#### SECOND REGULAR SESSION

# **HOUSE BILL NO. 2070**

### 103RD GENERAL ASSEMBLY

#### INTRODUCED BY REPRESENTATIVE PHELPS.

4398H.01I JOSEPH ENGLER, Chief Clerk

## AN ACT

To repeal section 191.658, RSMo, and to enact in lieu thereof two new sections relating to infectious disease exposure notification, with penalty provisions.

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

Section A. Section 191.658, RSMo, is repealed and two new sections enacted in lieu thereof, to be known as sections 191.633 and 191.658, to read as follows:

191.633. 1. As used in this section, the following terms mean:

- 2 (1) "Exposure", any inhalation, ingestion, or contact that may cause 3 transmission of an infectious disease;
- 4 (2) "First responder", any:
- 5 (a) Law enforcement officer;
- 6 (b) Staff member of a jail or correctional center, as defined in section 217.010;
- 7 (c) Paid or volunteer firefighter; or
- 8 (d) Emergency medical responder, emergency medical technician, or paramedic, 9 as those terms are defined in section 190.100;
- 10 (3) "Health care facility", any facility, as the term "facility" is defined in section 376.1350;
- 12 (4) "Health care professional", the same meaning given to the term in section 376.1350;
- 14 (5) "Health care service", the same meaning given to the term in section 15 376.1350;
- 16 **(6)** "Health care worker", any health care professional or other individual who provides or assists in the provision of health care services.

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

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- 2. (1) Any health care facility that becomes aware that a health care worker or law enforcement officer has sustained an exposure to an infectious disease described in subsection 3 of this section in the course of the worker's or officer's duties shall notify the health care worker or law enforcement officer of the exposure as soon as practicable but no later than forty-eight hours after becoming aware of the exposure. The notification shall identify the particular infectious disease to which the health care worker or law enforcement officer was exposed.
  - (2) Any first responder who has transported an individual to a health care facility or had contact with an individual during transport of the individual to a health care facility or as a result of the event or circumstance that required the transport may submit a request to the health care facility for information on whether the individual tests positive for any infectious disease described in subsection 3 of this section during the individual's course of admission or treatment at the health care facility following the transport. The health care facility shall provide notification of any exposure in the manner required under subdivision (1) of this subsection.
  - 3. Notification shall be required under subsection 2 of this section for exposure to any of the following infectious diseases:
    - (1) Anthrax (Bacillus anthracis) if classified as cutaneous;
- 36 (2) COVID-19 (SARS-CoV-2);
  - (3) Diphtheria (Corynebacterium diphtheriae);
- 38 (4) Hepatitis B (HBV);

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- 39 (5) Hepatitis C (HCV);
- 40 (6) Human immunodeficiency virus (HIV);
- 41 (7) Measles (rubeola virus);
- 42 (8) Meningococcal disease (Neisseria meningitidis);
- 43 (9) Mumps (mumps virus);
- 44 (10) Novel influenza A viruses as defined by the Council of State and Territorial 45 Epidemiologists (CSTE);
- 46 (11) Pertussis (Bordetella pertussis);
  - (12) Pneumonic plague (Yersinia pestis);
- 48 (13) Rabies (rabies virus);
- 49 (14) Rubella, also known as German measles (rubella virus);
- 50 (15) Severe acute respiratory syndrome (SARS-CoV);
- 51 (16) Tuberculosis (Mycobacterium tuberculosis) if classified as an infectious 52 pulmonary or laryngeal disease or an extrapulmonary disease with a draining lesion;
  - (17) Vaccinia (vaccinia virus);

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54 (18) Varicella disease (varicella-zoster virus) if classified as chickenpox or 55 disseminated zoster; and

- (19) Viral hemorrhagic fevers (Lassa, Marburg, Ebola, Crimean-Congo, and other viruses).
- 4. The requirements of this section shall be in addition to, and not in lieu of, the requirements of sections 191.631 and 191.658.
  - 191.658. 1. As used in this section, the following terms shall mean:
  - (1) "Disclose", to disclose, release, transfer, disseminate or otherwise communicate all or any part of any record orally, in writing or by electronic means to any person or entity;
- 4 (2) "Health care practitioner", any licensed physician, nurse practitioner or 5 physician's assistant;
  - (3) "HIV", the human immunodeficiency virus that causes acquired immunodeficiency syndrome;
    - (4) "HIV infection", the pathological state of the human body in response to HIV;
  - (5) "Medically significant exposure", a puncture through or laceration of the skin, or contact of mucous membrane or nonintact skin with blood, tissue, wound exudate or other body fluids, including semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid or any body fluid containing visible blood, or contact of intact skin with any such body fluids when the duration of contact is prolonged or involves an extensive area of skin;
  - (6) "Person", private individuals, private or public bodies politic, and corporations, partnerships, trusts, and unincorporated associations and their officers, directors, agents or employees;
  - (7) "Source individual", the person who is the source of the blood or other body fluids to which medically significant exposure occurred.
  - 2. A health care practitioner providing medical treatment for a health care worker or law enforcement officer because of a medically significant exposure to blood or other body fluids that occurred in the course of the worker's or officer's employment may request from the department of health and senior services information regarding the HIV infection status of the source individual. The department of health and senior services may disclose to the health care practitioner the HIV infection status of the source individual if such information is on file with the department.
  - 3. The health care practitioner shall disclose the HIV infection status of the source individual to the exposed health care worker or law enforcement officer if, in the professional judgment of the health care practitioner, such disclosure is necessary to assure adherence to a prescribed treatment regimen or is required under section 191.633.

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4. No person to whom information about an individual's HIV infection has been

- 32 disclosed pursuant to this section shall further disclose such results.
- 33 5. Any person who knowingly releases information in violation of this section is

34 guilty of a class A misdemeanor.

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