.

12 6. (1) There is hereby created in the state treasury the "Fetal and Infant Mortality
13 Review Fund", which shall consist of moneys appropriated to it by the general assembly and any
14 gifts, contributions, grants, or bequests received from federal, private, or other sources. The state
15 treasurer shall be custodian of the fund. In accordance with sections 30.170 and 30.180, the state
16 treasurer may approve disbursements. The fund shall be a dedicated fund and, upon
17 appropriation, moneys in this fund shall be used solely as provided in this section.

18 (2) Notwithstanding the provisions of section 33.080 to the contrary, any moneys
19 remaining in the fund at the end of the biennium shall not revert to the credit of the general
20 revenue fund.

21 (3) The state treasurer shall invest moneys in the fund in the same manner as other funds
22 are invested. Any interest and moneys earned on such investments shall be credited to the fund.

23 192.990. 1. There is hereby established within the department of health and senior
24 services the "Pregnancy-Associated Mortality Review Board" to improve data collection and
25 reporting with respect to maternal deaths. The department may collaborate with localities and
26 with other states to meet the goals of the initiative.

27 2. For purposes of this section, the following terms shall mean:

28 (1) "Department", the Missouri department of health and senior services;

29 (2) "Maternal death" or "maternal mortality", the death of a woman while pregnant or
30 during the one-year period following the date of the end of pregnancy, regardless of the cause of
31 death and regardless of whether a delivery, miscarriage, or death occurs inside or outside of a
32 hospital;

33 (3) "Severe maternal morbidity", unexpected outcomes of pregnancy, labor, or delivery
34 that result in significant short-term or long-term consequences to the pregnant person's mental or
35 physical health.

36 3. The board shall be composed of no more than eighteen members, with a chair elected
37 from among its membership. The board shall meet at least twice per year and shall approve the
38 strategic priorities, funding allocations, work processes, and products of the board. Members of

1 the board shall be appointed by the director of the department. Members shall serve four-year
 2 terms, except that the initial terms shall be staggered so that approximately one-third serve three-
 3 , four-, and five-year terms.

4 4. The board shall have a multidisciplinary and diverse membership that represents a
 5 variety of medical and nursing specialties, including, but not limited to, obstetrics and maternal-
 6 fetal care, as well as state or local public health officials, epidemiologists, statisticians,
 7 community organizations, geographic regions, and other individuals or organizations that are
 8 most affected by maternal deaths and lack of access to maternal health care services.

9 5. The duties of the board shall include, but not be limited to:

10 (1) Conducting ongoing comprehensive, multidisciplinary reviews of all maternal
 11 deaths;

12 (2) Identifying factors associated with maternal deaths;

13 (3) Reviewing medical records and other relevant data, which shall include, to the extent
 14 available:

15 (a) A description of the maternal deaths determined by matching each death record of a
 16 maternal death to a birth certificate of an infant or fetal death record, as applicable, and an
 17 indication of whether the delivery, miscarriage, or death occurred inside or outside of a hospital;

18 (b) Data collected from medical examiner and coroner reports, as appropriate; and

19 (c) Using other appropriate methods or information to identify maternal deaths,
 20 including deaths from pregnancy outcomes not identified under paragraph (a) of this subdivision;

21 (4) Consulting with relevant experts, as needed;

22 (5) Analyzing cases to produce recommendations for reducing maternal mortality;

23 (6) Analyzing common indicators of severe maternal morbidity to identify prevention
 24 opportunities and reduce near-miss experiences;

25 (7) Disseminating recommendations to policy makers, health care providers and
 26 facilities, and the general public on best practices to prevent maternal mortality and morbidity
 27 including, but not limited to, addressing socioeconomic and environmental impacts, including
 28 global warming, on pregnancy outcomes;

29 [~~7~~] (8) Recommending and promoting preventative strategies and making
 30 recommendations for systems changes, including changes in data collection and investigatory
 31 processes;

32 [~~8~~] (9) Protecting the confidentiality of the hospitals and individuals involved in any
 33 maternal deaths;

34 [~~9~~] (10) Examining racial and social disparities in maternal deaths and making
 35 recommendations on the prevention of racial and social disparities;

36 [~~10~~] (11) Tracking and examining disparities experienced by lesbian, bisexual,
 37 transgender, intersex, and gender-nonconforming individuals and reporting findings, to the
 38 extent practicable;

1 (12) Subject to appropriation, providing for voluntary and confidential case reporting of
2 maternal deaths to the appropriate state health agency by family members of the deceased, and
3 other appropriate individuals, for purposes of review by the board;

4 ~~[(11)]~~ (13) Making publicly available the contact information of the board for use in
5 such reporting;

6 ~~[(12)]~~ (14) Conducting outreach to local professional organizations, community
7 organizations, and social services agencies regarding the availability of the review board; and

8 ~~[(13)]~~ (15) Ensuring that data collected under this section is made available, as
9 appropriate and practicable, for research purposes, in a manner that protects individually
10 identifiable or potentially identifiable information and that is consistent with state and federal
11 privacy laws.

12 6. (1) The board's review of cases of maternal mortality and morbidity shall include, to
13 the degree practicable, for populations experiencing disparity, voluntary interviews with the
14 following individuals:

15 (a) Pertinent surviving family members or support people present with direct knowledge
16 of, or involvement in, the event, including the patient in cases of severe maternal morbidity. The
17 board shall transcribe or summarize in writing any oral statements received in accordance with
18 this paragraph; and

19 (b) Members of the medical team who were present or involved in the deceased
20 individual's direct care.

21 (2) In determining the practicability of the interviews under subdivision (1) of this
22 subsection, the board may prioritize interviews with populations that have a documented higher
23 rate of maternal death.

24 7. The board may contract with other entities consistent with the duties of the board.

25 ~~[7-]~~ 8. (1) Before June 30, 2020, and annually thereafter, the board shall submit to the
26 Director of the Centers for Disease Control and Prevention, the director of the department, the
27 governor, and the general assembly a report on maternal mortality in the state based on data
28 collected through ongoing comprehensive, multidisciplinary reviews of all maternal deaths, and
29 any other projects or efforts funded by the board. The data shall be collected using best practices
30 to reliably determine and include all maternal deaths, regardless of the outcome of the pregnancy
31 and shall include data, findings, and recommendations of the committee, and, as applicable,
32 information on the implementation during such year of any recommendations submitted by the
33 board in a previous year.

34 (2) The report shall be made available to the public on the department's website and the
35 director shall disseminate the report to all health care providers and facilities that provide
36 women's health services in the state.

1 ~~[8.]~~ 9. The director of the department, or his or her designee, shall provide the board
2 with the copy of the death certificate and any linked birth or fetal death certificate for any
3 maternal death occurring within the state.

4 ~~[9.]~~ 10. Upon request by the department, health care providers, health care facilities,
5 clinics, laboratories, medical examiners, coroners, law enforcement agencies, driver's license
6 bureaus, other state agencies, and facilities licensed by the department shall provide to the
7 department data related to maternal deaths from sources such as medical records, autopsy
8 reports, medical examiner's reports, coroner's reports, law enforcement reports, motor vehicle
9 records, social services records, and other sources as appropriate. Such data requests shall be
10 limited to maternal deaths which have occurred within the previous twenty-four months. No
11 entity shall be held liable for civil damages or be subject to any criminal or disciplinary action
12 when complying in good faith with a request from the department for information under the
13 provisions of this subsection.

14 ~~[10.]~~ 11. (1) The board shall protect the privacy and confidentiality of all patients,
15 decedents, providers, hospitals, or any other participants involved in any maternal deaths or any
16 cases of severe maternal morbidity. In no case shall any individually identifiable health
17 information be provided to the public or submitted to an information clearinghouse.

18 (2) Nothing in this subsection shall prohibit the board or department from publishing
19 statistical compilations and research reports that:

20 (a) Are based on confidential information relating to mortality reviews under this
21 section; and

22 (b) Do not contain identifying information or any other information that could be used to
23 ultimately identify the individuals concerned.

24 (3) Information, records, reports, statements, notes, memoranda, or other data collected
25 under this section shall not be admissible as evidence in any action of any kind in any court or
26 before any other tribunal, board, agency, or person. Such information, records, reports, notes,
27 memoranda, data obtained by the department or any other person, statements, notes, memoranda,
28 or other data shall not be exhibited nor their contents disclosed in any way, in whole or in part,
29 by any officer or representative of the department or any other person. No person participating
30 in such review shall disclose, in any manner, the information so obtained except in strict
31 conformity with such review project. Such information shall not be subject to disclosure under
32 chapter 610.

33 (4) All information, records of interviews, written reports, statements, notes,
34 memoranda, or other data obtained by the department, the board, and other persons, agencies, or
35 organizations so authorized by the department under this section shall be confidential.

36 (5) All proceedings and activities of the board, opinions of members of such board
37 formed as a result of such proceedings and activities, and records obtained, created, or
38 maintained under this section, including records of interviews, written reports, statements, notes,

1 memoranda, or other data obtained by the department or any other person, agency, or
2 organization acting jointly or under contract with the department in connection with the
3 requirements of this section, shall be confidential and shall not be subject to subpoena,
4 discovery, or introduction into evidence in any civil or criminal proceeding; provided, however,
5 that nothing in this section shall be construed to limit or restrict the right to discover or use in
6 any civil or criminal proceeding anything that is available from another source and entirely
7 independent of the board's proceedings.

8 (6) Members of the board shall not be questioned in any civil or criminal proceeding
9 regarding the information presented in or opinions formed as a result of a meeting or
10 communication of the board; provided, however, that nothing in this section shall be construed to
11 prevent a member of the board from testifying to information obtained independently of the
12 board or which is public information.

13 ~~[4-]~~ 12. The department may use grant program funds to support the efforts of the board
14 and may apply for additional federal government and private foundation grants as needed. The
15 department may also accept private, foundation, city, county, or federal moneys to implement the
16 provisions of this section.

17 192.1005. Sections 192.1005 to 192.1020 shall be known and may be cited as the
18 "Missouri Dignity in Pregnancy and Childbirth Act".

19 192.1010. For purposes of sections 192.1005 to 192.1020, the following terms mean:

20 (1) "Implicit bias", a bias in judgment or behavior that results from subtle cognitive
21 processes, including implicit prejudice and implicit stereotypes that often operate at a level
22 below conscious awareness and without intentional control;

23 (2) "Implicit prejudice", prejudicial negative feelings or beliefs about a group that a
24 person holds without being aware of such feelings or beliefs;

25 (3) "Implicit stereotypes", the unconscious attributions of particular qualities to a
26 member of a certain social group. Implicit stereotypes are influenced by experience and are
27 based on learning associations between various qualities and social categories, including race
28 and gender;

29 (4) "Perinatal care", the provision of care during pregnancy, labor, delivery, and
30 postpartum and neonatal periods;

31 (5) "Pregnancy-related death", the death of a person while pregnant or within three
32 hundred sixty-five days of the end of a pregnancy, regardless of the duration or site of the
33 pregnancy, from any cause related to, or aggravated by, the pregnancy or its management, but not
34 from accidental or incidental causes.

35 192.1015. 1. Any hospital, clinic, or other health care facility that provides perinatal
36 care shall implement an evidence-based implicit bias program for all health care providers
37 involved in the perinatal care of patients within that facility.

1 2. An implicit bias program implemented under subsection 1 of this section shall include
2 all of the following:

3 (1) Identification of previous or current unconscious biases and misinformation;

4 (2) Identification of personal, interpersonal, institutional, structural, and cultural barriers
5 to inclusion;

6 (3) Corrective measures to decrease implicit bias at the interpersonal and institutional
7 levels, including ongoing policies and practices for that purpose;

8 (4) Information on the effects, including, but not limited to, ongoing personal effects, of
9 historical and contemporary exclusion and oppression of minority communities;

10 (5) Information about cultural identity across racial or ethnic groups;

11 (6) Information about communicating more effectively across identities, including racial,
12 ethnic, religious, and gender identities;

13 (7) Discussion on power dynamics and organizational decision-making;

14 (8) Discussion on health inequities within the perinatal care field, including information
15 on how implicit bias impacts maternal and infant health outcomes;

16 (9) Perspectives of diverse, local constituency groups and experts on particular racial,
17 identity, cultural, and provider-community relations issues in the community; and

18 (10) Information on reproductive justice.

19 3. (1) A health care provider described in subsection 1 of this section shall complete
20 initial basic training through the implicit bias program based on the components described in
21 subsection 2 of this section.

22 (2) Upon completion of the initial basic training, a health care provider shall complete a
23 refresher course under the implicit bias program every two years thereafter, or on a more
24 frequent basis if deemed necessary by the facility, in order to keep current with changing racial,
25 identity, and cultural trends and best practices in decreasing interpersonal and institutional
26 implicit bias.

27 4. A facility described in subsection 1 of this section shall provide a certificate of
28 training completion to another facility or a training attendee upon request. A facility may accept
29 a certificate of completion from another facility described in subsection 1 of this section to
30 satisfy the training requirement described in subsection 3 of this section for a health care
31 provider who works in more than one facility.

32 5. Notwithstanding subsections 1 to 4 of this section, if a physician involved in the
33 perinatal care of patients is not directly employed by a facility, the facility shall offer the training
34 to the physician.

35 192.1020. 1. The department of health and senior services shall track data on severe
36 maternal morbidity including, but not limited to, all of the following health conditions:

37 (1) Obstetric hemorrhage;

38 (2) Hypertension;

1 (3) Preeclampsia and eclampsia;

2 (4) Venous thromboembolism;

3 (5) Sepsis;

4 (6) Cerebrovascular accident; and

5 (7) Amniotic fluid embolism.

6 2. The data on severe maternal morbidity collected under subsection 1 of this section
7 shall be published at least once every three years after all of the following have occurred:

8 (1) The data has been aggregated by state regions as defined by the department of health
9 and senior services to ensure data reflects how regionalized care systems are or should be
10 collaborating to improve maternal health outcomes or other smaller regional sorting based on
11 standard statistical methods for accurate dissemination of public health data without risking a
12 confidentiality or other disclosure breach; and

13 (2) The data has been disaggregated by racial and ethnic identity.

14 3. The department of health and senior services shall track data on pregnancy-related
15 deaths including, but not limited to, all of the conditions listed in subsection 1 of this section,
16 indirect obstetric deaths, and other maternal disorders predominantly related to pregnancy and
17 complications predominantly related to the puerperium.

18 4. The data on pregnancy-related deaths collected under subsection 3 of this section shall
19 be published, at least once every three years, after all of the following have occurred:

20 (1) The data has been aggregated by state regions as defined by the department of health
21 and senior services to ensure data reflects how regionalized care systems are or should be
22 collaborating to improve maternal health outcomes or other smaller regional sorting based on
23 standard statistical methods for accurate dissemination of public health data without risking a
24 confidentiality or other disclosure breach; and

25 (2) The data has been disaggregated by racial and ethnic identity.

26 192.1030. 1. For purposes of this section, the following terms mean:

27 (1) "Certified nurse midwife", the same meaning given to the term in section 335.016;

28 (2) "Department", the department of health and senior services;

29 (3) "Professional midwife", any midwife allowed to practice in this state in accordance
30 with the provisions of section 376.1753;

31 (4) "Programs that train certified nurse midwives", a nurse-midwifery education program
32 that is recognized by the state board of nursing as providing education necessary to become a
33 certified nurse midwife;

34 (5) "Programs that train professional midwives", a midwifery education program that
35 provides the education necessary to practice as a midwife in this state in accordance with the
36 provisions of section 376.1753.

37 2. Subject to appropriation, the department shall establish a program to contract with
38 programs that train certified nurse midwives and programs that train professional midwives in

1 accordance with the global standards for midwifery education and the international definition of
2 the term "midwife" as established by the International Confederation of Midwives in order to
3 increase the number of students receiving quality education and training as a certified nurse
4 midwife or as a professional midwife.

5 3. The department shall contract only with programs that train certified nurse midwives
6 and programs that train professional midwives that, at minimum, include, or that intend to create,
7 a component of training designed for medically underserved multicultural communities, lower
8 socioeconomic neighborhoods, or rural communities, and that are organized to prepare program
9 graduates for service in those neighborhoods and communities, or that seek to recruit and retain
10 racially and ethnically diverse students, underrepresented groups, or people from underserved or
11 historically marginalized communities.

12 4. (1) The department may adopt standards and regulations necessary to carry out the
13 provisions of this section. In adopting eligibility standards for programs that train certified nurse
14 midwives and programs that train professional midwives in accordance with the standards set
15 forth in subsections 2 and 3 of this section, the department may accept those educational
16 standards and competencies established by the state board of nursing or by the provisions of
17 section 376.1753. The department shall take care not to implement education or competency
18 standards beyond what is required by the state board of nursing or the provisions of section
19 376.1753 that could inadvertently create an unnecessary barrier for training programs to obtain
20 funding for the training of midwives in this state.

21 (2) Any rule or portion of a rule, as that term is defined in section 536.010, that is
22 created under the authority delegated in this section shall become effective only if it complies
23 with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028.
24 This section and chapter 536 are nonseverable and if any of the powers vested with the general
25 assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and
26 annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and
27 any rule proposed or adopted after August 28, 2026, shall be invalid and void.

28 5. The department shall develop alternative strategies to provide long-term stability for,
29 or expansion of, the training provided for under this section, such as through funding provided
30 by private foundations and administered by the department for the purposes of carrying out this
31 section.

32 6. Nothing in this section prevents the department from developing a protocol to contract
33 with potential programs that train certified nurse midwives or potential programs that train
34 professional midwives in order to support the initial startup of new training programs as long as
35 the eligibility requirements of this section are met or can be met through an award of funds.

36 7. The department may pay contracted programs that train certified nurse midwives and
37 programs that train professional midwives in an amount calculated based on a single per-student

1 capitation formula, or through another method, in order to cover the costs of innovative special
2 projects or programs.

3 8. Funds appropriated to the department for purposes of this section and awarded by the
4 department to eligible programs that train certified nurse midwives or programs that train
5 professional midwives may be used by the training program to develop new initiatives, projects,
6 or curricula, or to expand existing initiatives, projects, or curricula. Awarded funds may also be
7 used for general support and sustainability of the overall training program, or to sustain specific
8 components of the training program including, but not limited to, tuition assistance for students,
9 support for preceptor recruitment, or support to sustain preceptor training sites for students.

10 9. (1) There is hereby created in the state treasury the "Midwifery Education Fund",
11 which shall consist of moneys appropriated to it by the general assembly and any gifts,
12 contributions, grants, or bequests received from federal, private, or other sources. The state
13 treasurer shall be custodian of the fund. In accordance with sections 30.170 and 30.180, the state
14 treasurer may approve disbursements. The fund shall be a dedicated fund and, upon
15 appropriation, moneys in this fund shall be used solely as provided in this section.

16 (2) Notwithstanding the provisions of section 33.080 to the contrary, any moneys
17 remaining in the fund at the end of the biennium shall not revert to the credit of the general
18 revenue fund.

19 (3) The state treasurer shall invest moneys in the fund in the same manner as other funds
20 are invested. Any interest and moneys earned on such investments shall be credited to the fund.

21 193.145. 1. A certificate of death for each death which occurs in this state shall be filed
22 with the local registrar, or as otherwise directed by the state registrar, within five days after death
23 and shall be registered if such certificate has been completed and filed pursuant to this section.
24 All data providers in the death registration process, including, but not limited to, the state
25 registrar, local registrars, the state medical examiner, county medical examiners, coroners,
26 funeral directors or persons acting as such, embalmers, sheriffs, attending physicians and
27 resident physicians, physician assistants, assistant physicians, advanced practice registered
28 nurses, and the chief medical officers of licensed health care facilities, and other public or
29 private institutions providing medical care, treatment, or confinement to persons, shall be
30 required to use and utilize any electronic death registration system required and adopted under
31 subsection 1 of section 193.265 within six months of the system being certified by the director of
32 the department of health and senior services, or the director's designee, to be operational and
33 available to all data providers in the death registration process.

34 2. If the place of death is unknown but the dead body is found in this state, the certificate
35 of death shall be completed and filed pursuant to the provisions of this section. The place where
36 the body is found shall be shown as the place of death. The date of death shall be the date on
37 which the remains were found.

1 3. When death occurs in a moving conveyance in the United States and the body is first
2 removed from the conveyance in this state, the death shall be registered in this state and the place
3 where the body is first removed shall be considered the place of death. When a death occurs on
4 a moving conveyance while in international waters or air space or in a foreign country or its air
5 space and the body is first removed from the conveyance in this state, the death shall be
6 registered in this state but the certificate shall show the actual place of death if such place may
7 be determined.

8 4. The funeral director or person in charge of final disposition of the dead body shall file
9 the certificate of death. The funeral director or person in charge of the final disposition of the
10 dead body shall obtain or verify and enter into the electronic death registration system:

11 (1) The personal data from the next of kin or the best qualified person or source
12 available;

13 (2) The medical certification from the person responsible for such certification if
14 designated to do so under subsection 5 of this section; ~~and~~

15 (3) Information indicating whether the decedent was pregnant at the time of death, or
16 within a year prior to the death, if known, as determined by observation, autopsy, or review of
17 the medical record. The electronic death registration system shall capture additional information
18 regarding the pregnancy status of the decedent consistent with the data elements on the U.S.
19 Standard Certificate of Death. This subdivision shall not be interpreted to require the
20 performance of a pregnancy test on a decedent or to require a review of medical records in order
21 to determine pregnancy; and

22 (4) Any other information or data that may be required to be placed on a death certificate
23 or entered into the electronic death certificate system including, but not limited to, the name and
24 license number of the embalmer.

25 5. The medical certification shall be completed, attested to its accuracy either by
26 signature or an electronic process approved by the department, and returned to the funeral
27 director or person in charge of final disposition within seventy-two hours after death by the
28 physician, physician assistant, assistant physician, or advanced practice registered nurse in
29 charge of the patient's care for the illness or condition which resulted in death. In the absence of
30 the physician, physician assistant, assistant physician, or advanced practice registered nurse or
31 with the physician's, physician assistant's, assistant physician's, or advanced practice registered
32 nurse's approval the certificate may be completed and attested to its accuracy either by signature
33 or an approved electronic process by the physician's associate physician, the chief medical
34 officer of the institution in which death occurred, or the physician who performed an autopsy
35 upon the decedent, provided such individual has access to the medical history of the case, views
36 the deceased at or after death and death is due to natural causes. The person authorized to
37 complete the medical certification may, in writing, designate any other person to enter the
38 medical certification information into the electronic death registration system if the person

1 authorized to complete the medical certificate has physically or by electronic process signed a
2 statement stating the cause of death. Any persons completing the medical certification or
3 entering data into the electronic death registration system shall be immune from civil liability for
4 such certification completion, data entry, or determination of the cause of death, absent gross
5 negligence or willful misconduct. The state registrar may approve alternate methods of
6 obtaining and processing the medical certification and filing the death certificate. The Social
7 Security number of any individual who has died shall be placed in the records relating to the
8 death and recorded on the death certificate.

9 6. When death occurs from natural causes more than thirty-six hours after the decedent
10 was last treated by a physician, physician assistant, assistant physician, or advanced practice
11 registered nurse, the case shall be referred to the county medical examiner or coroner or
12 physician or local registrar for investigation to determine and certify the cause of death. If the
13 death is determined to be of a natural cause, the medical examiner or coroner or local registrar
14 shall refer the certificate of death to the attending physician, physician assistant, assistant
15 physician, or advanced practice registered nurse for such certification. If the attending
16 physician, physician assistant, assistant physician, or advanced practice registered nurse refuses
17 or is otherwise unavailable, the medical examiner or coroner or local registrar shall attest to the
18 accuracy of the certificate of death either by signature or an approved electronic process within
19 thirty-six hours.

20 7. If the circumstances suggest that the death was caused by other than natural causes,
21 the medical examiner or coroner shall determine the cause of death and shall, either by signature
22 or an approved electronic process, complete and attest to the accuracy of the medical
23 certification within seventy-two hours after taking charge of the case.

24 8. If the cause of death cannot be determined within seventy-two hours after death, the
25 attending medical examiner, coroner, attending physician, physician assistant, assistant
26 physician, advanced practice registered nurse, or local registrar shall give the funeral director, or
27 person in charge of final disposition of the dead body, notice of the reason for the delay, and final
28 disposition of the body shall not be made until authorized by the medical examiner, coroner,
29 attending physician, physician assistant, assistant physician, advanced practice registered nurse,
30 or local registrar.

31 9. When a death is presumed to have occurred within this state but the body cannot be
32 located, a death certificate may be prepared by the state registrar upon receipt of an order of a
33 court of competent jurisdiction which shall include the finding of facts required to complete the
34 death certificate. Such a death certificate shall be marked "Presumptive", show on its face the
35 date of registration, and identify the court and the date of decree.

36 10. (1) The department of health and senior services shall notify all physicians,
37 physician assistants, assistant physicians, and advanced practice registered nurses licensed under

1 chapters 334 and 335 of the requirements regarding the use of the electronic vital records system
2 provided for in this section.

3 (2) On or before August 30, 2015, the department of health and senior services, division
4 of community and public health shall create a working group comprised of representation from
5 the Missouri electronic vital records system users and recipients of death certificates used for
6 professional purposes to evaluate the Missouri electronic vital records system, develop
7 recommendations to improve the efficiency and usability of the system, and to report such
8 findings and recommendations to the general assembly no later than January 1, 2016.

9 11. Notwithstanding any provision of law to the contrary, if a coroner or deputy coroner
10 is not current with or is without the approved training under chapter 58, the department of health
11 and senior services shall prohibit such coroner from attesting to the accuracy of a certificate of
12 death. No person elected or appointed to the office of coroner can assume such elected office
13 until the training required under section 58.030 has been completed and a certificate of
14 completion has been issued. In the event a coroner cannot fulfill his or her duties or is no longer
15 qualified to attest to the accuracy of a death certificate, the sheriff of the county shall appoint a
16 medical professional to attest death certificates until such time as the coroner can resume his or
17 her duties or another coroner is appointed or elected to the office.

18 197.178. 1. Each hospital shall provide each patient, upon admission or as soon
19 thereafter as reasonably practicable, written information regarding the following rights of the
20 patient:

21 (1) The right to be informed of continuing health care requirements following discharge
22 from the hospital;

23 (2) The right to be informed that, if the patient so authorizes, a friend or family member
24 may be provided information about the patient's continuing health care requirements following
25 discharge from the hospital;

26 (3) The right to participate actively in decisions regarding medical care. To the extent
27 permitted by law, participation shall include the right to refuse treatment;

28 (4) The right to appropriate pain assessment and treatment;

29 (5) The right to be free of discrimination on the basis of any protected status as set forth
30 in chapter 213; and

31 (6) The right to information on how to file a complaint with the following:

32 (a) The department of health and senior services;

33 (b) The Missouri commission on human rights; and

34 (c) The state board of registration for the healing arts.

35 2. A hospital may include the information required by this section with other notices to
36 the patient regarding patient rights. If a hospital chooses to include this information along with
37 existing notices to the patient regarding patient rights, any newly required information shall be

1 provided when the hospital exhausts its existing inventory of written materials and prints new
2 written materials."; and
3
4 Further amend said bill by amending the title, enacting clause, and intersectional references
5 accordingly.