

SECOND REGULAR SESSION

# HOUSE BILL NO. 2514

## 103RD GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE BYRNES.

6050H.01I

JOSEPH ENGLER, Chief Clerk

### AN ACT

To amend chapter 191, RSMo, by adding thereto six new sections relating to medical documentation, with penalty provisions.

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

Section A. Chapter 191, RSMo, is amended by adding thereto six new sections, to be known as sections 191.1870, 191.1873, 191.1876, 191.1879, 191.1882, and 191.1885, to read as follows:

**191.1870. 1. Sections 191.1870 to 191.1885 shall be known and may be cited as the "Missouri Medical Documentation and Patient Recording Accountability Act".**

**2. As used in sections 191.1870 to 191.1885, the following terms mean:**

**(1) "Advocate":**

**(a) For a patient eighteen years of age or older, any individual designated by the patient to assist in communication or oversight of the patient's care; or**

**(b) For a minor patient under eighteen years of age, any parent, guardian, or other person having control or custody of the minor patient;**

**(2) "Auto-purge", the deletion of a record by an automated technological system without intervention by the user;**

**(3) "Clinical communication", any oral, written, electronic, or other act of communication relating to the diagnosis, symptoms, assessment, treatment, discharge, psychiatric attribution, or plan of care for a patient;**

**(4) "Health care facility", any facility, as the term "facility" is defined in section 376.1350;**

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.

16           (5) "Health care professional", the same meaning given to the term in section  
17 376.1350;

18           (6) "Health care provider", the same meaning given to the term in section  
19 376.1350;

20           (7) "Medical record", the official record of a patient's health history and  
21 treatment rendered to the patient.

          191.1873. 1. All clinical communications influencing patient care shall be  
2 documented within the same calendar day or within twenty-four hours if occurring  
3 outside the regular business hours of the health care provider.

4           2. No clinical decision, diagnosis, exclusion, refusal of testing, psychiatric  
5 attribution, or change in care plan for a patient shall be valid unless documented.

6           3. A health care professional shall not attribute a patient's symptoms to  
7 psychiatric or psychosomatic causes or make any diagnosis of functional neurological  
8 disorder, conversion disorder, or somatic symptom disorder unless the health care  
9 professional:

10           (1) Performs a differential diagnosis;

11           (2) Orders testing to rule out other conditions;

12           (3) Performs a physical examination and documents the findings; and

13           (4) Documents the rationale for the attribution or diagnosis in the patient's  
14 medical record.

15           4. Any electronic communication related to patient care shall be automatically  
16 retained and incorporated into the patient's medical record. No such communication  
17 shall be stored or retained outside the patient's medical record.

18           5. A patient or the patient's family may request documentation or clarification of  
19 any clinical communication. A health care provider shall provide the documentation or  
20 clarification within seventy-two hours of the request.

          191.1876. 1. A health care provider shall not:

2           (1) Make or rely on undocumented clinical decisions;

3           (2) Delay care based on undocumented psychiatric assumptions;

4           (3) Use internal messaging as a substitute for documentation in the patient's  
5 medical record;

6           (4) Delete, auto-purge, or conceal internal communications; or

7           (5) Create systems bypassing documentation requirements.

8           2. Any undocumented communication shall be treated as though the  
9 communication did not occur.

10           3. Except as otherwise provided in this section, any health care provider that  
11 violates this section shall be punished as follows:

12           (1) For the first violation, the health care provider shall be guilty of a class D  
13 misdemeanor;

14           (2) For the second violation, the health care provider shall be guilty of a class A  
15 misdemeanor; and

16           (3) For the third or subsequent violation or any violation that results in harm to  
17 a patient, the health care provider shall be guilty of a class E felony.

18           4. A health care provider that intentionally deletes internal communications in  
19 violation of this section shall be guilty of a class D felony.

20           5. A health care facility that enables undocumented communication in violation  
21 of this section shall be subject to a civil penalty of up to fifty thousand dollars for each  
22 violation.

          191.1879. 1. A patient or the patient's advocate may audio record, video record,  
2 or live stream any part of the patient's medical encounter.

3           2. A health care provider shall not interfere with any recording or live streaming  
4 allowed under subsection 1 of this section except to protect the privacy of other patients,  
5 prevent obstruction of a procedure, or maintain sterile environments. Any such  
6 interference shall use the least restrictive means to achieve the permitted purpose.

7           3. Unless the patient refused recording or live streaming in writing, the patient's  
8 advocate may record even if the patient is unconscious, sedated, mentally impaired, or  
9 under psychiatric evaluation.

10          4. A health care facility shall not retaliate or take any of the following actions  
11 based on a patient's or advocate's exercise of the right to record or live stream the  
12 patient's medical encounter:

13           (1) Confiscate a device;

14           (2) Demand deletion of a recording;

15           (3) Interrupt care to block recording or live streaming; or

16           (4) Deny treatment.

17          5. A health care provider that interferes with any recording or live streaming in  
18 violation of subsection 2 of this section shall be guilty of a class A misdemeanor unless  
19 the health care provider interfered for the purpose of concealing the medical encounter,  
20 in which case the health care provider shall be guilty of a class E felony.

21          6. Notwithstanding any court rule or any other provision of law, any recording  
22 made in accordance with this section shall be admissible in civil, criminal,  
23 administrative, licensing, and wrongful death proceedings.

24          7. Each health care facility shall post a printed sign with the following text:  
25 "Patients have the right to record communications and care involving their treatment."

191.1882. Any health care provider that retaliates against an employee for  
2 reporting a violation of sections 191.1870 to 191.1885 shall be guilty of a class D felony.

191.1885. The department of health and senior services shall promulgate rules to  
2 implement sections 191.1870 to 191.1885. Any rule or portion of a rule, as that term is  
3 defined in section 536.010, that is created under the authority delegated in this section  
4 shall become effective only if it complies with and is subject to all of the provisions of  
5 chapter 536 and, if applicable, section 536.028. This section and chapter 536 are  
6 nonseverable and if any of the powers vested with the general assembly pursuant to  
7 chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are  
8 subsequently held unconstitutional, then the grant of rulemaking authority and any rule  
9 proposed or adopted after August 28, 2026, shall be invalid and void.

✓