

SECOND REGULAR SESSION

SENATE BILL NO. 1101

98TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR SILVEY.

Read 1st time February 29, 2016, and ordered printed.

ADRIANE D. CROUSE, Secretary.

6628S.011

AN ACT

To repeal sections 210.115 and 210.180, RSMo, and to enact in lieu thereof three new sections relating to child abuse and neglect.

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

Section A. Sections 210.115 and 210.180, RSMo, are repealed and three
2 new sections enacted in lieu thereof, to be known as sections 210.115, 210.146,
3 and 210.180, to read as follows:

210.115. 1. When any physician, medical examiner, coroner, dentist,
2 chiropractor, optometrist, podiatrist, resident, intern, nurse, hospital or clinic
3 personnel that are engaged in the examination, care, treatment or research of
4 persons, and any other health practitioner, psychologist, mental health
5 professional, social worker, day care center worker or other child-care worker,
6 juvenile officer, probation or parole officer, jail or detention center personnel,
7 teacher, principal or other school official, minister as provided by section 352.400,
8 peace officer or law enforcement official, or other person with responsibility for
9 the care of children has reasonable cause to suspect that a child has been or may
10 be subjected to abuse or neglect or observes a child being subjected to conditions
11 or circumstances which would reasonably result in abuse or neglect, that person
12 shall immediately report to the division in accordance with the provisions of
13 sections 210.109 to 210.183. No internal investigation shall be initiated until
14 such a report has been made. As used in this section, the term "abuse" is not
15 limited to abuse inflicted by a person responsible for the child's care, custody and
16 control as specified in section 210.110, but shall also include abuse inflicted by
17 any other person.

18 2. If two or more members of a medical institution who are required to
19 report jointly have knowledge of a known or suspected instance of child abuse or

20 neglect, a single report may be made by a designated member of that medical
21 team. Any member who has knowledge that the member designated to report has
22 failed to do so shall thereafter immediately make the report. Nothing in this
23 section, however, is meant to preclude any person from reporting abuse or
24 neglect.

25 3. The reporting requirements under this section are individual, and no
26 supervisor or administrator may impede or inhibit any reporting under this
27 section. No person making a report under this section shall be subject to any
28 sanction, including any adverse employment action, for making such
29 report. Every employer shall ensure that any employee required to report
30 pursuant to subsection 1 of this section has immediate and unrestricted access
31 to communications technology necessary to make an immediate report and is
32 temporarily relieved of other work duties for such time as is required to make any
33 report required under subsection 1 of this section.

34 4. Notwithstanding any other provision of sections 210.109 to 210.183, any
35 child who does not receive specified medical treatment by reason of the legitimate
36 practice of the religious belief of the child's parents, guardian, or others legally
37 responsible for the child, for that reason alone, shall not be found to be an abused
38 or neglected child, and such parents, guardian or other persons legally
39 responsible for the child shall not be entered into the central registry. However,
40 the division may accept reports concerning such a child and may subsequently
41 investigate or conduct a family assessment as a result of that report. Such an
42 exception shall not limit the administrative or judicial authority of the state to
43 ensure that medical services are provided to the child when the child's health
44 requires it.

45 5. In addition to those persons and officials required to report actual or
46 suspected abuse or neglect, any other person may report in accordance with
47 sections 210.109 to 210.183 if such person has reasonable cause to suspect that
48 a child has been or may be subjected to abuse or neglect or observes a child being
49 subjected to conditions or circumstances which would reasonably result in abuse
50 or neglect.

51 6. Any person or official required to report pursuant to this section,
52 including employees of the division, who has probable cause to suspect that a
53 child who is or may be under the age of eighteen, who is eligible to receive a
54 certificate of live birth, has died shall report that fact to the appropriate medical
55 examiner or coroner. If, upon review of the circumstances and medical

56 information, the medical examiner or coroner determines that the child died of
57 natural causes while under medical care for an established natural disease, the
58 coroner, medical examiner or physician shall notify the division of the child's
59 death and that the child's attending physician shall be signing the death
60 certificate. In all other cases, the medical examiner or coroner shall accept the
61 report for investigation, shall immediately notify the division of the child's death
62 as required in section 58.452 and shall report the findings to the child fatality
63 review panel established pursuant to section 210.192.

64 7. Any person or individual required to report may also report the
65 suspicion of abuse or neglect to any law enforcement agency or juvenile
66 office. Such report shall not, however, take the place of reporting to the division.

67 8. If an individual required to report suspected instances of abuse or
68 neglect pursuant to this section has reason to believe that the victim of such
69 abuse or neglect is a resident of another state or was injured as a result of an act
70 which occurred in another state, the person required to report such abuse or
71 neglect may, in lieu of reporting to the Missouri children's division, make such
72 a report to the child protection agency of the other state with the authority to
73 receive such reports pursuant to the laws of such other state. If such agency
74 accepts the report, no report is required to be made, but may be made, to the
75 children's division.

76 **9. Any person or official required to report pursuant to this**
77 **section shall attend at least two hours of training each year in medical**
78 **forensics relating to child abuse and neglect. This training**
79 **requirement shall also apply to all prosecuting attorneys, assistant**
80 **prosecuting attorneys, circuit attorneys, and assistant circuit attorneys**
81 **as described in chapter 56.**

210.146. 1. When a medical provider has reasonable cause to
2 suspect that a child under one year of age has been subjected to
3 physical abuse, including but not limited to symptoms indicative of
4 abusive bruising, fractures, burns, abdominal injuries, or head trauma,
5 and reports such suspicions to the children's division, the division shall
6 immediately recommend to the juvenile officer that such child be taken
7 into protective custody under chapter 211.

8 2. Upon receipt of a report of child abuse or neglect concerning
9 a child less than one year of age and the division's determination that
10 such report merits an investigation, such investigation shall include an

11 **evaluation of the child by a SAFE CARE provider, as defined in section**
12 **334.950, or a review of the child's case file and photographs of the**
13 **child's injuries by a SAFE CARE provider.**

210.180. Each employee of the division who is responsible for the
2 investigation or family assessment of reports of suspected child abuse or neglect
3 shall receive not less than forty hours of preservice training on the identification
4 and treatment of child abuse and neglect. In addition to such preservice training
5 such employee shall also receive not less than twenty hours of in-service training
6 each year on the subject of the identification and treatment of child abuse and
7 neglect. **Such annual training shall include at least two hours of medical**
8 **forensics relating to child abuse and neglect.**

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Bill

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