

Journal of the Senate

SECOND REGULAR SESSION

THIRTY-THIRD DAY - TUESDAY, MARCH 10, 2026

The Senate met pursuant to adjournment.

President Wasinger in the Chair.

Senator Hudson offered the following prayer:

Proverbs 4:23 "Keep thy heart with all diligence; For out of it are the issues of life."

Dear God in Heaven,

Once again, we thank You for the opportunity to serve. As we face the decisions that are before us, we pray that You will help us to protect ourselves from harmful influences. When we are tempted to place our own selfish interests above the good of others, please remind us of our Savior's sacrifice. When we are tempted to focus primarily on the kinds of things that seem important to this world, remind us that it is only what we've done for You that will truly last. And when the days become long, and our patience grows thin, remind us that someday we will stand before You and give an account as to how we've conducted ourselves in these offices that You've allowed us to hold. Thank You, Lord, for Your forgiveness, mercy, grace, strength, and all of the many other blessings You have bestowed upon us.

In Jesus name I pray,

Amen!

The Pledge of Allegiance to the Flag was recited.

A quorum being established, the Senate proceeded with its business.

The Journal of the previous day was read and approved.

The following Senators were present during the day's proceedings:

Present—Senators

Bean	Beck	Bernskoetter	Black	Brattin	Brown (16)	Brown (26)
Burger	Carter	Cierpiot	Coleman	Crawford	Fitzwater	Gregory (15)
Gregory (21)	Henderson	Hough	Hudson	Lewis	Luetkemeyer	May
McCreery	Moon	Mosley	Nicola	Nurrenbern	O'Laughlin	Roberts
Schnelting	Schroer	Trent	Washington	Webber	Williams—34	

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—None

The Lieutenant Governor was present.

RESOLUTIONS

Senator Bean offered Senate Resolution No. 759, regarding Chad Henson, Piedmont, which was adopted.

Senator Bean offered Senate Resolution No. 760, regarding Waylon Freeze, Piedmont, which was adopted.

CONCURRENT RESOLUTIONS

Senator Bernskoetter offered the following Concurrent resolution:

SENATE CONCURRENT RESOLUTION NO. 21

Whereas, to secure the blessings of liberty for themselves and future generations, the founding fathers of the Continental Congress adopted the Declaration of Independence on July 4, 1776, proclaiming the thirteen American colonies were free and independent from the king of England's rule; and

Whereas, to commemorate this joyous event, the America 250 Missouri Commission, and its forty-nine counterparts from other states, will join to celebrate the two hundred fiftieth anniversary of the founding of the United States of America on July 4, 2026, with patriotic celebrations in cities and small towns across the beautiful Show-Me State and around the country; and

Whereas, comprised of a group from the private and public sectors, trade associations, fraternal organizations, and veterans agencies, the America 250 Missouri Commission has planned, promoted, and implemented a plethora of public celebrations to educate, engage, and celebrate this monumental milestone; and

Whereas, throughout 2026, the twenty-first state to enter the Union, in tandem with the America 250 Missouri Commission, will host statewide events, community projects, educational initiatives, and patriotic traditions to mark the United States of America Semiquincentennial; and

Whereas, formed as a democratic republic with three co-equal branches of government and a Constitution that limits government and protects the individual rights of We the People, the unique American experiment has been steered by a diverse population of descendants from every continent who were drawn to the promise of freedom and justice for all; and

Whereas, the price of freedom has been afforded by the sacrifices and selfless service of countless brave military men and women, who battled and perished in domestic conflicts and foreign wars with their unwavering belief in the American way of life and will to uphold her creed of equality; and

Whereas, the United States' primordial topography, complete with majestic mountain ranges, fertile plains, rolling hills, sprawling forests, and abundant lakes and rivers, has been home to generations of patriotic citizens who have made their livelihoods from the land and hope to preserve its natural beauty for future Americans to enjoy; and

Whereas, for two hundred fifty years, iconic American symbols, poetry, and songs about independence have united and instilled an unmatched sense of pride in all who live between her shores; and

Whereas, centuries of struggles and triumphs have inspired artists to create world-renowned musical genres, distinctive paintings and architecture, and expressive literature and fine arts, which orchestrate the notes and melodies of the United States' diversity, history, and untold stories; and

Whereas, the ideals and collective culture of the United States of America will continue to inspire and lead the free world as the nation works toward a more perfect union in the future:

Now, Therefore Be It Resolved, that the members of the Missouri Senate of the One Hundred Third General Assembly, Second Regular Session, the House of Representatives concurring therein, hereby encourage all Missouri citizens to engage in appropriate patriotic programs and events in observance of Show-Me America 250 on July 4, 2026, and throughout the year; and

Be It Further Resolved that the Secretary of the Missouri Senate be instructed to prepare properly inscribed copies of this resolution for presentation.

REPORTS OF STANDING COMMITTEES

Senator Luetkemeyer, Chair of the Committee on Rules, Joint Rules, Resolutions, and Ethics, submitted the following report:

Madam President: Your Committee on Rules, Joint Rules, Resolutions, and Ethics, to which were referred **SS No. 3** for **SB 1062** and **SB 1019**, begs leave to report that it has examined the same and finds that the bills have been truly perfected and that the printed copies furnished the Senators are correct.

Senator Hudson assumed the Chair.

REFERRALS

President Pro Tem O’Laughlin referred **SS No. 3** for **SB 1062** to the Committee on Fiscal Oversight.

The Senate observed a moment of silence for Charles B. Bernskoetter.

HOUSE BILLS ON THIRD READING

HCS for **HBs 1908** and **2337**, entitled:

An Act to repeal sections 452.305 and 452.310, RSMo , and to enact in lieu thereof two new sections relating to a judgment of dissolution of marriage or legal separation.

Was taken up by Senator Carter.

On motion of Senator Carter, **HCS** for **HBs 1908** and **2337** was read the 3rd time and passed by the following vote:

YEAS—Senators

Bean	Beck	Bernskoetter	Black	Brattin	Brown (16)	Brown (26)
Burger	Carter	Coleman	Crawford	Fitzwater	Gregory (15)	Gregory (21)
Henderson	Hudson	Lewis	Luetkemeyer	May	McCreery	Moon
Mosley	Nicola	Nurrenbern	O’Laughlin	Schnelting	Trent	Webber
Williams—29						

NAYS—Senators—None

Absent—Senators

Cierpiot	Hough	Roberts	Schroer	Washington—5
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Absent with leave—Senators—None

Vacancies—None

The President declared the bill passed.

On motion of Senator Carter, title to the bill was agreed to.

Senator Carter moved that the vote by which the bill passed be reconsidered.

Senator Luetkemeyer moved that motion lay on the table, which motion prevailed.

SENATE BILLS FOR PERFECTION

Senator Coleman moved that **SB 889** be called from the Informal Calendar and taken up for perfection, which motion prevailed.

Senator Coleman offered **SS** for **SB 889**, entitled:

SENATE SUBSTITUTE FOR
SENATE BILL NO. 889

An Act to repeal sections 21.851, 32.088, 67.5125, 86.353, 99.1205, 100.260, 103.003, 103.005, 103.047, 103.083, 103.089, 103.095, 103.141, 103.175, 103.178, 104.352, 105.721, 130.034, 135.204, 135.276, 135.277, 135.279, 135.281, 135.283, 135.313, 135.530, 135.545, 135.546, 135.680, 135.682, 135.710, 135.766, 135.800, 135.980, 136.450, 142.1000, 143.173, 143.732, 143.1008, 143.1009, 143.1013, 143.1014, 143.1017, 143.1027, 143.1100, 148.370, 160.261, 160.405, 161.825, 161.1055, 167.225, 167.950, 171.034, 172.287, 173.196, 173.236, 173.680, 173.2510, 178.697, 184.350, 184.351, 184.352, 184.353, 184.355, 184.357, 184.359, 184.362, 184.384, 190.450, 191.211, 191.425, 191.828, 191.831, 191.950, 191.1075, 191.1080, 191.1085, 192.926, 199.020, 208.244, 208.471, 208.482, 208.627, 210.154, 210.1030, 215.263, 217.147, 217.151, 227.817, 252.300, 252.303, 252.306, 252.309, 252.312, 252.315, 252.318, 252.321, 252.324, 252.327, 252.330, 252.333, 260.900, 260.905, 260.910, 260.915, 260.920, 260.925, 260.930, 260.935, 260.940, 260.945, 260.950, 260.955, 260.960, 260.965, 301.140, 301.190, 301.213, 301.562, 313.270, 319.140, 320.092, 320.093, 332.304, 332.305, 334.153, 334.1135, 338.320, 354.215, 374.007, 375.355, 375.380, 375.480, 376.170, 376.180, 376.190, 376.210, 376.220, 376.230, 376.240, 376.250, 376.260, 376.270, 376.309, 376.752, 377.005, 377.010, 377.020, 377.030, 377.040, 377.050, 377.060, 377.070, 377.080, 377.090, 377.100, 377.120, 377.150, 377.160, 377.170, 377.180, 377.190, 377.199, 377.200, 377.210, 377.220, 377.230, 377.240, 377.250, 377.260, 377.270, 377.280, 377.290, 377.300, 377.310, 377.320, 377.330, 377.340, 377.350, 377.360, 377.370, 377.380, 377.400, 377.420, 377.430, 377.450, 377.460, 379.205, 379.210, 379.215, 379.220, 379.225, 379.230, 379.235, 379.240, 379.245, 379.250, 379.255, 379.257, 379.260, 379.263, 379.265, 379.270, 379.275, 379.290, 379.295, 379.300, 379.316, 379.670, 379.700, 379.720, 379.1310, 382.070, 393.1072, 394.120, 414.407, 454.433, 454.470, 454.490, 454.849, 476.1000, 488.426, 559.117, 595.202, 620.570, 620.1020, 620.1910, 620.2020, 620.2100, 620.2600, 630.717, 633.420, and 640.030, RSMo, and section 167.910 as enacted by house bill no. 1606, ninety-ninth general assembly, second regular session, and section 167.910 as enacted by house bill no. 1415, ninety-ninth general assembly, second regular session, and to enact in lieu thereof fifty-eight new sections relating to repealing expired, terminated, sunset, and obsolete statutes, with existing penalty provisions.

Senator Coleman moved that **SS** for **SB 889** be adopted, which motion prevailed.

On motion of Senator Coleman, **SS** for **SB 889** was declared perfected and ordered printed.

Senator Brattin moved that **SB 1029**, with **SCS**, and **SS** for **SCS** (pending), be called from the Informal Calendar and again taken up for perfection, which motion prevailed.

SS for **SCS** for **SB 1029** was again taken up.

At the request of Senator Brattin, **SS** for **SCS** for **SB 1029** was withdrawn.

Senator Brattin offered **SS No. 2** for **SCS** for **SB 1029**, entitled:

SENATE SUBSTITUTE NO. 2 FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 1029

An Act to repeal sections 67.547, 135.714, 135.715, 135.716, and 162.821, RSMo, and to enact in lieu thereof seven new sections relating to education.

Senator Brattin moved that **SS No. 2** for **SCS** for **SB 1029** be adopted.

Senator Gregory (21) assumed the Chair.

Senator Hough offered SA 1:

SENATE AMENDMENT NO. 1

Amend Senate Substitute No. 2 for Senate Committee Substitute for Senate Bill No. 1029, Page 23, Section 162.192, Line 93, by inserting immediately after “12.” the following: **“The provisions of this section shall not become effective until the school year immediately after a school year in which each of the following is fully appropriated by the general assembly and allocated to school districts by the department of elementary and secondary education:**

(1) Foundation formula payments pursuant to the provisions of section 163.031, prior to any adjustment of the state adequacy target pursuant to subsection 7 of section 163.031;

(2) State aid transportation for pupils pursuant to section 163.161; and

(3) The teacher baseline salary grant program, as provided in subsection 8 of section 163.172.”; and further renumber the remaining subsection accordingly; and

Further amend said bill, page 24, section 162.821, line 47, by inserting immediately after “located” the following: “. **This subsection shall not become effective until the school year immediately after a school year in which each of the following is fully appropriated by the general assembly and allocated to school districts by the department of elementary and secondary education:**

(1) Foundation formula payments pursuant to the provisions of section 163.031, prior to any adjustment of the state adequacy target pursuant to subsection 7 of section 163.031;

(2) State aid transportation for pupils pursuant to section 163.161; and

(3) The teacher baseline salary grant program, as provided in subsection 8 of section 163.172”.

Senator Hough moved that the above amendment be adopted, which motion prevailed on a standing division vote.

At the request of Senator Brattin, **SB 1029**, with **SCS** and **SS No. 2** for **SCS** (pending), was placed on the Informal Calendar.

MESSAGES FROM THE HOUSE

The following message was received from the House of Representatives through its Chief Clerk:

Madam President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS** for **HB 2600**, entitled:

An Act to repeal sections 190.050, 190.051, 190.052, 190.070, and 190.090, RSMo, and to enact in lieu thereof six new sections relating to ambulance districts.

In which the concurrence of the Senate is respectfully requested.

Read 1st time.

SENATE BILLS FOR PERFECTION

Senator Hudson moved that **SB 999** be taken up for perfection, which motion prevailed.

Senator Hudson offered **SS** for **SB 999**, entitled:

SENATE SUBSTITUTE FOR
SENATE BILL NO. 999

An Act to repeal section 188.035, RSMo, and to enact in lieu thereof one new section relating to abortion, with penalty provisions.

Senator Hudson moved that **SS** for **SB 999** be adopted.

Senator Lewis offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend Senate Substitute for Senate Bill No. 999, Page 1, Section A, Line 3, by inserting after all of said line the following:

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

(1) “Abortion”:

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

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

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

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

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

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

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

(4) “Conception”, the fertilization of the ovum of a female by a sperm of a male;

(5) “Department”, the department of health and senior services;

(6) [“Down Syndrome”, the same meaning as defined in section 191.923;]

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

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

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

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

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

[(12)] “Viability” or “viable”, that stage of fetal development when the life of the unborn child may be continued indefinitely outside the womb by natural or artificial life-supportive systems;]

[(13)] “Viable pregnancy” or “viable intrauterine pregnancy”, in the first trimester of pregnancy, an intrauterine pregnancy that can potentially result in a liveborn baby].”; and

Further amend said bill, page 4, section 188.035, line 104, by inserting after all of said line the following:

“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;

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

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

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

2. The department shall collect data on the incidence of health care-associated infections from hospitals, ambulatory surgical centers, [abortion facilities,] and other facilities as necessary to generate the reports required by this section. Hospitals, ambulatory surgical centers, [abortion facilities,] and other facilities shall provide such data in compliance with this section. In order to streamline government and to eliminate duplicative reporting requirements, if the Centers for Medicare and Medicaid Services, or its successor entity, requires hospitals to submit health care-associated infection data, then hospitals and the department shall not be required to comply with the health care-associated infection data reporting requirements of subsections 2 to 17 of this section applicable to hospitals, except that the department shall post a link on its website to publicly reported data by hospitals on the Centers for Medicare and Medicaid Services' Hospital Compare website, or its successor.

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

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

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

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

which hospitals shall be required as a condition of licensure to use the National Healthcare Safety Network for data collection; the use of the National Healthcare Safety Network for risk adjustment and analysis of hospital submitted data; and the use of the Centers for Medicare and Medicaid Services' Hospital Compare website, or its successor, for public reporting of the incidence of health care-associated infection metrics. The advisory panel shall consider the following factors in developing its recommendation:

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

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

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

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

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

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

5. After considering the recommendations of the infection control advisory panel, and provided that the requirements of subsection 13 of this section can be met, the department shall implement guidelines from the federal Centers for Disease Control and Prevention's National Healthcare Safety Network, or its successor. It shall be a condition of licensure for hospitals that meet the minimum public reporting requirements of the National Healthcare Safety Network and the Centers for Medicare and Medicaid Services to participate in the National Healthcare Safety Network, or its successor. Such hospitals shall permit the National Healthcare Safety Network, or its successor, to disclose facility-specific infection data to the department as required under this section, and as necessary to provide the public reports required by the department. It shall be a condition of licensure for any ambulatory surgical center [or abortion facility] which does not voluntarily participate in the National Healthcare Safety Network, or its successor, to submit facility-specific data to the department as required under this section, and as necessary to provide the public reports required by the department.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) Central line-related bloodstream infections;

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

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

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

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

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

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

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

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

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

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

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

20. Hospitals described in subsection 19 of this section shall meet the National Healthcare Safety Network requirements for reporting antimicrobial usage or resistance by using the Centers for Disease Control and Prevention's Antimicrobial Use and Resistance (AUR) Module when conditions of participation promulgated by the Centers for Medicare and Medicaid Services requiring the electronic reporting of antibiotic use or antibiotic resistance by hospitals become effective. When such antimicrobial usage or resistance reporting takes effect, hospitals shall authorize the National Healthcare Safety Network, or its successor, to disclose to the department facility-specific information reported to the AUR Module. Facility-specific data on antibiotic usage and resistance collected under this subsection shall not be disclosed to the public, but the department may release case-specific information to other facilities, physicians, and the public if the department determines on a case-by-case basis that the release of such information is necessary to protect persons in a public health emergency. Nothing in this section shall prohibit a hospital from voluntarily reporting antibiotic use or antibiotic resistance data through the National Healthcare Safety Network, or its successor, prior to the effective date of the conditions of participation requiring the reporting.

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

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

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

2. Infection control officers as defined in federal regulation shall also have the authority to order the cessation of a practice that falls outside accepted practices as defined by appropriate state and federal regulatory agencies, accreditation organizations, or the standards adopted by the Centers for Disease Control and Prevention or the Association of Professionals in Infection Control and Epidemiology. The hospital[,] **or** ambulatory surgical center[, or abortion facility] may require that such a cessation order of an infection control officer be endorsed by the hospital[,] **or** ambulatory surgical center[, or abortion facility] chief executive officer or his or her designee before taking effect. The hospital[,] **or** ambulatory surgical center[, or abortion facility] infection control committee shall convene as soon as possible to review such cessation order and may overrule or sustain the directive of the infection control officer. The department shall promulgate rules governing documentation of such events.

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

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

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

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

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

(1) Two public members;

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

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

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

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

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

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

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

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

(1) [“Abortion facility”, as such term is defined in section 188.015;]

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

[(3)] (2) “Dentist”, any person currently licensed to practice dentistry pursuant to chapter 332;

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

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

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

[(7)] (6) “Physician”, any person currently licensed to practice medicine pursuant to chapter 334;

[(8)] (7) “Podiatrist”, any person currently licensed to practice podiatry pursuant to chapter 330.

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

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

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

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

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

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

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

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

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

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

197.220. The department of health and senior services may deny, suspend or revoke a license in any case in which the department finds that there has been a substantial failure to comply with the requirements

of sections 197.200 to 197.240, or in any case in which the director of the department makes a finding that:

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

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

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

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

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

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

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

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

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

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

197.230. 1. The department of health and senior services shall make, or cause to be made, such inspections and investigations as it deems necessary. The department may delegate its powers and duties to investigate and inspect ambulatory surgical centers [or abortion facilities] to an official of a political

subdivision having a population of at least four hundred fifty thousand if such political subdivision is deemed qualified by the department to inspect and investigate ambulatory surgical centers. The official so designated shall submit a written report of his or her findings to the department and the department may accept the recommendations of such official if it determines that the facility inspected meets minimum standards established pursuant to sections 197.200 to 197.240.

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

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

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

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

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

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

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

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

197.240. After September 28, 1975, no individual or group health insurance policy of insurance providing coverage on an expense incurred basis, nor individual or group service or indemnity type contract issued by a nonprofit corporation, nor any self-insured group health benefit plan or trust, of any

kind or description, shall be issued or payment accepted therefor in renewal or continuation thereof unless coverage for any service performed in an ambulatory surgical center [or abortion facility] is provided for therein if such service would have been covered under the terms of the policy or contract as an eligible inpatient service, except as provided in section 376.805. Nothing in this section shall apply to a group contract, plan or trust which provides health care and surgical care directly to its members and their dependents. Nothing in this section shall be construed to mandate coverage under an individual or group health insurance policy of insurance providing coverage on an expense-incurred basis, or an individual or group service or indemnity type contract issued by a nonprofit corporation, or any self-insured group health benefit plan or trust, of any kind or description, to provide health insurance for services which are usually performed in a physician's office.

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

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

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

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

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

(1) Alleged facility mismanagement or fraudulent activity;

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

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

All information disclosed, collected and maintained pursuant to this subsection and pursuant to the written policy requirements of this section shall be accessible to the department of health and senior services at all times and shall be reviewed by the department of health and senior services at least annually. Complainants shall be notified of the department of health and senior services' access to such information

and of the complainant's right to notify the department of health and senior services of any information concerning alleged violations of applicable federal or state laws or administrative rules concerning patient care, patient safety or facility safety.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

197.295. 1. A hospital[,] **or** ambulatory surgical center[, or abortion facility] aggrieved by a decision of the department pursuant to the provisions of paragraph (b) of subdivision (2) and subdivisions (3), (4) and (5) of subsection 1 of section 197.293 may appeal such decision to the administrative hearing commission pursuant to section 197.071 or section 197.221, and seek judicial review pursuant to section

621.145. An appeal of an action to restrict new inpatient admissions or outpatient entrants, suspend operations or revoke a license shall be heard on an expedited basis by the administrative hearing commission. The hospital[,] **or** ambulatory surgical center[, or abortion facility] may apply to the administrative hearing commission for an order to stay or suspend any such departmental action pending the commission's findings and ruling as authorized by section 621.035.

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

334.100. 1. The board may refuse to issue or renew any certificate of registration or authority, permit or license required pursuant to this chapter for one or any combination of causes stated in subsection 2 of this section. The board shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of the applicant's right to file a complaint with the administrative hearing commission as provided by chapter 621. As an alternative to a refusal to issue or renew any certificate, registration or authority, the board may, at its discretion, issue a license which is subject to probation, restriction or limitation to an applicant for licensure for any one or any combination of causes stated in subsection 2 of this section. The board's order of probation, limitation or restriction shall contain a statement of the discipline imposed, the basis therefor, the date such action shall become effective, and a statement that the applicant has thirty days to request in writing a hearing before the administrative hearing commission. If the board issues a probationary, limited or restricted license to an applicant for licensure, either party may file a written petition with the administrative hearing commission within thirty days of the effective date of the probationary, limited or restricted license seeking review of the board's determination. If no written request for a hearing is received by the administrative hearing commission within the thirty-day period, the right to seek review of the board's decision shall be considered as waived.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- (l) Failing to furnish details of a patient's medical records to other treating physicians or hospitals upon proper request; or failing to comply with any other law relating to medical records;
 - (m) Failure of any applicant or licensee to cooperate with the board during any investigation;
 - (n) Failure to comply with any subpoena or subpoena duces tecum from the board or an order of the board;
 - (o) Failure to timely pay license renewal fees specified in this chapter;
 - (p) Violating a probation agreement, order, or other settlement agreement with this board or any other licensing agency;
 - (q) Failing to inform the board of the physician's current residence and business address;
 - (r) Advertising by an applicant or licensee which is false or misleading, or which violates any rule of the board, or which claims without substantiation the positive cure of any disease, or professional superiority to or greater skill than that possessed by any other physician. An applicant or licensee shall also be in violation of this provision if the applicant or licensee has a financial interest in any organization, corporation or association which issues or conducts such advertising;
 - (s) Any other conduct that is unethical or unprofessional involving a minor;
- (5) Any conduct or practice which is or might be harmful or dangerous to the mental or physical health of a patient or the public; or incompetency, gross negligence or repeated negligence in the performance of the functions or duties of any profession licensed or regulated by this chapter. For the purposes of this subdivision, "repeated negligence" means the failure, on more than one occasion, to use that degree of skill and learning ordinarily used under the same or similar circumstances by the member of the applicant's or licensee's profession;
- (6) Violation of, or attempting to violate, directly or indirectly, or assisting or enabling any person to violate, any provision of this chapter or chapter 324, or of any lawful rule or regulation adopted pursuant to this chapter or chapter 324;
- (7) Impersonation of any person holding a certificate of registration or authority, permit or license or allowing any person to use his or her certificate of registration or authority, permit, license or diploma from any school;
- (8) Revocation, suspension, restriction, modification, limitation, reprimand, warning, censure, probation or other final disciplinary action against the holder of or applicant for a license or other right to practice any profession regulated by this chapter by another state, territory, federal agency or country, whether or not voluntarily agreed to by the licensee or applicant, including, but not limited to, the denial of licensure, surrender of the license, allowing the license to expire or lapse, or discontinuing or limiting the practice of medicine while subject to an investigation or while actually under investigation by any licensing authority, medical facility, branch of the Armed Forces of the United States of America, insurance company, court, agency of the state or federal government, or employer;
- (9) A person is finally adjudged incapacitated or disabled by a court of competent jurisdiction;

(10) Assisting or enabling any person to practice or offer to practice any profession licensed or regulated by this chapter who is not registered and currently eligible to practice pursuant to this chapter; or knowingly performing any act which in any way aids, assists, procures, advises, or encourages any person to practice medicine who is not registered and currently eligible to practice pursuant to this chapter. A physician who works in accordance with standing orders or protocols or in accordance with the provisions of section 334.104 shall not be in violation of this subdivision;

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

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

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

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

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

(16) Soliciting patronage in person or by agents or representatives, or by any other means or manner, under the person's own name or under the name of another person or concern, actual or pretended, in such a manner as to confuse, deceive, or mislead the public as to the need or necessity for or appropriateness of health care services for all patients, or the qualifications of an individual person or persons to diagnose, render, or perform health care services;

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

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

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

(20) Any candidate for licensure or person licensed to practice as a physical therapist, paying or offering to pay a referral fee or evaluating or treating a patient in a manner inconsistent with section 334.506;

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

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

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

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

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

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

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

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

4. After the filing of such complaint before the administrative hearing commission, the proceedings shall be conducted in accordance with the provisions of chapter 621. Upon a finding by the administrative hearing commission that the grounds, provided in subsection 2 of this section, for disciplinary action are met, the board may, singly or in combination, warn, censure or place the person named in the complaint on probation on such terms and conditions as the board deems appropriate for a period not to exceed ten years, or may suspend the person's license, certificate or permit for a period not to exceed three years, or restrict or limit the person's license, certificate or permit for an indefinite period of time, or revoke the person's license, certificate, or permit, or administer a public or private reprimand, or deny the person's application for a license, or permanently withhold issuance of a license or require the person to submit to the care, counseling or treatment of physicians designated by the board at the expense of the individual to be examined, or require the person to attend such continuing educational courses and pass such examinations as the board may direct.

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

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

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

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

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

- (1) "Applicant", any individual who seeks to become licensed as a physician assistant;
- (2) "Certification" or "registration", a process by a certifying entity that grants recognition to applicants meeting predetermined qualifications specified by such certifying entity;
- (3) "Certifying entity", the nongovernmental agency or association which certifies or registers individuals who have completed academic and training requirements;
- (4) "Collaborative practice arrangement", written agreements, jointly agreed upon protocols, or standing orders, all of which shall be in writing, for the delivery of health care services;
- (5) "Department", the department of commerce and insurance or a designated agency thereof;
- (6) "License", a document issued to an applicant by the board acknowledging that the applicant is entitled to practice as a physician assistant;
- (7) "Physician assistant", a person who has graduated from a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant or its successor agency, prior to 2001, or the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs, who has passed the certifying examination administered by the National Commission on Certification of Physician Assistants and has active certification by the National Commission on Certification of Physician Assistants who provides health care services delegated by a licensed physician. A person who has been employed as a physician assistant for three years prior to August 28, 1989, who has passed the National Commission on Certification of Physician Assistants examination, and has active certification of the National Commission on Certification of Physician Assistants;

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

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

(1) Taking patient histories;

(2) Performing physical examinations of a patient;

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

(4) Performing routine therapeutic procedures;

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

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

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

(8) Assisting in surgery; and

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

3. [Physician assistants shall not perform or prescribe abortions.

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

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

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

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

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

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

[5.] 4. A physician assistant shall clearly identify himself or herself as a physician assistant and shall not use or permit to be used in the physician assistant's behalf the terms "doctor", "Dr." or "doc" nor hold himself or herself out in any way to be a physician or surgeon. No physician assistant shall practice or attempt to practice without physician collaboration or in any location where the collaborating physician is not immediately available for consultation, assistance and intervention, except as otherwise provided in this section, and in an emergency situation, nor shall any physician assistant bill a patient independently or directly for any services or procedure by the physician assistant; except that, nothing in this subsection shall be construed to prohibit a physician assistant from enrolling with a third-party plan or the department of social services as a MO HealthNet or Medicaid provider while acting under a collaborative practice arrangement between the physician and physician assistant.

[6.] 5. The licensing of physician assistants shall take place within processes established by the state board of registration for the healing arts through rule and regulation. The board of healing arts is authorized to establish rules pursuant to chapter 536 establishing licensing and renewal procedures, collaboration, collaborative practice arrangements, fees, and addressing such other matters as are necessary to protect the public and discipline the profession. An application for licensing may be denied or the license of a physician assistant may be suspended or revoked by the board in the same manner and for violation of the standards as set forth by section 334.100, or such other standards of conduct set by the board by rule or regulation. Persons licensed pursuant to the provisions of chapter 335 shall not be required to be licensed as physician assistants. All applicants for physician assistant licensure who complete a physician assistant training program after January 1, 2008, shall have a master's degree from a physician assistant program.

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

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

(2) Notwithstanding any other provision of this section to the contrary, a collaborative practice arrangement may delegate to a physician assistant the authority to administer, dispense, or prescribe Schedule II controlled substances for hospice patients; provided, that the physician assistant is employed

by a hospice provider certified pursuant to chapter 197 and the physician assistant is providing care to hospice patients pursuant to a collaborative practice arrangement that designates the certified hospice as a location where the physician assistant is authorized to practice and prescribe.

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

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

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

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

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

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

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

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

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

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

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

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

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

(10) A statement that no collaboration requirements in addition to the federal law shall be required for a physician-physician assistant team working in a certified community behavioral health clinic as defined by Pub.L. 113-93, or a rural health clinic under the federal Rural Health Services Act, Pub.L. 95-210, as amended, or a federally qualified health center as defined in 42 U.S.C. Section 1395x, as amended; and

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

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

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

[12.] **11.** Within thirty days of any change and on each renewal, the state board of registration for the healing arts shall require every physician to identify whether the physician is engaged in any collaborative practice arrangement, including collaborative practice arrangements delegating the authority to prescribe controlled substances, and also report to the board the name of each physician assistant with whom the physician has entered into such arrangement. The board may make such information available to the public. The board shall track the reported information and may routinely conduct random reviews of such arrangements to ensure that the arrangements are carried out in compliance with this chapter.

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

[14.] **13.** No contract or other arrangement shall require a physician to act as a collaborating physician for a physician assistant against the physician's will. A physician shall have the right to refuse to act as a supervising physician, without penalty, for a particular physician assistant. No contract or other agreement shall limit the collaborating physician's ultimate authority over any protocols or standing orders or in the delegation of the physician's authority to any physician assistant. No contract or other arrangement shall require any physician assistant to collaborate with any physician against the physician assistant's will. A physician assistant shall have the right to refuse to collaborate, without penalty, with a particular physician.

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

[16.] **15.** No physician shall be designated to serve as a collaborating physician for more than six full-time equivalent licensed physician assistants, full-time equivalent advanced practice registered nurses, or

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

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

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

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

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

[188.017. 1. This section shall be known and may be cited as the “Right to Life of the Unborn Child Act”.

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

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

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

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

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

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

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

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

2. When the Food and Drug Administration label of any drug or chemical used for the purpose of inducing an abortion includes any clinical study in which more than one percent of those administered the drug or chemical required surgical intervention after its administration, no physician may prescribe or administer such drug or chemical to any patient without first obtaining approval from the department of health and senior services of a complication plan from the physician for administration of the drug or chemical to any patient. The complication plan shall include any information deemed necessary by the department to ensure the safety of any patient suffering complications as a result of the administration of the drug or chemical in question. No complication plan shall be 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 medical monitoring by the hospital until the abortion is completed.

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

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

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

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

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

a. A description of the proposed abortion method;

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

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

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

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

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

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

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

(2) The physician who is to perform or induce the abortion or a qualified professional has presented the woman, in person, printed materials provided by the department, which describe the probable anatomical and physiological characteristics of the unborn child at two-week gestational increments from conception to full term, including color photographs or images of the developing unborn child at two-week gestational increments. Such descriptions shall include information about brain and heart functions, the presence of external members and internal organs during the applicable stages of development and information on when the unborn child is viable. The printed materials shall prominently display the following statement: "The life of each human being begins at conception. Abortion will terminate the life of a separate, unique, living human being.";

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

(4) The physician who is to perform or induce the abortion or a qualified professional shall provide the woman with the opportunity to view at least seventy-two hours prior to the abortion an active ultrasound of the unborn child and hear the heartbeat of the unborn child if the heartbeat is audible. The woman shall be provided with a geographically indexed list maintained by the department of health care

providers, facilities, and clinics that perform ultrasounds, including those that offer ultrasound services free of charge. Such materials shall provide contact information for each provider, facility, or clinic including telephone numbers and, if available, website addresses. Should the woman decide to obtain an ultrasound from a provider, facility, or clinic other than the abortion facility, the woman shall be offered a reasonable time to obtain the ultrasound examination before the date and time set for performing or inducing an abortion. The person conducting the ultrasound shall ensure that the active ultrasound image is of a quality consistent with standard medical practice in the community, contains the dimensions of the unborn child, and accurately portrays the presence of external members and internal organs, if present or viewable, of the unborn child. The auscultation of fetal heart tone must also be of a quality consistent with standard medical practice in the community. If the woman chooses to view the ultrasound or hear the heartbeat or both at the abortion facility, the viewing or hearing or both shall be provided to her at the abortion facility at least seventy-two hours prior to the abortion being performed or induced;

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

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

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

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

(d) Beginning at sixteen weeks gestational age and later, it is possible for pain to be transmitted from receptors to the cortex of the unborn child's brain, where thinking and perceiving occur;

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

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

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

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

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

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

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

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

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

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

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

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

4. No physician shall perform or induce an abortion unless and until the physician has obtained from the woman her voluntary and informed consent given freely and without coercion. If the physician has reason to believe that the woman is being coerced into having an abortion, the physician or qualified professional shall inform the woman that services are available for her and shall provide her with private access to a telephone and information about such services, including but not limited to the following:

- (1) Rape crisis centers, as defined in section 455.003;
- (2) Shelters for victims of domestic violence, as defined in section 455.200; and
- (3) Orders of protection, pursuant to chapter 455.

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

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

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

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

7. In the event of a medical emergency, the physician who performed or induced the abortion shall clearly certify in writing the nature and circumstances of the medical emergency. This certification shall be signed by the physician who performed or induced the abortion, and shall be maintained under section 188.060.

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

9. The term "qualified professional" as used in this section shall refer to a physician, physician assistant, registered nurse, licensed practical nurse, psychologist, licensed professional counselor, or licensed social worker, licensed or registered under chapter 334, 335, or 337, acting under the supervision

of the physician performing or inducing the abortion, and acting within the course and scope of his or her authority provided by law. The provisions of this section shall not be construed to in any way expand the authority otherwise provided by law relating to the licensure, registration, or scope of practice of any such qualified professional.

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

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

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

[188.030. 1. Except in the case of a medical emergency, no abortion of a viable unborn child shall be performed or induced unless the abortion is necessary to preserve the life of the pregnant woman whose life is endangered by a physical disorder, physical illness, or physical injury, including a life-endangering physical condition caused by or arising from the pregnancy itself, or when continuation of the pregnancy will create a serious risk of substantial and irreversible physical impairment of a major bodily function of the pregnant woman. For purposes of this section, "major bodily function" includes, but is not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

2. Except in the case of a medical emergency:

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

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

(3) If the physician determines that the gestational age of the unborn child is twenty weeks or more, and further determines that the unborn child is not viable and performs or induces an abortion upon the woman, the physician shall report such findings and determinations and the reasons for such determinations to the health care facility in which the abortion is performed and to the state board of registration for the healing arts, and shall enter such findings and determinations in the medical records of the woman and in the individual abortion report submitted to the department under section 188.052;

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

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

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

(d) Any physician who performs or induces an abortion upon a woman when it has been determined that the unborn child is viable shall utilize the available method or technique of abortion most likely to

preserve the life or health of the unborn child. In cases where the method or technique of abortion most likely to preserve the life or health of the unborn child would present a greater risk to the life or health of the woman than another legally permitted and available method or technique, the physician may utilize such other method or technique. In all cases where the physician performs an abortion upon a viable unborn child, the physician shall certify in writing the available method or techniques considered and the reasons for choosing the method or technique employed.

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

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

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

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

6. Any abortion facility licensed in the state of Missouri that knowingly allows an abortion of an unborn child to be performed or induced in violation of this section may be subject to suspension or revocation of its license under the provisions of section 197.220.

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

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

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

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

[188.033. Whenever an abortion facility or a family planning agency located in this state, or any of its agents or employees acting within the scope of his or her authority or employment, provides to a woman considering an abortion the name, address, telephone number, or website of an abortion provider that is located outside of the state, such abortion facility or family planning agency or its agents or employees shall also provide to such woman the printed materials produced by the department under section 188.027. If the name, address, telephone number, or website of such abortion provider is not provided to such woman in person, such printed materials shall be offered to her, and if she chooses, sent to such woman at no cost to her the same day or as soon as possible either electronically or by U.S. mail overnight delivery service or by other overnight or same-day delivery service to an address of such woman's choosing. The department shall furnish such printed materials at no cost and in sufficient quantities to abortion facilities and family planning agencies located within the state.]

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

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

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

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

(4) Among Missouri residents, the rate of black or African-American women who undergo abortions is significantly higher, about three and one-half times higher, than the rate of white women who undergo abortions. Among Missouri residents, the rate of black or African-American women who undergo repeat abortions is significantly higher, about one and one-half times higher, than the rate of white women who undergo repeat abortions;

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

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

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

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

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

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

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

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

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

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

6. As used in this section, the term “qualified professional” shall refer to a physician, physician assistant, registered nurse, licensed practical nurse, psychologist, licensed professional counselor, or

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

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

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

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

3. Beginning January 1, 2018, the department shall make an annual report to the general assembly. The report shall include the number of any deficiencies and inquiries by the department of each abortion facility in the calendar year and whether any deficiencies were remedied and, for each abortion facility, aggregated de-identified data about the total number of abortions performed at the facility, the termination procedures used, the number and type of complications reported for each type of termination procedure, whether the department received the tissue report for each abortion, and the existence and nature, if any, of any inconsistencies or concerns between the abortion reports submitted under section 188.052 and the tissue report submitted under this section. The report shall not contain any personal patient information the disclosure of which is prohibited by state or federal law.

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

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

6. The department may adopt rules, regulations, and standards governing the reports required under this section. In doing so, the department shall ensure that these reports contain all information necessary to ensure compliance with all applicable laws and regulations. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after October 24, 2017, shall be invalid and void.]

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

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

(1) The date of the abortion;

(2) The name and address of the abortion facility or hospital where the abortion was performed or induced;

(3) The nature of the abortion complication diagnosed or treated.

3. All abortion reports shall be signed by the attending physician who performed or induced the abortion and submitted to the department within forty-five days from the date of the abortion. All complication reports shall be signed by the physician providing the post-abortion care and submitted to the department within forty-five days from the date of the post-abortion care.

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

5. The department shall be responsible for collecting all abortion reports and complication reports and collating and evaluating all data gathered therefrom and shall annually publish a statistical report based on such data from abortions performed or induced in the previous calendar year.]

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

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

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

4. If any one or more provisions, subsections, sentences, clauses, phrases, or words of this section or the application thereof to any person, circumstance, or period of gestational age is found to be unenforceable, unconstitutional, or invalid by a court of competent jurisdiction, the same is hereby declared to be severable and the balance of the section shall remain effective notwithstanding such unenforceability, unconstitutionality, or invalidity. The general assembly hereby declares that it would have passed this section, and each provision, subsection, sentence, clause, phrase, or word thereof, irrespective of the fact that any one or more provisions, subsections, sentences, clauses, phrases, or words of the section, or the application of the section to any person, circumstance, or period of gestational age, would be declared unenforceable, unconstitutional, or invalid.]

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

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

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

4. If any one or more provisions, subsections, sentences, clauses, phrases, or words of this section or the application thereof to any person, circumstance, or period of gestational age is found to be unenforceable, unconstitutional, or invalid by a court of competent jurisdiction, the same is hereby declared to be severable and the balance of the section shall remain effective notwithstanding such unenforceability, unconstitutionality, or invalidity. The general assembly hereby declares that it would have passed this section, and each provision, subsection, sentence, clause, phrase, or word thereof, irrespective of the fact that any one or more provisions, subsections, sentences, clauses, phrases, or words of the section, or the application of the section to any person, circumstance, or period of gestational age, would be declared unenforceable, unconstitutional, or invalid.]

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

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

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

4. If any one or more provisions, subsections, sentences, clauses, phrases, or words of this section or the application thereof to any person, circumstance, or period of gestational age is found to be unenforceable, unconstitutional, or invalid by a court of competent jurisdiction, the same is hereby declared to be severable and the balance of the section shall remain effective notwithstanding such unenforceability, unconstitutionality, or invalidity. The general assembly hereby declares that it would have passed this section, and each provision, subsection, sentence, clause, phrase, or word thereof, irrespective of the fact that any one or more provisions, subsections, sentences, clauses, phrases, or words of the section, or the application of the section to any person, circumstance, or period of gestational age, would be declared unenforceable, unconstitutional, or invalid.]

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

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

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

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

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

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

2. As used in this section, the phrase “late-term pain-capable unborn child” shall mean an unborn child at twenty weeks gestational age or later.

3. Notwithstanding any other provision of law to the contrary, no abortion shall be performed or induced upon a woman carrying a late-term pain-capable unborn child, except in cases of medical emergency. Any person who knowingly performs or induces an abortion of a late-term pain-capable unborn child in violation of this subsection shall be guilty of a class B felony, as well as subject to suspension or revocation of his or her professional license by his or her professional licensing board. A woman upon whom an abortion is performed or induced in violation of this subsection shall not be prosecuted for a conspiracy to violate the provisions of this subsection.

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

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

6. When in cases of medical emergency a physician performs or induces an abortion upon a woman in her third trimester carrying a late-term pain-capable unborn child, the physician shall utilize the available method or technique of abortion most likely to preserve the life or health of the unborn child. In cases where the method or technique of abortion most likely to preserve the life or health of the unborn child would present a greater risk to the life or health of the woman than another legally permitted and available method or technique, the physician may utilize such other method or technique. In all cases where the physician performs or induces an abortion upon a woman during her third trimester carrying a late-term pain-capable unborn child, the physician shall certify in writing the available method or techniques considered and the reasons for choosing the method or technique employed.

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

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

9. If any one or more provisions, subsections, sentences, clauses, phrases, or words of this section or the application thereof to any person, circumstance, or period of gestational age is found to be unenforceable, unconstitutional, or invalid by a court of competent jurisdiction, the same is hereby declared to be severable and the balance of the section shall remain effective notwithstanding such unenforceability, unconstitutionality, or invalidity. The general assembly hereby declares that it would have passed this section, and each provision, subsection, sentence, clause, phrase, or word thereof, irrespective of the fact that any one or more provisions, subsections, sentences, clauses, phrases, or words of the section, or the application of the section to any person, circumstance, or period of gestational age, would be declared unenforceable, unconstitutional, or invalid.]

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

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

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

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

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

2. The offense of interference with 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.]; and

Further amend the title and enacting clause accordingly.

Senator Lewis moved that the above amendment be adopted.

Senator Lewis offered SA 1 to SA 1:

SENATE AMENDMENT NO. 1 TO
SENATE AMENDMENT NO. 1

Amend Senate Amendment No. 1 to Senate Substitute for Senate Bill No. 999, Page 3, Line 71, by inserting immediately after the quote “” on said line the following:

“191.3000. 1. As used in sections 191.3000 to 191.3018, the following terms mean:

(1) “Erectile dysfunction”, the inability in a man to have a penile erection due to psychological or organ dysfunction;

(2) “Oligospermia”, a condition of suboptimal concentration of spermatozoa in ejaculated seminal fluid to ensure successful fertilization of an ovum that can be caused by hormonal imbalances, genetic issues, lifestyle factors, and other underlying medical conditions. A sperm count in a man below twenty million per milliliter of seminal fluid is considered suboptimal;

(3) “Peyronie’s disease”, a condition characterized by the hardening of the penis due to the formation of fibrous plaques on the dorsolateral aspect of the penis, usually involving the membrane surrounding erectile tissue that may cause a painful deformity of the shaft or constriction of the urethra, or both. May also be known as “crooked penis syndrome” or “penile induration”;

(4) “Varicocele”, a condition characterized by dilated tortuous veins of the spermatic cord with a marked left-sided predominance, which may lead to adverse effects on male fertility that occurs when varicocele leads to an increased scrotal and testicular temperature and reduced testicular volume;

(5) “Vasectomy”, a surgical procedure performed on men in which the vas deferens are cut, tied, cauterized, or otherwise interrupted in such a manner that the seminal fluid no longer contains sperm and conception cannot occur.

2. No medical treatment or procedure for Peyronie’s disease, varicocele, a vasectomy, erectile dysfunction, or oligospermia shall be performed on a man without his voluntary and informed consent, given freely and without coercion. Consent to such treatment or procedure is voluntary and informed and given freely and without coercion if, and only if, at least seventy-two hours prior to the treatment or procedure:

(1) The physician who is to perform the treatment or procedure has informed the man orally, reduced to writing, and in person, of the following:

(a) The name of the physician who will perform the treatment or procedure;

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

a. A description of the proposed treatment or procedure;

b. The immediate and long-term medical risks to the man associated with the proposed treatment or procedure, including, but not limited to, infection, erectile dysfunction, testicular

atrophy, fluid buildup, recurrence, sperm granuloma, hematomas, chronic pain, hemorrhage, sensation loss, penile shortening, loss of fertility, and possible adverse psychological effects associated with the treatment or procedure; and

c. The immediate and long-term medical risks to the man, in light of the anesthesia and medication that is to be administered and the man's medical history and medical condition;

(c) A statement that the physician performing the procedure or treatment is available for any questions concerning the procedure or treatment, together with the telephone number that the physician may be later reached to answer any questions that the man may have; and

(d) The location of the hospital that offers reproductive health care for men located within thirty miles of the location where the treatment or procedure is performed and at which the physician performing the treatment or procedure has clinical privileges and where the man may receive follow-up care by the physician if complications arise;

(2) The physician who is to perform the treatment or procedure has presented the man, in person, printed materials provided by the department of health and senior services, which describe the various surgical and drug-induced methods of treatment for the condition for which he is seeking care, as well as the immediate and long-term medical risks commonly associated with each treatment or procedure, including, but not limited to, infection, erectile dysfunction, testicular atrophy, fluid buildup, recurrence, sperm granuloma, hematomas, chronic pain, hemorrhage, sensation loss, penile shortening, loss of fertility, and possible adverse psychological effects associated with the treatment or procedure;

(3) The physician who is to perform the treatment or procedure shall provide the man with the opportunity to view, at least seventy-two hours prior to the treatment or procedure, an active ultrasound of the affected area for which he is seeking care. The man shall be provided with a geographically indexed list maintained by the department of health care providers, facilities, and clinics that perform ultrasounds, including those that offer ultrasound services free of charge. Such materials shall provide contact information for each provider, facility, or clinic including telephone numbers and, if available, website addresses. Should the man decide to obtain an ultrasound from a provider, facility, or clinic other than the facility providing the treatment or procedure, the man shall be offered a reasonable time to obtain the ultrasound examination before the date and time set for performing the treatment or procedure. The person conducting the ultrasound shall ensure that the active ultrasound image is of a quality consistent with standard medical practice in the community and accurately portrays the affected region of the man's body for which care is being sought;

(4) The printed materials provided by the department shall include information on the possibility of the treatment or procedure causing pain in the affected region. This information shall include, but need not be limited to, a description of the actual steps in the treatment or procedure to be performed and at which steps the treatment or procedure could be painful to the man; and

(5) The physician who is to perform the treatment or procedure shall inform the man that he is free to withhold or withdraw his consent to the treatment or procedure at any time without affecting

his right to future care or treatment and without the loss of any state or federally funded benefits to which he might otherwise be entitled.

3. All information required to be provided to a man considering treatment or a procedure for Peyronie's disease, varicocele, a vasectomy, erectile dysfunction, or oligospermia by subsection 2 of this section shall be presented by the treating physician to the man individually, in the physical presence of the man and in a private room, to protect his privacy, to maintain the confidentiality of his decision, to ensure that the information focuses on his individual circumstances, to ensure he has an adequate opportunity to ask questions, and to ensure that he is not a victim of a coerced treatment or procedure. Should a man be unable to read materials provided to him, they shall be read to him. Should a man need an interpreter to understand the information presented in the written materials, an interpreter shall be provided to him. Should a man ask questions concerning any of the information or materials, answers shall be provided in a language he can understand.

4. No treatment or procedure for Peyronie's disease, varicocele, a vasectomy, erectile dysfunction, or oligospermia shall be performed unless and until the man upon whom the treatment or procedure is to be performed certifies in writing on a checklist form provided by the department that he has been presented all the information required in subsection 2 of this section, that he has been provided the opportunity to view an active ultrasound image of the affected area, and that he further certifies that he gives his voluntary and informed consent, freely and without coercion, to the treatment or procedure.

5. No treatment or procedure for Peyronie's disease, varicocele, a vasectomy, erectile dysfunction, or oligospermia shall be performed unless it is performed by a physician and unless and until the physician has obtained from the man his voluntary and informed consent given freely and without coercion. If the physician has reason to believe that the man is being coerced into having the treatment or procedure, the physician shall inform the man that services are available for him and shall provide him with private access to a telephone and information about such services, including, but not limited to, the following:

- (1) Rape crisis centers, as defined in section 455.003;
- (2) Shelters for victims of domestic violence, as defined in section 455.200; and
- (3) Orders of protection, pursuant to chapter 455.

6. The physician who is to perform the treatment or procedure shall, at least seventy-two hours prior to such treatment or procedure, inform the man orally and in person of:

(1) The immediate and long-term medical risks to the man associated with the proposed treatment or procedure method, including, but not limited to, infection, erectile dysfunction, testicular atrophy, fluid buildup, recurrence, sperm granuloma, hematomas, chronic pain, hemorrhage, sensation loss, penile shortening, loss of fertility, and possible adverse psychological effects associated with the treatment or procedure; and

(2) The immediate and long-term medical risks to the man, in light of the anesthesia and medication that is to be administered and the man's medical history and medical condition.

7. No physician shall perform any treatment or procedure for Peyronie's disease, varicocele, a vasectomy, erectile dysfunction, or oligospermia unless and until the physician has received and signed a copy of the form prescribed in subsection 4 of this section. The physician shall retain a copy of the form in the patient's medical record.

8. No person or entity shall require, obtain, or accept payment for any treatment or procedure for Peyronie's disease, varicocele, a vasectomy, erectile dysfunction, or oligospermia from or on behalf of a patient until at least seventy-two hours have passed since the time that the information required by subsection 2 of this section has been provided to the patient. Nothing in this subsection shall prohibit a person or entity from notifying the patient that payment for the treatment or procedure will be required after the seventy-two-hour period has expired if he voluntarily chooses to have the treatment or procedure.

9. By November 30, 2026, the department shall produce the written materials and forms described in this section. Any written materials produced shall be printed in a typeface large enough to be clearly legible. All information shall be presented in an objective, unbiased manner designed to convey only accurate scientific and medical information. The department shall furnish the written materials and forms at no cost and in sufficient quantity to any person who performs any treatment or procedure for Peyronie's disease, varicocele, a vasectomy, erectile dysfunction, or oligospermia, or to any hospital or facility that provides such treatment or procedures. The department shall make all information required by subsection 2 of this section available to the public through its department website. The department shall maintain a toll-free, twenty-four-hour hotline telephone number where a caller can obtain information on a regional basis concerning the agencies and services described in subsection 2 of this section. No identifying information regarding persons who use the website shall be collected or maintained. The department shall monitor the website on a regular basis to prevent tampering and correct any operational deficiencies.

10. In order to preserve the compelling interest of the state to ensure that the choice to consent to any treatment or procedure for Peyronie's disease, varicocele, a vasectomy, erectile dysfunction, or oligospermia is voluntary and informed, and given freely and without coercion, the department shall use the procedures for adoption of emergency rules under section 536.025 in order to promulgate all necessary rules, forms, and other necessary material to implement this section by November 30, 2026.

191.3003. 1. No person shall knowingly perform any medical treatment or procedure for Peyronie's disease, varicocele, a vasectomy, erectile dysfunction, or oligospermia upon a man under the age of eighteen years unless:

(1) The physician performing the treatment or procedure has secured the informed written consent of the minor and one parent or guardian, and the consenting parent or guardian of the minor has notified any other custodial parent in writing prior to the securing of the informed written consent of the minor and one parent or guardian. For purposes of this subdivision, "custodial parent" shall only mean a parent of a minor who has been awarded joint legal custody or joint physical custody of such minor by a court of competent jurisdiction. Notice shall not be required for any parent:

(a) Who has been found guilty of any offense in violation of chapter 565, relating to offenses against the person; chapter 566, relating to sexual offenses; chapter 567, relating to prostitution; chapter 568, relating to offenses against the family; or chapter 573, related to pornography and related offenses, if a child was a victim;

(b) Who has been found guilty of any offense in any other state or foreign country, or under federal, tribal, or military jurisdiction if a child was a victim, which would be a violation of chapters 565, 566, 567, 568, or 573 if committed in this state;

(c) Who is listed on the sexual offender registry under sections 589.400 to 589.425;

(d) Against whom an order of protection has been issued, including a foreign order of protection given full faith and credit in this state under section 455.067;

(e) Whose custodial, parental, or guardianship rights have been terminated by a court of competent jurisdiction; or

(f) Whose whereabouts are unknown after reasonable inquiry, who is a fugitive from justice, who is habitually in an intoxicated or drugged condition, or who has been declared mentally incompetent or incapacitated by a court of competent jurisdiction;

(2) The minor is emancipated and the physician has received the informed written consent of the minor;

(3) The minor has been granted the right to self-consent to the treatment or procedure by court order pursuant to subsection 2 of this section, and the physician has received the informed written consent of the minor; or

(4) The minor has been granted consent to the treatment or procedure by court order, and the court has given its informed written consent in accordance with subsection 2 of this section, and the minor is having the treatment or procedure willingly, in compliance with subsection 3 of this section.

2. The right of a minor to self-consent to any treatment or procedure under subdivision (3) of subsection 1 of this section or court consent under subdivision (4) of subsection 1 of this section may be granted by a court pursuant to the following procedures:

(1) The minor or next friend shall make an application to the juvenile court which shall assist the minor or next friend in preparing the petition and notices required pursuant to this section. The minor or the next friend of the minor shall thereafter file a petition setting forth the initials of the minor; the age of the minor; the names and addresses of each parent, guardian, or, if the minor's parents are deceased and no guardian has been appointed, any other person standing in loco parentis of the minor; that the minor has been fully informed of the risks and consequences of the treatment or procedure; that the minor is of sound mind and has sufficient intellectual capacity to consent to the treatment or procedure; that, if the court does not grant the minor majority rights for the purpose of consent to the treatment or procedure, the court should find that the treatment or procedure is in the best interest of the minor and give judicial consent to the treatment or procedure; that the court should appoint a guardian ad litem of the child; and if the minor does not have private counsel, that the court should appoint counsel. The petition shall be signed by the minor or the next friend;

(2) A hearing on the merits of the petition, to be held on the record, shall be held as soon as possible within five days of the filing of the petition. If any party is unable to afford counsel, the court shall appoint counsel at least twenty-four hours before the time of the hearing. At the hearing, the court shall hear evidence relating to the emotional development, maturity, intellect and understanding of the minor; the nature and possible consequences to the treatment or procedure; and any other evidence that the court may find useful in determining whether the minor should be granted majority rights for the purpose of consenting to the treatment or procedure or whether the treatment or procedure is in the best interests of the minor;

(3) In the decree, the court shall for good cause:

(a) Grant the petition for majority rights for the purpose of consenting to the treatment or procedure;

(b) Find the treatment or procedure to be in the best interests of the minor and give judicial consent to the treatment or procedure, setting forth the grounds for so finding; or

(c) Deny the petition, setting forth the grounds on which the petition is denied;

(4) If the petition is allowed, the informed consent of the minor, pursuant to a court grant of majority rights, or the judicial consent, shall bar an action by the parents or guardian of the minor on the grounds of battery of the minor by those performing the treatment or procedure. The immunity granted shall only extend to the performance of the treatment or procedure in accordance herewith and any necessary accompanying services that are performed in a competent manner. The costs of the action shall be borne by the parties;

(5) An appeal from an order issued under the provisions of this section may be taken to the court of appeals of this state by the minor or by a parent or guardian of the minor. The notice of intent to appeal shall be given within twenty-four hours from the date of issuance of the order. The record on appeal shall be completed and the appeal shall be perfected within five days from the filing of notice to appeal. Because time may be of the essence regarding the performance of the treatment or procedure, the supreme court of this state shall, by court rule, provide for expedited appellate review of cases appealed under this section.

3. If a minor desires any treatment or procedure for Peyronie's disease, varicocele, a vasectomy, erectile dysfunction, or oligospermia, then he shall be orally informed of and, if possible, sign the written consent required under this section in the same manner as an adult person. No treatment or procedure shall be performed or induced on any minor against his will.

191.3006. 1. No person shall perform any treatment or procedure for Peyronie's disease, varicocele, a vasectomy, erectile dysfunction, or oligospermia on another unless such person has medical malpractice insurance with coverage amounts of at least one million dollars per occurrence and three million dollars in the annual aggregate.

2. For the purpose of this section, "medical malpractice insurance" means insurance coverage against the legal liability of the insured and against loss, damage, or expense incident to a claim arising out of the death or injury of any person as a result of the negligence or malpractice in rendering professional service by any health care provider.

3. No health care facility or hospital shall employ or engage the services of a person to perform any treatment or procedure for Peyronie's disease, varicocele, a vasectomy, erectile dysfunction, or oligospermia on another if the person does not have medical malpractice insurance pursuant to this section, except that the facility or hospital may provide medical malpractice insurance for the services of persons employed or engaged by such facility or hospital that is no less than the coverage amounts set forth in this section.

4. Notwithstanding the provisions of section 334.100 to the contrary, failure of a person to maintain the medical malpractice insurance required by this section shall be an additional ground for sanctioning of a person's license, certificate, or permit.

191.3009. 1. All tissue, except that tissue needed for purposes described in subsection 2 of this section, removed at the time of any treatment or procedure for Peyronie's disease, varicocele, a vasectomy, erectile dysfunction, or oligospermia shall be submitted within five days to a board-eligible or certified pathologist for gross and histopathological examination. The pathologist shall file a copy of the tissue report with the department of health and senior services, and shall provide within seventy-two hours a copy of the report to the health care facility or hospital in which the treatment or procedure was performed. The pathologist's report shall be made a part of the patient's permanent record.

2. Nothing in this section shall prohibit the utilization of organs or tissue resulting from any treatment or procedure for Peyronie's disease, varicocele, vasectomy, erectile dysfunction, or oligospermia for medical or scientific purposes to determine the cause or causes of any anomaly or illness.

3. The department may adopt rules, regulations, and standards governing the reports required under this section. In doing so, the department shall ensure that these reports contain all information necessary to ensure compliance with all applicable laws and regulations. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2026, shall be invalid and void.

191.3012. 1. It shall be unlawful for any public funds to be expended for the purpose of performing or assisting any treatment or procedure for Peyronie's disease, varicocele, a vasectomy, erectile dysfunction, or oligospermia or for the purpose of encouraging or counseling a man to have any such treatment or procedure.

2. As used in this section, "public funds" shall mean any funds received or controlled by this state or any agency or political subdivision thereof, including, but not limited to, funds derived from federal, state or local taxes, gifts or grants from any source, public or private, federal grants or payments, or intergovernmental transfers.

191.3015. 1. Any person who, contrary to the provisions of sections 191.3000 to 191.3018, knowingly performs or aids in the performance of any treatment or procedure for Peyronie's disease, varicocele, a vasectomy, erectile dysfunction, or oligospermia or knowingly fails to perform any action required by sections 191.3000 to 191.3018 shall be guilty of a class A misdemeanor, unless a different penalty is provided for in state law, and, upon conviction, shall be punished as provided by law.

2. The attorney general shall have concurrent original jurisdiction throughout the state, along with each prosecuting attorney and circuit attorney within their respective jurisdictions, to commence actions for a violation of any provision of sections 191.3000 to 191.3018. The attorney general, or prosecuting attorney or circuit attorney within their respective jurisdictions, may seek injunctive or other relief against any person who, or entity which, is in violation of any provision of sections 191.3000 to 191.3018.

191.3018. Any person who is not a physician who performs or attempts to perform any treatment or procedure for Peyronie's disease, varicocele, a vasectomy, erectile dysfunction, or oligospermia on another is guilty of a class B felony, and, upon conviction, shall be punished as provided by law. Any physician performing any treatment or procedure for Peyronie's disease, varicocele, a vasectomy, erectile dysfunction, or oligospermia who does not have clinical privileges at a hospital which offers reproductive health care for men located within thirty miles of the location at which the treatment or procedure is performed or induced shall be guilty of a class A misdemeanor, and, upon conviction shall be punished as provided by law.”.

Senator Lewis moved that the above amendment be adopted.

At the request of Senator Hudson, **SB 999**, with **SS, SA 1**, and **SA 1 to SA 1** (pending), was placed on the Informal Calendar.

RESOLUTIONS

Senator Nurrenbern offered Senate Resolution No. 761, regarding Nguyen Duong, Kansas City, which was adopted.

Senator O'Laughlin offered Senate Resolution No. 762, regarding R. Deacon Windsor, Stoutsville, which was adopted.

Senator O'Laughlin offered Senate Resolution No. 763, regarding Joyce Gastler, Martinsburg, which was adopted.

Senator O'Laughlin offered Senate Resolution No. 764, regarding Darla Deimeke, Martinsburg, which was adopted.

Senator McCreery offered Senate Resolution No. 765, regarding James R. Layton, which was adopted.

Senator McCreery offered Senate Resolution No. 766, regarding Richard George Rhyner, Des Peres, which was adopted.

Senator McCreery offered Senate Resolution No. 767, regarding Russell Thomas "Russ" Owen, Fenton, which was adopted.

Senator McCreery offered Senate Resolution No. 768, regarding Steven Irvin "Steve" Weisman, St. Louis, which was adopted.

Senator McCreery offered Senate Resolution No. 769, regarding Edward Burnard "Ed" McCabe, Glendale, which was adopted.

Senator McCreery offered Senate Resolution No. 770, regarding Gerald B. "Jerry" Cernicek, St. Louis, which was adopted.

Senator McCreery offered Senate Resolution No. 771, regarding Harold Dean Massey, Maryland Heights, which was adopted.

INTRODUCTION OF GUESTS

Senator Bernskoetter introduced to the Senate, Cohen Jones, California; and Cohen was made an honorary page.

Senator Carter introduced to the Senate, Benton School District, Neosho; and Carthage Water and Electrical Plant members.

Senator Mosley introduced to the Senate, Chalana Ferguson.

Senator May introduced to the Senate, Harris Stowe State University.

Senator Williams introduced to the Senate, Women in manufacturing, Katie LaChance; and Becky Patel, St. Louis; and Africans for Alzheimers, Gabrielle Hannah; Leslie Hall; Joyce Balls-Berry; Stephanie Griffin; Candice Nance; Karen Morrison, St. Louis.

On motion of Senator Trent, the Senate adjourned until 1:00 p.m., Wednesday, March 11, 2026.

SENATE CALENDAR

THIRTY-FOURTH DAY—WEDNESDAY, MARCH 11, 2026

FORMAL CALENDAR

SECOND READING OF SENATE BILLS

SB 1658-Nurrenbern
 SB 1659-Nurrenbern
 SB 1660-Nurrenbern
 SB 1661-Black
 SB 1662-May

SB 1663-Crawford
 SB 1664-Coleman
 SB 1665-Coleman
 SB 1666-Coleman
 SB 1667-Gregory (21)

SB 1668-Gregory (21)	SB 1713-McCreery
SB 1669-Carter	SB 1714-McCreery
SB 1670-Beck	SB 1715-McCreery
SB 1671-Gregory (21)	SB 1716-McCreery
SB 1672-Brown (16)	SB 1717-Nurrenbern
SB 1673-Burger	SB 1718-Hudson
SB 1674-Burger	SB 1719-Schroer
SB 1675-Lewis	SB 1720-Schroer
SB 1676-Burger	SB 1721-Schroer
SB 1677-Schnelting	SB 1722-Gregory (21)
SB 1678-Gregory (21)	SB 1723-Brown (16)
SB 1679-Gregory (21)	SB 1724-Brown (16)
SB 1680-McCreery	SB 1725-Beck
SB 1681-McCreery	SB 1726-Carter
SB 1682-McCreery	SB 1727-Carter
SB 1683-McCreery	SB 1728-Carter
SB 1684-McCreery	SB 1729-Henderson
SB 1685-McCreery	SB 1730-Henderson
SB 1686-McCreery	SB 1731-May
SB 1687-McCreery	SB 1732-Trent
SB 1688-Gregory (15)	SB 1733-Gregory (15)
SB 1689-Gregory (15)	SB 1734-Gregory (15)
SB 1690-Gregory (15)	SB 1735-Washington
SB 1691-Burger	SB 1736-Washington
SB 1692-Lewis	SB 1737-Washington
SB 1693-Lewis	SB 1738-Washington
SB 1694-Roberts	SB 1739-Washington
SB 1695-Webber	SB 1740-Washington
SB 1696-Webber	SB 1741-Washington
SB 1697-Schroer	SB 1742-Lewis
SB 1698-Schroer	SB 1743-Lewis
SB 1699-Gregory (21)	SB 1744-Lewis
SB 1700-Henderson	SB 1745-Lewis
SB 1701-Nurrenbern	SB 1746-Moon
SB 1702-Nurrenbern	SB 1747-McCreery
SB 1703-Carter	SB 1748-McCreery
SB 1704-Gregory (15)	SB 1749-McCreery
SB 1705-Lewis	SB 1750-McCreery
SB 1706-Lewis	SB 1751-Hough
SB 1707-McCreery	SB 1752-Hough
SB 1708-McCreery	SB 1753-Hough
SB 1709-McCreery	SB 1754-Hough
SB 1710-McCreery	SB 1755-Hough
SB 1711-McCreery	SB 1756-Hough
SB 1712-McCreery	SB 1757-Hough

SB 1758-Hough	SB 1786-Black
SB 1759-Hough	SB 1787-Black
SB 1760-Hough	SB 1788-Williams
SB 1761-Hough	SB 1789-Bean
SB 1762-Hough	SB 1790-Bean and Trent
SB 1763-Hough	SB 1791-Cierpiot
SB 1764-Hough	SB 1792-Webber
SB 1765-Hough	SB 1793-Webber
SB 1766-Hough	SB 1794-Webber
SB 1767-Brattin	SB 1795-Webber
SB 1768-Brattin	SB 1796-Trent
SB 1769-Brattin	SB 1797-Trent
SB 1770-Brattin	SB 1798-Trent
SB 1771-Brattin	SB 1799-Trent
SB 1772-Brattin	SB 1800-Schroer
SB 1773-Gregory (21)	SB 1801-Schroer
SB 1774-Gregory (21)	SB 1802-Carter
SB 1775-Gregory (21)	SB 1803-Carter
SB 1776-Coleman	SB 1804-Beck
SB 1777-Coleman	SB 1805-Lewis
SB 1778-Mosley	SB 1806-Washington
SB 1779-Henderson	SB 1807-Washington
SB 1780-Burger	SB 1808-Luetkemeyer
SB 1781-Burger	SJR 118-Nurrenbern
SB 1782-Schnelting	SJR 119-Lewis
SB 1783-Schnelting	SJR 120-Lewis
SB 1784-Schnelting	SJR 121-McCreery
SB 1785-Hudson	SJR 122-Moon

HOUSE BILLS ON SECOND READING

HB 2498-Christ	HB 2145-Kalberloh
HCS for HBs 2637 & 3155	HCS for HJR 169
HCS for HJR 154	HCS for HBs 2097 & 1905
HB 2189-Bromley	HB 2167-Dolan
HCS for HB 1790	HCS for HBs 2747 & 2047
HB 1844-Gallick	HCS for HB 2587
HCS for HB 2178	HB 1977-Cook
HCS for HBs 1663, 1607 & 1973	HB 2593-Hardwick
HCS for HB 2682	HCS for HB 1948
HB 2274-Lewis	HB 2473-Voss
HCS for HB 1883	HB 2559-Keathley
HCS for HB 2085	HCS for HB 2710

HCS for HBs 2404 & 2172
HCS for HB 1797
HB 1786-Voss
HCS for HB 2105
HB 2397-Bromley
HCS for HB 2108
HB 2818-Shields
HB 1980-Cook
HCS#2 for HB 2780
HCS for HBs 2592, 2787 & 2834

HB 2125-Banderman
HB 2928-Schulte
HCS for HB 2974
HB 2934-Christ
HCS for HB 2057
HCS for HBs 1839, 2921 & 3015
HB 1707-Coleman (32)
HCS for HB 2819
HB 1800-Matthiesen
HCS for HB 2600

THIRD READING OF SENATE BILLS

SS#3 for SB 1062-Carter
(In Fiscal Oversight)

SB 1019-Crawford

SENATE BILLS FOR PERFECTION

1. SJR 95-Schnelting, with SCS
2. SB 931-Crawford
3. SB 849-O'Laughlin
4. SB 879-Fitzwater
5. SB 1605-Henderson
6. SB 918-Burger
7. SB 916-Burger, with SCS
8. SB 878-Fitzwater, with SCS
9. SBs 1066 & 1088-Brown (26), with SCS
10. SB 834-Crawford
11. SB 905-Gregory (15), with SCS
12. SB 1383-Washington, with SCS
13. SB 1119-Trent
14. SB 959-Roberts, with SCS
15. SB 1586-Brown (26), with SCS
16. SBs 907, 1154 & 1272-Hudson, with SCS
17. SJR 87-Carter
18. SB 1421-Schroer
19. SB 945-May
20. SB 1015-Nurrenbern, with SCS
21. SB 1001-Schnelting, with SCS
22. SB 1576-Fitzwater
23. SB 1534-Nicola, with SCS
24. SB 1572-Henderson
25. SB 1012-Nicola, with SCS

HOUSE BILLS ON THIRD READING

HB 2061-Hruza (Trent)
(In Fiscal Oversight)

HCS for HBs 2273, 1946, 1814 & 2551,
with SCS (Carter) (In Fiscal Oversight)

INFORMAL CALENDAR

SENATE BILLS FOR PERFECTION

SB 836-Crawford, with SCS

SB 838-Cierpiot, with SCS

SB 856-Brattin and Coleman	SB 999-Hudson, et al, with SS , SA 1 &
SB 863-Bean, with SS & SA 1 (pending)	SA 1 to SA 1 (pending)
SB 887-Schroer	SB 1003-Schnelting, with SCS, SS for SCS &
SB 904-Gregory (15), with SS & SA 1 (pending)	SA 4 (pending)
SB 917-Burger, with SS & SA 1 (pending)	SB 1023-Brown (16), with SCS,
SB 948-Brattin, with SS & SA 3 (pending)	SS for SCS & SA 2 (pending)
SB 970-Fitzwater, with SCS & SS for SCS	SB 1029-Brattin, with SCS & SS#2 for SCS
(pending)	(pending)
SBs 971 & 906-Trent, with SCS	SB 1064-Brown (26)
SB 998-Hudson, with SCS	

CONSENT CALENDAR

Senate Bills

Reported 3/9

SB 1092-Lewis	SB 1544-Nurrenbern
SB 1328-Lewis	SB 1629-Fitzwater
SB 1613-Mosley	SB 1142-Hudson, with SCS
SB 944-May, with SCS	

RESOLUTIONS

SR 565-Beck	SR 567-Beck
SR 566-Beck	SR 668-Moon

To be Referred

SCR 21-Bernskoetter

ACTIONS PURSUANT TO ARTICLE IV, SECTION 27

SS for SB 1 - Hough

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