

FIRST REGULAR SESSION
[TRULY AGREED TO AND FINALLY PASSED]
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 106

102ND GENERAL ASSEMBLY
2023

0309H.09T

AN ACT

To repeal sections 37.725, 190.600, 190.603, 190.606, 190.612, 191.500, 191.505, 191.510, 191.515, 191.520, 191.525, 191.530, 191.535, 191.540, 191.545, 191.550, 191.600, 191.828, 191.831, 196.1050, 197.020, 208.030, 208.053, 208.146, 208.151, 208.662, 334.100, 334.506, 334.613, 335.203, 335.212, 335.215, 335.218, 335.221, 335.224, 335.227, 335.230, 335.233, 335.236, 335.239, 335.242, 335.245, 335.248, 335.251, 335.254, 335.257, 376.782, 441.740, 552.020, 552.030, 552.040, 552.050, 552.080, 630.045, 630.140, 630.175, 631.120, 631.135, 631.140, 631.150, 631.165, 632.005, 632.150, 632.155, 632.300, 632.305, 632.310, 632.315, 632.320, 632.325, 632.330, 632.335, 632.340, 632.345, 632.350, 632.355, 632.370, 632.375, 632.385, 632.390, 632.392, 632.395, 632.400, 632.410, 632.415, 632.420, 632.430, 632.440, 632.455, 633.125, 701.336, 701.340, 701.342, 701.344, and 701.348, RSMo, and to enact in lieu thereof eighty-seven new sections relating to public health, with an existing penalty provision and an emergency clause for certain sections.

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

Section A. Sections 37.725, 190.600, 190.603, 190.606,
2 190.612, 191.500, 191.505, 191.510, 191.515, 191.520, 191.525,
3 191.530, 191.535, 191.540, 191.545, 191.550, 191.600, 191.828,
4 191.831, 196.1050, 197.020, 208.030, 208.053, 208.146, 208.151,
5 208.662, 334.100, 334.506, 334.613, 335.203, 335.212, 335.215,
6 335.218, 335.221, 335.224, 335.227, 335.230, 335.233, 335.236,

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

7 335.239, 335.242, 335.245, 335.248, 335.251, 335.254, 335.257,
8 376.782, 441.740, 552.020, 552.030, 552.040, 552.050, 552.080,
9 630.045, 630.140, 630.175, 631.120, 631.135, 631.140, 631.150,
10 631.165, 632.005, 632.150, 632.155, 632.300, 632.305, 632.310,
11 632.315, 632.320, 632.325, 632.330, 632.335, 632.340, 632.345,
12 632.350, 632.355, 632.370, 632.375, 632.385, 632.390, 632.392,
13 632.395, 632.400, 632.410, 632.415, 632.420, 632.430, 632.440,
14 632.455, 633.125, 701.336, 701.340, 701.342, 701.344, and
15 701.348, RSMo, are repealed and eighty-seven new sections
16 enacted in lieu thereof, to be known as sections 9.388, 37.725,
17 37.980, 167.027, 190.600, 190.603, 190.606, 190.612, 190.613,
18 191.240, 191.430, 191.435, 191.440, 191.445, 191.450, 191.592,
19 191.600, 191.828, 191.831, 192.775, 196.1050, 197.020, 208.030,
20 208.035, 208.053, 208.066, 208.146, 208.151, 208.186, 208.239,
21 208.662, 209.700, 210.1360, 334.100, 334.506, 334.613, 335.203,
22 335.205, 376.782, 376.1183, 441.740, 552.020, 552.030, 552.040,
23 552.050, 552.080, 630.045, 630.140, 630.175, 631.120, 631.135,
24 631.140, 631.150, 631.165, 632.005, 632.150, 632.155, 632.305,
25 632.310, 632.315, 632.320, 632.325, 632.330, 632.335, 632.340,
26 632.345, 632.350, 632.355, 632.370, 632.375, 632.385, 632.390,
27 632.392, 632.395, 632.400, 632.410, 632.415, 632.420, 632.430,
28 632.440, 632.455, 633.125, 701.336, 701.340, 701.342, 701.344,
29 and 701.348, to read as follows:

**9.388. The month of March of each year is hereby
2 designated as "Rare Kidney Disease Awareness Month". The
3 citizens of this state are encouraged to participate in
4 appropriate awareness and educational activities for Rare
5 Kidney Disease, available screening and genetic testing
6 options, and efforts to improve treatment for patients.**

37.725. 1. Any files maintained by the advocate
2 program shall be disclosed only at the discretion of the

3 child advocate; except that the identity of any complainant
4 or recipient shall not be disclosed by the office unless:

5 (1) The complainant or recipient, or the complainant's
6 or recipient's legal representative, consents in writing to
7 such disclosure; [or]

8 (2) Such disclosure is required by court order; or

9 (3) **The child advocate determines that disclosure to**
10 **law enforcement is necessary to ensure immediate child**
11 **safety.**

12 2. Any statement or communication made by the office
13 relevant to a complaint received by, proceedings before, or
14 activities of the office and any complaint or information
15 made or provided in good faith by any person shall be
16 absolutely privileged and such person shall be immune from
17 suit.

18 3. Any representative of the office conducting or
19 participating in any examination of a complaint who
20 knowingly and willfully discloses to any person other than
21 the office, or those persons authorized by the office to
22 receive it, the name of any witness examined or any
23 information obtained or given during such examination is
24 guilty of a class A misdemeanor. However, the office
25 conducting or participating in any examination of a
26 complaint shall disclose the final result of the examination
27 with the consent of the recipient.

28 4. The office shall not be required to testify in any
29 court with respect to matters held to be confidential in
30 this section except as the court may deem necessary to
31 enforce the provisions of sections 37.700 to 37.730, or
32 where otherwise required by court order.

37.980. 1. The office of administration shall submit
2 **a report to the general assembly before December thirty-**

3 first of each year, beginning in 2023, describing the
4 progress made by the state with respect to the directives
5 issued as part of the "Missouri as a Model Employer"
6 initiative described in executive order 19-16.

7 2. The report shall include, but not be limited to,
8 the data described in the following subdivisions, which
9 shall be collected through voluntary self-disclosure. To
10 the extent possible, for each subdivision, the report shall
11 include general data for all relevant employees, in addition
12 to data comparing the employees of each agency within the
13 state workforce:

14 (1) The baseline number of employees in the state
15 workforce who disclosed disabilities when the initiative
16 began;

17 (2) The number of employees in the state workforce who
18 disclose disabilities at the time of the compiling of the
19 annual report and statistics providing the size and the
20 percentage of any increase or decrease in such numbers since
21 the initiative began and since the compilation of any
22 previous annual report;

23 (3) The baseline percentage of employees in the state
24 workforce who disclosed disabilities when the initiative
25 began;

26 (4) The percentage of employees in the state workforce
27 who disclose disabilities at the time of the compiling of
28 the annual report and statistics providing the size of any
29 increase or decrease in such percentage since the initiative
30 began and since the compilation of any previous annual
31 report;

32 (5) A description and analysis of any disparity that
33 may exist from the time the initiative began and the time of
34 the compiling of the annual reports, and of any disparity

35 that may exist from the time of the most recent previous
36 annual report, if any, and the time of the current annual
37 report, between the percentage of individuals in the state
38 of working age who disclose disabilities and the percentage
39 of individuals in the state workforce who disclose or have
40 disabilities; and

41 (6) A description and analysis of any pay differential
42 that may exist in the state workforce between individuals
43 who disclose disabilities and individuals who do not
44 disclose disabilities.

45 3. The report shall also include descriptions of
46 specific efforts made by state agencies to recruit, hire,
47 advance, and retain individuals with disabilities including,
48 but not limited to, individuals with the most significant
49 disabilities, as defined in 5 CSR 20-500.160. Such
50 descriptions shall include, but not be limited to, best,
51 promising, and emerging practices related to:

52 (1) Setting annual goals;

53 (2) Analyzing barriers to recruiting, hiring,
54 advancing, and retaining individuals with disabilities;

55 (3) Establishing and maintaining contacts with
56 entities and organizations that specialize in providing
57 education, training, or assistance to individuals with
58 disabilities in securing employment;

59 (4) Using internships, apprenticeships, and job
60 shadowing;

61 (5) Using supported employment, individual placement
62 with support services, customized employment, telework,
63 mentoring and management training, stay-at-work and return-
64 to-work programs, and exit interviews;

65 (6) Adopting, posting, and making available to all job
66 applicants and employees reasonable accommodation procedures
67 in written and accessible formats;

68 (7) Providing periodic disability awareness training
69 to employees to build and sustain a culture of inclusion in
70 the workplace, including rights to reasonable accommodation
71 in the workplace;

72 (8) Providing periodic training to human resources and
73 hiring managers in disability rights, hiring, and workplace
74 policies designed to promote a diverse and inclusive
75 workforce; and

76 (9) Making web-based hiring portals accessible to and
77 usable by applicants with disabilities.

167.027. 1. As used in this section, "student special
2 education record" means the following:

3 (1) An individualized education program, or IEP, as
4 such term is defined in 20 U.S.C. Section 1401, as amended;

5 (2) An individualized family service plan, or IFSP, as
6 such term is defined in 20 U.S.C. Section 1401, as amended;
7 and

8 (3) A 504 plan created under Section 504 of the
9 federal Rehabilitation Act of 1973, 29 U.S.C. Section 794,
10 as amended.

11 2. For the 2023-24 school year and all subsequent
12 school years, a student special education record shall be
13 deemed a permanent record and shall be maintained as a part
14 of a child's cumulative scholastic record.

15 3. Notwithstanding any other provision of law, rule,
16 regulation, or policy to the contrary, no school district or
17 public school shall destroy a child's most recent student
18 special education record.

190.600. 1. Sections 190.600 to 190.621 shall be
2 known and may be cited as the "Outside the Hospital Do-Not-
3 Resuscitate Act".

4 2. As used in sections 190.600 to 190.621, unless the
5 context clearly requires otherwise, the following terms
6 shall mean:

7 (1) "Attending physician":

8 (a) A physician licensed under chapter 334 selected by
9 or assigned to a patient who has primary responsibility for
10 treatment and care of the patient; or

11 (b) If more than one physician shares responsibility
12 for the treatment and care of a patient, one such physician
13 who has been designated the attending physician by the
14 patient or the patient's representative shall serve as the
15 attending physician;

16 (2) "Cardiopulmonary resuscitation" or "CPR",
17 emergency medical treatment administered to a patient in the
18 event of the patient's cardiac or respiratory arrest, and
19 shall include cardiac compression, endotracheal intubation
20 and other advanced airway management, artificial
21 ventilation, defibrillation, administration of cardiac
22 resuscitation medications, and related procedures;

23 (3) "Department", the department of health and senior
24 services;

25 (4) "Emergency medical services personnel", paid or
26 volunteer firefighters, law enforcement officers, first
27 responders, emergency medical technicians, or other
28 emergency service personnel acting within the ordinary
29 course and scope of their professions, but excluding
30 physicians;

31 (5) "Health care facility", any institution, building,
32 or agency or portion thereof, private or public, excluding

33 federal facilities and hospitals, whether organized for
34 profit or not, used, operated, or designed to provide health
35 services, medical treatment, or nursing, rehabilitative, or
36 preventive care to any person or persons. Health care
37 facility includes but is not limited to ambulatory surgical
38 facilities, health maintenance organizations, home health
39 agencies, hospices, infirmaries, renal dialysis centers,
40 long-term care facilities licensed under sections 198.003 to
41 198.186, medical assistance facilities, mental health
42 centers, outpatient facilities, public health centers,
43 rehabilitation facilities, and residential treatment
44 facilities;

45 (6) "Hospital", a place devoted primarily to the
46 maintenance and operation of facilities for the diagnosis,
47 treatment, or care for not less than twenty-four consecutive
48 hours in any week of three or more nonrelated individuals
49 suffering from illness, disease, injury, deformity, or other
50 abnormal physical conditions; or a place devoted primarily
51 to provide for not less than twenty-four consecutive hours
52 in any week medical or nursing care for three or more
53 nonrelated individuals. Hospital does not include any long-
54 term care facility licensed under sections 198.003 to
55 198.186;

56 (7) "Outside the hospital do-not-resuscitate
57 identification" or "outside the hospital DNR
58 identification", a standardized identification card,
59 bracelet, or necklace of a single color, form, and design as
60 described by rule of the department that signifies that the
61 patient's attending physician has issued an outside the
62 hospital do-not-resuscitate order for the patient and has
63 documented the grounds for the order in the patient's
64 medical file;

65 (8) "Outside the hospital do-not-resuscitate order" or
66 "outside the hospital DNR order", a written physician's
67 order signed by the patient and the attending physician, or
68 the patient's representative and the attending physician, in
69 a form promulgated by rule of the department which
70 authorizes emergency medical services personnel to withhold
71 or withdraw cardiopulmonary resuscitation from the patient
72 in the event of cardiac or respiratory arrest;

73 (9) "Outside the hospital do-not-resuscitate protocol"
74 or "outside the hospital DNR protocol", a standardized
75 method or procedure promulgated by rule of the department
76 for the withholding or withdrawal of cardiopulmonary
77 resuscitation by emergency medical services personnel from a
78 patient in the event of cardiac or respiratory arrest;

79 (10) "Patient", a person eighteen years of age or
80 older who is not incapacitated, as defined in section
81 475.010, and who is otherwise competent to give informed
82 consent to an outside the hospital do-not-resuscitate order
83 at the time such order is issued, and who, with his or her
84 attending physician, has executed an outside the hospital do-
85 not-resuscitate order under sections 190.600 to 190.621. A
86 person who has a patient's representative shall also be a
87 patient for the purposes of sections 190.600 to 190.621, if
88 the person or the person's patient's representative has
89 executed an outside the hospital do-not-resuscitate order
90 under sections 190.600 to 190.621. **A person under eighteen**
91 **years of age shall also be a patient for purposes of**
92 **sections 190.600 to 190.621 if the person has had a do-not-**
93 **resuscitate order issued on his or her behalf under the**
94 **provisions of section 191.250;**

95 (11) "Patient's representative":

96 (a) An attorney in fact designated in a durable power
97 of attorney for health care for a patient determined to be
98 incapacitated under sections 404.800 to 404.872; or

99 (b) A guardian or limited guardian appointed under
100 chapter 475 to have responsibility for an incapacitated
101 patient.

190.603. 1. A patient or patient's representative and
2 the patient's attending physician may execute an outside the
3 hospital do-not-resuscitate order. An outside the hospital
4 do-not-resuscitate order shall not be effective unless it is
5 executed by the patient or patient's representative and the
6 patient's attending physician, and it is in the form
7 promulgated by rule of the department.

8 **2. A patient under eighteen years of age is not**
9 **authorized to execute an outside the hospital do-not-**
10 **resuscitate order for himself or herself but may have a do-**
11 **not-resuscitate order issued on his or her behalf by one**
12 **parent or legal guardian or by a juvenile or family court**
13 **under the provisions of section 191.250. Such do-not-**
14 **resuscitate order shall also function as an outside the**
15 **hospital do-not-resuscitate order for the purposes of**
16 **sections 190.600 to 190.621 unless such do-not-resuscitate**
17 **order authorized under the provisions of section 191.250**
18 **states otherwise.**

19 3. If an outside the hospital do-not-resuscitate order
20 has been executed, it shall be maintained as the first page
21 of a patient's medical record in a health care facility
22 unless otherwise specified in the health care facility's
23 policies and procedures.

24 [3.] 4. An outside the hospital do-not-resuscitate
25 order shall be transferred with the patient when the patient
26 is transferred from one health care facility to another

27 health care facility. If the patient is transferred outside
28 of a hospital, the outside the hospital DNR form shall be
29 provided to any other facility, person, or agency
30 responsible for the medical care of the patient or to the
31 patient or patient's representative.

190.606. The following persons and entities shall not
2 be subject to civil, criminal, or administrative liability
3 and are not guilty of unprofessional conduct for the
4 following acts or omissions that follow discovery of an
5 outside the hospital do-not-resuscitate identification upon
6 a patient **or a do-not-resuscitate order functioning as an**
7 **outside the hospital do-not-resuscitate order for a patient**
8 **under eighteen years of age**, or upon being presented with an
9 outside the hospital do-not-resuscitate order [from
10 Missouri, another state, the District of Columbia, or a
11 territory of the United States]; provided that the acts or
12 omissions are done in good faith and in accordance with the
13 provisions of sections 190.600 to 190.621 and the provisions
14 of an outside the hospital do-not-resuscitate order executed
15 under sections 190.600 to 190.621:

16 (1) Physicians, persons under the direction or
17 authorization of a physician, emergency medical services
18 personnel, or health care facilities that cause or
19 participate in the withholding or withdrawal of
20 cardiopulmonary resuscitation from such patient; and

21 (2) Physicians, persons under the direction or
22 authorization of a physician, emergency medical services
23 personnel, or health care facilities that provide
24 cardiopulmonary resuscitation to such patient under an oral
25 or written request communicated to them by the patient or
26 the patient's representative.

190.612. 1. Emergency medical services personnel are authorized to comply with the outside the hospital do-not-resuscitate protocol when presented with an outside the hospital do-not-resuscitate identification or an outside the hospital do-not-resuscitate order. However, emergency medical services personnel shall not comply with an outside the hospital do-not-resuscitate order or the outside the hospital do-not-resuscitate protocol when the patient or patient's representative expresses to such personnel in any manner, before or after the onset of a cardiac or respiratory arrest, the desire to be resuscitated.

2. [Emergency medical services personnel are authorized to comply with the outside the hospital do-not-resuscitate protocol when presented with an outside the hospital do-not-resuscitate order from another state, the District of Columbia, or a territory of the United States if such order is on a standardized written form:

(1) Signed by the patient or the patient's representative and a physician who is licensed to practice in the other state, the District of Columbia, or the territory of the United States; and

(2) Such form has been previously reviewed and approved by the department of health and senior services to authorize emergency medical services personnel to withhold or withdraw cardiopulmonary resuscitation from the patient in the event of a cardiac or respiratory arrest.

Emergency medical services personnel shall not comply with an outside the hospital do-not-resuscitate order from another state, the District of Columbia, or a territory of the United States or the outside the hospital do-not-resuscitate protocol when the patient or patient's

32 representative expresses to such personnel in any manner,
33 before or after the onset of a cardiac or respiratory
34 arrest, the desire to be resuscitated.]

35 (1) Except as provided in subdivision (2) of this
36 subsection, emergency medical services personnel are
37 authorized to comply with the outside the hospital do-not-
38 resuscitate protocol when presented with a do-not-
39 resuscitate order functioning as an outside the hospital do-
40 not-resuscitate order for a patient under eighteen years of
41 age if such do-not-resuscitate order has been authorized by
42 one parent or legal guardian or by a juvenile or family
43 court under the provisions of section 191.250.

44 (2) Emergency medical services personnel shall not
45 comply with a do-not-resuscitate order or the outside the
46 hospital do-not-resuscitate protocol when the patient under
47 eighteen years of age, either parent of such patient, the
48 patient's legal guardian, or the juvenile or family court
49 expresses to such personnel in any manner, before or after
50 the onset of a cardiac or respiratory arrest, the desire for
51 the patient to be resuscitated.

52 3. If a physician or a health care facility other than
53 a hospital admits or receives a patient with an outside the
54 hospital do-not-resuscitate identification or an outside the
55 hospital do-not-resuscitate order, and the patient or
56 patient's representative has not expressed or does not
57 express to the physician or health care facility the desire
58 to be resuscitated, and the physician or health care
59 facility is unwilling or unable to comply with the outside
60 the hospital do-not-resuscitate order, the physician or
61 health care facility shall take all reasonable steps to
62 transfer the patient to another physician or health care

63 facility where the outside the hospital do-not-resuscitate
64 order will be complied with.

190.613. 1. A patient or patient's representative and
2 the patient's attending physician may execute an outside the
3 hospital do-not-resuscitate order through the presentation
4 of a properly executed outside the hospital do-not-
5 resuscitate order from another state, the District of
6 Columbia, or a territory of the United States, or a
7 Transportable Physician Orders for Patient Preferences
8 (TPOPP)/Physician Orders for Life-Sustaining Treatment
9 (POLST) form containing a specific do-not-resuscitate
10 section.

11 2. Any outside the hospital do-not-resuscitate form
12 identified from another state, the District of Columbia, or
13 a territory of the United States, or a TPOPP/POLST form
14 shall:

15 (1) Have been previously reviewed and approved by the
16 department as in compliance with the provisions of sections
17 190.600 to 190.621;

18 (2) Not be accepted for a patient under eighteen years
19 of age, except as allowed under section 191.250; and

20 (3) Not be effective during such time as the patient
21 is pregnant as set forth in section 190.609.

22 A patient or patient's representative may express to
23 emergency medical services personnel, at any time and by any
24 means, the intent to revoke the outside the hospital do-not-
25 resuscitate order.

26 3. The provisions of section 190.606 shall apply to
27 the good faith acts or omissions of emergency medical
28 services personnel under this section.

191.240. 1. For purposes of this section, the following terms mean:

(1) "Health care provider", the same meaning given to the term in section 191.900;

(2) "Patient examination", a prostate, anal, or pelvic examination.

2. A health care provider, or any student or trainee under the supervision of a health care provider, shall not knowingly perform a patient examination upon an anesthetized or unconscious patient in a health care facility unless:

(1) The patient or a person authorized to make health care decisions for the patient has given specific informed consent to the patient examination for nonmedical purposes;

(2) The examination is necessary for diagnostic or treatment purposes;

(3) The collection of evidence through a forensic examination, as defined in subsection 8 of section 595.220, for a suspected sexual assault on the anesthetized or unconscious patient is necessary because the evidence will be lost or because the patient is unable to give informed consent due to a medical condition; or

(4) Circumstances are present that imply consent, as described in section 431.063.

3. A health care provider shall notify a patient of any patient examination performed under subdivisions (2) to (4) of subsection 2 of this section if the patient is unable to give verbal or written consent.

4. A health care provider who violates the provisions of this section, or who supervises a student or trainee who violates the provisions of this section, shall be subject to discipline by any licensing board that licenses the health care provider.

191.430. 1. There is hereby established within the
2 department of health and senior services the "Health
3 Professional Loan Repayment Program" to provide forgivable
4 loans for the purpose of repaying existing loans related to
5 applicable educational expenses for health care, mental
6 health, and public health professionals. The department of
7 health and senior services shall be the administrative
8 agency for the implementation of the program established by
9 this section.

10 2. The department of health and senior services shall
11 prescribe the form and the time and method of filing
12 applications and supervise the processing, including
13 oversight and monitoring of the program, and shall
14 promulgate rules to implement the provisions of sections
15 191.430 to 191.450. Any rule or portion of a rule, as that
16 term is defined in section 536.010, that is created under
17 the authority delegated in this section shall become
18 effective only if it complies with and is subject to all of
19 the provisions of chapter 536 and, if applicable, section
20 536.028. This section and chapter 536 are nonseverable and
21 if any of the powers vested with the general assembly
22 pursuant to chapter 536 to review, to delay the effective
23 date, or to disapprove and annul a rule are subsequently
24 held unconstitutional, then the grant of rulemaking
25 authority and any rule proposed or adopted after August 28,
26 2023, shall be invalid and void.

27 3. The director of the department of health and senior
28 services shall have the discretion to determine the health
29 professionals and practitioners who will receive forgivable
30 health professional loans from the department to pay their
31 existing loans. The director shall make such determinations
32 each fiscal year based on evidence associated with the

33 greatest needs in the best interests of the public. The
34 health care, mental health, and public health professionals
35 or disciplines funded in any given year shall be contingent
36 upon consultation with the office of workforce development
37 in the department of higher education and workforce
38 development and the department of mental health, or their
39 successor agencies.

40 4. The department of health and senior services shall
41 enter into a contract with each selected applicant who
42 receives a health professional loan under this section.
43 Each selected applicant shall apply the loan award to his or
44 her educational debt. The contract shall detail the methods
45 of forgiveness associated with a service obligation and the
46 terms associated with the principal and interest accruing on
47 the loan at the time of the award. The contract shall
48 contain details concerning how forgiveness is earned,
49 including when partial forgiveness is earned through a
50 service obligation, and the terms and conditions associated
51 with repayment of the loans for any obligation not served.

52 5. All health professional loans shall be made from
53 funds appropriated by the general assembly to the health
54 professional loan incentive fund established in section
55 191.445.

191.435. The department of health and senior services
2 shall designate counties, communities, or sections of areas
3 in the state as areas of defined need for health care,
4 mental health, and public health services. If a county,
5 community, or section of an area has been designated or
6 determined as a professional shortage area, a shortage area,
7 or a health care, mental health, or public health
8 professional shortage area by the federal Department of
9 Health and Human Services or its successor agency, the

10 department of health and senior services shall designate it
11 as an area of defined need under this section. If the
12 director of the department of health and senior services
13 determines that a county, community, or section of an area
14 has an extraordinary need for health care professional
15 services without a corresponding supply of such
16 professionals, the department of health and senior services
17 may designate it as an area of defined need under this
18 section.

19 191.440. 1. The department of health and senior
20 services shall enter into a contract with each individual
21 qualifying for a forgivable loan under sections 191.430 to
22 191.450. The written contract between the department and
23 the individual shall contain, but not be limited to, the
following:

1 (1) An agreement that the state agrees to award a loan
2 and the individual agrees to serve for a period equal to two
3 years, or a longer period as the individual may agree to, in
4 an area of defined need as designated by the department,
5 with such service period to begin on the date identified on
6 the signed contract;

7 (2) A provision that any financial obligations arising
8 out of a contract entered into and any obligation of the
9 individual that is conditioned thereon is contingent upon
10 funds being appropriated for loans;

11 (3) The area of defined need where the person will
12 practice;

13 (4) A statement of the damages to which the state is
14 entitled for the individual's breach of the contract; and

15 (5) Such other statements of the rights and
16 liabilities of the department and of the individual not
17 inconsistent with sections 191.430 to 191.450.
18

24 2. The department of health and senior services may
25 stipulate specific practice sites, contingent upon
26 department-generated health care, mental health, and public
27 health professional need priorities, where applicants shall
28 agree to practice for the duration of their participation in
29 the program.

 191.445. There is hereby created in the state treasury
2 the "Health Professional Loan Incentive Fund", which shall
3 consist of any appropriations made by the general assembly,
4 all funds recovered from an individual under section
5 191.450, and all funds generated by loan repayments received
6 under sections 191.430 to 191.450. The state treasurer
7 shall be custodian of the fund. In accordance with sections
8 30.170 and 30.180, the state treasurer may approve
9 disbursements. The fund shall be a dedicated fund and, upon
10 appropriation, moneys in this fund shall be used solely by
11 the department of health and senior services to provide
12 loans under sections 191.430 to 191.450. Notwithstanding
13 the provisions of section 33.080 to the contrary, any moneys
14 remaining in the fund at the end of the biennium shall not
15 revert to the credit of the general revenue fund. The state
16 treasurer shall invest moneys in the fund in the same manner
17 as other funds are invested. Any interest and moneys earned
18 on such investments shall be credited to the fund.

 191.450. 1. An individual who enters into a written
2 contract with the department of health and senior services,
3 as described in section 191.440, and who fails to maintain
4 an acceptable employment status shall be liable to the state
5 for any amount awarded as a loan by the department directly
6 to the individual who entered into the contract that has not
7 yet been forgiven.

8 2. An individual fails to maintain an acceptable
9 employment status under this section when the contracted
10 individual involuntarily or voluntarily terminates
11 qualifying employment, is dismissed from such employment
12 before completion of the contractual service obligation
13 within the specific time frame outlined in the contract, or
14 fails to respond to requests made by the department.

15 3. If an individual breaches the written contract of
16 the individual by failing to begin or complete such
17 individual's service obligation, the state shall be entitled
18 to recover from the individual an amount equal to the sum of:

19 (1) The total amount of the loan awarded by the
20 department or, if the department had already awarded partial
21 forgiveness at the time of the breach, the amount of the
22 loan not yet forgiven;

23 (2) The interest on the amount that would be payable
24 if at the time the loan was awarded it was a loan bearing
25 interest at the maximum prevailing rate as determined by the
26 Treasurer of the United States;

27 (3) An amount equal to any damages incurred by the
28 department as a result of the breach; and

29 (4) Any legal fees or associated costs incurred by the
30 department or the state of Missouri in the collection of
31 damages.

191.592. 1. For purposes of this section, the
2 following terms mean:

3 (1) "Department", the department of health and senior
4 services;

5 (2) "Eligible entity", an entity that operates a
6 physician medical residency program in this state and that
7 is accredited by the Accreditation Council for Graduate
8 Medical Education;

9 (3) "General primary care and psychiatry", family
10 medicine, general internal medicine, general pediatrics,
11 internal medicine-pediatrics, general obstetrics and
12 gynecology, or general psychiatry;

13 (4) "Grant-funded residency position", a position that
14 is accredited by the Accreditation Council for Graduate
15 Medical Education, that is established as a result of
16 funding awarded to an eligible entity for the purpose of
17 establishing an additional medical resident position beyond
18 the currently existing medical resident positions, and that
19 is within the fields of general primary care and
20 psychiatry. Such position shall end when the medical
21 residency funding under this section is completed or when
22 the resident in the medical grant-funded residency position
23 is no longer employed by the eligible entity, whichever is
24 earlier;

25 (5) "Participating medical resident", an individual
26 who is a medical school graduate with a doctor of medicine
27 degree or doctor of osteopathic medicine degree, who is
28 participating in a postgraduate training program at an
29 eligible entity, and who is filling a grant-funded residency
30 position.

31 2. (1) Subject to appropriation, the department shall
32 establish a medical residency grant program to award grants
33 to eligible entities for the purpose of establishing and
34 funding new general primary care and psychiatry medical
35 residency positions in this state and continuing the funding
36 of such new residency positions for the duration of the
37 funded residency.

38 (2) (a) Funding shall be available for three years
39 for residency positions in family medicine, general internal
40 medicine, and general pediatrics.

41 (b) Funding shall be available for four years for
42 residency positions in general obstetrics and gynecology,
43 internal medicine-pediatrics, and general psychiatry.

44 3. (1) There is hereby created in the state treasury
45 the "Medical Residency Grant Program Fund". Moneys in the
46 fund shall be used to implement and fund grants to eligible
47 entities.

48 (2) The medical residency grant program fund shall
49 include funds appropriated by the general assembly,
50 reimbursements from awarded eligible entities who were not
51 able to fill the residency position or positions with an
52 individual medical resident or residents, and any gifts,
53 contributions, grants, or bequests received from federal,
54 private, or other sources.

55 (3) The state treasurer shall be custodian of the
56 fund. In accordance with sections 30.170 and 30.180, the
57 state treasurer may approve disbursements. The fund shall
58 be a dedicated fund and, upon appropriation, moneys in the
59 fund shall be used solely as provided in this section.

60 (4) Notwithstanding the provisions of section 33.080
61 to the contrary, any moneys remaining in the fund at the end
62 of the biennium shall not revert to the credit of the
63 general revenue fund.

64 (5) The state treasurer shall invest moneys in the
65 fund in the same manner as other funds are invested. Any
66 interest and moneys earned on such investments shall be
67 credited to the fund.

68 4. Subject to appropriation, the department shall
69 expend moneys in the medical residency grant program fund in
70 the following order:

71 (1) Necessary costs of the department to implement
72 this section;

73 (2) Funding of grant-funded residency positions of
74 individuals in the fourth year of their residency, as
75 applicable to residents in general obstetrics and
76 gynecology, internal medicine-pediatrics, and general
77 psychiatry;

78 (3) Funding of grant-funded residency positions of
79 individuals in the third year of their residency;

80 (4) Funding of grant-funded residency positions of
81 individuals in the second year of their residency;

82 (5) Funding of grant-funded residency positions of
83 individuals in the first year of their residency; and

84 (6) The establishment of new grant-funded residency
85 positions at awarded eligible entities.

86 5. The department shall establish criteria to evaluate
87 which eligible entities shall be awarded grants for new
88 grant-funded residency positions, criteria for determining
89 the amount and duration of grants, the contents of the grant
90 application, procedures and timelines by which eligible
91 entities may apply for grants, and all other rules needed to
92 implement the purposes of this section. Such criteria
93 shall include a preference for eligible entities located in
94 areas of highest need for general primary care and
95 psychiatric care physicians, as determined by the health
96 professional shortage area score.

97 6. Eligible entities that receive grants under this
98 section shall:

99 (1) Agree to supplement awarded funds under this
100 section, if necessary, to establish or maintain a grant-
101 funded residency position for the duration of the funded
102 resident's medical residency; and

103 (2) Agree to abide by other requirements imposed by
104 rule.

105 7. Annual funding per participating medical resident
106 shall be limited to:

107 (1) Direct graduate medical education costs including,
108 but not limited to:

109 (a) Salaries and benefits for residents, faculty, and
110 program staff;

111 (b) Malpractice insurance, licenses, and other
112 required fees; and

113 (c) Program administration and educational materials;
114 and

115 (2) Indirect costs of graduate medical education
116 necessary to meet the standards of the Accreditation Council
117 for Graduate Medical Education.

118 8. No new grant-funded residency positions under this
119 section shall be established after the tenth fiscal year in
120 which grants are awarded. However, any residency positions
121 funded under this section may continue to be funded until
122 the completion of the resident's medical residency.

123 9. The department shall submit an annual report to the
124 general assembly regarding the implementation of the program
125 developed under this section.

126 10. The department may promulgate all necessary rules
127 and regulations for the administration of this section. Any
128 rule or portion of a rule, as that term is defined in
129 section 536.010, that is created under the authority
130 delegated in this section shall become effective only if it
131 complies with and is subject to all of the provisions of
132 chapter 536 and, if applicable, section 536.028. This
133 section and chapter 536 are nonseverable and if any of the
134 powers vested with the general assembly pursuant to chapter
135 536 to review, to delay the effective date, or to disapprove
136 and annul a rule are subsequently held unconstitutional,

137 then the grant of rulemaking authority and any rule proposed
138 or adopted after the effective date of this section shall be
139 invalid and void.

140 11. The provisions of this section shall expire on
141 January 1, 2038.

191.600. 1. Sections 191.600 to 191.615 establish a
2 loan repayment program for graduates of approved medical
3 schools, schools of osteopathic medicine, schools of
4 dentistry and accredited chiropractic colleges who practice
5 in areas of defined need and shall be known as the "Health
6 Professional Student Loan Repayment Program". Sections
7 191.600 to 191.615 shall apply to graduates of accredited
8 chiropractic colleges when federal guidelines for
9 chiropractic shortage areas are developed.

10 2. The "Health Professional Student Loan and Loan
11 Repayment Program Fund" is hereby created in the state
12 treasury. All funds recovered from an individual pursuant
13 to section 191.614 and all funds generated by loan
14 repayments and penalties received pursuant to section
15 191.540 shall be credited to the fund. The moneys in the
16 fund shall be used by the department of health and senior
17 services to provide loan repayments pursuant to section
18 191.611 in accordance with sections 191.600 to 191.614 [and
19 to provide loans pursuant to sections 191.500 to 191.550].

191.828. 1. The following departments shall conduct
2 on-going evaluations of the effect of the initiatives
3 enacted by the following sections:

4 (1) The department of commerce and insurance shall
5 evaluate the effect of revising section 376.782 and sections
6 143.999, 208.178, 374.126, and 376.891 to 376.894;

7 (2) The department of health and senior services shall
8 evaluate the effect of revising sections 105.711 and

9 [sections 191.520 and] 191.600 and enacting section 191.411,
10 and sections 167.600 to 167.621, 191.231, 208.177, 431.064,
11 and 660.016. In collaboration with the state board of
12 registration for the healing arts, the state board of
13 nursing, and the state board of pharmacy, the department of
14 health and senior services shall also evaluate the effect of
15 revising section 195.070, section 334.100, and section
16 335.016, and of sections 334.104 and 334.112, and section
17 338.095 and 338.198;

18 (3) The department of social services shall evaluate
19 the effect of revising section 198.090, and sections
20 208.151, 208.152 and 208.215, and section 383.125, and of
21 sections 167.600 to 167.621, 208.177, 208.178, 208.179,
22 208.181, and 211.490;

23 (4) The office of administration shall evaluate the
24 effect of revising sections 105.711 and 105.721;

25 (5) The Missouri consolidated health care plan shall
26 evaluate the effect of section 103.178; and

27 (6) The department of mental health shall evaluate the
28 effect of section 191.831 as it relates to substance abuse
29 treatment and of section 191.835.

30 2. The department of revenue and office of
31 administration shall make biannual reports to the general
32 assembly and the governor concerning the income received
33 into the health initiatives fund and the level of funding
34 required to operate the programs and initiatives funded by
35 the health initiatives fund at an optimal level.

191.831. 1. There is hereby established in the state
2 treasury a "Health Initiatives Fund", to which shall be
3 deposited all revenues designated for the fund under
4 subsection 8 of section 149.015, and subsection 3 of section
5 149.160, and section 167.609, and all other funds donated to

6 the fund or otherwise deposited pursuant to law. The state
7 treasurer shall administer the fund. Money in the fund
8 shall be appropriated to provide funding for implementing
9 the new programs and initiatives established by sections
10 105.711 and 105.721. The moneys in the fund may further be
11 used to fund those programs established by sections
12 191.411[, 191.520] and 191.600, sections 208.151 and
13 208.152, and sections 103.178, 143.999, 167.600 to 167.621,
14 188.230, 191.211, 191.231, 191.825 to 191.839, 192.013,
15 208.177, 208.178, 208.179 and 208.181, 211.490, 285.240,
16 337.093, 374.126, 376.891 to 376.894, 431.064, 660.016,
17 660.017 and 660.018; in addition, not less than fifteen
18 percent of the proceeds deposited to the health initiative
19 fund pursuant to sections 149.015 and 149.160 shall be
20 appropriated annually to provide funding for the C-STAR
21 substance abuse rehabilitation program of the department of
22 mental health, or its successor program, and a C-STAR pilot
23 project developed by the director of the division of alcohol
24 and drug abuse and the director of the department of
25 corrections as an alternative to incarceration, as provided
26 in subsections 2, 3, and 4 of this section. Such pilot
27 project shall be known as the "Alt-care" program. In
28 addition, some of the proceeds deposited to the health
29 initiatives fund pursuant to sections 149.015 and 149.160
30 shall be appropriated annually to the division of alcohol
31 and drug abuse of the department of mental health to be used
32 for the administration and oversight of the substance abuse
33 traffic [offenders] **offender** program defined in section
34 302.010 [and section 577.001]. The provisions of section
35 33.080 to the contrary notwithstanding, money in the health
36 initiatives fund shall not be transferred at the close of
37 the biennium to the general revenue fund.

38 2. The director of the division of alcohol and drug
39 abuse and the director of the department of corrections
40 shall develop and administer a pilot project to provide a
41 comprehensive substance abuse treatment and rehabilitation
42 program as an alternative to incarceration, hereinafter
43 referred to as "Alt-care". Alt-care shall be funded using
44 money provided under subsection 1 of this section through
45 the Missouri Medicaid program, the C-STAR program of the
46 department of mental health, and the division of alcohol and
47 drug abuse's purchase-of-service system. Alt-care shall
48 offer a flexible combination of clinical services and living
49 arrangements individually adapted to each client and her
50 children. Alt-care shall consist of the following
51 components:

- 52 (1) Assessment and treatment planning;
- 53 (2) Community support to provide continuity,
54 monitoring of progress and access to services and resources;
- 55 (3) Counseling from individual to family therapy;
- 56 (4) Day treatment services which include accessibility
57 seven days per week, transportation to and from the Alt-care
58 program, weekly drug testing, leisure activities, weekly
59 events for families and companions, job and education
60 preparedness training, peer support and self-help and daily
61 living skills; and
- 62 (5) Living arrangement options which are permanent,
63 substance-free and conducive to treatment and recovery.

64 3. Any female who is pregnant or is the custodial
65 parent of a child or children under the age of twelve years,
66 and who has pleaded guilty to or found guilty of violating
67 the provisions of chapter 195, and whose controlled
68 substance abuse was a precipitating or contributing factor
69 in the commission of the offense, and who is placed on

70 probation may be required, as a condition of probation, to
71 participate in Alt-care, if space is available in the pilot
72 project area. Determinations of eligibility for the
73 program, placement, and continued participation shall be
74 made by the division of alcohol and drug abuse, in
75 consultation with the department of corrections.

76 4. The availability of space in Alt-care shall be
77 determined by the director of the division of alcohol and
78 drug abuse in conjunction with the director of the
79 department of corrections. If the sentencing court is
80 advised that there is no space available, the court shall
81 consider other authorized dispositions.

**192.775. A mammography facility certified by the
2 United States Food and Drug Administration (FDA) or by a
3 certification agency approved by the FDA shall not require
4 any person to obtain a referral from a primary care provider
5 or other physician in order to receive a screening mammogram
6 at the facility if providing the mammogram for the person is
7 consistent with the recommendations in the most current
8 breast cancer screening guidelines established by the
9 American College of Radiology.**

196.1050. 1. The proceeds of any monetary settlement
2 or portion of a global settlement between the attorney
3 general of the state and any drug manufacturers,
4 distributors, **pharmacies**, or combination thereof to resolve
5 an opioid-related cause of action against such drug
6 manufacturers, distributors, or combination thereof in a
7 state or federal court shall only be utilized to pay for
8 opioid addiction treatment and prevention services and
9 health care and law enforcement costs related to opioid
10 addiction treatment and prevention. Under no circumstances
11 shall such settlement moneys be utilized to fund other

12 services, programs, or expenses not reasonably related to
13 opioid addiction treatment and prevention.

14 2. (1) There is hereby established in the state
15 treasury the "Opioid Addiction Treatment and Recovery Fund",
16 which shall consist of the proceeds of any settlement
17 described in subsection 1 of this section, as well as any
18 funds appropriated by the general assembly, or gifts,
19 grants, donations, or bequests. The state treasurer shall
20 be custodian of the fund. In accordance with sections
21 30.170 and 30.180, the state treasurer may approve
22 disbursements. The fund shall be a dedicated fund and money
23 in the fund shall be used by the department of mental
24 health, the department of health and senior services, the
25 department of social services, the department of public
26 safety, the department of corrections, and the judiciary for
27 the purposes set forth in subsection 1 of this section.

28 (2) Notwithstanding the provisions of section 33.080
29 to the contrary, any moneys remaining in the fund at the end
30 of the biennium shall not revert to the credit of the
31 general revenue fund.

32 (3) The state treasurer shall invest moneys in the
33 fund in the same manner as other funds are invested. Any
34 interest and moneys earned on such investments shall be
35 credited to the fund.

197.020. 1. "Governmental unit" means any county,
2 municipality or other political subdivision or any
3 department, division, board or other agency of any of the
4 foregoing.

5 2. "Hospital" means a place devoted primarily to the
6 maintenance and operation of facilities for the diagnosis,
7 treatment or care for not less than twenty-four consecutive
8 hours in any week of three or more nonrelated individuals

9 suffering from illness, disease, injury, deformity or other
10 abnormal physical conditions; or a place devoted primarily
11 to provide for not less than twenty-four consecutive hours
12 in any week medical or nursing care for three or more
13 nonrelated individuals. **The term "hospital" shall include a**
14 **facility designated as a rural emergency hospital by the**
15 **Centers for Medicare and Medicaid Services.** The term
16 "hospital" does not include convalescent, nursing, shelter
17 or boarding homes as defined in chapter 198.

18 3. "Person" means any individual, firm, partnership,
19 corporation, company or association and the legal successors
20 thereof.

208.030. 1. The family support division shall make
2 monthly payments to each person who was a recipient of old
3 age assistance, aid to the permanently and totally disabled,
4 and aid to the blind and who:

5 (1) Received such assistance payments from the state
6 of Missouri for the month of December, 1973, to which they
7 were legally entitled; and

8 (2) Is a resident of Missouri.

9 2. The amount of supplemental payment made to persons
10 who meet the eligibility requirements for and receive
11 federal supplemental security income payments shall be in an
12 amount, as established by rule and regulation of the family
13 support division, sufficient to, when added to all other
14 income, equal the amount of cash income received in
15 December, 1973; except, in establishing the amount of the
16 supplemental payments, there shall be disregarded cost-of-
17 living increases provided for in Titles II and XVI of the
18 federal Social Security Act and any benefits or income
19 required to be disregarded by an act of Congress of the
20 United States or any regulation duly promulgated

21 thereunder. As long as the recipient continues to receive a
22 supplemental security income payment, the supplemental
23 payment shall not be reduced. The minimum supplemental
24 payment for those persons who continue to meet the December,
25 1973, eligibility standards for aid to the blind shall be in
26 an amount which, when added to the federal supplemental
27 security income payment, equals the amount of the blind
28 pension grant as provided for in chapter 209.

29 3. The amount of supplemental payment made to persons
30 who do not meet the eligibility requirements for federal
31 supplemental security income benefits, but who do meet the
32 December, 1973, eligibility standards for old age
33 assistance, permanent and total disability and aid to the
34 blind or less restrictive requirements as established by
35 rule or regulation of the family support division, shall be
36 in an amount established by rule and regulation of the
37 family support division sufficient to, when added to all
38 other income, equal the amount of cash income received in
39 December, 1973; except, in establishing the amount of the
40 supplemental payment, there shall be disregarded cost-of-
41 living increases provided for in Titles II and XVI of the
42 federal Social Security Act and any other benefits or income
43 required to be disregarded by an act of Congress of the
44 United States or any regulation duly promulgated
45 thereunder. The minimum supplemental payments for those
46 persons who continue to meet the December, 1973, eligibility
47 standards for aid to the blind shall be a blind pension
48 payment as prescribed in chapter 209.

49 4. The family support division shall make monthly
50 payments to persons meeting the eligibility standards for
51 the aid to the blind program in effect December 31, 1973,
52 who are bona fide residents of the state of Missouri. The

53 payment shall be in the amount prescribed in subsection 1 of
54 section 209.040, less any federal supplemental security
55 income payment.

56 5. The family support division shall make monthly
57 payments to persons age twenty-one or over who meet the
58 eligibility requirements in effect on December 31, 1973, or
59 less restrictive requirements as established by rule or
60 regulation of the family support division, who were
61 receiving old age assistance, permanent and total disability
62 assistance, general relief assistance, or aid to the blind
63 assistance lawfully, who are not eligible for nursing home
64 care under the Title XIX program, and who reside in a
65 licensed residential care facility, a licensed assisted
66 living facility, a licensed intermediate care facility or a
67 licensed skilled nursing facility in Missouri and whose
68 total cash income is not sufficient to pay the amount
69 charged by the facility; and to all applicants age twenty-
70 one or over who are not eligible for nursing home care under
71 the Title XIX program who are residing in a licensed
72 residential care facility, a licensed assisted living
73 facility, a licensed intermediate care facility or a
74 licensed skilled nursing facility in Missouri, who make
75 application after December 31, 1973, provided they meet the
76 eligibility standards for old age assistance, permanent and
77 total disability assistance, general relief assistance, or
78 aid to the blind assistance in effect on December 31, 1973,
79 or less restrictive requirements as established by rule or
80 regulation of the family support division, who are bona fide
81 residents of the state of Missouri, and whose total cash
82 income is not sufficient to pay the amount charged by the
83 facility. [Until July 1, 1983, the amount of the total
84 state payment for home care in licensed residential care

85 facilities shall not exceed one hundred twenty dollars
86 monthly, for care in licensed intermediate care facilities
87 or licensed skilled nursing facilities shall not exceed
88 three hundred dollars monthly, and for care in licensed
89 assisted living facilities shall not exceed two hundred
90 twenty-five dollars monthly. Beginning July 1, 1983, for
91 fiscal year 1983-1984 and each year thereafter,] The amount
92 of the total state payment for home care in licensed
93 residential care facilities **and for care in licensed**
94 **assisted living facilities** shall [not exceed one hundred
95 fifty-six dollars monthly,] **be subject to appropriation.**
96 **The amount of total state payment** for care in licensed
97 intermediate care facilities or licensed skilled nursing
98 facilities shall not exceed three hundred ninety dollars
99 monthly[, and for care in licensed assisted living
100 facilities shall not exceed two hundred ninety-two dollars
101 and fifty cents monthly]. No intermediate care or skilled
102 nursing payment shall be made to a person residing in a
103 licensed intermediate care facility or in a licensed skilled
104 nursing facility unless such person has been determined, by
105 his or her own physician or doctor, to medically need such
106 services subject to review and approval by the department.
107 Residential care payments may be made to persons residing in
108 licensed intermediate care facilities or licensed skilled
109 nursing facilities. Any person eligible to receive a
110 monthly payment pursuant to this subsection shall receive an
111 additional monthly payment equal to the Medicaid vendor
112 nursing facility personal needs allowance. The exact amount
113 of the additional payment shall be determined by rule of the
114 department. This additional payment shall not be used to
115 pay for any supplies or services, or for any other items
116 that would have been paid for by the family support division

117 if that person would have been receiving medical assistance
118 benefits under Title XIX of the federal Social Security Act
119 for nursing home services pursuant to the provisions of
120 section 208.159. Notwithstanding the previous part of this
121 subsection, the person eligible shall not receive this
122 additional payment if such eligible person is receiving
123 funds for personal expenses from some other state or federal
124 program.

208.035. 1. Subject to appropriations and any
2 necessary waivers or approvals, the department of social
3 services shall develop and implement a transitional benefits
4 program for temporary assistance for needy families (TANF)
5 and the supplemental nutrition assistance program (SNAP)
6 that is designed in such a way that a TANF or SNAP
7 beneficiary will not experience an immediate loss of
8 benefits should the beneficiary's income exceed the maximum
9 allowable income for such program. The transitional
10 benefits offered shall provide for a transition to self-
11 sufficiency while incentivizing work and financial stability.

12 2. The transitional benefits offered shall gradually
13 step down the beneficiary's monthly benefit proportionate to
14 the increase in the beneficiary's income. The determination
15 for a beneficiary's transitional benefit shall be as follows:

16 (1) One hundred percent of the monthly benefit for
17 beneficiaries with monthly household incomes less than or
18 equal to one hundred thirty-eight percent of the federal
19 poverty level;

20 (2) Eighty percent of the monthly benefit for
21 beneficiaries with monthly household incomes greater than
22 one hundred thirty-eight percent but less than or equal to
23 one hundred fifty percent of the federal poverty level;

24 (3) Sixty percent of the monthly benefit for
25 beneficiaries with monthly household incomes greater than
26 one hundred fifty percent but less than or equal to one
27 hundred seventy percent of the federal poverty level;

28 (4) Forty percent of the monthly benefit for
29 beneficiaries with monthly household incomes greater than
30 one hundred seventy percent but less than or equal to one
31 hundred ninety percent of the federal poverty level; and

32 (5) Twenty percent of the monthly benefit for
33 beneficiaries with monthly household incomes greater than
34 one hundred ninety percent but less than or equal to two
35 hundred percent of the federal poverty level.

36 Notwithstanding any provision of this section to the
37 contrary, any beneficiary where monthly household income
38 exceeds five thousand eight hundred twenty-two dollars, as
39 adjusted for inflation, shall not be eligible for any
40 transitional benefit under this section.

41 3. Beneficiaries receiving transitional benefits under
42 this section shall comply with all requirements of each
43 program for which they are eligible, including work
44 requirements. Transitional benefits received under this
45 section shall not be included in the lifetime limit for
46 receipt of TANF benefits under section 208.040.

47 4. The department may promulgate any rules or
48 regulations necessary for the implementation of this
49 section. Any rule or portion of a rule, as that term is
50 defined in section 536.010, that is created under the
51 authority delegated in this section shall become effective
52 only if it complies with and is subject to all of the
53 provisions of chapter 536 and, if applicable, section
54 536.028. This section and chapter 536 are nonseverable and

55 if any of the powers vested with the general assembly
56 pursuant to chapter 536 to review, to delay the effective
57 date, or to disapprove and annul a rule are subsequently
58 held unconstitutional, then the grant of rulemaking
59 authority and any rule proposed or adopted after August 28,
60 2023, shall be invalid and void.

208.053. 1. [The provisions of this section shall be
2 known as the "Low-Wage Trap Elimination Act".] In order to
3 more effectively transition persons receiving state-funded
4 child care subsidy benefits under this chapter, the
5 department of elementary and secondary education[, in
6 conjunction with the department of revenue,] shall, subject
7 to appropriations, by July 1, [2022] 2024, implement a
8 [pilot] program [in a county with a charter form of
9 government and with more than six hundred thousand but fewer
10 than seven hundred thousand inhabitants, a county of the
11 first classification with more than two hundred sixty
12 thousand but fewer than three hundred thousand inhabitants,
13 and a county of the first classification with more than two
14 hundred thousand but fewer than two hundred sixty thousand
15 inhabitants, to be called the "Hand-Up Program",] to allow
16 [applicants in the program] recipients to receive
17 transitional child care benefits without the requirement
18 that such [applicants] recipients first be eligible for full
19 child care benefits.

20 (1) For purposes of this section, "full child care
21 benefits" shall be the full benefits awarded to a recipient
22 based on the income eligibility amount established by the
23 department through the annual appropriations process as of
24 August 28, [2021] 2023, to qualify for the benefits and
25 shall not include the transitional child care benefits that
26 are awarded to recipients whose income surpasses the

27 eligibility level for full benefits to continue. The [hand-
28 up] program shall be voluntary and shall be designed such
29 that [an applicant] a recipient may begin receiving the
30 transitional child care benefit without having first
31 qualified for the full child care benefit or any other tier
32 of the transitional child care benefit. [Under no
33 circumstances shall any applicant be eligible for the hand-
34 up program if the applicant's income does not fall within
35 the transitional child care benefit income limits
36 established through the annual appropriations process.]

37 (2) **Transitional child care benefits shall be**
38 **determined on a sliding scale as follows for recipients with**
39 **household incomes in excess of the eligibility level for**
40 **full benefits:**

41 (a) **Eighty percent of the state base rate for**
42 **recipients with household incomes greater than the**
43 **eligibility level for full benefits but less than or equal**
44 **to one hundred fifty percent of the federal poverty level;**

45 (b) **Sixty percent of the state base rate for**
46 **recipients with household incomes greater than one hundred**
47 **fifty percent but less than or equal to one hundred seventy**
48 **percent of the federal poverty level;**

49 (c) **Forty percent of the state base rate for**
50 **recipients with household incomes greater than one hundred**
51 **seventy percent but less than or equal to one hundred ninety**
52 **percent of the federal poverty level; and**

53 (d) **Twenty percent of the state base rate for**
54 **recipients with household incomes greater than one hundred**
55 **ninety percent but less than or equal to two hundred percent**
56 **of the federal poverty level, but not greater than eighty-**
57 **five percent of the state median income.**

58 (3) As used in this section, "state base rate" shall
59 refer to the rate established by the department for provider
60 payments that accounts for geographic area, type of
61 facility, duration of care, and age of the child, as well as
62 any enhancements reflecting after-hours or weekend care,
63 accreditation, or licensure status, as determined by the
64 department. Recipients shall be responsible for paying the
65 remaining sliding fee to the child care provider.

66 (4) A participating recipient shall be allowed to opt
67 out of the program at any time, but such person shall not be
68 allowed to participate in the program a second time.

69 2. The department shall track the number of
70 participants in the [hand-up] program and shall issue an
71 annual report to the general assembly by September 1, [2023]
72 2025, and annually on September first thereafter, detailing
73 the effectiveness of the [pilot] program in encouraging
74 recipients to secure employment earning an income greater
75 than the maximum wage eligible for the full child care
76 benefit. The report shall also detail the costs of
77 administration and the increased amount of state income tax
78 paid as a result of the program[, as well as an analysis of
79 whether the pilot program could be expanded to include other
80 types of benefits, including, but not limited to, food
81 stamps, temporary assistance for needy families, low-income
82 heating assistance, women, infants and children supplemental
83 nutrition program, the state children's health insurance
84 program, and MO HealthNet benefits].

85 3. The department shall pursue all necessary waivers
86 from the federal government to implement the [hand-up]
87 program. If the department is unable to obtain such
88 waivers, the department shall implement the program to the
89 degree possible without such waivers.

90 4. Any rule or portion of a rule, as that term is
91 defined in section 536.010, that is created under the
92 authority delegated under this section shall become
93 effective only if it complies with and is subject to all of
94 the provisions of chapter 536 and, if applicable, section
95 536.028. This section and chapter 536 are nonseverable and
96 if any of the powers vested with the general assembly
97 pursuant to chapter 536 to review, to delay the effective
98 date, or to disapprove and annul a rule are subsequently
99 held unconstitutional, then the grant of rulemaking
100 authority and any rule proposed or adopted after August 28,
101 2012, shall be invalid and void.

102 [5. Pursuant to section 23.253 of the Missouri sunset
103 act:

104 (1) The provisions of the new program authorized under
105 this section shall sunset automatically three years after
106 August 28, 2021, unless reauthorized by an act of the
107 general assembly; and

108 (2) If such program is reauthorized, the program
109 authorized under this section shall sunset automatically
110 three years after the effective date of the reauthorization
111 of this section; and

112 (3) This section shall terminate on September first of
113 the calendar year immediately following the calendar year in
114 which the program authorized under this section is sunset.]

208.066. 1. Upon approval by the Centers for Medicare
2 and Medicaid Services, the Food and Nutrition Services
3 within the United States Department of Agriculture, or any
4 other relevant federal agency, the department of social
5 services shall limit any initial application for the
6 Supplemental Nutrition Assistance Program (SNAP), the
7 Temporary Assistance for Needy Families program (TANF), the

8 child care assistance program, or MO HealthNet to a one-page
9 form that is easily accessible on the department of social
10 services' website.

11 2. Persons who are participants in a program listed in
12 subsection 1 of this section who are required to complete a
13 periodic eligibility review form may submit such form as an
14 attachment to their Missouri state individual income tax
15 return if the person's eligibility review form is due before
16 or at the same time that he or she files such state tax
17 return. The department of social services shall limit
18 periodic eligibility review forms associated with the
19 programs listed in subsection 1 of this section to a one-
20 page form that is easily accessible on both the department
21 of social services' website and the department of revenue's
22 website.

23 3. Notwithstanding the provisions of section 32.057 to
24 the contrary, the department of revenue shall share any
25 eligibility form submitted under this section with the
26 department of social services.

27 4. The department of revenue may promulgate all
28 necessary rules and regulations for the administration of
29 this section. Any rule or portion of a rule, as that term
30 is defined in section 536.010, that is created under the
31 authority delegated in this section shall become effective
32 only if it complies with and is subject to all of the
33 provisions of chapter 536 and, if applicable, section
34 536.028. This section and chapter 536 are nonseverable, and
35 if any of the powers vested with the general assembly
36 pursuant to chapter 536 to review, to delay the effective
37 date, or to disapprove and annul a rule are subsequently
38 held unconstitutional, then the grant of rulemaking

39 **authority and any rule proposed or adopted after August 28,**
40 **2023, shall be invalid and void.**

208.146. 1. The program established under this
2 section shall be known as the "Ticket to Work Health
3 Assurance Program". Subject to appropriations and in
4 accordance with the federal Ticket to Work and Work
5 Incentives Improvement Act of 1999 (TWWIIA), Public Law 106-
6 170, the medical assistance provided for in section 208.151
7 may be paid for a person who is employed and who:

8 (1) Except for earnings, meets the definition of
9 disabled under the Supplemental Security Income Program or
10 meets the definition of an employed individual with a
11 medically improved disability under TWWIIA;

12 (2) Has earned income, as defined in subsection 2 of
13 this section;

14 (3) Meets the asset limits in subsection 3 of this
15 section; **and**

16 (4) Has [net] income, as [defined] **determined** in
17 subsection 3 of this section, that does not exceed [the
18 limit for permanent and totally disabled individuals to
19 receive nonspenddown MO HealthNet under subdivision (24) of
20 subsection 1 of section 208.151; and

21 (5) Has a gross income of] two hundred fifty percent
22 [or less] of the federal poverty level, excluding any earned
23 income of the worker with a disability between two hundred
24 fifty and three hundred percent of the federal poverty
25 level. [For purposes of this subdivision, "gross income"
26 includes all income of the person and the person's spouse
27 that would be considered in determining MO HealthNet
28 eligibility for permanent and totally disabled individuals
29 under subdivision (24) of subsection 1 of section 208.151.
30 Individuals with gross incomes in excess of one hundred

31 percent of the federal poverty level shall pay a premium for
32 participation in accordance with subsection 4 of this
33 section.]

34 2. For income to be considered earned income for
35 purposes of this section, the department of social services
36 shall document that Medicare and Social Security taxes are
37 withheld from such income. Self-employed persons shall
38 provide proof of payment of Medicare and Social Security
39 taxes for income to be considered earned.

40 3. (1) For purposes of determining eligibility under
41 this section, the available asset limit and the definition
42 of available assets shall be the same as those used to
43 determine MO HealthNet eligibility for permanent and totally
44 disabled individuals under subdivision (24) of subsection 1
45 of section 208.151 except for:

46 (a) Medical savings accounts limited to deposits of
47 earned income and earnings on such income while a
48 participant in the program created under this section with a
49 value not to exceed five thousand dollars per year; [and]

50 (b) Independent living accounts limited to deposits of
51 earned income and earnings on such income while a
52 participant in the program created under this section with a
53 value not to exceed five thousand dollars per year. For
54 purposes of this section, an "independent living account"
55 means an account established and maintained to provide
56 savings for transportation, housing, home modification, and
57 personal care services and assistive devices associated with
58 such person's disability; and

59 (c) Retirement accounts including, but not limited to,
60 individual accounts, 401(k) plans, 403(b) plans, Keogh
61 plans, and pension plans, provided that income from such

62 **accounts be calculated as income under subdivision (4) of**
63 **subsection 1 of this section.**

64 (2) To determine **[net]** income, the following shall be
65 disregarded:

- 66 (a) **[All earned income of the disabled worker;**
67 **(b)]** The first **[sixty-five dollars and one-half] fifty**
68 **thousand dollars** of **[the remaining]** earned income of **[a**
69 **nondisabled spouse's earned income] the person's spouse;**
70 **[(c)] (b)** A twenty dollar standard deduction;
71 **[(d)] (c)** Health insurance premiums;
72 **[(e)] (d)** A seventy-five dollar a month standard
73 deduction for the disabled worker's dental and optical
74 insurance when the total dental and optical insurance
75 premiums are less than seventy-five dollars;
76 **[(f)] (e)** All Supplemental Security Income payments,
77 and the first fifty dollars of SSDI payments; **and**
78 **[(g)] (f)** A standard deduction for impairment-related
79 employment expenses equal to one-half of the disabled
80 worker's earned income.

81 4. Any person whose **[gross]** income exceeds one hundred
82 percent of the federal poverty level shall pay a premium for
83 participation in the medical assistance provided in this
84 section. Such premium shall be:

85 (1) For a person whose **[gross]** income is more than one
86 hundred percent but less than one hundred fifty percent of
87 the federal poverty level, four percent of income at one
88 hundred percent of the federal poverty level;

89 (2) For a person whose **[gross]** income equals or
90 exceeds one hundred fifty percent but is less than two
91 hundred percent of the federal poverty level, four percent
92 of income at one hundred fifty percent of the federal
93 poverty level;

94 (3) For a person whose [gross] income equals or
95 exceeds two hundred percent but less than two hundred fifty
96 percent of the federal poverty level, five percent of income
97 at two hundred percent of the federal poverty level;

98 (4) For a person whose [gross] income equals or
99 exceeds two hundred fifty percent up to and including three
100 hundred percent of the federal poverty level, six percent of
101 income at two hundred fifty percent of the federal poverty
102 level.

103 5. Recipients of services through this program shall
104 report any change in income or household size within ten
105 days of the occurrence of such change. An increase in
106 premiums resulting from a reported change in income or
107 household size shall be effective with the next premium
108 invoice that is mailed to a person after due process
109 requirements have been met. A decrease in premiums shall be
110 effective the first day of the month immediately following
111 the month in which the change is reported.

112 6. If an eligible person's employer offers employer-
113 sponsored health insurance and the department of social
114 services determines that it is more cost effective, such
115 person shall participate in the employer-sponsored
116 insurance. The department shall pay such person's portion
117 of the premiums, co-payments, and any other costs associated
118 with participation in the employer-sponsored health
119 insurance. **If the department elects to pay such person's**
120 **employer-sponsored insurance costs under this subsection,**
121 **the medical assistance provided under this section shall be**
122 **provided to an eligible person as a secondary or**
123 **supplemental policy for only personal care assistance**
124 **services, as defined in section 208.900, and related costs**

125 and nonemergency medical transportation to any employer-
126 sponsored benefits that may be available to such person.

127 7. The department of social services shall provide to
128 the general assembly an annual report that identifies the
129 number of participants in the program and describes the
130 outreach and education efforts to increase awareness and
131 enrollment in the program.

132 8. The department of social services shall submit such
133 state plan amendments and waivers to the Centers for
134 Medicare and Medicaid Services of the federal Department of
135 Health and Human Services as the department determines are
136 necessary to implement the provisions of this section.

137 9. The provisions of this section shall expire August
138 28, 2025.

208.151. 1. Medical assistance on behalf of needy
2 persons shall be known as "MO HealthNet". For the purpose
3 of paying MO HealthNet benefits and to comply with Title
4 XIX, Public Law 89-97, 1965 amendments to the federal Social
5 Security Act (42 U.S.C. Section 301, et seq.) as amended,
6 the following needy persons shall be eligible to receive MO
7 HealthNet benefits to the extent and in the manner
8 hereinafter provided:

9 (1) All participants receiving state supplemental
10 payments for the aged, blind and disabled;

11 (2) All participants receiving aid to families with
12 dependent children benefits, including all persons under
13 nineteen years of age who would be classified as dependent
14 children except for the requirements of subdivision (1) of
15 subsection 1 of section 208.040. Participants eligible
16 under this subdivision who are participating in treatment
17 court, as defined in section 478.001, shall have their
18 eligibility automatically extended sixty days from the time

19 their dependent child is removed from the custody of the
20 participant, subject to approval of the Centers for Medicare
21 and Medicaid Services;

22 (3) All participants receiving blind pension benefits;

23 (4) All persons who would be determined to be eligible
24 for old age assistance benefits, permanent and total
25 disability benefits, or aid to the blind benefits under the
26 eligibility standards in effect December 31, 1973, or less
27 restrictive standards as established by rule of the family
28 support division, who are sixty-five years of age or over
29 and are patients in state institutions for mental diseases
30 or tuberculosis;

31 (5) All persons under the age of twenty-one years who
32 would be eligible for aid to families with dependent
33 children except for the requirements of subdivision (2) of
34 subsection 1 of section 208.040, and who are residing in an
35 intermediate care facility, or receiving active treatment as
36 inpatients in psychiatric facilities or programs, as defined
37 in 42 U.S.C. Section 1396d, as amended;

38 (6) All persons under the age of twenty-one years who
39 would be eligible for aid to families with dependent
40 children benefits except for the requirement of deprivation
41 of parental support as provided for in subdivision (2) of
42 subsection 1 of section 208.040;

43 (7) All persons eligible to receive nursing care
44 benefits;

45 (8) All participants receiving family foster home or
46 nonprofit private child-care institution care, subsidized
47 adoption benefits and parental school care wherein state
48 funds are used as partial or full payment for such care;

49 (9) All persons who were participants receiving old
50 age assistance benefits, aid to the permanently and totally

51 disabled, or aid to the blind benefits on December 31, 1973,
52 and who continue to meet the eligibility requirements,
53 except income, for these assistance categories, but who are
54 no longer receiving such benefits because of the
55 implementation of Title XVI of the federal Social Security
56 Act, as amended;

57 (10) Pregnant women who meet the requirements for aid
58 to families with dependent children, except for the
59 existence of a dependent child in the home;

60 (11) Pregnant women who meet the requirements for aid
61 to families with dependent children, except for the
62 existence of a dependent child who is deprived of parental
63 support as provided for in subdivision (2) of subsection 1
64 of section 208.040;

65 (12) Pregnant women or infants under one year of age,
66 or both, whose family income does not exceed an income
67 eligibility standard equal to one hundred eighty-five
68 percent of the federal poverty level as established and
69 amended by the federal Department of Health and Human
70 Services, or its successor agency;

71 (13) Children who have attained one year of age but
72 have not attained six years of age who are eligible for
73 medical assistance under 6401 of P.L. 101-239 (Omnibus
74 Budget Reconciliation Act of 1989) (42 U.S.C. Sections 1396a
75 to 1396b). The family support division shall use an income
76 eligibility standard equal to one hundred thirty-three
77 percent of the federal poverty level established by the
78 Department of Health and Human Services, or its successor
79 agency;

80 (14) Children who have attained six years of age but
81 have not attained nineteen years of age. For children who
82 have attained six years of age but have not attained

83 nineteen years of age, the family support division shall use
84 an income assessment methodology which provides for
85 eligibility when family income is equal to or less than
86 equal to one hundred percent of the federal poverty level
87 established by the Department of Health and Human Services,
88 or its successor agency. As necessary to provide MO
89 HealthNet coverage under this subdivision, the department of
90 social services may revise the state MO HealthNet plan to
91 extend coverage under 42 U.S.C. Section
92 1396a(a)(10)(A)(i)(III) to children who have attained six
93 years of age but have not attained nineteen years of age as
94 permitted by paragraph (2) of subsection (n) of 42 U.S.C.
95 Section 1396d using a more liberal income assessment
96 methodology as authorized by paragraph (2) of subsection (r)
97 of 42 U.S.C. Section 1396a;

98 (15) The family support division shall not establish a
99 resource eligibility standard in assessing eligibility for
100 persons under subdivision (12), (13) or (14) of this
101 subsection. The MO HealthNet division shall define the
102 amount and scope of benefits which are available to
103 individuals eligible under each of the subdivisions (12),
104 (13), and (14) of this subsection, in accordance with the
105 requirements of federal law and regulations promulgated
106 thereunder;

107 (16) Notwithstanding any other provisions of law to
108 the contrary, ambulatory prenatal care shall be made
109 available to pregnant women during a period of presumptive
110 eligibility pursuant to 42 U.S.C. Section 1396r-1, as
111 amended;

112 (17) A child born to a woman eligible for and
113 receiving MO HealthNet benefits under this section on the
114 date of the child's birth shall be deemed to have applied

115 for MO HealthNet benefits and to have been found eligible
116 for such assistance under such plan on the date of such
117 birth and to remain eligible for such assistance for a
118 period of time determined in accordance with applicable
119 federal and state law and regulations so long as the child
120 is a member of the woman's household and either the woman
121 remains eligible for such assistance or for children born on
122 or after January 1, 1991, the woman would remain eligible
123 for such assistance if she were still pregnant. Upon
124 notification of such child's birth, the family support
125 division shall assign a MO HealthNet eligibility
126 identification number to the child so that claims may be
127 submitted and paid under such child's identification number;

128 (18) Pregnant women and children eligible for MO
129 HealthNet benefits pursuant to subdivision (12), (13) or
130 (14) of this subsection shall not as a condition of
131 eligibility for MO HealthNet benefits be required to apply
132 for aid to families with dependent children. The family
133 support division shall utilize an application for
134 eligibility for such persons which eliminates information
135 requirements other than those necessary to apply for MO
136 HealthNet benefits. The division shall provide such
137 application forms to applicants whose preliminary income
138 information indicates that they are ineligible for aid to
139 families with dependent children. Applicants for MO
140 HealthNet benefits under subdivision (12), (13) or (14) of
141 this subsection shall be informed of the aid to families
142 with dependent children program and that they are entitled
143 to apply for such benefits. Any forms utilized by the
144 family support division for assessing eligibility under this
145 chapter shall be as simple as practicable;

146 (19) Subject to appropriations necessary to recruit
147 and train such staff, the family support division shall
148 provide one or more full-time, permanent eligibility
149 specialists to process applications for MO HealthNet
150 benefits at the site of a health care provider, if the
151 health care provider requests the placement of such
152 eligibility specialists and reimburses the division for the
153 expenses including but not limited to salaries, benefits,
154 travel, training, telephone, supplies, and equipment of such
155 eligibility specialists. The division may provide a health
156 care provider with a part-time or temporary eligibility
157 specialist at the site of a health care provider if the
158 health care provider requests the placement of such an
159 eligibility specialist and reimburses the division for the
160 expenses, including but not limited to the salary, benefits,
161 travel, training, telephone, supplies, and equipment, of
162 such an eligibility specialist. The division may seek to
163 employ such eligibility specialists who are otherwise
164 qualified for such positions and who are current or former
165 welfare participants. The division may consider training
166 such current or former welfare participants as eligibility
167 specialists for this program;

168 (20) Pregnant women who are eligible for, have applied
169 for and have received MO HealthNet benefits under
170 subdivision (2), (10), (11) or (12) of this subsection shall
171 continue to be considered eligible for all pregnancy-related
172 and postpartum MO HealthNet benefits provided under section
173 208.152 until the end of the sixty-day period beginning on
174 the last day of their pregnancy. Pregnant women receiving
175 mental health treatment for postpartum depression or related
176 mental health conditions within sixty days of giving birth
177 shall, subject to appropriations and any necessary federal

178 approval, be eligible for MO HealthNet benefits for mental
179 health services for the treatment of postpartum depression
180 and related mental health conditions for up to twelve
181 additional months. Pregnant women receiving substance abuse
182 treatment within sixty days of giving birth shall, subject
183 to appropriations and any necessary federal approval, be
184 eligible for MO HealthNet benefits for substance abuse
185 treatment and mental health services for the treatment of
186 substance abuse for no more than twelve additional months,
187 as long as the woman remains adherent with treatment. The
188 department of mental health and the department of social
189 services shall seek any necessary waivers or state plan
190 amendments from the Centers for Medicare and Medicaid
191 Services and shall develop rules relating to treatment plan
192 adherence. No later than fifteen months after receiving any
193 necessary waiver, the department of mental health and the
194 department of social services shall report to the house of
195 representatives budget committee and the senate
196 appropriations committee on the compliance with federal cost
197 neutrality requirements;

198 (21) Case management services for pregnant women and
199 young children at risk shall be a covered service. To the
200 greatest extent possible, and in compliance with federal law
201 and regulations, the department of health and senior
202 services shall provide case management services to pregnant
203 women by contract or agreement with the department of social
204 services through local health departments organized under
205 the provisions of chapter 192 or chapter 205 or a city
206 health department operated under a city charter or a
207 combined city-county health department or other department
208 of health and senior services designees. To the greatest
209 extent possible the department of social services and the

210 department of health and senior services shall mutually
211 coordinate all services for pregnant women and children with
212 the crippled children's program, the prevention of
213 intellectual disability and developmental disability program
214 and the prenatal care program administered by the department
215 of health and senior services. The department of social
216 services shall by regulation establish the methodology for
217 reimbursement for case management services provided by the
218 department of health and senior services. For purposes of
219 this section, the term "case management" shall mean those
220 activities of local public health personnel to identify
221 prospective MO HealthNet-eligible high-risk mothers and
222 enroll them in the state's MO HealthNet program, refer them
223 to local physicians or local health departments who provide
224 prenatal care under physician protocol and who participate
225 in the MO HealthNet program for prenatal care and to ensure
226 that said high-risk mothers receive support from all private
227 and public programs for which they are eligible and shall
228 not include involvement in any MO HealthNet prepaid, case-
229 managed programs;

230 (22) By January 1, 1988, the department of social
231 services and the department of health and senior services
232 shall study all significant aspects of presumptive
233 eligibility for pregnant women and submit a joint report on
234 the subject, including projected costs and the time needed
235 for implementation, to the general assembly. The department
236 of social services, at the direction of the general
237 assembly, may implement presumptive eligibility by
238 regulation promulgated pursuant to chapter 207;

239 (23) All participants who would be eligible for aid to
240 families with dependent children benefits except for the

241 requirements of paragraph (d) of subdivision (1) of section
242 208.150;

243 (24) (a) All persons who would be determined to be
244 eligible for old age assistance benefits under the
245 eligibility standards in effect December 31, 1973, as
246 authorized by 42 U.S.C. Section 1396a(f), or less
247 restrictive methodologies as contained in the MO HealthNet
248 state plan as of January 1, 2005; except that, on or after
249 July 1, 2005, less restrictive income methodologies, as
250 authorized in 42 U.S.C. Section 1396a(r)(2), may be used to
251 change the income limit if authorized by annual
252 appropriation;

253 (b) All persons who would be determined to be eligible
254 for aid to the blind benefits under the eligibility
255 standards in effect December 31, 1973, as authorized by 42
256 U.S.C. Section 1396a(f), or less restrictive methodologies
257 as contained in the MO HealthNet state plan as of January 1,
258 2005, except that less restrictive income methodologies, as
259 authorized in 42 U.S.C. Section 1396a(r)(2), shall be used
260 to raise the income limit to one hundred percent of the
261 federal poverty level;

262 (c) All persons who would be determined to be eligible
263 for permanent and total disability benefits under the
264 eligibility standards in effect December 31, 1973, as
265 authorized by 42 U.S.C. Section 1396a(f); or less
266 restrictive methodologies as contained in the MO HealthNet
267 state plan as of January 1, 2005; except that, on or after
268 July 1, 2005, less restrictive income methodologies, as
269 authorized in 42 U.S.C. Section 1396a(r)(2), may be used to
270 change the income limit if authorized by annual
271 appropriations. Eligibility standards for permanent and
272 total disability benefits shall not be limited by age;

273 (25) Persons who have been diagnosed with breast or
274 cervical cancer and who are eligible for coverage pursuant
275 to 42 U.S.C. Section 1396a(a)(10)(A)(ii)(XVIII). Such
276 persons shall be eligible during a period of presumptive
277 eligibility in accordance with 42 U.S.C. Section 1396r-1;

278 (26) Persons who are in foster care under the
279 responsibility of the state of Missouri on the date such
280 persons attained the age of eighteen years, or at any time
281 during the thirty-day period preceding their eighteenth
282 birthday, or persons who received foster care for at least
283 six months in another state, are residing in Missouri, and
284 are at least eighteen years of age, without regard to income
285 or assets, if such persons:

286 (a) Are under twenty-six years of age;

287 (b) Are not eligible for coverage under another
288 mandatory coverage group; and

289 (c) Were covered by Medicaid while they were in foster
290 care;

291 (27) Any homeless child or homeless youth, as those
292 terms are defined in section 167.020, subject to approval of
293 a state plan amendment by the Centers for Medicare and
294 Medicaid Services;

295 **(28) (a) Subject to approval of any necessary state**
296 **plan amendments or waivers, beginning on the effective date**
297 **of this act, pregnant women who are eligible for, have**
298 **applied for, and have received MO HealthNet benefits under**
299 **subdivision (2), (10), (11), or (12) of this subsection**
300 **shall be eligible for medical assistance during the**
301 **pregnancy and during the twelve-month period that begins on**
302 **the last day of the woman's pregnancy and ends on the last**
303 **day of the month in which such twelve-month period ends,**
304 **consistent with the provisions of 42 U.S.C. Section**

305 1396a(e) (16). The department shall submit a state plan
306 amendment to the Centers for Medicare and Medicaid Services
307 when the number of ineligible MO HealthNet participants
308 removed from the program in 2023 pursuant to section 208.239
309 exceeds the projected number of beneficiaries likely to
310 enroll in benefits in 2023 under this subdivision and
311 subdivision (2) of subsection 6 of section 208.662, as
312 determined by the department, by at least one hundred
313 individuals;

314 (b) The provisions of this subdivision shall remain in
315 effect for any period of time during which the federal
316 authority under 42 U.S.C. Section 1396a(e) (16), as amended,
317 or any successor statutes or implementing regulations, is in
318 effect.

319 2. Rules and regulations to implement this section
320 shall be promulgated in accordance with chapter 536. Any
321 rule or portion of a rule, as that term is defined in
322 section 536.010, that is created under the authority
323 delegated in this section shall become effective only if it
324 complies with and is subject to all of the provisions of
325 chapter 536 and, if applicable, section 536.028. This
326 section and chapter 536 are nonseverable and if any of the
327 powers vested with the general assembly pursuant to chapter
328 536 to review, to delay the effective date or to disapprove
329 and annul a rule are subsequently held unconstitutional,
330 then the grant of rulemaking authority and any rule proposed
331 or adopted after August 28, 2002, shall be invalid and void.

332 3. After December 31, 1973, and before April 1, 1990,
333 any family eligible for assistance pursuant to 42 U.S.C.
334 Section 601, et seq., as amended, in at least three of the
335 last six months immediately preceding the month in which
336 such family became ineligible for such assistance because of

337 increased income from employment shall, while a member of
338 such family is employed, remain eligible for MO HealthNet
339 benefits for four calendar months following the month in
340 which such family would otherwise be determined to be
341 ineligible for such assistance because of income and
342 resource limitation. After April 1, 1990, any family
343 receiving aid pursuant to 42 U.S.C. Section 601, et seq., as
344 amended, in at least three of the six months immediately
345 preceding the month in which such family becomes ineligible
346 for such aid, because of hours of employment or income from
347 employment of the caretaker relative, shall remain eligible
348 for MO HealthNet benefits for six calendar months following
349 the month of such ineligibility as long as such family
350 includes a child as provided in 42 U.S.C. Section 1396r-6.
351 Each family which has received such medical assistance
352 during the entire six-month period described in this section
353 and which meets reporting requirements and income tests
354 established by the division and continues to include a child
355 as provided in 42 U.S.C. Section 1396r-6 shall receive MO
356 HealthNet benefits without fee for an additional six
357 months. The MO HealthNet division may provide by rule and
358 as authorized by annual appropriation the scope of MO
359 HealthNet coverage to be granted to such families.

360 4. When any individual has been determined to be
361 eligible for MO HealthNet benefits, such medical assistance
362 will be made available to him or her for care and services
363 furnished in or after the third month before the month in
364 which he made application for such assistance if such
365 individual was, or upon application would have been,
366 eligible for such assistance at the time such care and
367 services were furnished; provided, further, that such
368 medical expenses remain unpaid.

369 5. The department of social services may apply to the
370 federal Department of Health and Human Services for a MO
371 HealthNet waiver amendment to the Section 1115 demonstration
372 waiver or for any additional MO HealthNet waivers necessary
373 not to exceed one million dollars in additional costs to the
374 state, unless subject to appropriation or directed by
375 statute, but in no event shall such waiver applications or
376 amendments seek to waive the services of a rural health
377 clinic or a federally qualified health center as defined in
378 42 U.S.C. Section 1396d(1)(1) and (2) or the payment
379 requirements for such clinics and centers as provided in 42
380 U.S.C. Section 1396a(a)(15) and 1396a(bb) unless such waiver
381 application is approved by the oversight committee created
382 in section 208.955. A request for such a waiver so
383 submitted shall only become effective by executive order not
384 sooner than ninety days after the final adjournment of the
385 session of the general assembly to which it is submitted,
386 unless it is disapproved within sixty days of its submission
387 to a regular session by a senate or house resolution adopted
388 by a majority vote of the respective elected members
389 thereof, unless the request for such a waiver is made
390 subject to appropriation or directed by statute.

391 6. Notwithstanding any other provision of law to the
392 contrary, in any given fiscal year, any persons made
393 eligible for MO HealthNet benefits under subdivisions (1) to
394 (22) of subsection 1 of this section shall only be eligible
395 if annual appropriations are made for such eligibility.
396 This subsection shall not apply to classes of individuals
397 listed in 42 U.S.C. Section 1396a(a)(10)(A)(i).

398 7. (1) Notwithstanding any provision of law to the
399 contrary, a military service member, or an immediate family
400 member residing with such military service member, who is a

401 legal resident of this state and is eligible for MO
402 HealthNet developmental disability services, shall have his
403 or her eligibility for MO HealthNet developmental disability
404 services temporarily suspended for any period of time during
405 which such person temporarily resides outside of this state
406 for reasons relating to military service, but shall have his
407 or her eligibility immediately restored upon returning to
408 this state to reside.

409 (2) Notwithstanding any provision of law to the
410 contrary, if a military service member, or an immediate
411 family member residing with such military service member, is
412 not a legal resident of this state, but would otherwise be
413 eligible for MO HealthNet developmental disability services,
414 such individual shall be deemed eligible for MO HealthNet
415 developmental disability services for the duration of any
416 time in which such individual is temporarily present in this
417 state for reasons relating to military service.

**208.186. The state shall not provide payments, add-
2 ons, or reimbursements to health care providers through MO
3 HealthNet for medical assistance services provided to
4 persons who do not reside in this state, as determined under
5 42 CFR 435.403, or any amendments or successor regulations
6 thereto.**

**208.239. The department of social services shall
2 resume annual MO HealthNet eligibility redeterminations,
3 renewals, and postenrollment verifications no later than
4 thirty days after the effective date of this act.**

208.662. 1. There is hereby established within the
2 department of social services the "Show-Me Healthy Babies
3 Program" as a separate children's health insurance program
4 (CHIP) for any low-income unborn child. The program shall
5 be established under the authority of Title XXI of the

6 federal Social Security Act, the State Children's Health
7 Insurance Program, as amended, and 42 CFR 457.1.

8 2. For an unborn child to be enrolled in the show-me
9 healthy babies program, his or her mother shall not be
10 eligible for coverage under Title XIX of the federal Social
11 Security Act, the Medicaid program, as it is administered by
12 the state, and shall not have access to affordable employer-
13 subsidized health care insurance or other affordable health
14 care coverage that includes coverage for the unborn child.
15 In addition, the unborn child shall be in a family with
16 income eligibility of no more than three hundred percent of
17 the federal poverty level, or the equivalent modified
18 adjusted gross income, unless the income eligibility is set
19 lower by the general assembly through appropriations. In
20 calculating family size as it relates to income eligibility,
21 the family shall include, in addition to other family
22 members, the unborn child, or in the case of a mother with a
23 multiple pregnancy, all unborn children.

24 3. Coverage for an unborn child enrolled in the show-
25 me healthy babies program shall include all prenatal care
26 and pregnancy-related services that benefit the health of
27 the unborn child and that promote healthy labor, delivery,
28 and birth. Coverage need not include services that are
29 solely for the benefit of the pregnant mother, that are
30 unrelated to maintaining or promoting a healthy pregnancy,
31 and that provide no benefit to the unborn child. However,
32 the department may include pregnancy-related assistance as
33 defined in 42 U.S.C. Section 139711.

34 4. There shall be no waiting period before an unborn
35 child may be enrolled in the show-me healthy babies
36 program. In accordance with the definition of child in 42
37 CFR 457.10, coverage shall include the period from

38 conception to birth. The department shall develop a
39 presumptive eligibility procedure for enrolling an unborn
40 child. There shall be verification of the pregnancy.

41 5. Coverage for the child shall continue for up to one
42 year after birth, unless otherwise prohibited by law or
43 unless otherwise limited by the general assembly through
44 appropriations.

45 6. **(1)** Pregnancy-related and postpartum coverage for
46 the mother shall begin on the day the pregnancy ends and
47 extend through the last day of the month that includes the
48 sixtieth day after the pregnancy ends, unless otherwise
49 prohibited by law or unless otherwise limited by the general
50 assembly through appropriations. The department may include
51 pregnancy-related assistance as defined in 42 U.S.C. Section
52 139711.

53 **(2) (a)** Subject to approval of any necessary state
54 plan amendments or waivers, beginning on the effective date
55 of this act, mothers eligible to receive coverage under this
56 section shall receive medical assistance benefits during the
57 pregnancy and during the twelve-month period that begins on
58 the last day of the woman's pregnancy and ends on the last
59 day of the month in which such twelve-month period ends,
60 consistent with the provisions of 42 U.S.C. Section
61 1397gg(e)(1)(J). The department shall seek any necessary
62 state plan amendments or waivers to implement the provisions
63 of this subdivision when the number of ineligible MO
64 HealthNet participants removed from the program in 2023
65 pursuant to section 208.239 exceeds the projected number of
66 beneficiaries likely to enroll in benefits in 2023 under
67 this subdivision and subdivision (28) of subsection 1 of
68 section 208.151, as determined by the department, by at
69 least one hundred individuals.

70 **(b) The provisions of this subdivision shall remain in**
71 **effect for any period of time during which the federal**
72 **authority under 42 U.S.C. Section 1397gg(e) (1) (J), as**
73 **amended, or any successor statutes or implementing**
74 **regulations, is in effect.**

75 7. The department shall provide coverage for an unborn
76 child enrolled in the show-me healthy babies program in the
77 same manner in which the department provides coverage for
78 the children's health insurance program (CHIP) in the county
79 of the primary residence of the mother.

80 8. The department shall provide information about the
81 show-me healthy babies program to maternity homes as defined
82 in section 135.600, pregnancy resource centers as defined in
83 section 135.630, and other similar agencies and programs in
84 the state that assist unborn children and their mothers.
85 The department shall consider allowing such agencies and
86 programs to assist in the enrollment of unborn children in
87 the program, and in making determinations about presumptive
88 eligibility and verification of the pregnancy.

89 9. Within sixty days after August 28, 2014, the
90 department shall submit a state plan amendment or seek any
91 necessary waivers from the federal Department of Health and
92 Human Services requesting approval for the show-me healthy
93 babies program.

94 10. At least annually, the department shall prepare
95 and submit a report to the governor, the speaker of the
96 house of representatives, and the president pro tempore of
97 the senate analyzing and projecting the cost savings and
98 benefits, if any, to the state, counties, local communities,
99 school districts, law enforcement agencies, correctional
100 centers, health care providers, employers, other public and
101 private entities, and persons by enrolling unborn children

102 in the show-me healthy babies program. The analysis and
103 projection of cost savings and benefits, if any, may include
104 but need not be limited to:

105 (1) The higher federal matching rate for having an
106 unborn child enrolled in the show-me healthy babies program
107 versus the lower federal matching rate for a pregnant woman
108 being enrolled in MO HealthNet or other federal programs;

109 (2) The efficacy in providing services to unborn
110 children through managed care organizations, group or
111 individual health insurance providers or premium assistance,
112 or through other nontraditional arrangements of providing
113 health care;

114 (3) The change in the proportion of unborn children
115 who receive care in the first trimester of pregnancy due to
116 a lack of waiting periods, by allowing presumptive
117 eligibility, or by removal of other barriers, and any
118 resulting or projected decrease in health problems and other
119 problems for unborn children and women throughout pregnancy;
120 at labor, delivery, and birth; and during infancy and
121 childhood;

122 (4) The change in healthy behaviors by pregnant women,
123 such as the cessation of the use of tobacco, alcohol,
124 illicit drugs, or other harmful practices, and any resulting
125 or projected short-term and long-term decrease in birth
126 defects; poor motor skills; vision, speech, and hearing
127 problems; breathing and respiratory problems; feeding and
128 digestive problems; and other physical, mental, educational,
129 and behavioral problems; and

130 (5) The change in infant and maternal mortality,
131 preterm births and low birth weight babies and any resulting
132 or projected decrease in short-term and long-term medical
133 and other interventions.

134 11. The show-me healthy babies program shall not be
135 deemed an entitlement program, but instead shall be subject
136 to a federal allotment or other federal appropriations and
137 matching state appropriations.

138 12. Nothing in this section shall be construed as
139 obligating the state to continue the show-me healthy babies
140 program if the allotment or payments from the federal
141 government end or are not sufficient for the program to
142 operate, or if the general assembly does not appropriate
143 funds for the program.

144 13. Nothing in this section shall be construed as
145 expanding MO HealthNet or fulfilling a mandate imposed by
146 the federal government on the state.

**209.700. 1. This section shall be known and may be
2 cited as the "Missouri Employment First Act".**

**3 2. As used in this section, unless the context clearly
4 requires otherwise, the following terms mean:**

5 (1) "Competitive integrated employment", work that:

**6 (a) Is performed on a full-time or part-time basis,
7 including self-employment, and for which a person is
8 compensated at a rate that:**

**9 a. Is no less than the higher of the rate specified in
10 29 U.S.C. Section 206(a)(1) or the rate required under any
11 applicable state or local minimum wage law for the place of
12 employment;**

**13 b. Is no less than the customary rate paid by the
14 employer for the same or similar work performed by other
15 employees who are not persons with disabilities and who are
16 similarly situated in similar occupations by the same
17 employer and who have similar training, experience, and
18 skills;**

19 c. In the case of a person who is self-employed,
20 yields an income that is comparable to the income received
21 by other persons who are not persons with disabilities and
22 who are self-employed in similar occupations or on similar
23 tasks and who have similar training, experience, and skills;
24 and

25 d. Is eligible for the level of benefits provided to
26 other employees;

27 (b) Is at a location:

28 a. Typically found in the community; and

29 b. Where the employee with a disability interacts for
30 the purpose of performing the duties of the position with
31 other employees within the particular work unit and the
32 entire work site and, as appropriate to the work performed,
33 other persons, such as customers and vendors, who are not
34 persons with disabilities, other than supervisory personnel
35 or persons who are providing services to such employee, to
36 the same extent that employees who are not persons with
37 disabilities and who are in comparable positions interact
38 with these persons; and

39 (c) Presents, as appropriate, opportunities for
40 advancement that are similar to those for other employees
41 who are not persons with disabilities and who have similar
42 positions;

43 (2) "Customized employment", competitive integrated
44 employment for a person with a significant disability that
45 is:

46 (a) Based on an individualized determination of the
47 unique strengths, needs, and interests of the person with a
48 significant disability;

49 (b) Designed to meet the specific abilities of the
50 person with a significant disability and the business needs
51 of the employer; and

52 (c) Carried out through flexible strategies, such as:

53 a. Job exploration by the person; and

54 b. Working with an employer to facilitate placement,
55 including:

56 (i) Customizing a job description based on current
57 employer needs or on previously unidentified and unmet
58 employer needs;

59 (ii) Developing a set of job duties, a work schedule
60 and job arrangement, and specifics of supervision, including
61 performance evaluation and review, and determining a job
62 location;

63 (iii) Using a professional representative chosen by
64 the person or self-representation, if elected, to work with
65 an employer to facilitate placement; and

66 (iv) Providing services and supports at the job
67 location;

68 (3) "Disability", a physical or mental impairment that
69 substantially limits one or more major life activities of a
70 person, as defined in the Americans with Disabilities Act of
71 1990, as amended. The term "disability" does not include
72 brief periods of intoxication caused by alcohol or drugs or
73 dependence upon or addiction to any alcohol or drug;

74 (4) "Employment first", a concept to facilitate the
75 full inclusion of persons with disabilities in the workplace
76 and community in which community-based, competitive
77 integrated employment is the first and preferred outcome for
78 employment services for persons with disabilities;

79 (5) "Employment-related services", services provided
80 to persons, including persons with disabilities, to assist

81 them in finding employment. The term "employment-related
82 services" includes, but is not limited to, resume
83 development, job fairs, and interview training;

84 (6) "Integrated setting", a setting:

85 (a) Typically found in the community; and

86 (b) Where the employee with a disability interacts for
87 the purpose of performing the duties of the position with
88 other employees within the particular work unit and the
89 entire work site and, as appropriate to the work performed,
90 other persons, such as customers and vendors, who are not
91 persons with disabilities, other than supervisory personnel
92 or persons who are providing services to such employee, to
93 the same extent that employees who are not persons with
94 disabilities and who are in comparable positions interact
95 with these persons;

96 (7) "Outcome", with respect to a person entering,
97 advancing in, or retaining full-time or, if appropriate,
98 part-time competitive integrated employment, including
99 customized employment, self-employment, telecommuting, or
100 business ownership, or supported employment that is
101 consistent with a person's unique strengths, resources,
102 priorities, concerns, abilities, capabilities, interests,
103 and informed choice;

104 (8) "Sheltered workshop", the same meaning given to
105 the term in section 178.900;

106 (9) "State agency", an authority, board, branch,
107 commission, committee, department, division, or other
108 instrumentality of the executive branch of state government;

109 (10) "Supported employment", competitive integrated
110 employment, including customized employment, or employment
111 in an integrated setting in which persons are working toward
112 a competitive integrated employment, that is individualized

113 and customized consistent with the strengths, abilities,
114 interests, and informed choice of the persons involved who,
115 because of the nature and severity of their disabilities,
116 need intensive supported employment services and extended
117 services in order to perform the work involved;

118 (11) "Supported employment services", ongoing support
119 services, including customized employment, needed to support
120 and maintain a person with a most significant disability in
121 supported employment, that:

122 (a) Are provided singly or in combination and are
123 organized and made available in such a way as to assist an
124 eligible person to achieve competitive integrated
125 employment; and

126 (b) Are based on a determination of the needs of an
127 eligible person, as specified in an individualized plan for
128 employment;

129 (12) "Working age", sixteen years of age or older;

130 (13) "Youth with a disability", any person fourteen
131 years of age or older and under eighteen years of age who
132 has a disability.

133 3. All state agencies that provide employment-related
134 services or that provide services or support to persons with
135 disabilities shall:

136 (1) Develop collaborative relationships with each
137 other, confirmed by a written memorandum of understanding
138 signed by each such state agency; and

139 (2) Implement coordinated strategies to promote
140 competitive integrated employment including, but not limited
141 to, coordinated service planning, job exploration, increased
142 job training, and internship opportunities.

143 4. All state agencies that provide employment-related
144 services or that provide services or support to persons with
145 disabilities shall:

146 (1) Implement an employment first policy by
147 considering competitive integrated employment as the first
148 and preferred outcome when planning or providing services or
149 supports to persons with disabilities who are of working age;

150 (2) Offer information on competitive integrated
151 employment to all working-age persons with disabilities.
152 The information offered shall include an explanation of the
153 relationship between a person's earned income and his or her
154 public benefits, information on Achieving a Better Life
155 Experience (ABLE) accounts, and information on accessing
156 assistive technology;

157 (3) Ensure that persons with disabilities receive the
158 opportunity to understand and explore education and training
159 as pathways to employment, including postsecondary,
160 graduate, and postgraduate education; vocational and
161 technical training; and other training. State agencies
162 shall not be required to fund any education or training
163 unless otherwise required by law;

164 (4) Promote the availability and accessibility of
165 individualized training designed to prepare a person with a
166 disability for the person's preferred employment;

167 (5) Promote partnerships with private agencies that
168 offer supported employment services, if appropriate;

169 (6) Promote partnerships with employers to overcome
170 barriers to meeting workforce needs with the creative use of
171 technology and innovation;

172 (7) Ensure that staff members of public schools,
173 vocational service programs, and community providers receive
174 the support, guidance, and training that they need to

175 contribute to attainment of the goal of competitive
176 integrated employment for all persons with disabilities;

177 (8) Ensure that competitive integrated employment,
178 while the first and preferred outcome when planning or
179 providing services or supports to persons with disabilities
180 who are of working age, is not required of a person with a
181 disability to secure or maintain public benefits for which
182 the person is otherwise eligible; and

183 (9) At least once each year, discuss basic information
184 about competitive integrated employment with the parents or
185 guardians of a youth with a disability. If the youth with a
186 disability has been emancipated, state agencies shall
187 discuss this information with the youth with a disability.
188 The information offered shall include an explanation of the
189 relationship between a person's earned income and his or her
190 public benefits, information about ABLE accounts, and
191 information about accessing assistive technology.

192 5. Nothing in this section shall require a state
193 agency to perform any action that would interfere with the
194 state agency's ability to fulfill duties and requirements
195 mandated by federal law.

196 6. Nothing in this section shall be construed to limit
197 or disallow any disability benefits to which a person with a
198 disability who is unable to engage in competitive integrated
199 employment would otherwise be entitled.

200 7. Nothing in this section shall be construed to
201 eliminate any supported employment services or sheltered
202 workshop settings as options.

203 8. (1) Nothing in this section shall be construed to
204 require any state agency or other employer to give a
205 preference in hiring to persons with disabilities or to

206 prohibit any employment relationship or program that is
207 otherwise permitted under applicable law.

208 (2) Any person who is employed by a state agency shall
209 meet the minimum qualifications and requirements for the
210 position in which the person is employed.

211 9. All state agencies that provide employment-related
212 services or that provide services or support to persons with
213 disabilities shall coordinate efforts and collaborate within
214 and among each other to ensure that state programs,
215 policies, and procedures support competitive integrated
216 employment for persons with disabilities who are of working
217 age. All such state agencies, when feasible, shall share
218 data and information across systems in order to track
219 progress toward full implementation of this section. All
220 such state agencies are encouraged to adopt measurable goals
221 and objectives to promote assessment of progress in
222 implementing this section.

223 10. State agencies may promulgate all necessary rules
224 and regulations for the administration of this section. Any
225 rule or portion of a rule, as that term is defined in
226 section 536.010, that is created under the authority
227 delegated in this section shall become effective only if it
228 complies with and is subject to all of the provisions of
229 chapter 536 and, if applicable, section 536.028. This
230 section and chapter 536 are nonseverable and if any of the
231 powers vested with the general assembly pursuant to chapter
232 536 to review, to delay the effective date, or to disapprove
233 and annul a rule are subsequently held unconstitutional,
234 then the grant of rulemaking authority and any rule proposed
235 or adopted after August 28, 2023, shall be invalid and void.

210.1360. 1. Any personally identifiable information
2 regarding any child under eighteen years of age receiving

3 child care from any provider or applying for or receiving
4 any services through a state program shall not be subject to
5 disclosure except as otherwise provided by law.

6 2. This section shall not prohibit any state agency
7 from disclosing personally identifiable information to
8 governmental entities or its agents, vendors, grantees, and
9 contractors in connection to matters relating to its
10 official duties. The provisions of this section shall not
11 apply to any state, county, or municipal law enforcement
12 agency acting in its official capacity.

13 3. This section shall not prevent a parent or legal
14 guardian from accessing the parent's or legal guardian's
15 child's records.

334.100. 1. The board may refuse to issue or renew
2 any certificate of registration or authority, permit or
3 license required pursuant to this chapter for one or any
4 combination of causes stated in subsection 2 of this
5 section. The board shall notify the applicant in writing of
6 the reasons for the refusal and shall advise the applicant
7 of the applicant's right to file a complaint with the
8 administrative hearing commission as provided by chapter
9 621. As an alternative to a refusal to issue or renew any
10 certificate, registration or authority, the board may, at
11 its discretion, issue a license which is subject to
12 probation, restriction or limitation to an applicant for
13 licensure for any one or any combination of causes stated in
14 subsection 2 of this section. The board's order of
15 probation, limitation or restriction shall contain a
16 statement of the discipline imposed, the basis therefor, the
17 date such action shall become effective, and a statement
18 that the applicant has thirty days to request in writing a
19 hearing before the administrative hearing commission. If

20 the board issues a probationary, limited or restricted
21 license to an applicant for licensure, either party may file
22 a written petition with the administrative hearing
23 commission within thirty days of the effective date of the
24 probationary, limited or restricted license seeking review
25 of the board's determination. If no written request for a
26 hearing is received by the administrative hearing commission
27 within the thirty-day period, the right to seek review of
28 the board's decision shall be considered as waived.

29 2. The board may cause a complaint to be filed with
30 the administrative hearing commission as provided by chapter
31 621 against any holder of any certificate of registration or
32 authority, permit or license required by this chapter or any
33 person who has failed to renew or has surrendered the
34 person's certificate of registration or authority, permit or
35 license for any one or any combination of the following
36 causes:

37 (1) Use of any controlled substance, as defined in
38 chapter 195, or alcoholic beverage to an extent that such
39 use impairs a person's ability to perform the work of any
40 profession licensed or regulated by this chapter;

41 (2) The person has been finally adjudicated and found
42 guilty, or entered a plea of guilty or nolo contendere, in a
43 criminal prosecution under the laws of any state or of the
44 United States, for any offense reasonably related to the
45 qualifications, functions or duties of any profession
46 licensed or regulated pursuant to this chapter, for any
47 offense involving fraud, dishonesty or an act of violence,
48 or for any offense involving moral turpitude, whether or not
49 sentence is imposed;

50 (3) Use of fraud, deception, misrepresentation or
51 bribery in securing any certificate of registration or

52 authority, permit or license issued pursuant to this chapter
53 or in obtaining permission to take any examination given or
54 required pursuant to this chapter;

55 (4) Misconduct, fraud, misrepresentation, dishonesty,
56 unethical conduct or unprofessional conduct in the
57 performance of the functions or duties of any profession
58 licensed or regulated by this chapter, including, but not
59 limited to, the following:

60 (a) Obtaining or attempting to obtain any fee, charge,
61 tuition or other compensation by fraud, deception or
62 misrepresentation; willfully and continually overcharging or
63 overtreating patients; or charging for visits to the
64 physician's office which did not occur unless the services
65 were contracted for in advance, or for services which were
66 not rendered or documented in the patient's records;

67 (b) Attempting, directly or indirectly, by way of
68 intimidation, coercion or deception, to obtain or retain a
69 patient or discourage the use of a second opinion or
70 consultation;

71 (c) Willfully and continually performing inappropriate
72 or unnecessary treatment, diagnostic tests or medical or
73 surgical services;

74 (d) Delegating professional responsibilities to a
75 person who is not qualified by training, skill, competency,
76 age, experience or licensure to perform such
77 responsibilities;

78 (e) Misrepresenting that any disease, ailment or
79 infirmity can be cured by a method, procedure, treatment,
80 medicine or device;

81 (f) Performing or prescribing medical services which
82 have been declared by board rule to be of no medical or
83 osteopathic value;

84 (g) Final disciplinary action by any professional
85 medical or osteopathic association or society or licensed
86 hospital or medical staff of such hospital in this or any
87 other state or territory, whether agreed to voluntarily or
88 not, and including, but not limited to, any removal,
89 suspension, limitation, or restriction of the person's
90 license or staff or hospital privileges, failure to renew
91 such privileges or license for cause, or other final
92 disciplinary action, if the action was in any way related to
93 unprofessional conduct, professional incompetence,
94 malpractice or any other violation of any provision of this
95 chapter;

96 (h) Signing a blank prescription form; or dispensing,
97 prescribing, administering or otherwise distributing any
98 drug, controlled substance or other treatment without
99 sufficient examination including failing to establish a
100 valid physician-patient relationship pursuant to section
101 334.108, or for other than medically accepted therapeutic or
102 experimental or investigative purposes duly authorized by a
103 state or federal agency, or not in the course of
104 professional practice, or not in good faith to relieve pain
105 and suffering, or not to cure an ailment, physical infirmity
106 or disease, except as authorized in section 334.104;

107 (i) Exercising influence within a physician-patient
108 relationship for purposes of engaging a patient in sexual
109 activity;

110 (j) Being listed on any state or federal sexual
111 offender registry;

112 (k) Terminating the medical care of a patient without
113 adequate notice or without making other arrangements for the
114 continued care of the patient;

115 (l) Failing to furnish details of a patient's medical
116 records to other treating physicians or hospitals upon
117 proper request; or failing to comply with any other law
118 relating to medical records;

119 (m) Failure of any applicant or licensee to cooperate
120 with the board during any investigation;

121 (n) Failure to comply with any subpoena or subpoena
122 duces tecum from the board or an order of the board;

123 (o) Failure to timely pay license renewal fees
124 specified in this chapter;

125 (p) Violating a probation agreement, order, or other
126 settlement agreement with this board or any other licensing
127 agency;

128 (q) Failing to inform the board of the physician's
129 current residence and business address;

130 (r) Advertising by an applicant or licensee which is
131 false or misleading, or which violates any rule of the
132 board, or which claims without substantiation the positive
133 cure of any disease, or professional superiority to or
134 greater skill than that possessed by any other physician.
135 An applicant or licensee shall also be in violation of this
136 provision if the applicant or licensee has a financial
137 interest in any organization, corporation or association
138 which issues or conducts such advertising;

139 (s) Any other conduct that is unethical or
140 unprofessional involving a minor;

141 (5) Any conduct or practice which is or might be
142 harmful or dangerous to the mental or physical health of a
143 patient or the public; or incompetency, gross negligence or
144 repeated negligence in the performance of the functions or
145 duties of any profession licensed or regulated by this
146 chapter. For the purposes of this subdivision, "repeated

147 negligence" means the failure, on more than one occasion, to
148 use that degree of skill and learning ordinarily used under
149 the same or similar circumstances by the member of the
150 applicant's or licensee's profession;

151 (6) Violation of, or attempting to violate, directly
152 or indirectly, or assisting or enabling any person to
153 violate, any provision of this chapter or chapter 324, or of
154 any lawful rule or regulation adopted pursuant to this
155 chapter or chapter 324;

156 (7) Impersonation of any person holding a certificate
157 of registration or authority, permit or license or allowing
158 any person to use his or her certificate of registration or
159 authority, permit, license or diploma from any school;

160 (8) Revocation, suspension, restriction, modification,
161 limitation, reprimand, warning, censure, probation or other
162 final disciplinary action against the holder of or applicant
163 for a license or other right to practice any profession
164 regulated by this chapter by another state, territory,
165 federal agency or country, whether or not voluntarily agreed
166 to by the licensee or applicant, including, but not limited
167 to, the denial of licensure, surrender of the license,
168 allowing the license to expire or lapse, or discontinuing or
169 limiting the practice of medicine while subject to an
170 investigation or while actually under investigation by any
171 licensing authority, medical facility, branch of the Armed
172 Forces of the United States of America, insurance company,
173 court, agency of the state or federal government, or
174 employer;

175 (9) A person is finally adjudged incapacitated or
176 disabled by a court of competent jurisdiction;

177 (10) Assisting or enabling any person to practice or
178 offer to practice any profession licensed or regulated by

179 this chapter who is not registered and currently eligible to
180 practice pursuant to this chapter; or knowingly performing
181 any act which in any way aids, assists, procures, advises,
182 or encourages any person to practice medicine who is not
183 registered and currently eligible to practice pursuant to
184 this chapter. A physician who works in accordance with
185 standing orders or protocols or in accordance with the
186 provisions of section 334.104 shall not be in violation of
187 this subdivision;

188 (11) Issuance of a certificate of registration or
189 authority, permit or license based upon a material mistake
190 of fact;

191 (12) Failure to display a valid certificate or license
192 if so required by this chapter or any rule promulgated
193 pursuant to this chapter;

194 (13) Violation of the drug laws or rules and
195 regulations of this state, including but not limited to any
196 provision of chapter 195, any other state, or the federal
197 government;

198 (14) Knowingly making, or causing to be made, or
199 aiding, or abetting in the making of, a false statement in
200 any birth, death or other certificate or document executed
201 in connection with the practice of the person's profession;

202 (15) Knowingly making a false statement, orally or in
203 writing to the board;

204 (16) Soliciting patronage in person or by agents or
205 representatives, or by any other means or manner, under the
206 person's own name or under the name of another person or
207 concern, actual or pretended, in such a manner as to
208 confuse, deceive, or mislead the public as to the need or
209 necessity for or appropriateness of health care services for
210 all patients, or the qualifications of an individual person

211 or persons to diagnose, render, or perform health care
212 services;

213 (17) Using, or permitting the use of, the person's
214 name under the designation of "Doctor", "Dr.", "M.D.", or
215 "D.O.", or any similar designation with reference to the
216 commercial exploitation of any goods, wares or merchandise;

217 (18) Knowingly making or causing to be made a false
218 statement or misrepresentation of a material fact, with
219 intent to defraud, for payment pursuant to the provisions of
220 chapter 208 or chapter 630 or for payment from Title XVIII
221 or Title XIX of the Social Security Act;

222 (19) Failure or refusal to properly guard against
223 contagious, infectious or communicable diseases or the
224 spread thereof; maintaining an unsanitary office or
225 performing professional services under unsanitary
226 conditions; or failure to report the existence of an
227 unsanitary condition in the office of a physician or in any
228 health care facility to the board, in writing, within thirty
229 days after the discovery thereof;

230 (20) Any candidate for licensure or person licensed to
231 practice as a physical therapist, paying or offering to pay
232 a referral fee or[, notwithstanding section 334.010 to the
233 contrary, practicing or offering to practice professional
234 physical therapy independent of the prescription and
235 direction of a person licensed and registered as a physician
236 and surgeon pursuant to this chapter, as a dentist pursuant
237 to chapter 332, as a podiatrist pursuant to chapter 330, as
238 an advanced practice registered nurse under chapter 335, or
239 any licensed and registered physician, dentist, podiatrist,
240 or advanced practice registered nurse practicing in another
241 jurisdiction, whose license is in good standing] **evaluating**

242 **or treating a patient in a manner inconsistent with section**
243 **334.506;**

244 (21) Any candidate for licensure or person licensed to
245 practice as a physical therapist, treating or attempting to
246 treat ailments or other health conditions of human beings
247 other than by professional physical therapy and as
248 authorized by sections 334.500 to 334.620;

249 (22) Any person licensed to practice as a physician or
250 surgeon, requiring, as a condition of the physician-patient
251 relationship, that the patient receive prescribed drugs,
252 devices or other professional services directly from
253 facilities of that physician's office or other entities
254 under that physician's ownership or control. A physician
255 shall provide the patient with a prescription which may be
256 taken to the facility selected by the patient and a
257 physician knowingly failing to disclose to a patient on a
258 form approved by the advisory commission for professional
259 physical therapists as established by section 334.625 which
260 is dated and signed by a patient or guardian acknowledging
261 that the patient or guardian has read and understands that
262 the physician has a pecuniary interest in a physical therapy
263 or rehabilitation service providing prescribed treatment and
264 that the prescribed treatment is available on a competitive
265 basis. This subdivision shall not apply to a referral by
266 one physician to another physician within a group of
267 physicians practicing together;

268 (23) A pattern of personal use or consumption of any
269 controlled substance unless it is prescribed, dispensed or
270 administered by another physician who is authorized by law
271 to do so;

272 (24) Habitual intoxication or dependence on alcohol,
273 evidence of which may include more than one alcohol-related
274 enforcement contact as defined by section 302.525;

275 (25) Failure to comply with a treatment program or an
276 aftercare program entered into as part of a board order,
277 settlement agreement or licensee's professional health
278 program;

279 (26) Revocation, suspension, limitation, probation, or
280 restriction of any kind whatsoever of any controlled
281 substance authority, whether agreed to voluntarily or not,
282 or voluntary termination of a controlled substance authority
283 while under investigation;

284 (27) For a physician to operate, conduct, manage, or
285 establish an abortion facility, or for a physician to
286 perform an abortion in an abortion facility, if such
287 facility comes under the definition of an ambulatory
288 surgical center pursuant to sections 197.200 to 197.240, and
289 such facility has failed to obtain or renew a license as an
290 ambulatory surgical center.

291 3. Collaborative practice arrangements, protocols and
292 standing orders shall be in writing and signed and dated by
293 a physician prior to their implementation.

294 4. After the filing of such complaint before the
295 administrative hearing commission, the proceedings shall be
296 conducted in accordance with the provisions of chapter 621.
297 Upon a finding by the administrative hearing commission that
298 the grounds, provided in subsection 2 of this section, for
299 disciplinary action are met, the board may, singly or in
300 combination, warn, censure or place the person named in the
301 complaint on probation on such terms and conditions as the
302 board deems appropriate for a period not to exceed ten
303 years, or may suspend the person's license, certificate or

304 permit for a period not to exceed three years, or restrict
305 or limit the person's license, certificate or permit for an
306 indefinite period of time, or revoke the person's license,
307 certificate, or permit, or administer a public or private
308 reprimand, or deny the person's application for a license,
309 or permanently withhold issuance of a license or require the
310 person to submit to the care, counseling or treatment of
311 physicians designated by the board at the expense of the
312 individual to be examined, or require the person to attend
313 such continuing educational courses and pass such
314 examinations as the board may direct.

315 5. In any order of revocation, the board may provide
316 that the person may not apply for reinstatement of the
317 person's license for a period of time ranging from two to
318 seven years following the date of the order of revocation.
319 All stay orders shall toll this time period.

320 6. Before restoring to good standing a license,
321 certificate or permit issued pursuant to this chapter which
322 has been in a revoked, suspended or inactive state for any
323 cause for more than two years, the board may require the
324 applicant to attend such continuing medical education
325 courses and pass such examinations as the board may direct.

326 7. In any investigation, hearing or other proceeding
327 to determine a licensee's or applicant's fitness to
328 practice, any record relating to any patient of the licensee
329 or applicant shall be discoverable by the board and
330 admissible into evidence, regardless of any statutory or
331 common law privilege which such licensee, applicant, record
332 custodian or patient might otherwise invoke. In addition,
333 no such licensee, applicant, or record custodian may
334 withhold records or testimony bearing upon a licensee's or
335 applicant's fitness to practice on the ground of privilege

336 between such licensee, applicant or record custodian and a
337 patient.

338 8. The act of lawfully dispensing, prescribing,
339 administering, or otherwise distributing ivermectin tablets
340 or hydroxychloroquine sulfate tablets for human use shall
341 not be grounds for denial, suspension, revocation, or other
342 disciplinary action by the board.

334.506. 1. As used in this section, **the following**
2 **terms mean:**

3 (1) "Approved health care provider" [means], a person
4 holding a current and active license as a physician and
5 surgeon under this chapter, a chiropractor under chapter
6 331, a dentist under chapter 332, a podiatrist under chapter
7 330, a physician assistant under this chapter, an advanced
8 practice registered nurse under chapter 335, or any licensed
9 and registered physician, chiropractor, dentist, or
10 podiatrist practicing in another jurisdiction whose license
11 is in good standing;

12 (2) "Consult" or "consultation", communication by
13 telephone, by fax, in writing, or in person with the
14 patient's personally approved licensed health care provider
15 or a licensed health care provider of the patient's
16 designation.

17 2. A physical therapist [shall not] may evaluate and
18 initiate treatment [for a new injury or illness] on a
19 patient without a prescription or referral from an approved
20 health care provider, provided that the physical therapist
21 has a doctorate of physical therapy degree or has five years
22 of clinical practice as a physical therapist.

23 3. A physical therapist may provide educational
24 resources and training, develop fitness or wellness programs
25 [for asymptomatic persons], or provide screening or

26 consultative services within the scope of physical therapy
27 practice without [the] a prescription [and direction of] or
28 **referral from** an approved health care provider.

29 4. [A physical therapist may examine and treat without
30 the prescription and direction of an approved health care
31 provider any person with a recurring self-limited injury
32 within one year of diagnosis by an approved health care
33 provider or a chronic illness that has been previously
34 diagnosed by an approved health care provider. The physical
35 therapist shall:]

36 (1) [Contact the patient's current approved health
37 care provider within seven days of initiating physical
38 therapy services under this subsection;] **A physical
39 therapist shall refer to an approved health care provider
40 any patient whose condition at the time of evaluation or
41 treatment is determined to be beyond the scope of practice
42 of physical therapy. The physical therapist shall not
43 provide physical therapy services or treatment after this
44 referral has been made.**

45 (2) [Not change an existing physical therapy referral
46 available to the physical therapist without approval of the
47 patient's current approved health care provider;] **A physical
48 therapist shall refer to an approved health care provider
49 any patient who does not demonstrate measurable or
50 functional improvement after ten visits or thirty days,
51 whichever occurs first. The physical therapist shall not
52 provide further therapy services or treatment after this
53 referral has been made.**

54 (3) [Refer to an approved health care provider any
55 patient whose medical condition at the time of examination
56 or treatment is determined to be beyond the scope of
57 practice of physical therapy;

58 (4) Refer to an approved health care provider any
59 patient whose condition for which physical therapy services
60 are rendered under this subsection has not been documented
61 to be progressing toward documented treatment goals after
62 six visits or fourteen days, whichever first occurs;

63 (5) Notify the patient's current approved health care
64 provider prior to the continuation of treatment if treatment
65 rendered under this subsection is to continue beyond thirty
66 days. The physical therapist shall provide such
67 notification for each successive period of thirty days.]

68 (a) A physical therapist shall consult with an approved
69 health care provider if, after every ten visits or thirty
70 days, whichever occurs first, the patient has demonstrated
71 measurable or functional improvement from the course of
72 physical therapy services or treatment provided and the
73 physical therapist believes that continuation of the course
74 of physical therapy services or treatment is reasonable and
75 necessary based on the physical therapist's evaluation of
76 the patient. The physical therapist shall not provide
77 further physical therapy services or treatment until the
78 consultation has occurred.

79 (b) The consultation with the approved health care
80 provider shall include information concerning:

81 a. The patient's condition for which physical therapy
82 services or treatments were provided;

83 b. The basis for the course of services or treatment
84 indicated, as determined from the physical therapy
85 evaluation of the patient;

86 c. The physical therapy services or treatment provided
87 before the date of the consultation;

88 d. The patient's demonstrated measurable or functional
89 improvement from the services or treatment provided before
90 the date of the consultation;

91 e. The continuing physical therapy services or
92 treatment proposed to be provided following the
93 consultation; and

94 f. The professional physical therapy basis for the
95 continued physical therapy services or treatment to be
96 provided.

97 (c) Continued physical therapy services or treatment
98 following the consultation with and approval by an approved
99 health care provider shall proceed in accordance with any
100 feedback, advice, opinion, or direction of the approved
101 health care provider. The physical therapist shall notify
102 the consulting approved health care provider of continuing
103 physical therapy services or treatment and the patient's
104 progress at least every ten visits or thirty days after the
105 initial consultation unless the consulting approved health
106 care provider directs otherwise.

107 (d) The provisions of this subdivision shall not apply
108 to physical therapy services performed within a primary or
109 secondary school for individuals within ages not in excess
110 of twenty-one years.

111 5. The provision of physical therapy services of
112 evaluation and screening pursuant to this section shall be
113 limited to a physical therapist, and any authority for
114 evaluation and screening granted within this section may not
115 be delegated. Upon each reinitiation of physical therapy
116 services, a physical therapist shall provide a full physical
117 therapy evaluation prior to the reinitiation of physical
118 therapy treatment. [Physical therapy treatment provided
119 pursuant to the provisions of subsection 4 of this section

120 may be delegated by physical therapists to physical
121 therapist assistants only if the patient's current approved
122 health care provider has been so informed as part of the
123 physical therapist's seven-day notification upon
124 reinitiation of physical therapy services as required in
125 subsection 4 of this section.] Nothing in this subsection
126 shall be construed as to limit the ability of physical
127 therapists or physical therapist assistants to provide
128 physical therapy services in accordance with the provisions
129 of this chapter, and upon the referral of an approved health
130 care provider. Nothing in this subsection shall prohibit an
131 approved health care provider from acting within the scope
132 of their practice as defined by the applicable chapters of
133 RSMo.

134 6. No person licensed to practice, or applicant for
135 licensure, as a physical therapist or physical therapist
136 assistant shall make a medical diagnosis.

137 7. A physical therapist shall only delegate physical
138 therapy treatment to a physical therapist assistant or to a
139 person in an entry level of a professional education program
140 approved by the Commission on Accreditation in Physical
141 Therapy Education (CAPTE) who satisfies supervised clinical
142 education requirements related to the person's physical
143 therapist or physical therapist assistant education. The
144 entry-level person shall be under the supervision of a
145 physical therapist.

334.613. 1. The board may refuse to issue or renew a
2 license to practice as a physical therapist or physical
3 therapist assistant for one or any combination of causes
4 stated in subsection 2 of this section. The board shall
5 notify the applicant in writing of the reasons for the
6 refusal and shall advise the applicant of the applicant's

7 right to file a complaint with the administrative hearing
8 commission as provided by chapter 621. As an alternative to
9 a refusal to issue or renew a license to practice as a
10 physical therapist or physical therapist assistant, the
11 board may, at its discretion, issue a license which is
12 subject to probation, restriction, or limitation to an
13 applicant for licensure for any one or any combination of
14 causes stated in subsection 2 of this section. The board's
15 order of probation, limitation, or restriction shall contain
16 a statement of the discipline imposed, the basis therefor,
17 the date such action shall become effective, and a statement
18 that the applicant has thirty days to request in writing a
19 hearing before the administrative hearing commission. If
20 the board issues a probationary, limited, or restricted
21 license to an applicant for licensure, either party may file
22 a written petition with the administrative hearing
23 commission within thirty days of the effective date of the
24 probationary, limited, or restricted license seeking review
25 of the board's determination. If no written request for a
26 hearing is received by the administrative hearing commission
27 within the thirty-day period, the right to seek review of
28 the board's decision shall be considered as waived.

29 2. The board may cause a complaint to be filed with
30 the administrative hearing commission as provided by chapter
31 621 against any holder of a license to practice as a
32 physical therapist or physical therapist assistant who has
33 failed to renew or has surrendered his or her license for
34 any one or any combination of the following causes:

35 (1) Use of any controlled substance, as defined in
36 chapter 195, or alcoholic beverage to an extent that such
37 use impairs a person's ability to perform the work of a
38 physical therapist or physical therapist assistant;

39 (2) The person has been finally adjudicated and found
40 guilty, or entered a plea of guilty or nolo contendere, in a
41 criminal prosecution under the laws of any state, of the
42 United States, or of any country, for any offense directly
43 related to the duties and responsibilities of the
44 occupation, as set forth in section 324.012, regardless of
45 whether or not sentence is imposed;

46 (3) Use of fraud, deception, misrepresentation, or
47 bribery in securing any certificate of registration or
48 authority, permit, or license issued under this chapter or
49 in obtaining permission to take any examination given or
50 required under this chapter;

51 (4) Misconduct, fraud, misrepresentation, dishonesty,
52 unethical conduct, or unprofessional conduct in the
53 performance of the functions or duties of a physical
54 therapist or physical therapist assistant, including but not
55 limited to the following:

56 (a) Obtaining or attempting to obtain any fee, charge,
57 tuition, or other compensation by fraud, deception, or
58 misrepresentation; willfully and continually overcharging or
59 overtreating patients; or charging for sessions of physical
60 therapy which did not occur unless the services were
61 contracted for in advance, or for services which were not
62 rendered or documented in the patient's records;

63 (b) Attempting, directly or indirectly, by way of
64 intimidation, coercion, or deception, to obtain or retain a
65 patient or discourage the use of a second opinion or
66 consultation;

67 (c) Willfully and continually performing inappropriate
68 or unnecessary treatment or services;

69 (d) Delegating professional responsibilities to a
70 person who is not qualified by training, skill, competency,

71 age, experience, or licensure to perform such
72 responsibilities;

73 (e) Misrepresenting that any disease, ailment, or
74 infirmity can be cured by a method, procedure, treatment,
75 medicine, or device;

76 (f) Performing services which have been declared by
77 board rule to be of no physical therapy value;

78 (g) Final disciplinary action by any professional
79 association, professional society, licensed hospital or
80 medical staff of the hospital, or physical therapy facility
81 in this or any other state or territory, whether agreed to
82 voluntarily or not, and including but not limited to any
83 removal, suspension, limitation, or restriction of the
84 person's professional employment, malpractice, or any other
85 violation of any provision of this chapter;

86 (h) Administering treatment without sufficient
87 examination, or for other than medically accepted
88 therapeutic or experimental or investigative purposes duly
89 authorized by a state or federal agency, or not in the
90 course of professional physical therapy practice;

91 (i) Engaging in or soliciting sexual relationships,
92 whether consensual or nonconsensual, while a physical
93 therapist or physical therapist assistant/patient
94 relationship exists; making sexual advances, requesting
95 sexual favors, or engaging in other verbal conduct or
96 physical contact of a sexual nature with patients or clients;

97 (j) Terminating the care of a patient without adequate
98 notice or without making other arrangements for the
99 continued care of the patient;

100 (k) Failing to furnish details of a patient's physical
101 therapy records to treating physicians, other physical
102 therapists, or hospitals upon proper request; or failing to

103 comply with any other law relating to physical therapy
104 records;

105 (l) Failure of any applicant or licensee, other than
106 the licensee subject to the investigation, to cooperate with
107 the board during any investigation;

108 (m) Failure to comply with any subpoena or subpoena
109 duces tecum from the board or an order of the board;

110 (n) Failure to timely pay license renewal fees
111 specified in this chapter;

112 (o) Violating a probation agreement with this board or
113 any other licensing agency;

114 (p) Failing to inform the board of the physical
115 therapist's or physical therapist assistant's current
116 telephone number, residence, and business address;

117 (q) Advertising by an applicant or licensee which is
118 false or misleading, or which violates any rule of the
119 board, or which claims without substantiation the positive
120 cure of any disease, or professional superiority to or
121 greater skill than that possessed by any other physical
122 therapist or physical therapist assistant. An applicant or
123 licensee shall also be in violation of this provision if the
124 applicant or licensee has a financial interest in any
125 organization, corporation, or association which issues or
126 conducts such advertising;

127 (5) Any conduct or practice which is or might be
128 harmful or dangerous to the mental or physical health of a
129 patient or the public; or incompetency, gross negligence, or
130 repeated negligence in the performance of the functions or
131 duties of a physical therapist or physical therapist
132 assistant. For the purposes of this subdivision, "repeated
133 negligence" means the failure, on more than one occasion, to
134 use that degree of skill and learning ordinarily used under

135 the same or similar circumstances by the member of the
136 applicant's or licensee's profession;

137 (6) Violation of, or attempting to violate, directly
138 or indirectly, or assisting or enabling any person to
139 violate, any provision of this chapter, or of any lawful
140 rule adopted under this chapter;

141 (7) Impersonation of any person licensed as a physical
142 therapist or physical therapist assistant or allowing any
143 person to use his or her license or diploma from any school;

144 (8) Revocation, suspension, restriction, modification,
145 limitation, reprimand, warning, censure, probation, or other
146 final disciplinary action against a physical therapist or
147 physical therapist assistant for a license or other right to
148 practice as a physical therapist or physical therapist
149 assistant by another state, territory, federal agency or
150 country, whether or not voluntarily agreed to by the
151 licensee or applicant, including but not limited to the
152 denial of licensure, surrender of the license, allowing the
153 license to expire or lapse, or discontinuing or limiting the
154 practice of physical therapy while subject to an
155 investigation or while actually under investigation by any
156 licensing authority, medical facility, branch of the Armed
157 Forces of the United States of America, insurance company,
158 court, agency of the state or federal government, or
159 employer;

160 (9) A person is finally adjudged incapacitated or
161 disabled by a court of competent jurisdiction;

162 (10) Assisting or enabling any person to practice or
163 offer to practice who is not licensed and currently eligible
164 to practice under this chapter; or knowingly performing any
165 act which in any way aids, assists, procures, advises, or
166 encourages any person to practice physical therapy who is

167 not licensed and currently eligible to practice under this
168 chapter;

169 (11) Issuance of a license to practice as a physical
170 therapist or physical therapist assistant based upon a
171 material mistake of fact;

172 (12) Failure to display a valid license pursuant to
173 practice as a physical therapist or physical therapist
174 assistant;

175 (13) Knowingly making, or causing to be made, or
176 aiding, or abetting in the making of, a false statement in
177 any document executed in connection with the practice of
178 physical therapy;

179 (14) Soliciting patronage in person or by agents or
180 representatives, or by any other means or manner, under the
181 person's own name or under the name of another person or
182 concern, actual or pretended, in such a manner as to
183 confuse, deceive, or mislead the public as to the need or
184 necessity for or appropriateness of physical therapy
185 services for all patients, or the qualifications of an
186 individual person or persons to render, or perform physical
187 therapy services;

188 (15) Using, or permitting the use of, the person's
189 name under the designation of "physical therapist",
190 "physiotherapist", "registered physical therapist", "P.T.",
191 "Ph.T.", "P.T.T.", "D.P.T.", "M.P.T." or "R.P.T.", "physical
192 therapist assistant", "P.T.A.", "L.P.T.A.", "C.P.T.A.", or
193 any similar designation with reference to the commercial
194 exploitation of any goods, wares or merchandise;

195 (16) Knowingly making or causing to be made a false
196 statement or misrepresentation of a material fact, with
197 intent to defraud, for payment under chapter 208 or chapter

198 630 or for payment from Title XVIII or Title XIX of the
199 Social Security Act;

200 (17) Failure or refusal to properly guard against
201 contagious, infectious, or communicable diseases or the
202 spread thereof; maintaining an unsanitary facility or
203 performing professional services under unsanitary
204 conditions; or failure to report the existence of an
205 unsanitary condition in any physical therapy facility to the
206 board, in writing, within thirty days after the discovery
207 thereof;

208 (18) Any candidate for licensure or person licensed to
209 practice as a physical therapist or physical therapist
210 assistant paying or offering to pay a referral fee or[,
211 notwithstanding section 334.010 to the contrary, practicing
212 or offering to practice professional physical therapy
213 independent of the prescription and direction of a person
214 licensed and registered as a physician and surgeon under
215 this chapter, as a physician assistant under this chapter,
216 as a chiropractor under chapter 331, as a dentist under
217 chapter 332, as a podiatrist under chapter 330, as an
218 advanced practice registered nurse under chapter 335, or any
219 licensed and registered physician, chiropractor, dentist,
220 podiatrist, or advanced practice registered nurse practicing
221 in another jurisdiction, whose license is in good standing]
222 **evaluating or treating a patient in a manner inconsistent**
223 **with section 334.506;**

224 (19) Any candidate for licensure or person licensed to
225 practice as a physical therapist or physical therapist
226 assistant treating or attempting to treat ailments or other
227 health conditions of human beings other than by professional
228 physical therapy and as authorized by sections 334.500 to
229 334.685;

230 (20) A pattern of personal use or consumption of any
231 controlled substance unless it is prescribed, dispensed, or
232 administered by a physician who is authorized by law to do
233 so;

234 (21) Failing to maintain adequate patient records
235 under section 334.602;

236 (22) Attempting to engage in conduct that subverts or
237 undermines the integrity of the licensing examination or the
238 licensing examination process, including but not limited to
239 utilizing in any manner recalled or memorized licensing
240 examination questions from or with any person or entity,
241 failing to comply with all test center security procedures,
242 communicating or attempting to communicate with any other
243 examinees during the test, or copying or sharing licensing
244 examination questions or portions of questions;

245 (23) Any candidate for licensure or person licensed to
246 practice as a physical therapist or physical therapist
247 assistant who requests, receives, participates or engages
248 directly or indirectly in the division, transferring,
249 assigning, rebating or refunding of fees received for
250 professional services or profits by means of a credit or
251 other valuable consideration such as wages, an unearned
252 commission, discount or gratuity with any person who
253 referred a patient, or with any relative or business
254 associate of the referring person;

255 (24) Being unable to practice as a physical therapist
256 or physical therapist assistant with reasonable skill and
257 safety to patients by reasons of incompetency, or because of
258 illness, drunkenness, excessive use of drugs, narcotics,
259 chemicals, or as a result of any mental or physical
260 condition. The following shall apply to this subdivision:

261 (a) In enforcing this subdivision the board shall,
262 after a hearing by the board, upon a finding of probable
263 cause, require a physical therapist or physical therapist
264 assistant to submit to a reexamination for the purpose of
265 establishing his or her competency to practice as a physical
266 therapist or physical therapist assistant conducted in
267 accordance with rules adopted for this purpose by the board,
268 including rules to allow the examination of the pattern and
269 practice of such physical therapist's or physical therapist
270 assistant's professional conduct, or to submit to a mental
271 or physical examination or combination thereof by a facility
272 or professional approved by the board;

273 (b) For the purpose of this subdivision, every
274 physical therapist and physical therapist assistant licensed
275 under this chapter is deemed to have consented to submit to
276 a mental or physical examination when directed in writing by
277 the board;

278 (c) In addition to ordering a physical or mental
279 examination to determine competency, the board may,
280 notwithstanding any other law limiting access to medical or
281 other health data, obtain medical data and health records
282 relating to a physical therapist, physical therapist
283 assistant or applicant without the physical therapist's,
284 physical therapist assistant's or applicant's consent;

285 (d) Written notice of the reexamination or the
286 physical or mental examination shall be sent to the physical
287 therapist or physical therapist assistant, by registered
288 mail, addressed to the physical therapist or physical
289 therapist assistant at the physical therapist's or physical
290 therapist assistant's last known address. Failure of a
291 physical therapist or physical therapist assistant to submit
292 to the examination when directed shall constitute an

293 admission of the allegations against the physical therapist
294 or physical therapist assistant, in which case the board may
295 enter a final order without the presentation of evidence,
296 unless the failure was due to circumstances beyond the
297 physical therapist's or physical therapist assistant's
298 control. A physical therapist or physical therapist
299 assistant whose right to practice has been affected under
300 this subdivision shall, at reasonable intervals, be afforded
301 an opportunity to demonstrate that the physical therapist or
302 physical therapist assistant can resume the competent
303 practice as a physical therapist or physical therapist
304 assistant with reasonable skill and safety to patients;

305 (e) In any proceeding under this subdivision neither
306 the record of proceedings nor the orders entered by the
307 board shall be used against a physical therapist or physical
308 therapist assistant in any other proceeding. Proceedings
309 under this subdivision shall be conducted by the board
310 without the filing of a complaint with the administrative
311 hearing commission;

312 (f) When the board finds any person unqualified
313 because of any of the grounds set forth in this subdivision,
314 it may enter an order imposing one or more of the
315 disciplinary measures set forth in subsection 3 of this
316 section.

317 3. After the filing of such complaint before the
318 administrative hearing commission, the proceedings shall be
319 conducted in accordance with the provisions of chapter 621.
320 Upon a finding by the administrative hearing commission that
321 the grounds provided in subsection 2 of this section for
322 disciplinary action are met, the board may, singly or in
323 combination:

324 (1) Warn, censure or place the physical therapist or
325 physical therapist assistant named in the complaint on
326 probation on such terms and conditions as the board deems
327 appropriate for a period not to exceed ten years;

328 (2) Suspend the physical therapist's or physical
329 therapist assistant's license for a period not to exceed
330 three years;

331 (3) Restrict or limit the physical therapist's or
332 physical therapist assistant's license for an indefinite
333 period of time;

334 (4) Revoke the physical therapist's or physical
335 therapist assistant's license;

336 (5) Administer a public or private reprimand;

337 (6) Deny the physical therapist's or physical
338 therapist assistant's application for a license;

339 (7) Permanently withhold issuance of a license;

340 (8) Require the physical therapist or physical
341 therapist assistant to submit to the care, counseling or
342 treatment of physicians designated by the board at the
343 expense of the physical therapist or physical therapist
344 assistant to be examined;

345 (9) Require the physical therapist or physical
346 therapist assistant to attend such continuing educational
347 courses and pass such examinations as the board may direct.

348 4. In any order of revocation, the board may provide
349 that the physical therapist or physical therapist assistant
350 shall not apply for reinstatement of the physical
351 therapist's or physical therapist assistant's license for a
352 period of time ranging from two to seven years following the
353 date of the order of revocation. All stay orders shall toll
354 this time period.

355 5. Before restoring to good standing a license issued
356 under this chapter which has been in a revoked, suspended,
357 or inactive state for any cause for more than two years, the
358 board may require the applicant to attend such continuing
359 medical education courses and pass such examinations as the
360 board may direct.

361 6. In any investigation, hearing or other proceeding
362 to determine a physical therapist's, physical therapist
363 assistant's or applicant's fitness to practice, any record
364 relating to any patient of the physical therapist, physical
365 therapist assistant, or applicant shall be discoverable by
366 the board and admissible into evidence, regardless of any
367 statutory or common law privilege which such physical
368 therapist, physical therapist assistant, applicant, record
369 custodian, or patient might otherwise invoke. In addition,
370 no such physical therapist, physical therapist assistant,
371 applicant, or record custodian may withhold records or
372 testimony bearing upon a physical therapist's, physical
373 therapist assistant's, or applicant's fitness to practice on
374 the grounds of privilege between such physical therapist,
375 physical therapist assistant, applicant, or record custodian
376 and a patient.

 335.203. 1. There is hereby established the "Nursing
2 Education Incentive Program" within the state board of
3 nursing.

4 2. Subject to appropriation and board disbursement,
5 grants shall be awarded through the nursing education
6 incentive program to eligible institutions of higher
7 education based on criteria jointly determined by the board
8 and the department of higher education and workforce
9 development. [Grant award amounts shall not exceed one

10 hundred fifty thousand dollars.] No campus shall receive
11 more than one grant per year.

12 3. To be considered for a grant, an eligible
13 institution of higher education shall offer a program of
14 nursing that meets the predetermined category and area of
15 need as established by the board and the department under
16 subsection 4 of this section.

17 4. The board and the department shall determine
18 categories and areas of need for designating grants to
19 eligible institutions of higher education. In establishing
20 categories and areas of need, the board and department may
21 consider criteria including, but not limited to:

22 (1) Data generated from licensure renewal data and the
23 department of health and senior services; and

24 (2) National nursing statistical data and trends that
25 have identified nursing shortages.

26 5. The board shall be the administrative agency
27 responsible for implementation of the program established
28 under sections 335.200 to 335.203, and shall promulgate
29 reasonable rules for the exercise of its functions and the
30 effectuation of the purposes of sections 335.200 to
31 335.203. The board shall, by rule, prescribe the form,
32 time, and method of filing applications and shall supervise
33 the processing of such applications.

34 6. Any rule or portion of a rule, as that term is
35 defined in section 536.010, that is created under the
36 authority delegated in this section shall become effective
37 only if it complies with and is subject to all of the
38 provisions of chapter 536 and, if applicable, section
39 536.028. This section and chapter 536 are nonseverable and
40 if any of the powers vested with the general assembly
41 pursuant to chapter 536 to review, to delay the effective

42 date, or to disapprove and annul a rule are subsequently
43 held unconstitutional, then the grant of rulemaking
44 authority and any rule proposed or adopted after August 28,
45 2011, shall be invalid and void.

**335.205. The board, in addition to any other duties it
2 may have regarding licensure of nurses, shall collect, at
3 the time of any initial license application or license
4 renewal application, a nursing education incentive program
5 surcharge from each person licensed or relicensed under
6 chapter 335, in the amount of one dollar per year for
7 practical nurses and five dollars per year for registered
8 professional nurses. These funds shall be deposited in the
9 state board of nursing fund described in section 335.036.**

376.782. 1. As used in this section, the term "low-
2 dose mammography screening" means the X-ray examination of
3 the breast using equipment specifically designed and
4 dedicated for mammography, including the X-ray tube, filter,
5 compression device, detector, films, and cassettes, with an
6 average radiation exposure delivery of less than one rad mid-
7 breast, with two views for each breast, and any fee charged
8 by a radiologist or other physician for reading,
9 interpreting or diagnosing based on such X-ray. As used in
10 this section, the term "low-dose mammography screening"
11 shall also include digital mammography and breast
12 tomosynthesis. As used in this section, the term "breast
13 tomosynthesis" shall mean a radiologic procedure that
14 involves the acquisition of projection images over the
15 stationary breast to produce cross-sectional digital three-
16 dimensional images of the breast.

17 2. All individual and group health insurance policies
18 providing coverage on an expense-incurred basis, individual
19 and group service or indemnity type contracts issued by a

20 nonprofit corporation, individual and group service
21 contracts issued by a health maintenance organization, all
22 self-insured group arrangements to the extent not preempted
23 by federal law and all managed health care delivery entities
24 of any type or description, that are delivered, issued for
25 delivery, continued or renewed on or after August 28, 1991,
26 and providing coverage to any resident of this state shall
27 provide benefits or coverage for low-dose mammography
28 screening for any nonsymptomatic woman covered under such
29 policy or contract which meets the minimum requirements of
30 this section. Such benefits or coverage shall include at
31 least the following:

32 (1) A baseline mammogram for women age thirty-five to
33 thirty-nine, inclusive;

34 (2) A mammogram every year for women age forty and
35 over;

36 (3) A mammogram every year for any woman deemed by a
37 treating physician to have an above-average risk for breast
38 cancer in accordance with the American College of Radiology
39 guidelines for breast cancer screening;

40 (4) Any additional or supplemental imaging, such as
41 breast magnetic resonance imaging or ultrasound, deemed
42 medically necessary by a treating physician for proper
43 breast cancer screening or evaluation in accordance with
44 applicable American College of Radiology guidelines; and

45 (5) Ultrasound or magnetic resonance imaging services,
46 if determined by a treating physician to be medically
47 necessary for the screening or evaluation of breast cancer
48 for any woman deemed by the treating physician to have an
49 above-average risk for breast cancer in accordance with
50 American College of Radiology guidelines for breast cancer
51 screening.

52 3. Coverage and benefits required under this section
53 shall be at least as favorable and subject to the same
54 dollar limits, deductibles, and co-payments as other
55 radiological examinations; provided, however, that:

56 **(1)** On and after January 1, 2019, providers of health
57 care services specified under this section shall be
58 reimbursed at rates accurately reflecting the resource costs
59 specific to each modality, including any increased resource
60 cost; **and**

61 **(2)** Cost-sharing requirements shall not apply if the
62 provisions of section 376.1183 prohibit cost-sharing
63 requirements with respect to such coverage.

64 4. A policy providing the coverage and benefits
65 required under this section shall not require any person
66 covered under the policy who is entitled to a screening
67 mammogram under subdivision (1) or (2) of subsection 2 of
68 this section to obtain a referral from a primary care
69 provider or other physician in order to receive the
70 screening mammogram.

 376.1183. 1. For purposes of this section, the
2 following terms mean:

3 (1) "Cost-sharing requirement", any deductible,
4 coinsurance, co-payment, or maximum limitation on the
5 application of such deductible, coinsurance, co-payment, or
6 similar out-of-pocket expense;

7 (2) "Diagnostic breast examination", any medically
8 necessary and appropriate examination of the breast,
9 including such an examination using diagnostic mammography,
10 breast magnetic resonance imaging, or breast ultrasound,
11 that is:

12 (a) Used to evaluate an abnormality seen or suspected
13 from a screening examination for breast cancer; or

14 (b) Used to evaluate an abnormality detected by
15 another means of examination;

16 (3) "Health benefit plan", the same meaning given to
17 the term in section 376.1350;

18 (4) "Health carrier", the same meaning given to the
19 term in section 376.1350;

20 (5) "Supplemental breast examination", any medically
21 necessary and appropriate examination of the breast,
22 including such an examination using breast magnetic
23 resonance imaging or breast ultrasound, that is:

24 (a) Used to screen for breast cancer when there is no
25 abnormality seen or suspected; and

26 (b) Based on personal or family medical history or any
27 additional factors that may increase the patient's risk of
28 breast cancer.

29 2. Each health carrier or health benefit plan that
30 offers or issues health benefit plans that are delivered,
31 issued for delivery, continued, or renewed in this state on
32 or after January 1, 2024, and that provide coverage for
33 diagnostic breast examinations, coverage for supplemental
34 breast examinations, coverage required under section
35 376.782, or any combination of such coverages shall not
36 impose any cost-sharing requirements with respect to any
37 such coverage.

38 3. If, under federal law, application of the
39 requirement under subsection 2 of this section would result
40 in health savings account ineligibility under Section 223 of
41 the Internal Revenue Code, the requirement under subsection
42 2 of this section shall apply to health savings account-
43 qualified high deductible health plans with respect to the
44 deductible of such a plan after the enrollee has satisfied
45 the minimum deductible under Section 223, except with

46 respect to items or services that are preventive care under
47 Section 223(c) (2) (C) of the Internal Revenue Code, in which
48 case the requirement of subsection 2 of this section shall
49 apply regardless of whether the minimum deductible under
50 Section 223 has been satisfied.

441.740. 1. The court shall, subject to the
2 provisions of sections 441.750 and 441.880, order the
3 immediate eviction of a tenant as set forth in section
4 441.770, or issue an order pursuant to section 441.830, if
5 it finds any of the following:

6 (1) An emergency situation where dispossession of the
7 tenant by other, less expeditious legal means would, because
8 of the passage of time, imminently cause with a reasonable
9 certainty either of the following:

10 (a) Physical injury to other tenants or the lessor; or

11 (b) Physical damage to lessor's property and the
12 reasonable cost to repair such damage exceeds an amount
13 equal to twelve months of rent; for the purposes of this
14 paragraph, the term "rent" shall include the amount owed by
15 the tenant along with any subsidy owed from any third party;
16 No action shall be taken under this subdivision unless the
17 lessor first makes a reasonable attempt to abate the
18 emergency situation through public law enforcement
19 authorities or local mental health services personnel
20 authorized to take action pursuant to section [632.300,]
21 **632.305** et seq., as appropriate[.];

22 (2) Drug-related criminal activity has occurred on or
23 within the property leased to the tenant;

24 (3) The property leased to the tenant was used in any
25 way to further, promote, aid or assist in drug-related
26 criminal activity;

27 (4) The tenant, a member of the tenant's household or
28 a guest has engaged in drug-related criminal activity either
29 within, on or in the immediate vicinity of the leased
30 property;

31 (5) The tenant has given permission to or invited a
32 person to enter onto or remain on any portion of the leased
33 property, and the tenant did so knowing that the person had
34 been removed or barred from the leased property pursuant to
35 the provisions of sections 441.710 to 441.880; or

36 (6) The tenant has failed to promptly notify the
37 plaintiff that a person whom the plaintiff previously had
38 removed from the property leased by the tenant, with the
39 knowledge of the tenant, has returned to, entered onto or
40 remained on the property leased by the tenant.

41 2. The court shall, subject to the provisions of
42 section 441.880, order the immediate removal of any person
43 who engages in criminal activity described in this section
44 on or in the immediate vicinity of the leased property.
45 Persons removed from the leased premises pursuant to this
46 section shall be immediately barred from entering onto or
47 remaining on any portion of the leased property.

552.020. 1. No person who as a result of mental
2 disease or defect lacks capacity to understand the
3 proceedings against him or her or to assist in his or her
4 own defense shall be tried, convicted or sentenced for the
5 commission of an offense so long as the incapacity endures.

6 2. Whenever any judge has reasonable cause to believe
7 that the accused lacks mental fitness to proceed, the judge
8 shall, upon his or her own motion or upon motion filed by
9 the state or by or on behalf of the accused, by order of
10 record, appoint one or more private psychiatrists or
11 psychologists, as defined in section 632.005, or physicians

12 with a minimum of one year training or experience in
13 providing treatment or services to persons with an
14 intellectual disability or developmental disability or
15 mental illness, who are neither employees nor contractors of
16 the department of mental health for purposes of performing
17 the examination in question, to examine the accused; or
18 shall direct the director to have the accused so examined by
19 one or more psychiatrists or psychologists, as defined in
20 section 632.005, or physicians with a minimum of one year
21 training or experience in providing treatment or services to
22 persons with an intellectual disability, developmental
23 disability, or mental illness. The order shall direct that
24 a written report or reports of such examination be filed
25 with the clerk of the court. No private physician,
26 psychiatrist, or psychologist shall be appointed by the
27 court unless he or she has consented to act. The
28 examinations ordered shall be made at such time and place
29 and under such conditions as the court deems proper; except
30 that, if the order directs the director of the department to
31 have the accused examined, the director, or his or her
32 designee, shall determine the time, place and conditions
33 under which the examination shall be conducted. The order
34 may include provisions for the interview of witnesses and
35 may require the provision of police reports to the
36 department for use in evaluations. The department shall
37 establish standards and provide training for those
38 individuals performing examinations pursuant to this section
39 and section 552.030. No individual who is employed by or
40 contracts with the department shall be designated to perform
41 an examination pursuant to this chapter unless the
42 individual meets the qualifications so established by the
43 department. Any examination performed pursuant to this

44 subsection shall be completed and filed with the court
45 within sixty days of the order unless the court for good
46 cause orders otherwise. Nothing in this section or section
47 552.030 shall be construed to permit psychologists to engage
48 in any activity not authorized by chapter 337. One pretrial
49 evaluation shall be provided at no charge to the defendant
50 by the department. All costs of subsequent evaluations
51 shall be assessed to the party requesting the evaluation.

52 3. A report of the examination made under this section
53 shall include:

54 (1) Detailed findings;

55 (2) An opinion as to whether the accused has a mental
56 disease or defect;

57 (3) An opinion based upon a reasonable degree of
58 medical or psychological certainty as to whether the
59 accused, as a result of a mental disease or defect, lacks
60 capacity to understand the proceedings against him or her or
61 to assist in his or her own defense;

62 (4) **An opinion, if the accused is found to lack**
63 **capacity to understand the proceedings against him or her or**
64 **to assist in his or her own defense, as to whether there is**
65 **a substantial probability that the accused will be mentally**
66 **fit to proceed in the reasonably foreseeable future;**

67 (5) A recommendation as to whether the accused should
68 be held in custody in a suitable hospital facility for
69 treatment pending determination, by the court, of mental
70 fitness to proceed; [and

71 (5)] (6) A recommendation as to whether the accused,
72 if found by the court to be mentally fit to proceed, should
73 be detained in such hospital facility pending further
74 proceedings;

75 (7) A recommendation as to whether the accused, if
76 found by the court to lack the mental fitness to proceed,
77 should be committed to a suitable hospital facility for
78 treatment to restore the mental fitness to proceed or if
79 such treatment to restore the mental fitness to proceed can
80 be provided in a county jail or other detention facility
81 approved by the director or designee; and

82 (8) A recommendation as to whether the accused, if
83 found by the court to lack the mental fitness to proceed and
84 the accused is not charged with a dangerous felony as
85 defined in section 556.061, murder in the first degree under
86 section 565.020, or rape in the second degree under section
87 566.031, or the attempts thereof:

88 (a) Should be committed to a suitable hospital
89 facility; or

90 (b) May be appropriately treated in the community; and

91 (c) Is able to comply with bond conditions as set
92 forth by the court and is able to comply with treatment
93 conditions and requirements as set forth by the director of
94 the department or his or her designee.

95 4. When the court determines that the accused can
96 comply with the bond and treatment conditions as referenced
97 in subsection 3 of this section, the court shall order that
98 the accused remain on bond while receiving treatment until
99 the case is disposed of as set forth by subsection 12 of
100 this section. If, at any time, the court finds that the
101 accused has failed to comply with the bond and treatment
102 conditions, the court may order that the accused be taken
103 into law enforcement custody until such time as a department
104 inpatient bed is available to provide treatment.

105 5. If the accused has pleaded lack of responsibility
106 due to mental disease or defect or has given the written

107 notice provided in subsection 2 of section 552.030, the
108 court shall order the report of the examination conducted
109 pursuant to this section to include, in addition to the
110 information required in subsection 3 of this section, an
111 opinion as to whether at the time of the alleged criminal
112 conduct the accused, as a result of mental disease or
113 defect, did not know or appreciate the nature, quality, or
114 wrongfulness of his or her conduct or as a result of mental
115 disease or defect was incapable of conforming his or her
116 conduct to the requirements of law. A plea of not guilty by
117 reason of mental disease or defect shall not be accepted by
118 the court in the absence of any such pretrial evaluation
119 which supports such a defense. In addition, if the accused
120 has pleaded not guilty by reason of mental disease or
121 defect, and the alleged crime is not a dangerous felony as
122 defined in section 556.061, or those crimes set forth in
123 subsection 10 of section 552.040, or the attempts thereof,
124 the court shall order the report of the examination to
125 include an opinion as to whether or not the accused should
126 be immediately conditionally released by the court pursuant
127 to the provisions of section 552.040 or should be committed
128 to a mental health or developmental disability facility. If
129 such an evaluation is conducted at the direction of the
130 director of the department of mental health, the court shall
131 also order the report of the examination to include an
132 opinion as to the conditions of release which are consistent
133 with the needs of the accused and the interest of public
134 safety, including, but not limited to, the following factors:

- 135 (1) Location and degree of necessary supervision of
136 housing;

137 (2) Location of and responsibilities for appropriate
138 psychiatric, rehabilitation and aftercare services,
139 including the frequency of such services;

140 (3) Medication follow-up, including necessary testing
141 to monitor medication compliance;

142 (4) At least monthly contact with the department's
143 forensic case monitor;

144 (5) Any other conditions or supervision as may be
145 warranted by the circumstances of the case.

146 [5.] 6. If the report contains the recommendation that
147 the accused should be committed to or held in a suitable
148 hospital facility pending determination of the issue of
149 mental fitness to proceed, and if the accused is not
150 admitted to bail or released on other conditions, the court
151 may order that the accused be committed to or held in a
152 suitable hospital facility pending determination of the
153 issue of mental fitness to proceed.

154 [6.] 7. The clerk of the court shall deliver copies of
155 the report to the prosecuting or circuit attorney and to the
156 accused or his or her counsel. The report shall not be a
157 public record or open to the public. Within ten days after
158 the filing of the report, both the defendant and the state
159 shall, upon written request, be entitled to an order
160 granting them an examination of the accused by a
161 psychiatrist or psychologist, as defined in section 632.005,
162 or a physician with a minimum of one year training or
163 experience in providing treatment or services to persons
164 with an intellectual disability or developmental disability
165 or mental illness, of their own choosing and at their own
166 expense. An examination performed pursuant to this
167 subsection shall be completed and a report filed with the
168 court within sixty days of the date it is received by the

169 department or private psychiatrist, psychologist or
170 physician unless the court, for good cause, orders
171 otherwise. A copy shall be furnished the opposing party.

172 [7.] 8. If neither the state nor the accused nor his
173 or her counsel requests a second examination relative to
174 fitness to proceed or contests the findings of the report
175 referred to in subsections 2 and 3 of this section, the
176 court [may] **shall** make a determination and finding on the
177 basis of the report filed or [may] hold a hearing on its own
178 motion. If any such opinion is contested, the court shall
179 hold a hearing on the issue. The court shall determine the
180 issue of mental fitness to proceed and may impanel a jury of
181 six persons to assist in making the determination. The
182 report or reports may be received in evidence at any hearing
183 on the issue but the party contesting any opinion therein
184 shall have the right to summon and to cross-examine the
185 examiner who rendered such opinion and to offer evidence
186 upon the issue.

187 [8.] 9. At a hearing on the issue pursuant to
188 subsection [7] 8 of this section, the accused is presumed to
189 have the mental fitness to proceed. The burden of proving
190 that the accused does not have the mental fitness to proceed
191 is by a preponderance of the evidence and the burden of
192 going forward with the evidence is on the party raising the
193 issue. The burden of going forward shall be on the state if
194 the court raises the issue.

195 [9.] 10. If the court determines that the accused
196 lacks mental fitness to proceed, the criminal proceedings
197 shall be suspended and the court shall commit him or her to
198 the director of the department of mental health. **The**
199 **director of the department, or his or her designee, shall**
200 **notify the court and the parties of the location and**

201 **conditions for treatment.** After the person has been
202 committed, legal counsel for the department of mental health
203 shall have standing to file motions and participate in
204 hearings on the issue of involuntary medications.

205 [10.] 11. Any person committed pursuant to subsection
206 [9] 10 of this section shall be entitled to the writ of
207 habeas corpus upon proper petition to the court that
208 committed him or her. The issue of the mental fitness to
209 proceed after commitment under subsection [9] 10 of this
210 section may also be raised by a motion filed by the director
211 of the department of mental health or by the state, alleging
212 the mental fitness of the accused to proceed. A report
213 relating to the issue of the accused's mental fitness to
214 proceed may be attached thereto. When a motion to proceed
215 is filed, legal counsel for the department of mental health
216 shall have standing to participate in hearings on such
217 motions. If the motion is not contested by the accused or
218 his or her counsel or if after a hearing on a motion the
219 court finds the accused mentally fit to proceed, or if he or
220 she is ordered discharged from the director's custody upon a
221 habeas corpus hearing, the criminal proceedings shall be
222 resumed.

223 [11.] 12. The following provisions shall apply after a
224 commitment as provided in this section:

225 (1) Six months after such commitment, the court which
226 ordered the accused committed shall order an examination by
227 the head of the facility in which the accused is committed,
228 or a qualified designee, to ascertain whether the accused is
229 mentally fit to proceed and if not, whether there is a
230 substantial probability that the accused will attain the
231 mental fitness to proceed to trial in the foreseeable
232 future. The order shall direct that written report or

233 reports of the examination be filed with the clerk of the
234 court within thirty days and the clerk shall deliver copies
235 to the prosecuting attorney or circuit attorney and to the
236 accused or his or her counsel. The report required by this
237 subsection shall conform to the requirements under
238 subsection 3 of this section with the additional requirement
239 that it include an opinion, if the accused lacks mental
240 fitness to proceed, as to whether there is a substantial
241 probability that the accused will attain the mental fitness
242 to proceed in the foreseeable future;

243 (2) Within ten days after the filing of the report,
244 both the accused and the state shall, upon written request,
245 be entitled to an order granting them an examination of the
246 accused by a psychiatrist or psychologist, as defined in
247 section 632.005, or a physician with a minimum of one year
248 training or experience in providing treatment or services to
249 persons with an intellectual disability or developmental
250 disability or mental illness, of their own choosing and at
251 their own expense. An examination performed pursuant to
252 this subdivision shall be completed and filed with the court
253 within thirty days unless the court, for good cause, orders
254 otherwise. A copy shall be furnished to the opposing party;

255 (3) If neither the state nor the accused nor his or
256 her counsel requests a second examination relative to
257 fitness to proceed or contests the findings of the report
258 referred to in subdivision (1) of this subsection, the court
259 may make a determination and finding on the basis of the
260 report filed, or may hold a hearing on its own motion. If
261 any such opinion is contested, the court shall hold a
262 hearing on the issue. The report or reports may be received
263 in evidence at any hearing on the issue but the party
264 contesting any opinion therein relative to fitness to

265 proceed shall have the right to summon and to cross-examine
266 the examiner who rendered such opinion and to offer evidence
267 upon the issue;

268 (4) If the accused is found mentally fit to proceed,
269 the criminal proceedings shall be resumed;

270 (5) If it is found that the accused lacks mental
271 fitness to proceed but there is a substantial probability
272 the accused will be mentally fit to proceed in the
273 reasonably foreseeable future, the court shall continue such
274 commitment for a period not longer than six months, after
275 which the court shall reinstitute the proceedings required
276 under subdivision (1) of this subsection;

277 (6) If it is found that the accused lacks mental
278 fitness to proceed and there is no substantial probability
279 that the accused will be mentally fit to proceed in the
280 reasonably foreseeable future, the court shall dismiss the
281 charges without prejudice and the accused shall be
282 discharged, but only if proper proceedings have been filed
283 under chapter 632 or chapter 475, in which case those
284 sections and no others will be applicable. The probate
285 division of the circuit court shall have concurrent
286 jurisdiction over the accused upon the filing of a proper
287 pleading to determine if the accused shall be involuntarily
288 detained under chapter 632, or to determine if the accused
289 shall be declared incapacitated under chapter 475, and
290 approved for admission by the guardian under section 632.120
291 or 633.120, to a mental health or developmental disability
292 facility. When such proceedings are filed, the criminal
293 charges shall be dismissed without prejudice if the court
294 finds that the accused is mentally ill and should be
295 committed or that he or she is incapacitated and should have
296 a guardian appointed. The period of limitation on

297 prosecuting any criminal offense shall be tolled during the
298 period that the accused lacks mental fitness to proceed.

299 [12.] 13. If the question of the accused's mental
300 fitness to proceed was raised after a jury was impaneled to
301 try the issues raised by a plea of not guilty and the court
302 determines that the accused lacks the mental fitness to
303 proceed or orders the accused committed for an examination
304 pursuant to this section, the court may declare a mistrial.
305 Declaration of a mistrial under these circumstances, or
306 dismissal of the charges pursuant to subsection [11] 12 of
307 this section, does not constitute jeopardy, nor does it
308 prohibit the trial, sentencing or execution of the accused
309 for the same offense after he or she has been found restored
310 to competency.

311 [13.] 14. The result of any examinations made pursuant
312 to this section shall not be a public record or open to the
313 public.

314 [14.] 15. No statement made by the accused in the
315 course of any examination or treatment pursuant to this
316 section and no information received by any examiner or other
317 person in the course thereof, whether such examination or
318 treatment was made with or without the consent of the
319 accused or upon his or her motion or upon that of others,
320 shall be admitted in evidence against the accused on the
321 issue of guilt in any criminal proceeding then or thereafter
322 pending in any court, state or federal. A finding by the
323 court that the accused is mentally fit to proceed shall in
324 no way prejudice the accused in a defense to the crime
325 charged on the ground that at the time thereof he or she was
326 afflicted with a mental disease or defect excluding
327 responsibility, nor shall such finding by the court be

328 introduced in evidence on that issue nor otherwise be
329 brought to the notice of the jury.

552.030. 1. A person is not responsible for criminal
2 conduct if, at the time of such conduct, as a result of
3 mental disease or defect such person was incapable of
4 knowing and appreciating the nature, quality, or
5 wrongfulness of such person's conduct.

6 2. Evidence of mental disease or defect excluding
7 responsibility shall not be admissible at trial of the
8 accused unless the accused, at the time of entering such
9 accused's plea to the charge, pleads not guilty by reason of
10 mental disease or defect excluding responsibility, or unless
11 within ten days after a plea of not guilty, or at such later
12 date as the court may for good cause permit, the accused
13 files a written notice of such accused's purpose to rely on
14 such defense. Such a plea or notice shall not deprive the
15 accused of other defenses. The state may accept a defense
16 of mental disease or defect excluding responsibility,
17 whether raised by plea or written notice, if the accused has
18 no other defense and files a written notice to that effect.
19 The state shall not accept a defense of mental disease or
20 defect excluding responsibility in the absence of any
21 pretrial evaluation as described in this section or section
22 552.020. Upon the state's acceptance of the defense of
23 mental disease or defect excluding responsibility, the court
24 shall proceed to order the commitment of the accused as
25 provided in section 552.040 in cases of persons acquitted on
26 the ground of mental disease or defect excluding
27 responsibility, and further proceedings shall be had
28 regarding the confinement and release of the accused as
29 provided in section 552.040.

30 3. Whenever the accused has pleaded mental disease or
31 defect excluding responsibility or has given the written
32 notice provided in subsection 2 of this section, and such
33 defense has not been accepted as provided in subsection 2 of
34 this section, the court shall, after notice and upon motion
35 of either the state or the accused, by order of record,
36 appoint one or more private psychiatrists or psychologists,
37 as defined in section 632.005, or physicians with a minimum
38 of one year training or experience in providing treatment or
39 services to persons with an intellectual disability or
40 developmental disability or mental illness, who are neither
41 employees nor contractors of the department of mental health
42 for purposes of performing the examination in question, to
43 examine the accused, or shall direct the director of the
44 department of mental health, or the director's designee, to
45 have the accused so examined by one or more psychiatrists or
46 psychologists, as defined in section 632.005, or physicians
47 with a minimum of one year training or experience in
48 providing treatment or services to persons with an
49 intellectual disability or developmental disability or
50 mental illness designated by the director, or the director's
51 designee, as qualified to perform examinations pursuant to
52 this chapter. The order shall direct that written report or
53 reports of such examination be filed with the clerk of the
54 court. No private psychiatrist, psychologist, or physician
55 shall be appointed by the court unless such psychiatrist,
56 psychologist or physician has consented to act. The
57 examinations ordered shall be made at such time and place
58 and under such conditions as the court deems proper; except
59 that, if the order directs the director of the department of
60 mental health to have the accused examined, the director, or
61 the director's designee, shall determine the time, place and

62 conditions under which the examination shall be conducted.
63 The order may include provisions for the interview of
64 witnesses and may require the provision of police reports to
65 the department for use in evaluation. If an examination
66 provided in section 552.020 was made and the report of such
67 examination included an opinion as to whether, at the time
68 of the alleged criminal conduct, the accused, as a result of
69 mental disease or defect, did not know or appreciate the
70 nature, quality or wrongfulness of such accused's conduct or
71 as a result of mental disease or defect was incapable of
72 conforming such accused's conduct to the requirements of
73 law, such report may be received in evidence, and no new
74 examination shall be required by the court unless, in the
75 discretion of the court, another examination is necessary.
76 If an examination is ordered pursuant to this section, the
77 report shall contain the information required in subsections
78 3 and [4] 5 of section 552.020. Within ten days after
79 receiving a copy of such report, both the accused and the
80 state shall, upon written request, be entitled to an order
81 granting them an examination of the accused by an examiner
82 of such accused's or its own choosing and at such accused's
83 or its expense. The clerk of the court shall deliver copies
84 of the report or reports to the prosecuting or circuit
85 attorney and to the accused or his counsel. No reports
86 required by this subsection shall be public records or be
87 open to the public. Any examination performed pursuant to
88 this subsection shall be completed and the results shall be
89 filed with the court within sixty days of the date it is
90 received by the department or private psychiatrist,
91 psychologist or physician unless the court, for good cause,
92 orders otherwise.

93 4. If the report contains the recommendation that the
94 accused should be held in custody in a suitable hospital
95 facility pending trial, and if the accused is not admitted
96 to bail, or released on other conditions, the court may
97 order that the accused be committed to or held in a suitable
98 hospital facility pending trial.

99 5. No statement made by the accused in the course of
100 any such examination and no information received by any
101 physician or other person in the course thereof, whether
102 such examination was made with or without the consent of the
103 accused or upon the accused's motion or upon that of others,
104 shall be admitted in evidence against the accused on the
105 issue of whether the accused committed the act charged
106 against the accused in any criminal proceeding then or
107 thereafter pending in any court, state or federal. The
108 statement or information shall be admissible in evidence for
109 or against the accused only on the issue of the accused's
110 mental condition, whether or not it would otherwise be
111 deemed to be a privileged communication. If the statement
112 or information is admitted for or against the accused on the
113 issue of the accused's mental condition, the court shall,
114 both orally at the time of its admission and later by
115 instruction, inform the jury that it must not consider such
116 statement or information as any evidence of whether the
117 accused committed the act charged against the accused.

118 6. All persons are presumed to be free of mental
119 disease or defect excluding responsibility for their
120 conduct, whether or not previously adjudicated in this or
121 any other state to be or to have been sexual or social
122 psychopaths, or incompetent; provided, however, the court
123 may admit evidence presented at such adjudication based on
124 its probative value. The issue of whether any person had a

125 mental disease or defect excluding responsibility for such
126 person's conduct is one for the trier of fact to decide upon
127 the introduction of substantial evidence of lack of such
128 responsibility. But, in the absence of such evidence, the
129 presumption shall be conclusive. Upon the introduction of
130 substantial evidence of lack of such responsibility, the
131 presumption shall not disappear and shall alone be
132 sufficient to take that issue to the trier of fact. The
133 jury shall be instructed as to the existence and nature of
134 such presumption when requested by the state and, where the
135 issue of such responsibility is one for the jury to decide,
136 the jury shall be told that the burden rests upon the
137 accused to show by a preponderance or greater weight of the
138 credible evidence that the defendant was suffering from a
139 mental disease or defect excluding responsibility at the
140 time of the conduct charged against the defendant. At the
141 request of the defense the jury shall be instructed by the
142 court as to the contents of subsection 2 of section 552.040.

143 7. When the accused is acquitted on the ground of
144 mental disease or defect excluding responsibility, the
145 verdict and the judgment shall so state as well as state the
146 offense for which the accused was acquitted. The clerk of
147 the court shall furnish a copy of any judgment or order of
148 commitment to the department of mental health pursuant to
149 this section to the criminal records central repository
150 pursuant to section 43.503.

552.040. 1. For the purposes of this section, the
2 following words mean:

3 (1) "Prosecutor of the jurisdiction", the prosecuting
4 attorney in a county or the circuit attorney of a city not
5 within a county;

6 (2) "Secure facility", a state mental health facility,
7 state developmental disability facility, private facility
8 under contract with the department of mental health, or a
9 section within any of these facilities, in which persons
10 committed to the department of mental health pursuant to
11 this chapter shall not be permitted to move about the
12 facility or section of the facility, nor to leave the
13 facility or section of the facility, without approval by the
14 head of the facility or such head's designee and adequate
15 supervision consistent with the safety of the public and the
16 person's treatment, habilitation or rehabilitation plan;

17 (3) "Tried and acquitted" includes both pleas of
18 mental disease or defect excluding responsibility that are
19 accepted by the court and acquittals on the ground of mental
20 disease or defect excluding responsibility following the
21 proceedings set forth in section 552.030.

22 2. When an accused is tried and acquitted on the
23 ground of mental disease or defect excluding responsibility,
24 the court shall order such person committed to the director
25 of the department of mental health for custody. The court
26 shall also order custody and care in a state mental health
27 or intellectual disability facility unless an immediate
28 conditional release is granted pursuant to this section. If
29 the accused has not been charged with a dangerous felony as
30 defined in section 556.061, or with murder in the first
31 degree pursuant to section 565.020, or sexual assault
32 pursuant to section 566.040, or the attempts thereof, and
33 the examination contains an opinion that the accused should
34 be immediately conditionally released to the community by
35 the court, the court shall hold a hearing to determine if an
36 immediate conditional release is appropriate pursuant to the
37 procedures for conditional release set out in subsections 10

38 to 14 of this section. Prior to the hearing, the court
39 shall direct the director of the department of mental
40 health, or the director's designee, to have the accused
41 examined to determine conditions of confinement in
42 accordance with subsection [4] 5 of section 552.020. The
43 provisions of subsection 16 of this section shall be
44 applicable to defendants granted an immediate conditional
45 release and the director shall honor the immediate
46 conditional release as granted by the court. If the court
47 determines that an immediate conditional release is
48 warranted, the court shall order the person committed to the
49 director of the department of mental health before ordering
50 such a release. The court granting the immediate
51 conditional release shall retain jurisdiction over the case
52 for the duration of the conditional release. This shall not
53 limit the authority of the director of the department of
54 mental health or the director's designee to revoke the
55 conditional release or the trial release of any committed
56 person pursuant to subsection 17 of this section. If the
57 accused is committed to a mental health or developmental
58 disability facility, the director of the department of
59 mental health, or the director's designee, shall determine
60 the time, place and conditions of confinement.

61 3. The provisions of sections 630.110, 630.115,
62 630.130, 630.133, 630.135, 630.140, 630.145, 630.150,
63 630.180, 630.183, 630.192, 630.194, 630.196, 630.198,
64 630.805, 632.370, 632.395, and 632.435 shall apply to
65 persons committed pursuant to subsection 2 of this section.
66 If the department does not have a treatment or
67 rehabilitation program for a mental disease or defect of an
68 individual, that fact may not be the basis for a release
69 from commitment. Notwithstanding any other provision of law

70 to the contrary, no person committed to the department of
71 mental health who has been tried and acquitted by reason of
72 mental disease or defect as provided in section 552.030
73 shall be conditionally or unconditionally released unless
74 the procedures set out in this section are followed. Upon
75 request by an indigent committed person, the appropriate
76 court may appoint the office of the public defender to
77 represent such person in any conditional or unconditional
78 release proceeding under this section.

79 4. Notwithstanding section 630.115, any person
80 committed pursuant to subsection 2 of this section shall be
81 kept in a secure facility until such time as a court of
82 competent jurisdiction enters an order granting a
83 conditional or unconditional release to a nonsecure facility.

84 5. The committed person or the head of the facility
85 where the person is committed may file an application in the
86 court that committed the person seeking an order releasing
87 the committed person unconditionally; except that any person
88 who has been denied an application for a conditional release
89 pursuant to subsection 13 of this section shall not be
90 eligible to file for an unconditional release until the
91 expiration of one year from such denial. In the case of a
92 person who was immediately conditionally released after
93 being committed to the department of mental health, the
94 released person or the director of the department of mental
95 health, or the director's designee, may file an application
96 in the same court that released the committed person seeking
97 an order releasing the committed person unconditionally.
98 Copies of the application shall be served personally or by
99 certified mail upon the head of the facility unless the head
100 of the facility files the application, the committed person
101 unless the committed person files the application, or unless

102 the committed person was immediately conditionally released,
103 the director of the department of mental health, and the
104 prosecutor of the jurisdiction where the committed person
105 was tried and acquitted. Any party objecting to the
106 proposed release must do so in writing within thirty days
107 after service. Within a reasonable period of time after any
108 written objection is filed, which period shall not exceed
109 sixty days unless otherwise agreed upon by the parties, the
110 court shall hold a hearing upon notice to the committed
111 person, the head of the facility, if necessary, the director
112 of the department of mental health, and the prosecutor of
113 the jurisdiction where the person was tried. Prior to the
114 hearing any of the parties, upon written application, shall
115 be entitled to an examination of the committed person, by a
116 psychiatrist or psychologist, as defined in section 632.005,
117 or a physician with a minimum of one year training or
118 experience in providing treatment or services to
119 intellectually disabled or mentally ill individuals of its
120 own choosing and at its expense. The report of the mental
121 condition of the committed person shall accompany the
122 application. By agreement of all parties to the proceeding
123 any report of the mental condition of the committed person
124 which may accompany the application for release or which is
125 filed in objection thereto may be received by evidence, but
126 the party contesting any opinion therein shall have the
127 right to summon and to cross-examine the examiner who
128 rendered such opinion and to offer evidence upon the issue.

129 6. By agreement of all the parties and leave of court,
130 the hearing may be waived, in which case an order granting
131 an unconditional release shall be entered in accordance with
132 subsection 8 of this section.

133 7. At a hearing to determine if the committed person
134 should be unconditionally released, the court shall consider
135 the following factors in addition to any other relevant
136 evidence:

137 (1) Whether or not the committed person presently has
138 a mental disease or defect;

139 (2) The nature of the offense for which the committed
140 person was committed;

141 (3) The committed person's behavior while confined in
142 a mental health facility;

143 (4) The elapsed time between the hearing and the last
144 reported unlawful or dangerous act;

145 (5) Whether the person has had conditional releases
146 without incident; and

147 (6) Whether the determination that the committed
148 person is not dangerous to himself or others is dependent on
149 the person's taking drugs, medicine or narcotics.

150 The burden of persuasion for any person committed to a
151 mental health facility under the provisions of this section
152 upon acquittal on the grounds of mental disease or defect
153 excluding responsibility shall be on the party seeking
154 unconditional release to prove by clear and convincing
155 evidence that the person for whom unconditional release is
156 sought does not have, and in the reasonable future is not
157 likely to have, a mental disease or defect rendering the
158 person dangerous to the safety of himself or others.

159 8. The court shall enter an order either denying the
160 application for unconditional release or granting an
161 unconditional release. An order denying the application
162 shall be without prejudice to the filing of another

163 application after the expiration of one year from the denial
164 of the last application.

165 9. No committed person shall be unconditionally
166 released unless it is determined through the procedures in
167 this section that the person does not have, and in the
168 reasonable future is not likely to have, a mental disease or
169 defect rendering the person dangerous to the safety of
170 himself or others.

171 10. The committed person or the head of the facility
172 where the person is committed may file an application in the
173 court having probate jurisdiction over the facility where
174 the person is detained for a hearing to determine whether
175 the committed person shall be released conditionally. In
176 the case of a person committed to a mental health facility
177 upon acquittal on the grounds of mental disease or defect
178 excluding responsibility for a dangerous felony as defined
179 in section 556.061, murder in the first degree pursuant to
180 section 565.020, or sexual assault pursuant to section
181 566.040, any such application shall be filed in the court
182 that committed the person. In such cases, jurisdiction over
183 the application for conditional release shall be in the
184 committing court. In the case of a person who was
185 immediately conditionally released after being committed to
186 the department of mental health, the released person or the
187 director of the department of mental health, or the
188 director's designee, may file an application in the same
189 court that released the person seeking to amend or modify
190 the existing release. The procedures for application for
191 unconditional releases set out in subsection 5 of this
192 section shall apply, with the following additional
193 requirements:

194 (1) A copy of the application shall also be served
195 upon the prosecutor of the jurisdiction where the person is
196 being detained, unless the released person was immediately
197 conditionally released after being committed to the
198 department of mental health, or unless the application was
199 required to be filed in the court that committed the person
200 in which case a copy of the application shall be served upon
201 the prosecutor of the jurisdiction where the person was
202 tried and acquitted and the prosecutor of the jurisdiction
203 into which the committed person is to be released;

204 (2) The prosecutor of the jurisdiction where the
205 person was tried and acquitted shall use their best efforts
206 to notify the victims of dangerous felonies. Notification
207 by the appropriate person or agency by certified mail to the
208 most current address provided by the victim shall constitute
209 compliance with the victim notification requirement of this
210 section;

211 (3) The application shall specify the conditions and
212 duration of the proposed release;

213 (4) The prosecutor of the jurisdiction where the
214 person is being detained shall represent the public safety
215 interest at the hearing unless the prosecutor of the
216 jurisdiction where the person was tried and acquitted
217 decides to appear to represent the public safety interest.

218 If the application for release was required to be filed in
219 the committing court, the prosecutor of the jurisdiction
220 where the person was tried and acquitted shall represent the
221 public safety interest. In the case of a person who was
222 immediately conditionally released after being committed to
223 the department of mental health, the prosecutor of the

224 jurisdiction where the person was tried and acquitted shall
225 appear and represent the public safety interest.

226 11. By agreement of all the parties, the hearing may
227 be waived, in which case an order granting a conditional
228 release, stating the conditions and duration agreed upon by
229 all the parties and the court, shall be entered in
230 accordance with subsection 13 of this section.

231 12. At a hearing to determine if the committed person
232 should be conditionally released, the court shall consider
233 the following factors in addition to any other relevant
234 evidence:

235 (1) The nature of the offense for which the committed
236 person was committed;

237 (2) The person's behavior while confined in a mental
238 health facility;

239 (3) The elapsed time between the hearing and the last
240 reported unlawful or dangerous act;

241 (4) The nature of the person's proposed release plan;

242 (5) The presence or absence in the community of family
243 or others willing to take responsibility to help the
244 defendant adhere to the conditions of the release; and

245 (6) Whether the person has had previous conditional
246 releases without incident.

247 The burden of persuasion for any person committed to a
248 mental health facility under the provisions of this section
249 upon acquittal on the grounds of mental disease or defect
250 excluding responsibility shall be on the party seeking
251 release to prove by clear and convincing evidence that the
252 person for whom release is sought is not likely to be
253 dangerous to others while on conditional release.

254 13. The court shall enter an order either denying the
255 application for a conditional release or granting
256 conditional release. An order denying the application shall
257 be without prejudice to the filing of another application
258 after the expiration of one year from the denial of the last
259 application.

260 14. No committed person shall be conditionally
261 released until it is determined that the committed person is
262 not likely to be dangerous to others while on conditional
263 release.

264 15. If, in the opinion of the head of a facility where
265 a committed person is being detained, that person can be
266 released without danger to others, that person may be
267 released from the facility for a trial release of up to
268 ninety-six hours under the following procedure:

269 (1) The head of the facility where the person is
270 committed shall notify the prosecutor of the jurisdiction
271 where the committed person was tried and acquitted and the
272 prosecutor of the jurisdiction into which the committed
273 person is to be released at least thirty days before the
274 date of the proposed trial release;

275 (2) The notice shall specify the conditions and
276 duration of the release;

277 (3) If no prosecutor to whom notice is required
278 objects to the trial release, the committed person shall be
279 released according to conditions and duration specified in
280 the notice;

281 (4) If any prosecutor objects to the trial release,
282 the head of the facility may file an application with the
283 court having probate jurisdiction over the facility where
284 the person is detained for a hearing under the procedures

285 set out in subsections 5 and 10 of this section with the
286 following additional requirements:

287 (a) A copy of the application shall also be served
288 upon the prosecutor of the jurisdiction into which the
289 committed person is to be released; and

290 (b) The prosecutor or prosecutors who objected to the
291 trial release shall represent the public safety interest at
292 the hearing; and

293 (5) The release criteria of subsections 12 to 14 of
294 this section shall apply at such a hearing.

295 16. The department shall provide or shall arrange for
296 follow-up care and monitoring for all persons conditionally
297 released under this section and shall make or arrange for
298 reviews and visits with the client at least monthly, or more
299 frequently as set out in the release plan, and whether the
300 client is receiving care, treatment, habilitation or
301 rehabilitation consistent with his needs, condition and
302 public safety. The department shall identify the
303 facilities, programs or specialized services operated or
304 funded by the department which shall provide necessary
305 levels of follow-up care, aftercare, rehabilitation or
306 treatment to the persons in geographical areas where they
307 are released.

308 17. The director of the department of mental health,
309 or the director's designee, may revoke the conditional
310 release or the trial release and request the return of the
311 committed person if such director or coordinator has
312 reasonable cause to believe that the person has violated the
313 conditions of such release. If requested to do so by the
314 director or coordinator, a peace officer of a jurisdiction
315 in which a patient on conditional release is found shall
316 apprehend and return such patient to the facility. No peace

317 officer responsible for apprehending and returning the
318 committed person to the facility upon the request of the
319 director or coordinator shall be civilly liable for
320 apprehending or transporting such patient to the facility so
321 long as such duties were performed in good faith and without
322 negligence. If a person on conditional release is returned
323 to a facility under the provisions of this subsection, a
324 hearing shall be held within ninety-six hours, excluding
325 Saturdays, Sundays and state holidays, to determine whether
326 the person violated the conditions of the release or whether
327 resumption of full-time hospitalization is the least
328 restrictive alternative consistent with the person's needs
329 and public safety. The director of the department of mental
330 health, or the director's designee, shall conduct the
331 hearing. The person shall be given notice at least twenty-
332 four hours in advance of the hearing and shall have the
333 right to have an advocate present.

334 18. At any time during the period of a conditional
335 release or trial release, the court which ordered the
336 release may issue a notice to the released person to appear
337 to answer a charge of a violation of the terms of the
338 release and the court may issue a warrant of arrest for the
339 violation. Such notice shall be personally served upon the
340 released person. The warrant shall authorize the return of
341 the released person to the custody of the court or to the
342 custody of the director of mental health or the director's
343 designee.

344 19. The head of a mental health facility, upon any
345 notice that a committed person has escaped confinement, or
346 left the facility or its grounds without authorization,
347 shall immediately notify the prosecutor and sheriff of the
348 county wherein the committed person is detained of the

349 escape or unauthorized leaving of grounds and the prosecutor
350 and sheriff of the county where the person was tried and
351 acquitted.

352 20. Any person committed to a mental health facility
353 under the provisions of this section upon acquittal on the
354 grounds of mental disease or defect excluding responsibility
355 for a dangerous felony as defined in section 556.061, murder
356 in the first degree pursuant to section 565.020, or sexual
357 assault pursuant to section 566.040 shall not be eligible
358 for conditional or unconditional release under the
359 provisions of this section unless, in addition to the
360 requirements of this section, the court finds that the
361 following criteria are met:

362 (1) Such person is not now and is not likely in the
363 reasonable future to commit another violent crime against
364 another person because of such person's mental illness; and

365 (2) Such person is aware of the nature of the violent
366 crime committed against another person and presently
367 possesses the capacity to appreciate the criminality of the
368 violent crime against another person and the capacity to
369 conform such person's conduct to the requirements of law in
370 the future.

552.050. 1. If the chief administrative officer of
2 any correctional facility has reasonable cause to believe
3 that any offender needs care in a mental hospital, he **or she**
4 shall so certify to the division of classification and
5 treatment, which shall then transfer the offender to a state
6 mental hospital for custody, care and treatment. The
7 hospital may detain and treat the offender for a period of
8 time not to exceed ninety-six hours. At the expiration of
9 the ninety-six hours, the offender shall be returned to a
10 correctional facility designated by the department of

11 corrections unless the individual admits himself **or herself**
12 as a voluntary patient or the [mental health coordinator or]
13 head of the facility files for involuntary detention and
14 treatment pursuant to chapter 632. The petition filed
15 pursuant to section 632.330 shall be filed in the court
16 having probate jurisdiction over the mental health facility
17 in which the offender is being detained. The offender shall
18 have the rights afforded respondents in sections 632.330 and
19 632.335, except that at the conclusion of the hearing on the
20 petition the court may order the offender detained for a
21 period of time not to exceed ninety days. At the expiration
22 of the ninety-day commitment period ordered by the court,
23 the offender may be detained and treated involuntarily for
24 up to an additional one year under sections 632.355 and
25 632.360.

26 2. When an offender needs care in a mental hospital
27 and is committed or transferred to a state mental hospital,
28 the time spent at the mental hospital shall be calculated as
29 a part of the sentence imposed upon him **or her** whether the
30 sentence is an indeterminate one or for a definite period of
31 time. The time spent at the mental hospital shall be
32 deducted from the term of the sentence.

33 3. When an offender who has been transferred from a
34 correctional facility to a state mental hospital recovers
35 before the expiration of his **or her** sentence, the
36 superintendent of the hospital shall so certify in writing
37 to the division of classification and treatment. He **or she**
38 shall thereupon be transferred to such correctional facility
39 as the department may direct.

40 4. An offender who has been committed to or
41 transferred to a state mental hospital and is still mentally
42 ill at the expiration of his **or her** sentence may be

43 discharged and delivered to any person who is able and
44 willing to maintain him **or her** comfortably and to the
45 satisfaction of the superintendent of the hospital, if, in
46 the opinion of the superintendent, it is reasonably safe for
47 the person to be at large. Before discharging the offender
48 the superintendent shall receive verification of the
49 expiration of the offender's sentence from the director of
50 corrections. The person so discharged may, in the
51 discretion of the superintendent, be provided with the whole
52 or a portion of the allowances granted to discharged
53 prisoners by section 217.285. The cost of such allowance
54 shall be paid from the same funds as are allowances granted
55 to persons discharged directly from a correctional facility.

56 5. When the term of an offender who has been committed
57 or transferred to a state mental hospital has expired and
58 the person, in the opinion of the hospital superintendent,
59 is still in need of care in a mental hospital and for the
60 welfare and safety of himself [and] **or herself or** others
61 should remain in the hospital for custody, care and
62 treatment, he **or she** shall be retained in the hospital only
63 if proper involuntary detention proceedings have been
64 instituted and held as provided in chapter 632. Thereafter
65 this chapter and no other shall be applicable to his **or her**
66 continued hospitalization and discharge.

552.080. 1. Notwithstanding any other provisions of
2 law, the court in which the proceedings are pending shall,
3 upon application and approval, order the payment of or tax
4 as costs the following expenses and fees, which in each case
5 shall be reasonable, and so found by the court:

6 (1) Expenses and fees for examinations, reports and
7 expert testimony of private psychiatrists who are neither
8 employees nor contractors of the department of mental health

9 for purposes of performing such services and who are
10 appointed by the court to examine the accused under sections
11 552.020 and 552.030;

12 (2) The expenses of conveying any prisoner from a jail
13 to a facility of the department of mental health and the
14 expense of returning him to a jail under the provisions of
15 section 552.020, 552.030, 552.040 or 552.050.

16 Such expenses and fees shall be paid, no matter how taxed as
17 costs or collected, by the state, county or defendant, when
18 liable for such costs under the provisions of chapter 550.
19 Such order may be made at any time before or after the final
20 disposition of the case and whether or not the accused is
21 convicted or sentenced to the custody of the division of
22 corrections or county jail, as the case may be, or placed
23 upon probation or granted parole.

24 2. The expenses and fees provided in subsection 1 of
25 this section may be levied and collected under execution;
26 except that, if the state or county has by inadvertence or
27 mistake paid expenses or fees as provided in subsection 1 of
28 this section, the political entity having made such a
29 mistake or inadvertent payment shall be entitled to recover
30 the same from the entity responsible for such payment.

31 3. If a person is ordered held or hospitalized by the
32 director of the department of mental health or in one of the
33 facilities of the department of mental health pursuant to
34 the following provisions, the liability for hospitalization
35 shall be paid by the person, his estate or those responsible
36 for his support in accordance with chapter 630:

37 (1) Following determination of lack of mental fitness
38 to proceed under subsection [7] 8 of section 552.020;

39 (2) Following acquittal because of lack of
40 responsibility due to mental disease or defect under section
41 552.030, and subsequent order of commitment to the director
42 of the department of mental health under section 552.040.

43 4. The method of collecting the costs and expenses
44 herein provided or otherwise incurred in connection with the
45 custody, examination, trial, transportation or treatment of
46 any person accused or convicted of any offense shall not be
47 exclusive and same may be collected in any other manner
48 provided by law.

 630.045. The director of the department may authorize
2 such persons[, including mental health coordinators,] as are
3 necessary to carry out the civil involuntary detention
4 requirements of chapter 632.

 630.140. 1. Information and records compiled,
2 obtained, prepared or maintained by the residential
3 facility, mental health program operated, funded or licensed
4 by the department or otherwise, specialized service, or by
5 any mental health facility or mental health program in which
6 people may be civilly detained pursuant to chapter 632 in
7 the course of providing services to either voluntary or
8 involuntary patients, residents or clients shall be
9 confidential.

10 2. The facilities or programs shall disclose
11 information and records including medication given, dosage
12 levels, and individual ordering such medication to the
13 following upon their request:

14 (1) The parent of a minor patient, resident or client;

15 (2) The guardian or other person having legal custody
16 of the patient, resident or client;

17 (3) The attorney of a patient, resident or client who
18 is a ward of the juvenile court, an alleged incompetent, an

19 incompetent ward or a person detained under chapter 632, as
20 evidenced by court orders of the attorney's appointment;

21 (4) An attorney or personal physician as authorized by
22 the patient, resident or client;

23 (5) Law enforcement officers and agencies, information
24 about patients, residents or clients committed pursuant to
25 chapter 552, but only to the extent necessary to carry out
26 the responsibilities of their office, and all such law
27 enforcement officers shall be obligated to keep such
28 information confidential;

29 (6) The entity or agency authorized to implement a
30 system to protect and advocate the rights of persons with
31 developmental disabilities under the provisions of 42 U.S.C.
32 Sections 15042 to 15044. The entity or agency shall be able
33 to obtain access to the records of a person with
34 developmental disabilities who is a client of the entity or
35 agency if such person has authorized the entity or agency to
36 have such access; and the records of any person with
37 developmental disabilities who, by reason of mental or
38 physical condition is unable to authorize the entity or
39 agency to have such access, if such person does not have a
40 legal guardian, conservator or other legal representative,
41 and a complaint has been received by the entity or agency
42 with respect to such person or there is probable cause to
43 believe that such person has been subject to abuse or
44 neglect. The entity or agency obtaining access to a
45 person's records shall meet all requirements for
46 confidentiality as set out in this section;

47 (7) The entity or agency authorized to implement a
48 system to protect and advocate the rights of persons with
49 mental illness under the provisions of 42 U.S.C. Section
50 10801 **et seq., as amended**, shall be able to obtain access to

51 the records of a patient, resident or client who by reason
52 of mental or physical condition is unable to authorize the
53 system to have such access, who does not have a legal
54 guardian, conservator or other legal representative and with
55 respect to whom a complaint has been received by the system
56 or there is probable cause to believe that such individual
57 has been subject to abuse or neglect. The entity or agency
58 obtaining access to a person's records shall meet all
59 requirements for confidentiality as set out in this
60 section. The provisions of this subdivision shall apply to
61 a person who has a significant mental illness or impairment
62 as determined by a mental health professional qualified
63 under the laws and regulations of the state; **and**

64 (8) **[To mental health coordinators, but only to the**
65 **extent necessary to carry out their duties under chapter 632;**

66 **(9)]** To individuals, designated by the department of
67 mental health as community mental health liaisons, for the
68 purpose of coordination of care and services.

69 3. The facilities or services may disclose information
70 and records under any of the following:

71 (1) As authorized by the patient, resident or client;

72 (2) To persons or agencies responsible for providing
73 health care services to such patients, residents or clients
74 as permitted by the federal Health Insurance Portability and
75 Accountability Act of 1996 (HIPAA), as amended;

76 (3) To the extent necessary for a recipient to make a
77 claim or for a claim to be made on behalf of a recipient for
78 aid or insurance;

79 (4) To qualified personnel for the purpose of
80 conducting scientific research, management audits, financial
81 audits, program evaluations or similar studies; provided,
82 that such personnel shall not identify, directly or

83 indirectly, any individual patient, resident or client in
84 any report of such research, audit or evaluation, or
85 otherwise disclose patient, resident or client identities in
86 any manner;

87 (5) To the courts as necessary for the administration
88 of chapter 211, 475, 552, or 632;

89 (6) To law enforcement officers or public health
90 officers, but only to the extent necessary to carry out the
91 responsibilities of their office, and all such law
92 enforcement and public health officers shall be obligated to
93 keep such information confidential;

94 (7) Pursuant to an order of a court or administrative
95 agency of competent jurisdiction;

96 (8) To the attorney representing petitioners, but only
97 to the extent necessary to carry out their duties under
98 chapter 632;

99 (9) To the department of social services or the
100 department of health and senior services as necessary to
101 report or have investigated abuse, neglect, or rights
102 violations of patients, residents, or clients;

103 (10) To a county board established pursuant to
104 sections 205.968 to [205.972, RSMo 1986] **205.973**, but only
105 to the extent necessary to carry out their statutory
106 responsibilities. The county board shall not identify,
107 directly or indirectly, any individual patient, resident or
108 client;

109 (11) To parents, legal guardians, treatment
110 professionals, law enforcement officers, and other
111 individuals who by having such information could mitigate
112 the likelihood of a suicide. The facility treatment team
113 shall have determined that the consumer's safety is at some
114 level of risk;

115 (12) To individuals, designated by the department of
116 mental health as community mental health liaisons, for the
117 purpose of coordination of care and services.

118 4. The facility or program shall document the dates,
119 nature, purposes and recipients of any records disclosed
120 under this section and sections 630.145 and 630.150.

121 5. The records and files maintained in any court
122 proceeding under chapter 632 shall be confidential and
123 available only to the patient, the patient's attorney,
124 guardian, or, in the case of a minor, to a parent or other
125 person having legal custody of the patient, to the
126 petitioner and the petitioner's attorney, and to the
127 Missouri state highway patrol for reporting to the National
128 Instant Criminal Background Check System (NICS), and to
129 individuals designated by the department of mental health as
130 community mental health liaisons for the purpose of
131 coordination of care and services. In addition, the court
132 may order the release or use of such records or files only
133 upon good cause shown, and the court may impose such
134 restrictions as the court deems appropriate.

135 6. Nothing contained in this chapter shall limit the
136 rights of discovery in judicial or administrative procedures
137 as otherwise provided for by statute or rule.

138 7. The fact of admission of a voluntary or involuntary
139 patient to a mental health facility under chapter 632 may
140 only be disclosed as specified in subsections 2 and 3 of
141 this section.

630.175. 1. No person admitted on a voluntary or
2 involuntary basis to any mental health facility or mental
3 health program in which people are civilly detained pursuant
4 to chapter 632 and no patient, resident or client of a
5 residential facility or day program operated, funded or

6 licensed by the department shall be subject to physical or
7 chemical restraint, isolation or seclusion unless it is
8 determined by the head of the facility, the attending
9 licensed physician, or in the circumstances specifically set
10 forth in this section, by an advanced practice registered
11 nurse in a collaborative practice arrangement, or a
12 physician assistant or an assistant physician with a
13 collaborative practice arrangement, with the attending
14 licensed physician that the chosen intervention is
15 imminently necessary to protect the health and safety of the
16 patient, resident, client or others and that it provides the
17 least restrictive environment. An advanced practice
18 registered nurse in a collaborative practice arrangement, or
19 a physician assistant or an assistant physician with a
20 collaborative practice arrangement, with the attending
21 licensed physician may make a determination that the chosen
22 intervention is necessary for patients, residents, or
23 clients of facilities or programs operated by the
24 department, in hospitals as defined in section 197.020 that
25 only provide psychiatric care and in dedicated psychiatric
26 units of general acute care hospitals as hospitals are
27 defined in section 197.020. Any determination made by the
28 advanced practice registered nurse, physician assistant, or
29 assistant physician shall be documented as required in
30 subsection 2 of this section and reviewed in person by the
31 attending licensed physician if the episode of restraint is
32 to extend beyond:

33 (1) Four hours duration in the case of a person under
34 eighteen years of age;

35 (2) Eight hours duration in the case of a person
36 eighteen years of age or older; or

37 (3) For any total length of restraint lasting more
38 than four hours duration in a twenty-four-hour period in the
39 case of a person under eighteen years of age or beyond eight
40 hours duration in the case of a person eighteen years of age
41 or older in a twenty-four-hour period.

42 The review shall occur prior to the time limit specified
43 under subsection 6 of this section and shall be documented
44 by the licensed physician under subsection 2 of this section.

45 2. Every use of physical or chemical restraint,
46 isolation or seclusion and the reasons therefor shall be
47 made a part of the clinical record of the patient, resident
48 or client under the signature of the head of the facility,
49 or the attending licensed physician, or the advanced
50 practice registered nurse in a collaborative practice
51 arrangement, or a physician assistant or an assistant
52 physician with a collaborative practice arrangement, with
53 the attending licensed physician.

54 3. Physical or chemical restraint, isolation or
55 seclusion shall not be considered standard treatment or
56 habilitation and shall cease as soon as the circumstances
57 causing the need for such action have ended.

58 4. The use of security escort devices, including
59 devices designed to restrict physical movement, which are
60 used to maintain safety and security and to prevent escape
61 during transport outside of a facility shall not be
62 considered physical restraint within the meaning of this
63 section. Individuals who have been civilly detained under
64 sections [632.300] **632.305** to 632.475 may be placed in
65 security escort devices when transported outside of the
66 facility if it is determined by the head of the facility, or
67 the attending licensed physician, or the advanced practice

68 registered nurse in a collaborative practice arrangement, or
69 a physician assistant or an assistant physician with a
70 collaborative practice arrangement, with the attending
71 licensed physician that the use of security escort devices
72 is necessary to protect the health and safety of the
73 patient, resident, client, or other persons or is necessary
74 to prevent escape. Individuals who have been civilly
75 detained under sections 632.480 to 632.513 or committed
76 under chapter 552 shall be placed in security escort devices
77 when transported outside of the facility unless it is
78 determined by the head of the facility, or the attending
79 licensed physician, or the advanced practice registered
80 nurse in a collaborative practice arrangement, or a
81 physician assistant or an assistant physician with a
82 collaborative practice arrangement, with the attending
83 licensed physician that security escort devices are not
84 necessary to protect the health and safety of the patient,
85 resident, client, or other persons or is not necessary to
86 prevent escape.

87 5. Extraordinary measures employed by the head of the
88 facility to ensure the safety and security of patients,
89 residents, clients, and other persons during times of
90 natural or man-made disasters shall not be considered
91 restraint, isolation, or seclusion within the meaning of
92 this section.

93 6. Orders issued under this section by the advanced
94 practice registered nurse in a collaborative practice
95 arrangement, or a physician assistant or an assistant
96 physician with a collaborative practice arrangement, with
97 the attending licensed physician shall be reviewed in person
98 by the attending licensed physician of the facility within
99 twenty-four hours or the next regular working day of the

100 order being issued, and such review shall be documented in
101 the clinical record of the patient, resident, or client.

102 7. For purposes of this subsection, "division" shall
103 mean the division of developmental disabilities. Restraint
104 or seclusion shall not be used in habilitation centers or
105 community programs that serve persons with developmental
106 disabilities that are operated or funded by the division
107 unless such procedure is part of an emergency intervention
108 system approved by the division and is identified in such
109 person's individual support plan. Direct-care staff that
110 serve persons with developmental disabilities in
111 habilitation centers or community programs operated or
112 funded by the division shall be trained in an emergency
113 intervention system approved by the division when such
114 emergency intervention system is identified in a consumer's
115 individual support plan.

631.120. 1. A [mental health coordinator,] mental
2 health professional, peace officer, registered nurse,
3 licensed physician, or qualified counselor may complete an
4 application for detention, treatment, or rehabilitation for
5 up to ninety-six hours under the procedures of section
6 632.305 for a person presenting an imminent likelihood of
7 serious harm to himself **or herself** or others as a result of
8 alcohol or drug abuse, or both.

9 2. If a peace officer has reasonable cause to believe
10 that unless a person is taken into custody the likelihood of
11 serious harm is imminent as a result of alcohol or drug
12 abuse, or both, the officer may take the person into custody
13 and convey him **or her** to an alcohol or drug abuse facility.
14 The officer shall complete an application for detention
15 indicating the facts upon which the belief is based.

631.135. If a respondent is accepted for treatment and
2 rehabilitation pursuant to this chapter, he **or she** shall be
3 advised, orally and in writing, of the information contained
4 in subdivisions (1) to (11) of this section. The
5 respondent's guardian, if any, and, with the respondent's
6 consent, a responsible member of the respondent's immediate
7 family shall be advised if possible, either orally or in
8 writing, of his **or her** admission to the facility. The
9 personnel of the alcohol or drug abuse facility to which the
10 respondent is taken shall advise the respondent that unless
11 the respondent is released or voluntarily admits himself **or**
12 **herself** within ninety-six hours of the initial detention:

13 (1) He **or she** may be detained for ninety-six hours
14 from the time of his **or her** initial detention to receive
15 treatment and rehabilitation;

16 (2) Within the ninety-six hours, the head of the
17 alcohol or drug abuse facility [or the mental health
18 coordinator] may file a petition to have him **or her**
19 detained, after a court hearing, for an additional period
20 not to exceed thirty days;

21 (3) He **or she** will be given a judicial hearing within
22 two judicial days after the day the petition for additional
23 detention is filed, unless continued for good cause;

24 (4) An attorney has been appointed who will represent
25 him **or her** before and after the hearing and who will be
26 notified as soon as possible; except that, he **or she** also
27 has the right to private counsel of his **or her** own choosing
28 and at his **or her** own expense;

29 (5) He **or she** has the right to communicate with
30 counsel at all reasonable times and to have assistance in
31 contacting such counsel;

32 (6) Anything he **or she** says to personnel at the
33 alcohol or drug abuse facility may be used in making a
34 determination regarding detention, may result in involuntary
35 detention proceedings being filed concerning him **or her**, and
36 may be used at the court hearing;

37 (7) He **or she** has the right to present evidence and to
38 cross-examine witnesses who testify on behalf of the
39 petitioner at the hearing;

40 (8) During the period prior to being examined by a
41 licensed physician, he **or she** may refuse medication unless
42 he **or she** presents an imminent likelihood of serious harm to
43 himself **or herself** or others;

44 (9) He **or she** has the right to refuse medication
45 except for lifesaving treatment beginning twenty-four hours
46 prior to the hearing for thirty-day detention;

47 (10) He **or she** has the right to request that the
48 hearing be held in his **or her** county of residence if he **or**
49 **she** is a resident of this state; **and**

50 (11) He **or she** has the right to have an interpreter
51 assist him **or her** to communicate at the facility or during
52 the hearing, or both, if he **or she** has impaired hearing or
53 does not speak English.

631.140. 1. At the expiration of the ninety-six-hour
2 period, the respondent may be detained and treated
3 involuntarily for an additional two judicial days only if
4 the head of the alcohol or drug abuse facility [**or a mental**
5 **health coordinator**] has filed a petition for additional
6 detention not to exceed thirty days.

7 2. Within ninety-six hours following initial
8 detention, the head of the facility [**or the mental health**
9 **coordinator**] may file, or cause to be filed, a petition for
10 a thirty-day involuntary detention, treatment, or

11 rehabilitation period provided he **or she** has reasonable
12 cause to believe that the person abuses alcohol or drugs and
13 presents a likelihood of serious harm to himself **or herself**
14 or others as a result of alcohol or drug abuse, or both.

15 The court shall serve the petition and list of prospective
16 witnesses for the petitioner upon the respondent and his **or**
17 **her** attorney at least twenty-four hours before the hearing.

18 [The head of the facility shall also notify the mental
19 health coordinator if the petition is not filed by the
20 mental health coordinator.] The petition shall:

21 (1) Allege that the respondent, by reason of alcohol
22 or drug abuse, or both, presents a likelihood of serious
23 harm to himself **or herself** or to others;

24 (2) Allege that the respondent is in need of continued
25 detention, treatment, and rehabilitation;

26 (3) Allege the specific behavior of the respondent or
27 the facts which support such conclusion;

28 (4) Allege that an alcohol or drug abuse facility
29 which is appropriate to handle the respondent's condition
30 has agreed to accept the respondent; and

31 (5) Be signed by a licensed physician who has examined
32 the respondent.

631.150. 1. Before the expiration of the thirty-day
2 period of detention, treatment, and rehabilitation ordered
3 pursuant to section 631.145, the court may order the
4 respondent to be detained for treatment and rehabilitation
5 for an additional period not to exceed ninety days; provided
6 that:

7 (1) The respondent, as the result of alcohol or drug
8 abuse, or both, continues to present a likelihood of serious
9 harm to himself **or herself** or to others; and

10 (2) The court, after a hearing, orders the respondent
11 detained for treatment and rehabilitation for the additional
12 period.

13 2. If, within twenty-five days of the court hearing
14 described in section 631.145, the head of the alcohol or
15 drug abuse facility [or the mental health coordinator] has
16 reasonable cause to believe that the respondent, as the
17 result of alcohol or drug abuse, or both, presents a
18 likelihood of serious harm to himself **or herself** or others,
19 and believes that further detention and treatment is
20 necessary, he **or she** shall file, or cause to be filed, with
21 the court a petition for ninety days additional detention,
22 treatment, and rehabilitation. The court shall immediately
23 set a date and time for a hearing on the petition, which
24 shall take place within four judicial days of the date of
25 the filing of the petition. The court shall serve a copy of
26 the petition and the notice of the date and time of the
27 hearing upon the petitioner, the respondent, and their
28 attorneys as promptly as possible, but not later than two
29 judicial days after the filing of the petition. The
30 petitioner shall also file with the court, for the court to
31 serve upon the respondent's attorney not later than two days
32 after the filing of the petition, a list of the proposed
33 witnesses for the petitioner. [The head of the alcohol or
34 drug abuse facility shall notify the mental health
35 coordinator if the petition is not filed by the mental
36 health coordinator.] The petition shall comply with the
37 requirements of section 631.140, and an individualized
38 treatment and rehabilitation plan for the respondent shall
39 be attached thereto.

 631.165. If the head of the alcohol or drug abuse
2 facility finds that a person who is detained for treatment

3 and rehabilitation is presenting a likelihood of serious
4 harm as a result of mental disorder other than alcohol or
5 drug abuse, or both, the head of the facility shall arrange
6 for the transfer of the person to a mental health facility
7 through [a mental health coordinator, or through] a licensed
8 physician, registered professional nurse, qualified
9 counselor or mental health professional designated by the
10 mental health facility. The person may be detained for up
11 to ninety-six hours for evaluation and treatment, under the
12 procedures of sections 632.310, 632.315, 632.320 and
13 632.325, before filing a petition for further detention
14 under sections 632.330 and 632.335.

632.005. As used in chapter 631 and this chapter,
2 unless the context clearly requires otherwise, the following
3 terms shall mean:

4 (1) "Comprehensive psychiatric services", any one, or
5 any combination of two or more, of the following services to
6 persons affected by mental disorders other than intellectual
7 disabilities or developmental disabilities: inpatient,
8 outpatient, day program or other partial hospitalization,
9 emergency, diagnostic, treatment, liaison, follow-up,
10 consultation, education, rehabilitation, prevention,
11 screening, transitional living, medical prevention and
12 treatment for alcohol abuse, and medical prevention and
13 treatment for drug abuse;

14 (2) "Council", the Missouri advisory council for
15 comprehensive psychiatric services;

16 (3) "Court", the court which has jurisdiction over the
17 respondent or patient;

18 (4) "Division", the division of comprehensive
19 psychiatric services of the department of mental health;

20 (5) "Division director", director of the division of
21 comprehensive psychiatric services of the department of
22 mental health, or his **or her** designee;

23 (6) "Head of mental health facility", superintendent
24 or other chief administrative officer of a mental health
25 facility, or his **or her** designee;

26 (7) "Judicial day", any Monday, Tuesday, Wednesday,
27 Thursday or Friday when the court is open for business, but
28 excluding Saturdays, Sundays and legal holidays;

29 (8) "Licensed physician", a physician licensed
30 pursuant to the provisions of chapter 334 or a person
31 authorized to practice medicine in this state pursuant to
32 the provisions of section 334.150;

33 (9) "Licensed professional counselor", a person
34 licensed as a professional counselor under chapter 337 and
35 with a minimum of one year training or experience in
36 providing psychiatric care, treatment, or services in a
37 psychiatric setting to individuals suffering from a mental
38 disorder;

39 (10) "Likelihood of serious harm" means any one or
40 more of the following but does not require actual physical
41 injury to have occurred:

42 (a) A substantial risk that serious physical harm will
43 be inflicted by a person upon his **or her** own person, as
44 evidenced by recent threats, including verbal threats, or
45 attempts to commit suicide or inflict physical harm on
46 himself **or herself**. Evidence of substantial risk may also
47 include information about patterns of behavior that
48 historically have resulted in serious harm previously being
49 inflicted by a person upon himself **or herself**;

50 (b) A substantial risk that serious physical harm to a
51 person will result or is occurring because of an impairment

52 in his **or her** capacity to make decisions with respect to his
53 **or her** hospitalization and need for treatment as evidenced
54 by his **or her** current mental disorder or mental illness
55 which results in an inability to provide for his **or her** own
56 basic necessities of food, clothing, shelter, safety or
57 medical care or his **or her** inability to provide for his **or**
58 **her** own mental health care which may result in a substantial
59 risk of serious physical harm. Evidence of that substantial
60 risk may also include information about patterns of behavior
61 that historically have resulted in serious harm to the
62 person previously taking place because of a mental disorder
63 or mental illness which resulted in his **or her** inability to
64 provide for his **or her** basic necessities of food, clothing,
65 shelter, safety or medical or mental health care; or

66 (c) A substantial risk that serious physical harm will
67 be inflicted by a person upon another as evidenced by recent
68 overt acts, behavior or threats, including verbal threats,
69 which have caused such harm or which would place a
70 reasonable person in reasonable fear of sustaining such
71 harm. Evidence of that substantial risk may also include
72 information about patterns of behavior that historically
73 have resulted in physical harm previously being inflicted by
74 a person upon another person;

75 (11) ["Mental health coordinator", a mental health
76 professional who has knowledge of the laws relating to
77 hospital admissions and civil commitment and who is
78 authorized by the director of the department, or his
79 designee, to serve a designated geographic area or mental
80 health facility and who has the powers, duties and
81 responsibilities provided in this chapter;

82 (12)] "Mental health facility", any residential
83 facility, public or private, or any public or private

84 hospital, which can provide evaluation, treatment and,
85 inpatient care to persons suffering from a mental disorder
86 or mental illness and which is recognized as such by the
87 department or any outpatient treatment program certified by
88 the department of mental health. No correctional
89 institution or facility, jail, regional center or
90 developmental disability facility shall be a mental health
91 facility within the meaning of this chapter;

92 [(13)] (12) "Mental health professional", a
93 psychiatrist, resident in psychiatry, psychiatric physician
94 assistant, psychiatric assistant physician, psychiatric
95 advanced practice registered nurse, psychologist,
96 psychiatric nurse, licensed professional counselor, or
97 psychiatric social worker;

98 [(14)] (13) "Mental health program", any public or
99 private residential facility, public or private hospital,
100 public or private specialized service or public or private
101 day program that can provide care, treatment, rehabilitation
102 or services, either through its own staff or through
103 contracted providers, in an inpatient or outpatient setting
104 to persons with a mental disorder or mental illness or with
105 a diagnosis of alcohol abuse or drug abuse which is
106 recognized as such by the department. No correctional
107 institution or facility or jail may be a mental health
108 program within the meaning of this chapter;

109 [(15)] (14) "Ninety-six hours" shall be construed and
110 computed to exclude Saturdays, Sundays and legal holidays
111 which are observed either by the court or by the mental
112 health facility where the respondent is detained;

113 [(16)] (15) "Peace officer", a sheriff, deputy
114 sheriff, county or municipal police officer or highway
115 patrolman;

116 [(17)] (16) "Psychiatric advanced practice registered
117 nurse", a registered nurse who is currently recognized by
118 the board of nursing as an advanced practice registered
119 nurse, who has at least two years of experience in providing
120 psychiatric treatment to individuals suffering from mental
121 disorders;

122 [(18)] (17) "Psychiatric assistant physician", a
123 licensed assistant physician under chapter 334 and who has
124 had at least two years of experience as an assistant
125 physician in providing psychiatric treatment to individuals
126 suffering from mental health disorders;

127 [(19)] (18) "Psychiatric nurse", a registered
128 professional nurse who is licensed under chapter 335 and who
129 has had at least two years of experience as a registered
130 professional nurse in providing psychiatric nursing
131 treatment to individuals suffering from mental disorders;

132 [(20)] (19) "Psychiatric physician assistant", a
133 licensed physician assistant under chapter 334 and who has
134 had at least two years of experience as a physician
135 assistant in providing psychiatric treatment to individuals
136 suffering from mental health disorders or a graduate of a
137 postgraduate residency or fellowship for physician
138 assistants in psychiatry;

139 [(21)] (20) "Psychiatric social worker", a person with
140 a master's or further advanced degree from an accredited
141 school of social work, practicing pursuant to chapter 337,
142 and with a minimum of one year training or experience in
143 providing psychiatric care, treatment or services in a
144 psychiatric setting to individuals suffering from a mental
145 disorder;

146 [(22)] (21) "Psychiatrist", a licensed physician who
147 in addition has successfully completed a training program in

148 psychiatry approved by the American Medical Association, the
149 American Osteopathic Association or other training program
150 certified as equivalent by the department;

151 [(23)] (22) "Psychologist", a person licensed to
152 practice psychology under chapter 337 with a minimum of one
153 year training or experience in providing treatment or
154 services to mentally disordered or mentally ill individuals;

155 [(24)] (23) "Resident in psychiatry", a licensed
156 physician who is in a training program in psychiatry
157 approved by the American Medical Association, the American
158 Osteopathic Association or other training program certified
159 as equivalent by the department;

160 [(25)] (24) "Respondent", an individual against whom
161 involuntary civil detention proceedings are instituted
162 pursuant to this chapter;

163 [(26)] (25) "Treatment", any effort to accomplish a
164 significant change in the mental or emotional conditions or
165 the behavior of the patient consistent with generally
166 recognized principles or standards in the mental health
167 professions.

632.150. 1. A voluntary patient who has applied for
2 his **or her** own admission may request his **or her** release
3 either orally or in writing to the head of the mental health
4 facility and shall be released immediately; except, that if
5 the head of the facility determines that he **or she** is
6 mentally disordered and, as a result, presents a likelihood
7 of serious physical harm to himself **or herself** or others,
8 the head of the facility may refuse the request for release.

9 2. If the request for release is refused, the mental
10 health facility may detain the person only if a [mental
11 health coordinator, a] licensed physician, a registered
12 professional nurse designated by the facility and approved

13 by the department, a mental health professional or a peace
14 officer completes an application for detention for
15 evaluation and treatment to begin the involuntary detention
16 of the patient under this chapter.

632.155. 1. A voluntary patient who is a minor and
2 who requests his **or her** release either orally or in writing,
3 or whose release is requested in writing to the head of the
4 facility by his **or her** parent, spouse, adult next of kin, or
5 person entitled to his **or her** custody, shall be released
6 immediately; except, that if the patient was admitted on the
7 application of another person, his **or her** release shall be
8 conditioned upon receiving the consent of the person
9 applying for his **or her** admission.

10 2. If the head of the mental health facility
11 determines that the minor is mentally disordered and, as a
12 result, presents a likelihood of serious physical harm to
13 himself **or herself** or others, the head of the facility may
14 refuse the release. The mental health facility may detain
15 the minor only if a [mental health coordinator, a] licensed
16 physician, a mental health professional or a registered
17 professional nurse designated by the facility and approved
18 by the department completes an application for detention for
19 evaluation and treatment to begin the involuntary detention
20 of the minor under this chapter or, if appropriate, the
21 minor is detained in the facility under the provisions of
22 chapter 211.

632.305. 1. An application for detention for
2 evaluation and treatment **at a mental health facility** may be
3 executed by any adult person, who need not be an attorney or
4 represented by an attorney, [including the mental health
5 coordinator,] on a form provided by the court for such
6 purpose, and shall allege under oath, without a notarization

7 requirement, that the applicant has reason to believe that
8 the respondent is suffering from a mental disorder and
9 presents a likelihood of serious harm to himself or herself
10 or to others. The application shall specify the factual
11 information on which such belief is based and should contain
12 the names and addresses of all persons known to the
13 applicant who have knowledge of such facts through personal
14 observation.

15 2. The filing of a written application in court by any
16 adult person, who need not be an attorney or represented by
17 an attorney, [including the mental health coordinator,]
18 shall authorize the applicant to bring the matter before the
19 court on an ex parte basis to determine whether the
20 respondent should be taken into custody and transported to a
21 mental health facility. The application may be filed in the
22 court having probate jurisdiction in any county where the
23 respondent may be found. If the court finds that there is
24 probable cause, either upon testimony under oath or upon a
25 review of affidavits, **declarations, or other supporting**
26 **documentation**, to believe that the respondent may be
27 suffering from a mental disorder and presents a likelihood
28 of serious harm to himself or herself or others, it shall
29 direct a peace officer to take the respondent into custody
30 and transport him or her to a mental health facility for
31 detention for evaluation and treatment for a period not to
32 exceed ninety-six hours unless further detention and
33 treatment is authorized pursuant to this chapter. Nothing
34 herein shall be construed to prohibit the court, in the
35 exercise of its discretion, from giving the respondent an
36 opportunity to be heard.

37 3. A [mental health coordinator may request a peace
38 officer to take or a] peace officer may take a person into

39 custody for detention for evaluation and treatment **at a**
40 **mental health facility** for a period not to exceed ninety-six
41 hours only when such [mental health coordinator or] peace
42 officer has reasonable cause to believe that such person is
43 suffering from a mental disorder and that the likelihood of
44 serious harm by such person to himself or herself or others
45 is imminent unless such person is immediately taken into
46 custody. Upon arrival at the mental health facility, the
47 peace officer [or mental health coordinator] who conveyed
48 such person or caused him or her to be conveyed shall either
49 present the application for detention for evaluation and
50 treatment upon which the court has issued a finding of
51 probable cause and the respondent was taken into custody or
52 complete an application for initial detention for evaluation
53 and treatment for a period not to exceed ninety-six hours
54 which shall be based upon his or her own personal
55 observations or investigations and shall contain the
56 information required in subsection 1 of this section.

57 4. If a person presents himself or herself or is
58 presented by others to a mental health facility and a
59 licensed physician, a registered professional nurse or a
60 mental health professional designated by the head of the
61 facility and approved by the department for such purpose has
62 reasonable cause to believe that the person is mentally
63 disordered and presents an imminent likelihood of serious
64 harm to himself or herself or others unless he or she is
65 accepted for detention, the licensed physician, the mental
66 health professional or the registered professional nurse
67 designated by the facility and approved by the department
68 may complete an application for detention for evaluation and
69 treatment for a period not to exceed ninety-six hours. The
70 application shall be based on his or her own personal

71 observations or investigation and shall contain the
72 information required in subsection 1 of this section.

73 5. [Any oath required by the provisions of this
74 section] **No notarization shall be required for an**
75 **application or for any affidavits, declarations, or other**
76 **documents supporting an application. The application and**
77 **any affidavits, declarations, or other documents supporting**
78 **the application** shall be subject to the provisions of
79 section 492.060 **allowing for declaration under penalty of**
80 **perjury.**

632.310. 1. Whenever a court has authorized the
2 initial detention and evaluation of a respondent pursuant to
3 subsection 2 of section 632.305, [or whenever a mental
4 health coordinator submits an application for initial
5 detention and evaluation pursuant to subsection 3 of section
6 632.305,] or whenever a licensed physician, a registered
7 professional nurse designated by the facility and approved
8 by the department, or a mental health professional submits
9 an application for initial detention and evaluation pursuant
10 to subsection 4 of section 632.305, a public mental health
11 facility shall, and a private mental health facility may
12 immediately accept such application and the respondent on a
13 provisional basis, and the facility shall then evaluate the
14 respondent's condition and admit him **or her** for treatment or
15 release him **or her** in accordance with the provisions of this
16 chapter.

17 2. Whenever a peace officer applies for initial
18 detention and evaluation pursuant to subsection 3 of section
19 632.305, the mental health facility may, but is not required
20 to, accept the application and the respondent. If the
21 facility accepts the application and the respondent, the
22 facility shall evaluate the respondent's condition and admit

23 him **or her** for treatment or release him **or her** in accordance
24 with the provisions of this chapter.

25 3. If the respondent is not accepted for admission by
26 a facility providing ninety-six-hour evaluation and
27 treatment, the facility shall immediately furnish
28 transportation, if not otherwise available, to return the
29 respondent to his **or her** place of residence or other
30 appropriate place; provided, that in the case of a person
31 transported to the facility by a peace officer or other
32 governmental agency, such peace officer or agency shall
33 furnish or arrange for such transportation.

34 4. The department may require, pursuant to an
35 affiliation agreement and contract with a community-based
36 service certified by the department to serve the catchment
37 area where a respondent whose mental disorder consists of
38 alcohol or drug abuse resides, that the service immediately
39 accept the application and respondent engaging in alcohol or
40 drug abuse on a provisional basis and that the service then
41 evaluate such respondent's condition and admit him **or her**
42 for treatment for up to ninety-six hours, petition for
43 further detention and treatment, or release him **or her** in
44 accordance with the provisions of chapter 631.

632.315. Any mental health facility accepting a
2 respondent pursuant to section 632.310 shall be furnished a
3 copy of the application for initial detention and
4 evaluation. If a person is involuntarily detained in a
5 mental health facility pursuant to section 632.310, no later
6 than twenty-four hours after his **or her** arrival, excluding
7 Saturdays, Sundays and legal holidays, the head of the
8 mental health facility [or the mental health coordinator]
9 shall file with the court the application, a copy of the
10 notice required by section 632.325 and proof that the notice

11 was given. The person's designated attorney shall receive a
12 copy of all documents. [The head of the mental health
13 facility shall send copies of all completed applications,
14 whether accepted for admission or not, to the designated
15 mental health coordinator for the region.]

632.320. 1. Within three hours of the time at which
2 the respondent arrives at a mental health facility he **or she**
3 shall:

4 (1) Be seen by a mental health professional or
5 registered professional nurse; and

6 (2) Be given a copy of the application for initial
7 detention and evaluation, a notice of rights pursuant to
8 section 632.325 and a notice giving the name, business
9 address and telephone number of the attorney appointed to
10 represent him **or her**; and

11 (3) Be provided assistance in contacting the appointed
12 attorney or an attorney of his **or her** own choosing, if so
13 requested.

14 2. Within eighteen hours after the respondent arrives
15 at the mental health facility, he **or she** shall be examined
16 by a licensed physician.

17 3. Within [four days] **forty-eight hours** after the
18 respondent arrives at the mental health facility, unless
19 sooner released, [the mental health coordinator] **designated**
20 **staff at the mental health facility** shall meet with the
21 respondent and explain his **or her** statutory rights under
22 this chapter.

632.325. If the respondent is accepted for evaluation
2 or for evaluation and treatment pursuant to this chapter, he
3 **or she** shall be advised, orally and in writing, of the
4 information contained in subdivisions (1) through (11) of
5 this section. The respondent's guardian and, if possible

6 and the respondent consents, a responsible member of his **or**
7 **her** immediate family shall be advised, within eight hours
8 either orally or in writing, of the information contained in
9 subdivisions (1) through (11) of this section. The
10 personnel of the mental health facility to which the
11 respondent is taken [or the mental health coordinator] shall
12 advise the aforementioned individuals that unless the
13 respondent is released or voluntarily admits himself **or**
14 **herself** within ninety-six hours of the initial detention:

15 (1) He **or she** may be detained for ninety-six hours
16 from the time of his **or her** initial detention to be
17 evaluated and treated;

18 (2) Within the ninety-six hours, the head of the
19 mental health facility [or the mental health coordinator]
20 may file a petition to have him **or her** detained for an
21 additional period not to exceed twenty-one days, after a
22 court hearing;

23 (3) He **or she** will be given a judicial hearing within
24 two judicial days after the day the petition for additional
25 detention is filed;

26 (4) An attorney has been appointed who will represent
27 him **or her** before and after the hearing and who will be
28 notified as soon as possible; provided, however, that he **or**
29 **she** also has the right to private counsel of his **or her** own
30 choosing and at his **or her** own expense;

31 (5) He **or she** has the right to communicate with
32 counsel at all reasonable times and to have assistance in
33 contacting such counsel;

34 (6) The purpose of the evaluation is to determine
35 whether he **or she** meets the criteria for civil detention
36 under this chapter and that anything he **or she** says to
37 personnel at the mental health facility may be used in

38 making that determination, may result in involuntary
39 detention proceedings being filed against him **or her** and may
40 be used at the court hearing;

41 (7) He **or she** has the right to present evidence and to
42 cross-examine witnesses who testify against him **or her** at
43 the hearing;

44 (8) During the period prior to being examined by a
45 licensed physician, he **or she** may refuse medication unless
46 he **or she** presents an imminent likelihood of serious
47 physical injury to himself **or herself** or others;

48 (9) He **or she** has the right to refuse medication
49 except for lifesaving treatment beginning twenty-four hours
50 prior to the hearing for twenty-one-day detention;

51 (10) He **or she** has the right to request that the
52 hearing be held in his **or her** county of residence if he **or**
53 **she** is a resident of this state; **and**

54 (11) He **or she** has the right to have an interpreter
55 assist him **or her** to communicate, at the facility or during
56 the hearing, or both, if he **or she** has impaired hearing or
57 does not speak English.

632.330. 1. At the expiration of the ninety-six hour
2 period, the respondent may be detained and treated
3 involuntarily for an additional two judicial days only if
4 the head of the mental health facility [or a mental health
5 coordinator either] has filed a petition for additional
6 inpatient detention and treatment not to exceed twenty-one
7 days or has filed a petition for outpatient detention and
8 treatment for a period not to exceed one hundred eighty days.

9 2. Within ninety-six hours following initial
10 detention, the head of the facility [or the mental health
11 coordinator] may file or cause to be filed either a petition
12 for a twenty-one-day inpatient involuntary detention and

13 treatment period or a petition for outpatient detention and
14 treatment for a period not to exceed one hundred eighty
15 days, provided he **or she** has reasonable cause to believe
16 that the person is mentally ill and as a result presents a
17 likelihood of serious harm to himself **or herself** or others.
18 The court shall serve the petition and list of prospective
19 witnesses for the petitioner upon the respondent and his **or**
20 **her** attorney at least twenty-four hours before the hearing.
21 [The head of the facility shall also notify the mental
22 health coordinator if the petition is not filed by the
23 mental health coordinator.] The petition shall:

24 (1) Allege that the respondent, by reason of mental
25 illness, presents a likelihood of serious harm to himself **or**
26 **herself** or to others;

27 (2) Allege that the respondent is in need of continued
28 detention and treatment either on an inpatient basis or on
29 an outpatient basis;

30 (3) Allege the specific behavior of the respondent or
31 the facts which support such conclusion;

32 (4) Affirm that attempts were made to provide
33 necessary care, treatment and services in the least
34 restrictive environment to the respondent on a voluntary
35 basis, but either the petitioner believes that the
36 respondent lacks the capacity to voluntarily consent to
37 care, treatment and services or the respondent refuses to
38 voluntarily consent to care, treatment and services such
39 that proceeding with a petition for the respondent's civil
40 detention in the least restrictive environment is necessary;

41 (5) Allege that there will be appropriate support from
42 family, friends, case managers or others during the period
43 of outpatient detention and treatment in the community if
44 such commitment is sought;

45 (6) Specify the mental health program that is
46 appropriate to handle the respondent's condition and that
47 has agreed to accept the respondent;

48 (7) Specify the range of care, treatment and services
49 that shall be provided to the respondent if the petition for
50 further detention is sustained by the court;

51 (8) Name the entities that have agreed to fund and
52 provide the specified interventions; and

53 (9) Be verified by a psychiatrist or by a licensed
54 physician and a mental health professional who have examined
55 the respondent.

56 3. The petitioner shall consider whether based on the
57 respondent's condition and treatment history, the respondent
58 meets the criteria in chapter 475, so that appointment of a
59 full or limited guardian or conservator is appropriate for
60 the court to consider, and if deemed so, the petitioner then
61 shall proceed as specified in subsection 4 of this section.

62 4. If the head of the mental health facility, or his
63 **or her** designee, [or the mental health coordinator] believes
64 that the respondent, because of a mental illness or mental
65 disorder, may be incapacitated or disabled as defined in
66 chapter 475, the head of the mental health facility [or
67 mental health coordinator] shall cause a petition to be
68 filed pursuant to section 475.060 and section 475.061, if
69 applicable, with the court having probate jurisdiction as
70 determined by section 475.035. In addition, if the head of
71 the mental health facility, **or his or her** designee [or the
72 mental health coordinator], believes it appropriate, he **or**
73 **she** shall proceed with obtaining an order for the
74 respondent's temporary emergency detention as provided for
75 in section 475.355. Furthermore, the hearing on the
76 petition filed pursuant to chapter 475 shall be conducted

77 pursuant to the requirements of section 475.075 and other
78 appropriate sections of chapter 475, and shall be held
79 within two judicial days after termination of the ninety-six-
80 hour civil detention period unless continued for good cause
81 shown. Nothing contained in this subsection shall restrict
82 or prohibit the head of the mental health facility, **or** his
83 **or her** designee [or the mental health coordinator], from
84 proceeding under the appropriate provisions of this chapter
85 if the petition for guardianship or conservatorship is
86 denied.

632.335. 1. The petition for additional inpatient
2 detention and treatment not to exceed twenty-one days or the
3 petition for outpatient detention and treatment not to
4 exceed one hundred eighty days shall be filed with the court
5 having probate jurisdiction. At the time of filing the
6 petition, the court clerk shall set a date and time for the
7 hearing which shall take place within two judicial days of
8 the filing of the petition. The clerk shall promptly notify
9 the respondent, his **or her** attorney, the petitioner and the
10 petitioner's attorney of the date and time for the hearing.
11 The court shall not grant continuances except upon a showing
12 of good and sufficient cause. If a continuance is granted,
13 the court, in its discretion, may order the person released
14 pending the hearing upon conditions prescribed by the
15 court. The court may order the continued detention and
16 treatment of the person at a mental health facility pending
17 the continued hearing, and a copy of such order shall be
18 furnished to the facility.

19 2. The hearing shall be conducted in as informal a
20 manner as may be consistent with orderly procedure and in a
21 physical setting not likely to have a harmful effect on the
22 respondent. Due consideration shall be given by the court

23 to holding a hearing at the mental health facility. The
24 respondent shall have the following rights in addition to
25 those specified elsewhere:

26 (1) To be represented by an attorney;

27 (2) To present evidence on his **or her** own behalf;

28 (3) To cross-examine witnesses who testify against him
29 **or her**;

30 (4) To remain silent;

31 (5) To view and copy all petitions and reports in the
32 court file of his **or her** case;

33 (6) To have the hearing open or closed to the public
34 as he **or she** elects;

35 (7) To be proceeded against according to the rules of
36 evidence applicable to civil judicial proceedings; **and**

37 (8) A hearing before a jury if requested by the
38 patient or his **or her** attorney.

39 3. The respondent shall be present at the hearing,
40 unless the respondent's physical condition is such that he
41 **or she** cannot be present in the courtroom or if the court
42 determines that the respondent's conduct in the courtroom is
43 so disruptive that the proceedings cannot reasonably
44 continue.

45 4. At the conclusion of the hearing, if the court
46 finds, based upon clear and convincing evidence, that
47 respondent, as the result of mental illness, presents a
48 likelihood of serious harm to himself **or herself** or to
49 others, and that a mental health program appropriate to
50 handle the respondent's condition has agreed to accept him
51 **or her**, the court shall order either that the respondent be
52 detained for inpatient involuntary treatment in the least
53 restrictive environment for a period not to exceed twenty-
54 one days or be detained for outpatient detention and

55 treatment under the supervision of a mental health program
56 in the least restrictive environment for a period not to
57 exceed one hundred eighty days.

632.340. 1. Before the expiration of the twenty-one-
2 day inpatient detention and treatment period ordered
3 pursuant to section 632.335, the court may order the
4 respondent to be detained and treated involuntarily for an
5 additional period not to exceed ninety inpatient days or may
6 order the respondent to be detained for outpatient detention
7 and treatment for a period not to exceed one hundred eighty
8 days; provided, that:

9 (1) The respondent is mentally ill and continues to
10 present a likelihood of serious harm to himself **or herself**
11 or others; and

12 (2) The court, after a hearing, orders the respondent
13 detained and treated for the additional period.

14 2. If, within seventeen days of the court hearing
15 described in section 632.335, the head of the mental health
16 program [or the mental health coordinator] has reasonable
17 cause to believe that the respondent is mentally ill and as
18 a result presents a likelihood of serious harm to himself **or**
19 **herself** or others, and believes that further detention and
20 treatment is necessary, he **or she** shall file, or cause to be
21 filed, with the court a petition for ninety days additional
22 detention and treatment or a petition for outpatient
23 detention and treatment for a period not to exceed one
24 hundred eighty days. The court shall immediately set a date
25 and time for a hearing on the petition, which shall take
26 place within four judicial days of the date of the filing of
27 the petition. The court shall serve a copy of the petition
28 and the notice of the date and time of the hearing upon the
29 petitioner, the respondent, and their attorneys as promptly

30 as possible, but not later than two judicial days after the
31 filing of the petition. The petitioner shall also file with
32 the court, for the court to serve upon the respondent's
33 attorney not later than two judicial days after the filing
34 of the petition, a list of the proposed witnesses for the
35 petitioner. [The head of the mental health program shall
36 notify the mental health coordinator if the petition is not
37 filed by the mental health coordinator.] The petition shall
38 comply with the requirements of section 632.330, and an
39 individualized treatment plan for the respondent shall be
40 attached thereto.

632.345. 1. If requested by the respondent, the court
2 shall appoint an available licensed physician or licensed
3 psychologist to examine him **or her** and testify at the
4 respondent's request. If the respondent or his **or her**
5 counsel so request, the court shall not appoint a physician
6 or licensed psychologist who is on the staff of the program
7 wherein the person is detained, and if the respondent is
8 detained in a program operated by the department and
9 respondent or his **or her** counsel so request, the court shall
10 not appoint a physician or licensed psychologist who is an
11 employee of the department.

12 2. The court may grant continuances but shall do so
13 only upon a showing of good and sufficient cause.

14 3. The respondent shall continue to be detained and
15 treated pending the hearing unless released by order of the
16 court. If a continuance is granted, the court, in its
17 discretion, may order respondent released upon conditions
18 described by the court pending the hearing. If no order has
19 been made within thirty days after the filing of the
20 petition, not including extensions of time requested by the
21 respondent and granted, the respondent shall be released.

632.350. 1. The hearing for a ninety-day inpatient
2 detention and treatment period or for outpatient detention
3 and treatment for a period not to exceed one hundred eighty
4 days shall be conducted in as informal a manner as may be
5 consistent with orderly procedure and in a physical setting
6 not likely to have a harmful effect on the mental health of
7 the respondent. If a jury trial is not requested, due
8 consideration shall be given by the court to holding a
9 hearing at the mental health program. The hearing shall be
10 held in accordance with the provisions set forth in section
11 632.335.

12 2. The burden of proof at the hearing shall be by
13 clear and convincing evidence and shall be upon the
14 petitioner.

15 3. If the matter is tried before a jury, the jury
16 shall determine and shall be instructed only upon the issues
17 of whether or not the respondent is mentally ill and, as a
18 result, presents a likelihood of serious harm to himself **or**
19 **herself** or others. The remaining procedures for the jury
20 trial shall be as in other civil matters.

21 4. The respondent shall not be required to file an
22 answer or other responsive pleading.

23 5. At the conclusion of the hearing, if the court or
24 jury finds that the respondent, as the result of mental
25 illness, presents a likelihood of serious harm to himself **or**
26 **herself** or to others, and the court finds that a program
27 appropriate to handle the respondent's condition has agreed
28 to accept him **or her**, the court shall order the respondent
29 to be detained for involuntary treatment in the least
30 restrictive environment for a period not to exceed ninety
31 days or for outpatient detention and treatment under the
32 supervision of a mental health program in the least

33 restrictive environment for a period not to exceed one
34 hundred eighty days.

632.355. 1. At the expiration of the ninety-day
2 inpatient commitment period ordered by the court pursuant to
3 section 632.350, the respondent may be detained and treated
4 as an involuntarily inpatient for an additional period of
5 time not to exceed one year or such lesser period of time as
6 determined by the court or may be detained for outpatient
7 detention and treatment for a period of time not to exceed
8 one hundred eighty days; provided, that:

9 (1) The respondent is mentally ill and continues to
10 present a likelihood of serious harm to himself **or herself**
11 or to others; and

12 (2) The court after a hearing orders the person
13 detained and treated for the additional period.

14 2. Within the ninety-day commitment period, the head
15 of the mental health program [or the mental health
16 coordinator] may file or cause to be filed, in compliance
17 with the requirements of section 632.330, a petition for a
18 one-year inpatient detention and treatment period or a
19 petition for outpatient detention and treatment for a period
20 not to exceed one hundred eighty days if he **or she** has
21 reasonable cause to believe that the respondent is mentally
22 ill and as a result presents a likelihood of serious harm to
23 himself **or herself** or others, and that further detention and
24 treatment is necessary pursuant to an individualized
25 treatment plan prepared by the program and filed with the
26 court. Procedures specified in sections 632.340, 632.345
27 and 632.350 shall be followed.

28 3. At the conclusion of the hearing, if the court or
29 jury finds that the respondent, as the result of mental
30 illness, presents a likelihood of serious harm to himself **or**

31 **herself** or others, and the court finds that a program
32 appropriate to handle the respondent's condition has agreed
33 to accept him **or her**, the court shall order that the
34 respondent be detained for involuntary treatment in the
35 least restrictive environment for a period not to exceed one
36 year or for outpatient detention and treatment under the
37 supervision of a mental health program in the least
38 restrictive environment for a period not to exceed one
39 hundred eighty days.

632.370. 1. The department may transfer, or authorize
2 the transfer of, an involuntary patient detained under this
3 chapter, chapter 211, chapter 475, or chapter 552 from one
4 mental health program to another if the department
5 determines that it would be consistent with the medical
6 needs of the patient to do so. If a minor is transferred
7 from a ward for minors to an adult ward, the department
8 shall conduct a due process hearing within six days of such
9 transfer during which hearing the head of the program shall
10 have the burden to show that the transfer is appropriate for
11 the medical needs of the minor. Whenever a patient is
12 transferred, written notice thereof shall be given after
13 obtaining the consent of the patient, his **or her** parent if
14 he **or she** is a minor or his **or her** legal guardian to his **or**
15 **her** legal guardian, parents and spouse, or, if none be
16 known, his **or her** nearest known relative or friend. In all
17 such transfers, due consideration shall be given to the
18 relationship of the patient to his **or her** family, legal
19 guardian or friends, so as to maintain relationships and
20 encourage visits beneficial to the patient. The head of the
21 mental health program shall notify the court ordering
22 detention or commitment, the patient's last known attorney
23 of record [and the mental health coordinator for the

24 region], and if the person was committed pursuant to chapter
25 552, to the prosecuting attorney of the jurisdiction where
26 the person was tried and acquitted, of any transfer from one
27 mental health facility to another. The prosecutor of the
28 jurisdiction where the person was tried and acquitted shall
29 use their best efforts to notify the victims of dangerous
30 felonies. Notification by the appropriate person or agency
31 by certified mail to the most current address provided by
32 the victim shall constitute compliance with the victim
33 notification requirement of this section. In the case of a
34 patient committed under chapter 211, the court, on its own
35 motion, may hold a hearing on the transfer to determine
36 whether such transfer is appropriate to the medical needs of
37 the patient.

38 2. Upon receipt of a certificate of an agency of the
39 United States that facilities are available for the care or
40 treatment of any individual heretofore ordered involuntarily
41 detained, treated and evaluated pursuant to this chapter in
42 any facility for the care or treatment of persons with a
43 mental illness or an intellectual disability or a
44 developmental disability and that such individual is
45 eligible for care or treatment in a hospital or institution
46 of such agency, the department may cause his **or her** transfer
47 to such agency of the United States for hospitalization.
48 Upon effecting any such transfer, the court ordering
49 hospitalization, the legal guardian, spouse and parents, or,
50 if none be known, his **or her** nearest known relative or
51 friend shall be notified thereof immediately by the
52 department. No person shall be transferred to an agency of
53 the United States if he **or she** is confined pursuant to a
54 conviction for any felony or misdemeanor or if he **or she** has
55 been acquitted of any felony or misdemeanor solely on the

56 ground of mental illness, unless prior to transfer the court
57 originally ordering confinement of such person enters an
58 order for the transfer after appropriate motion and
59 hearing. Any person transferred to an agency of the United
60 States shall be deemed to be hospitalized by such agency
61 pursuant to the original order of hospitalization.

632.375. 1. At least once every one hundred eighty
2 days, the head of each mental health program shall have each
3 respondent who is detained at the program for a one-year
4 period under this chapter examined and evaluated to
5 determine if the respondent continues to be mentally ill,
6 and as a result presents a likelihood of serious harm to
7 himself **or herself** or others. The court, [the mental health
8 coordinator for the region,] the respondent, and the
9 respondent's attorney shall be provided copies of the report
10 of the examination and evaluation described by this section
11 and the respondent's individualized treatment plan.

12 2. Upon receipt of the report, the court may, upon its
13 own motion, or shall, upon the motion of the respondent,
14 order a hearing to be held as to the need for continued
15 detention and involuntary treatment. At the conclusion of
16 the hearing, the court may order:

- 17 (1) The discharge of the respondent; or
18 (2) An appropriate least restrictive course of
19 detention and involuntary treatment; or
20 (3) The respondent to be remanded to the mental health
21 program for the unexpired portion of the original commitment
22 order.

632.385. 1. The head of a mental health facility
2 shall release a patient, whether voluntary or involuntary,
3 from the facility to the least restrictive environment,
4 including referral to and subsequent placement in the

5 placement program of the department, when he **or she** believes
6 that such release is in the best interests of the patient.
7 Release to the least restrictive environment shall include
8 provisions for continuing responsibility to and by the
9 facility.

10 2. Release to the least restrictive environment may be
11 conditioned on the patient receiving outpatient care as
12 prescribed by the head of the mental health facility from
13 which the patient is being released. The period of
14 treatment in the least restrictive environment shall not
15 exceed the period of one year.

16 3. The facility or agency which is to provide
17 treatment in the least restrictive environment must agree in
18 writing to assume such responsibility. A copy of the
19 conditions for release shall be given to the patient, to the
20 probate division of the circuit court having jurisdiction
21 and the mental health facility providing treatment.

22 4. The head of a mental health facility may permit a
23 respondent detained for treatment to leave the facility for
24 prescribed short periods on trial visit during his **or her**
25 detention subject to conditions prescribed by the head of
26 the mental health facility.

27 5. The head of the mental health facility providing
28 treatment may modify the conditions for continued release
29 from the facility to the least restrictive environment when
30 such modification is in the best interest of the patient.
31 Notification of any changes shall be sent to the patient and
32 to the court within ninety-six hours if the patient is
33 involuntarily detained under this chapter. Upon a receipt
34 of a notification returning the patient to the facility as
35 an inpatient, the committing court shall, if necessary,
36 order the sheriff or other law enforcement official to

37 apprehend and transport the patient to the facility. The
38 committing court may, on its own motion or shall upon the
39 respondent's motion, order a hearing to be held on the need
40 for such change.

632.390. 1. The head of a mental health program shall
2 release any person who is involuntarily detained under this
3 chapter when, in his **or her** opinion, the person is no longer
4 mentally ill or **the person**, although mentally ill, does not
5 present a likelihood of serious harm to himself **or herself**
6 or others, even though the detention period has not expired.

7 2. Whenever the head of a mental health program
8 discharges a person prior to the expiration of the detention
9 order, he **or she** shall notify, in writing, the court [and
10 the mental health coordinator].

11 3. Whenever a respondent voluntarily admits himself **or**
12 **herself** and the head of a mental health program accepts the
13 admission application submitted by respondent in good faith
14 under section 632.105, the respondent's involuntary
15 detention shall cease, and the head of the program shall
16 notify, in writing, the court [and the mental health
17 coordinator].

632.392. 1. Notwithstanding the provisions of
2 subsection 1 of section 630.140, a mental health program and
3 any treating physician, upon release of a patient who was
4 committed or who is civilly detained and consents to
5 voluntary treatment during the course of the inpatient stay
6 pursuant to section 632.150, 632.155, [632.300,] 632.305,
7 632.330, 632.335, 632.340, 632.350, 632.355 or 632.375:

8 (1) Shall provide to the patient and his **or her** care
9 provider a written packet of educational information
10 developed and supplied by the department of mental health
11 describing symptoms of common mental illnesses, early

12 warning signs of decompensation, and availability of other
13 education, community and statewide services. The packet
14 shall also include the telephone number of the department of
15 mental health information line and information specific to
16 the laws and procedures addressing civil detention and
17 guardianship;

18 (2) May disclose confidential treatment information to
19 the primary care provider or care providers, when such
20 information is medically necessary for the provision of
21 appropriate health care or treatment by the care provider or
22 is related to the safety of the patient or care provider.

23 2. Prior to disclosure of the information specified
24 under subdivision (2) of subsection 1 of this section, the
25 mental health facility shall provide written notice to the
26 patient; request in writing the consent of the patient; work
27 with the patient and care provider to encourage and secure
28 appropriate patient authorization; function as a mediator,
29 negotiating the boundaries of confidentiality to meet the
30 needs of the client and care provider; and work with the
31 client to stress the importance of keeping the care provider
32 informed and involved with his **or her** treatment process. If
33 the patient refuses to consent and the treating physician
34 deems the information is medically necessary for the
35 appropriate provision of health care or treatment by the
36 care provider or is related to the safety of the patient or
37 care provider, the information may still be released to the
38 appropriate care provider. The reason for the intended
39 disclosure, the specific information to be released and the
40 persons to whom the disclosure is to be made, even if
41 consent has not been obtained, will be provided to the
42 client and care provider. All these procedures shall be
43 documented by the treating physician in the client record,

44 including a specific notation as to whether client consent
45 was given.

46 3. As used in this section, the term "care provider"
47 means the person or persons who can demonstrate that they
48 are primarily responsible for the health care of the person
49 with a mental illness. The term does not apply to any
50 person providing care through hospitals, nursing homes,
51 group homes or any other such facility.

632.395. 1. If an individual ordered to be
2 involuntarily detained or committed, treated and evaluated
3 pursuant to this chapter is eligible for hospital care or
4 treatment by any agency of the United States, the court,
5 upon receipt of a certificate from such agency showing that
6 facilities are available and that the individual is eligible
7 for care or treatment therein, may order him **or her** to be
8 placed in the custody of such agency for hospitalization.
9 When any individual is admitted pursuant to the order of the
10 court to any hospital or institution operated by any agency
11 of the United States within or without this state, he **or she**
12 shall be subject to the rules and regulations of such
13 agency. The chief officer of any hospital or institution
14 operated by such agency and in which the individual is so
15 hospitalized shall, with respect to such individual, be
16 vested with the same powers as the heads of hospitals or the
17 division within this state have with respect to detention,
18 custody, transfer, conditional release and discharge of
19 patients. Jurisdiction is retained in the appropriate
20 courts of this state at any time to inquire into the mental
21 condition of an individual so hospitalized and to determine
22 the necessity for continuance of his **or her** hospitalization,
23 and every order of hospitalization issued pursuant to this
24 section is so conditioned.

25 2. An order of a court of competent jurisdiction of
26 another state, or of the District of Columbia, authorizing
27 hospitalization of an individual by any agency of the United
28 States shall have the same force and effect as to the
29 individual while in this state as in the jurisdiction in
30 which is situated the court entering the order, and the
31 courts of the state or District of Columbia issuing the
32 order shall be deemed to have retained jurisdiction of the
33 individual so hospitalized for the purpose of inquiring into
34 his **or her** mental condition and of determining the necessity
35 for continuance of his **or her** hospitalization, as is
36 provided in subsection 1 of this section with respect to
37 individuals ordered hospitalized by the courts of this
38 state. Consent is hereby given to the application of the
39 law of the state or District of Columbia in which is located
40 the court issuing the order for hospitalization with respect
41 to the authority of the chief officer of any hospital or
42 institution operated in this state by any agency of the
43 United States to retain custody, transfer, conditional
44 release or discharge the individual hospitalized.

 632.400. Any respondent ordered detained for ninety-
2 day or one-year periods of involuntary inpatient treatment
3 or ordered detained for a period of up to one hundred eighty
4 days of outpatient detention and treatment under this
5 chapter shall be entitled to a reexamination of the order
6 for his **or her** detention on his **or her** own motion, or that
7 of his **or her** legal guardian, parent, spouse, relative,
8 friend or attorney to the court. Upon receipt of the
9 motion, the court shall conduct or cause to be conducted by
10 a special commissioner proceedings in accordance with
11 section 632.340.

632.410. Venue for proceedings for involuntary
2 detentions pursuant to the provisions of this chapter shall
3 be in the court having probate jurisdiction in the county in
4 which the mental health program is located wherein the
5 respondent is detained; provided, however, that if the
6 respondent is a resident of this state and makes application
7 for the hearing to be held in his **or her** county of
8 residence, the court shall order the proceedings, with all
9 papers, files and transcripts of the proceedings, to be
10 transferred to the court having probate jurisdiction in the
11 respondent's county of residence. Once a court has assumed
12 jurisdiction with respect to involuntary detention
13 proceedings, no other court shall assume jurisdiction until
14 the court having prior jurisdiction has transferred
15 jurisdiction and all papers, files, and transcripts. If the
16 court having jurisdiction receives notice that a respondent
17 has been transferred to a mental health program in another
18 county, the court shall transfer jurisdiction, along with
19 all papers, files and transcripts, to the court in the
20 county where the respondent has been transferred.

632.415. 1. The judge having probate jurisdiction in
2 each county where a mental health program is located shall
3 prepare and maintain a current register of attorneys who
4 have agreed to be appointed to represent respondents against
5 whom involuntary civil detention proceedings have been
6 instituted in such county. The judge may choose lawyers who
7 are paid by any public or private agency or other lawyers
8 who are appointed to the register. [The register shall be
9 provided to the mental health coordinator for the area which
10 includes the county for which the list was prepared. A new
11 register shall be provided to the mental health coordinator
12 each time a new attorney is added.]

13 2. If the judge finds that the respondent is unable to
14 pay attorney's fees for the services rendered in the
15 proceedings, the judge shall allow a reasonable attorney's
16 fee for the services, which fee shall be assessed as costs
17 and paid together with all other costs in the proceeding by
18 the state, in accordance with rules and regulations
19 promulgated by the state court administrator, from funds
20 appropriated to the office of administration for such
21 purposes provided that no attorney's fees shall be allowed
22 for services rendered by any attorney who is a salaried
23 employee of a public agency or a private agency which
24 receives public funds.

 632.420. The court having probate jurisdiction in
2 appointing licensed physicians pursuant to section 632.345
3 shall choose, if available, physicians who have agreed to
4 serve without fee or physicians paid by any private or
5 public agency, if they are found suitable; provided, that if
6 the court finds no suitable physicians from such sources,
7 the court shall appoint an available licensed physician and
8 he **or she** shall be paid a reasonable fee, as determined by
9 the court, by the state from funds appropriated to the
10 office of administration for this purpose.

 632.430. 1. Appeals from court orders made under this
2 chapter may be made by the respondent or by the petitioner
3 to the appropriate appellate court pursuant to the rules of
4 civil procedure of the supreme court of Missouri pertaining
5 to appeals. Such appeal shall have priority on the docket
6 of the appellate court and shall be expedited in all
7 respects. The court shall notify the attorney general's
8 office whenever an appeal is filed under this subsection,
9 and the attorney general shall represent the state when it
10 is a party to such appeal.

11 2. A motion to stay any order restricting an
12 individual's liberty may be filed in either the court or the
13 appropriate appellate court. A stay order shall not be
14 granted in any case where the court finds that the person is
15 so mentally ill that there is an imminent likelihood of
16 serious physical harm to himself **or herself** or others if he
17 **or she** is not detained or treated pending appeal. Any
18 refusal to grant a stay by the court may be reviewed by the
19 appropriate appellate court on motion.

 632.440. No officer of a public or private agency,
2 mental health facility or mental health program; no head,
3 attending staff or consultant of any such agency, facility
4 or mental health program; no [mental health coordinator]
5 **behavioral health liaison**, registered professional nurse,
6 licensed physician, mental health professional nor any other
7 public official performing functions necessary for the
8 administration of this chapter; no peace officer responsible
9 for detaining a person pursuant to this chapter; and no
10 peace officer responsible for detaining or transporting, or
11 both, any person upon the request of any [mental health
12 coordinator] **behavioral health liaison** pursuant to section
13 [632.300 or] 632.305 or acting pursuant to the request of a
14 guardian who is acting pursuant to chapter 475, or upon the
15 request of the head of any supervisory mental health program
16 who is acting pursuant to section 632.337, regardless of
17 whether such peace officer is outside the jurisdiction for
18 which he **or she** serves as a peace officer during the course
19 of such detention or transportation, or both, shall be
20 civilly liable for investigating, detaining, transporting,
21 conditionally releasing or discharging a person pursuant to
22 this chapter or chapter 475, at or before the end of the
23 period for which the person was admitted or detained for

24 evaluation or treatment so long as such duties were
25 performed in good faith and without gross negligence.

632.455. 1. If requested to do so by the head of a
2 mental health program, the sheriff of the county where a
3 patient absent without authorization is found shall
4 apprehend and return him **or her** to the program.

5 2. The head of the program may request the return of
6 an absent patient under subsection 1 of this section only
7 under one or more of the following circumstances:

8 (1) The patient is a minor whose admission was applied
9 for by his **or her** parent or legal custodian, who has not
10 requested the minor patient's release;

11 (2) The patient is a minor under jurisdiction of the
12 juvenile court;

13 (3) The patient has been declared legally
14 incapacitated and his **or her** guardian has not requested his
15 **or her** release;

16 (4) The patient was committed to the department under
17 chapter 552 or this chapter;

18 (5) The patient's condition is of such a nature that,
19 for the protection of the patient or others, the head of the
20 program determines that the patient's return to the program
21 is necessary as noted in the patient's records, in which
22 case civil detention procedures shall be initiated upon
23 return to the program.

633.125. 1. A resident admitted to a developmental
2 disability facility pursuant to section 633.120 shall be
3 discharged immediately when the person who applied for his
4 **or her** admission requests the release orally, in writing or
5 otherwise from the head of the developmental disability
6 facility; except, that if the head of the developmental
7 disability facility regards the resident as presenting a

8 likelihood of serious harm to himself **or herself** or others,
9 the head of the facility may initiate involuntary detention
10 procedures pursuant to chapter 632, if appropriate, or any
11 individual, including the head of the facility [**or the**
12 **mental health coordinator**], may initiate guardianship
13 proceedings and, if appropriate, obtain an emergency
14 commitment order pursuant to chapter 475.

15 2. A resident shall be discharged from a department
16 developmental disability facility if it is determined in a
17 comprehensive evaluation or periodic review that the person
18 is not intellectually disabled or developmentally disabled,
19 and if the resident, parent, if a minor, or guardian
20 consents to the discharge. If consent is not obtained, the
21 head of the facility shall initiate appeal proceedings under
22 section 633.135, before a resident can be discharged.

23 3. A resident shall either be discharged from a
24 department developmental disability facility or shall be
25 referred to a regional center for placement in a least
26 restrictive environment pursuant to section 630.610, if it
27 is determined in a comprehensive evaluation or periodic
28 review that the following criteria exist:

29 (1) The resident's condition is not of such a nature
30 that for the protection or adequate care of the resident or
31 others the resident needs department residential
32 habilitation or other services;

33 (2) The developmental disability facility does not
34 offer a program which best meets the resident's needs; or

35 (3) The developmental disability facility does not
36 provide the least restrictive environment feasible. A
37 resident may not be discharged without his **or her** consent or
38 the consent of his **or her** parent, if he **or she** is a minor,

39 or guardian unless proceedings have been completed under
40 section 633.135.

41 4. After a resident's discharge pursuant to subsection
42 3 of this section, the resident shall be referred to an
43 appropriate regional center for assistance in obtaining any
44 necessary services.

701.336. 1. The department of health and senior
2 services shall cooperate with the federal government in
3 implementing subsections (d) and (e) of 15 U.S.C. Section
4 2685 to establish public education activities and an
5 information clearinghouse regarding childhood lead
6 poisoning. The department may develop additional
7 educational materials on lead hazards to children, lead
8 poisoning prevention, lead poisoning screening, lead
9 abatement and disposal, and on health hazards during
10 abatement.

11 2. The department of health and senior services and
12 the department of social services, in collaboration with
13 related not-for-profit organizations, health maintenance
14 organizations, and the Missouri consolidated health care
15 plan, shall devise an educational strategy to increase the
16 number of children who are tested for lead poisoning under
17 the Medicaid program. [The goal of the educational strategy
18 is to have seventy-five percent of the children who receive
19 Medicaid tested for lead poisoning. The educational
20 strategy shall be implemented over a three-year period and
21 shall be in accordance with all federal laws and
22 regulations.]

23 3. The children's division, in collaboration with the
24 department of health and senior services, shall regularly
25 inform eligible clients of the availability and desirability
26 of lead screening and treatment services, including those

27 available through the early and periodic screening,
28 diagnosis, and treatment (EPSDT) component of the Medicaid
29 program.

701.340. 1. [Beginning January 1, 2002,] The
2 department of health and senior services shall, subject to
3 appropriations, implement a childhood lead testing program
4 [which requires every child less than six years of age to be
5 tested for lead poisoning] in accordance with the provisions
6 of sections 701.340 to 701.349. **Every medical provider who
7 serves children shall annually provide education to all
8 parents and guardians of children under four years of age
9 regarding lead hazards to children and shall annually
10 provide the option to test every child under four years of
11 age for lead poisoning with the consent of the parent or
12 guardian.** In coordination with the department of health and
13 senior services, every health care facility serving children
14 [less than six] **under four** years of age, including but not
15 limited to hospitals and clinics licensed pursuant to
16 chapter 197, shall take appropriate steps to ensure that
17 [their patients receive] **the medical providers in the
18 facility offer** such lead poisoning testing **in accordance
19 with the provisions of this section.**

20 2. The test for lead poisoning shall consist of a
21 blood sample that shall be sent for analysis to a laboratory
22 licensed pursuant to the federal Clinical Lab Improvement
23 Act (CLIA). The department of health and senior services
24 shall, by rule, determine the blood test protocol to be used.

25 3. Nothing in sections 701.340 to 701.349 shall be
26 construed to require a child to undergo lead testing whose
27 parent or guardian objects to the testing [in a written
28 statement that states the parent's or guardian's reason for
29 refusing such testing].

701.342. 1. The department of health and senior services shall, using factors established by the department, including but not limited to the geographic index from data from testing reports, identify geographic areas in the state that are at high risk for lead poisoning. [All children less than six years of age who reside or spend more than ten hours a week in an area identified as high risk by the department shall be tested annually for lead poisoning.]

2. Every child [less than] **under** six years of age [not residing or spending more than ten hours a week in geographic areas identified as high risk by the department] shall be assessed annually using a questionnaire to determine whether such child is at high risk for lead poisoning. The department, in collaboration with the department of social services, shall develop the questionnaire, which shall follow the recommendations of the federal Centers for Disease Control and Prevention. The department may modify the questionnaire to broaden the scope of the high-risk category. Local boards or commissions of health may add questions to the questionnaire.

3. Every child deemed to be at high risk for lead poisoning according to the questionnaire developed pursuant to subsection 2 of this section shall, **with the consent of a parent or guardian**, be tested using a blood sample.

4. [Any child deemed to be at high risk for lead poisoning pursuant to this section who resides in housing currently undergoing renovations may be tested at least once every six months during the renovation and once after the completion of the renovation.]

5.] Any laboratory providing test results for lead poisoning pursuant to sections 701.340 to 701.349 shall notify the department of the test results of any child

33 tested for lead poisoning as required in section 701.326.
34 Any child who tests positive for lead poisoning shall
35 receive follow-up testing in accordance with rules
36 established by the department. The department shall, by
37 rule, establish the methods and intervals of follow-up
38 testing and treatment for such children.

39 [6.] 5. When the department is notified of a case of
40 lead poisoning, the department shall require the testing of
41 all other children [less than] **under** six years of age, and
42 any other children or persons at risk, as determined by the
43 director, who are residing or have recently resided in the
44 household of the lead-poisoned child.

701.344. 1. In geographic areas determined to be of
2 high risk for lead poisoning as set forth in section
3 701.342, every child care facility, as defined in section
4 210.201, and every child care facility affiliated with a
5 school system, a business organization or a nonprofit
6 organization shall, within thirty days of enrolling a child
7 **twelve months of age or older and under five years of age,**
8 require the child's parent or guardian to provide evidence
9 of lead poisoning testing in the form of a statement from
10 the health care professional that administered the test or
11 provide a written statement that states the [parent's or
12 guardian's reason for refusing] **parent or guardian refused**
13 such testing. If there is no evidence of testing, the
14 person in charge of the facility shall provide the parent or
15 guardian with information about lead poisoning and locations
16 in the area where the child can be tested. When a parent or
17 guardian cannot obtain such testing, the person in charge of
18 the facility may arrange for the child to be tested by a
19 local health officer with the consent of the child's parent
20 or guardian. At the beginning of each year of enrollment in

21 such facility, the parent or guardian shall provide proof of
22 testing in accordance with the provisions of sections
23 701.340 to 701.349 and any rules promulgated thereunder.

24 2. No child shall be denied access to education or
25 child care because of failure to comply with the provisions
26 of sections 701.340 to 701.349.

701.348. Nothing in sections 701.340 to 701.349 shall
2 prohibit a political subdivision of this state [or], a local
3 board of health, **or a state agency** from enacting and
4 enforcing ordinances, rules or laws for the prevention,
5 detection and control of lead poisoning which provide the
6 same or more stringent provisions as sections 701.340 to
7 701.349, or the rules promulgated thereunder.

[191.500. As used in sections 191.500 to
2 191.550, unless the context clearly indicates
3 otherwise, the following terms mean:

4 (1) "Area of defined need", a community or
5 section of an urban area of this state which is
6 certified by the department of health and senior
7 services as being in need of the services of a
8 physician to improve the patient-doctor ratio in
9 the area, to contribute professional physician
10 services to an area of economic impact, or to
11 contribute professional physician services to an
12 area suffering from the effects of a natural
13 disaster;

14 (2) "Department", the department of health
15 and senior services;

16 (3) "Eligible student", a full-time
17 student accepted and enrolled in a formal course
18 of instruction leading to a degree of doctor of
19 medicine or doctor of osteopathy, including
20 psychiatry, at a participating school, or a
21 doctor of dental surgery, doctor of dental
22 medicine, or a bachelor of science degree in
23 dental hygiene;

24 (4) "Financial assistance", an amount of
25 money paid by the state of Missouri to a
26 qualified applicant pursuant to sections 191.500
27 to 191.550;

28 (5) "Participating school", an institution
29 of higher learning within this state which
30 grants the degrees of doctor of medicine or
31 doctor of osteopathy, and which is accredited in
32 the appropriate degree program by the American
33 Medical Association or the American Osteopathic

34 Association, or a degree program by the American
 35 Dental Association or the American Psychiatric
 36 Association, and applicable residency programs
 37 for each degree type and discipline;

38 (6) "Primary care", general or family
 39 practice, internal medicine, pediatric ,
 40 psychiatric, obstetric and gynecological care as
 41 provided to the general public by physicians
 42 licensed and registered pursuant to chapter 334,
 43 dental practice, or a dental hygienist licensed
 44 and registered pursuant to chapter 332;

45 (7) "Resident", any natural person who has
 46 lived in this state for one or more years for
 47 any purpose other than the attending of an
 48 educational institution located within this
 49 state;

50 (8) "Rural area", a town or community
 51 within this state which is not within a standard
 52 metropolitan statistical area, and has a
 53 population of six thousand or fewer inhabitants
 54 as determined by the last preceding federal
 55 decennial census or any unincorporated area not
 56 within a standard metropolitan statistical area.]

2 [191.505. The department of health and
 3 senior services shall be the administrative
 4 agency for the implementation of the program
 5 established by sections 191.500 to 191.550. The
 6 department shall promulgate reasonable rules and
 7 regulations for the exercise of its functions in
 8 the effectuation of the purposes of sections
 9 191.500 to 191.550. It shall prescribe the form
 10 and the time and method of filing applications
 11 and supervise the processing thereof.]

2 [191.510. The department shall enter into
 3 a contract with each applicant receiving a state
 4 loan under sections 191.500 to 191.550 for
 5 repayment of the principal and interest and for
 6 forgiveness of a portion thereof for
 7 participation in the service areas as provided
 8 in sections 191.500 to 191.550.]

2 [191.515. An eligible student may apply to
 3 the department for a loan under sections 191.500
 4 to 191.550 only if, at the time of his
 5 application and throughout the period during
 6 which he receives the loan, he has been formally
 7 accepted as a student in a participating school
 8 in a course of study leading to the degree of
 9 doctor of medicine or doctor of osteopathy,
 10 including psychiatry, or a doctor of dental
 11 surgery, a doctor of dental medicine, or a
 12 bachelor of science degree in dental hygiene,
 and is a resident of this state.]

2 [191.520. No loan to any eligible student
 3 shall exceed twenty-five thousand dollars for
 4 each academic year, which shall run from August

4 first of any year through July thirty-first of
5 the following year. All loans shall be made
6 from funds appropriated to the medical school
7 loan and loan repayment program fund created by
8 section 191.600, by the general assembly.]

2 [191.525. No more than twenty-five loans
3 shall be made to eligible students during the
4 first academic year this program is in effect.
5 Twenty-five new loans may be made for the next
6 three academic years until a total of one
7 hundred loans are available. At least one-half
8 of the loans shall be made to students from
9 rural areas as defined in section 191.500. An
10 eligible student may receive loans for each
11 academic year he is pursuing a course of study
12 directly leading to a degree of doctor of
13 medicine or doctor of osteopathy, doctor of
14 dental surgery, or doctor of dental medicine, or
a bachelor of science degree in dental hygiene.]

2 [191.530. Interest at the rate of nine and
3 one-half percent per year shall be charged on
4 all loans made under sections 191.500 to 191.550
5 but one-fourth of the interest and principal of
6 the total loan at the time of the awarding of
7 the degree shall be forgiven for each year of
8 participation by an applicant in the practice of
9 his profession in a rural area or an area of
10 defined need. The department shall grant a
11 deferral of interest and principal payments to a
12 loan recipient who is pursuing an internship or
13 a residency in primary care. The deferral shall
14 not exceed three years. The status of each loan
15 recipient receiving a deferral shall be reviewed
16 annually by the department to ensure compliance
17 with the intent of this provision. The loan
18 recipient will repay the loan beginning with the
19 calendar year following completion of his
20 internship or his primary care residency in
accordance with the loan contract.]

2 [191.535. If a student ceases his study
3 prior to receiving a degree, interest at the
4 rate specified in section 191.530 shall be
5 charged on the amount received from the state
6 under the provisions of sections 191.500 to
191.550.]

2 [191.540. 1. The department shall
3 establish schedules and procedures for repayment
4 of the principal and interest of any loan made
5 under the provisions of sections 191.500 to
6 191.550 and not forgiven as provided in section
7 191.530.]

8 2. A penalty shall be levied against a
9 person in breach of contract. Such penalty shall
10 be twice the sum of the principal and the
accrued interest.]

2 [191.545. When necessary to protect the
3 interest of the state in any loan transaction
4 under sections 191.500 to 191.550, the board may
institute any action to recover any amount due.]

2 [191.550. The contracts made with the
3 participating students shall be approved by the
attorney general.]

2 [335.212. As used in sections 335.212 to
335.242, the following terms mean:

3 (1) "Board", the Missouri state board of
4 nursing;

5 (2) "Department", the Missouri department
6 of health and senior services;

7 (3) "Director", director of the Missouri
8 department of health and senior services;

9 (4) "Eligible student", a resident who has
10 been accepted as a full-time student in a formal
11 course of instruction leading to an associate
12 degree, a diploma, a bachelor of science, a
13 master of science in nursing (M.S.N.), a
14 doctorate in nursing (Ph.D. or D.N.P.), or a
15 student with a master of science in nursing
16 seeking a doctorate in education (Ed.D.), or
17 leading to the completion of educational
18 requirements for a licensed practical nurse.
19 The doctoral applicant may be a part-time
20 student;

21 (5) "Participating school", an institution
22 within this state which is approved by the board
23 for participation in the professional and
24 practical nursing student loan program
25 established by sections 335.212 to 335.242,
26 having a nursing department and offering a
27 course of instruction based on nursing theory
28 and clinical nursing experience;

29 (6) "Qualified applicant", an eligible
30 student approved by the board for participation
31 in the professional and practical nursing
32 student loan program established by sections
33 335.212 to 335.242;

34 (7) "Qualified employment", employment on
35 a full-time basis in Missouri in a position
36 requiring licensure as a licensed practical
37 nurse or registered professional nurse in any
38 hospital as defined in section 197.020 or in any
39 agency, institution, or organization located in
40 an area of need as determined by the department
41 of health and senior services. Any forgiveness
42 of such principal and interest for any qualified
43 applicant engaged in qualified employment on a
44 less than full-time basis may be prorated to
45 reflect the amounts provided in this section;

46 (8) "Resident", any person who has lived
47 in this state for one or more years for any
48 purpose other than the attending of an

49 educational institution located within this
50 state.]

[335.215. 1. The department of health and
2 senior services shall be the administrative
3 agency for the implementation of the
4 professional and practical nursing student loan
5 program established under sections 335.212 to
6 335.242, and the nursing student loan repayment
7 program established under sections 335.245 to
8 335.259.]

9 2. An advisory panel of nurses shall be
10 appointed by the director. It shall be composed
11 of not more than eleven members representing
12 practical, associate degree, diploma,
13 baccalaureate and graduate nursing education,
14 community health, primary care, hospital, long-
15 term care, a consumer, and the Missouri state
16 board of nursing. The panel shall make
17 recommendations to the director on the content
18 of any rules, regulations or guidelines prior to
19 their promulgation. The panel may make
20 recommendations to the director regarding fund
21 allocations for loans and loan repayment based
22 on current nursing shortage needs.]

23 3. The department of health and senior
24 services shall promulgate reasonable rules and
25 regulations for the exercise of its function
26 pursuant to sections 335.212 to 335.259. It
27 shall prescribe the form, the time and method of
28 filing applications and supervise the
29 proceedings thereof. No rule or portion of a
30 rule promulgated under the authority of sections
31 335.212 to 335.257 shall become effective unless
32 it has been promulgated pursuant to the
33 provisions of section 536.024.]

34 4. Ninety-five percent of funds loaned
35 pursuant to sections 335.212 to 335.242 shall be
36 loaned to qualified applicants who are enrolled
37 in professional nursing programs in
38 participating schools and five percent of the
39 funds loaned pursuant to sections 335.212 to
40 335.242 shall be loaned to qualified applicants
41 who are enrolled in practical nursing programs.
42 Priority shall be given to eligible students who
43 have established financial need. All loan
44 repayment funds pursuant to sections 335.245 to
45 335.259 shall be used to reimburse successful
46 associate, diploma, baccalaureate or graduate
47 professional nurse applicants' educational loans
48 who agree to serve in areas of defined need as
49 determined by the department.]

[335.218. There is hereby established the
2 "Professional and Practical Nursing Student Loan
3 and Nurse Loan Repayment Fund". All fees
4 pursuant to section 335.221, general revenue
5 appropriations to the student loan or loan

6 repayment program, voluntary contributions to
7 support or match the student loan and loan
8 repayment program activities, funds collected
9 from repayment and penalties, and funds received
10 from the federal government shall be deposited
11 in the state treasury and be placed to the
12 credit of the professional and practical nursing
13 student loan and nurse loan repayment fund. The
14 fund shall be managed by the department of
15 health and senior services and all
16 administrative costs and expenses incurred as a
17 result of the effectuation of sections 335.212
18 to 335.259 shall be paid from this fund.]

2 [335.221. The board, in addition to any
3 other duties it may have regarding licensure of
4 nurses, shall collect, at the time of licensure
5 or licensure renewal, an education surcharge
6 from each person licensed or relicensed pursuant
7 to sections 335.011 to 335.096, in the amount of
8 one dollar per year for practical nurses and
9 five dollars per year for professional nurses.
10 These funds shall be deposited in the
11 professional and practical nursing student loan
12 and nurse loan repayment fund. All expenditures
13 authorized by sections 335.212 to 335.259 shall
14 be paid from funds appropriated by the general
15 assembly from the professional and practical
16 nursing student loan and nurse loan repayment
17 fund. The provisions of section 33.080 to the
18 contrary notwithstanding, money in this fund
19 shall not be transferred and placed to the
credit of general revenue.]

2 [335.224. The department of health and
3 senior services shall enter into a contract with
4 each qualified applicant receiving financial
5 assistance under the provisions of sections
6 335.212 to 335.242 for repayment of the
principal and interest.]

2 [335.227. An eligible student may apply to
3 the department for financial assistance under
4 the provisions of sections 335.212 to 335.242
5 if, at the time of his application for a loan,
6 the eligible student has formally applied for
7 acceptance at a participating school. Receipt
8 of financial assistance is contingent upon
9 acceptance and continued enrollment at a
participating school.]

2 [335.230. Financial assistance to any
3 qualified applicant shall not exceed ten
4 thousand dollars for each academic year for a
5 professional nursing program and shall not
6 exceed five thousand dollars for each academic
7 year for a practical nursing program. All
8 financial assistance shall be made from funds
credited to the professional and practical

9 nursing student loan and nurse loan repayment
10 fund. A qualified applicant may receive
11 financial assistance for each academic year he
12 remains a student in good standing at a
13 participating school.]

2 [335.233. The department shall establish
3 schedules for repayment of the principal and
4 interest on any financial assistance made under
5 the provisions of sections 335.212 to 335.242.
6 Interest at the rate of nine and one-half
7 percent per annum shall be charged on all
8 financial assistance made under the provisions
9 of sections 335.212 to 335.242, but the interest
10 and principal of the total financial assistance
11 granted to a qualified applicant at the time of
12 the successful completion of a nursing degree,
13 diploma program or a practical nursing program
shall be forgiven through qualified employment.]

2 [335.236. The financial assistance
3 recipient shall repay the financial assistance
4 principal and interest beginning not more than
5 six months after completion of the degree for
6 which the financial assistance was made in
7 accordance with the repayment contract. If an
8 eligible student ceases his study prior to
9 successful completion of a degree or graduation
10 at a participating school, interest at the rate
11 specified in section 335.233 shall be charged on
12 the amount of financial assistance received from
13 the state under the provisions of sections
14 335.212 to 335.242, and repayment, in accordance
15 with the repayment contract, shall begin within
16 ninety days of the date the financial aid
17 recipient ceased to be an eligible student. All
18 funds repaid by recipients of financial
19 assistance to the department shall be deposited
20 in the professional and practical nursing
21 student loan and nurse loan repayment fund for
use pursuant to sections 335.212 to 335.259.]

2 [335.239. The department shall grant a
3 deferral of interest and principal payments to a
4 financial assistance recipient who is pursuing
5 an advanced degree, special nursing program, or
6 upon special conditions established by the
7 department. The deferral shall not exceed four
8 years. The status of each deferral shall be
9 reviewed annually by the department of health
10 and senior services to ensure compliance with
the intent of this section.]

2 [335.242. When necessary to protect the
3 interest of the state in any financial
4 assistance transaction under sections 335.212 to
5 335.259, the department of health and senior
6 services may institute any action to recover any
amount due.]

2 [335.245. As used in sections 335.245 to
3 335.259, the following terms mean:

4 (1) "Department", the Missouri department
5 of health and senior services;

6 (2) "Eligible applicant", a Missouri
7 licensed nurse who has attained either an
8 associate degree, a diploma, a bachelor of
9 science, or graduate degree in nursing from an
10 accredited institution approved by the board of
11 nursing or a student nurse in the final year of
12 a full-time baccalaureate school of nursing
13 leading to a baccalaureate degree or graduate
14 nursing program leading to a master's degree in
15 nursing and has agreed to serve in an area of
16 defined need as established by the department;

17 (3) "Participating school", an institution
18 within this state which grants an associate
19 degree in nursing, grants a bachelor or master
20 of science degree in nursing or provides a
21 diploma nursing program which is accredited by
22 the state board of nursing, or a regionally
23 accredited institution in this state which
24 provides a bachelor of science completion
25 program for registered professional nurses;

26 (4) "Qualified employment", employment on
27 a full-time basis in Missouri in a position
28 requiring licensure as a licensed practical
29 nurse or registered professional nurse in any
30 hospital as defined in section 197.020 or public
31 or nonprofit agency, institution, or
32 organization located in an area of need as
33 determined by the department of health and
34 senior services. Any forgiveness of such
35 principal and interest for any qualified
36 applicant engaged in qualified employment on a
37 less than full-time basis may be prorated to
reflect the amounts provided in this section.]

[335.248. Sections 335.245 to 335.259
2 shall be known as the "Nursing Student Loan
3 Repayment Program". The department of health
4 and senior services shall be the administrative
5 agency for the implementation of the authority
6 established by sections 335.245 to 335.259. The
7 department shall promulgate reasonable rules and
8 regulations necessary to implement sections
9 335.245 to 335.259. Promulgated rules shall
10 include, but not be limited to, applicant
11 eligibility, selection criteria, prioritization
12 of service obligation sites and the content of
13 loan repayment contracts, including repayment
14 schedules for those in default and penalties.
15 The department shall promulgate rules regarding
16 recruitment opportunities for minority students
17 into nursing schools. Priority for student loan
18 repayment shall be given to eligible applicants
19 who have demonstrated financial need. All funds

20 collected by the department from participants
21 not meeting their contractual obligations to the
22 state shall be deposited in the professional and
23 practical nursing student loan and nurse loan
24 repayment fund for use pursuant to sections
25 335.212 to 335.259.]

2 [335.251. Upon proper verification to the
3 department by the eligible applicant of securing
4 qualified employment in this state, the
5 department shall enter into a loan repayment
6 contract with the eligible applicant to repay
7 the interest and principal on the educational
8 loans of the applicant to the limit of the
9 contract, which contract shall provide for
10 instances of less than full-time qualified
11 employment consistent with the provisions of
12 section 335.233, out of any appropriation made
13 to the professional and practical nursing
14 student loan and nurse loan repayment fund. If
15 the applicant breaches the contract by failing
16 to begin or complete the qualified employment,
17 the department is entitled to recover the total
18 of the loan repayment paid by the department
19 plus interest on the repaid amount at the rate
of nine and one-half percent per annum.]

2 [335.254. Sections 335.212 to 335.259
3 shall not be construed to require the department
4 to enter into contracts with individuals who
5 qualify for nursing education loans or nursing
6 loan repayment programs when federal, state and
local funds are not available for such purposes.]

2 [335.257. Successful applicants for whom
3 loan payments are made under the provisions of
4 sections 335.245 to 335.259 shall verify to the
5 department twice each year in the manner
6 prescribed by the department that qualified
employment in this state is being maintained.]

2 [632.300. 1. When a mental health
3 coordinator receives information alleging that a
4 person, as the result of a mental disorder,
5 presents a likelihood of serious harm to himself
6 or others, he shall:

- 6 (1) Conduct an investigation;
- 7 (2) Evaluate the allegations and the data
8 developed by investigation; and
- 9 (3) Evaluate the reliability and
10 credibility of all sources of information.

11 2. If, as the result of personal
12 observation or investigation, the mental health
13 coordinator has reasonable cause to believe that
14 such person is mentally disordered and, as a
15 result, presents a likelihood of serious harm to
16 himself or others, the mental health coordinator
17 may file an application with the court having
18 probate jurisdiction pursuant to the provisions

19 of section 632.305; provided, however, that
20 should the mental health coordinator have
21 reasonable cause to believe, as the result of
22 personal observation or investigation, that the
23 likelihood of serious harm by such person to
24 himself or others as a result of a mental
25 disorder is imminent unless the person is
26 immediately taken into custody, the mental
27 health coordinator shall request a peace officer
28 to take or cause such person to be taken into
29 custody and transported to a mental health
30 facility in accordance with the provisions of
31 subsection 3 of section 632.305.

32 3. If the mental health coordinator
33 determines that involuntary commitment is not
34 appropriate, he should inform either the person,
35 his family or friends about those public and
36 private agencies and courts which might be of
37 assistance.]

Section B. Because immediate action is necessary to
2 address the shortage of health care providers in this state,
3 and because of the importance of ensuring healthy
4 pregnancies and healthy women and children in Missouri in
5 the face of growing maternal mortality, the enactment of
6 section 191.592, and the repeal and reenactment of sections
7 208.151 and 208.662 of this act, are deemed necessary for
8 the immediate preservation of the public health, welfare,
9 peace, and safety, and is hereby declared to be an emergency
10 act within the meaning of the constitution, and the
11 enactment of section 191.592, and the repeal and reenactment
12 of sections 208.151 and 208.662 of this act shall be in full
13 force and effect upon its passage and approval.

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