

SECOND EXTRAORDINARY SESSION  
[TRULY AGREED TO AND FINALLY PASSED]  
HOUSE COMMITTEE SUBSTITUTE FOR  
SENATE SUBSTITUTE FOR

# SENATE BILL NO. 5

99TH GENERAL ASSEMBLY

2017

2440H.07T

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## AN ACT

To repeal sections 188.021, 188.027, 188.030, 188.039, 188.047, 188.075, 192.665, 192.667, 197.150, 197.152, 197.158, 197.160, 197.162, 197.165, 197.200, 197.205, 197.215, 197.220, 197.225, 197.230, 197.235, 197.240, 197.285, 197.287, 197.289, 197.293, 197.295, and 595.027, RSMo, and to enact in lieu thereof thirty-one new sections relating to abortions, with penalty provisions.

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

Section A. Sections 188.021, 188.027, 188.030, 188.039, 188.047, 188.075, 2 192.665, 192.667, 197.150, 197.152, 197.158, 197.160, 197.162, 197.165, 197.200, 3 197.205, 197.215, 197.220, 197.225, 197.230, 197.235, 197.240, 197.285, 197.287, 4 197.289, 197.293, 197.295, and 595.027, RSMo, are repealed and thirty-one new 5 sections enacted in lieu thereof, to be known as sections 188.021, 188.027, 6 188.030, 188.039, 188.047, 188.075, 188.125, 188.160, 192.665, 192.667, 197.150, 7 197.152, 197.158, 197.160, 197.162, 197.165, 197.200, 197.205, 197.215, 197.220, 8 197.225, 197.230, 197.235, 197.240, 197.285, 197.287, 197.289, 197.293, 197.295, 9 574.200, and 595.027, to read as follows:

188.021. 1. When RU-486 (mifepristone) or any drug or chemical is used 2 for the purpose of inducing an abortion, the initial dose of the drug or chemical 3 shall be administered in the same room and in the physical presence of the 4 physician who prescribed, dispensed, or otherwise provided the drug or chemical 5 to the patient. The physician inducing the abortion, or a person acting on such 6 physician's behalf, shall make all reasonable efforts to ensure that the patient

**EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.**

7 returns after the administration or use of RU-486 or any drug or chemical for a  
8 follow-up visit unless such termination of the pregnancy has already been  
9 confirmed and the patient's medical condition has been assessed by a licensed  
10 physician prior to discharge.

11 **2. When the Food and Drug Administration label of any drug or**  
12 **chemical used for the purpose of inducing an abortion includes any**  
13 **clinical study in which more than one percent of those administered**  
14 **the drug or chemical required surgical intervention after its**  
15 **administration, no physician may prescribe or administer such drug or**  
16 **chemical to any patient without first obtaining approval from the**  
17 **department of health and senior services of a complication plan from**  
18 **the physician for administration of the drug or chemical to any**  
19 **patient. The complication plan shall include any information deemed**  
20 **necessary by the department to ensure the safety of any patient**  
21 **suffering complications as a result of the administration of the drug or**  
22 **chemical in question. No complication plan shall be required where the**  
23 **patient is administered the drug in a medical emergency at a hospital**  
24 **and is then treated as an inpatient at a hospital under medical**  
25 **monitoring by the hospital until the abortion is completed.**

26 **3. The department may adopt rules, regulations, and standards**  
27 **governing complication plans to ensure that patients undergoing**  
28 **abortions induced by drugs or chemicals have access to safe and**  
29 **reliable care. Any rule or portion of a rule, as that term is defined in**  
30 **section 536.010 that is created under the authority delegated in this**  
31 **section shall become effective only if it complies with and is subject to**  
32 **all of the provisions of chapter 536, and, if applicable, section**  
33 **536.028. This section and chapter 536 are nonseverable and if any of**  
34 **the powers vested with the general assembly pursuant to chapter 536,**  
35 **to review, to delay the effective date, or to disapprove and annul a rule**  
36 **are subsequently held unconstitutional, then the grant of rulemaking**  
37 **authority and any rule proposed or adopted after the effective date of**  
38 **this act, shall be invalid and void.**

188.027. 1. Except in the case of medical emergency, no abortion shall be  
2 performed or induced on a woman without her voluntary and informed consent,  
3 given freely and without coercion. Consent to an abortion is voluntary and  
4 informed and given freely and without coercion if, and only if, at least  
5 seventy-two hours prior to the abortion:

6 (1) The physician who is to perform or induce the abortion [or], a qualified  
7 professional, **or the referring physician** has informed the woman orally,  
8 reduced to writing, and in person, of the following:

9 (a) The name of the physician who will perform or induce the abortion;

10 (b) Medically accurate information that a reasonable patient would  
11 consider material to the decision of whether or not to undergo the abortion,  
12 including:

13 a. A description of the proposed abortion method;

14 b. The immediate and long-term medical risks to the woman associated  
15 with the proposed abortion method including, but not limited to, infection,  
16 hemorrhage, cervical tear or uterine perforation, harm to subsequent pregnancies  
17 or the ability to carry a subsequent child to term, and possible adverse  
18 psychological effects associated with the abortion; and

19 c. The immediate and long-term medical risks to the woman, in light of  
20 the anesthesia and medication that is to be administered, the unborn child's  
21 gestational age, and the woman's medical history and medical condition;

22 (c) Alternatives to the abortion which shall include making the woman  
23 aware that information and materials shall be provided to her detailing such  
24 alternatives to the abortion;

25 (d) A statement that the physician performing or inducing the abortion  
26 is available for any questions concerning the abortion, together with the  
27 telephone number that the physician may be later reached to answer any  
28 questions that the woman may have;

29 (e) The location of the hospital that offers obstetrical or gynecological care  
30 located within thirty miles of the location where the abortion is performed or  
31 induced and at which the physician performing or inducing the abortion has  
32 clinical privileges and where the woman may receive follow-up care by the  
33 physician if complications arise;

34 (f) The gestational age of the unborn child at the time the abortion is to  
35 be performed or induced; and

36 (g) The anatomical and physiological characteristics of the unborn child  
37 at the time the abortion is to be performed or induced;

38 (2) The physician who is to perform or induce the abortion or a qualified  
39 professional has presented the woman, in person, printed materials provided by  
40 the department, which describe the probable anatomical and physiological  
41 characteristics of the unborn child at two-week gestational increments from

42 conception to full term, including color photographs or images of the developing  
43 unborn child at two-week gestational increments. Such descriptions shall include  
44 information about brain and heart functions, the presence of external members  
45 and internal organs during the applicable stages of development and information  
46 on when the unborn child is viable. The printed materials shall prominently  
47 display the following statement: "The life of each human being begins at  
48 conception. Abortion will terminate the life of a separate, unique, living human  
49 being.";

50 (3) The physician who is to perform or induce the abortion [or], a qualified  
51 professional, **or the referring physician** has presented the woman, in person,  
52 printed materials provided by the department, which describe the various  
53 surgical and drug-induced methods of abortion relevant to the stage of pregnancy,  
54 as well as the immediate and long-term medical risks commonly associated with  
55 each abortion method including, but not limited to, infection, hemorrhage,  
56 cervical tear or uterine perforation, harm to subsequent pregnancies or the ability  
57 to carry a subsequent child to term, and the possible adverse psychological effects  
58 associated with an abortion;

59 (4) The physician who is to perform or induce the abortion or a qualified  
60 professional shall provide the woman with the opportunity to view at least  
61 seventy-two hours prior to the abortion an active ultrasound of the unborn child  
62 and hear the heartbeat of the unborn child if the heartbeat is audible. The  
63 woman shall be provided with a geographically indexed list maintained by the  
64 department of health care providers, facilities, and clinics that perform  
65 ultrasounds, including those that offer ultrasound services free of charge. Such  
66 materials shall provide contact information for each provider, facility, or clinic  
67 including telephone numbers and, if available, website addresses. Should the  
68 woman decide to obtain an ultrasound from a provider, facility, or clinic other  
69 than the abortion facility, the woman shall be offered a reasonable time to obtain  
70 the ultrasound examination before the date and time set for performing or  
71 inducing an abortion. The person conducting the ultrasound shall ensure that  
72 the active ultrasound image is of a quality consistent with standard medical  
73 practice in the community, contains the dimensions of the unborn child, and  
74 accurately portrays the presence of external members and internal organs, if  
75 present or viewable, of the unborn child. The auscultation of fetal heart tone  
76 must also be of a quality consistent with standard medical practice in the  
77 community. If the woman chooses to view the ultrasound or hear the heartbeat

78 or both at the abortion facility, the viewing or hearing or both shall be provided  
79 to her at the abortion facility at least seventy-two hours prior to the abortion  
80 being performed or induced;

81 (5) Prior to an abortion being performed or induced on an unborn child of  
82 twenty-two weeks gestational age or older, the physician who is to perform or  
83 induce the abortion or a qualified professional has presented the woman, in  
84 person, printed materials provided by the department that offer information on  
85 the possibility of the abortion causing pain to the unborn child. This information  
86 shall include, but need not be limited to, the following:

87 (a) At least by twenty-two weeks of gestational age, the unborn child  
88 possesses all the anatomical structures, including pain receptors, spinal cord,  
89 nerve tracts, thalamus, and cortex, that are necessary in order to feel pain;

90 (b) A description of the actual steps in the abortion procedure to be  
91 performed or induced, and at which steps the abortion procedure could be painful  
92 to the unborn child;

93 (c) There is evidence that by twenty-two weeks of gestational age, unborn  
94 children seek to evade certain stimuli in a manner that in an infant or an adult  
95 would be interpreted as a response to pain;

96 (d) Anesthesia is given to unborn children who are twenty-two weeks or  
97 more gestational age who undergo prenatal surgery;

98 (e) Anesthesia is given to premature children who are twenty-two weeks  
99 or more gestational age who undergo surgery;

100 (f) Anesthesia or an analgesic is available in order to minimize or  
101 alleviate the pain to the unborn child;

102 (6) The physician who is to perform or induce the abortion or a qualified  
103 professional has presented the woman, in person, printed materials provided by  
104 the department explaining to the woman alternatives to abortion she may wish  
105 to consider. Such materials shall:

106 (a) Identify on a geographical basis public and private agencies available  
107 to assist a woman in carrying her unborn child to term, and to assist her in  
108 caring for her dependent child or placing her child for adoption, including  
109 agencies commonly known and generally referred to as pregnancy resource  
110 centers, crisis pregnancy centers, maternity homes, and adoption agencies. Such  
111 materials shall provide a comprehensive list by geographical area of the agencies,  
112 a description of the services they offer, and the telephone numbers and addresses  
113 of the agencies; provided that such materials shall not include any programs,

114 services, organizations, or affiliates of organizations that perform or induce, or  
115 assist in the performing or inducing of, abortions or that refer for abortions;

116 (b) Explain the Missouri alternatives to abortion services program under  
117 section 188.325, and any other programs and services available to pregnant  
118 women and mothers of newborn children offered by public or private agencies  
119 which assist a woman in carrying her unborn child to term and assist her in  
120 caring for her dependent child or placing her child for adoption, including but not  
121 limited to prenatal care; maternal health care; newborn or infant care; mental  
122 health services; professional counseling services; housing programs; utility  
123 assistance; transportation services; food, clothing, and supplies related to  
124 pregnancy; parenting skills; educational programs; job training and placement  
125 services; drug and alcohol testing and treatment; and adoption assistance;

126 (c) Identify the state website for the Missouri alternatives to abortion  
127 services program under section 188.325, and any toll-free number established by  
128 the state operated in conjunction with the program;

129 (d) Prominently display the statement: "There are public and private  
130 agencies willing and able to help you carry your child to term, and to assist you  
131 and your child after your child is born, whether you choose to keep your child or  
132 place him or her for adoption. The state of Missouri encourages you to contact  
133 those agencies before making a final decision about abortion. State law requires  
134 that your physician or a qualified professional give you the opportunity to call  
135 agencies like these before you undergo an abortion.";

136 (7) The physician who is to perform or induce the abortion or a qualified  
137 professional has presented the woman, in person, printed materials provided by  
138 the department explaining that the father of the unborn child is liable to assist  
139 in the support of the child, even in instances where he has offered to pay for the  
140 abortion. Such materials shall include information on the legal duties and  
141 support obligations of the father of a child, including, but not limited to, child  
142 support payments, and the fact that paternity may be established by the father's  
143 name on a birth certificate or statement of paternity, or by court action. Such  
144 printed materials shall also state that more information concerning paternity  
145 establishment and child support services and enforcement may be obtained by  
146 calling the family support division within the Missouri department of social  
147 services; and

148 (8) The physician who is to perform or induce the abortion or a qualified  
149 professional shall inform the woman that she is free to withhold or withdraw her

150 consent to the abortion at any time without affecting her right to future care or  
151 treatment and without the loss of any state or federally funded benefits to which  
152 she might otherwise be entitled.

153         2. All information required to be provided to a woman considering  
154 abortion by subsection 1 of this section shall be presented to the woman  
155 individually, in the physical presence of the woman and in a private room, to  
156 protect her privacy, to maintain the confidentiality of her decision, to ensure that  
157 the information focuses on her individual circumstances, to ensure she has an  
158 adequate opportunity to ask questions, and to ensure that she is not a victim of  
159 coerced abortion. Should a woman be unable to read materials provided to her,  
160 they shall be read to her. Should a woman need an interpreter to understand the  
161 information presented in the written materials, an interpreter shall be provided  
162 to her. Should a woman ask questions concerning any of the information or  
163 materials, answers shall be provided in a language she can understand.

164         3. No abortion shall be performed or induced unless and until the woman  
165 upon whom the abortion is to be performed or induced certifies in writing on a  
166 checklist form provided by the department that she has been presented all the  
167 information required in subsection 1 of this section, that she has been provided  
168 the opportunity to view an active ultrasound image of the unborn child and hear  
169 the heartbeat of the unborn child if it is audible, and that she further certifies  
170 that she gives her voluntary and informed consent, freely and without coercion,  
171 to the abortion procedure.

172         4. No abortion shall be performed or induced on an unborn child of  
173 twenty-two weeks gestational age or older unless and until the woman upon  
174 whom the abortion is to be performed or induced has been provided the  
175 opportunity to choose to have an anesthetic or analgesic administered to  
176 eliminate or alleviate pain to the unborn child caused by the particular method  
177 of abortion to be performed or induced. The administration of anesthesia or  
178 analgesics shall be performed in a manner consistent with standard medical  
179 practice in the community.

180         5. No physician shall perform or induce an abortion unless and until the  
181 physician has obtained from the woman her voluntary and informed consent given  
182 freely and without coercion. If the physician has reason to believe that the  
183 woman is being coerced into having an abortion, the physician or qualified  
184 professional shall inform the woman that services are available for her and shall  
185 provide her with private access to a telephone and information about such

186 services, including but not limited to the following:

187 (1) Rape crisis centers, as defined in section 455.003;

188 (2) Shelters for victims of domestic violence, as defined in section 455.200;

189 and

190 (3) Orders of protection, pursuant to chapter 455.

191 **6. The physician who is to perform or induce the abortion shall,**  
192 **at least seventy-two hours prior to such procedure, inform the woman**  
193 **orally and in person of:**

194 (1) **The immediate and long-term medical risks to the woman**  
195 **associated with the proposed abortion method including, but not**  
196 **limited to, infection, hemorrhage, cervical tear or uterine perforation,**  
197 **harm to subsequent pregnancies or the ability to carry a subsequent**  
198 **child to term, and possible adverse psychological effects associated**  
199 **with the abortion; and**

200 (2) **The immediate and long-term medical risks to the woman, in**  
201 **light of the anesthesia and medication that is to be administered, the**  
202 **unborn child's gestational age, and the woman's medical history and**  
203 **medical conditions.**

204 7. No physician shall perform or induce an abortion unless and until the  
205 physician has received and signed a copy of the form prescribed in subsection 3  
206 of this section. The physician shall retain a copy of the form in the patient's  
207 medical record.

208 8. In the event of a medical emergency as provided by section 188.039, the  
209 physician who performed or induced the abortion shall clearly certify in writing  
210 the nature and circumstances of the medical emergency. This certification shall  
211 be signed by the physician who performed or induced the abortion, and shall be  
212 maintained under section 188.060.

213 9. No person or entity shall require, obtain, or accept payment for an  
214 abortion from or on behalf of a patient until at least seventy-two hours have  
215 passed since the time that the information required by subsection 1 of this section  
216 has been provided to the patient. Nothing in this subsection shall prohibit a  
217 person or entity from notifying the patient that payment for the abortion will be  
218 required after the seventy-two-hour period has expired if she voluntarily chooses  
219 to have the abortion.

220 10. The term "qualified professional" as used in this section shall refer to  
221 a physician, physician assistant, registered nurse, licensed practical nurse,

222 psychologist, licensed professional counselor, or licensed social worker, licensed  
223 or registered under chapter 334, 335, or 337, acting under the supervision of the  
224 physician performing or inducing the abortion, and acting within the course and  
225 scope of his or her authority provided by law. The provisions of this section shall  
226 not be construed to in any way expand the authority otherwise provided by law  
227 relating to the licensure, registration, or scope of practice of any such qualified  
228 professional.

229       11. By November 30, 2010, the department shall produce the written  
230 materials and forms described in this section. Any written materials produced  
231 shall be printed in a typeface large enough to be clearly legible. All information  
232 shall be presented in an objective, unbiased manner designed to convey only  
233 accurate scientific and medical information. The department shall furnish the  
234 written materials and forms at no cost and in sufficient quantity to any person  
235 who performs or induces abortions, or to any hospital or facility that provides  
236 abortions. The department shall make all information required by subsection 1  
237 of this section available to the public through its department website. The  
238 department shall maintain a toll-free, twenty-four-hour hotline telephone number  
239 where a caller can obtain information on a regional basis concerning the agencies  
240 and services described in subsection 1 of this section. No identifying information  
241 regarding persons who use the website shall be collected or maintained. The  
242 department shall monitor the website on a regular basis to prevent tampering  
243 and correct any operational deficiencies.

244       12. In order to preserve the compelling interest of the state to ensure that  
245 the choice to consent to an abortion is voluntary and informed, and given freely  
246 and without coercion, the department shall use the procedures for adoption of  
247 emergency rules under section 536.025 in order to promulgate all necessary rules,  
248 forms, and other necessary material to implement this section by November 30,  
249 2010.

250       13. If the provisions in subsections 1 and [8] 9 of this section requiring  
251 a seventy-two-hour waiting period for an abortion are ever temporarily or  
252 permanently restrained or enjoined by judicial order, then the waiting period for  
253 an abortion shall be twenty-four hours; provided, however, that if such temporary  
254 or permanent restraining order or injunction is stayed or dissolved, or otherwise  
255 ceases to have effect, the waiting period for an abortion shall be seventy-two  
256 hours.

188.030. 1. Except in the case of a medical emergency, no abortion of a

2 viable unborn child shall be performed or induced unless the abortion is  
3 necessary to preserve the life of the pregnant woman whose life is endangered by  
4 a physical disorder, physical illness, or physical injury, including a  
5 life-endangering physical condition caused by or arising from the pregnancy itself,  
6 or when continuation of the pregnancy will create a serious risk of substantial  
7 and irreversible physical impairment of a major bodily function of the pregnant  
8 woman. For purposes of this section, "major bodily function" includes, but is not  
9 limited to, functions of the immune system, normal cell growth, digestive, bowel,  
10 bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive  
11 functions.

12 2. Except in the case of a medical emergency:

13 (1) Prior to performing or inducing an abortion upon a woman, the  
14 physician shall determine the gestational age of the unborn child in a manner  
15 consistent with accepted obstetrical and neonatal practices and standards. In  
16 making such determination, the physician shall make such inquiries of the  
17 pregnant woman and perform or cause to be performed such medical  
18 examinations, imaging studies, and tests as a reasonably prudent physician,  
19 knowledgeable about the medical facts and conditions of both the woman and the  
20 unborn child involved, would consider necessary to perform and consider in  
21 making an accurate diagnosis with respect to gestational age;

22 (2) If the physician determines that the gestational age of the unborn  
23 child is twenty weeks or more, prior to performing or inducing an abortion upon  
24 the woman, the physician shall determine if the unborn child is viable by using  
25 and exercising that degree of care, skill, and proficiency commonly exercised by  
26 a skillful, careful, and prudent physician. In making this determination of  
27 viability, the physician shall perform or cause to be performed such medical  
28 examinations and tests as are necessary to make a finding of the gestational age,  
29 weight, and lung maturity of the unborn child and shall enter such findings and  
30 determination of viability in the medical record of the woman;

31 (3) If the physician determines that the gestational age of the unborn  
32 child is twenty weeks or more, and further determines that the unborn child is  
33 not viable and performs or induces an abortion upon the woman, the physician  
34 shall report such findings and determinations and the reasons for such  
35 determinations to the health care facility in which the abortion is performed and  
36 to the state board of registration for the healing arts, and shall enter such  
37 findings and determinations in the medical records of the woman and in the

38 individual abortion report submitted to the department under section 188.052;

39 (4) (a) If the physician determines that the unborn child is viable, the  
40 physician shall not perform or induce an abortion upon the woman unless the  
41 abortion is necessary to preserve the life of the pregnant woman or that a  
42 continuation of the pregnancy will create a serious risk of substantial and  
43 irreversible physical impairment of a major bodily function of the woman.

44 (b) Before a physician may proceed with performing or inducing an  
45 abortion upon a woman when it has been determined that the unborn child is  
46 viable, the physician shall first certify in writing the medical threat posed to the  
47 life of the pregnant woman, or the medical reasons that continuation of the  
48 pregnancy would cause a serious risk of substantial and irreversible physical  
49 impairment of a major bodily function of the pregnant woman. Upon completion  
50 of the abortion, the physician shall report the reasons and determinations for the  
51 abortion of a viable unborn child to the health care facility in which the abortion  
52 is performed and to the state board of registration for the healing arts, and shall  
53 enter such findings and determinations in the medical record of the woman and  
54 in the individual abortion report submitted to the department under section  
55 188.052.

56 (c) Before a physician may proceed with performing or inducing an  
57 abortion upon a woman when it has been determined that the unborn child is  
58 viable, the physician who is to perform the abortion shall obtain the agreement  
59 of a second physician with knowledge of accepted obstetrical and neonatal  
60 practices and standards who shall concur that the abortion is necessary to  
61 preserve the life of the pregnant woman, or that continuation of the pregnancy  
62 would cause a serious risk of substantial and irreversible physical impairment of  
63 a major bodily function of the pregnant woman. This second physician shall also  
64 report such reasons and determinations to the health care facility in which the  
65 abortion is to be performed and to the state board of registration for the healing  
66 arts, and shall enter such findings and determinations in the medical record of  
67 the woman and the individual abortion report submitted to the department under  
68 section 188.052. The second physician shall not have any legal or financial  
69 affiliation or relationship with the physician performing or inducing the abortion,  
70 except that such prohibition shall not apply to physicians whose legal or financial  
71 affiliation or relationship is a result of being employed by or having staff  
72 privileges at the same hospital as the term "hospital" is defined in section  
73 197.020.

74 (d) Any physician who performs or induces an abortion upon a woman  
75 when it has been determined that the unborn child is viable shall utilize the  
76 available method or technique of abortion most likely to preserve the life or  
77 health of the unborn child. In cases where the method or technique of abortion  
78 most likely to preserve the life or health of the unborn child would present a  
79 greater risk to the life or health of the woman than another legally permitted and  
80 available method or technique, the physician may utilize such other method or  
81 technique. In all cases where the physician performs an abortion upon a viable  
82 unborn child, the physician shall certify in writing the available method or  
83 techniques considered and the reasons for choosing the method or technique  
84 employed.

85 (e) No physician shall perform or induce an abortion upon a woman when  
86 it has been determined that the unborn child is viable unless there is in  
87 attendance a physician other than the physician performing or inducing the  
88 abortion who shall take control of and provide immediate medical care for a child  
89 born as a result of the abortion. During the performance of the abortion, the  
90 physician performing it, and subsequent to the abortion, the physician required  
91 to be in attendance, shall take all reasonable steps in keeping with good medical  
92 practice, consistent with the procedure used, to preserve the life or health of the  
93 viable unborn child; provided that it does not pose an increased risk to the life of  
94 the woman or does not pose an increased risk of substantial and irreversible  
95 physical impairment of a major bodily function of the woman.

96 3. Any person who knowingly performs or induces an abortion of an  
97 unborn child in violation of the provisions of this section is guilty of a class D  
98 felony, and, upon a finding of guilt or plea of guilty, shall be imprisoned for a  
99 term of not less than one year, and, notwithstanding the provisions of section  
100 558.002, shall be fined not less than ten thousand nor more than fifty thousand  
101 dollars.

102 4. Any physician who pleads guilty to or is found guilty of performing or  
103 inducing an abortion of an unborn child in violation of this section shall be  
104 subject to suspension or revocation of his or her license to practice medicine in  
105 the state of Missouri by the state board of registration for the healing arts under  
106 the provisions of sections 334.100 and 334.103.

107 5. Any hospital licensed in the state of Missouri that knowingly allows an  
108 abortion of an unborn child to be performed or induced in violation of this section  
109 may be subject to suspension or revocation of its license under the provisions of

110 section 197.070.

111           6. Any [ambulatory surgical center] **abortion facility** licensed in the  
112 state of Missouri that knowingly allows an abortion of an unborn child to be  
113 performed or induced in violation of this section may be subject to suspension or  
114 revocation of its license under the provisions of section 197.220.

115           7. A woman upon whom an abortion is performed or induced in violation  
116 of this section shall not be prosecuted for a conspiracy to violate the provisions  
117 of this section.

118           8. Nothing in this section shall be construed as creating or recognizing a  
119 right to abortion, nor is it the intention of this section to make lawful any  
120 abortion that is currently unlawful.

121           9. It is the intent of the legislature that this section be severable as noted  
122 in section 1.140. In the event that any section, subsection, subdivision,  
123 paragraph, sentence, or clause of this section be declared invalid under the  
124 Constitution of the United States or the Constitution of the State of Missouri, it  
125 is the intent of the legislature that the remaining provisions of this section  
126 remain in force and effect as far as capable of being carried into execution as  
127 intended by the legislature.

128           10. The general assembly may, by concurrent resolution, appoint one or  
129 more of its members who sponsored or co-sponsored this act in his or her official  
130 capacity to intervene as a matter of right in any case in which the  
131 constitutionality of this law is challenged.

188.039. 1. For purposes of this section, "medical emergency" means a  
2 condition which, on the basis of the physician's good faith clinical judgment, so  
3 complicates the medical condition of a pregnant woman as to necessitate the  
4 immediate abortion of her pregnancy to avert her death or for which a delay will  
5 create a serious risk of substantial and irreversible impairment of a major bodily  
6 function.

7           2. Except in the case of medical emergency, no person shall perform or  
8 induce an abortion unless at least seventy-two hours prior thereto the physician  
9 who is to perform or induce the abortion [or], a qualified professional, **or the**  
10 **referring physician** has conferred with the patient and discussed with her the  
11 indicators and contraindicators, and risk factors including any physical,  
12 psychological, or situational factors for the proposed procedure and the use of  
13 medications, including but not limited to mifepristone, in light of her medical  
14 history and medical condition. For an abortion performed or an abortion induced

15 by a drug or drugs, such conference shall take place at least seventy-two hours  
16 prior to the writing or communication of the first prescription for such drug or  
17 drugs in connection with inducing an abortion. Only one such conference shall  
18 be required for each abortion.

19 3. The patient shall be evaluated by the physician who is to perform or  
20 induce the abortion [or], a qualified professional, **or the referring physician**  
21 during the conference for indicators and contraindicators, risk factors including  
22 any physical, psychological, or situational factors which would predispose the  
23 patient to or increase the risk of experiencing one or more adverse physical,  
24 emotional, or other health reactions to the proposed procedure or drug or drugs  
25 in either the short or long term as compared with women who do not possess such  
26 risk factors.

27 4. At the end of the conference, and if the woman chooses to proceed with  
28 the abortion, the physician who is to perform or induce the abortion [or], a  
29 qualified professional, **or the referring physician** shall sign and shall cause  
30 the patient to sign a written statement that the woman gave her informed  
31 consent freely and without coercion after the physician or qualified professional  
32 had discussed with her the indicators and contraindicators, and risk factors,  
33 including any physical, psychological, or situational factors. All such executed  
34 statements shall be maintained as part of the patient's medical file, subject to the  
35 confidentiality laws and rules of this state.

36 5. The director of the department of health and senior services shall  
37 disseminate a model form that physicians or qualified professionals may use as  
38 the written statement required by this section, but any lack or unavailability of  
39 such a model form shall not affect the duties of the physician or qualified  
40 professional set forth in subsections 2 to 4 of this section.

41 6. As used in this section, the term "qualified professional" shall refer to  
42 a physician, physician assistant, registered nurse, licensed practical nurse,  
43 psychologist, licensed professional counselor, or licensed social worker, licensed  
44 or registered under chapter 334, 335, or 337, acting under the supervision of the  
45 physician performing or inducing the abortion, and acting within the course and  
46 scope of his or her authority provided by law. The provisions of this section shall  
47 not be construed to in any way expand the authority otherwise provided by law  
48 relating to the licensure, registration, or scope of practice of any such qualified  
49 professional.

50 7. If the provisions in subsection 2 of this section requiring a

51 seventy-two-hour waiting period for an abortion are ever temporarily or  
52 permanently restrained or enjoined by judicial order, then the waiting period for  
53 an abortion shall be twenty-four hours; provided, however, that if such temporary  
54 or permanent restraining order or injunction is stayed or dissolved, or otherwise  
55 ceases to have effect, the waiting period for an abortion shall be seventy-two  
56 hours.

188.047. [A representative sample of] **1. All tissue, except that tissue**  
2 **needed for purposes described in subsection 5 of this section,** removed  
3 at the time of abortion shall be submitted **within five days** to a board eligible  
4 or certified pathologist[, who] **for gross and histopathological**  
5 **examination. The pathologist** shall file a copy of the tissue report with the  
6 state department of health and senior services, and [who] shall provide **within**  
7 **seventy-two hours** a copy of the report to the abortion facility or hospital in  
8 which the abortion was performed or induced [and]. The pathologist's report  
9 shall be made a part of the patient's permanent record. **If the pathological**  
10 **examination fails to identify evidence of a completed abortion, the**  
11 **pathologist shall notify the abortion facility or hospital within twenty-**  
12 **four hours.**

13 **2. The department shall reconcile each notice of abortion with**  
14 **its corresponding tissue report. If the department does not receive the**  
15 **notice of abortion or the tissue report, the department shall make an**  
16 **inquiry of the abortion facility or hospital. After such inquiry, if the**  
17 **hospital or abortion facility has not satisfactorily responded to said**  
18 **inquiry and the department finds that the abortion facility or hospital**  
19 **where the abortion was performed or induced was not in compliance**  
20 **with the provisions of this section, the department shall consider such**  
21 **noncompliance a deficiency requiring an unscheduled inspection of the**  
22 **facility to ensure the deficiency is remedied, subject to the provisions**  
23 **of chapter 197 regarding license suspensions, reviews, and appeals.**

24 **3. Beginning January 1, 2018, the department shall make an**  
25 **annual report to the general assembly. The report shall include the**  
26 **number of any deficiencies and inquiries by the department of each**  
27 **abortion facility in the calendar year and whether any deficiencies**  
28 **were remedied and, for each abortion facility, aggregated de-identified**  
29 **data about the total number of abortions performed at the facility, the**  
30 **termination procedures used, the number and type of complications**

31 reported for each type of termination procedure, whether the  
32 department received the tissue report for each abortion, and the  
33 existence and nature, if any, of any inconsistencies or concerns  
34 between the abortion reports submitted under section 188.052 and the  
35 tissue report submitted under this section.

36 The report shall not contain any personal patient information the  
37 disclosure of which is prohibited by state or federal law.

38 4. All reports provided by the department to the general  
39 assembly under this section shall maintain confidentiality of all  
40 personal information of patients, facility personnel, and facility  
41 physicians.

42 5. Nothing in this section shall prohibit the utilization of fetal  
43 organs or tissue resulting from an abortion for medical or scientific  
44 purposes to determine the cause or causes of any anomaly, illness,  
45 death, or genetic condition of the fetus, the paternity of the fetus, or for  
46 law enforcement purposes.

47 6. The department may adopt rules, regulations, and standards  
48 governing the reports required under this section. In doing so, the  
49 department shall ensure that these reports contain all information  
50 necessary to ensure compliance with all applicable laws and  
51 regulations. Any rule or portion of a rule, as that term is defined in  
52 section 536.010 that is created under the authority delegated in this  
53 section shall become effective only if it complies with and is subject to  
54 all of the provisions of chapter 536, and, if applicable, section  
55 536.028. This section and chapter 536 are nonseverable and if any of  
56 the powers vested with the general assembly pursuant to chapter 536,  
57 to review, to delay the effective date, or to disapprove and annul a rule  
58 are subsequently held unconstitutional, then the grant of rulemaking  
59 authority and any rule proposed or adopted after the effective date of  
60 this act, shall be invalid and void.

188.075. 1. Any person who contrary to the provisions of sections 188.010  
2 to 188.085 knowingly performs, induces, or aids in the performance or inducing  
3 of any abortion or knowingly fails to perform any action required by sections  
4 188.010 to 188.085 shall be guilty of a class A misdemeanor, unless a different  
5 penalty is provided for in state law, and, upon conviction, shall be punished as  
6 provided by law.

7 2. It shall be an affirmative defense for any person alleged to have

8 violated any provision of this chapter that the person performed an action or did  
9 not perform an action because of a medical emergency. This affirmative defense  
10 shall be available in criminal, civil, and administrative actions or  
11 proceedings. The defendant shall have the burden of persuasion that the defense  
12 is more probably true than not.

13 **3. The attorney general shall have concurrent original**  
14 **jurisdiction throughout the state, along with each prosecuting attorney**  
15 **and circuit attorney within their respective jurisdictions, to commence**  
16 **actions for a violation of any provision of this chapter, for a violation**  
17 **of any state law on the use of public funds for an abortion, or for a**  
18 **violation of any state law which regulates an abortion facility or a**  
19 **person who performs or induces an abortion. The attorney general, or**  
20 **prosecuting attorney or circuit attorney within their respective**  
21 **jurisdictions, may seek injunctive or other relief against any person**  
22 **who, or entity which, is in violation of any provision of this chapter,**  
23 **misuses public funds for an abortion, or violates any state law which**  
24 **regulates an abortion facility or a person who performs or induces an**  
25 **abortion.**

188.125. 1. It is the intent of the general assembly to  
2 acknowledge the right of an alternatives to abortion agency to operate  
3 freely and engage in speech without governmental interference as  
4 protected by the constitution of the United States and the constitution  
5 and laws of Missouri, the right of a person not to be compelled by the  
6 government to participate in abortion contrary to his, her, or its  
7 religious beliefs or moral convictions, and that the constitution of the  
8 United States and the constitution and laws of Missouri shall be  
9 interpreted, construed, applied, and enforced to fully protect such  
10 rights.

11 **2. A political subdivision of this state is preempted from**  
12 **enacting, adopting, maintaining, or enforcing any order, ordinance,**  
13 **rule, regulation, policy, or other similar measure that prohibits,**  
14 **restricts, limits, controls, directs, interferes with, or otherwise**  
15 **adversely affects an alternatives to abortion agency or its officers',**  
16 **agents', employees', or volunteers' operations or speech including, but**  
17 **not limited to, counseling, referrals, or education of, advertising or**  
18 **information to, or other communications with, clients, patients, other**  
19 **persons, or the public.**

20           3. Nothing in subsection 2 of this section shall preclude or  
21 preempt a political subdivision of this state from exercising its lawful  
22 authority to regulate zoning or land use or to enforce a building or fire  
23 code regulation; provided that, such political subdivision treats an  
24 alternatives to abortion agency in the same manner as a similarly  
25 situated agency and that such authority is not used to circumvent the  
26 intent of subsection 2 of this section.

27           4. A political subdivision of this state is preempted from  
28 enacting, adopting, maintaining, or enforcing any order, ordinance,  
29 rule, regulation, policy, or other similar measure that has the purpose  
30 or effect of requiring a person to directly or indirectly participate in  
31 abortion if such participation is contrary to the religious beliefs or  
32 moral convictions of such person.

33           5. A political subdivision of this state is preempted from  
34 enacting, adopting, maintaining, or enforcing any order, ordinance,  
35 rule, regulation, policy, or other similar measure requiring a real estate  
36 broker, real estate salesperson, real estate broker-salesperson,  
37 appraisal firm, appraiser, as such terms are defined in chapter 339, a  
38 property owner, or any other person to buy, sell, exchange, purchase,  
39 rent, lease, advertise for, or otherwise conduct real estate transactions  
40 for, to, or with an abortion facility or for, to, or with a person for the  
41 purpose of performing or inducing an abortion not necessary to save  
42 the life of the mother, if such requirement is contrary to the religious  
43 beliefs or moral convictions of such real estate broker, real estate  
44 salesperson, real estate broker-salesperson, appraisal firm, appraiser,  
45 property owner, or other person.

46           6. A political subdivision of this state is preempted from  
47 enacting, adopting, maintaining, or enforcing any order, ordinance,  
48 rule, regulation, policy, or other similar measure requiring an  
49 employer, employee, health plan provider, health plan sponsor, health  
50 care provider, or any other person to provide coverage for or to  
51 participate in a health plan that includes benefits that are not  
52 otherwise required by state law.

53           7. In any action to enforce the provisions of this section, a court  
54 of competent jurisdiction may order injunctive or other equitable  
55 relief, recovery of damages or other legal remedies, or both, as well as  
56 payment of reasonable attorney's fees, costs, and expenses. The relief

57 and remedies set forth shall not be deemed exclusive and shall be in  
58 addition to any other relief or remedies permitted by law.

59 8. In addition to a private cause of action by a person whose  
60 rights are violated contrary to the provisions of this section, the  
61 attorney general is also authorized to bring a cause of action to defend  
62 the rights guaranteed under this section.

63 9. Nothing in this section shall be construed to prohibit a  
64 political subdivision from enacting, adopting, maintaining, or enforcing  
65 any order, ordinance, rule, regulation, policy, or other similar measure  
66 to assist pregnant women to carry their unborn children to term or to  
67 assist women in caring for their dependent children or placing their  
68 children for adoption including, but not limited to, by funding or  
69 otherwise assisting an alternatives to abortion agency to provide  
70 services to such women and children.

71 10. As used in this section, the following terms mean:

72 (1) "Alternatives to abortion agency":

73 (a) A maternity home as defined in section 135.600;

74 (b) A pregnancy resource center as defined in section 135.630; or

75 (c) An agency or entity that has the primary purpose of  
76 providing services or counseling to pregnant women to assist such  
77 women in carrying their unborn children to term instead of having  
78 abortions and to assist such women in caring for their dependent  
79 children or placing their children for adoption, as described in section  
80 188.325, regardless of whether such agency or entity is receiving  
81 funding or reimbursement from the state for such purposes;

82 (2) "Participate in abortion":

83 (a) To undergo an abortion; or

84 (b) To perform or induce, assist in, refer or counsel for, advocate  
85 for, promote, procure, reimburse for, or provide health plan coverage  
86 for an abortion not necessary to save the life of the mother.

188.160. 1. Every hospital, abortion facility, pathology lab,  
2 medical research entity, and any other facility involved in abortion  
3 shall establish and implement a written policy relating to the  
4 protections for employees who disclose information concerning actual,  
5 potential, or alleged violations of applicable federal or state laws or  
6 administrative rules, regulations, or standards.

7 2. The department of health and senior services is authorized to

8 **adopt rules, regulations, and standards regarding the establishment**  
9 **and implementation of policies created under this section. Any rule or**  
10 **portion of a rule, as that term is defined in section 536.010 that is**  
11 **created under the authority delegated in this section shall become**  
12 **effective only if it complies with and is subject to all of the provisions**  
13 **of chapter 536, and, if applicable, section 536.028. This section and**  
14 **chapter 536 are nonseverable and if any of the powers vested with the**  
15 **general assembly pursuant to chapter 536, to review, to delay the**  
16 **effective date, or to disapprove and annul a rule are subsequently held**  
17 **unconstitutional, then the grant of rulemaking authority and any rule**  
18 **proposed or adopted after the effective date of this act, shall be invalid**  
19 **and void.**

192.665. As used in this section, section 192.667, and sections 197.150 to  
2 197.165, the following terms mean:

- 3 (1) "Charge data", information submitted by health care providers on  
4 current charges for leading procedures and diagnoses;
- 5 (2) "Charges by payer", information submitted by hospitals on amount  
6 billed to Medicare, Medicaid, other government sources and all nongovernment  
7 sources combined as one data element;
- 8 (3) "Department", the department of health and senior services;
- 9 (4) "Financial data", information submitted by hospitals drawn from  
10 financial statements which includes the balance sheet, income statement, charity  
11 care and bad debt and charges by payer, prepared in accordance with generally  
12 accepted accounting principles;
- 13 (5) "Health care provider", hospitals as defined in section 197.020 and  
14 ambulatory surgical centers **and abortion facilities** as defined in section  
15 197.200;
- 16 (6) "Nosocomial infection", as defined by the [national] **federal** Centers  
17 for Disease Control and Prevention and applied to infections within hospitals,  
18 ambulatory surgical centers, **abortion facilities**, and other facilities;
- 19 (7) "Nosocomial infection incidence rate", a risk-adjusted measurement of  
20 new cases of nosocomial infections by procedure or device within a population  
21 over a given period of time, with such measurements defined by rule of the  
22 department pursuant to subsection 3 of section 192.667 for use by all hospitals,  
23 ambulatory surgical centers, **abortion facilities**, and other facilities in  
24 complying with the requirements of the Missouri nosocomial infection control act

25 of 2004;

26 (8) "Other facility", a type of facility determined to be a source of  
27 infections and designated by rule of the department pursuant to subsection 11 of  
28 section 192.667;

29 (9) "Patient abstract data", data submitted by hospitals which includes  
30 but is not limited to date of birth, sex, race, zip code, county of residence,  
31 admission date, discharge date, principal and other diagnoses, including external  
32 causes, principal and other procedures, procedure dates, total billed charges,  
33 disposition of the patient and expected source of payment with sources  
34 categorized according to Medicare, Medicaid, other government, workers'  
35 compensation, all commercial payors coded with a common code, self-pay, no  
36 charge and other.

192.667. 1. All health care providers shall at least annually provide to  
2 the department charge data as required by the department. All hospitals shall  
3 at least annually provide patient abstract data and financial data as required by  
4 the department. Hospitals as defined in section 197.020 shall report patient  
5 abstract data for outpatients and inpatients. Ambulatory surgical centers **and**  
6 **abortion facilities** as defined in section 197.200 shall provide patient abstract  
7 data to the department. The department shall specify by rule the types of  
8 information which shall be submitted and the method of submission.

9 2. The department shall collect data on the incidence of health  
10 care-associated infections from hospitals, ambulatory surgical centers, **abortion**  
11 **facilities**, and other facilities as necessary to generate the reports required by  
12 this section. Hospitals, ambulatory surgical centers, **abortion facilities**, and  
13 other facilities shall provide such data in compliance with this section.

14 3. The department shall promulgate rules specifying the standards and  
15 procedures for the collection, analysis, risk adjustment, and reporting of the  
16 incidence of health care-associated infections and the types of infections and  
17 procedures to be monitored pursuant to subsection 13 of this section. In  
18 promulgating such rules, the department shall:

19 (1) Use methodologies and systems for data collection established by the  
20 federal Centers for Disease Control and Prevention's National Healthcare Safety  
21 Network, or its successor; and

22 (2) Consider the findings and recommendations of the infection control  
23 advisory panel established pursuant to section 197.165.

24 4. By January 1, 2017, the infection control advisory panel created by

25 section 197.165 shall make recommendations to the department regarding the  
26 Centers for Medicare and Medicaid Services' health care-associated infection data  
27 collection, analysis, and public reporting requirements for hospitals, ambulatory  
28 surgical centers, and other facilities in the federal Centers for Disease Control  
29 and Prevention's National Healthcare Safety Network, or its successor, in lieu of  
30 all or part of the data collection, analysis, and public reporting requirements of  
31 this section. The advisory panel recommendations shall address which hospitals  
32 shall be required as a condition of licensure to use the National Healthcare Safety  
33 Network for data collection; the use of the National Healthcare Safety Network  
34 for risk adjustment and analysis of hospital submitted data; and the use of the  
35 Centers for Medicare and Medicaid Services' Hospital Compare website, or its  
36 successor, for public reporting of the incidence of health care-associated infection  
37 metrics. The advisory panel shall consider the following factors in developing its  
38 recommendation:

39 (1) Whether the public is afforded the same or greater access to  
40 facility-specific infection control indicators and metrics;

41 (2) Whether the data provided to the public is subject to the same or  
42 greater accuracy of risk adjustment;

43 (3) Whether the public is provided with the same or greater specificity of  
44 reporting of infections by type of facility infections and procedures;

45 (4) Whether the data is subject to the same or greater level of  
46 confidentiality of the identity of an individual patient;

47 (5) Whether the National Healthcare Safety Network, or its successor, has  
48 the capacity to receive, analyze, and report the required data for all facilities;

49 (6) Whether the cost to implement the National Healthcare Safety  
50 Network infection data collection and reporting system is the same or less.

51 5. After considering the recommendations of the infection control advisory  
52 panel, and provided that the requirements of subsection 13 of this section can be  
53 met, the department shall implement guidelines from the federal Centers for  
54 Disease Control and Prevention's National Healthcare Safety Network, or its  
55 successor. It shall be a condition of licensure for hospitals that meet the  
56 minimum public reporting requirements of the National Healthcare Safety  
57 Network and the Centers for Medicare and Medicaid Services to participate in the  
58 National Healthcare Safety Network, or its successor. Such hospitals shall  
59 permit the National Healthcare Safety Network, or its successor, to disclose  
60 facility-specific infection data to the department as required under this section,

61 and as necessary to provide the public reports required by the department. It  
62 shall be a condition of licensure for any ambulatory surgical center **or abortion**  
63 **facility** which does not voluntarily participate in the National Healthcare Safety  
64 Network, or its successor, to submit facility-specific data to the department as  
65 required under this section, and as necessary to provide the public reports  
66 required by the department.

67 6. The department shall not require the resubmission of data which has  
68 been submitted to the department of health and senior services or the department  
69 of social services under any other provision of law. The department of health and  
70 senior services shall accept data submitted by associations or related  
71 organizations on behalf of health care providers by entering into binding  
72 agreements negotiated with such associations or related organizations to obtain  
73 data required pursuant to section 192.665 and this section. A health care  
74 provider shall submit the required information to the department of health and  
75 senior services:

76 (1) If the provider does not submit the required data through such  
77 associations or related organizations;

78 (2) If no binding agreement has been reached within ninety days of  
79 August 28, 1992, between the department of health and senior services and such  
80 associations or related organizations; or

81 (3) If a binding agreement has expired for more than ninety days.

82 7. Information obtained by the department under the provisions of section  
83 192.665 and this section shall not be public information. Reports and studies  
84 prepared by the department based upon such information shall be public  
85 information and may identify individual health care providers. The department  
86 of health and senior services may authorize the use of the data by other research  
87 organizations pursuant to the provisions of section 192.067. The department  
88 shall not use or release any information provided under section 192.665 and this  
89 section which would enable any person to determine any health care provider's  
90 negotiated discounts with specific preferred provider organizations or other  
91 managed care organizations. The department shall not release data in a form  
92 which could be used to identify a patient. Any violation of this subsection is a  
93 class A misdemeanor.

94 8. The department shall undertake a reasonable number of studies and  
95 publish information, including at least an annual consumer guide, in  
96 collaboration with health care providers, business coalitions and consumers based

97 upon the information obtained pursuant to the provisions of section 192.665 and  
98 this section. The department shall allow all health care providers and  
99 associations and related organizations who have submitted data which will be  
100 used in any publication to review and comment on the publication prior to its  
101 publication or release for general use. The publication shall be made available  
102 to the public for a reasonable charge.

103 9. Any health care provider which continually and substantially, as these  
104 terms are defined by rule, fails to comply with the provisions of this section shall  
105 not be allowed to participate in any program administered by the state or to  
106 receive any moneys from the state.

107 10. A hospital, as defined in section 197.020, aggrieved by the  
108 department's determination of ineligibility for state moneys pursuant to  
109 subsection 9 of this section may appeal as provided in section 197.071. An  
110 ambulatory surgical center **or abortion facility** as defined in section 197.200  
111 aggrieved by the department's determination of ineligibility for state moneys  
112 pursuant to subsection 9 of this section may appeal as provided in section  
113 197.221.

114 11. The department of health may promulgate rules providing for  
115 collection of data and publication of the incidence of health care-associated  
116 infections for other types of health facilities determined to be sources of  
117 infections; except that, physicians' offices shall be exempt from reporting and  
118 disclosure of such infections.

119 12. By January 1, 2017, the advisory panel shall recommend and the  
120 department shall adopt in regulation with an effective date of no later than  
121 January 1, 2018, the requirements for the reporting of the following types of  
122 infections as specified in this subsection:

123 (1) Infections associated with a minimum of four surgical procedures for  
124 hospitals and a minimum of two surgical procedures for ambulatory surgical  
125 centers that meet the following criteria:

126 (a) Are usually associated with an elective surgical procedure. An  
127 "elective surgical procedure" is a planned, nonemergency surgical procedure that  
128 may be either medically required such as a hip replacement or optional such as  
129 breast augmentation;

130 (b) Demonstrate a high priority aspect such as affecting a large number  
131 of patients, having a substantial impact for a smaller population, or being  
132 associated with substantial cost, morbidity, or mortality; or

133 (c) Are infections for which reports are collected by the National  
134 Healthcare Safety Network or its successor;

135 (2) Central line-related bloodstream infections;

136 (3) Health care-associated infections specified for reporting by hospitals,  
137 ambulatory surgical centers, and other health care facilities by the rules of the  
138 Centers for Medicare and Medicaid Services to the federal Centers for Disease  
139 Control and Prevention's National Healthcare Safety Network, or its successor;  
140 and

141 (4) Other categories of infections that may be established by rule by the  
142 department.

143 The department, in consultation with the advisory panel, shall be authorized to  
144 collect and report data on subsets of each type of infection described in this  
145 subsection.

146 13. In consultation with the infection control advisory panel established  
147 pursuant to section 197.165, the department shall develop and disseminate to the  
148 public reports based on data compiled for a period of twelve months. Such  
149 reports shall be updated quarterly and shall show for each hospital, ambulatory  
150 surgical center, **abortion facility**, and other facility metrics on risk adjusted  
151 health care-associated infections under this section.

152 14. The types of infections under subsection 12 of this section to be  
153 publicly reported shall be determined by the department by rule and shall be  
154 consistent with the infections tracked by the National Healthcare Safety Network,  
155 or its successor.

156 15. Reports published pursuant to subsection 13 of this section shall be  
157 published and readily accessible on the department's internet website. The  
158 reports shall be distributed at least annually to the governor and members of the  
159 general assembly. The department shall make such reports available to the  
160 public for a period of at least two years.

161 16. The Hospital Industry Data Institute shall publish a report of  
162 Missouri hospitals' [and], ambulatory surgical centers', **and abortion facilities'**  
163 compliance with standardized quality of care measures established by the federal  
164 Centers for Medicare and Medicaid Services for prevention of infections related  
165 to surgical procedures. If the Hospital Industry Data Institute fails to do so by  
166 July 31, 2008, and annually thereafter, the department shall be authorized to  
167 collect information from the Centers for Medicare and Medicaid Services or from  
168 hospitals [and], ambulatory surgical centers, **and abortion facilities** and

169 publish such information in accordance with this section.

170           17. The data collected or published pursuant to this section shall be  
171 available to the department for purposes of licensing hospitals [and], ambulatory  
172 surgical centers, **and abortion facilities** pursuant to chapter 197.

173           18. The department shall promulgate rules to implement the provisions  
174 of section 192.131 and sections 197.150 to 197.160. Any rule or portion of a rule,  
175 as that term is defined in section 536.010, that is created under the authority  
176 delegated in this section shall become effective only if it complies with and is  
177 subject to all of the provisions of chapter 536 and, if applicable, section  
178 536.028. This section and chapter 536 are nonseverable and if any of the powers  
179 vested with the general assembly pursuant to chapter 536 to review, to delay the  
180 effective date, or to disapprove and annul a rule are subsequently held  
181 unconstitutional, then the grant of rulemaking authority and any rule proposed  
182 or adopted after August 28, 2004, shall be invalid and void.

183           19. No later than August 28, 2017, each hospital, excluding mental health  
184 facilities as defined in section 632.005, and each ambulatory surgical center **and**  
185 **abortion facility** as defined in section 197.200, shall in consultation with its  
186 medical staff establish an antimicrobial stewardship program for evaluating the  
187 judicious use of antimicrobials, especially antibiotics that are the last line of  
188 defense against resistant infections. The hospital's stewardship program and the  
189 results of the program shall be monitored and evaluated by hospital quality  
190 improvement departments and shall be available upon inspection to the  
191 department. At a minimum, the antimicrobial stewardship program shall be  
192 designed to evaluate that hospitalized patients receive, in accordance with  
193 accepted medical standards of practice, the appropriate antimicrobial, at the  
194 appropriate dose, at the appropriate time, and for the appropriate duration.

195           20. Hospitals described in subsection 19 of this section shall meet the  
196 National Healthcare Safety Network requirements for reporting antimicrobial  
197 usage or resistance by using the Centers for Disease Control and Prevention's  
198 Antimicrobial Use and Resistance (AUR) Module when regulations concerning  
199 Stage 3 of the Medicare and Medicaid Electronic Health Records Incentive  
200 Programs promulgated by the Centers for Medicare and Medicaid Services that  
201 enable the electronic interface for such reporting are effective. When such  
202 antimicrobial usage or resistance reporting takes effect, hospitals shall authorize  
203 the National Healthcare Safety Network, or its successor, to disclose to the  
204 department facility-specific information reported to the AUR

205 Module. Facility-specific data on antibiotic usage and resistance collected under  
206 this subsection shall not be disclosed to the public, but the department may  
207 release case-specific information to other facilities, physicians, and the public if  
208 the department determines on a case-by-case basis that the release of such  
209 information is necessary to protect persons in a public health emergency.

210 21. The department shall make a report to the general assembly  
211 beginning January 1, 2018, and on every January first thereafter on the  
212 incidence, type, and distribution of antimicrobial-resistant infections identified  
213 in the state and within regions of the state.

197.150. The department shall require that each hospital, ambulatory  
2 surgical center, **abortion facility**, and other facility have in place procedures for  
3 monitoring and enforcing compliance with infection control regulations and  
4 standards. Such procedures shall be coordinated with administrative staff,  
5 personnel staff, and the quality improvement program. Such procedures shall  
6 include, at a minimum, requirements for the facility's infection control program  
7 to conduct surveillance of personnel with a portion of the surveillance to be done  
8 in such manner that employees and medical staff are observed without their  
9 knowledge of such observation, provided that this unobserved surveillance  
10 requirement shall not be considered to be grounds for licensure enforcement  
11 action by the department until the department establishes clear and verifiable  
12 criteria for determining compliance. Such surveillance also may include  
13 monitoring of the rate of use of hand hygiene products.

197.152. 1. Infection control officers as defined in federal regulation and  
2 other hospital [and], ambulatory surgical center, **and abortion facility**  
3 employees shall be protected against retaliation by the hospital [or], ambulatory  
4 surgical center, **or abortion facility** for reporting infection control concerns  
5 pursuant to section 197.285 and shall be entitled to the full benefits of that  
6 section. Such infection control officers shall report any interference in the  
7 performance of their duties by their supervisors to the hospital [or], ambulatory  
8 surgical center, **or abortion facility** compliance officer established by and  
9 empowered to act pursuant to section 197.285.

10 2. Infection control officers as defined in federal regulation shall also have  
11 the authority to order the cessation of a practice that falls outside accepted  
12 practices as defined by appropriate state and federal regulatory agencies,  
13 accreditation organizations, or the standards adopted by the Centers for Disease  
14 Control and Prevention or the Association of Professionals in Infection Control

15 and Epidemiology. The hospital [or], ambulatory surgical center, **or abortion**  
16 **facility** may require that such a cessation order of an infection control officer be  
17 endorsed by the hospital [or], ambulatory surgical center, **or abortion facility**  
18 chief executive officer or his or her designee before taking effect. The hospital  
19 [or], ambulatory surgical center, **or abortion facility** infection control  
20 committee shall convene as soon as possible to review such cessation order and  
21 may overrule or sustain the directive of the infection control officer. The  
22 department shall promulgate rules governing documentation of such events.

23 3. Members of the medical staff who report in good faith infection control  
24 concerns to the hospital [or], ambulatory surgical center, **or abortion facility**  
25 administration or medical staff leadership shall not be subject to retaliation or  
26 discrimination for doing so. Nothing in this section shall prevent or shield  
27 medical staff members from being subject to professional review actions for  
28 substandard care or breach of standards established in hospital policy, rules, or  
29 medical staff bylaws.

197.158. Every hospital [and], ambulatory surgery center, **and abortion**  
2 **facility** shall, beginning June 1, 2006, provide each patient an opportunity to  
3 submit to the hospital [or], ambulatory surgical center, **or abortion facility**  
4 administration complaints, comments, and suggestions related to the care they  
5 received or their personal observations related to the quality of care  
6 provided. The department shall promulgate rules to implement this section.

197.160. The department of health and senior services shall have access  
2 to all data and information held by hospitals, ambulatory surgical centers,  
3 **abortion facilities**, and other facilities related to their infection control  
4 practices, rates, or treatments of infections. Failure to provide such access shall  
5 be grounds for full or partial licensure suspension or revocation pursuant to  
6 section 197.293, sections 197.010 to 197.100, or sections 197.200 to 197.240. If  
7 the department determines that the hospital, ambulatory surgical center,  
8 **abortion facility**, or other facility is willfully impeding access to such  
9 information, the department shall be authorized to direct all state agencies to  
10 suspend all or a portion of state payments to such [hospital] **entity** until such  
11 time as the desired information is obtained by the department.

197.162. The department shall in its licensure of hospitals [and],  
2 ambulatory surgical centers, **and abortion facilities** give special attention to  
3 infection control practices and shall direct hospitals [and], ambulatory surgical  
4 centers, **and abortion facilities** to set quantifiable measures of performance for

5 reducing the incidence of nosocomial infections in Missouri. The department  
6 shall prepare an annual report on infection control standards and compliance,  
7 which shall be shared with the governor and the general assembly.

197.165. 1. The department shall appoint an "Infection Control Advisory  
2 Panel" for the purposes of implementing sections 192.131 and 192.667.

3 2. Members of the infection control advisory panel shall include:

4 (1) Two public members;

5 (2) Three board-certified or board-eligible physicians licensed pursuant  
6 to chapter 334 who are affiliated with a Missouri hospital or medical school,  
7 active members of the Society for Health Care Epidemiology of America, and have  
8 demonstrated interest and expertise in health facility infection control;

9 (3) One physician licensed pursuant to chapter 334 who is active in the  
10 practice of medicine in Missouri and who holds medical staff privileges at a  
11 Missouri hospital;

12 (4) Four infection control practitioners certified by the certification board  
13 of infection control and epidemiology, at least two of whom shall be practicing in  
14 a rural hospital or setting and at least two of whom shall be registered  
15 professional nurses licensed under chapter 335;

16 (5) A medical statistician with an advanced degree in such specialty;

17 (6) A clinical microbiologist with an advanced degree in such specialty;

18 (7) Three employees of the department, representing the functions of  
19 hospital [and], ambulatory surgical center, **and abortion facility** licensure,  
20 epidemiology and health data analysis, who shall serve as ex officio nonvoting  
21 members of the panel.

22 3. Reasonable expenses of the panel shall be paid from private donations  
23 made specifically for that purpose to the "Infection Control Advisory Panel Fund",  
24 which is hereby created in the state treasury. If such donations are not received  
25 from private sources, then the provisions of this act shall be implemented without  
26 the advisory panel.

197.200. As used in sections 197.200 to 197.240, unless the context clearly  
2 indicates otherwise, the following terms mean:

3 (1) **"Abortion facility", as such term is defined in section 188.015;**

4 (2) "Ambulatory surgical center", any public or private establishment  
5 operated primarily for the purpose of performing surgical procedures or primarily  
6 for the purpose of performing childbirths, [or any establishment operated for the  
7 purpose of performing or inducing any second or third-trimester abortions or five

8 or more first-trimester abortions per month,] and which does not provide services  
9 or other accommodations for patients to stay more than twenty-three hours within  
10 the establishment, provided, however, that nothing in this definition shall be  
11 construed to include the offices of dentists currently licensed pursuant to chapter  
12 332;

13 [(2)] (3) "Dentist", any person currently licensed to practice dentistry  
14 pursuant to chapter 332;

15 [(3)] (4) "Department", the department of health and senior services;

16 [(4)] (5) "Governmental unit", any city, county or other political  
17 subdivision of this state, or any department, division, board or other agency of  
18 any political subdivision of this state;

19 [(5)] (6) "Person", any individual, firm, partnership, corporation,  
20 company, or association and the legal successors thereof;

21 [(6)] (7) "Physician", any person currently licensed to practice medicine  
22 pursuant to chapter 334;

23 [(7)] (8) "Podiatrist", any person currently licensed to practice podiatry  
24 pursuant to chapter 330.

197.205. 1. No person or governmental unit acting severally or jointly  
2 with any other person or governmental unit shall establish, conduct or maintain  
3 an ambulatory surgical center **or abortion facility** in this state without a  
4 license under sections 197.200 to 197.240 issued by the department of health and  
5 senior services.

6 2. Nothing in sections 197.200 to 197.240 shall be construed to impair or  
7 abridge the authority of a governmental unit to license ambulatory surgical  
8 centers **or abortion facilities**, provided that any ordinance of a governmental  
9 unit shall require compliance with all rules, regulations, and standards adopted  
10 by the department to implement the provisions of sections 197.200 to 197.240.

197.215. 1. Upon receipt of an application for a license, the department  
2 of health and senior services shall issue a license if the applicant and ambulatory  
3 surgical center facilities **or abortion facilities** meet the requirements  
4 established under sections 197.200 to 197.240, and have provided affirmative  
5 evidence that:

6 (1) Each member of the surgical staff is a physician, dentist or podiatrist  
7 currently licensed to practice in Missouri, **and each person authorized to**  
8 **perform or induce abortions is a physician currently licensed to**  
9 **practice in Missouri;**

10 (2) Surgical procedures **in ambulatory surgical centers** shall be  
11 performed only by physicians, dentists or podiatrists, who at the time are  
12 privileged to perform surgical procedures in at least one licensed hospital in the  
13 community in which the ambulatory surgical center is located, thus providing  
14 assurance to the public that patients treated in the center shall receive continuity  
15 of care should the services of a hospital be required; alternatively, applicant shall  
16 submit a copy of a current working agreement with at least one licensed hospital  
17 in the community in which the ambulatory surgical center is located,  
18 guaranteeing the transfer and admittance of patients for emergency treatment  
19 whenever necessary;

20 (3) Continuous physician services or registered professional nursing  
21 services are provided whenever a patient is in the facility;

22 (4) Adequate medical records for each patient are to be maintained.

23 2. Upon receipt of an application for a license, or the renewal thereof, the  
24 department shall issue or renew the license if the applicant and program meet  
25 the requirements established under sections 197.200 to 197.240. Each license  
26 shall be issued only for the persons and premises named in the application. A  
27 license, unless sooner suspended or revoked, shall be issued for a period of one  
28 year.

29 3. Each license shall be issued only for the premises and persons or  
30 governmental units named in the application, and shall not be transferable or  
31 assignable except with the written consent of the department. Licenses shall be  
32 posted in a conspicuous place on the licensed premises.

33 4. If, during the period in which an ambulatory surgical center license **or**  
34 **an abortion facility license** is in effect, the license holder or operator legally  
35 transfers operational responsibilities by any process to another person as defined  
36 in section 197.200, an application shall be made for the issuance of a new license  
37 to become effective on the transfer date.

197.220. The department of health and senior services may deny, suspend  
2 or revoke a license in any case in which the department finds that there has been  
3 a substantial failure to comply with the requirements of sections 197.200 to  
4 197.240, or in any case in which the director of the department makes a finding  
5 that:

6 (1) The applicant, or if the applicant is a firm, partnership or association,  
7 any of its members, or if a corporation, any of its officers or directors, or the  
8 person designated to manage or supervise the facility, has been finally

9 adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a  
10 criminal prosecution under the laws of any state or of the United States, for any  
11 offense reasonably related to the qualifications, functions, or duties of an  
12 ambulatory surgical center **or of an abortion facility**, or for any offense an  
13 essential element of which is fraud, dishonesty, or an act of violence, or for any  
14 offense involving moral turpitude, whether or not sentence is imposed;

15 (2) The licensure status or record of the applicant, or if the applicant is  
16 a firm, partnership or association, of any of its members, or if a corporation, of  
17 any of its officers or directors, or of the person designated to manage or supervise  
18 the facility, from any other state, federal district or land, territory or  
19 commonwealth of the United States, or of any foreign country where the applicant  
20 has done business in a similar capacity indicates that granting a license to the  
21 applicant would be detrimental to the interests of the public.

197.225. 1. The department of health and senior services may adopt such  
2 reasonable rules, regulations, and standards for the types of services provided as  
3 are necessary to carry out the provisions of sections 197.200 to 197.240, and to  
4 assure quality patient care and patient safety, which shall include, but not be  
5 limited to:

6 (1) Construction of the facility including, but not limited to, plumbing,  
7 heating, lighting, and ventilation which should insure the health, safety, comfort,  
8 and privacy of patients and protection from fire hazard;

9 (2) Number, qualifications, and organization of all personnel, having  
10 responsibility for any part of the care provided to the patients;

11 (3) Equipment essential to the health, welfare, and safety of the patients;

12 (4) Facilities, programs, and services to be provided in connection with the  
13 care of patients in ambulatory surgical centers; and

14 (5) Procedures for peer review and for receiving and investigating  
15 complaints regarding any ambulatory surgical center or any physician, dentist,  
16 podiatrist, nurse, assistant, manager, supervisor, or employee practicing or  
17 working in any such facility.

18 **2. The department of health and senior services may adopt**  
19 **separate rules, regulations, or standards to apply to ambulatory**  
20 **surgical centers and to apply to abortion facilities.**

21 **3. Abortion facilities shall be required to maintain a written**  
22 **protocol for managing medical emergencies and the transfer of patients**  
23 **requiring further emergency care to a hospital within a reasonable**

24 **distance from the abortion facility.**

197.230. 1. The department of health and senior services shall make, or  
2 cause to be made, such inspections and investigations as it deems necessary. The  
3 department may delegate its powers and duties to investigate and inspect  
4 ambulatory surgical centers **or abortion facilities** to an official of a political  
5 subdivision having a population of at least four hundred fifty thousand if such  
6 political subdivision is deemed qualified by the department to inspect and  
7 investigate ambulatory surgical centers. The official so designated shall submit  
8 a written report of his **or her** findings to the department and the department  
9 may accept the recommendations of such official if it determines that the facility  
10 inspected meets minimum standards established pursuant to sections 197.200 to  
11 197.240.

12 **2. In the case of any abortion facility, the department shall make**  
13 **or cause to be made an unannounced on-site inspection and**  
14 **investigation at least annually. Such on-site inspection and**  
15 **investigation shall include, but not be limited to, the following areas:**

16 **(1) Compliance with all statutory and regulatory requirements**  
17 **for an abortion facility, including requirements that the facility**  
18 **maintain adequate staffing and equipment to respond to medical**  
19 **emergencies;**

20 **(2) Compliance with the provisions of chapter 188; and**

21 **(3) Compliance with the requirement in section 197.215 that**  
22 **continuous physician services or registered professional nursing**  
23 **services be provided whenever a patient is in the facility.**

24 **3. Inspection, investigation, and quality assurance reports shall**  
25 **be made available to the public. Any portion of a report may be**  
26 **redacted when made publicly available if such portion would disclose**  
27 **information that is not subject to disclosure under the law.**

197.235. 1. Any person operating, conducting, managing, or establishing  
2 an ambulatory surgical center **or abortion facility** without a license required  
3 by sections 197.200 to 197.240 is guilty of a class A misdemeanor and, upon  
4 conviction, shall be subject to a fine of not more than five hundred dollars. Each  
5 day of continuing violation shall constitute a separate offense.

6 **2. The attorney general shall represent the department of health and**  
7 **senior services and shall institute an action in the name of the state for**  
8 **injunctive or other relief against any person or governmental unit to restrain or**

9 prevent the establishment, conduct, management, or operation of an ambulatory  
10 surgical center **or abortion facility** without a license issued pursuant to the  
11 provisions of sections 197.200 to 197.240.

12 3. Any person operating, conducting, managing, or establishing an  
13 ambulatory surgical center **or abortion facility** who, in the course of  
14 advertising, promoting, or otherwise publicizing the activities, business, location,  
15 or any other matter concerning the operations of said ambulatory surgical center  
16 **or abortion facility**, uses or employs in any manner the words "State, Missouri,  
17 State of Missouri, Department of Health and Senior Services, the initials 'Mo.',"  
18 or any emblem of the state of Missouri or the department of health and senior  
19 services, for the purpose of conveying or in any manner reasonably calculated to  
20 convey the false impression that the state of Missouri or any department, agency,  
21 bureau, or instrumentality thereof is involved in the business of said ambulatory  
22 surgical center **or abortion facility**, or took part in said advertisement,  
23 promotion, publicity, or other statement, shall be subject to a fine of one hundred  
24 dollars per day for each day during the period beginning with the day said  
25 advertisement, promotion, publication, or statement first appears and ending on  
26 the day on which it is withdrawn.

197.240. After September 28, 1975, no individual or group health  
2 insurance policy of insurance providing coverage on an expense incurred basis,  
3 nor individual or group service or indemnity type contract issued by a nonprofit  
4 corporation, nor any self-insured group health benefit plan or trust, of any kind  
5 or description, shall be issued or payment accepted therefor in renewal or  
6 continuation thereof unless coverage for any service performed in an ambulatory  
7 surgical center **or abortion facility** is provided for therein if such service would  
8 have been covered under the terms of the policy or contract as an eligible  
9 inpatient service, except as provided in section 376.805. Nothing in this section  
10 shall apply to a group contract, plan or trust which provides health care and  
11 surgical care directly to its members and their dependents. Nothing in this  
12 section shall be construed to mandate coverage under an individual or group  
13 health insurance policy of insurance providing coverage on an expense incurred  
14 basis, or an individual or group service or indemnity type contract issued by a  
15 nonprofit corporation, or any self-insured group health benefit plan or trust, of  
16 any kind or description, to provide health insurance for services which are  
17 usually performed in a physician's office.

197.285. 1. Hospitals [and], ambulatory surgical centers, **and abortion**

2 **facilities** shall establish and implement a written policy adopted by each  
3 hospital [and], ambulatory surgical center, **and abortion facility** relating to the  
4 protections for employees who disclose information pursuant to subsection 2 of  
5 this section. This policy shall include a time frame for completion of  
6 investigations related to complaints, not to exceed thirty days, and a method for  
7 notifying the complainant of the disposition of the investigation. This policy shall  
8 be submitted to the department of health and senior services to verify  
9 implementation. At a minimum, such policy shall include the following  
10 provisions:

11 (1) No supervisor or individual with authority to hire or fire in a hospital  
12 [or], ambulatory surgical center, **or abortion facility** shall prohibit employees  
13 from disclosing information pursuant to subsection 2 of this section;

14 (2) No supervisor or individual with authority to hire or fire in a hospital  
15 [or], ambulatory surgical center, **or abortion facility** shall use or threaten to  
16 use his or her supervisory authority to knowingly discriminate against, dismiss,  
17 penalize or in any way retaliate against or harass an employee because the  
18 employee in good faith reported or disclosed any information pursuant to  
19 subsection 2 of this section, or in any way attempt to dissuade, prevent or  
20 interfere with an employee who wishes to report or disclose such information;

21 (3) Establish a program to identify a compliance officer who is a  
22 designated person responsible for administering the reporting and investigation  
23 process and an alternate person should the primary designee be implicated in the  
24 report.

25 2. This section shall apply to information disclosed or reported in good  
26 faith by an employee concerning:

27 (1) Alleged facility mismanagement or fraudulent activity;

28 (2) Alleged violations of applicable federal or state laws or administrative  
29 rules concerning patient care, patient safety or facility safety; or

30 (3) The ability of employees to successfully perform their assigned duties.  
31 All information disclosed, collected and maintained pursuant to this subsection  
32 and pursuant to the written policy requirements of this section shall be accessible  
33 to the department of health and senior services at all times and shall be reviewed  
34 by the department of health and senior services at least annually. Complainants  
35 shall be notified of the department of health and senior services' access to such  
36 information and of the complainant's right to notify the department of health and  
37 senior services of any information concerning alleged violations of applicable

38 federal or state laws or administrative rules concerning patient care, patient  
39 safety or facility safety.

40 3. Prior to any disclosure to individuals or agencies other than the  
41 department of health and senior services, employees wishing to make a disclosure  
42 pursuant to the provisions of this section shall first report to the individual or  
43 individuals designated by the hospital [or], ambulatory surgical center, **or**  
44 **abortion facility** pursuant to subsection 1 of this section.

45 4. If the compliance officer, compliance committee or management official  
46 discovers credible evidence of misconduct from any source and, after a reasonable  
47 inquiry, has reason to believe that the misconduct may violate criminal, civil or  
48 administrative law, then the hospital [or], ambulatory surgical center, **or**  
49 **abortion facility** shall report the existence of misconduct to the appropriate  
50 governmental authority within a reasonable period, but not more than seven days  
51 after determining that there is credible evidence of a violation.

52 5. Reports made to the department of health and senior services shall be  
53 subject to the provisions of section 197.477, provided that the restrictions of  
54 section 197.477 shall not be construed to limit the employee's ability to subpoena  
55 from the original source the information reported to the department pursuant to  
56 this section.

57 6. Each written policy shall allow employees making a report who wish  
58 to remain anonymous to do so, and shall include safeguards to protect the  
59 confidentiality of the employee making the report, the confidentiality of patients  
60 and the integrity of data, information and medical records.

61 7. Each hospital [and], ambulatory surgical center, **and abortion**  
62 **facility** shall, within forty-eight hours of the receipt of a report, notify the  
63 employee that his or her report has been received and is being reviewed.

197.287. By July 1, 2001, all hospitals and ambulatory surgical centers,  
2 **and by July 1, 2018, all abortion facilities** shall provide training programs,  
3 with measurable minimal training outcomes relating to quality of patient care  
4 and patient safety, to all unlicensed staff providing patient care in their facility  
5 within ninety days of the beginning date of employment. Standards for such  
6 training shall be established by the department of health and senior services by  
7 rule. It shall be a requirement of hospital [and], ambulatory surgical center, **and**  
8 **abortion facility** licensure pursuant to this chapter that all hospitals [and],  
9 ambulatory surgical centers, **and abortion facilities** submit documentation to  
10 the department of health and senior services on the training program used.

197.289. 1. All hospitals [and], ambulatory surgical centers, **and**  
2 **abortion facilities** shall develop and implement a methodology which ensures  
3 adequate nurse staffing that will meet the needs of patients. At a minimum,  
4 there shall be on duty at all times a sufficient number of licensed registered  
5 nurses to provide patient care requiring the judgment and skills of a licensed  
6 registered nurse and to oversee the activities of all nursing personnel.

7 2. There shall be sufficient licensed and ancillary nursing personnel on  
8 duty on each nursing unit to meet the needs of each patient in accordance with  
9 accepted standards of quality patient care.

197.293. 1. In addition to the powers established in sections 197.070 and  
2 197.220, the department of health and senior services shall use the following  
3 standards for enforcing hospital [and], ambulatory surgical center, **and abortion**  
4 **facility** licensure regulations promulgated to enforce the provisions of sections  
5 197.010 to 197.120, sections 197.150 to 197.165, and sections 197.200 to 197.240:

6 (1) Upon notification of a deficiency in meeting regulatory standards, the  
7 hospital [or], ambulatory surgical center, **or abortion facility** shall develop and  
8 implement a plan of correction approved by the department which includes, but  
9 is not limited to, the specific type of corrective action to be taken and an  
10 estimated time to complete such action;

11 (2) If the plan as implemented does not correct the deficiency, the  
12 department may either:

13 (a) Direct the hospital [or], ambulatory surgical center, **or abortion**  
14 **facility** to develop and implement a plan of correction pursuant to subdivision  
15 (1) of this subsection; or

16 (b) Require the hospital [or], ambulatory surgical center, **or abortion**  
17 **facility** to implement a plan of correction developed by the department;

18 (3) If there is a continuing deficiency after implementation of the plan of  
19 correction pursuant to subdivision (2) of this subsection and the hospital [or],  
20 ambulatory surgical center, **or abortion facility** has had an opportunity to  
21 correct such deficiency, the department may restrict new inpatient admissions or  
22 outpatient entrants to the service or services affected by such deficiency;

23 (4) If there is a continuing deficiency after the department restricts new  
24 inpatient admissions or outpatient entrants to the service or services pursuant  
25 to subdivision (3) of this subsection and the hospital [or], ambulatory surgical  
26 center, **or abortion facility** has had an opportunity to correct such deficiency,  
27 the department may suspend operations in all or part of the service or services

28 affected by such deficiency;

29 (5) If there is a continuing deficiency after suspension of operations  
30 pursuant to subdivision (4) of this subsection, the department may deny, suspend  
31 or revoke the hospital's [or], ambulatory surgical center's, **or abortion facility's**  
32 license pursuant to section 197.070 or section 197.220.

33 2. Notwithstanding the provisions of subsection 1 of this section to the  
34 contrary, if a deficiency in meeting licensure standards presents an immediate  
35 and serious threat to the patients' health and safety, the department may, based  
36 on the scope and severity of the deficiency, restrict access to the service or  
37 services affected by the deficiency until the hospital [or], ambulatory surgical  
38 center, **or abortion facility** has developed and implemented an approved plan  
39 of correction. Decisions as to whether a deficiency constitutes an immediate and  
40 serious threat to the patients' health and safety shall be made in accordance with  
41 guidelines established pursuant to regulation of the department of health and  
42 senior services and such decisions shall be approved by the bureau of health  
43 facility licensing in the department of health and senior services, or its successor  
44 agency, or by a person authorized by the regulations to approve such decisions in  
45 the absence of the director.

197.295. 1. A hospital [or], ambulatory surgical center, **or abortion**  
2 **facility** aggrieved by a decision of the department pursuant to the provisions of  
3 paragraph (b) of subdivision (2) and subdivisions (3), (4) and (5) of subsection 1  
4 of section 197.293 may appeal such decision to the administrative hearing  
5 commission pursuant to section 197.071 or section 197.221, and seek judicial  
6 review pursuant to section 621.145. An appeal of an action to restrict new  
7 inpatient admissions or outpatient entrants, suspend operations or revoke a  
8 license shall be heard on an expedited basis by the administrative hearing  
9 commission. The hospital [or], ambulatory surgical center, **or abortion facility**  
10 may apply to the administrative hearing commission for an order to stay or  
11 suspend any such departmental action pending the commission's findings and  
12 ruling as authorized by section 621.035.

13 2. If both the department and the hospital [or], ambulatory surgical  
14 center, **or abortion facility** agree to do so, prior to an appeal to the  
15 administrative hearing commission pursuant to section 197.071 or section  
16 197.221, an official action of the department made pursuant to sections 197.010  
17 to 197.120 or sections 197.200 to 197.240 may be appealed to a departmental  
18 hearing officer. The department of health and senior services shall promulgate

19 rules specifying the qualifications of such a hearing officer, establish procedures  
20 to ensure impartial decisions and provide for comparable appeal remedies when  
21 a departmental hearing officer is unavailable.

**574.200. 1. A person commits the offense of interference with  
2 medical assistance if he or she, while serving in his or her capacity as  
3 an employee of an abortion facility:**

4 **(1) Knowingly orders or requests medical personnel to deviate  
5 from any applicable standard of care or ordinary practice while  
6 providing medical assistance to a patient for reasons unrelated to the  
7 patient's health or welfare; or**

8 **(2) Knowingly attempts to prevent medical personnel from  
9 providing medical assistance to a patient in accordance with all  
10 applicable standards of care or ordinary practice for reasons unrelated  
11 to the patient's health or welfare.**

12 **2. The offense of interference with medical assistance is a class  
13 A misdemeanor.**

14 **3. For purposes of this section, the term "medical personnel" shall  
15 include, but not be limited to, the following:**

16 **(1) Physicians and surgeons licensed under chapter 334;**

17 **(2) Nurses licensed under chapter 335;**

18 **(3) Emergency medical services personnel as defined in section  
19 190.600; or**

20 **(4) Any person operating under the supervision of such medical  
21 personnel.**

**595.027. 1. Upon request by the department for verification of injuries  
2 of victims, medical providers shall submit the information requested by the  
3 department within twenty working days of the request at no cost to the fund.**

4 **2. For purposes of this section, "medical providers" means physicians,  
5 dentists, clinical psychologists, optometrists, podiatrists, registered nurses,  
6 physician's assistants, chiropractors, physical therapists, hospitals, ambulatory  
7 surgical centers, **abortion facilities**, and nursing homes.**

8 **3. Failure to submit the information as required by this section shall be  
9 an infraction.**

**Section B. In accordance with the provisions of section 1.140, the  
2 provisions of section A are severable. If any provision of section A is found by a  
3 court of competent jurisdiction to be invalid, the remaining provisions shall**

4 remain valid and enforceable.

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