

Peters SMy

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed

SS SCS HCS HB 2372 _____ entitled:

AN ACT

To repeal sections 96.192, 96.196, 167.627, 167.630, 190.098, 190.142, 190.165, 190.246, 191.1146, 192.020, 192.2400, 192.2435, 193.245, 195.417, 196.990, 198.022, 206.110, 208.146, 208.215, 208.662, 210.110, 301.142, 321.621, 332.081, 334.108, 335.081, 337.600, 338.010, 338.012, 338.333, 338.600, 338.710, 345.050, 376.387, 376.1000, 376.1012, 376.1017, 376.1183, 376.1186, 376.1240, 376.1364, 383.155, 579.060, 590.192, and 632.305, RSMo, and to enact in lieu thereof seventy-eight new sections relating to health care, with penalty provisions.

With SA 1, SA 2, SA 3, SA 1 to SA 4, SA 4 a.a., SA 1 to SA 5, SA 5 a.a. & SA 6

In which the concurrence of the House is respectfully requested.

Respectfully,

Kristina Martin

Kristina Martin
Secretary of the Senate

RECEIVED
MAY 13 2026
BY: _____

SENATE AMENDMENT NO. 1

Offered by

Curtis Hunt

of

District 20Amend SS/SCS/HCS/House Bill No. 2372, Page 43, Section 196.990, Line 131,

2 by inserting after all of said line the following:

3 "197.315. 1. Any person who proposes to develop or
4 offer a new institutional health service within the state
5 must obtain a certificate of need from the committee prior
6 to the time such services are offered.

7 2. Only those new institutional health services which
8 are found by the committee to be needed shall be granted a
9 certificate of need. Only those new institutional health
10 services which are granted certificates of need shall be
11 offered or developed within the state. No expenditures for
12 new institutional health services in excess of the
13 applicable expenditure minimum shall be made by any person
14 unless a certificate of need has been granted.

15 3. After October 1, 1980, no state agency charged by
16 statute to license or certify health care facilities shall
17 issue a license to or certify any such facility, or distinct
18 part of such facility, that is developed without obtaining a
19 certificate of need.

20 4. If any person proposes to develop any new
21 institutional health care service without a certificate of
22 need as required by sections 197.300 to 197.366, the
23 committee shall notify the attorney general, and he shall
24 apply for an injunction or other appropriate legal action in
25 any court of this state against that person.

Offered 5/12/26

Adopted 5/12/26

26 5. After October 1, 1980, no agency of state
27 government may appropriate or grant funds to or make payment
28 of any funds to any person or health care facility which has
29 not first obtained every certificate of need required
30 pursuant to sections 197.300 to 197.366.

31 6. A certificate of need shall be issued only for the
32 premises and persons named in the application and is not
33 transferable except by consent of the committee.

34 7. Project cost increases, due to changes in the
35 project application as approved or due to project change
36 orders, exceeding the initial estimate by more than ten
37 percent shall not be incurred without consent of the
38 committee.

39 8. Periodic reports to the committee shall be required
40 of any applicant who has been granted a certificate of need
41 until the project has been completed. The committee may
42 order the forfeiture of the certificate of need upon failure
43 of the applicant to file any such report.

44 9. A certificate of need shall be subject to
45 forfeiture for failure to incur a capital expenditure on any
46 approved project within six months after the date of the
47 order. The applicant may request an extension from the
48 committee of not more than six additional months based upon
49 substantial expenditure made.

50 10. Each application for a certificate of need must be
51 accompanied by an application fee. The time of filing
52 commences with the receipt of the application and the
53 application fee. The application fee is one thousand
54 dollars, or one-tenth of one percent of the total cost of
55 the proposed project, whichever is greater. All application
56 fees shall be deposited in the state treasury. Because of
57 the loss of federal funds, the general assembly will

58 appropriate funds to the Missouri health facilities review
59 committee.

60 11. In determining whether a certificate of need
61 should be granted, no consideration shall be given to the
62 facilities or equipment of any other health care facility
63 located more than a fifteen-mile radius from the applying
64 facility.

65 12. When a nursing facility shifts from a skilled to
66 an intermediate level of nursing care, it may return to the
67 higher level of care if it meets the licensure requirements,
68 without obtaining a certificate of need.

69 13. In no event shall a certificate of need be denied
70 because the applicant refuses to provide abortion services
71 or information.

72 14. A certificate of need shall not be required for
73 the transfer of ownership of an existing and operational
74 health facility in its entirety.

75 15. A certificate of need may be granted to a facility
76 for an expansion, an addition of services, a new
77 institutional service, or for a new hospital facility which
78 provides for something less than that which was sought in
79 the application.

80 16. The provisions of this section shall not apply to
81 facilities operated by the state, and appropriation of funds
82 to such facilities by the general assembly shall be deemed
83 in compliance with this section, and such facilities shall
84 be deemed to have received an appropriate certificate of
85 need without payment of any fee or charge. The provisions
86 of this subsection shall not apply to hospitals operated by
87 the state and licensed under this chapter, except for
88 department of mental health state-operated psychiatric
89 hospitals.

90 17. Notwithstanding other provisions of this section,
91 a certificate of need may be issued after July 1, 1983, for
92 an intermediate care facility operated exclusively for the
93 intellectually disabled.

94 18. To assure the safe, appropriate, and cost-
95 effective transfer of new medical technology throughout the
96 state, a certificate of need shall not be required for the
97 purchase and operation of:

98 (1) Research equipment that is to be used in a
99 clinical trial that has received written approval from a
100 duly constituted institutional review board of an accredited
101 school of medicine or osteopathy located in Missouri to
102 establish its safety and efficacy and does not increase the
103 bed complement of the institution in which the equipment is
104 to be located. After the clinical trial has been completed,
105 a certificate of need must be obtained for continued use in
106 such facility; or

107 (2) Equipment that is to be used by an academic health
108 center operated by the state in furtherance of its research
109 or teaching missions.

110 19. If, within thirty days of an applicant receiving a
111 certificate of need, including one granted on an appeal of a
112 denial of a certificate of need, the committee obtains
113 evidence that a material fact was withheld from or
114 misrepresented to the committee during the original hearing
115 on the application before the committee, the committee
116 shall, at the next regularly scheduled meeting, vote to
117 rescind the granted certificate of need and require the
118 applicant to file a new application for a certificate of
119 need that corrects any omissions or misstatements."; and

120 Further amend the title and enacting clause accordingly.

SENATE AMENDMENT NO. 2

Offered by

Carter

of

32Amend SS/SCS/HCS/House Bill No. 2372, Page 28, Section 192.020, Line 41,

2 by inserting after all of said line the following:

3 "(4) The laboratory and the department shall not
4 disclose the identifiable test result or other protected
5 health information relating to any individual for which a
6 blood test is obtained to anyone other than the individual
7 for which the blood test result is obtained and the health
8 care provider ordering the laboratory blood test."; and

9 Further amend said bill and page, section 192.021, by
10 striking all of said section from the bill; and

11 Further amend the title and enacting clause accordingly.

Offered 5/12/26

Adopted 5/12/26

SENATE AMENDMENT NO. 3

Offered by Crawford of 28

Amend SS/SCS/HCS/House Bill No. 2372, Page 111, Section 332.081, Line 227,

2 by inserting after all of said line the following:

3 "334.031. 1. (1) Candidates for licenses as
 4 physicians and surgeons shall furnish [satisfactory evidence
 5 of their good moral character, and their preliminary
 6 qualifications, to wit: a certificate of graduation from an
 7 accredited high school or its equivalent, and satisfactory
 8 evidence of completion of preprofessional education
 9 consisting of a minimum of sixty semester hours of college
 10 credits in acceptable subjects leading towards the degree of
 11 bachelor of arts or bachelor of science from an accredited
 12 college or university. They shall also furnish satisfactory
 13 evidence of having attended throughout at least four terms
 14 of thirty-two weeks of actual instructions in each term and
 15 of having received a diploma from some reputable medical
 16 college or osteopathic college that enforces requirements of
 17 four terms of thirty-two weeks for actual instruction in
 18 each term, including, in addition to class work, such
 19 experience in operative and hospital work during the last
 20 two years of instruction as is required by the American
 21 Medical Association and the American Osteopathic Association
 22 before the college is approved and accredited as reputable.
 23 Any medical college approved and accredited as reputable by
 24 the American Medical Association or the Liaison Committee on
 25 Medical Education and any osteopathic college approved and

Offered 5/12/26

Adopted 5/12/26

26 accredited as reputable by the American Osteopathic
27 Association is deemed to have complied with the requirements
28 of this subsection]:

29 (a) Evidence of good moral character by submitting to
30 a criminal background check as provided in section 43.540;

31 (b) Either:

32 a. A diploma and academic transcripts from a school
33 accredited by the Liaison Committee on Medical Education,
34 the Commission on Osteopathic College Accreditation, or a
35 similar accrediting agency; or

36 b. A valid certificate from the Educational Commission
37 for Foreign Medical Graduates (ECFMG); and

38 (c) A certificate demonstrating that the applicant has
39 satisfied the requirements of section 334.035 relating to
40 postgraduate training. An applicant who holds a valid
41 certificate issued by the ECFMG shall submit satisfactory
42 evidence of successful completion of two years of such
43 training.

44 (2) Except as provided in subsection 3 of this
45 section, the board shall not require applicants to provide
46 information in addition to the information the applicant is
47 required to furnish under this subsection.

48 2. In determining the qualifications necessary for
49 licensure as a qualified physician and surgeon, the board,
50 by rule and regulation, may accept the certificate of the
51 National Board of Medical Examiners of the United States,
52 chartered pursuant to the laws of the District of Columbia,
53 of the National Board of Examiners for Osteopathic
54 Physicians and Surgeons chartered pursuant to the laws of
55 the state of Indiana, or of the Licentiate of the Medical
56 Counsel of Canada (LMCC) in lieu of and as equivalent to its
57 own professional examination. Every applicant for a license
58 on the basis of such certificate, upon making application

59 showing necessary qualifications as provided in subsection 1
60 of this section, shall be required to pay the same fee
61 required of applicants to take the examination before the
62 board.

63 3. The board may require applicants to list all
64 licenses to practice as a physician currently or previously
65 held in any other state, territory, or country and to
66 disclose any past or pending investigations, discipline, or
67 sanctions against each such license.

68 4. In addition to the criminal background screening
69 required by this section, the board may obtain a report on
70 the applicant from the National Practitioner Data Bank or
71 the Federation of State Medical Boards."; and

72 Further amend the title and enacting clause accordingly.

Rec'd 5/12/26

5868S08.26S

SENATE AMENDMENT NO. 1

TO

SENATE AMENDMENT NO. 4

Offered by J. B. [Signature] of IND

Amend SA# 4 to SS/SCS/HCS/House Bill No. 2372, Page 1, Section _____, Line 14,

- 2 by inserting after all of said line the following:
- 3 "Further amend said bill, pages 164-166, section
- 4 407.3007, by striking all of said section from the bill;
- 5 and".

Offered 5/12/26

Adopted 5/12/26

SENATE AMENDMENT NO. 4

Offered by _____

of _____

Amend SS/SCS/HCS/House Bill No. 2372, Page 74, Section 208.270, Line 29,

2 by striking "shall" and inserting in lieu thereof the
3 following: "may"; and

4 Further amend said bill, pages 130-138, section
5 338.600, by striking all of said section from the bill; and

6 Further amend said bill, pages 139-143, section
7 376.387, by striking all of said section from the bill; and

8 Further amend said bill, page 143, section 376.399, by
9 striking all of said section from the bill; and

10 Further amend said bill, pages 153-155, section
11 376.1280, by striking all of said section from the bill; and

12 Further amend said bill, page 161, section 376.1960,
13 lines 18-19, by striking "by the prescribing practitioner";

14 and

15 Further amend the title and enacting clause accordingly.

Offered 5/12/26

Adopted a. a. 5/12/26

SENATE AMENDMENT NO. 1

TO

SENATE AMENDMENT NO. 5

Offered by Mon of 297

Amend SA 5 SS/SCS/HCS/House Bill No. 2372, Page 3, Section 192.026, Line 66,

- 2 by striking "out of" and inserting in lieu thereof the
- 3 following: "in to".

Offered 5/12/26

Adopted 5/12/26

SENATE AMENDMENT NO. 5

Offered by

Schroer

of

2

Amend SS/SCS/HCS/House Bill No. 2372, Page 5, Section 96.196, Line 18,

2 by inserting after all of said line the following:

3 "103.190. 1. As used in this section, the terms "Lyme
4 disease" and "posttreatment Lyme disease syndrome" shall
5 have the same meaning as given to the terms under section
6 192.026.

7 2. The Missouri consolidated health care plan shall,
8 at a minimum, provide coverage for diagnostic testing,
9 treatment, and management of Lyme disease and posttreatment
10 Lyme disease syndrome for participants who receive a
11 diagnosis from a licensed health care provider, acting
12 within the scope of his or her practice, after making a
13 thorough evaluation of the participant's symptoms,
14 diagnostic test results, or response to treatment,
15 including, but not limited to, necessary office visits and
16 ongoing testing. An experimental drug shall be covered as a
17 long-term antibiotic therapy if it is approved for an
18 indication by the U.S. Food and Drug Administration. A
19 drug, including, but not limited to, an experimental drug,
20 shall be covered for an off-label use in the treatment of a
21 tick-borne disease if the drug has been approved by the U.S.
22 Food and Drug Administration."; and

23 Further amend said bill, page 28, section 192.021, line
24 18, by inserting after all of said line the following:

Offered 5/12/26

Adopted a.a. 5/12/26

25 "192.026. 1. Sections 103.190 and 192.026 to 192.029
26 shall be known and may be cited as the "Missouri Lyme
27 Disease Eradication Act".

28 2. As used in sections 103.190 and 192.026 to 192.029,
29 the following terms shall mean:

30 (1) "Department", the department of health and senior
31 services;

32 (2) "Lyme disease", a condition caused by an infection
33 of the bacterium *Borrelia burgdorferi*, *Borrelia mayonii*,
34 *Borrelia afzelii*, *Borrelia garinii*, *Borrelia valaisiana*,
35 *Borrelia lusitaniae*, *Bartonella*, *Babesia*, *Ehrlichia*, or
36 related species, transmitted to humans through the bite of
37 infected blacklegged ticks (*Ixodes scapularis*) or other
38 ticks, as diagnosed by the two-tier serologic testing
39 recommended by the federal Centers for Disease Control and
40 Prevention (CDC) or by a similar blood test ordered by a
41 treating health care provider or by clinical evaluation;

42 (3) "Medically necessary", health care services or
43 products that a treating health care provider exercising
44 prudent clinical judgment would provide to a patient for the
45 purpose of preventing, evaluating, diagnosing, or treating
46 an illness, injury, disease, or symptoms of such, and that
47 are:

48 (a) Clinically appropriate in terms of type,
49 frequency, extent, site, and duration for the specific
50 circumstances; and

51 (b) Not primarily for the mere convenience of the
52 patient, health care provider, or as determined by the
53 provider based on the patient's specific circumstances;

54 (4) "Posttreatment Lyme disease syndrome", a condition
55 characterized by persistent symptoms, including, but not
56 limited to, fatigue, pain, respiratory impairment,
57 neurological impairment, or other cognitive impairment

58 following standard antibiotic or other treatment for Lyme
59 disease.

60 3. Health care providers, laboratories, and local
61 health departments shall report to the department all
62 confirmed or suspected cases of Lyme disease within seven
63 days of diagnosis using standardized surveillance case
64 definitions developed by the CDC. Any patient who receives
65 a positive or suspected diagnosis of Lyme disease shall be
66 given the option to opt out of having their identifiable
67 information shared with the department, local public health
68 officials, or the CDC.

69 4. The department shall compile an annual report on
70 the incidence and prevalence of Lyme disease in Missouri,
71 including, but not limited to, demographic data, geographic
72 distribution, treatment outcomes, and barriers to care. The
73 department shall submit the report to the CDC and the
74 general assembly and make such report available to the
75 public on the department's website by no later than December
76 thirty-first of each year.

77 5. The department shall collaborate with the
78 University of Missouri or any public four-year institution
79 of higher education to integrate Lyme disease surveillance
80 data into existing tick-borne disease monitoring programs.

81 6. Any information collected or reported under this
82 section shall be done in a manner that protects individually
83 identifiable or potentially identifiable information and
84 that is consistent with state and federal privacy laws.

85 7. The department may promulgate any rules and
86 regulations necessary to implement the provisions of
87 sections 192.026 to 192.028. Any rule or portion of a rule,
88 as that term is defined in section 536.010, that is created
89 under the authority delegated in this section shall become
90 effective only if it complies with and is subject to all of

91 the provisions of chapter 536 and, if applicable, section
92 536.028. This section and chapter 536 are nonseverable and
93 if any of the powers vested with the general assembly
94 pursuant to chapter 536 to review, to delay the effective
95 date, or to disapprove and annul a rule are subsequently
96 held unconstitutional, then the grant of rulemaking
97 authority and any rule proposed or adopted after August 28,
98 2026, shall be invalid and void.

99 192.027. 1. There is hereby created in the state
100 treasury the "Lyme Research and Eradication Fund", which
101 shall consist of moneys appropriated to it by the general
102 assembly, as well as any grants, bequests, gifts, or
103 donations. The state treasurer shall be custodian of the
104 fund. In accordance with sections 30.170 and 30.180, the
105 state treasurer may approve disbursements. The fund shall
106 be a dedicated fund and money in the fund shall be used
107 solely by the department for the purposes of implementing
108 the provisions of this section. Notwithstanding the
109 provisions of section 33.080 to the contrary, any moneys
110 remaining in the fund at the end of the biennium shall not
111 revert to the credit of the general revenue fund. The state
112 treasurer shall invest moneys in the fund in the same manner
113 as other funds are invested. Any interest and moneys earned
114 on such investments shall be credited to the fund.

115 2. The department shall use the moneys in the fund to
116 distribute grants to public four-year institutions of higher
117 education, research institutions, and nonprofit
118 organizations for Lyme disease research, including, but not
119 limited to, the following:

120 (1) Development of improved diagnostics, therapies,
121 and treatments;

122 (2) Studies on novel therapies, such as those inspired
123 by natural host immunity; and

124 (3) Eradication strategies, including, but not limited
125 to, tick population control through acaricides, deer
126 management programs, and environmental interventions.

127 3. No less than twenty percent of the funds shall be
128 utilized to support eradication efforts in rural counties.

129 4. The department shall submit a report to the general
130 assembly no later than March first of each year detailing
131 fund expenditures, research outcomes, and progress toward
132 Lyme disease eradication in the state.

133 192.028. 1. There shall be established within the
134 department the "Lyme Disease Task Force" to advise the
135 department on disease prevention and surveillance, as well
136 as education relating to the disease for health care
137 providers and the public. The task force shall consist of
138 the following members:

139 (1) The director of the department, or his or her
140 designee, who shall serve as the chairman; and

141 (2) As appointed by the director of the department:

142 (a) Two physicians licensed to practice in this state
143 who are members of a statewide organization representing
144 physicians, one of whom represents a medical school faculty
145 and one of whom has experience treating Lyme disease or
146 posttreatment Lyme disease syndrome;

147 (b) Two advanced practice registered nurses licensed
148 to practice in this state who are selected from the
149 recommendations of one or more professional nursing
150 associations and who have experience treating Lyme disease
151 or posttreatment Lyme disease syndrome;

152 (c) One local public health administrator; and

153 (d) One veterinarian who is licensed to practice in
154 this state; and

155 (3) Two residents of this state appointed by the
156 governor, with the advice and consent of the senate, who
157 have or have had a diagnosis of Lyme disease.

158 2. The terms of office for each member aside from the
159 director, or his or her designee, shall be three years.
160 Members may continue to serve after the expiration of a term
161 until a new member is appointed. Each member appointed to
162 fill a vacancy occurring prior to the expiration of the term
163 for which his or her predecessor was appointed shall be
164 appointed for the remainder of such term. The task force
165 shall meet as frequently as the chairman deems necessary,
166 but not less than two times each year. Members of the task
167 force shall receive no compensation for their service, but
168 shall, subject to appropriation, be reimbursed for their
169 actual and necessary expenses incurred in the performance of
170 their duties.

171 3. The task force shall have the following duties and
172 responsibilities:

173 (1) Monitor the implementation of the "Missouri Lyme
174 Disease Eradication Act", established under sections 103.190
175 and 192.026 to 192.029, and provide feedback and input to
176 the department for necessary additions or modifications;

177 (2) Review relevant literature and guidelines
178 pertaining to accurate diagnoses of Lyme disease and
179 posttreatment Lyme disease syndrome with the purpose of
180 creating cohesive and consistent guidelines for the
181 diagnosis of Lyme disease and posttreatment Lyme disease
182 syndrome across all counties in this state and with the
183 intent of providing accurate and relevant data to the
184 Centers for Disease Control and Prevention;

185 (3) Provide recommendations on professional continuing
186 education materials and opportunities that emphasize Lyme
187 disease prevention, protection, and treatment; and

188 (4) Assist the department in establishing policies,
189 procedures, techniques, and criteria for the collection,
190 maintenance, exchange, and sharing of medical information
191 pertaining to Lyme disease and posttreatment Lyme disease
192 syndrome and identifying persons or entities with expertise
193 in Lyme disease to collaborate with the department in the
194 diagnosis, prevention, and treatment of Lyme disease and
195 posttreatment Lyme disease syndrome.

196 192.029. Notwithstanding any provision of law to the
197 contrary, a health care provider shall not be subject to any
198 discipline, suspension or revocation of a license, or denial
199 of a license renewal solely for, within such provider's
200 scope of practice, prescribing, administering, or dispensing
201 treatments or therapies for Lyme disease or posttreatment
202 Lyme disease syndrome, including, but not limited to,
203 extended antibiotic therapy or similar treatment deemed
204 medically necessary."; and

205 Further amend the title and enacting clause accordingly.

SENATE AMENDMENT NO. 6

Offered by

Washington

of

9Amend SS/SCS/HCS/House Bill No. 2372, Page 28, Section 192.021, Line 18,

2 by inserting after all of said line the following:

3 "192.990. 1. There is hereby established within the
4 department of health and senior services the "Pregnancy-
5 Associated Mortality Review Board" to improve data
6 collection and reporting with respect to maternal deaths.
7 The department may collaborate with localities and with
8 other states to meet the goals of the initiative.

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

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

13 (2) "Maternal death", the death of a woman while
14 pregnant or during the one-year period following the date of
15 the end of pregnancy, regardless of the cause of death and
16 regardless of whether a delivery, miscarriage, or death
17 occurs inside or outside of a hospital;

18 (3) "Maternity care deserts", counties in which access
19 to maternity care services is limited or absent, either
20 through a lack of services or through barriers to a woman's
21 ability to access care within a county. A "maternity care
22 desert" shall include, but not be limited to, any county
23 without a hospital or birth center offering obstetric care
24 and without any obstetric clinicians.

Offered 5/12/26

Adopted 5/12/26

25 3. The board shall be composed of no more than
26 ~~eighteen~~ twenty-two members, with a chair elected from
27 among its membership. The board shall meet at least twice
28 per year and shall approve the strategic priorities, funding
29 allocations, work processes, and products of the board.
30 Members of the board shall be appointed by the director of
31 the department. Members shall serve four-year terms, except
32 that the initial terms shall be staggered so that
33 approximately one-third serve three-, four-, and five-year
34 terms.

35 4. The board shall have a multidisciplinary and
36 diverse membership that represents a variety of medical and
37 nursing specialties, including, but not limited to,
38 obstetrics and maternal-fetal care, as well as state or
39 local public health officials, epidemiologists,
40 statisticians, community organizations, geographic regions,
41 and other individuals or organizations that are most
42 affected by maternal deaths and lack of access to maternal
43 health care services. At least one member from each
44 congressional district shall be selected to serve on the
45 board and membership shall be demographically diverse and
46 shall include representation from both rural and urban
47 populations.

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

- 50 (1) Conducting ongoing comprehensive,
51 multidisciplinary reviews of all maternal deaths;
52 (2) Identifying factors associated with maternal
53 deaths;
54 (3) Identifying maternity care deserts throughout the
55 state;
56 (4) Reviewing medical records and other relevant data,
57 which shall include, to the extent available:

58 (a) A description of the maternal deaths determined by
59 matching each death record of a maternal death to a birth
60 certificate of an infant or fetal death record, as
61 applicable, and an indication of whether the delivery,
62 miscarriage, or death occurred inside or outside of a
63 hospital;

64 (b) Data collected from medical examiner and coroner
65 reports, as appropriate; ~~and~~

66 (c) The level and timing of prenatal and postnatal
67 medical care; and

68 (d) Using other appropriate methods or information to
69 identify maternal deaths, including deaths from pregnancy
70 outcomes not identified under paragraph (a) of this
71 subdivision;

72 ~~(4)~~ (5) Consulting with relevant experts, as needed;

73 ~~(5)~~ (6) Analyzing cases to produce recommendations
74 for reducing maternal mortality;

75 ~~(6)~~ (7) Disseminating recommendations to policy
76 makers, health care providers and facilities, and the
77 general public;

78 ~~(7)~~ (8) Recommending and promoting preventative
79 strategies and making recommendations for systems changes;

80 ~~(8)~~ (9) Protecting the confidentiality of the
81 hospitals and individuals involved in any maternal deaths;

82 ~~(9)~~ (10) Examining racial and social disparities in
83 maternal deaths;

84 (11) Investigating and developing recommendations
85 regarding approaches taken in other states or other
86 organizations to reduce or eliminate racial inequities in
87 maternal deaths, including community-driven strategies,
88 health care accessibility, insurance availability, and other
89 barriers to access and delivery of prenatal and postpartum
90 care;

91 ~~[(10)]~~ (12) Subject to appropriation, providing for
92 voluntary and confidential case reporting of maternal deaths
93 to the appropriate state health agency by family members of
94 the deceased, and other appropriate individuals, for
95 purposes of review by the board;

96 ~~[(11)]~~ (13) Making publicly available the contact
97 information of the board for use in such reporting;

98 ~~[(12)]~~ (14) Conducting outreach to local professional
99 organizations, community organizations, and social services
100 agencies regarding the availability of the review board;

101 ~~[and]~~

102 (15) Examining and developing recommendations on the
103 adequacy of data collected under this section and if
104 additional categories of data would be informative in the
105 study of maternal deaths in Missouri; and

106 ~~[(13)]~~ (16) Ensuring that data collected under this
107 section is made available, as appropriate and practicable,
108 for research purposes, in a manner that protects
109 individually identifiable or potentially identifiable
110 information and that is consistent with state and federal
111 privacy laws.

112 6. The board may contract with other entities
113 consistent with the duties of the board.

114 7. (1) Before June 30, 2020, and annually thereafter,
115 the board shall submit to the Director of the Centers for
116 Disease Control and Prevention, the director of the
117 department, the governor, and the general assembly a report
118 on maternal mortality in the state based on data collected
119 through ongoing comprehensive, multidisciplinary reviews of
120 all maternal deaths, and any other projects or efforts
121 funded by the board. The data shall be collected using best
122 practices to reliably determine and include all maternal
123 deaths, regardless of the outcome of the pregnancy and shall

124 include data, findings, and recommendations of the
125 committee, and, as applicable, information on the
126 implementation during such year of any recommendations
127 submitted by the board in a previous year. Data reported by
128 the board shall be disaggregated by race, ethnicity,
129 language, nationality, age, zip code, the presence or
130 absence of maternity care deserts, and level and timing of
131 prenatal and postnatal care in a manner that protects
132 individually identifiable or potentially identifiable
133 information and that is consistent with state and federal
134 privacy laws.

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

139 8. The director of the department, or his or her
140 designee, shall provide the board with the copy of the death
141 certificate and any linked birth or fetal death certificate
142 for any maternal death occurring within the state.

143 9. Upon request by the department, health care
144 providers, health care facilities, clinics, laboratories,
145 medical examiners, coroners, law enforcement agencies,
146 driver's license bureaus, other state agencies, and
147 facilities licensed by the department shall provide to the
148 department data related to maternal deaths from sources such
149 as medical records, autopsy reports, medical examiner's
150 reports, coroner's reports, law enforcement reports, motor
151 vehicle records, social services records, and other sources
152 as appropriate. Such data requests shall be limited to
153 maternal deaths which have occurred within the previous
154 twenty-four months. No entity shall be held liable for
155 civil damages or be subject to any criminal or disciplinary
156 action when complying in good faith with a request from the

157 department for information under the provisions of this
158 subsection.

159 10. (1) The board shall protect the privacy and
160 confidentiality of all patients, decedents, providers,
161 hospitals, or any other participants involved in any
162 maternal deaths. In no case shall any individually
163 identifiable health information be provided to the public or
164 submitted to an information clearinghouse.

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

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

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

173 (3) Information, records, reports, statements, notes,
174 memoranda, or other data collected under this section shall
175 not be admissible as evidence in any action of any kind in
176 any court or before any other tribunal, board, agency, or
177 person. Such information, records, reports, notes,
178 memoranda, data obtained by the department or any other
179 person, statements, notes, memoranda, or other data shall
180 not be exhibited nor their contents disclosed in any way, in
181 whole or in part, by any officer or representative of the
182 department or any other person. No person participating in
183 such review shall disclose, in any manner, the information
184 so obtained except in strict conformity with such review
185 project. Such information shall not be subject to
186 disclosure under chapter 610.

187 (4) All information, records of interviews, written
188 reports, statements, notes, memoranda, or other data
189 obtained by the department, the board, and other persons,

190 agencies, or organizations so authorized by the department
191 under this section shall be confidential.

192 (5) All proceedings and activities of the board,
193 opinions of members of such board formed as a result of such
194 proceedings and activities, and records obtained, created,
195 or maintained under this section, including records of
196 interviews, written reports, statements, notes, memoranda,
197 or other data obtained by the department or any other
198 person, agency, or organization acting jointly or under
199 contract with the department in connection with the
200 requirements of this section, shall be confidential and
201 shall not be subject to subpoena, discovery, or introduction
202 into evidence in any civil or criminal proceeding; provided,
203 however, that nothing in this section shall be construed to
204 limit or restrict the right to discover or use in any civil
205 or criminal proceeding anything that is available from
206 another source and entirely independent of the board's
207 proceedings.

208 (6) Members of the board shall not be questioned in
209 any civil or criminal proceeding regarding the information
210 presented in or opinions formed as a result of a meeting or
211 communication of the board; provided, however, that nothing
212 in this section shall be construed to prevent a member of
213 the board from testifying to information obtained
214 independently of the board or which is public information.

215 11. The department may use grant program funds to
216 support the efforts of the board and may apply for
217 additional federal government and private foundation grants
218 as needed. The department may also accept private,
219 foundation, city, county, or federal moneys to implement the
220 provisions of this section."; and

221 Further amend the title and enacting clause accordingly.