

SENATE BILL NO. 1692

103RD GENERAL ASSEMBLY

INTRODUCED BY SENATOR LEWIS.

4584S.011

KRISTINA MARTIN, Secretary

AN ACT

To repeal sections 188.015, 188.017, 188.020, 188.021, 188.027, 188.030, 188.033, 188.038, 188.039, 188.047, 188.052, 188.056, 188.057, 188.058, 188.075, 188.080, 188.230, 188.375, 192.665, 192.667, 197.150, 197.152, 197.158, 197.160, 197.165, 197.200, 197.205, 197.215, 197.220, 197.225, 197.230, 197.235, 197.240, 197.285, 197.287, 197.289, 197.293, 197.295, 334.100, 334.245, 334.735, 574.200, and 595.027, RSMo, and to enact in lieu thereof twenty-four new sections relating to abortion.

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

Section A. Sections 188.015, 188.017, 188.020, 188.021,
2 188.027, 188.030, 188.033, 188.038, 188.039, 188.047, 188.052,
3 188.056, 188.057, 188.058, 188.075, 188.080, 188.230, 188.375,
4 192.665, 192.667, 197.150, 197.152, 197.158, 197.160, 197.165,
5 197.200, 197.205, 197.215, 197.220, 197.225, 197.230, 197.235,
6 197.240, 197.285, 197.287, 197.289, 197.293, 197.295, 334.100,
7 334.245, 334.735, 574.200, and 595.027, RSMo, are repealed and
8 twenty-four new sections enacted in lieu thereof, to be known
9 as sections 188.015, 192.665, 192.667, 197.150, 197.152,
10 197.158, 197.160, 197.165, 197.200, 197.205, 197.215, 197.220,
11 197.225, 197.230, 197.235, 197.240, 197.285, 197.287, 197.289,
12 197.293, 197.295, 334.100, 334.735, and 595.027, to read as
13 follows:

188.015. As used in this chapter, the following terms
2 mean:

3 (1) "Abortion":

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

4 (a) The act of using or prescribing any instrument,
5 device, medicine, drug, or any other means or substance with
6 the intent to destroy the life of an embryo or fetus in his
7 or her mother's womb; or

8 (b) The intentional termination of the pregnancy of a
9 mother by using or prescribing any instrument, device,
10 medicine, drug, or other means or substance with an
11 intention other than to increase the probability of a live
12 birth or to remove a dead unborn child;

13 (2) "Abortion facility", a clinic, physician's office,
14 or any other place or facility in which abortions are
15 performed or induced other than a hospital;

16 (3) "Affiliate", a person who or entity that enters
17 into, with an abortion facility, a legal relationship
18 created or governed by at least one written instrument,
19 including a certificate of formation, a franchise agreement,
20 standards of affiliation, bylaws, or a license, that
21 demonstrates:

22 (a) Common ownership, management, or control between
23 the parties to the relationship;

24 (b) A franchise granted by the person or entity to the
25 affiliate; or

26 (c) The granting or extension of a license or other
27 agreement authorizing the affiliate to use the other
28 person's or entity's brand name, trademark, service mark, or
29 other registered identification mark;

30 (4) "Conception", the fertilization of the ovum of a
31 female by a sperm of a male;

32 (5) "Department", the department of health and senior
33 services;

34 (6) ["Down Syndrome", the same meaning as defined in
35 section 191.923;

36 [(7)] "Gestational age", length of pregnancy as
37 measured from the first day of the woman's last menstrual
38 period;

39 [(8)] (7) "Medical emergency", a condition which,
40 based on reasonable medical judgment, so complicates the
41 medical condition of a pregnant woman as to necessitate the
42 immediate abortion of her pregnancy to avert the death of
43 the pregnant woman or for which a delay will create a
44 serious risk of substantial and irreversible physical
45 impairment of a major bodily function of the pregnant woman;

46 [(9)] (8) "Physician", any person licensed to practice
47 medicine in this state by the state board of registration
48 for the healing arts;

49 [(10)] (9) "Reasonable medical judgment", a medical
50 judgment that would be made by a reasonably prudent
51 physician, knowledgeable about the case and the treatment
52 possibilities with respect to the medical conditions
53 involved;

54 [(11)] (10) "Unborn child", the offspring of human
55 beings from the moment of conception until birth and at
56 every stage of its biological development, including the
57 human conceptus, zygote, morula, blastocyst, embryo, and
58 fetus[;

59 (12) "Viability" or "viable", that stage of fetal
60 development when the life of the unborn child may be
61 continued indefinitely outside the womb by natural or
62 artificial life-supportive systems;

63 (13) "Viable pregnancy" or "viable intrauterine
64 pregnancy", in the first trimester of pregnancy, an
65 intrauterine pregnancy that can potentially result in a
66 liveborn baby].

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

(1) "Charge data", information submitted by health care providers on current charges for leading procedures and diagnoses;

(2) "Charges by payer", information submitted by hospitals on amount billed to Medicare, Medicaid, other government sources and all nongovernment sources combined as one data element;

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

(4) "Financial data", information submitted by hospitals drawn from financial statements which includes the balance sheet, income statement, charity care and bad debt and charges by payer, prepared in accordance with generally accepted accounting principles;

(5) "Health care provider", hospitals as defined in section 197.020 and ambulatory surgical centers [and abortion facilities] as defined in section 197.200;

(6) "Nosocomial infection", as defined by the federal Centers for Disease Control and Prevention and applied to infections within hospitals, ambulatory surgical centers, [abortion facilities,] and other facilities;

(7) "Nosocomial infection incidence rate", a risk-adjusted measurement of new cases of nosocomial infections by procedure or device within a population over a given period of time, with such measurements defined by rule of the department pursuant to subsection 3 of section 192.667 for use by all hospitals, ambulatory surgical centers, [abortion facilities,] and other facilities in complying with the requirements of the Missouri nosocomial infection control act of 2004;

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

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

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

 2. The department shall collect data on the incidence
13 of health care-associated infections from hospitals,
14 ambulatory surgical centers, [abortion facilities,] and
15 other facilities as necessary to generate the reports
16 required by this section. Hospitals, ambulatory surgical
17 centers, [abortion facilities,] and other facilities shall
18 provide such data in compliance with this section. In order
19 to streamline government and to eliminate duplicative

20 reporting requirements, if the Centers for Medicare and
21 Medicaid Services, or its successor entity, requires
22 hospitals to submit health care-associated infection data,
23 then hospitals and the department shall not be required to
24 comply with the health care-associated infection data
25 reporting requirements of subsections 2 to 17 of this
26 section applicable to hospitals, except that the department
27 shall post a link on its website to publicly reported data
28 by hospitals on the Centers for Medicare and Medicaid
29 Services' Hospital Compare website, or its successor.

30 3. The department shall promulgate rules specifying
31 the standards and procedures for the collection, analysis,
32 risk adjustment, and reporting of the incidence of health
33 care-associated infections and the types of infections and
34 procedures to be monitored pursuant to subsection 13 of this
35 section. In promulgating such rules, the department shall:

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

40 (2) Consider the findings and recommendations of the
41 infection control advisory panel established pursuant to
42 section 197.165.

43 4. By January 1, 2017, the infection control advisory
44 panel created by section 197.165 shall make recommendations
45 to the department regarding the Centers for Medicare and
46 Medicaid Services' health care-associated infection data
47 collection, analysis, and public reporting requirements for
48 hospitals, ambulatory surgical centers, and other facilities
49 in the federal Centers for Disease Control and Prevention's
50 National Healthcare Safety Network, or its successor, in
51 lieu of all or part of the data collection, analysis, and

52 public reporting requirements of this section. The advisory
53 panel recommendations shall address which hospitals shall be
54 required as a condition of licensure to use the National
55 Healthcare Safety Network for data collection; the use of
56 the National Healthcare Safety Network for risk adjustment
57 and analysis of hospital submitted data; and the use of the
58 Centers for Medicare and Medicaid Services' Hospital Compare
59 website, or its successor, for public reporting of the
60 incidence of health care-associated infection metrics. The
61 advisory panel shall consider the following factors in
62 developing its recommendation:

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

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

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

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

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

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

80 5. After considering the recommendations of the
81 infection control advisory panel, and provided that the
82 requirements of subsection 13 of this section can be met,
83 the department shall implement guidelines from the federal

84 Centers for Disease Control and Prevention's National
85 Healthcare Safety Network, or its successor. It shall be a
86 condition of licensure for hospitals that meet the minimum
87 public reporting requirements of the National Healthcare
88 Safety Network and the Centers for Medicare and Medicaid
89 Services to participate in the National Healthcare Safety
90 Network, or its successor. Such hospitals shall permit the
91 National Healthcare Safety Network, or its successor, to
92 disclose facility-specific infection data to the department
93 as required under this section, and as necessary to provide
94 the public reports required by the department. It shall be
95 a condition of licensure for any ambulatory surgical center
96 [or abortion facility] which does not voluntarily
97 participate in the National Healthcare Safety Network, or
98 its successor, to submit facility-specific data to the
99 department as required under this section, and as necessary
100 to provide the public reports required by the department.

101 6. The department shall not require the resubmission
102 of data which has been submitted to the department of health
103 and senior services or the department of social services
104 under any other provision of law. The department of health
105 and senior services shall accept data submitted by
106 associations or related organizations on behalf of health
107 care providers by entering into binding agreements
108 negotiated with such associations or related organizations
109 to obtain data required pursuant to section 192.665 and this
110 section. A health care provider shall submit the required
111 information to the department of health and senior services:

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

114 (2) If no binding agreement has been reached within
115 ninety days of August 28, 1992, between the department of

116 health and senior services and such associations or related
117 organizations; or

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

120 7. Information obtained by the department under the
121 provisions of section 192.665 and this section shall not be
122 public information. Reports and studies prepared by the
123 department based upon such information shall be public
124 information and may identify individual health care
125 providers. The department of health and senior services may
126 authorize the use of the data by other research
127 organizations pursuant to the provisions of section
128 192.067. The department shall not use or release any
129 information provided under section 192.665 and this section
130 which would enable any person to determine any health care
131 provider's negotiated discounts with specific preferred
132 provider organizations or other managed care organizations.
133 The department shall not release data in a form which could
134 be used to identify a patient. Any violation of this
135 subsection is a class A misdemeanor.

136 8. The department shall undertake a reasonable number
137 of studies and publish information, including at least an
138 annual consumer guide, in collaboration with health care
139 providers, business coalitions and consumers based upon the
140 information obtained pursuant to the provisions of section
141 192.665 and this section. The department shall allow all
142 health care providers and associations and related
143 organizations who have submitted data which will be used in
144 any publication to review and comment on the publication
145 prior to its publication or release for general use. The
146 publication shall be made available to the public for a
147 reasonable charge.

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

153 10. A hospital, as defined in section 197.020,
154 aggrieved by the department's determination of ineligibility
155 for state moneys pursuant to subsection 9 of this section
156 may appeal as provided in section 197.071. An ambulatory
157 surgical center [or abortion facility] as defined in section
158 197.200 aggrieved by the department's determination of
159 ineligibility for state moneys pursuant to subsection 9 of
160 this section may appeal as provided in section 197.221.

161 11. The department of health may promulgate rules
162 providing for collection of data and publication of the
163 incidence of health care-associated infections for other
164 types of health facilities determined to be sources of
165 infections; except that, physicians' offices shall be exempt
166 from reporting and disclosure of such infections.

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

172 (1) Infections associated with a minimum of four
173 surgical procedures for hospitals and a minimum of two
174 surgical procedures for ambulatory surgical centers that
175 meet the following criteria:

176 (a) Are usually associated with an elective surgical
177 procedure. An "elective surgical procedure" is a planned,
178 nonemergency surgical procedure that may be either medically

179 required such as a hip replacement or optional such as
180 breast augmentation;

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

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

187 (2) Central line-related bloodstream infections;

188 (3) Health care-associated infections specified for
189 reporting by hospitals, ambulatory surgical centers, and
190 other health care facilities by the rules of the Centers for
191 Medicare and Medicaid Services to the federal Centers for
192 Disease Control and Prevention's National Healthcare Safety
193 Network, or its successor; and

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

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

199 13. In consultation with the infection control
200 advisory panel established pursuant to section 197.165, the
201 department shall develop and disseminate to the public
202 reports based on data compiled for a period of twelve
203 months. Such reports shall be updated quarterly and shall
204 show for each hospital, ambulatory surgical center,
205 [abortion facility,] and other facility metrics on risk-
206 adjusted health care-associated infections under this
207 section.

208 14. The types of infections under subsection 12 of
209 this section to be publicly reported shall be determined by

210 the department by rule and shall be consistent with the
211 infections tracked by the National Healthcare Safety
212 Network, or its successor.

213 15. Reports published pursuant to subsection 13 of
214 this section shall be published and readily accessible on
215 the department's internet website. The reports shall be
216 distributed at least annually to the governor and members of
217 the general assembly. The department shall make such
218 reports available to the public for a period of at least two
219 years.

220 16. The Hospital Industry Data Institute shall publish
221 a report of Missouri hospitals'[,] **and** ambulatory surgical
222 centers'[, and abortion facilities'] compliance with
223 standardized quality of care measures established by the
224 federal Centers for Medicare and Medicaid Services for
225 prevention of infections related to surgical procedures. If
226 the Hospital Industry Data Institute fails to do so by July
227 31, 2008, and annually thereafter, the department shall be
228 authorized to collect information from the Centers for
229 Medicare and Medicaid Services or from hospitals[,] **and**
230 ambulatory surgical centers[, and abortion facilities] and
231 publish such information in accordance with this section.

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

236 18. The department shall promulgate rules to implement
237 the provisions of section 192.131 and sections 197.150 to
238 197.160. Any rule or portion of a rule, as that term is
239 defined in section 536.010, that is created under the
240 authority delegated in this section shall become effective
241 only if it complies with and is subject to all of the

242 provisions of chapter 536 and, if applicable, section
243 536.028. This section and chapter 536 are nonseverable and
244 if any of the powers vested with the general assembly
245 pursuant to chapter 536 to review, to delay the effective
246 date, or to disapprove and annul a rule are subsequently
247 held unconstitutional, then the grant of rulemaking
248 authority and any rule proposed or adopted after August 28,
249 2004, shall be invalid and void.

250 19. No later than August 28, 2017, each hospital,
251 excluding mental health facilities as defined in section
252 632.005, and each ambulatory surgical center [and abortion
253 facility] as defined in section 197.200, shall in
254 consultation with its medical staff establish an
255 antimicrobial stewardship program for evaluating the
256 judicious use of antimicrobials, especially antibiotics that
257 are the last line of defense against resistant infections.
258 The hospital's stewardship program and the results of the
259 program shall be monitored and evaluated by hospital quality
260 improvement departments and shall be available upon
261 inspection to the department. At a minimum, the
262 antimicrobial stewardship program shall be designed to
263 evaluate that hospitalized patients receive, in accordance
264 with accepted medical standards of practice, the appropriate
265 antimicrobial, at the appropriate dose, at the appropriate
266 time, and for the appropriate duration.

267 20. Hospitals described in subsection 19 of this
268 section shall meet the National Healthcare Safety Network
269 requirements for reporting antimicrobial usage or resistance
270 by using the Centers for Disease Control and Prevention's
271 Antimicrobial Use and Resistance (AUR) Module when
272 conditions of participation promulgated by the Centers for
273 Medicare and Medicaid Services requiring the electronic

274 reporting of antibiotic use or antibiotic resistance by
275 hospitals become effective. When such antimicrobial usage
276 or resistance reporting takes effect, hospitals shall
277 authorize the National Healthcare Safety Network, or its
278 successor, to disclose to the department facility-specific
279 information reported to the AUR Module. Facility-specific
280 data on antibiotic usage and resistance collected under this
281 subsection shall not be disclosed to the public, but the
282 department may release case-specific information to other
283 facilities, physicians, and the public if the department
284 determines on a case-by-case basis that the release of such
285 information is necessary to protect persons in a public
286 health emergency. Nothing in this section shall prohibit a
287 hospital from voluntarily reporting antibiotic use or
288 antibiotic resistance data through the National Healthcare
289 Safety Network, or its successor, prior to the effective
290 date of the conditions of participation requiring the
291 reporting.

292 21. The department shall make a report to the general
293 assembly beginning January 1, 2018, and on every January
294 first thereafter on the incidence, type, and distribution of
295 antimicrobial-resistant infections identified in the state
296 and within regions of the state.

197.150. The department shall require that each
2 hospital, ambulatory surgical center, [abortion facility,]
3 and other facility have in place procedures for monitoring
4 and enforcing compliance with infection control regulations
5 and standards. Such procedures shall be coordinated with
6 administrative staff, personnel staff, and the quality
7 improvement program. Such procedures shall include, at a
8 minimum, requirements for the facility's infection control
9 program to conduct surveillance of personnel with a portion

10 of the surveillance to be done in such manner that employees
11 and medical staff are observed without their knowledge of
12 such observation, provided that this unobserved surveillance
13 requirement shall not be considered to be grounds for
14 licensure enforcement action by the department until the
15 department establishes clear and verifiable criteria for
16 determining compliance. Such surveillance also may include
17 monitoring of the rate of use of hand hygiene products.

197.152. 1. Infection control officers as defined in
2 federal regulation and other hospital[,] **and** ambulatory
3 surgical center[, and abortion facility] employees shall be
4 protected against retaliation by the hospital[,] **or**
5 ambulatory surgical center[, or abortion facility] for
6 reporting infection control concerns pursuant to section
7 197.285 and shall be entitled to the full benefits of that
8 section. Such infection control officers shall report any
9 interference in the performance of their duties by their
10 supervisors to the hospital[,] **or** ambulatory surgical
11 center[, or abortion facility] compliance officer
12 established by and empowered to act pursuant to section
13 197.285.

14 2. Infection control officers as defined in federal
15 regulation shall also have the authority to order the
16 cessation of a practice that falls outside accepted
17 practices as defined by appropriate state and federal
18 regulatory agencies, accreditation organizations, or the
19 standards adopted by the Centers for Disease Control and
20 Prevention or the Association of Professionals in Infection
21 Control and Epidemiology. The hospital[,] **or** ambulatory
22 surgical center[, or abortion facility] may require that
23 such a cessation order of an infection control officer be
24 endorsed by the hospital[,] **or** ambulatory surgical center[,]

25 or abortion facility] chief executive officer or his or her
26 designee before taking effect. The hospital[,] or
27 ambulatory surgical center[, or abortion facility] infection
28 control committee shall convene as soon as possible to
29 review such cessation order and may overrule or sustain the
30 directive of the infection control officer. The department
31 shall promulgate rules governing documentation of such
32 events.

33 3. Members of the medical staff who report in good
34 faith infection control concerns to the hospital[,] or
35 ambulatory surgical center[, or abortion facility]
36 administration or medical staff leadership shall not be
37 subject to retaliation or discrimination for doing so.
38 Nothing in this section shall prevent or shield medical
39 staff members from being subject to professional review
40 actions for substandard care or breach of standards
41 established in hospital policy, rules, or medical staff
42 bylaws.

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

197.160. The department of health and senior services
2 shall have access to all data and information held by
3 hospitals, ambulatory surgical centers, [abortion
4 facilities,] and other facilities related to their infection
5 control practices, rates, or treatments of infections.
6 Failure to provide such access shall be grounds for full or

7 partial licensure suspension or revocation pursuant to
8 section 197.293, sections 197.010 to 197.100, or sections
9 197.200 to 197.240. If the department determines that the
10 hospital, ambulatory surgical center, [abortion facility,]
11 or other facility is willfully impeding access to such
12 information, the department shall be authorized to direct
13 all state agencies to suspend all or a portion of state
14 payments to such entity until such time as the desired
15 information is obtained by the department.

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

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

6 (1) Two public members;

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

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

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

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

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

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

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

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

4 (1) ["Abortion facility", as such term is defined in
5 section 188.015;

6 (2) "Ambulatory surgical center", any public or
7 private establishment operated primarily for the purpose of
8 performing surgical procedures or primarily for the purpose
9 of performing childbirths, and which does not provide
10 services or other accommodations for patients to stay more
11 than twenty-three hours within the establishment, provided,
12 however, that nothing in this definition shall be construed
13 to include the offices of dentists currently licensed
14 pursuant to chapter 332;

15 [(3)] (2) "Dentist", any person currently licensed to
16 practice dentistry pursuant to chapter 332;

17 [(4)] (3) "Department", the department of health and
18 senior services;

19 [(5)] (4) "Governmental unit", any city, county or
20 other political subdivision of this state, or any
21 department, division, board or other agency of any political
22 subdivision of this state;

23 [(6)] (5) "Person", any individual, firm, partnership,
24 corporation, company, or association and the legal
25 successors thereof;

26 [(7)] (6) "Physician", any person currently licensed
27 to practice medicine pursuant to chapter 334;

28 [(8)] (7) "Podiatrist", any person currently licensed
29 to practice podiatry pursuant to chapter 330.

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

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

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

7 (1) Each member of the surgical staff is a physician,
8 dentist or podiatrist currently licensed to practice in

9 Missouri[, and each person authorized to perform or induce
10 abortions is a physician currently licensed to practice in
11 Missouri];

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

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

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

30 2. Upon receipt of an application for a license, or
31 the renewal thereof, the department shall issue or renew the
32 license if the applicant and program meet the requirements
33 established under sections 197.200 to 197.240. Each license
34 shall be issued only for the persons and premises named in
35 the application. A license, unless sooner suspended or
36 revoked, shall be issued for a period of one year.

37 3. Each license shall be issued only for the premises
38 and persons or governmental units named in the application,
39 and shall not be transferable or assignable except with the

40 written consent of the department. Licenses shall be posted
41 in a conspicuous place on the licensed premises.

42 4. If, during the period in which an ambulatory
43 surgical center license [or an abortion facility license] is
44 in effect, the license holder or operator legally transfers
45 operational responsibilities by any process to another
46 person as defined in section 197.200, an application shall
47 be made for the issuance of a new license to become
48 effective on the transfer date.

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

7 (1) The applicant, or if the applicant is a firm,
8 partnership or association, any of its members, or if a
9 corporation, any of its officers or directors, or the person
10 designated to manage or supervise the facility, has been
11 finally adjudicated and found guilty, or entered a plea of
12 guilty or nolo contendere, in a criminal prosecution under
13 the laws of any state or of the United States, for any
14 offense reasonably related to the qualifications, functions,
15 or duties of an ambulatory surgical center [or of an
16 abortion facility], or for any offense an essential element
17 of which is fraud, dishonesty, or an act of violence, or for
18 any offense involving moral turpitude, whether or not
19 sentence is imposed;

20 (2) The licensure status or record of the applicant,
21 or if the applicant is a firm, partnership or association,
22 of any of its members, or if a corporation, of any of its
23 officers or directors, or of the person designated to manage

24 or supervise the facility, from any other state, federal
25 district or land, territory or commonwealth of the United
26 States, or of any foreign country where the applicant has
27 done business in a similar capacity indicates that granting
28 a license to the applicant would be detrimental to the
29 interests of the public.

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

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

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

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

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

19 (5) Procedures for peer review and for receiving and
20 investigating complaints regarding any ambulatory surgical
21 center or any physician, dentist, podiatrist, nurse,
22 assistant, manager, supervisor, or employee practicing or
23 working in any such facility.

24 2. The department of health and senior services may
25 adopt separate rules, regulations, or standards to apply to

26 ambulatory surgical centers [and to apply to abortion
27 facilities].

28 [3. Abortion facilities shall be required to maintain
29 a written protocol for managing medical emergencies and the
30 transfer of patients requiring further emergency care to a
31 hospital within a reasonable distance from the abortion
32 facility.]

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

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

20 (1) Compliance with all statutory and regulatory
21 requirements for an abortion facility, including
22 requirements that the facility maintain adequate staffing
23 and equipment to respond to medical emergencies;

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

25 (3) Compliance with the requirement in section 197.215
26 that continuous physician services or registered
27 professional nursing services be provided whenever a patient
28 is in the facility.

29 3.] Inspection, investigation, and quality assurance
30 reports shall be made available to the public. Any portion
31 of a report may be redacted when made publicly available if
32 such portion would disclose information that is not subject
33 to disclosure under the law.

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

8 2. The attorney general shall represent the department
9 of health and senior services and shall institute an action
10 in the name of the state for injunctive or other relief
11 against any person or governmental unit to restrain or
12 prevent the establishment, conduct, management, or operation
13 of an ambulatory surgical center [or abortion facility]
14 without a license issued pursuant to the provisions of
15 sections 197.200 to 197.240.

16 3. Any person operating, conducting, managing, or
17 establishing an ambulatory surgical center [or abortion
18 facility] who, in the course of advertising, promoting, or
19 otherwise publicizing the activities, business, location, or
20 any other matter concerning the operations of said
21 ambulatory surgical center [or abortion facility], uses or
22 employs in any manner the words "State, Missouri, State of
23 Missouri, Department of Health and Senior Services, the

24 initials 'Mo.'," or any emblem of the state of Missouri or
25 the department of health and senior services, for the
26 purpose of conveying or in any manner reasonably calculated
27 to convey the false impression that the state of Missouri or
28 any department, agency, bureau, or instrumentality thereof
29 is involved in the business of said ambulatory surgical
30 center [or abortion facility], or took part in said
31 advertisement, promotion, publicity, or other statement,
32 shall be subject to a fine of one hundred dollars per day
33 for each day during the period beginning with the day said
34 advertisement, promotion, publication, or statement first
35 appears and ending on the day on which it is withdrawn.

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

21 or any self-insured group health benefit plan or trust, of
22 any kind or description, to provide health insurance for
23 services which are usually performed in a physician's office.

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

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

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

28 (3) Establish a program to identify a compliance
29 officer who is a designated person responsible for

30 administering the reporting and investigation process and an
31 alternate person should the primary designee be implicated
32 in the report.

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

35 (1) Alleged facility mismanagement or fraudulent
36 activity;

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

40 (3) The ability of employees to successfully perform
41 their assigned duties.

42 All information disclosed, collected and maintained pursuant
43 to this subsection and pursuant to the written policy
44 requirements of this section shall be accessible to the
45 department of health and senior services at all times and
46 shall be reviewed by the department of health and senior
47 services at least annually. Complainants shall be notified
48 of the department of health and senior services' access to
49 such information and of the complainant's right to notify
50 the department of health and senior services of any
51 information concerning alleged violations of applicable
52 federal or state laws or administrative rules concerning
53 patient care, patient safety or facility safety.

54 3. Prior to any disclosure to individuals or agencies
55 other than the department of health and senior services,
56 employees wishing to make a disclosure pursuant to the
57 provisions of this section shall first report to the
58 individual or individuals designated by the hospital[,] or
59 ambulatory surgical center[, or abortion facility] pursuant
60 to subsection 1 of this section.

61 4. If the compliance officer, compliance committee or
62 management official discovers credible evidence of
63 misconduct from any source and, after a reasonable inquiry,
64 has reason to believe that the misconduct may violate
65 criminal, civil or administrative law, then the hospital[,]
66 **or** ambulatory surgical center[, or abortion facility] shall
67 report the existence of misconduct to the appropriate
68 governmental authority within a reasonable period, but not
69 more than seven days after determining that there is
70 credible evidence of a violation.

71 5. Reports made to the department of health and senior
72 services shall be subject to the provisions of section
73 197.477, provided that the restrictions of section 197.477
74 shall not be construed to limit the employee's ability to
75 subpoena from the original source the information reported
76 to the department pursuant to this section.

77 6. Each written policy shall allow employees making a
78 report who wish to remain anonymous to do so, and shall
79 include safeguards to protect the confidentiality of the
80 employee making the report, the confidentiality of patients
81 and the integrity of data, information and medical records.

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

197.287. By July 1, 2001, all hospitals and ambulatory
2 surgical centers[, and by July 1, 2018, all abortion
3 **facilities**] shall provide training programs, with measurable
4 minimal training outcomes relating to quality of patient
5 care and patient safety, to all unlicensed staff providing
6 patient care in their facility within ninety days of the
7 beginning date of employment. Standards for such training

8 shall be established by the department of health and senior
9 services by rule. It shall be a requirement of hospital[,]
10 **and** ambulatory surgical center[, and abortion facility]
11 licensure pursuant to this chapter that all hospitals[,]
12 **and** ambulatory surgical centers[, and abortion facilities]
13 submit documentation to the department of health and senior
14 services on the training program used.

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

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

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

8 (1) Upon notification of a deficiency in meeting
9 regulatory standards, the hospital[,]
10 **or** ambulatory surgical
11 center[, or abortion facility] shall develop and implement a
12 plan of correction approved by the department which
includes, but is not limited to, the specific type of

13 corrective action to be taken and an estimated time to
14 complete such action;

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

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

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

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

31 (4) If there is a continuing deficiency after the
32 department restricts new inpatient admissions or outpatient
33 entrants to the service or services pursuant to subdivision
34 (3) of this subsection and the hospital[,] **or** ambulatory
35 surgical center[, or abortion facility] has had an
36 opportunity to correct such deficiency, the department may
37 suspend operations in all or part of the service or services
38 affected by such deficiency;

39 (5) If there is a continuing deficiency after
40 suspension of operations pursuant to subdivision (4) of this
41 subsection, the department may deny, suspend or revoke the
42 hospital's[,] **or** ambulatory surgical center's[, or abortion
43 facility's] license pursuant to section 197.070 or section
44 197.220.

45 2. Notwithstanding the provisions of subsection 1 of
46 this section to the contrary, if a deficiency in meeting
47 licensure standards presents an immediate and serious threat
48 to the patients' health and safety, the department may,
49 based on the scope and severity of the deficiency, restrict
50 access to the service or services affected by the deficiency
51 until the hospital[,] **or** ambulatory surgical center[, or
52 abortion facility] has developed and implemented an approved
53 plan of correction. Decisions as to whether a deficiency
54 constitutes an immediate and serious threat to the patients'
55 health and safety shall be made in accordance with
56 guidelines established pursuant to regulation of the
57 department of health and senior services and such decisions
58 shall be approved by the bureau of health facility licensing
59 in the department of health and senior services, or its
60 successor agency, or by a person authorized by the
61 regulations to approve such decisions in the absence of the
62 director.

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

15 pending the commission's findings and ruling as authorized
16 by section 621.035.

17 2. If both the department and the hospital[,] or
18 ambulatory surgical center[, or abortion facility] agree to
19 do so, prior to an appeal to the administrative hearing
20 commission pursuant to section 197.071 or section 197.221,
21 an official action of the department made pursuant to
22 sections 197.010 to 197.120 or sections 197.200 to 197.240
23 may be appealed to a departmental hearing officer. The
24 department of health and senior services shall promulgate
25 rules specifying the qualifications of such a hearing
26 officer, establish procedures to ensure impartial decisions
27 and provide for comparable appeal remedies when a
28 departmental hearing officer is unavailable.

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 evaluating or treating a patient in a
233 manner inconsistent with section 334.506;

234 (21) Any candidate for licensure or person licensed to
235 practice as a physical therapist, treating or attempting to
236 treat ailments or other health conditions of human beings
237 other than by professional physical therapy and as
238 authorized by sections 334.500 to 334.620;

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

258 (23) A pattern of personal use or consumption of any
259 controlled substance unless it is prescribed, dispensed or
260 administered by another physician who is authorized by law
261 to do so;

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

265 (25) Failure to comply with a treatment program or an
266 aftercare program entered into as part of a board order,
267 settlement agreement or licensee's professional health
268 program;

269 (26) Revocation, suspension, limitation, probation, or
270 restriction of any kind whatsoever of any controlled

271 substance authority, whether agreed to voluntarily or not,
272 or voluntary termination of a controlled substance authority
273 while under investigation[;

274 (27) For a physician to operate, conduct, manage, or
275 establish an abortion facility, or for a physician to
276 perform an abortion in an abortion facility, if such
277 facility comes under the definition of an ambulatory
278 surgical center pursuant to sections 197.200 to 197.240, and
279 such facility has failed to obtain or renew a license as an
280 ambulatory surgical center].

281 3. Collaborative practice arrangements, protocols and
282 standing orders shall be in writing and signed and dated by
283 a physician prior to their implementation.

284 4. After the filing of such complaint before the
285 administrative hearing commission, the proceedings shall be
286 conducted in accordance with the provisions of chapter 621.
287 Upon a finding by the administrative hearing commission that
288 the grounds, provided in subsection 2 of this section, for
289 disciplinary action are met, the board may, singly or in
290 combination, warn, censure or place the person named in the
291 complaint on probation on such terms and conditions as the
292 board deems appropriate for a period not to exceed ten
293 years, or may suspend the person's license, certificate or
294 permit for a period not to exceed three years, or restrict
295 or limit the person's license, certificate or permit for an
296 indefinite period of time, or revoke the person's license,
297 certificate, or permit, or administer a public or private
298 reprimand, or deny the person's application for a license,
299 or permanently withhold issuance of a license or require the
300 person to submit to the care, counseling or treatment of
301 physicians designated by the board at the expense of the
302 individual to be examined, or require the person to attend

303 such continuing educational courses and pass such
304 examinations as the board may direct.

305 5. In any order of revocation, the board may provide
306 that the person may not apply for reinstatement of the
307 person's license for a period of time ranging from two to
308 seven years following the date of the order of revocation.
309 All stay orders shall toll this time period.

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

316 7. In any investigation, hearing or other proceeding
317 to determine a licensee's or applicant's fitness to
318 practice, any record relating to any patient of the licensee
319 or applicant shall be discoverable by the board and
320 admissible into evidence, regardless of any statutory or
321 common law privilege which such licensee, applicant, record
322 custodian or patient might otherwise invoke. In addition,
323 no such licensee, applicant, or record custodian may
324 withhold records or testimony bearing upon a licensee's or
325 applicant's fitness to practice on the ground of privilege
326 between such licensee, applicant or record custodian and a
327 patient.

328 8. The act of lawfully dispensing, prescribing,
329 administering, or otherwise distributing ivermectin tablets
330 or hydroxychloroquine sulfate tablets for human use shall
331 not be grounds for denial, suspension, revocation, or other
332 disciplinary action by the board.

334.735. 1. As used in sections 334.735 to 334.749,
2 the following terms mean:

3 (1) "Applicant", any individual who seeks to become
4 licensed as a physician assistant;

5 (2) "Certification" or "registration", a process by a
6 certifying entity that grants recognition to applicants
7 meeting predetermined qualifications specified by such
8 certifying entity;

9 (3) "Certifying entity", the nongovernmental agency or
10 association which certifies or registers individuals who
11 have completed academic and training requirements;

12 (4) "Collaborative practice arrangement", written
13 agreements, jointly agreed upon protocols, or standing
14 orders, all of which shall be in writing, for the delivery
15 of health care services;

16 (5) "Department", the department of commerce and
17 insurance or a designated agency thereof;

18 (6) "License", a document issued to an applicant by
19 the board acknowledging that the applicant is entitled to
20 practice as a physician assistant;

21 (7) "Physician assistant", a person who has graduated
22 from a physician assistant program accredited by the
23 Accreditation Review Commission on Education for the
24 Physician Assistant or its successor agency, prior to 2001,
25 or the Committee on Allied Health Education and
26 Accreditation or the Commission on Accreditation of Allied
27 Health Education Programs, who has passed the certifying
28 examination administered by the National Commission on
29 Certification of Physician Assistants and has active
30 certification by the National Commission on Certification of
31 Physician Assistants who provides health care services
32 delegated by a licensed physician. A person who has been
33 employed as a physician assistant for three years prior to
34 August 28, 1989, who has passed the National Commission on

35 Certification of Physician Assistants examination, and has
36 active certification of the National Commission on
37 Certification of Physician Assistants;

38 (8) "Recognition", the formal process of becoming a
39 certifying entity as required by the provisions of sections
40 334.735 to 334.749.

41 2. The scope of practice of a physician assistant
42 shall consist only of the following services and procedures:

43 (1) Taking patient histories;

44 (2) Performing physical examinations of a patient;

45 (3) Performing or assisting in the performance of
46 routine office laboratory and patient screening procedures;

47 (4) Performing routine therapeutic procedures;

48 (5) Recording diagnostic impressions and evaluating
49 situations calling for attention of a physician to institute
50 treatment procedures;

51 (6) Instructing and counseling patients regarding
52 mental and physical health using procedures reviewed and
53 approved by a collaborating physician;

54 (7) Assisting the supervising physician in
55 institutional settings, including reviewing of treatment
56 plans, ordering of tests and diagnostic laboratory and
57 radiological services, and ordering of therapies, using
58 procedures reviewed and approved by a licensed physician;

59 (8) Assisting in surgery; and

60 (9) Performing such other tasks not prohibited by law
61 under the collaborative practice arrangement with a licensed
62 physician as the physician assistant has been trained and is
63 proficient to perform.

64 3. [Physician assistants shall not perform or
65 prescribe abortions.]

66 4.] Physician assistants shall not prescribe any drug,
67 medicine, device or therapy unless pursuant to a
68 collaborative practice arrangement in accordance with the
69 law, nor prescribe lenses, prisms or contact lenses for the
70 aid, relief or correction of vision or the measurement of
71 visual power or visual efficiency of the human eye, nor
72 administer or monitor general or regional block anesthesia
73 during diagnostic tests, surgery or obstetric procedures.
74 Prescribing of drugs, medications, devices or therapies by a
75 physician assistant shall be pursuant to a collaborative
76 practice arrangement which is specific to the clinical
77 conditions treated by the supervising physician and the
78 physician assistant shall be subject to the following:

79 (1) A physician assistant shall only prescribe
80 controlled substances in accordance with section 334.747;

81 (2) The types of drugs, medications, devices or
82 therapies prescribed by a physician assistant shall be
83 consistent with the scopes of practice of the physician
84 assistant and the collaborating physician;

85 (3) All prescriptions shall conform with state and
86 federal laws and regulations and shall include the name,
87 address and telephone number of the physician assistant;

88 (4) A physician assistant, or advanced practice
89 registered nurse as defined in section 335.016 may request,
90 receive and sign for noncontrolled professional samples and
91 may distribute professional samples to patients; and

92 (5) A physician assistant shall not prescribe any
93 drugs, medicines, devices or therapies the collaborating
94 physician is not qualified or authorized to prescribe.

95 [5.] 4. A physician assistant shall clearly identify
96 himself or herself as a physician assistant and shall not
97 use or permit to be used in the physician assistant's behalf

98 the terms "doctor", "Dr." or "doc" nor hold himself or
99 herself out in any way to be a physician or surgeon. No
100 physician assistant shall practice or attempt to practice
101 without physician collaboration or in any location where the
102 collaborating physician is not immediately available for
103 consultation, assistance and intervention, except as
104 otherwise provided in this section, and in an emergency
105 situation, nor shall any physician assistant bill a patient
106 independently or directly for any services or procedure by
107 the physician assistant; except that, nothing in this
108 subsection shall be construed to prohibit a physician
109 assistant from enrolling with a third-party plan or the
110 department of social services as a MO HealthNet or Medicaid
111 provider while acting under a collaborative practice
112 arrangement between the physician and physician assistant.

113 [6.] 5. The licensing of physician assistants shall
114 take place within processes established by the state board
115 of registration for the healing arts through rule and
116 regulation. The board of healing arts is authorized to
117 establish rules pursuant to chapter 536 establishing
118 licensing and renewal procedures, collaboration,
119 collaborative practice arrangements, fees, and addressing
120 such other matters as are necessary to protect the public
121 and discipline the profession. An application for licensing
122 may be denied or the license of a physician assistant may be
123 suspended or revoked by the board in the same manner and for
124 violation of the standards as set forth by section 334.100,
125 or such other standards of conduct set by the board by rule
126 or regulation. Persons licensed pursuant to the provisions
127 of chapter 335 shall not be required to be licensed as
128 physician assistants. All applicants for physician
129 assistant licensure who complete a physician assistant

130 training program after January 1, 2008, shall have a
131 master's degree from a physician assistant program.

132 [7.] 6. At all times the physician is responsible for
133 the oversight of the activities of, and accepts
134 responsibility for, health care services rendered by the
135 physician assistant.

136 [8.] 7. (1) A physician may enter into collaborative
137 practice arrangements with physician assistants.
138 Collaborative practice arrangements, which shall be in
139 writing, may delegate to a physician assistant the authority
140 to prescribe, administer, or dispense drugs and provide
141 treatment which is within the skill, training, and
142 competence of the physician assistant. Collaborative
143 practice arrangements may delegate to a physician assistant,
144 as defined in section 334.735, the authority to administer,
145 dispense, or prescribe controlled substances listed in
146 Schedules III, IV, and V of section 195.017, and Schedule
147 II - hydrocodone. Schedule III narcotic controlled
148 substances and Schedule II - hydrocodone prescriptions shall
149 be limited to a one hundred twenty-hour supply without
150 refill. Such collaborative practice arrangements shall be
151 in the form of a written arrangement, jointly agreed-upon
152 protocols, or standing orders for the delivery of health
153 care services.

154 (2) Notwithstanding any other provision of this
155 section to the contrary, a collaborative practice
156 arrangement may delegate to a physician assistant the
157 authority to administer, dispense, or prescribe Schedule II
158 controlled substances for hospice patients; provided, that
159 the physician assistant is employed by a hospice provider
160 certified pursuant to chapter 197 and the physician
161 assistant is providing care to hospice patients pursuant to

162 a collaborative practice arrangement that designates the
163 certified hospice as a location where the physician
164 assistant is authorized to practice and prescribe.

165 [9.] 8. The written collaborative practice arrangement
166 shall contain at least the following provisions:

167 (1) Complete names, home and business addresses, zip
168 codes, and telephone numbers of the collaborating physician
169 and the physician assistant;

170 (2) A list of all other offices or locations, other
171 than those listed in subdivision (1) of this subsection,
172 where the collaborating physician has authorized the
173 physician assistant to prescribe;

174 (3) A requirement that there shall be posted at every
175 office where the physician assistant is authorized to
176 prescribe, in collaboration with a physician, a prominently
177 displayed disclosure statement informing patients that they
178 may be seen by a physician assistant and have the right to
179 see the collaborating physician;

180 (4) All specialty or board certifications of the
181 collaborating physician and all certifications of the
182 physician assistant;

183 (5) The manner of collaboration between the
184 collaborating physician and the physician assistant,
185 including how the collaborating physician and the physician
186 assistant will:

187 (a) Engage in collaborative practice consistent with
188 each professional's skill, training, education, and
189 competence;

190 (b) Maintain geographic proximity, as determined by
191 the board of registration for the healing arts; and

192 (c) Provide coverage during absence, incapacity,
193 infirmity, or emergency of the collaborating physician;

194 (6) A list of all other written collaborative practice
195 arrangements of the collaborating physician and the
196 physician assistant;

197 (7) The duration of the written practice arrangement
198 between the collaborating physician and the physician
199 assistant;

200 (8) A description of the time and manner of the
201 collaborating physician's review of the physician
202 assistant's delivery of health care services. The
203 description shall include provisions that the physician
204 assistant shall submit a minimum of ten percent of the
205 charts documenting the physician assistant's delivery of
206 health care services to the collaborating physician for
207 review by the collaborating physician, or any other
208 physician designated in the collaborative practice
209 arrangement, every fourteen days. Reviews may be conducted
210 electronically;

211 (9) The collaborating physician, or any other
212 physician designated in the collaborative practice
213 arrangement, shall review every fourteen days a minimum of
214 twenty percent of the charts in which the physician
215 assistant prescribes controlled substances. The charts
216 reviewed under this subdivision may be counted in the number
217 of charts required to be reviewed under subdivision (8) of
218 this subsection;

219 (10) A statement that no collaboration requirements in
220 addition to the federal law shall be required for a
221 physician-physician assistant team working in a certified
222 community behavioral health clinic as defined by Pub.L. 113-
223 93, or a rural health clinic under the federal Rural Health
224 Services Act, Pub.L. 95-210, as amended, or a federally

225 qualified health center as defined in 42 U.S.C. Section
226 1395x, as amended; and

227 (11) If a collaborative practice arrangement is used
228 in clinical situations where a collaborating physician
229 assistant provides health care services that include the
230 diagnosis and initiation of treatment for acutely or
231 chronically ill or injured persons, then the collaborating
232 physician or any other physician designated in the
233 collaborative practice arrangement shall be present for
234 sufficient periods of time, at least once every two weeks,
235 except in extraordinary circumstances that shall be
236 documented, to participate in a chart review and to provide
237 necessary medical direction, medical services,
238 consultations, and supervision of the health care staff.

239 [10.] 9. The state board of registration for the
240 healing arts under section 334.125 may promulgate rules
241 regulating the use of collaborative practice arrangements.

242 [11.] 10. The state board of registration for the
243 healing arts shall not deny, revoke, suspend, or otherwise
244 take disciplinary action against a collaborating physician
245 for health care services delegated to a physician assistant,
246 provided that the provisions of this section and the rules
247 promulgated thereunder are satisfied.

248 [12.] 11. Within thirty days of any change and on each
249 renewal, the state board of registration for the healing
250 arts shall require every physician to identify whether the
251 physician is engaged in any collaborative practice
252 arrangement, including collaborative practice arrangements
253 delegating the authority to prescribe controlled substances,
254 and also report to the board the name of each physician
255 assistant with whom the physician has entered into such
256 arrangement. The board may make such information available

257 to the public. The board shall track the reported
258 information and may routinely conduct random reviews of such
259 arrangements to ensure that the arrangements are carried out
260 in compliance with this chapter.

261 [13.] 12. The collaborating physician shall determine
262 and document the completion of a period of time during which
263 the physician assistant shall practice with the
264 collaborating physician continuously present before
265 practicing in a setting where the collaborating physician is
266 not continuously present. This limitation shall not apply
267 to collaborative arrangements of providers of population-
268 based public health services as defined by 20 CSR 2150-5.100
269 as of April 30, 2009.

270 [14.] 13. No contract or other arrangement shall
271 require a physician to act as a collaborating physician for
272 a physician assistant against the physician's will. A
273 physician shall have the right to refuse to act as a
274 supervising physician, without penalty, for a particular
275 physician assistant. No contract or other agreement shall
276 limit the collaborating physician's ultimate authority over
277 any protocols or standing orders or in the delegation of the
278 physician's authority to any physician assistant. No
279 contract or other arrangement shall require any physician
280 assistant to collaborate with any physician against the
281 physician assistant's will. A physician assistant shall
282 have the right to refuse to collaborate, without penalty,
283 with a particular physician.

284 [15.] 14. Physician assistants shall file with the
285 board a copy of their collaborating physician form.

286 [16.] 15. No physician shall be designated to serve as
287 a collaborating physician for more than six full-time
288 equivalent licensed physician assistants, full-time

289 equivalent advanced practice registered nurses, or full-time
290 equivalent assistant physicians, or any combination
291 thereof. This limitation shall not apply to physician
292 assistant collaborative practice arrangements of hospital
293 employees providing inpatient care service in hospitals as
294 defined in chapter 197, or to a certified registered nurse
295 anesthetist providing anesthesia services under the
296 supervision of an anesthesiologist or other physician,
297 dentist, or podiatrist who is immediately available if
298 needed as set out in subsection 7 of section 334.104.

299 [17.] 16. No arrangement made under this section shall
300 supercede current hospital licensing regulations governing
301 hospital medication orders under protocols or standing
302 orders for the purpose of delivering inpatient or emergency
303 care within a hospital, as defined in section 197.020, if
304 such protocols or standing orders have been approved by the
305 hospital's medical staff and pharmaceutical therapeutics
306 committee.

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

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

11 3. Failure to submit the information as required by
12 this section shall be an infraction.

2 [188.017. 1. This section shall be known
3 and may be cited as the "Right to Life of the
4 Unborn Child Act".

5 2. Notwithstanding any other provision of
6 law to the contrary, no abortion shall be
7 performed or induced upon a woman, except in
8 cases of medical emergency. Any person who
9 knowingly performs or induces an abortion of an
10 unborn child in violation of this subsection
11 shall be guilty of a class B felony, as well as
12 subject to suspension or revocation of his or
13 her professional license by his or her
14 professional licensing board. A woman upon whom
15 an abortion is performed or induced in violation
16 of this subsection shall not be prosecuted for a
17 conspiracy to violate the provisions of this
18 subsection.

19 3. It shall be an affirmative defense for
20 any person alleged to have violated the
21 provisions of subsection 2 of this section that
22 the person performed or induced an abortion
23 because of a medical emergency. The defendant
24 shall have the burden of persuasion that the
25 defense is more probably true than not.

26 4. The enactment of this section shall
27 only become effective upon notification to the
28 revisor of statutes by an opinion by the
29 attorney general of Missouri, a proclamation by
30 the governor of Missouri, or the adoption of a
31 concurrent resolution by the Missouri general
32 assembly that:

33 (1) The United States Supreme Court has
34 overruled, in whole or in part, *Roe v. Wade*, 410
35 U.S. 113 (1973), restoring or granting to the
36 state of Missouri the authority to regulate
37 abortion to the extent set forth in this
38 section, and that as a result, it is reasonably
39 probable that this section would be upheld by
40 the court as constitutional;

41 (2) An amendment to the Constitution of
42 the United States has been adopted that has the
43 effect of restoring or granting to the state of
44 Missouri the authority to regulate abortion to
the extent set forth in this section; or

45 (3) The United States Congress has enacted
46 a law that has the effect of restoring or
47 granting to the state of Missouri the authority
48 to regulate abortion to the extent set forth in
49 this section.]

2 [188.020. No person shall perform or
induce an abortion except a physician.]

3 [188.021. 1. When RU-486 (mifepristone)
4 or any drug or chemical is used for the purpose
5 of inducing an abortion, the initial dose of the
6 drug or chemical shall be administered in the
7 same room and in the physical presence of the
8 physician who prescribed, dispensed, or
9 otherwise provided the drug or chemical to the
10 patient. The physician inducing the abortion,
11 or a person acting on such physician's behalf,
12 shall make all reasonable efforts to ensure that
13 the patient returns after the administration or
14 use of RU-486 or any drug or chemical for a
15 follow-up visit unless such termination of the
16 pregnancy has already been confirmed and the
17 patient's medical condition has been assessed by
18 a licensed physician prior to discharge.

19 2. When the Food and Drug Administration
20 label of any drug or chemical used for the
21 purpose of inducing an abortion includes any
22 clinical study in which more than one percent of
23 those administered the drug or chemical required
24 surgical intervention after its administration,
25 no physician may prescribe or administer such
26 drug or chemical to any patient without first
27 obtaining approval from the department of health
28 and senior services of a complication plan from
29 the physician for administration of the drug or
30 chemical to any patient. The complication plan
31 shall include any information deemed necessary
32 by the department to ensure the safety of any
33 patient suffering complications as a result of
34 the administration of the drug or chemical in
35 question. No complication plan shall be
36 required where the patient is administered the
drug in a medical emergency at a hospital and is
then treated as an inpatient at a hospital under

37 medical monitoring by the hospital until the
38 abortion is completed.

39 3. The department may adopt rules,
40 regulations, and standards governing
41 complication plans to ensure that patients
42 undergoing abortions induced by drugs or
43 chemicals have access to safe and reliable
44 care. Any rule or portion of a rule, as that
45 term is defined in section 536.010, that is
46 created under the authority delegated in this
47 section shall become effective only if it
48 complies with and is subject to all of the
49 provisions of chapter 536 and, if applicable,
50 section 536.028. This section and chapter 536
51 are nonseverable and if any of the powers vested
52 with the general assembly pursuant to chapter
53 536 to review, to delay the effective date, or
54 to disapprove and annul a rule are subsequently
55 held unconstitutional, then the grant of
56 rulemaking authority and any rule proposed or
57 adopted after October 24, 2017, shall be invalid
58 and void.]

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

9 (1) The physician who is to perform or
10 induce the abortion, a qualified professional,
11 or the referring physician has informed the
12 woman orally, reduced to writing, and in person,
13 of the following:

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

16 (b) Medically accurate information that a
17 reasonable patient would consider material to
18 the decision of whether or not to undergo the
19 abortion, including:

20 a. A description of the proposed abortion
21 method;

22 b. The immediate and long-term medical
23 risks to the woman associated with the proposed
24 abortion method including, but not limited to,
25 infection, hemorrhage, cervical tear or uterine
26 perforation, harm to subsequent pregnancies or
27 the ability to carry a subsequent child to term,
28 and possible adverse psychological effects
29 associated with the abortion; and

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

35 (c) Alternatives to the abortion which
36 shall include making the woman aware that
37 information and materials shall be provided to
38 her detailing such alternatives to the abortion;

39 (d) A statement that the physician
40 performing or inducing the abortion is available
41 for any questions concerning the abortion,
42 together with the telephone number that the
43 physician may be later reached to answer any
44 questions that the woman may have;

45 (e) The location of the hospital that
46 offers obstetrical or gynecological care located
47 within thirty miles of the location where the
48 abortion is performed or induced and at which
49 the physician performing or inducing the
50 abortion has clinical privileges and where the
51 woman may receive follow-up care by the
52 physician if complications arise;

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

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

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

66 conception to full term, including color
67 photographs or images of the developing unborn
68 child at two-week gestational increments. Such
69 descriptions shall include information about
70 brain and heart functions, the presence of
71 external members and internal organs during the
72 applicable stages of development and information
73 on when the unborn child is viable. The printed
74 materials shall prominently display the
75 following statement: "The life of each human
76 being begins at conception. Abortion will
77 terminate the life of a separate, unique, living
78 human being.";

79 (3) The physician who is to perform or
80 induce the abortion, a qualified professional,
81 or the referring physician has presented the
82 woman, in person, printed materials provided by
83 the department, which describe the various
84 surgical and drug-induced methods of abortion
85 relevant to the stage of pregnancy, as well as
86 the immediate and long-term medical risks
87 commonly associated with each abortion method
88 including, but not limited to, infection,
89 hemorrhage, cervical tear or uterine
90 perforation, harm to subsequent pregnancies or
91 the ability to carry a subsequent child to term,
92 and the possible adverse psychological effects
93 associated with an abortion;

94 (4) The physician who is to perform or
95 induce the abortion or a qualified professional
96 shall provide the woman with the opportunity to
97 view at least seventy-two hours prior to the
98 abortion an active ultrasound of the unborn
99 child and hear the heartbeat of the unborn child
100 if the heartbeat is audible. The woman shall be
101 provided with a geographically indexed list
102 maintained by the department of health care
103 providers, facilities, and clinics that perform
104 ultrasounds, including those that offer
105 ultrasound services free of charge. Such
106 materials shall provide contact information for
107 each provider, facility, or clinic including
108 telephone numbers and, if available, website
109 addresses. Should the woman decide to obtain an

110 ultrasound from a provider, facility, or clinic
111 other than the abortion facility, the woman
112 shall be offered a reasonable time to obtain the
113 ultrasound examination before the date and time
114 set for performing or inducing an abortion. The
115 person conducting the ultrasound shall ensure
116 that the active ultrasound image is of a quality
117 consistent with standard medical practice in the
118 community, contains the dimensions of the unborn
119 child, and accurately portrays the presence of
120 external members and internal organs, if present
121 or viewable, of the unborn child. The
122 auscultation of fetal heart tone must also be of
123 a quality consistent with standard medical
124 practice in the community. If the woman chooses
125 to view the ultrasound or hear the heartbeat or
126 both at the abortion facility, the viewing or
127 hearing or both shall be provided to her at the
128 abortion facility at least seventy-two hours
129 prior to the abortion being performed or induced;

130 (5) The printed materials provided by the
131 department shall include information on the
132 possibility of an abortion causing pain in the
133 unborn child. This information shall include,
134 but need not be limited to, the following:

135 (a) Unborn children as early as eight
136 weeks gestational age start to show spontaneous
137 movements and unborn children at this stage in
138 pregnancy show reflex responses to touch;

139 (b) In the unborn child, the area around
140 his or her mouth and lips is the first part of
141 the unborn child's body to respond to touch and
142 by fourteen weeks gestational age most of the
143 unborn child's body is responsive to touch;

144 (c) Pain receptors on the unborn child's
145 skin develop around his or her mouth at around
146 seven to eight weeks gestational age, around the
147 palms of his or her hands at ten to ten and a
148 half weeks, on the abdominal wall at fifteen
149 weeks, and over all of his or her body at
150 sixteen weeks gestational age;

151 (d) Beginning at sixteen weeks gestational
152 age and later, it is possible for pain to be
153 transmitted from receptors to the cortex of the

154 unborn child's brain, where thinking and
155 perceiving occur;

156 (e) When a physician performs a life-
157 saving surgery, he or she provides anesthesia to
158 unborn children as young as sixteen weeks
159 gestational age in order to alleviate the unborn
160 child's pain; and

161 (f) A description of the actual steps in
162 the abortion procedure to be performed or
163 induced and at which steps the abortion
164 procedure could be painful to the unborn child;

165 (6) The physician who is to perform or
166 induce the abortion or a qualified professional
167 has presented the woman, in person, printed
168 materials provided by the department explaining
169 to the woman alternatives to abortion she may
170 wish to consider. Such materials shall:

171 (a) Identify on a geographical basis
172 public and private agencies available to assist
173 a woman in carrying her unborn child to term,
174 and to assist her in caring for her dependent
175 child or placing her child for adoption,
176 including agencies commonly known and generally
177 referred to as pregnancy resource centers,
178 crisis pregnancy centers, maternity homes, and
179 adoption agencies. Such materials shall provide
180 a comprehensive list by geographical area of the
181 agencies, a description of the services they
182 offer, and the telephone numbers and addresses
183 of the agencies; provided that such materials
184 shall not include any programs, services,
185 organizations, or affiliates of organizations
186 that perform or induce, or assist in the
187 performing or inducing of, abortions or that
188 refer for abortions;

189 (b) Explain the Missouri alternatives to
190 abortion services program under section 188.325,
191 and any other programs and services available to
192 pregnant women and mothers of newborn children
193 offered by public or private agencies which
194 assist a woman in carrying her unborn child to
195 term and assist her in caring for her dependent
196 child or placing her child for adoption,
197 including but not limited to prenatal care;

198 maternal health care; newborn or infant care;
199 mental health services; professional counseling
200 services; housing programs; utility assistance;
201 transportation services; food, clothing, and
202 supplies related to pregnancy; parenting skills;
203 educational programs; job training and placement
204 services; drug and alcohol testing and
205 treatment; and adoption assistance;

206 (c) Identify the state website for the
207 Missouri alternatives to abortion services
208 program under section 188.325, and any toll-free
209 number established by the state operated in
210 conjunction with the program;

211 (d) Prominently display the statement:
212 "There are public and private agencies willing
213 and able to help you carry your child to term,
214 and to assist you and your child after your
215 child is born, whether you choose to keep your
216 child or place him or her for adoption. The
217 state of Missouri encourages you to contact
218 those agencies before making a final decision
219 about abortion. State law requires that your
220 physician or a qualified professional give you
221 the opportunity to call agencies like these
222 before you undergo an abortion.";

223 (7) The physician who is to perform or
224 induce the abortion or a qualified professional
225 has presented the woman, in person, printed
226 materials provided by the department explaining
227 that the father of the unborn child is liable to
228 assist in the support of the child, even in
229 instances where he has offered to pay for the
230 abortion. Such materials shall include
231 information on the legal duties and support
232 obligations of the father of a child, including,
233 but not limited to, child support payments, and
234 the fact that paternity may be established by
235 the father's name on a birth certificate or
236 statement of paternity, or by court action.
237 Such printed materials shall also state that
238 more information concerning paternity
239 establishment and child support services and
240 enforcement may be obtained by calling the

241 family support division within the Missouri
242 department of social services; and

243 (8) The physician who is to perform or
244 induce the abortion or a qualified professional
245 shall inform the woman that she is free to
246 withhold or withdraw her consent to the abortion
247 at any time without affecting her right to
248 future care or treatment and without the loss of
249 any state or federally funded benefits to which
250 she might otherwise be entitled.

251 2. All information required to be provided
252 to a woman considering abortion by subsection 1
253 of this section shall be presented to the woman
254 individually, in the physical presence of the
255 woman and in a private room, to protect her
256 privacy, to maintain the confidentiality of her
257 decision, to ensure that the information focuses
258 on her individual circumstances, to ensure she
259 has an adequate opportunity to ask questions,
260 and to ensure that she is not a victim of
261 coerced abortion. Should a woman be unable to
262 read materials provided to her, they shall be
263 read to her. Should a woman need an interpreter
264 to understand the information presented in the
265 written materials, an interpreter shall be
266 provided to her. Should a woman ask questions
267 concerning any of the information or materials,
268 answers shall be provided in a language she can
269 understand.

270 3. No abortion shall be performed or
271 induced unless and until the woman upon whom the
272 abortion is to be performed or induced certifies
273 in writing on a checklist form provided by the
274 department that she has been presented all the
275 information required in subsection 1 of this
276 section, that she has been provided the
277 opportunity to view an active ultrasound image
278 of the unborn child and hear the heartbeat of
279 the unborn child if it is audible, and that she
280 further certifies that she gives her voluntary
281 and informed consent, freely and without
282 coercion, to the abortion procedure.

283 4. No physician shall perform or induce an
284 abortion unless and until the physician has

285 obtained from the woman her voluntary and
286 informed consent given freely and without
287 coercion. If the physician has reason to
288 believe that the woman is being coerced into
289 having an abortion, the physician or qualified
290 professional shall inform the woman that
291 services are available for her and shall provide
292 her with private access to a telephone and
293 information about such services, including but
294 not limited to the following:

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

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

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

301 5. The physician who is to perform or
302 induce the abortion shall, at least seventy-two
303 hours prior to such procedure, inform the woman
304 orally and in person of:

305 (1) The immediate and long-term medical
306 risks to the woman associated with the proposed
307 abortion method including, but not limited to,
308 infection, hemorrhage, cervical tear or uterine
309 perforation, harm to subsequent pregnancies or
310 the ability to carry a subsequent child to term,
311 and possible adverse psychological effects
312 associated with the abortion; and

313 (2) The immediate and long-term medical
314 risks to the woman, in light of the anesthesia
315 and medication that is to be administered, the
316 unborn child's gestational age, and the woman's
317 medical history and medical conditions.

318 6. No physician shall perform or induce an
319 abortion unless and until the physician has
320 received and signed a copy of the form
321 prescribed in subsection 3 of this section. The
322 physician shall retain a copy of the form in the
323 patient's medical record.

324 7. In the event of a medical emergency,
325 the physician who performed or induced the
326 abortion shall clearly certify in writing the
327 nature and circumstances of the medical
328 emergency. This certification shall be signed

329 by the physician who performed or induced the
330 abortion, and shall be maintained under section
331 188.060.

332 8. No person or entity shall require,
333 obtain, or accept payment for an abortion from
334 or on behalf of a patient until at least seventy-
335 two hours have passed since the time that the
336 information required by subsection 1 of this
337 section has been provided to the patient.
338 Nothing in this subsection shall prohibit a
339 person or entity from notifying the patient that
340 payment for the abortion will be required after
341 the seventy-two-hour period has expired if she
342 voluntarily chooses to have the abortion.

343 9. The term "qualified professional" as
344 used in this section shall refer to a physician,
345 physician assistant, registered nurse, licensed
346 practical nurse, psychologist, licensed
347 professional counselor, or licensed social
348 worker, licensed or registered under chapter
349 334, 335, or 337, acting under the supervision
350 of the physician performing or inducing the
351 abortion, and acting within the course and scope
352 of his or her authority provided by law. The
353 provisions of this section shall not be
354 construed to in any way expand the authority
355 otherwise provided by law relating to the
356 licensure, registration, or scope of practice of
357 any such qualified professional.

358 10. By November 30, 2010, the department
359 shall produce the written materials and forms
360 described in this section. Any written
361 materials produced shall be printed in a
362 typeface large enough to be clearly legible.
363 All information shall be presented in an
364 objective, unbiased manner designed to convey
365 only accurate scientific and medical
366 information. The department shall furnish the
367 written materials and forms at no cost and in
368 sufficient quantity to any person who performs
369 or induces abortions, or to any hospital or
370 facility that provides abortions. The
371 department shall make all information required
372 by subsection 1 of this section available to the

373 public through its department website. The
374 department shall maintain a toll-free, twenty-
375 four-hour hotline telephone number where a
376 caller can obtain information on a regional
377 basis concerning the agencies and services
378 described in subsection 1 of this section. No
379 identifying information regarding persons who
380 use the website shall be collected or
381 maintained. The department shall monitor the
382 website on a regular basis to prevent tampering
383 and correct any operational deficiencies.

384 11. In order to preserve the compelling
385 interest of the state to ensure that the choice
386 to consent to an abortion is voluntary and
387 informed, and given freely and without coercion,
388 the department shall use the procedures for
389 adoption of emergency rules under section
390 536.025 in order to promulgate all necessary
391 rules, forms, and other necessary material to
392 implement this section by November 30, 2010.

393 12. If the provisions in subsections 1 and
394 8 of this section requiring a seventy-two-hour
395 waiting period for an abortion are ever
396 temporarily or permanently restrained or
397 enjoined by judicial order, then the waiting
398 period for an abortion shall be twenty-four
399 hours; provided, however, that if such temporary
400 or permanent restraining order or injunction is
401 stayed or dissolved, or otherwise ceases to have
402 effect, the waiting period for an abortion shall
403 be seventy-two hours.]

2 [188.030. 1. Except in the case of a
3 medical emergency, no abortion of a viable
4 unborn child shall be performed or induced
5 unless the abortion is necessary to preserve the
6 life of the pregnant woman whose life is
7 endangered by a physical disorder, physical
8 illness, or physical injury, including a life-
9 endangering physical condition caused by or
10 arising from the pregnancy itself, or when
11 continuation of the pregnancy will create a
12 serious risk of substantial and irreversible
physical impairment of a major bodily function

13 of the pregnant woman. For purposes of this
14 section, "major bodily function" includes, but
15 is not limited to, functions of the immune
16 system, normal cell growth, digestive, bowel,
17 bladder, neurological, brain, respiratory,
18 circulatory, endocrine, and reproductive
19 functions.

20 2. Except in the case of a medical
21 emergency:

22 (1) Prior to performing or inducing an
23 abortion upon a woman, the physician shall
24 determine the gestational age of the unborn
25 child in a manner consistent with accepted
26 obstetrical and neonatal practices and
27 standards. In making such determination, the
28 physician shall make such inquiries of the
29 pregnant woman and perform or cause to be
30 performed such medical examinations, imaging
31 studies, and tests as a reasonably prudent
32 physician, knowledgeable about the medical facts
33 and conditions of both the woman and the unborn
34 child involved, would consider necessary to
35 perform and consider in making an accurate
36 diagnosis with respect to gestational age;

37 (2) If the physician determines that the
38 gestational age of the unborn child is twenty
39 weeks or more, prior to performing or inducing
40 an abortion upon the woman, the physician shall
41 determine if the unborn child is viable by using
42 and exercising that degree of care, skill, and
43 proficiency commonly exercised by a skillful,
44 careful, and prudent physician. In making this
45 determination of viability, the physician shall
46 perform or cause to be performed such medical
47 examinations and tests as are necessary to make
48 a finding of the gestational age, weight, and
49 lung maturity of the unborn child and shall
50 enter such findings and determination of
51 viability in the medical record of the woman;

52 (3) If the physician determines that the
53 gestational age of the unborn child is twenty
54 weeks or more, and further determines that the
55 unborn child is not viable and performs or
56 induces an abortion upon the woman, the

57 physician shall report such findings and
58 determinations and the reasons for such
59 determinations to the health care facility in
60 which the abortion is performed and to the state
61 board of registration for the healing arts, and
62 shall enter such findings and determinations in
63 the medical records of the woman and in the
64 individual abortion report submitted to the
65 department under section 188.052;

66 (4) (a) If the physician determines that
67 the unborn child is viable, the physician shall
68 not perform or induce an abortion upon the woman
69 unless the abortion is necessary to preserve the
70 life of the pregnant woman or that a
71 continuation of the pregnancy will create a
72 serious risk of substantial and irreversible
73 physical impairment of a major bodily function
74 of the woman.

75 (b) Before a physician may proceed with
76 performing or inducing an abortion upon a woman
77 when it has been determined that the unborn
78 child is viable, the physician shall first
79 certify in writing the medical threat posed to
80 the life of the pregnant woman, or the medical
81 reasons that continuation of the pregnancy would
82 cause a serious risk of substantial and
83 irreversible physical impairment of a major
84 bodily function of the pregnant woman. Upon
85 completion of the abortion, the physician shall
86 report the reasons and determinations for the
87 abortion of a viable unborn child to the health
88 care facility in which the abortion is performed
89 and to the state board of registration for the
90 healing arts, and shall enter such findings and
91 determinations in the medical record of the
92 woman and in the individual abortion report
93 submitted to the department under section
94 188.052.

95 (c) Before a physician may proceed with
96 performing or inducing an abortion upon a woman
97 when it has been determined that the unborn
98 child is viable, the physician who is to perform
99 the abortion shall obtain the agreement of a
100 second physician with knowledge of accepted

101 obstetrical and neonatal practices and standards
102 who shall concur that the abortion is necessary
103 to preserve the life of the pregnant woman, or
104 that continuation of the pregnancy would cause a
105 serious risk of substantial and irreversible
106 physical impairment of a major bodily function
107 of the pregnant woman. This second physician
108 shall also report such reasons and
109 determinations to the health care facility in
110 which the abortion is to be performed and to the
111 state board of registration for the healing
112 arts, and shall enter such findings and
113 determinations in the medical record of the
114 woman and the individual abortion report
115 submitted to the department under section
116 188.052. The second physician shall not have
117 any legal or financial affiliation or
118 relationship with the physician performing or
119 inducing the abortion, except that such
120 prohibition shall not apply to physicians whose
121 legal or financial affiliation or relationship
122 is a result of being employed by or having staff
123 privileges at the same hospital as the term
124 "hospital" is defined in section 197.020.

125 (d) Any physician who performs or induces
126 an abortion upon a woman when it has been
127 determined that the unborn child is viable shall
128 utilize the available method or technique of
129 abortion most likely to preserve the life or
130 health of the unborn child. In cases where the
131 method or technique of abortion most likely to
132 preserve the life or health of the unborn child
133 would present a greater risk to the life or
134 health of the woman than another legally
135 permitted and available method or technique, the
136 physician may utilize such other method or
137 technique. In all cases where the physician
138 performs an abortion upon a viable unborn child,
139 the physician shall certify in writing the
140 available method or techniques considered and
141 the reasons for choosing the method or technique
142 employed.

143 (e) No physician shall perform or induce
144 an abortion upon a woman when it has been

145 determined that the unborn child is viable
146 unless there is in attendance a physician other
147 than the physician performing or inducing the
148 abortion who shall take control of and provide
149 immediate medical care for a child born as a
150 result of the abortion. During the performance
151 of the abortion, the physician performing it,
152 and subsequent to the abortion, the physician
153 required to be in attendance, shall take all
154 reasonable steps in keeping with good medical
155 practice, consistent with the procedure used, to
156 preserve the life or health of the viable unborn
157 child; provided that it does not pose an
158 increased risk to the life of the woman or does
159 not pose an increased risk of substantial and
160 irreversible physical impairment of a major
161 bodily function of the woman.

162 3. Any person who knowingly performs or
163 induces an abortion of an unborn child in
164 violation of the provisions of this section is
165 guilty of a class D felony, and, upon a finding
166 of guilt or plea of guilty, shall be imprisoned
167 for a term of not less than one year, and,
168 notwithstanding the provisions of section
169 558.002, shall be fined not less than ten
170 thousand nor more than fifty thousand dollars.

171 4. Any physician who pleads guilty to or
172 is found guilty of performing or inducing an
173 abortion of an unborn child in violation of this
174 section shall be subject to suspension or
175 revocation of his or her license to practice
176 medicine in the state of Missouri by the state
177 board of registration for the healing arts under
178 the provisions of sections 334.100 and 334.103.

179 5. Any hospital licensed in the state of
180 Missouri that knowingly allows an abortion of an
181 unborn child to be performed or induced in
182 violation of this section may be subject to
183 suspension or revocation of its license under
184 the provisions of section 197.070.

185 6. Any abortion facility licensed in the
186 state of Missouri that knowingly allows an
187 abortion of an unborn child to be performed or
188 induced in violation of this section may be

189 subject to suspension or revocation of its
190 license under the provisions of section 197.220.

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

195 8. Nothing in this section shall be
196 construed as creating or recognizing a right to
197 abortion, nor is it the intention of this
198 section to make lawful any abortion that is
199 currently unlawful.

200 9. It is the intent of the legislature
201 that this section be severable as noted in
202 section 1.140. In the event that any section,
203 subsection, subdivision, paragraph, sentence, or
204 clause of this section be declared invalid under
205 the Constitution of the United States or the
206 Constitution of the State of Missouri, it is the
207 intent of the legislature that the remaining
208 provisions of this section remain in force and
209 effect as far as capable of being carried into
210 execution as intended by the legislature.

211 10. The general assembly may, by
212 concurrent resolution, appoint one or more of
213 its members who sponsored or co-sponsored this
214 act in his or her official capacity to intervene
215 as a matter of right in any case in which the
216 constitutionality of this law is challenged.]

2 [188.033. Whenever an abortion facility or
3 a family planning agency located in this state,
4 or any of its agents or employees acting within
5 the scope of his or her authority or employment,
6 provides to a woman considering an abortion the
7 name, address, telephone number, or website of
8 an abortion provider that is located outside of
9 the state, such abortion facility or family
10 planning agency or its agents or employees shall
11 also provide to such woman the printed materials
12 produced by the department under section
13 188.027. If the name, address, telephone
14 number, or website of such abortion provider is
15 not provided to such woman in person, such
printed materials shall be offered to her, and

16 if she chooses, sent to such woman at no cost to
17 her the same day or as soon as possible either
18 electronically or by U.S. mail overnight
19 delivery service or by other overnight or same-
20 day delivery service to an address of such
21 woman's choosing. The department shall furnish
22 such printed materials at no cost and in
23 sufficient quantities to abortion facilities and
24 family planning agencies located within the
25 state.]

[188.038. 1. The general assembly of this
2 state finds that:

3 (1) Removing vestiges of any past bias or
4 discrimination against pregnant women, their
5 partners, and their family members, including
6 their unborn children, is an important task for
7 those in the legal, medical, social services,
8 and human services professions;

9 (2) Ending any current bias or
10 discrimination against pregnant women, their
11 partners, and their family members, including
12 their unborn children, is a legitimate purpose
13 of government in order to guarantee that those
14 who "are endowed by their Creator with certain
15 unalienable Rights" can enjoy "Life, Liberty and
16 the pursuit of Happiness";

17 (3) The historical relationship of bias or
18 discrimination by some family planning programs
19 and policies towards poor and minority
20 populations, including, but not limited to, the
21 nonconsensual sterilization of mentally ill,
22 poor, minority, and immigrant women and other
23 coercive family planning programs and policies,
24 must be rejected;

25 (4) Among Missouri residents, the rate of
26 black or African-American women who undergo
27 abortions is significantly higher, about three
28 and one-half times higher, than the rate of
29 white women who undergo abortions. Among
30 Missouri residents, the rate of black or African-
31 American women who undergo repeat abortions is
32 significantly higher, about one and one-half

33 times higher, than the rate of white women who
34 undergo repeat abortions;

35 (5) Performing or inducing an abortion
36 because of the sex of the unborn child is
37 repugnant to the values of equality of females
38 and males and the same opportunities for girls
39 and boys, and furthers a false mindset of female
40 inferiority;

41 (6) Government has a legitimate interest
42 in preventing the abortion of unborn children
43 with Down Syndrome because it is a form of bias
44 or disability discrimination and victimizes the
45 disabled unborn child at his or her most
46 vulnerable stage. Eliminating unborn children
47 with Down Syndrome raises grave concerns for the
48 lives of those who do live with disabilities.
49 It sends a message of dwindling support for
50 their unique challenges, fosters a false sense
51 that disability is something that could have
52 been avoidable, and is likely to increase the
53 stigma associated with disability.

54 2. No person shall perform or induce an
55 abortion on a woman if the person knows that the
56 woman is seeking the abortion solely because of
57 a prenatal diagnosis, test, or screening
58 indicating Down Syndrome or the potential of
59 Down Syndrome in an unborn child.

60 3. No person shall perform or induce an
61 abortion on a woman if the person knows that the
62 woman is seeking the abortion solely because of
63 the sex or race of the unborn child.

64 4. Any physician or other person who
65 performs or induces or attempts to perform or
66 induce an abortion prohibited by this section
67 shall be subject to all applicable civil
68 penalties under this chapter including, but not
69 limited to, sections 188.065 and 188.085.]

[188.039. 1. For purposes of this
2 section, "medical emergency" means a condition
3 which, on the basis of the physician's good
4 faith clinical judgment, so complicates the
5 medical condition of a pregnant woman as to
6 necessitate the immediate abortion of her

7 pregnancy to avert her death or for which a
8 delay will create a serious risk of substantial
9 and irreversible impairment of a major bodily
10 function.

11 2. Except in the case of medical
12 emergency, no person shall perform or induce an
13 abortion unless at least seventy-two hours prior
14 thereto the physician who is to perform or
15 induce the abortion, a qualified professional,
16 or the referring physician has conferred with
17 the patient and discussed with her the
18 indicators and contraindicators, and risk
19 factors including any physical, psychological,
20 or situational factors for the proposed
21 procedure and the use of medications, including
22 but not limited to mifepristone, in light of her
23 medical history and medical condition. For an
24 abortion performed or an abortion induced by a
25 drug or drugs, such conference shall take place
26 at least seventy-two hours prior to the writing
27 or communication of the first prescription for
28 such drug or drugs in connection with inducing
29 an abortion. Only one such conference shall be
30 required for each abortion.

31 3. The patient shall be evaluated by the
32 physician who is to perform or induce the
33 abortion, a qualified professional, or the
34 referring physician during the conference for
35 indicators and contraindicators, risk factors
36 including any physical, psychological, or
37 situational factors which would predispose the
38 patient to or increase the risk of experiencing
39 one or more adverse physical, emotional, or
40 other health reactions to the proposed procedure
41 or drug or drugs in either the short or long
42 term as compared with women who do not possess
43 such risk factors.

44 4. At the end of the conference, and if
45 the woman chooses to proceed with the abortion,
46 the physician who is to perform or induce the
47 abortion, a qualified professional, or the
48 referring physician shall sign and shall cause
49 the patient to sign a written statement that the
50 woman gave her informed consent freely and

51 without coercion after the physician or
52 qualified professional had discussed with her
53 the indicators and contraindicators, and risk
54 factors, including any physical, psychological,
55 or situational factors. All such executed
56 statements shall be maintained as part of the
57 patient's medical file, subject to the
58 confidentiality laws and rules of this state.

59 5. The director of the department of
60 health and senior services shall disseminate a
61 model form that physicians or qualified
62 professionals may use as the written statement
63 required by this section, but any lack or
64 unavailability of such a model form shall not
65 affect the duties of the physician or qualified
66 professional set forth in subsections 2 to 4 of
67 this section.

68 6. As used in this section, the term
69 "qualified professional" shall refer to a
70 physician, physician assistant, registered
71 nurse, licensed practical nurse, psychologist,
72 licensed professional counselor, or licensed
73 social worker, licensed or registered under
74 chapter 334, 335, or 337, acting under the
75 supervision of the physician performing or
76 inducing the abortion, and acting within the
77 course and scope of his or her authority
78 provided by law. The provisions of this section
79 shall not be construed to in any way expand the
80 authority otherwise provided by law relating to
81 the licensure, registration, or scope of
82 practice of any such qualified professional.

83 7. If the provisions in subsection 2 of
84 this section requiring a seventy-two-hour
85 waiting period for an abortion are ever
86 temporarily or permanently restrained or
87 enjoined by judicial order, then the waiting
88 period for an abortion shall be twenty-four
89 hours; provided, however, that if such temporary
90 or permanent restraining order or injunction is
91 stayed or dissolved, or otherwise ceases to have
92 effect, the waiting period for an abortion shall
93 be seventy-two hours.]

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

20 2. The department shall reconcile each
21 notice of abortion with its corresponding tissue
22 report. If the department does not receive the
23 notice of abortion or the tissue report, the
24 department shall make an inquiry of the abortion
25 facility or hospital. After such inquiry, if
26 the hospital or abortion facility has not
27 satisfactorily responded to said inquiry and the
28 department finds that the abortion facility or
29 hospital where the abortion was performed or
30 induced was not in compliance with the
31 provisions of this section, the department shall
32 consider such noncompliance a deficiency
33 requiring an unscheduled inspection of the
34 facility to ensure the deficiency is remedied,
35 subject to the provisions of chapter 197
36 regarding license suspensions, reviews, and
37 appeals.

38 3. Beginning January 1, 2018, the
39 department shall make an annual report to the
40 general assembly. The report shall include the
41 number of any deficiencies and inquiries by the
42 department of each abortion facility in the
43 calendar year and whether any deficiencies were
44 remedied and, for each abortion facility,
aggregated de-identified data about the total

45 number of abortions performed at the facility,
46 the termination procedures used, the number and
47 type of complications reported for each type of
48 termination procedure, whether the department
49 received the tissue report for each abortion,
50 and the existence and nature, if any, of any
51 inconsistencies or concerns between the abortion
52 reports submitted under section 188.052 and the
53 tissue report submitted under this section. The
54 report shall not contain any personal patient
55 information the disclosure of which is
56 prohibited by state or federal law.

57 4. All reports provided by the department
58 to the general assembly under this section shall
59 maintain confidentiality of all personal
60 information of patients, facility personnel, and
61 facility physicians.

62 5. Nothing in this section shall prohibit
63 the utilization of fetal organs or tissue
64 resulting from an abortion for medical or
65 scientific purposes to determine the cause or
66 causes of any anomaly, illness, death, or
67 genetic condition of the fetus, the paternity of
68 the fetus, or for law enforcement purposes.

69 6. The department may adopt rules,
70 regulations, and standards governing the reports
71 required under this section. In doing so, the
72 department shall ensure that these reports
73 contain all information necessary to ensure
74 compliance with all applicable laws and
75 regulations. Any rule or portion of a rule, as
76 that term is defined in section 536.010, that is
77 created under the authority delegated in this
78 section shall become effective only if it
79 complies with and is subject to all of the
80 provisions of chapter 536 and, if applicable,
81 section 536.028. This section and chapter 536
82 are nonseverable and if any of the powers vested
83 with the general assembly pursuant to chapter
84 536 to review, to delay the effective date, or
85 to disapprove and annul a rule are subsequently
86 held unconstitutional, then the grant of
87 rulemaking authority and any rule proposed or

88 adopted after October 24, 2017, shall be invalid
89 and void.]

[188.052. 1. An individual abortion
2 report for each abortion performed or induced
3 upon a woman shall be completed by the physician
4 who performed or induced the abortion. Abortion
5 reports shall include, but not be limited to, a
6 certification that the physician does not have
7 any knowledge that the woman sought the abortion
8 solely because of a prenatal diagnosis, test, or
9 screening indicating Down Syndrome or the
10 potential of Down Syndrome in the unborn child
11 and a certification that the physician does not
12 have any knowledge that the woman sought the
13 abortion solely because of the sex or race of
14 the unborn child.

15 2. An individual complication report for
16 any post-abortion care performed upon a woman
17 shall be completed by the physician providing
18 such post-abortion care. This report shall
19 include:

- 20 (1) The date of the abortion;
- 21 (2) The name and address of the abortion
22 facility or hospital where the abortion was
23 performed or induced;
- 24 (3) The nature of the abortion
25 complication diagnosed or treated.

26 3. All abortion reports shall be signed by
27 the attending physician who performed or induced
28 the abortion and submitted to the department
29 within forty-five days from the date of the
30 abortion. All complication reports shall be
31 signed by the physician providing the post-
32 abortion care and submitted to the department
33 within forty-five days from the date of the post-
34 abortion care.

35 4. A copy of the abortion report shall be
36 made a part of the medical record of the patient
37 of the abortion facility or hospital in which
38 the abortion was performed or induced.

39 5. The department shall be responsible for
40 collecting all abortion reports and complication
41 reports and collating and evaluating all data

42 gathered therefrom and shall annually publish a
43 statistical report based on such data from
44 abortions performed or induced in the previous
45 calendar year.]

2 [188.056. 1. Notwithstanding any other
3 provision of law to the contrary, no abortion
4 shall be performed or induced upon a woman at
5 eight weeks gestational age or later, except in
6 cases of medical emergency. Any person who
7 knowingly performs or induces an abortion of an
8 unborn child in violation of this subsection
9 shall be guilty of a class B felony, as well as
10 subject to suspension or revocation of his or
11 her professional license by his or her
12 professional licensing board. A woman upon whom
13 an abortion is performed or induced in violation
14 of this subsection shall not be prosecuted for a
15 conspiracy to violate the provisions of this
16 section.

17 2. It shall be an affirmative defense for
18 any person alleged to have violated the
19 provisions of subsection 1 of this section that
20 the person performed or induced an abortion
21 because of a medical emergency. The defendant
22 shall have the burden of persuasion that the
23 defense is more probably true than not.

24 3. Prosecution under this section shall
25 bar prosecution under section 188.057, 188.058,
26 or 188.375 if prosecution under such sections
27 would violate the provisions of Amendment V to
28 the Constitution of the United States or Article
29 I, Section 19 of the Constitution of Missouri.

30 4. If any one or more provisions,
31 subsections, sentences, clauses, phrases, or
32 words of this section or the application thereof
33 to any person, circumstance, or period of
34 gestational age is found to be unenforceable,
35 unconstitutional, or invalid by a court of
36 competent jurisdiction, the same is hereby
37 declared to be severable and the balance of the
38 section shall remain effective notwithstanding
39 such unenforceability, unconstitutionality, or
invalidity. The general assembly hereby

40 declares that it would have passed this section,
41 and each provision, subsection, sentence,
42 clause, phrase, or word thereof, irrespective of
43 the fact that any one or more provisions,
44 subsections, sentences, clauses, phrases, or
45 words of the section, or the application of the
46 section to any person, circumstance, or period
47 of gestational age, would be declared
48 unenforceable, unconstitutional, or invalid.]

[188.057. 1. Notwithstanding any other
2 provision of law to the contrary, no abortion
3 shall be performed or induced upon a woman at
4 fourteen weeks gestational age or later, except
5 in cases of medical emergency. Any person who
6 knowingly performs or induces an abortion of an
7 unborn child in violation of this subsection
8 shall be guilty of a class B felony, as well as
9 subject to suspension or revocation of his or
10 her professional license by his or her
11 professional licensing board. A woman upon whom
12 an abortion is performed or induced in violation
13 of this subsection shall not be prosecuted for a
14 conspiracy to violate the provisions of this
15 section.

16 2. It shall be an affirmative defense for
17 any person alleged to have violated the
18 provisions of subsection 1 of this section that
19 the person performed or induced an abortion
20 because of a medical emergency. The defendant
21 shall have the burden of persuasion that the
22 defense is more probably true than not.

23 3. Prosecution under this section shall
24 bar prosecution under section 188.056, 188.058,
25 or 188.375 if prosecution under such sections
26 would violate the provisions of Amendment V to
27 the Constitution of the United States or Article
28 I, Section 19 of the Constitution of Missouri.

29 4. If any one or more provisions,
30 subsections, sentences, clauses, phrases, or
31 words of this section or the application thereof
32 to any person, circumstance, or period of
33 gestational age is found to be unenforceable,
34 unconstitutional, or invalid by a court of

35 competent jurisdiction, the same is hereby
36 declared to be severable and the balance of the
37 section shall remain effective notwithstanding
38 such unenforceability, unconstitutionality, or
39 invalidity. The general assembly hereby
40 declares that it would have passed this section,
41 and each provision, subsection, sentence,
42 clause, phrase, or word thereof, irrespective of
43 the fact that any one or more provisions,
44 subsections, sentences, clauses, phrases, or
45 words of the section, or the application of the
46 section to any person, circumstance, or period
47 of gestational age, would be declared
48 unenforceable, unconstitutional, or invalid.]

2 [188.058. 1. Notwithstanding any other
3 provision of law to the contrary, no abortion
4 shall be performed or induced upon a woman at
5 eighteen weeks gestational age or later, except
6 in cases of medical emergency. Any person who
7 knowingly performs or induces an abortion of an
8 unborn child in violation of this subsection
9 shall be guilty of a class B felony, as well as
10 subject to suspension or revocation of his or
11 her professional license by his or her
12 professional licensing board. A woman upon whom
13 an abortion is performed or induced in violation
14 of this section shall not be prosecuted for a
15 conspiracy to violate the provisions of this
16 section.

17 2. It shall be an affirmative defense for
18 any person alleged to have violated the
19 provisions of subsection 1 of this section that
20 the person performed or induced an abortion
21 because of a medical emergency. The defendant
22 shall have the burden of persuasion that the
23 defense is more probably true than not.

24 3. Prosecution under this section shall
25 bar prosecution under section 188.056, 188.057,
26 or 188.375 if prosecution under such sections
27 would violate the provisions of Amendment V to
28 the Constitution of the United States or Article
I, Section 19 of the Constitution of Missouri.

29 4. If any one or more provisions,
30 subsections, sentences, clauses, phrases, or
31 words of this section or the application thereof
32 to any person, circumstance, or period of
33 gestational age is found to be unenforceable,
34 unconstitutional, or invalid by a court of
35 competent jurisdiction, the same is hereby
36 declared to be severable and the balance of the
37 section shall remain effective notwithstanding
38 such unenforceability, unconstitutionality, or
39 invalidity. The general assembly hereby
40 declares that it would have passed this section,
41 and each provision, subsection, sentence,
42 clause, phrase, or word thereof, irrespective of
43 the fact that any one or more provisions,
44 subsections, sentences, clauses, phrases, or
45 words of the section, or the application of the
46 section to any person, circumstance, or period
47 of gestational age, would be declared
48 unenforceable, unconstitutional, or invalid.]

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

10 2. It shall be an affirmative defense for
11 any person alleged to have violated any
12 provision of this chapter that the person
13 performed an action or did not perform an action
14 because of a medical emergency. This
15 affirmative defense shall be available in
16 criminal, civil, and administrative actions or
17 proceedings. The defendant shall have the
18 burden of persuasion that the defense is more
19 probably true than not.

20 3. The attorney general shall have
21 concurrent original jurisdiction throughout the
22 state, along with each prosecuting attorney and
23 circuit attorney within their respective

24 jurisdictions, to commence actions for a
25 violation of any provision of this chapter, for
26 a violation of any state law on the use of
27 public funds for an abortion, or for a violation
28 of any state law which regulates an abortion
29 facility or a person who performs or induces an
30 abortion. The attorney general, or prosecuting
31 attorney or circuit attorney within their
32 respective jurisdictions, may seek injunctive or
33 other relief against any person who, or entity
34 which, is in violation of any provision of this
35 chapter, misuses public funds for an abortion,
36 or violates any state law which regulates an
37 abortion facility or a person who performs or
38 induces an abortion.]

[188.080. Any person who is not a
2 physician who performs or induces or attempts to
3 perform or induce an abortion on another is
4 guilty of a class B felony, and, upon
5 conviction, shall be punished as provided by
6 law. Any physician performing or inducing an
7 abortion who does not have clinical privileges
8 at a hospital which offers obstetrical or
9 gynecological care located within thirty miles
10 of the location at which the abortion is
11 performed or induced shall be guilty of a class
12 A misdemeanor, and, upon conviction shall be
13 punished as provided by law.]

[188.230. Nothing in this act is intended
2 to authorize anyone other than a physician to
3 perform an abortion.]

[188.375. 1. This section shall be known
2 and may be cited as the "Late-Term Pain-Capable
3 Unborn Child Protection Act".

4 2. As used in this section, the phrase
5 "late-term pain-capable unborn child" shall mean
6 an unborn child at twenty weeks gestational age
7 or later.

8 3. Notwithstanding any other provision of
9 law to the contrary, no abortion shall be
10 performed or induced upon a woman carrying a
11 late-term pain-capable unborn child, except in

12 cases of medical emergency. Any person who
13 knowingly performs or induces an abortion of a
14 late-term pain-capable unborn child in violation
15 of this subsection shall be guilty of a class B
16 felony, as well as subject to suspension or
17 revocation of his or her professional license by
18 his or her professional licensing board. A
19 woman upon whom an abortion is performed or
20 induced in violation of this subsection shall
21 not be prosecuted for a conspiracy to violate
22 the provisions of this subsection.

23 4. It shall be an affirmative defense for
24 any person alleged to have violated the
25 provisions of subsection 3 of this section that
26 the person performed or induced an abortion
27 because of a medical emergency. The defendant
28 shall have the burden of persuasion that the
29 defense is more probably true than not.

30 5. Prosecution under subsection 3 of this
31 section shall bar prosecution under section
32 188.056, 188.057, or 188.058 if prosecution
33 under such sections would violate the provisions
34 of Amendment V to the Constitution of the United
35 States or Article I, Section 19 of the
36 Constitution of Missouri.

37 6. When in cases of medical emergency a
38 physician performs or induces an abortion upon a
39 woman in her third trimester carrying a late-
40 term pain-capable unborn child, the physician
41 shall utilize the available method or technique
42 of abortion most likely to preserve the life or
43 health of the unborn child. In cases where the
44 method or technique of abortion most likely to
45 preserve the life or health of the unborn child
46 would present a greater risk to the life or
47 health of the woman than another legally
48 permitted and available method or technique, the
49 physician may utilize such other method or
50 technique. In all cases where the physician
51 performs or induces an abortion upon a woman
52 during her third trimester carrying a late-term
53 pain-capable unborn child, the physician shall
54 certify in writing the available method or

55 techniques considered and the reasons for
56 choosing the method or technique employed.

57 7. When in cases of medical emergency a
58 physician performs or induces an abortion upon a
59 woman during her third trimester carrying a late-
60 term pain-capable unborn child, there shall be
61 in attendance a physician other than the
62 physician performing or inducing the abortion
63 who shall take control of and provide immediate
64 medical care for a child born as a result of the
65 abortion.

66 8. Any physician who knowingly violates
67 any of the provisions of subsection 6 or 7 of
68 this section shall be guilty of a class D
69 felony, as well as subject to suspension or
70 revocation of his or her professional license by
71 his or her professional licensing board. A
72 woman upon whom an abortion is performed or
73 induced in violation of subsection 6 or 7 of
74 this section shall not be prosecuted for a
75 conspiracy to violate the provisions of those
76 subsections.

77 9. If any one or more provisions,
78 subsections, sentences, clauses, phrases, or
79 words of this section or the application thereof
80 to any person, circumstance, or period of
81 gestational age is found to be unenforceable,
82 unconstitutional, or invalid by a court of
83 competent jurisdiction, the same is hereby
84 declared to be severable and the balance of the
85 section shall remain effective notwithstanding
86 such unenforceability, unconstitutionality, or
87 invalidity. The general assembly hereby
88 declares that it would have passed this section,
89 and each provision, subsection, sentence,
90 clause, phrase, or word thereof, irrespective of
91 the fact that any one or more provisions,
92 subsections, sentences, clauses, phrases, or
93 words of the section, or the application of the
94 section to any person, circumstance, or period
95 of gestational age, would be declared
96 unenforceable, unconstitutional, or invalid.]

2 [334.245. 1. Notwithstanding any other
3 provision of law to the contrary that may allow
4 a person to provide services relating to
5 pregnancy, including prenatal, delivery, and
6 postpartum services, no person other than a
7 licensed physician is authorized to perform or
8 induce an abortion.]

9 2. Any person who violates the provisions
10 of this section is guilty of a class B felony.]

11 [574.200. 1. A person commits the offense
12 of interference with medical assistance if he or
13 she, while serving in his or her capacity as an
14 employee of an abortion facility:

15 (1) Knowingly orders or requests medical
16 personnel to deviate from any applicable
17 standard of care or ordinary practice while
18 providing medical assistance to a patient for
19 reasons unrelated to the patient's health or
20 welfare; or

21 (2) Knowingly attempts to prevent medical
22 personnel from providing medical assistance to a
23 patient in accordance with all applicable
24 standards of care or ordinary practice for
25 reasons unrelated to the patient's health or
26 welfare.]

27 2. The offense of interference with
28 medical assistance is a class A misdemeanor.

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

(1) Physicians and surgeons licensed under
chapter 334;

(2) Nurses licensed under chapter 335;

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

(4) Any person operating under the
supervision of such medical personnel.]

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