

SECOND REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 689
89TH GENERAL ASSEMBLY

Reported from the Committee on Public Health & Safety, April 27, 1998, with recommendation that the House Committee Substitute for Senate Bill No. 689 Do Pass.
ANNE C. WALKER, Chief Clerk
L3146.06C

AN ACT

To repeal sections 192.800, 192.802, 192.804 and 210.030, RSMo 1994, relating to disease prevention, and to enact in lieu thereof eleven new sections relating to the same subject.

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

Section A. Sections 192.800, 192.802, 192.804 and 210.030, RSMo 1994, are repealed and eleven new sections enacted in lieu thereof, to be known as sections 192.800, 192.802, 192.804, 196.280, 196.283, 196.286, 210.030, 1, 2, 3 and 4, to read as follows:

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

(1) "Communicable disease", an illness due to an infectious agent or its toxic products and transmitted directly or indirectly to a susceptible host from an infected person, animal or arthropod or through the agency of an intermediate host or a vector or through the inanimate environment;

(2) "Designated officer", an employee of the department or a city or county health officer, or designee, located in or employed by appropriate agencies serving geographical regions and appointed by the director of the department of health, whose duties consist of:

(a) Collecting, upon request, facts surrounding possible exposure of a first responder or good samaritan to a communicable disease or infection;

(b) Contacting facilities that receive patients or clients of potentially exposed first responders or good samaritans to ascertain if a determination has been made as to whether the patient or client has had a communicable disease or infection and to ascertain the results of that determination; and

(c) Notifying the first responder or good samaritan as to whether or not there is reason for concern regarding possible exposure;

(3) "First responder", any person trained and authorized by law or rule to render emergency medical assistance or treatment. Such persons may include, but shall not be limited to, emergency first responders, police officers, sheriffs, deputy sheriffs, firefighters, ambulance attendants and attendant drivers, emergency medical technicians, mobile emergency medical technicians, emergency medical technician-paramedics, registered nurses or physicians;

(4) "Good samaritan", any person who renders emergency medical assistance or aid until such time as relieved of these duties by a first responder;

(5) "Licensed facility", a facility licensed [under] **pursuant to** chapter 197, RSMo, or a state medical facility[.];

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

(6) "Peace officer", a member of the state highway patrol, or any state, county or municipal law enforcement officer who serves and possesses the duty and power of arrest for violations of the criminal laws of the state, or for violations of the ordinances of counties or municipalities of the state.

192.802. The department of health shall ensure that **peace officers**, first responders or good samaritans are notified if there is reason to believe an exposure has occurred which may present a significant risk of a communicable disease as a result of **a peace officer performing any lawful duty, or first responder, good samaritan or peace officer** attending or transporting a patient to a licensed facility. At the request of any first responder, the licensed facility shall notify any such first responder and at the request of any good samaritan, the designated officer shall notify such good samaritan, **and at the request of any peace officer, the licensed facility or the designated officer shall notify such peace officer**. Notification will be made as soon as practicable, but not later than forty-eight hours, to the department of health or a designated officer.

192.804. 1. First responders or good samaritans who attended or transported a patient who believe that they may have received an exposure which may present a significant risk of a communicable disease by a patient may provide a written request concerning the suspected exposure to either the licensed facility that received the patient or the designated officer, detailing the nature of the alleged exposure. The form shall inform the first responder or good samaritan, in bold print, of the provisions of subsections 1 and 6 of section 191.656, RSMo, regarding confidentiality and consequences of violation of confidentiality provisions. The first responder or good samaritan shall be given a copy of the request form.

2. **Peace officers acting in the lawful performance of their duties who believe they may have received an exposure which may present a significant risk of a communicable disease by an individual may provide a written request concerning the suspected exposure to either the licensed facility that received an individual or the designated officer, detailing the nature of the alleged exposure.**

3. If the licensed facility, designated officer, coroner or medical examiner makes a determination that there was an exposure to a communicable disease, the report to the first responder, **peace officer** or good samaritan shall provide the name of the communicable disease involved, the date on which the patient was assisted or transported, and any advice or information about the communicable disease as provided by rule by the department of health and shall, in addition, inform the first responder, **peace officer** or the good samaritan of the provisions of subsections 1 and 6 of section 191.656, RSMo, regarding confidentiality and consequences of violation of confidentiality provisions. This section shall not be construed to authorize the disclosure of any identifying information with respect to the patient, first responder, **peace officer** or good samaritan.

196.280. For the purpose of sections 196.280 to 196.286, the following terms shall mean:

- (1) "Foodborne disease", illness acquired by the consumption of contaminated food;
- (2) "Immune globulin", a sterile solution of immunoglobulin intended for intramuscular administration as a means of preventing or modifying certain infectious diseases;
- (3) "Retail food establishment", any establishment where food is prepared, served or sold to members of the general public for consumption by humans.

196.283. When it is urgent and necessary to consider the use of a public announcement and a public immune globulin clinic to prevent the spread of a foodborne disease to employees and customers of a retail food establishment, the department of health, in conjunction with the local health agency, will assess the potential for transmission of the foodborne disease within

the establishment. The assessment will include, but not be limited to, evaluating the retail food establishment on the following criteria: food handling methods; hygienic practices of the infected employee; and adequacy of time to identify and treat persons.

196.286. When it is determined that a public announcement shall be given and a public immune globulin clinic held to control the spread of a foodborne disease to employees and customers of a retail food establishment, the establishment shall reimburse the state and local health agency for the cost of the clinic, including the cost of immune globulin per dose and administrative costs per person. Such reimbursement shall not exceed one-half of the total cost of the clinic or a maximum of one thousand dollars, whichever is less. Funds reimbursed to the state shall be deposited in a separate account in the public health services fund created in section 192.900, RSMo. The retail food establishment shall be exempt from the cost of reimbursement when the department of health, in conjunction with the local health agency, has determined that the retail food establishment, prior to the incident requiring a public immune globulin clinic, effectively implemented and monitored a department of health approved program to assure the application of current knowledge of best food safety practices within the retail food establishment, and has implemented measures to insure that food handlers are not actively working while ill.

210.030. **1.** Every licensed physician, midwife, registered nurse and all persons who may undertake, in a professional way, the obstetrical and gynecological care of a pregnant [women] **woman** in the state of Missouri shall, if the woman consents, take or cause to be taken a sample of venous blood of such woman at the time of the first **prenatal** examination, or not later than twenty days after the first **prenatal** examination, and subject such sample to an approved and standard serological test for syphilis, an approved serological test for hepatitis B and such other treatable diseases and metabolic disorders as are prescribed by the department of health [and such person in attendance at the live birth of the child]. **If a mother tests positive for hepatitis B, the physician or person who professionally undertakes the pediatric care of a newborn** shall also administer the appropriate doses of hepatitis B vaccine and gammaglobulin specific for hepatitis B, or HBIG, within twelve hours of birth to infants born to mothers who are hepatitis B positive. **If the results of such test are unknown within twelve hours, the hepatitis B vaccine and gammaglobulin specific for hepatitis B, or HBIG, shall be administered as soon as possible.**

2. The department of health shall, in consultation with the Missouri genetic disease advisory committee, make such rules pertaining to [said] **such** tests as shall be dictated by accepted medical practice, and tests shall be of the types approved by the department of health. An approved and standard test for syphilis, hepatitis B, and other treatable diseases and metabolic disorders shall mean a test made in a laboratory approved by the department of health. [Such tests shall be made free of charge by the department of health on request.] **No individual shall be denied testing by the department of health because of inability to pay.**

Section 1. The department of health may be responsible for the following:

- (1) Establishing and promoting hepatitis C education programs as an integral part of its health promotion and disease prevention efforts in order to raise public awareness, educate consumers, and to educate and train health care professionals and human service providers;**
- (2) Identifying resources in the area of hepatitis C education, screening, treatment and strive to coordinate the efforts of existing organizations with new programs and with each other so as to maximize education and access to services.**

Section 2. The department of health may use and coordinate the following strategies

for raising public awareness of the causes and nature of hepatitis C, personal risk factors, the value of prevention and early detection, and options for diagnosing and treating the disease:

(1) An outreach campaign utilizing print, radio, and television public service announcements, advertisements, posters, and other materials;

(2) Community forums;

(3) Health information and risk factor assessment at public events;

(4) Targeting at-risk populations;

(5) Providing reliable information to policy makers;

(6) Distributing information through local health agencies, schools, employer wellness programs, physicians, hospitals, health maintenance organizations, prisons, sports leagues, nonprofit organizations, community-based organizations, state fairs and department of health offices;

(7) Identifying and obtaining educational materials, including brochures and videotapes, that translate accurately the latest scientific information on hepatitis C in easy-to-understand terms;

(8) Building a statewide capacity to provide information and referrals on all aspects of hepatitis C, including, but not limited to, educational materials, counseling, and patient support groups.

Section 3. The department of health shall use the strategies, protocols, and guidelines adopted by the National Institutes of Health on hepatitis C for educating physicians and health professionals and training providers on the most recent scientific and medical information on hepatitis C detection, diagnosis, treatment, and therapeutic decision-making. Specifically, the guidelines may include, but not be limited to the following:

(1) Tracking and reporting of both acute and chronic cases of hepatitis C by public health officials;

(2) A cost-efficient plan to screen the prison population;

(3) Protocols within the department of corrections to enable that department to provide appropriate treatment to prisoners with hepatitis C;

(4) Protocols for the education of correctional officers and other correctional workers who work with prisoners with hepatitis C;

(5) Protocols for public safety and health care workers who come in contact with hepatitis C patients.

Section 4. The duties prescribed by sections 1 to 3 of this act shall be subject to appropriations by the general assembly.