

SENATE AMENDMENT NO. _____

Offered by _____ of _____

Amend SS/SCS/HCS/House Bill No. 1231, Page 23, Section 302.067, Line 13

2 of said page, by inserting immediately after said line the
3 following:

4 "334.950. 1. As used in this section, the following terms
5 shall mean:

6 (1) "Child abuse medical resource centers", medical
7 institutions affiliated with accredited children's hospitals or
8 recognized institutions of higher education with accredited
9 medical school programs that provide training, support,
10 mentoring, and peer review to SAFE CARE providers in Missouri;

11 (2) "SAFE CARE provider", a physician, advanced practice
12 nurse, or physician's assistant licensed in this state who
13 provides medical diagnosis and treatment to children suspected of
14 being victims of abuse and who receives:

15 (a) Missouri-based initial intensive training regarding
16 child maltreatment from the SAFE CARE network;

17 (b) Ongoing update training on child maltreatment from the
18 SAFE CARE network;

19 (c) Peer review and new provider mentoring regarding the
20 forensic evaluation of children suspected of being victims of
21 abuse from the SAFE CARE network;

22 (3) "Sexual assault forensic examination child abuse

1 resource education network" or "SAFE CARE network", a network of
2 SAFE CARE providers and child abuse medical resource centers that
3 collaborate to provide forensic evaluations, medical training,
4 support, mentoring, and peer review for SAFE CARE providers for
5 the medical evaluation of child abuse victims in this state to
6 improve outcomes for children who are victims of or at risk for
7 child maltreatment by enhancing the skills and role of the
8 medical provider in a multidisciplinary context.

9 2. Child abuse medical resource centers may collaborate
10 directly or through the use of technology with SAFE CARE
11 providers to promote improved services to children who are
12 suspected victims of abuse that will need to have a forensic
13 medical evaluation conducted by providing specialized training
14 for forensic medical evaluations for children conducted in a
15 hospital, child advocacy center, or by a private health care
16 professional without the need for a collaborative agreement
17 between the child abuse medical resource center and a SAFE CARE
18 provider.

19 3. SAFE CARE providers who are a part of the SAFE CARE
20 network in Missouri may collaborate directly or through the use
21 of technology with other SAFE CARE providers and child abuse
22 medical resource centers to promote improved services to children
23 who are suspected victims of abuse that will need to have a
24 forensic medical evaluation conducted by providing specialized
25 training for forensic medical evaluations for children conducted
26 in a hospital, child advocacy center, or by a private health care
27 professional without the need for a collaborative agreement
28 between the child abuse medical resource center and a SAFE CARE
29 provider.

1 4. The SAFE CARE network shall develop recommendations
2 concerning medically based screening processes and forensic
3 evidence collection for children who may be in need of an
4 emergency examination following an alleged sexual assault. Such
5 recommendations shall be provided to the SAFE CARE providers,
6 child advocacy centers, hospitals and licensed practitioners that
7 provide emergency examinations for children suspected of being
8 victims of abuse.

9 5. The department of public safety shall establish rules
10 and make payments to SAFE CARE providers, out of appropriations
11 made for that purpose, who provide forensic examinations of
12 persons under eighteen years of age who are alleged victims of
13 physical abuse.

14 6. The department shall establish maximum reimbursement
15 rates for charges submitted under this section, which shall
16 reflect the reasonable cost of providing the forensic exam.

17 7. The department shall only reimburse providers for
18 forensic evaluations and case reviews. The department shall not
19 reimburse providers for medical procedures, facility fees,
20 supplies, or laboratory/radiology tests.

21 8. In order for the department to provide reimbursement,
22 the child shall be the subject of a child abuse investigation or
23 reported to the children's division as a result of the
24 examination.

25 9. A minor may consent to examination under this section.
26 Such consent is not subject to disaffirmance because of the
27 individual's status as a minor, and the consent of a parent or
28 guardian of the minor is not required for such examination."; and

29 Further amend the title and enacting clause accordingly.