

SENATE BILL NO. 1636

103RD GENERAL ASSEMBLY

INTRODUCED BY SENATOR GREGORY (21).

6842S.011

KRISTINA MARTIN, Secretary

AN ACT

To repeal section 191.658, RSMo, and to enact in lieu thereof two new sections relating to infectious disease exposure notification, with penalty provisions.

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

Section A. Section 191.658, RSMo, is repealed and two new sections enacted in lieu thereof, to be known as sections 191.633 and 191.658, to read as follows:

191.633. 1. As used in this section, the following terms mean:

(1) "Exposure", any inhalation, ingestion, or contact that may cause transmission of an infectious disease;

(2) "First responder", any:

(a) Law enforcement officer;

(b) Staff member of a jail or correctional center, as defined in section 217.010;

(c) Paid or volunteer firefighter; or

(d) Emergency medical responder, emergency medical technician, or paramedic, as those terms are defined in section 190.100;

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

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

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

19 (6) "Health care worker", any health care professional
20 or other individual who provides or assists in the provision
21 of health care services.

22 2. (1) Any health care facility that becomes aware
23 that a health care worker or law enforcement officer has
24 sustained an exposure to an infectious disease described in
25 subsection 3 of this section in the course of the worker's
26 or officer's duties shall notify the health care worker or
27 law enforcement officer of the exposure as soon as
28 practicable but no later than forty-eight hours after
29 becoming aware of the exposure. The notification shall
30 identify the particular infectious disease to which the
31 health care worker or law enforcement officer was exposed.

32 (2) Any first responder who has transported an
33 individual to a health care facility or had contact with an
34 individual during transport of the individual to a health
35 care facility or as a result of the event or circumstance
36 that required the transport may submit a request to the
37 health care facility for information on whether the
38 individual tests positive for any infectious disease
39 described in subsection 3 of this section during the
40 individual's course of admission or treatment at the health
41 care facility following the transport. The health care
42 facility shall provide notification of any exposure in the
43 manner required under subdivision (1) of this subsection.

44 3. Notification shall be required under subsection 2
45 of this section for exposure to any of the following
46 infectious diseases:

47 (1) Anthrax (*Bacillus anthracis*) if classified as
48 cutaneous;

- 49 (2) COVID-19 (SARS-CoV-2);
- 50 (3) Diphtheria (*Corynebacterium diphtheriae*);
- 51 (4) Hepatitis B (HBV);
- 52 (5) Hepatitis C (HCV);
- 53 (6) Human immunodeficiency virus (HIV);
- 54 (7) Measles (rubeola virus);
- 55 (8) Meningococcal disease (*Neisseria meningitidis*);
- 56 (9) Mumps (mumps virus);
- 57 (10) Novel influenza A viruses as defined by the
- 58 Council of State and Territorial Epidemiologists (CSTE);
- 59 (11) Pertussis (*Bordetella pertussis*);
- 60 (12) Pneumonic plague (*Yersinia pestis*);
- 61 (13) Rabies (rabies virus);
- 62 (14) Rubella, also known as German measles (rubella
- 63 virus);
- 64 (15) Severe acute respiratory syndrome (SARS-CoV);
- 65 (16) Tuberculosis (*Mycobacterium tuberculosis*) if
- 66 classified as an infectious pulmonary or laryngeal disease
- 67 or an extrapulmonary disease with a draining lesion;
- 68 (17) Vaccinia (vaccinia virus);
- 69 (18) Varicella disease (varicella-zoster virus) if
- 70 classified as chickenpox or disseminated zoster; and
- 71 (19) Viral hemorrhagic fevers (Lassa, Marburg, Ebola,
- 72 Crimean-Congo, and other viruses).

73 4. The requirements of this section shall be in

74 addition to, and not in lieu of, the requirements of

75 sections 191.631 and 191.658.

 191.658. 1. As used in this section, the following

2 terms shall mean:

- 3 (1) "Disclose", to disclose, release, transfer,
- 4 disseminate or otherwise communicate all or any part of any

5 record orally, in writing or by electronic means to any
6 person or entity;

7 (2) "Health care practitioner", any licensed
8 physician, nurse practitioner or physician's assistant;

9 (3) "HIV", the human immunodeficiency virus that
10 causes acquired immunodeficiency syndrome;

11 (4) "HIV infection", the pathological state of the
12 human body in response to HIV;

13 (5) "Medically significant exposure", a puncture
14 through or laceration of the skin, or contact of mucous
15 membrane or nonintact skin with blood, tissue, wound exudate
16 or other body fluids, including semen, vaginal secretions,
17 cerebrospinal fluid, synovial fluid, pleural fluid,
18 peritoneal fluid, pericardial fluid, amniotic fluid or any
19 body fluid containing visible blood, or contact of intact
20 skin with any such body fluids when the duration of contact
21 is prolonged or involves an extensive area of skin;

22 (6) "Person", private individuals, private or public
23 bodies politic, and corporations, partnerships, trusts, and
24 unincorporated associations and their officers, directors,
25 agents or employees;

26 (7) "Source individual", the person who is the source
27 of the blood or other body fluids to which medically
28 significant exposure occurred.

29 2. A health care practitioner providing medical
30 treatment for a health care worker or law enforcement
31 officer because of a medically significant exposure to blood
32 or other body fluids that occurred in the course of the
33 worker's or officer's employment may request from the
34 department of health and senior services information
35 regarding the HIV infection status of the source
36 individual. The department of health and senior services

37 may disclose to the health care practitioner the HIV
38 infection status of the source individual if such
39 information is on file with the department.

40 3. The health care practitioner shall disclose the HIV
41 infection status of the source individual to the exposed
42 health care worker or law enforcement officer if, in the
43 professional judgment of the health care practitioner, such
44 disclosure is necessary to assure adherence to a prescribed
45 treatment regimen **or is required under section 191.633.**

46 4. No person to whom information about an individual's
47 HIV infection has been disclosed pursuant to this section
48 shall further disclose such results.

49 5. Any person who knowingly releases information in
50 violation of this section is guilty of a class A misdemeanor.

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