

SENATE AMENDMENT NO. _____

Offered by _____ Of _____

Amend SS/Senate Bill No. 999, Page 1, Section A, Line 3,

2 by inserting after all of said line the following:

3 "188.015. As used in this chapter, the following terms
4 mean:

5 (1) "Abortion":

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

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

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

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

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

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

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

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

34 (5) "Department", the department of health and senior
35 services;

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

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

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

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

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

56 [(11)] (10) "Unborn child", the offspring of human
57 beings from the moment of conception until birth and at
58 every stage of its biological development, including the

59 human conceptus, zygote, morula, blastocyst, embryo, and
60 fetus[;

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

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

69 Further amend said bill, page 4, section 188.035, line
70 104, by inserting after all of said line the following:

71 "192.665. As used in this section, section 192.667,
72 and sections 197.150 to 197.165, the following terms mean:

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

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

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

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

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

90 (6) "Nosocomial infection", as defined by the federal
91 Centers for Disease Control and Prevention and applied to

92 infections within hospitals, ambulatory surgical centers,
93 [abortion facilities,] and other facilities;

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

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

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

116 192.667. 1. All health care providers shall at least
117 annually provide to the department charge data as required
118 by the department. All hospitals shall at least annually
119 provide patient abstract data and financial data as required
120 by the department. Hospitals as defined in section 197.020
121 shall report patient abstract data for outpatients and
122 inpatients. Ambulatory surgical centers [and abortion
123 facilities] as defined in section 197.200 shall provide
124 patient abstract data to the department. The department

125 shall specify by rule the types of information which shall
126 be submitted and the method of submission.

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

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

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

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

158 4. By January 1, 2017, the infection control advisory
159 panel created by section 197.165 shall make recommendations
160 to the department regarding the Centers for Medicare and
161 Medicaid Services' health care-associated infection data
162 collection, analysis, and public reporting requirements for
163 hospitals, ambulatory surgical centers, and other facilities
164 in the federal Centers for Disease Control and Prevention's
165 National Healthcare Safety Network, or its successor, in
166 lieu of all or part of the data collection, analysis, and
167 public reporting requirements of this section. The advisory
168 panel recommendations shall address which hospitals shall be
169 required as a condition of licensure to use the National
170 Healthcare Safety Network for data collection; the use of
171 the National Healthcare Safety Network for risk adjustment
172 and analysis of hospital submitted data; and the use of the
173 Centers for Medicare and Medicaid Services' Hospital Compare
174 website, or its successor, for public reporting of the
175 incidence of health care-associated infection metrics. The
176 advisory panel shall consider the following factors in
177 developing its recommendation:

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

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

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

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

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

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

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

216 6. The department shall not require the resubmission
217 of data which has been submitted to the department of health
218 and senior services or the department of social services
219 under any other provision of law. The department of health
220 and senior services shall accept data submitted by
221 associations or related organizations on behalf of health

222 care providers by entering into binding agreements
223 negotiated with such associations or related organizations
224 to obtain data required pursuant to section 192.665 and this
225 section. A health care provider shall submit the required
226 information to the department of health and senior services:

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

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

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

235 7. Information obtained by the department under the
236 provisions of section 192.665 and this section shall not be
237 public information. Reports and studies prepared by the
238 department based upon such information shall be public
239 information and may identify individual health care
240 providers. The department of health and senior services may
241 authorize the use of the data by other research
242 organizations pursuant to the provisions of section
243 192.067. The department shall not use or release any
244 information provided under section 192.665 and this section
245 which would enable any person to determine any health care
246 provider's negotiated discounts with specific preferred
247 provider organizations or other managed care organizations.
248 The department shall not release data in a form which could
249 be used to identify a patient. Any violation of this
250 subsection is a class A misdemeanor.

251 8. The department shall undertake a reasonable number
252 of studies and publish information, including at least an
253 annual consumer guide, in collaboration with health care
254 providers, business coalitions and consumers based upon the

255 information obtained pursuant to the provisions of section
256 192.665 and this section. The department shall allow all
257 health care providers and associations and related
258 organizations who have submitted data which will be used in
259 any publication to review and comment on the publication
260 prior to its publication or release for general use. The
261 publication shall be made available to the public for a
262 reasonable charge.

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

268 10. A hospital, as defined in section 197.020,
269 aggrieved by the department's determination of ineligibility
270 for state moneys pursuant to subsection 9 of this section
271 may appeal as provided in section 197.071. An ambulatory
272 surgical center [or abortion facility] as defined in section
273 197.200 aggrieved by the department's determination of
274 ineligibility for state moneys pursuant to subsection 9 of
275 this section may appeal as provided in section 197.221.

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

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

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

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

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

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

302 (2) Central line-related bloodstream infections;

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

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

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

314 13. In consultation with the infection control
315 advisory panel established pursuant to section 197.165, the
316 department shall develop and disseminate to the public
317 reports based on data compiled for a period of twelve
318 months. Such reports shall be updated quarterly and shall

319 show for each hospital, ambulatory surgical center,
320 [abortion facility,] and other facility metrics on risk-
321 adjusted health care-associated infections under this
322 section.

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

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

335 16. The Hospital Industry Data Institute shall publish
336 a report of Missouri hospitals'[,] and ambulatory surgical
337 centers'[, and abortion facilities'] compliance with
338 standardized quality of care measures established by the
339 federal Centers for Medicare and Medicaid Services for
340 prevention of infections related to surgical procedures. If
341 the Hospital Industry Data Institute fails to do so by July
342 31, 2008, and annually thereafter, the department shall be
343 authorized to collect information from the Centers for
344 Medicare and Medicaid Services or from hospitals[,] and
345 ambulatory surgical centers[, and abortion facilities] and
346 publish such information in accordance with this section.

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

351 18. The department shall promulgate rules to implement
352 the provisions of section 192.131 and sections 197.150 to
353 197.160. Any rule or portion of a rule, as that term is
354 defined in section 536.010, that is created under the
355 authority delegated in this section shall become effective
356 only if it complies with and is subject to all of the
357 provisions of chapter 536 and, if applicable, section
358 536.028. This section and chapter 536 are nonseverable and
359 if any of the powers vested with the general assembly
360 pursuant to chapter 536 to review, to delay the effective
361 date, or to disapprove and annul a rule are subsequently
362 held unconstitutional, then the grant of rulemaking
363 authority and any rule proposed or adopted after August 28,
364 2004, shall be invalid and void.

365 19. No later than August 28, 2017, each hospital,
366 excluding mental health facilities as defined in section
367 632.005, and each ambulatory surgical center [and abortion
368 facility] as defined in section 197.200, shall in
369 consultation with its medical staff establish an
370 antimicrobial stewardship program for evaluating the
371 judicious use of antimicrobials, especially antibiotics that
372 are the last line of defense against resistant infections.
373 The hospital's stewardship program and the results of the
374 program shall be monitored and evaluated by hospital quality
375 improvement departments and shall be available upon
376 inspection to the department. At a minimum, the
377 antimicrobial stewardship program shall be designed to
378 evaluate that hospitalized patients receive, in accordance
379 with accepted medical standards of practice, the appropriate
380 antimicrobial, at the appropriate dose, at the appropriate
381 time, and for the appropriate duration.

382 20. Hospitals described in subsection 19 of this
383 section shall meet the National Healthcare Safety Network

384 requirements for reporting antimicrobial usage or resistance
385 by using the Centers for Disease Control and Prevention's
386 Antimicrobial Use and Resistance (AUR) Module when
387 conditions of participation promulgated by the Centers for
388 Medicare and Medicaid Services requiring the electronic
389 reporting of antibiotic use or antibiotic resistance by
390 hospitals become effective. When such antimicrobial usage
391 or resistance reporting takes effect, hospitals shall
392 authorize the National Healthcare Safety Network, or its
393 successor, to disclose to the department facility-specific
394 information reported to the AUR Module. Facility-specific
395 data on antibiotic usage and resistance collected under this
396 subsection shall not be disclosed to the public, but the
397 department may release case-specific information to other
398 facilities, physicians, and the public if the department
399 determines on a case-by-case basis that the release of such
400 information is necessary to protect persons in a public
401 health emergency. Nothing in this section shall prohibit a
402 hospital from voluntarily reporting antibiotic use or
403 antibiotic resistance data through the National Healthcare
404 Safety Network, or its successor, prior to the effective
405 date of the conditions of participation requiring the
406 reporting.

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

412 197.150. The department shall require that each
413 hospital, ambulatory surgical center, [abortion facility,]
414 and other facility have in place procedures for monitoring
415 and enforcing compliance with infection control regulations
416 and standards. Such procedures shall be coordinated with

417 administrative staff, personnel staff, and the quality
418 improvement program. Such procedures shall include, at a
419 minimum, requirements for the facility's infection control
420 program to conduct surveillance of personnel with a portion
421 of the surveillance to be done in such manner that employees
422 and medical staff are observed without their knowledge of
423 such observation, provided that this unobserved surveillance
424 requirement shall not be considered to be grounds for
425 licensure enforcement action by the department until the
426 department establishes clear and verifiable criteria for
427 determining compliance. Such surveillance also may include
428 monitoring of the rate of use of hand hygiene products.

429 197.152. 1. Infection control officers as defined in
430 federal regulation and other hospital[,] and ambulatory
431 surgical center[, and abortion facility] employees shall be
432 protected against retaliation by the hospital[,] or
433 ambulatory surgical center[, or abortion facility] for
434 reporting infection control concerns pursuant to section
435 197.285 and shall be entitled to the full benefits of that
436 section. Such infection control officers shall report any
437 interference in the performance of their duties by their
438 supervisors to the hospital[,] or ambulatory surgical
439 center[, or abortion facility] compliance officer
440 established by and empowered to act pursuant to section
441 197.285.

442 2. Infection control officers as defined in federal
443 regulation shall also have the authority to order the
444 cessation of a practice that falls outside accepted
445 practices as defined by appropriate state and federal
446 regulatory agencies, accreditation organizations, or the
447 standards adopted by the Centers for Disease Control and
448 Prevention or the Association of Professionals in Infection
449 Control and Epidemiology. The hospital[,] or ambulatory

450 surgical center[, or abortion facility] may require that
451 such a cessation order of an infection control officer be
452 endorsed by the hospital[,] or ambulatory surgical center[,
453 or abortion facility] chief executive officer or his or her
454 designee before taking effect. The hospital[,] or
455 ambulatory surgical center[, or abortion facility] infection
456 control committee shall convene as soon as possible to
457 review such cessation order and may overrule or sustain the
458 directive of the infection control officer. The department
459 shall promulgate rules governing documentation of such
460 events.

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

471 197.158. Every hospital[,] and ambulatory surgery
472 center[, and abortion facility] shall, beginning June 1,
473 2006, provide each patient an opportunity to submit to the
474 hospital, ambulatory surgical center, or abortion facility
475 administration complaints, comments, and suggestions related
476 to the care they received or their personal observations
477 related to the quality of care provided. The department
478 shall promulgate rules to implement this section.

479 197.160. The department of health and senior services
480 shall have access to all data and information held by
481 hospitals, ambulatory surgical centers, [abortion
482 facilities,] and other facilities related to their infection

483 control practices, rates, or treatments of infections.
484 Failure to provide such access shall be grounds for full or
485 partial licensure suspension or revocation pursuant to
486 section 197.293, sections 197.010 to 197.100, or sections
487 197.200 to 197.240. If the department determines that the
488 hospital, ambulatory surgical center, [abortion facility,]
489 or other facility is willfully impeding access to such
490 information, the department shall be authorized to direct
491 all state agencies to suspend all or a portion of state
492 payments to such entity until such time as the desired
493 information is obtained by the department.

494 197.165. 1. The department shall appoint an
495 "Infection Control Advisory Panel" for the purposes of
496 implementing sections 192.131 and 192.667.

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

499 (1) Two public members;

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

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

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

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

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

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

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

529 197.200. As used in sections 197.200 to 197.240,
530 unless the context clearly indicates otherwise, the
531 following terms mean:

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

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

543 [(3)] (2) "Dentist", any person currently licensed to
544 practice dentistry pursuant to chapter 332;

545 [(4)] (3) "Department", the department of health and
546 senior services;

547 [(5)] (4) "Governmental unit", any city, county or
548 other political subdivision of this state, or any

549 department, division, board or other agency of any political
550 subdivision of this state;

551 [(6)] (5) "Person", any individual, firm, partnership,
552 corporation, company, or association and the legal
553 successors thereof;

554 [(7)] (6) "Physician", any person currently licensed
555 to practice medicine pursuant to chapter 334;

556 [(8)] (7) "Podiatrist", any person currently licensed
557 to practice podiatry pursuant to chapter 330.

558 197.205. 1. No person or governmental unit acting
559 severally or jointly with any other person or governmental
560 unit shall establish, conduct or maintain an ambulatory
561 surgical center [or abortion facility] in this state without
562 a license under sections 197.200 to 197.240 issued by the
563 department of health and senior services.

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

571 197.215. 1. Upon receipt of an application for a
572 license, the department of health and senior services shall
573 issue a license if the applicant and ambulatory surgical
574 center facilities [or abortion facilities] meet the
575 requirements established under sections 197.200 to 197.240,
576 and have provided affirmative evidence that:

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

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

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

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

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

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

612 4. If, during the period in which an ambulatory
613 surgical center license [or an abortion facility license] is
614 in effect, the license holder or operator legally transfers

615 operational responsibilities by any process to another
616 person as defined in section 197.200, an application shall
617 be made for the issuance of a new license to become
618 effective on the transfer date.

619 197.220. The department of health and senior services
620 may deny, suspend or revoke a license in any case in which
621 the department finds that there has been a substantial
622 failure to comply with the requirements of sections 197.200
623 to 197.240, or in any case in which the director of the
624 department makes a finding that:

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

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

648 197.225. 1. The department of health and senior
649 services may adopt such reasonable rules, regulations, and
650 standards for the types of services provided as are
651 necessary to carry out the provisions of sections 197.200 to
652 197.240, and to assure quality patient care and patient
653 safety, which shall include, but not be limited to:

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

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

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

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

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

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

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

680 197.230. 1. The department of health and senior
681 services shall make, or cause to be made, such inspections
682 and investigations as it deems necessary. The department
683 may delegate its powers and duties to investigate and
684 inspect ambulatory surgical centers [or abortion facilities]
685 to an official of a political subdivision having a
686 population of at least four hundred fifty thousand if such
687 political subdivision is deemed qualified by the department
688 to inspect and investigate ambulatory surgical centers. The
689 official so designated shall submit a written report of his
690 or her findings to the department and the department may
691 accept the recommendations of such official if it determines
692 that the facility inspected meets minimum standards
693 established pursuant to sections 197.200 to 197.240.

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

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

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

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

708 3.1 Inspection, investigation, and quality assurance
709 reports shall be made available to the public. Any portion
710 of a report may be redacted when made publicly available if
711 such portion would disclose information that is not subject
712 to disclosure under the law.

713 197.235. 1. Any person operating, conducting,
714 managing, or establishing an ambulatory surgical center [or
715 abortion facility] without a license required by sections
716 197.200 to 197.240 is guilty of a class A misdemeanor and,
717 upon conviction, shall be subject to a fine of not more than
718 five hundred dollars. Each day of continuing violation
719 shall constitute a separate offense.

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

728 3. Any person operating, conducting, managing, or
729 establishing an ambulatory surgical center [or abortion
730 facility] who, in the course of advertising, promoting, or
731 otherwise publicizing the activities, business, location, or
732 any other matter concerning the operations of said
733 ambulatory surgical center [or abortion facility], uses or
734 employs in any manner the words "State, Missouri, State of
735 Missouri, Department of Health and Senior Services, the
736 initials 'Mo.'," or any emblem of the state of Missouri or
737 the department of health and senior services, for the
738 purpose of conveying or in any manner reasonably calculated
739 to convey the false impression that the state of Missouri or
740 any department, agency, bureau, or instrumentality thereof
741 is involved in the business of said ambulatory surgical
742 center [or abortion facility], or took part in said
743 advertisement, promotion, publicity, or other statement,
744 shall be subject to a fine of one hundred dollars per day
745 for each day during the period beginning with the day said

746 advertisement, promotion, publication, or statement first
747 appears and ending on the day on which it is withdrawn.

748 197.240. After September 28, 1975, no individual or
749 group health insurance policy of insurance providing
750 coverage on an expense incurred basis, nor individual or
751 group service or indemnity type contract issued by a
752 nonprofit corporation, nor any self-insured group health
753 benefit plan or trust, of any kind or description, shall be
754 issued or payment accepted therefor in renewal or
755 continuation thereof unless coverage for any service
756 performed in an ambulatory surgical center [or abortion
757 facility] is provided for therein if such service would have
758 been covered under the terms of the policy or contract as an
759 eligible inpatient service, except as provided in section
760 376.805. Nothing in this section shall apply to a group
761 contract, plan or trust which provides health care and
762 surgical care directly to its members and their dependents.
763 Nothing in this section shall be construed to mandate
764 coverage under an individual or group health insurance
765 policy of insurance providing coverage on an expense-
766 incurred basis, or an individual or group service or
767 indemnity type contract issued by a nonprofit corporation,
768 or any self-insured group health benefit plan or trust, of
769 any kind or description, to provide health insurance for
770 services which are usually performed in a physician's office.

771 197.285. 1. Hospitals[,] and ambulatory surgical
772 centers[, and abortion facilities] shall establish and
773 implement a written policy adopted by each hospital[,] and
774 ambulatory surgical center[, and abortion facility] relating
775 to the protections for employees who disclose information
776 pursuant to subsection 2 of this section. This policy shall
777 include a time frame for completion of investigations
778 related to complaints, not to exceed thirty days, and a

779 method for notifying the complainant of the disposition of
780 the investigation. This policy shall be submitted to the
781 department of health and senior services to verify
782 implementation. At a minimum, such policy shall include the
783 following provisions:

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

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

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

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

805 (1) Alleged facility mismanagement or fraudulent
806 activity;

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

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

812 All information disclosed, collected and maintained pursuant
813 to this subsection and pursuant to the written policy
814 requirements of this section shall be accessible to the
815 department of health and senior services at all times and
816 shall be reviewed by the department of health and senior
817 services at least annually. Complainants shall be notified
818 of the department of health and senior services' access to
819 such information and of the complainant's right to notify
820 the department of health and senior services of any
821 information concerning alleged violations of applicable
822 federal or state laws or administrative rules concerning
823 patient care, patient safety or facility safety.

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

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

841 5. Reports made to the department of health and senior
842 services shall be subject to the provisions of section
843 197.477, provided that the restrictions of section 197.477
844 shall not be construed to limit the employee's ability to

845 subpoena from the original source the information reported
846 to the department pursuant to this section.

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

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

856 197.287. By July 1, 2001, all hospitals and ambulatory
857 surgical centers[, and by July 1, 2018, all abortion
858 facilities] shall provide training programs, with measurable
859 minimal training outcomes relating to quality of patient
860 care and patient safety, to all unlicensed staff providing
861 patient care in their facility within ninety days of the
862 beginning date of employment. Standards for such training
863 shall be established by the department of health and senior
864 services by rule. It shall be a requirement of hospital[,]
865 and ambulatory surgical center[, and abortion facility]
866 licensure pursuant to this chapter that all hospitals[,] and
867 ambulatory surgical centers[, and abortion facilities]
868 submit documentation to the department of health and senior
869 services on the training program used.

870 197.289. 1. All hospitals[,] and ambulatory surgical
871 centers[, and abortion facilities] shall develop and
872 implement a methodology which ensures adequate nurse
873 staffing that will meet the needs of patients. At a
874 minimum, there shall be on duty at all times a sufficient
875 number of licensed registered nurses to provide patient care
876 requiring the judgment and skills of a licensed registered
877 nurse and to oversee the activities of all nursing personnel.

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

882 197.293. 1. In addition to the powers established in
883 sections 197.070 and 197.220, the department of health and
884 senior services shall use the following standards for
885 enforcing hospital[,] and ambulatory surgical center[, and
886 abortion facility] licensure regulations promulgated to
887 enforce the provisions of sections 197.010 to 197.120,
888 sections 197.150 to 197.165, and sections 197.200 to 197.240:

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

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

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

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

905 (3) If there is a continuing deficiency after
906 implementation of the plan of correction pursuant to
907 subdivision (2) of this subsection and the hospital[,] or
908 ambulatory surgical center[, or abortion facility] has had
909 an opportunity to correct such deficiency, the department

910 may restrict new inpatient admissions or outpatient entrants
911 to the service or services affected by such deficiency;

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

920 (5) If there is a continuing deficiency after
921 suspension of operations pursuant to subdivision (4) of this
922 subsection, the department may deny, suspend or revoke the
923 hospital's[,] or ambulatory surgical center's[, or abortion
924 facility's] license pursuant to section 197.070 or section
925 197.220.

926 2. Notwithstanding the provisions of subsection 1 of
927 this section to the contrary, if a deficiency in meeting
928 licensure standards presents an immediate and serious threat
929 to the patients' health and safety, the department may,
930 based on the scope and severity of the deficiency, restrict
931 access to the service or services affected by the deficiency
932 until the hospital[,] or ambulatory surgical center[, or
933 abortion facility] has developed and implemented an approved
934 plan of correction. Decisions as to whether a deficiency
935 constitutes an immediate and serious threat to the patients'
936 health and safety shall be made in accordance with
937 guidelines established pursuant to regulation of the
938 department of health and senior services and such decisions
939 shall be approved by the bureau of health facility licensing
940 in the department of health and senior services, or its
941 successor agency, or by a person authorized by the

942 regulations to approve such decisions in the absence of the
943 director.

944 197.295. 1. A hospital[,] or ambulatory surgical
945 center[, or abortion facility] aggrieved by a decision of
946 the department pursuant to the provisions of paragraph (b)
947 of subdivision (2) and subdivisions (3), (4) and (5) of
948 subsection 1 of section 197.293 may appeal such decision to
949 the administrative hearing commission pursuant to section
950 197.071 or section 197.221, and seek judicial review
951 pursuant to section 621.145. An appeal of an action to
952 restrict new inpatient admissions or outpatient entrants,
953 suspend operations or revoke a license shall be heard on an
954 expedited basis by the administrative hearing commission.
955 The hospital[,] or ambulatory surgical center[, or abortion
956 facility] may apply to the administrative hearing commission
957 for an order to stay or suspend any such departmental action
958 pending the commission's findings and ruling as authorized
959 by section 621.035.

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

972 334.100. 1. The board may refuse to issue or renew
973 any certificate of registration or authority, permit or
974 license required pursuant to this chapter for one or any

975 combination of causes stated in subsection 2 of this
976 section. The board shall notify the applicant in writing of
977 the reasons for the refusal and shall advise the applicant
978 of the applicant's right to file a complaint with the
979 administrative hearing commission as provided by chapter
980 621. As an alternative to a refusal to issue or renew any
981 certificate, registration or authority, the board may, at
982 its discretion, issue a license which is subject to
983 probation, restriction or limitation to an applicant for
984 licensure for any one or any combination of causes stated in
985 subsection 2 of this section. The board's order of
986 probation, limitation or restriction shall contain a
987 statement of the discipline imposed, the basis therefor, the
988 date such action shall become effective, and a statement
989 that the applicant has thirty days to request in writing a
990 hearing before the administrative hearing commission. If
991 the board issues a probationary, limited or restricted
992 license to an applicant for licensure, either party may file
993 a written petition with the administrative hearing
994 commission within thirty days of the effective date of the
995 probationary, limited or restricted license seeking review
996 of the board's determination. If no written request for a
997 hearing is received by the administrative hearing commission
998 within the thirty-day period, the right to seek review of
999 the board's decision shall be considered as waived.

1000 2. The board may cause a complaint to be filed with
1001 the administrative hearing commission as provided by chapter
1002 621 against any holder of any certificate of registration or
1003 authority, permit or license required by this chapter or any
1004 person who has failed to renew or has surrendered the
1005 person's certificate of registration or authority, permit or
1006 license for any one or any combination of the following
1007 causes:

1008 (1) Use of any controlled substance, as defined in
1009 chapter 195, or alcoholic beverage to an extent that such
1010 use impairs a person's ability to perform the work of any
1011 profession licensed or regulated by this chapter;

1012 (2) The person has been finally adjudicated and found
1013 guilty, or entered a plea of guilty or nolo contendere, in a
1014 criminal prosecution under the laws of any state or of the
1015 United States, for any offense reasonably related to the
1016 qualifications, functions or duties of any profession
1017 licensed or regulated pursuant to this chapter, for any
1018 offense involving fraud, dishonesty or an act of violence,
1019 or for any offense involving moral turpitude, whether or not
1020 sentence is imposed;

1021 (3) Use of fraud, deception, misrepresentation or
1022 bribery in securing any certificate of registration or
1023 authority, permit or license issued pursuant to this chapter
1024 or in obtaining permission to take any examination given or
1025 required pursuant to this chapter;

1026 (4) Misconduct, fraud, misrepresentation, dishonesty,
1027 unethical conduct or unprofessional conduct in the
1028 performance of the functions or duties of any profession
1029 licensed or regulated by this chapter, including, but not
1030 limited to, the following:

1031 (a) Obtaining or attempting to obtain any fee, charge,
1032 tuition or other compensation by fraud, deception or
1033 misrepresentation; willfully and continually overcharging or
1034 overtreating patients; or charging for visits to the
1035 physician's office which did not occur unless the services
1036 were contracted for in advance, or for services which were
1037 not rendered or documented in the patient's records;

1038 (b) Attempting, directly or indirectly, by way of
1039 intimidation, coercion or deception, to obtain or retain a

1040 patient or discourage the use of a second opinion or
1041 consultation;

1042 (c) Willfully and continually performing inappropriate
1043 or unnecessary treatment, diagnostic tests or medical or
1044 surgical services;

1045 (d) Delegating professional responsibilities to a
1046 person who is not qualified by training, skill, competency,
1047 age, experience or licensure to perform such
1048 responsibilities;

1049 (e) Misrepresenting that any disease, ailment or
1050 infirmity can be cured by a method, procedure, treatment,
1051 medicine or device;

1052 (f) Performing or prescribing medical services which
1053 have been declared by board rule to be of no medical or
1054 osteopathic value;

1055 (g) Final disciplinary action by any professional
1056 medical or osteopathic association or society or licensed
1057 hospital or medical staff of such hospital in this or any
1058 other state or territory, whether agreed to voluntarily or
1059 not, and including, but not limited to, any removal,
1060 suspension, limitation, or restriction of the person's
1061 license or staff or hospital privileges, failure to renew
1062 such privileges or license for cause, or other final
1063 disciplinary action, if the action was in any way related to
1064 unprofessional conduct, professional incompetence,
1065 malpractice or any other violation of any provision of this
1066 chapter;

1067 (h) Signing a blank prescription form; or dispensing,
1068 prescribing, administering or otherwise distributing any
1069 drug, controlled substance or other treatment without
1070 sufficient examination including failing to establish a
1071 valid physician-patient relationship pursuant to section
1072 334.108, or for other than medically accepted therapeutic or

1073 experimental or investigative purposes duly authorized by a
1074 state or federal agency, or not in the course of
1075 professional practice, or not in good faith to relieve pain
1076 and suffering, or not to cure an ailment, physical infirmity
1077 or disease, except as authorized in section 334.104;

1078 (i) Exercising influence within a physician-patient
1079 relationship for purposes of engaging a patient in sexual
1080 activity;

1081 (j) Being listed on any state or federal sexual
1082 offender registry;

1083 (k) Terminating the medical care of a patient without
1084 adequate notice or without making other arrangements for the
1085 continued care of the patient;

1086 (l) Failing to furnish details of a patient's medical
1087 records to other treating physicians or hospitals upon
1088 proper request; or failing to comply with any other law
1089 relating to medical records;

1090 (m) Failure of any applicant or licensee to cooperate
1091 with the board during any investigation;

1092 (n) Failure to comply with any subpoena or subpoena
1093 duces tecum from the board or an order of the board;

1094 (o) Failure to timely pay license renewal fees
1095 specified in this chapter;

1096 (p) Violating a probation agreement, order, or other
1097 settlement agreement with this board or any other licensing
1098 agency;

1099 (q) Failing to inform the board of the physician's
1100 current residence and business address;

1101 (r) Advertising by an applicant or licensee which is
1102 false or misleading, or which violates any rule of the
1103 board, or which claims without substantiation the positive
1104 cure of any disease, or professional superiority to or
1105 greater skill than that possessed by any other physician.

1106 An applicant or licensee shall also be in violation of this
1107 provision if the applicant or licensee has a financial
1108 interest in any organization, corporation or association
1109 which issues or conducts such advertising;

1110 (s) Any other conduct that is unethical or
1111 unprofessional involving a minor;

1112 (5) Any conduct or practice which is or might be
1113 harmful or dangerous to the mental or physical health of a
1114 patient or the public; or incompetency, gross negligence or
1115 repeated negligence in the performance of the functions or
1116 duties of any profession licensed or regulated by this
1117 chapter. For the purposes of this subdivision, "repeated
1118 negligence" means the failure, on more than one occasion, to
1119 use that degree of skill and learning ordinarily used under
1120 the same or similar circumstances by the member of the
1121 applicant's or licensee's profession;

1122 (6) Violation of, or attempting to violate, directly
1123 or indirectly, or assisting or enabling any person to
1124 violate, any provision of this chapter or chapter 324, or of
1125 any lawful rule or regulation adopted pursuant to this
1126 chapter or chapter 324;

1127 (7) Impersonation of any person holding a certificate
1128 of registration or authority, permit or license or allowing
1129 any person to use his or her certificate of registration or
1130 authority, permit, license or diploma from any school;

1131 (8) Revocation, suspension, restriction, modification,
1132 limitation, reprimand, warning, censure, probation or other
1133 final disciplinary action against the holder of or applicant
1134 for a license or other right to practice any profession
1135 regulated by this chapter by another state, territory,
1136 federal agency or country, whether or not voluntarily agreed
1137 to by the licensee or applicant, including, but not limited
1138 to, the denial of licensure, surrender of the license,

1139 allowing the license to expire or lapse, or discontinuing or
1140 limiting the practice of medicine while subject to an
1141 investigation or while actually under investigation by any
1142 licensing authority, medical facility, branch of the Armed
1143 Forces of the United States of America, insurance company,
1144 court, agency of the state or federal government, or
1145 employer;

1146 (9) A person is finally adjudged incapacitated or
1147 disabled by a court of competent jurisdiction;

1148 (10) Assisting or enabling any person to practice or
1149 offer to practice any profession licensed or regulated by
1150 this chapter who is not registered and currently eligible to
1151 practice pursuant to this chapter; or knowingly performing
1152 any act which in any way aids, assists, procures, advises,
1153 or encourages any person to practice medicine who is not
1154 registered and currently eligible to practice pursuant to
1155 this chapter. A physician who works in accordance with
1156 standing orders or protocols or in accordance with the
1157 provisions of section 334.104 shall not be in violation of
1158 this subdivision;

1159 (11) Issuance of a certificate of registration or
1160 authority, permit or license based upon a material mistake
1161 of fact;

1162 (12) Failure to display a valid certificate or license
1163 if so required by this chapter or any rule promulgated
1164 pursuant to this chapter;

1165 (13) Violation of the drug laws or rules and
1166 regulations of this state, including but not limited to any
1167 provision of chapter 195, any other state, or the federal
1168 government;

1169 (14) Knowingly making, or causing to be made, or
1170 aiding, or abetting in the making of, a false statement in

1171 any birth, death or other certificate or document executed
1172 in connection with the practice of the person's profession;

1173 (15) Knowingly making a false statement, orally or in
1174 writing to the board;

1175 (16) Soliciting patronage in person or by agents or
1176 representatives, or by any other means or manner, under the
1177 person's own name or under the name of another person or
1178 concern, actual or pretended, in such a manner as to
1179 confuse, deceive, or mislead the public as to the need or
1180 necessity for or appropriateness of health care services for
1181 all patients, or the qualifications of an individual person
1182 or persons to diagnose, render, or perform health care
1183 services;

1184 (17) Using, or permitting the use of, the person's
1185 name under the designation of "Doctor", "Dr.", "M.D.", or
1186 "D.O.", or any similar designation with reference to the
1187 commercial exploitation of any goods, wares or merchandise;

1188 (18) Knowingly making or causing to be made a false
1189 statement or misrepresentation of a material fact, with
1190 intent to defraud, for payment pursuant to the provisions of
1191 chapter 208 or chapter 630 or for payment from Title XVIII
1192 or Title XIX of the Social Security Act;

1193 (19) Failure or refusal to properly guard against
1194 contagious, infectious or communicable diseases or the
1195 spread thereof; maintaining an unsanitary office or
1196 performing professional services under unsanitary
1197 conditions; or failure to report the existence of an
1198 unsanitary condition in the office of a physician or in any
1199 health care facility to the board, in writing, within thirty
1200 days after the discovery thereof;

1201 (20) Any candidate for licensure or person licensed to
1202 practice as a physical therapist, paying or offering to pay

1203 a referral fee or evaluating or treating a patient in a
1204 manner inconsistent with section 334.506;

1205 (21) Any candidate for licensure or person licensed to
1206 practice as a physical therapist, treating or attempting to
1207 treat ailments or other health conditions of human beings
1208 other than by professional physical therapy and as
1209 authorized by sections 334.500 to 334.620;

1210 (22) Any person licensed to practice as a physician or
1211 surgeon, requiring, as a condition of the physician-patient
1212 relationship, that the patient receive prescribed drugs,
1213 devices or other professional services directly from
1214 facilities of that physician's office or other entities
1215 under that physician's ownership or control. A physician
1216 shall provide the patient with a prescription which may be
1217 taken to the facility selected by the patient and a
1218 physician knowingly failing to disclose to a patient on a
1219 form approved by the advisory commission for professional
1220 physical therapists as established by section 334.625 which
1221 is dated and signed by a patient or guardian acknowledging
1222 that the patient or guardian has read and understands that
1223 the physician has a pecuniary interest in a physical therapy
1224 or rehabilitation service providing prescribed treatment and
1225 that the prescribed treatment is available on a competitive
1226 basis. This subdivision shall not apply to a referral by
1227 one physician to another physician within a group of
1228 physicians practicing together;

1229 (23) A pattern of personal use or consumption of any
1230 controlled substance unless it is prescribed, dispensed or
1231 administered by another physician who is authorized by law
1232 to do so;

1233 (24) Habitual intoxication or dependence on alcohol,
1234 evidence of which may include more than one alcohol-related
1235 enforcement contact as defined by section 302.525;

1236 (25) Failure to comply with a treatment program or an
1237 aftercare program entered into as part of a board order,
1238 settlement agreement or licensee's professional health
1239 program;

1240 (26) Revocation, suspension, limitation, probation, or
1241 restriction of any kind whatsoever of any controlled
1242 substance authority, whether agreed to voluntarily or not,
1243 or voluntary termination of a controlled substance authority
1244 while under investigation[;]

1245 (27) For a physician to operate, conduct, manage, or
1246 establish an abortion facility, or for a physician to
1247 perform an abortion in an abortion facility, if such
1248 facility comes under the definition of an ambulatory
1249 surgical center pursuant to sections 197.200 to 197.240, and
1250 such facility has failed to obtain or renew a license as an
1251 ambulatory surgical center].

1252 3. Collaborative practice arrangements, protocols and
1253 standing orders shall be in writing and signed and dated by
1254 a physician prior to their implementation.

1255 4. After the filing of such complaint before the
1256 administrative hearing commission, the proceedings shall be
1257 conducted in accordance with the provisions of chapter 621.
1258 Upon a finding by the administrative hearing commission that
1259 the grounds, provided in subsection 2 of this section, for
1260 disciplinary action are met, the board may, singly or in
1261 combination, warn, censure or place the person named in the
1262 complaint on probation on such terms and conditions as the
1263 board deems appropriate for a period not to exceed ten
1264 years, or may suspend the person's license, certificate or
1265 permit for a period not to exceed three years, or restrict
1266 or limit the person's license, certificate or permit for an
1267 indefinite period of time, or revoke the person's license,
1268 certificate, or permit, or administer a public or private

1269 reprimand, or deny the person's application for a license,
1270 or permanently withhold issuance of a license or require the
1271 person to submit to the care, counseling or treatment of
1272 physicians designated by the board at the expense of the
1273 individual to be examined, or require the person to attend
1274 such continuing educational courses and pass such
1275 examinations as the board may direct.

1276 5. In any order of revocation, the board may provide
1277 that the person may not apply for reinstatement of the
1278 person's license for a period of time ranging from two to
1279 seven years following the date of the order of revocation.
1280 All stay orders shall toll this time period.

1281 6. Before restoring to good standing a license,
1282 certificate or permit issued pursuant to this chapter which
1283 has been in a revoked, suspended or inactive state for any
1284 cause for more than two years, the board may require the
1285 applicant to attend such continuing medical education
1286 courses and pass such examinations as the board may direct.

1287 7. In any investigation, hearing or other proceeding
1288 to determine a licensee's or applicant's fitness to
1289 practice, any record relating to any patient of the licensee
1290 or applicant shall be discoverable by the board and
1291 admissible into evidence, regardless of any statutory or
1292 common law privilege which such licensee, applicant, record
1293 custodian or patient might otherwise invoke. In addition,
1294 no such licensee, applicant, or record custodian may
1295 withhold records or testimony bearing upon a licensee's or
1296 applicant's fitness to practice on the ground of privilege
1297 between such licensee, applicant or record custodian and a
1298 patient.

1299 8. The act of lawfully dispensing, prescribing,
1300 administering, or otherwise distributing ivermectin tablets
1301 or hydroxychloroquine sulfate tablets for human use shall

1302 not be grounds for denial, suspension, revocation, or other
1303 disciplinary action by the board.

1304 334.735. 1. As used in sections 334.735 to 334.749,
1305 the following terms mean:

1306 (1) "Applicant", any individual who seeks to become
1307 licensed as a physician assistant;

1308 (2) "Certification" or "registration", a process by a
1309 certifying entity that grants recognition to applicants
1310 meeting predetermined qualifications specified by such
1311 certifying entity;

1312 (3) "Certifying entity", the nongovernmental agency or
1313 association which certifies or registers individuals who
1314 have completed academic and training requirements;

1315 (4) "Collaborative practice arrangement", written
1316 agreements, jointly agreed upon protocols, or standing
1317 orders, all of which shall be in writing, for the delivery
1318 of health care services;

1319 (5) "Department", the department of commerce and
1320 insurance or a designated agency thereof;

1321 (6) "License", a document issued to an applicant by
1322 the board acknowledging that the applicant is entitled to
1323 practice as a physician assistant;

1324 (7) "Physician assistant", a person who has graduated
1325 from a physician assistant program accredited by the
1326 Accreditation Review Commission on Education for the
1327 Physician Assistant or its successor agency, prior to 2001,
1328 or the Committee on Allied Health Education and
1329 Accreditation or the Commission on Accreditation of Allied
1330 Health Education Programs, who has passed the certifying
1331 examination administered by the National Commission on
1332 Certification of Physician Assistants and has active
1333 certification by the National Commission on Certification of
1334 Physician Assistants who provides health care services

1335 delegated by a licensed physician. A person who has been
1336 employed as a physician assistant for three years prior to
1337 August 28, 1989, who has passed the National Commission on
1338 Certification of Physician Assistants examination, and has
1339 active certification of the National Commission on
1340 Certification of Physician Assistants;

1341 (8) "Recognition", the formal process of becoming a
1342 certifying entity as required by the provisions of sections
1343 334.735 to 334.749.

1344 2. The scope of practice of a physician assistant
1345 shall consist only of the following services and procedures:

1346 (1) Taking patient histories;

1347 (2) Performing physical examinations of a patient;

1348 (3) Performing or assisting in the performance of
1349 routine office laboratory and patient screening procedures;

1350 (4) Performing routine therapeutic procedures;

1351 (5) Recording diagnostic impressions and evaluating
1352 situations calling for attention of a physician to institute
1353 treatment procedures;

1354 (6) Instructing and counseling patients regarding
1355 mental and physical health using procedures reviewed and
1356 approved by a collaborating physician;

1357 (7) Assisting the supervising physician in
1358 institutional settings, including reviewing of treatment
1359 plans, ordering of tests and diagnostic laboratory and
1360 radiological services, and ordering of therapies, using
1361 procedures reviewed and approved by a licensed physician;

1362 (8) Assisting in surgery; and

1363 (9) Performing such other tasks not prohibited by law
1364 under the collaborative practice arrangement with a licensed
1365 physician as the physician assistant has been trained and is
1366 proficient to perform.

1367 3. [Physician assistants shall not perform or
1368 prescribe abortions.]

1369 4.] Physician assistants shall not prescribe any drug,
1370 medicine, device or therapy unless pursuant to a
1371 collaborative practice arrangement in accordance with the
1372 law, nor prescribe lenses, prisms or contact lenses for the
1373 aid, relief or correction of vision or the measurement of
1374 visual power or visual efficiency of the human eye, nor
1375 administer or monitor general or regional block anesthesia
1376 during diagnostic tests, surgery or obstetric procedures.
1377 Prescribing of drugs, medications, devices or therapies by a
1378 physician assistant shall be pursuant to a collaborative
1379 practice arrangement which is specific to the clinical
1380 conditions treated by the supervising physician and the
1381 physician assistant shall be subject to the following:

1382 (1) A physician assistant shall only prescribe
1383 controlled substances in accordance with section 334.747;

1384 (2) The types of drugs, medications, devices or
1385 therapies prescribed by a physician assistant shall be
1386 consistent with the scopes of practice of the physician
1387 assistant and the collaborating physician;

1388 (3) All prescriptions shall conform with state and
1389 federal laws and regulations and shall include the name,
1390 address and telephone number of the physician assistant;

1391 (4) A physician assistant, or advanced practice
1392 registered nurse as defined in section 335.016 may request,
1393 receive and sign for noncontrolled professional samples and
1394 may distribute professional samples to patients; and

1395 (5) A physician assistant shall not prescribe any
1396 drugs, medicines, devices or therapies the collaborating
1397 physician is not qualified or authorized to prescribe.

1398 [5.] 4. A physician assistant shall clearly identify
1399 himself or herself as a physician assistant and shall not

1400 use or permit to be used in the physician assistant's behalf
1401 the terms "doctor", "Dr." or "doc" nor hold himself or
1402 herself out in any way to be a physician or surgeon. No
1403 physician assistant shall practice or attempt to practice
1404 without physician collaboration or in any location where the
1405 collaborating physician is not immediately available for
1406 consultation, assistance and intervention, except as
1407 otherwise provided in this section, and in an emergency
1408 situation, nor shall any physician assistant bill a patient
1409 independently or directly for any services or procedure by
1410 the physician assistant; except that, nothing in this
1411 subsection shall be construed to prohibit a physician
1412 assistant from enrolling with a third-party plan or the
1413 department of social services as a MO HealthNet or Medicaid
1414 provider while acting under a collaborative practice
1415 arrangement between the physician and physician assistant.

1416 [6.] 5. The licensing of physician assistants shall
1417 take place within processes established by the state board
1418 of registration for the healing arts through rule and
1419 regulation. The board of healing arts is authorized to
1420 establish rules pursuant to chapter 536 establishing
1421 licensing and renewal procedures, collaboration,
1422 collaborative practice arrangements, fees, and addressing
1423 such other matters as are necessary to protect the public
1424 and discipline the profession. An application for licensing
1425 may be denied or the license of a physician assistant may be
1426 suspended or revoked by the board in the same manner and for
1427 violation of the standards as set forth by section 334.100,
1428 or such other standards of conduct set by the board by rule
1429 or regulation. Persons licensed pursuant to the provisions
1430 of chapter 335 shall not be required to be licensed as
1431 physician assistants. All applicants for physician
1432 assistant licensure who complete a physician assistant

1433 training program after January 1, 2008, shall have a
1434 master's degree from a physician assistant program.

1435 [7.] 6. At all times the physician is responsible for
1436 the oversight of the activities of, and accepts
1437 responsibility for, health care services rendered by the
1438 physician assistant.

1439 [8.] 7. (1) A physician may enter into collaborative
1440 practice arrangements with physician assistants.
1441 Collaborative practice arrangements, which shall be in
1442 writing, may delegate to a physician assistant the authority
1443 to prescribe, administer, or dispense drugs and provide
1444 treatment which is within the skill, training, and
1445 competence of the physician assistant. Collaborative
1446 practice arrangements may delegate to a physician assistant,
1447 as defined in section 334.735, the authority to administer,
1448 dispense, or prescribe controlled substances listed in
1449 Schedules III, IV, and V of section 195.017, and Schedule
1450 II - hydrocodone. Schedule III narcotic controlled
1451 substances and Schedule II - hydrocodone prescriptions shall
1452 be limited to a one hundred twenty-hour supply without
1453 refill. Such collaborative practice arrangements shall be
1454 in the form of a written arrangement, jointly agreed-upon
1455 protocols, or standing orders for the delivery of health
1456 care services.

1457 (2) Notwithstanding any other provision of this
1458 section to the contrary, a collaborative practice
1459 arrangement may delegate to a physician assistant the
1460 authority to administer, dispense, or prescribe Schedule II
1461 controlled substances for hospice patients; provided, that
1462 the physician assistant is employed by a hospice provider
1463 certified pursuant to chapter 197 and the physician
1464 assistant is providing care to hospice patients pursuant to
1465 a collaborative practice arrangement that designates the

1466 certified hospice as a location where the physician
1467 assistant is authorized to practice and prescribe.

1468 [9.] 8. The written collaborative practice arrangement
1469 shall contain at least the following provisions:

1470 (1) Complete names, home and business addresses, zip
1471 codes, and telephone numbers of the collaborating physician
1472 and the physician assistant;

1473 (2) A list of all other offices or locations, other
1474 than those listed in subdivision (1) of this subsection,
1475 where the collaborating physician has authorized the
1476 physician assistant to prescribe;

1477 (3) A requirement that there shall be posted at every
1478 office where the physician assistant is authorized to
1479 prescribe, in collaboration with a physician, a prominently
1480 displayed disclosure statement informing patients that they
1481 may be seen by a physician assistant and have the right to
1482 see the collaborating physician;

1483 (4) All specialty or board certifications of the
1484 collaborating physician and all certifications of the
1485 physician assistant;

1486 (5) The manner of collaboration between the
1487 collaborating physician and the physician assistant,
1488 including how the collaborating physician and the physician
1489 assistant will:

1490 (a) Engage in collaborative practice consistent with
1491 each professional's skill, training, education, and
1492 competence;

1493 (b) Maintain geographic proximity, as determined by
1494 the board of registration for the healing arts; and

1495 (c) Provide coverage during absence, incapacity,
1496 infirmity, or emergency of the collaborating physician;

1497 (6) A list of all other written collaborative practice
1498 arrangements of the collaborating physician and the
1499 physician assistant;

1500 (7) The duration of the written practice arrangement
1501 between the collaborating physician and the physician
1502 assistant;

1503 (8) A description of the time and manner of the
1504 collaborating physician's review of the physician
1505 assistant's delivery of health care services. The
1506 description shall include provisions that the physician
1507 assistant shall submit a minimum of ten percent of the
1508 charts documenting the physician assistant's delivery of
1509 health care services to the collaborating physician for
1510 review by the collaborating physician, or any other
1511 physician designated in the collaborative practice
1512 arrangement, every fourteen days. Reviews may be conducted
1513 electronically;

1514 (9) The collaborating physician, or any other
1515 physician designated in the collaborative practice
1516 arrangement, shall review every fourteen days a minimum of
1517 twenty percent of the charts in which the physician
1518 assistant prescribes controlled substances. The charts
1519 reviewed under this subdivision may be counted in the number
1520 of charts required to be reviewed under subdivision (8) of
1521 this subsection;

1522 (10) A statement that no collaboration requirements in
1523 addition to the federal law shall be required for a
1524 physician-physician assistant team working in a certified
1525 community behavioral health clinic as defined by Pub.L. 113-
1526 93, or a rural health clinic under the federal Rural Health
1527 Services Act, Pub.L. 95-210, as amended, or a federally
1528 qualified health center as defined in 42 U.S.C. Section
1529 1395x, as amended; and

1530 (11) If a collaborative practice arrangement is used
1531 in clinical situations where a collaborating physician
1532 assistant provides health care services that include the
1533 diagnosis and initiation of treatment for acutely or
1534 chronically ill or injured persons, then the collaborating
1535 physician or any other physician designated in the
1536 collaborative practice arrangement shall be present for
1537 sufficient periods of time, at least once every two weeks,
1538 except in extraordinary circumstances that shall be
1539 documented, to participate in a chart review and to provide
1540 necessary medical direction, medical services,
1541 consultations, and supervision of the health care staff.

1542 [10.] 9. The state board of registration for the
1543 healing arts under section 334.125 may promulgate rules
1544 regulating the use of collaborative practice arrangements.

1545 [11.] 10. The state board of registration for the
1546 healing arts shall not deny, revoke, suspend, or otherwise
1547 take disciplinary action against a collaborating physician
1548 for health care services delegated to a physician assistant,
1549 provided that the provisions of this section and the rules
1550 promulgated thereunder are satisfied.

1551 [12.] 11. Within thirty days of any change and on each
1552 renewal, the state board of registration for the healing
1553 arts shall require every physician to identify whether the
1554 physician is engaged in any collaborative practice
1555 arrangement, including collaborative practice arrangements
1556 delegating the authority to prescribe controlled substances,
1557 and also report to the board the name of each physician
1558 assistant with whom the physician has entered into such
1559 arrangement. The board may make such information available
1560 to the public. The board shall track the reported
1561 information and may routinely conduct random reviews of such

1562 arrangements to ensure that the arrangements are carried out
1563 in compliance with this chapter.

1564 [13.] 12. The collaborating physician shall determine
1565 and document the completion of a period of time during which
1566 the physician assistant shall practice with the
1567 collaborating physician continuously present before
1568 practicing in a setting where the collaborating physician is
1569 not continuously present. This limitation shall not apply
1570 to collaborative arrangements of providers of population-
1571 based public health services as defined by 20 CSR 2150-5.100
1572 as of April 30, 2009.

1573 [14.] 13. No contract or other arrangement shall
1574 require a physician to act as a collaborating physician for
1575 a physician assistant against the physician's will. A
1576 physician shall have the right to refuse to act as a
1577 supervising physician, without penalty, for a particular
1578 physician assistant. No contract or other agreement shall
1579 limit the collaborating physician's ultimate authority over
1580 any protocols or standing orders or in the delegation of the
1581 physician's authority to any physician assistant. No
1582 contract or other arrangement shall require any physician
1583 assistant to collaborate with any physician against the
1584 physician assistant's will. A physician assistant shall
1585 have the right to refuse to collaborate, without penalty,
1586 with a particular physician.

1587 [15.] 14. Physician assistants shall file with the
1588 board a copy of their collaborating physician form.

1589 [16.] 15. No physician shall be designated to serve as
1590 a collaborating physician for more than six full-time
1591 equivalent licensed physician assistants, full-time
1592 equivalent advanced practice registered nurses, or full-time
1593 equivalent assistant physicians, or any combination
1594 thereof. This limitation shall not apply to physician

1595 assistant collaborative practice arrangements of hospital
 1596 employees providing inpatient care service in hospitals as
 1597 defined in chapter 197, or to a certified registered nurse
 1598 anesthetist providing anesthesia services under the
 1599 supervision of an anesthesiologist or other physician,
 1600 dentist, or podiatrist who is immediately available if
 1601 needed as set out in subsection 7 of section 334.104.

1602 [17.] 16. No arrangement made under this section shall
 1603 supercede current hospital licensing regulations governing
 1604 hospital medication orders under protocols or standing
 1605 orders for the purpose of delivering inpatient or emergency
 1606 care within a hospital, as defined in section 197.020, if
 1607 such protocols or standing orders have been approved by the
 1608 hospital's medical staff and pharmaceutical therapeutics
 1609 committee.

1610 595.027. 1. Upon request by the department for
 1611 verification of injuries of victims, medical providers shall
 1612 submit the information requested by the department within
 1613 twenty working days of the request at no cost to the fund.

1614 2. For purposes of this section, "medical providers"
 1615 means physicians, dentists, clinical psychologists,
 1616 optometrists, podiatrists, registered nurses, physician's
 1617 assistants, chiropractors, physical therapists, hospitals,
 1618 ambulatory surgical centers, [abortion facilities,] and
 1619 nursing homes.

1620 3. Failure to submit the information as required by
 1621 this section shall be an infraction.

1622 [188.017. 1. This section shall be known
 1623 and may be cited as the "Right to Life of the
 1624 Unborn Child Act".

1625 2. Notwithstanding any other provision of
 1626 law to the contrary, no abortion shall be
 1627 performed or induced upon a woman, except in
 1628 cases of medical emergency. Any person who
 1629 knowingly performs or induces an abortion of an

1630 unborn child in violation of this subsection
1631 shall be guilty of a class B felony, as well as
1632 subject to suspension or revocation of his or
1633 her professional license by his or her
1634 professional licensing board. A woman upon whom
1635 an abortion is performed or induced in violation
1636 of this subsection shall not be prosecuted for a
1637 conspiracy to violate the provisions of this
1638 subsection.

1639 3. It shall be an affirmative defense for
1640 any person alleged to have violated the
1641 provisions of subsection 2 of this section that
1642 the person performed or induced an abortion
1643 because of a medical emergency. The defendant
1644 shall have the burden of persuasion that the
1645 defense is more probably true than not.

1646 4. The enactment of this section shall
1647 only become effective upon notification to the
1648 revisor of statutes by an opinion by the
1649 attorney general of Missouri, a proclamation by
1650 the governor of Missouri, or the adoption of a
1651 concurrent resolution by the Missouri general
1652 assembly that:

1653 (1) The United States Supreme Court has
1654 overruled, in whole or in part, *Roe v. Wade*, 410
1655 U.S. 113 (1973), restoring or granting to the
1656 state of Missouri the authority to regulate
1657 abortion to the extent set forth in this
1658 section, and that as a result, it is reasonably
1659 probable that this section would be upheld by
1660 the court as constitutional;

1661 (2) An amendment to the Constitution of
1662 the United States has been adopted that has the
1663 effect of restoring or granting to the state of
1664 Missouri the authority to regulate abortion to
1665 the extent set forth in this section; or

1666 (3) The United States Congress has enacted
1667 a law that has the effect of restoring or
1668 granting to the state of Missouri the authority
1669 to regulate abortion to the extent set forth in
1670 this section.]

1671 [188.020. No person shall perform or
1672 induce an abortion except a physician.]

1673 [188.021. 1. When RU-486 (mifepristone)
1674 or any drug or chemical is used for the purpose
1675 of inducing an abortion, the initial dose of the
1676 drug or chemical shall be administered in the
1677 same room and in the physical presence of the
1678 physician who prescribed, dispensed, or
1679 otherwise provided the drug or chemical to the
1680 patient. The physician inducing the abortion,
1681 or a person acting on such physician's behalf,
1682 shall make all reasonable efforts to ensure that
1683 the patient returns after the administration or
1684 use of RU-486 or any drug or chemical for a
1685 follow-up visit unless such termination of the
1686 pregnancy has already been confirmed and the
1687 patient's medical condition has been assessed by
1688 a licensed physician prior to discharge.

1689 2. When the Food and Drug Administration
1690 label of any drug or chemical used for the
1691 purpose of inducing an abortion includes any
1692 clinical study in which more than one percent of
1693 those administered the drug or chemical required
1694 surgical intervention after its administration,
1695 no physician may prescribe or administer such
1696 drug or chemical to any patient without first
1697 obtaining approval from the department of health
1698 and senior services of a complication plan from
1699 the physician for administration of the drug or
1700 chemical to any patient. The complication plan
1701 shall include any information deemed necessary
1702 by the department to ensure the safety of any
1703 patient suffering complications as a result of
1704 the administration of the drug or chemical in
1705 question. No complication plan shall be
1706 required where the patient is administered the
1707 drug in a medical emergency at a hospital and is
1708 then treated as an inpatient at a hospital under
1709 medical monitoring by the hospital until the
1710 abortion is completed.

1711 3. The department may adopt rules,
1712 regulations, and standards governing
1713 complication plans to ensure that patients
1714 undergoing abortions induced by drugs or
1715 chemicals have access to safe and reliable
1716 care. Any rule or portion of a rule, as that
1717 term is defined in section 536.010, that is

1718 created under the authority delegated in this
1719 section shall become effective only if it
1720 complies with and is subject to all of the
1721 provisions of chapter 536 and, if applicable,
1722 section 536.028. This section and chapter 536
1723 are nonseverable and if any of the powers vested
1724 with the general assembly pursuant to chapter
1725 536 to review, to delay the effective date, or
1726 to disapprove and annul a rule are subsequently
1727 held unconstitutional, then the grant of
1728 rulemaking authority and any rule proposed or
1729 adopted after October 24, 2017, shall be invalid
1730 and void.]

1731 [188.027. 1. Except in cases of medical
1732 emergency, no abortion shall be performed or
1733 induced on a woman without her voluntary and
1734 informed consent, given freely and without
1735 coercion. Consent to an abortion is voluntary
1736 and informed and given freely and without
1737 coercion if, and only if, at least seventy-two
1738 hours prior to the abortion:

1739 (1) The physician who is to perform or
1740 induce the abortion, a qualified professional,
1741 or the referring physician has informed the
1742 woman orally, reduced to writing, and in person,
1743 of the following:

1744 (a) The name of the physician who will
1745 perform or induce the abortion;

1746 (b) Medically accurate information that a
1747 reasonable patient would consider material to
1748 the decision of whether or not to undergo the
1749 abortion, including:

1750 a. A description of the proposed abortion
1751 method;

1752 b. The immediate and long-term medical
1753 risks to the woman associated with the proposed
1754 abortion method including, but not limited to,
1755 infection, hemorrhage, cervical tear or uterine
1756 perforation, harm to subsequent pregnancies or
1757 the ability to carry a subsequent child to term,
1758 and possible adverse psychological effects
1759 associated with the abortion; and

1760 c. The immediate and long-term medical
1761 risks to the woman, in light of the anesthesia
1762 and medication that is to be administered, the
1763 unborn child's gestational age, and the woman's
1764 medical history and medical condition;

1765 (c) Alternatives to the abortion which
1766 shall include making the woman aware that
1767 information and materials shall be provided to
1768 her detailing such alternatives to the abortion;

1769 (d) A statement that the physician
1770 performing or inducing the abortion is available
1771 for any questions concerning the abortion,
1772 together with the telephone number that the
1773 physician may be later reached to answer any
1774 questions that the woman may have;

1775 (e) The location of the hospital that
1776 offers obstetrical or gynecological care located
1777 within thirty miles of the location where the
1778 abortion is performed or induced and at which
1779 the physician performing or inducing the
1780 abortion has clinical privileges and where the
1781 woman may receive follow-up care by the
1782 physician if complications arise;

1783 (f) The gestational age of the unborn
1784 child at the time the abortion is to be
1785 performed or induced; and

1786 (g) The anatomical and physiological
1787 characteristics of the unborn child at the time
1788 the abortion is to be performed or induced;

1789 (2) The physician who is to perform or
1790 induce the abortion or a qualified professional
1791 has presented the woman, in person, printed
1792 materials provided by the department, which
1793 describe the probable anatomical and
1794 physiological characteristics of the unborn
1795 child at two-week gestational increments from
1796 conception to full term, including color
1797 photographs or images of the developing unborn
1798 child at two-week gestational increments. Such
1799 descriptions shall include information about
1800 brain and heart functions, the presence of
1801 external members and internal organs during the
1802 applicable stages of development and information

1803 on when the unborn child is viable. The printed
1804 materials shall prominently display the
1805 following statement: "The life of each human
1806 being begins at conception. Abortion will
1807 terminate the life of a separate, unique, living
1808 human being.";

1809 (3) The physician who is to perform or
1810 induce the abortion, a qualified professional,
1811 or the referring physician has presented the
1812 woman, in person, printed materials provided by
1813 the department, which describe the various
1814 surgical and drug-induced methods of abortion
1815 relevant to the stage of pregnancy, as well as
1816 the immediate and long-term medical risks
1817 commonly associated with each abortion method
1818 including, but not limited to, infection,
1819 hemorrhage, cervical tear or uterine
1820 perforation, harm to subsequent pregnancies or
1821 the ability to carry a subsequent child to term,
1822 and the possible adverse psychological effects
1823 associated with an abortion;

1824 (4) The physician who is to perform or
1825 induce the abortion or a qualified professional
1826 shall provide the woman with the opportunity to
1827 view at least seventy-two hours prior to the
1828 abortion an active ultrasound of the unborn
1829 child and hear the heartbeat of the unborn child
1830 if the heartbeat is audible. The woman shall be
1831 provided with a geographically indexed list
1832 maintained by the department of health care
1833 providers, facilities, and clinics that perform
1834 ultrasounds, including those that offer
1835 ultrasound services free of charge. Such
1836 materials shall provide contact information for
1837 each provider, facility, or clinic including
1838 telephone numbers and, if available, website
1839 addresses. Should the woman decide to obtain an
1840 ultrasound from a provider, facility, or clinic
1841 other than the abortion facility, the woman
1842 shall be offered a reasonable time to obtain the
1843 ultrasound examination before the date and time
1844 set for performing or inducing an abortion. The
1845 person conducting the ultrasound shall ensure
1846 that the active ultrasound image is of a quality
1847 consistent with standard medical practice in the

1848 community, contains the dimensions of the unborn
1849 child, and accurately portrays the presence of
1850 external members and internal organs, if present
1851 or viewable, of the unborn child. The
1852 auscultation of fetal heart tone must also be of
1853 a quality consistent with standard medical
1854 practice in the community. If the woman chooses
1855 to view the ultrasound or hear the heartbeat or
1856 both at the abortion facility, the viewing or
1857 hearing or both shall be provided to her at the
1858 abortion facility at least seventy-two hours
1859 prior to the abortion being performed or induced;

1860 (5) The printed materials provided by the
1861 department shall include information on the
1862 possibility of an abortion causing pain in the
1863 unborn child. This information shall include,
1864 but need not be limited to, the following:

1865 (a) Unborn children as early as eight
1866 weeks gestational age start to show spontaneous
1867 movements and unborn children at this stage in
1868 pregnancy show reflex responses to touch;

1869 (b) In the unborn child, the area around
1870 his or her mouth and lips is the first part of
1871 the unborn child's body to respond to touch and
1872 by fourteen weeks gestational age most of the
1873 unborn child's body is responsive to touch;

1874 (c) Pain receptors on the unborn child's
1875 skin develop around his or her mouth at around
1876 seven to eight weeks gestational age, around the
1877 palms of his or her hands at ten to ten and a
1878 half weeks, on the abdominal wall at fifteen
1879 weeks, and over all of his or her body at
1880 sixteen weeks gestational age;

1881 (d) Beginning at sixteen weeks gestational
1882 age and later, it is possible for pain to be
1883 transmitted from receptors to the cortex of the
1884 unborn child's brain, where thinking and
1885 perceiving occur;

1886 (e) When a physician performs a life-
1887 saving surgery, he or she provides anesthesia to
1888 unborn children as young as sixteen weeks
1889 gestational age in order to alleviate the unborn
1890 child's pain; and

1891 (f) A description of the actual steps in
1892 the abortion procedure to be performed or
1893 induced and at which steps the abortion
1894 procedure could be painful to the unborn child;

1895 (6) The physician who is to perform or
1896 induce the abortion or a qualified professional
1897 has presented the woman, in person, printed
1898 materials provided by the department explaining
1899 to the woman alternatives to abortion she may
1900 wish to consider. Such materials shall:

1901 (a) Identify on a geographical basis
1902 public and private agencies available to assist
1903 a woman in carrying her unborn child to term,
1904 and to assist her in caring for her dependent
1905 child or placing her child for adoption,
1906 including agencies commonly known and generally
1907 referred to as pregnancy resource centers,
1908 crisis pregnancy centers, maternity homes, and
1909 adoption agencies. Such materials shall provide
1910 a comprehensive list by geographical area of the
1911 agencies, a description of the services they
1912 offer, and the telephone numbers and addresses
1913 of the agencies; provided that such materials
1914 shall not include any programs, services,
1915 organizations, or affiliates of organizations
1916 that perform or induce, or assist in the
1917 performing or inducing of, abortions or that
1918 refer for abortions;

1919 (b) Explain the Missouri alternatives to
1920 abortion services program under section 188.325,
1921 and any other programs and services available to
1922 pregnant women and mothers of newborn children
1923 offered by public or private agencies which
1924 assist a woman in carrying her unborn child to
1925 term and assist her in caring for her dependent
1926 child or placing her child for adoption,
1927 including but not limited to prenatal care;
1928 maternal health care; newborn or infant care;
1929 mental health services; professional counseling
1930 services; housing programs; utility assistance;
1931 transportation services; food, clothing, and
1932 supplies related to pregnancy; parenting skills;
1933 educational programs; job training and placement

1934 services; drug and alcohol testing and
1935 treatment; and adoption assistance;

1936 (c) Identify the state website for the
1937 Missouri alternatives to abortion services
1938 program under section 188.325, and any toll-free
1939 number established by the state operated in
1940 conjunction with the program;

1941 (d) Prominently display the statement:
1942 "There are public and private agencies willing
1943 and able to help you carry your child to term,
1944 and to assist you and your child after your
1945 child is born, whether you choose to keep your
1946 child or place him or her for adoption. The
1947 state of Missouri encourages you to contact
1948 those agencies before making a final decision
1949 about abortion. State law requires that your
1950 physician or a qualified professional give you
1951 the opportunity to call agencies like these
1952 before you undergo an abortion.";

1953 (7) The physician who is to perform or
1954 induce the abortion or a qualified professional
1955 has presented the woman, in person, printed
1956 materials provided by the department explaining
1957 that the father of the unborn child is liable to
1958 assist in the support of the child, even in
1959 instances where he has offered to pay for the
1960 abortion. Such materials shall include
1961 information on the legal duties and support
1962 obligations of the father of a child, including,
1963 but not limited to, child support payments, and
1964 the fact that paternity may be established by
1965 the father's name on a birth certificate or
1966 statement of paternity, or by court action.
1967 Such printed materials shall also state that
1968 more information concerning paternity
1969 establishment and child support services and
1970 enforcement may be obtained by calling the
1971 family support division within the Missouri
1972 department of social services; and

1973 (8) The physician who is to perform or
1974 induce the abortion or a qualified professional
1975 shall inform the woman that she is free to
1976 withhold or withdraw her consent to the abortion
1977 at any time without affecting her right to

1978 future care or treatment and without the loss of
1979 any state or federally funded benefits to which
1980 she might otherwise be entitled.

1981 2. All information required to be provided
1982 to a woman considering abortion by subsection 1
1983 of this section shall be presented to the woman
1984 individually, in the physical presence of the
1985 woman and in a private room, to protect her
1986 privacy, to maintain the confidentiality of her
1987 decision, to ensure that the information focuses
1988 on her individual circumstances, to ensure she
1989 has an adequate opportunity to ask questions,
1990 and to ensure that she is not a victim of
1991 coerced abortion. Should a woman be unable to
1992 read materials provided to her, they shall be
1993 read to her. Should a woman need an interpreter
1994 to understand the information presented in the
1995 written materials, an interpreter shall be
1996 provided to her. Should a woman ask questions
1997 concerning any of the information or materials,
1998 answers shall be provided in a language she can
1999 understand.

2000 3. No abortion shall be performed or
2001 induced unless and until the woman upon whom the
2002 abortion is to be performed or induced certifies
2003 in writing on a checklist form provided by the
2004 department that she has been presented all the
2005 information required in subsection 1 of this
2006 section, that she has been provided the
2007 opportunity to view an active ultrasound image
2008 of the unborn child and hear the heartbeat of
2009 the unborn child if it is audible, and that she
2010 further certifies that she gives her voluntary
2011 and informed consent, freely and without
2012 coercion, to the abortion procedure.

2013 4. No physician shall perform or induce an
2014 abortion unless and until the physician has
2015 obtained from the woman her voluntary and
2016 informed consent given freely and without
2017 coercion. If the physician has reason to
2018 believe that the woman is being coerced into
2019 having an abortion, the physician or qualified
2020 professional shall inform the woman that
2021 services are available for her and shall provide

2022 her with private access to a telephone and
2023 information about such services, including but
2024 not limited to the following:

2025 (1) Rape crisis centers, as defined in
2026 section 455.003;

2027 (2) Shelters for victims of domestic
2028 violence, as defined in section 455.200; and

2029 (3) Orders of protection, pursuant to
2030 chapter 455.

2031 5. The physician who is to perform or
2032 induce the abortion shall, at least seventy-two
2033 hours prior to such procedure, inform the woman
2034 orally and in person of:

2035 (1) The immediate and long-term medical
2036 risks to the woman associated with the proposed
2037 abortion method including, but not limited to,
2038 infection, hemorrhage, cervical tear or uterine
2039 perforation, harm to subsequent pregnancies or
2040 the ability to carry a subsequent child to term,
2041 and possible adverse psychological effects
2042 associated with the abortion; and

2043 (2) The immediate and long-term medical
2044 risks to the woman, in light of the anesthesia
2045 and medication that is to be administered, the
2046 unborn child's gestational age, and the woman's
2047 medical history and medical conditions.

2048 6. No physician shall perform or induce an
2049 abortion unless and until the physician has
2050 received and signed a copy of the form
2051 prescribed in subsection 3 of this section. The
2052 physician shall retain a copy of the form in the
2053 patient's medical record.

2054 7. In the event of a medical emergency,
2055 the physician who performed or induced the
2056 abortion shall clearly certify in writing the
2057 nature and circumstances of the medical
2058 emergency. This certification shall be signed
2059 by the physician who performed or induced the
2060 abortion, and shall be maintained under section
2061 188.060.

2062 8. No person or entity shall require,
2063 obtain, or accept payment for an abortion from

2064 or on behalf of a patient until at least seventy-
2065 two hours have passed since the time that the
2066 information required by subsection 1 of this
2067 section has been provided to the patient.
2068 Nothing in this subsection shall prohibit a
2069 person or entity from notifying the patient that
2070 payment for the abortion will be required after
2071 the seventy-two-hour period has expired if she
2072 voluntarily chooses to have the abortion.

2073 9. The term "qualified professional" as
2074 used in this section shall refer to a physician,
2075 physician assistant, registered nurse, licensed
2076 practical nurse, psychologist, licensed
2077 professional counselor, or licensed social
2078 worker, licensed or registered under chapter
2079 334, 335, or 337, acting under the supervision
2080 of the physician performing or inducing the
2081 abortion, and acting within the course and scope
2082 of his or her authority provided by law. The
2083 provisions of this section shall not be
2084 construed to in any way expand the authority
2085 otherwise provided by law relating to the
2086 licensure, registration, or scope of practice of
2087 any such qualified professional.

2088 10. By November 30, 2010, the department
2089 shall produce the written materials and forms
2090 described in this section. Any written
2091 materials produced shall be printed in a
2092 typeface large enough to be clearly legible.
2093 All information shall be presented in an
2094 objective, unbiased manner designed to convey
2095 only accurate scientific and medical
2096 information. The department shall furnish the
2097 written materials and forms at no cost and in
2098 sufficient quantity to any person who performs
2099 or induces abortions, or to any hospital or
2100 facility that provides abortions. The
2101 department shall make all information required
2102 by subsection 1 of this section available to the
2103 public through its department website. The
2104 department shall maintain a toll-free, twenty-
2105 four-hour hotline telephone number where a
2106 caller can obtain information on a regional
2107 basis concerning the agencies and services
2108 described in subsection 1 of this section. No

2109 identifying information regarding persons who
2110 use the website shall be collected or
2111 maintained. The department shall monitor the
2112 website on a regular basis to prevent tampering
2113 and correct any operational deficiencies.

2114 11. In order to preserve the compelling
2115 interest of the state to ensure that the choice
2116 to consent to an abortion is voluntary and
2117 informed, and given freely and without coercion,
2118 the department shall use the procedures for
2119 adoption of emergency rules under section
2120 536.025 in order to promulgate all necessary
2121 rules, forms, and other necessary material to
2122 implement this section by November 30, 2010.

2123 12. If the provisions in subsections 1 and
2124 8 of this section requiring a seventy-two-hour
2125 waiting period for an abortion are ever
2126 temporarily or permanently restrained or
2127 enjoined by judicial order, then the waiting
2128 period for an abortion shall be twenty-four
2129 hours; provided, however, that if such temporary
2130 or permanent restraining order or injunction is
2131 stayed or dissolved, or otherwise ceases to have
2132 effect, the waiting period for an abortion shall
2133 be seventy-two hours.]

2134 [188.030. 1. Except in the case of a
2135 medical emergency, no abortion of a viable
2136 unborn child shall be performed or induced
2137 unless the abortion is necessary to preserve the
2138 life of the pregnant woman whose life is
2139 endangered by a physical disorder, physical
2140 illness, or physical injury, including a life-
2141 endangering physical condition caused by or
2142 arising from the pregnancy itself, or when
2143 continuation of the pregnancy will create a
2144 serious risk of substantial and irreversible
2145 physical impairment of a major bodily function
2146 of the pregnant woman. For purposes of this
2147 section, "major bodily function" includes, but
2148 is not limited to, functions of the immune
2149 system, normal cell growth, digestive, bowel,
2150 bladder, neurological, brain, respiratory,
2151 circulatory, endocrine, and reproductive
2152 functions.]

2153 2. Except in the case of a medical
2154 emergency:

2155 (1) Prior to performing or inducing an
2156 abortion upon a woman, the physician shall
2157 determine the gestational age of the unborn
2158 child in a manner consistent with accepted
2159 obstetrical and neonatal practices and
2160 standards. In making such determination, the
2161 physician shall make such inquiries of the
2162 pregnant woman and perform or cause to be
2163 performed such medical examinations, imaging
2164 studies, and tests as a reasonably prudent
2165 physician, knowledgeable about the medical facts
2166 and conditions of both the woman and the unborn
2167 child involved, would consider necessary to
2168 perform and consider in making an accurate
2169 diagnosis with respect to gestational age;

2170 (2) If the physician determines that the
2171 gestational age of the unborn child is twenty
2172 weeks or more, prior to performing or inducing
2173 an abortion upon the woman, the physician shall
2174 determine if the unborn child is viable by using
2175 and exercising that degree of care, skill, and
2176 proficiency commonly exercised by a skillful,
2177 careful, and prudent physician. In making this
2178 determination of viability, the physician shall
2179 perform or cause to be performed such medical
2180 examinations and tests as are necessary to make
2181 a finding of the gestational age, weight, and
2182 lung maturity of the unborn child and shall
2183 enter such findings and determination of
2184 viability in the medical record of the woman;

2185 (3) If the physician determines that the
2186 gestational age of the unborn child is twenty
2187 weeks or more, and further determines that the
2188 unborn child is not viable and performs or
2189 induces an abortion upon the woman, the
2190 physician shall report such findings and
2191 determinations and the reasons for such
2192 determinations to the health care facility in
2193 which the abortion is performed and to the state
2194 board of registration for the healing arts, and
2195 shall enter such findings and determinations in
2196 the medical records of the woman and in the

2197 individual abortion report submitted to the
2198 department under section 188.052;

2199 (4) (a) If the physician determines that
2200 the unborn child is viable, the physician shall
2201 not perform or induce an abortion upon the woman
2202 unless the abortion is necessary to preserve the
2203 life of the pregnant woman or that a
2204 continuation of the pregnancy will create a
2205 serious risk of substantial and irreversible
2206 physical impairment of a major bodily function
2207 of the woman.

2208 (b) Before a physician may proceed with
2209 performing or inducing an abortion upon a woman
2210 when it has been determined that the unborn
2211 child is viable, the physician shall first
2212 certify in writing the medical threat posed to
2213 the life of the pregnant woman, or the medical
2214 reasons that continuation of the pregnancy would
2215 cause a serious risk of substantial and
2216 irreversible physical impairment of a major
2217 bodily function of the pregnant woman. Upon
2218 completion of the abortion, the physician shall
2219 report the reasons and determinations for the
2220 abortion of a viable unborn child to the health
2221 care facility in which the abortion is performed
2222 and to the state board of registration for the
2223 healing arts, and shall enter such findings and
2224 determinations in the medical record of the
2225 woman and in the individual abortion report
2226 submitted to the department under section
2227 188.052.

2228 (c) Before a physician may proceed with
2229 performing or inducing an abortion upon a woman
2230 when it has been determined that the unborn
2231 child is viable, the physician who is to perform
2232 the abortion shall obtain the agreement of a
2233 second physician with knowledge of accepted
2234 obstetrical and neonatal practices and standards
2235 who shall concur that the abortion is necessary
2236 to preserve the life of the pregnant woman, or
2237 that continuation of the pregnancy would cause a
2238 serious risk of substantial and irreversible
2239 physical impairment of a major bodily function
2240 of the pregnant woman. This second physician

2241 shall also report such reasons and
2242 determinations to the health care facility in
2243 which the abortion is to be performed and to the
2244 state board of registration for the healing
2245 arts, and shall enter such findings and
2246 determinations in the medical record of the
2247 woman and the individual abortion report
2248 submitted to the department under section
2249 188.052. The second physician shall not have
2250 any legal or financial affiliation or
2251 relationship with the physician performing or
2252 inducing the abortion, except that such
2253 prohibition shall not apply to physicians whose
2254 legal or financial affiliation or relationship
2255 is a result of being employed by or having staff
2256 privileges at the same hospital as the term
2257 "hospital" is defined in section 197.020.

2258 (d) Any physician who performs or induces
2259 an abortion upon a woman when it has been
2260 determined that the unborn child is viable shall
2261 utilize the available method or technique of
2262 abortion most likely to preserve the life or
2263 health of the unborn child. In cases where the
2264 method or technique of abortion most likely to
2265 preserve the life or health of the unborn child
2266 would present a greater risk to the life or
2267 health of the woman than another legally
2268 permitted and available method or technique, the
2269 physician may utilize such other method or
2270 technique. In all cases where the physician
2271 performs an abortion upon a viable unborn child,
2272 the physician shall certify in writing the
2273 available method or techniques considered and
2274 the reasons for choosing the method or technique
2275 employed.

2276 (e) No physician shall perform or induce
2277 an abortion upon a woman when it has been
2278 determined that the unborn child is viable
2279 unless there is in attendance a physician other
2280 than the physician performing or inducing the
2281 abortion who shall take control of and provide
2282 immediate medical care for a child born as a
2283 result of the abortion. During the performance
2284 of the abortion, the physician performing it,
2285 and subsequent to the abortion, the physician

2286 required to be in attendance, shall take all
2287 reasonable steps in keeping with good medical
2288 practice, consistent with the procedure used, to
2289 preserve the life or health of the viable unborn
2290 child; provided that it does not pose an
2291 increased risk to the life of the woman or does
2292 not pose an increased risk of substantial and
2293 irreversible physical impairment of a major
2294 bodily function of the woman.

2295 3. Any person who knowingly performs or
2296 induces an abortion of an unborn child in
2297 violation of the provisions of this section is
2298 guilty of a class D felony, and, upon a finding
2299 of guilt or plea of guilty, shall be imprisoned
2300 for a term of not less than one year, and,
2301 notwithstanding the provisions of section
2302 558.002, shall be fined not less than ten
2303 thousand nor more than fifty thousand dollars.

2304 4. Any physician who pleads guilty to or
2305 is found guilty of performing or inducing an
2306 abortion of an unborn child in violation of this
2307 section shall be subject to suspension or
2308 revocation of his or her license to practice
2309 medicine in the state of Missouri by the state
2310 board of registration for the healing arts under
2311 the provisions of sections 334.100 and 334.103.

2312 5. Any hospital licensed in the state of
2313 Missouri that knowingly allows an abortion of an
2314 unborn child to be performed or induced in
2315 violation of this section may be subject to
2316 suspension or revocation of its license under
2317 the provisions of section 197.070.

2318 6. Any abortion facility licensed in the
2319 state of Missouri that knowingly allows an
2320 abortion of an unborn child to be performed or
2321 induced in violation of this section may be
2322 subject to suspension or revocation of its
2323 license under the provisions of section 197.220.

2324 7. A woman upon whom an abortion is
2325 performed or induced in violation of this
2326 section shall not be prosecuted for a conspiracy
2327 to violate the provisions of this section.

2328 8. Nothing in this section shall be
2329 construed as creating or recognizing a right to
2330 abortion, nor is it the intention of this
2331 section to make lawful any abortion that is
2332 currently unlawful.

2333 9. It is the intent of the legislature
2334 that this section be severable as noted in
2335 section 1.140. In the event that any section,
2336 subsection, subdivision, paragraph, sentence, or
2337 clause of this section be declared invalid under
2338 the Constitution of the United States or the
2339 Constitution of the State of Missouri, it is the
2340 intent of the legislature that the remaining
2341 provisions of this section remain in force and
2342 effect as far as capable of being carried into
2343 execution as intended by the legislature.

2344 10. The general assembly may, by
2345 concurrent resolution, appoint one or more of
2346 its members who sponsored or co-sponsored this
2347 act in his or her official capacity to intervene
2348 as a matter of right in any case in which the
2349 constitutionality of this law is challenged.]

2350 [188.033. Whenever an abortion facility or
2351 a family planning agency located in this state,
2352 or any of its agents or employees acting within
2353 the scope of his or her authority or employment,
2354 provides to a woman considering an abortion the
2355 name, address, telephone number, or website of
2356 an abortion provider that is located outside of
2357 the state, such abortion facility or family
2358 planning agency or its agents or employees shall
2359 also provide to such woman the printed materials
2360 produced by the department under section
2361 188.027. If the name, address, telephone
2362 number, or website of such abortion provider is
2363 not provided to such woman in person, such
2364 printed materials shall be offered to her, and
2365 if she chooses, sent to such woman at no cost to
2366 her the same day or as soon as possible either
2367 electronically or by U.S. mail overnight
2368 delivery service or by other overnight or same-
2369 day delivery service to an address of such
2370 woman's choosing. The department shall furnish
2371 such printed materials at no cost and in

2372 sufficient quantities to abortion facilities and
2373 family planning agencies located within the
2374 state.]

2375 [188.038. 1. The general assembly of this
2376 state finds that:

2377 (1) Removing vestiges of any past bias or
2378 discrimination against pregnant women, their
2379 partners, and their family members, including
2380 their unborn children, is an important task for
2381 those in the legal, medical, social services,
2382 and human services professions;

2383 (2) Ending any current bias or
2384 discrimination against pregnant women, their
2385 partners, and their family members, including
2386 their unborn children, is a legitimate purpose
2387 of government in order to guarantee that those
2388 who "are endowed by their Creator with certain
2389 unalienable Rights" can enjoy "Life, Liberty and
2390 the pursuit of Happiness";

2391 (3) The historical relationship of bias or
2392 discrimination by some family planning programs
2393 and policies towards poor and minority
2394 populations, including, but not limited to, the
2395 nonconsensual sterilization of mentally ill,
2396 poor, minority, and immigrant women and other
2397 coercive family planning programs and policies,
2398 must be rejected;

2399 (4) Among Missouri residents, the rate of
2400 black or African-American women who undergo
2401 abortions is significantly higher, about three
2402 and one-half times higher, than the rate of
2403 white women who undergo abortions. Among
2404 Missouri residents, the rate of black or African-
2405 American women who undergo repeat abortions is
2406 significantly higher, about one and one-half
2407 times higher, than the rate of white women who
2408 undergo repeat abortions;

2409 (5) Performing or inducing an abortion
2410 because of the sex of the unborn child is
2411 repugnant to the values of equality of females
2412 and males and the same opportunities for girls
2413 and boys, and furthers a false mindset of female
2414 inferiority;

2415 (6) Government has a legitimate interest
2416 in preventing the abortion of unborn children
2417 with Down Syndrome because it is a form of bias
2418 or disability discrimination and victimizes the
2419 disabled unborn child at his or her most
2420 vulnerable stage. Eliminating unborn children
2421 with Down Syndrome raises grave concerns for the
2422 lives of those who do live with disabilities.
2423 It sends a message of dwindling support for
2424 their unique challenges, fosters a false sense
2425 that disability is something that could have
2426 been avoidable, and is likely to increase the
2427 stigma associated with disability.

2428 2. No person shall perform or induce an
2429 abortion on a woman if the person knows that the
2430 woman is seeking the abortion solely because of
2431 a prenatal diagnosis, test, or screening
2432 indicating Down Syndrome or the potential of
2433 Down Syndrome in an unborn child.

2434 3. No person shall perform or induce an
2435 abortion on a woman if the person knows that the
2436 woman is seeking the abortion solely because of
2437 the sex or race of the unborn child.

2438 4. Any physician or other person who
2439 performs or induces or attempts to perform or
2440 induce an abortion prohibited by this section
2441 shall be subject to all applicable civil
2442 penalties under this chapter including, but not
2443 limited to, sections 188.065 and 188.085.]

2444 [188.039. 1. For purposes of this
2445 section, "medical emergency" means a condition
2446 which, on the basis of the physician's good
2447 faith clinical judgment, so complicates the
2448 medical condition of a pregnant woman as to
2449 necessitate the immediate abortion of her
2450 pregnancy to avert her death or for which a
2451 delay will create a serious risk of substantial
2452 and irreversible impairment of a major bodily
2453 function.

2454 2. Except in the case of medical
2455 emergency, no person shall perform or induce an
2456 abortion unless at least seventy-two hours prior
2457 thereto the physician who is to perform or
2458 induce the abortion, a qualified professional,

2459 or the referring physician has conferred with
2460 the patient and discussed with her the
2461 indicators and contraindicators, and risk
2462 factors including any physical, psychological,
2463 or situational factors for the proposed
2464 procedure and the use of medications, including
2465 but not limited to mifepristone, in light of her
2466 medical history and medical condition. For an
2467 abortion performed or an abortion induced by a
2468 drug or drugs, such conference shall take place
2469 at least seventy-two hours prior to the writing
2470 or communication of the first prescription for
2471 such drug or drugs in connection with inducing
2472 an abortion. Only one such conference shall be
2473 required for each abortion.

2474 3. The patient shall be evaluated by the
2475 physician who is to perform or induce the
2476 abortion, a qualified professional, or the
2477 referring physician during the conference for
2478 indicators and contraindicators, risk factors
2479 including any physical, psychological, or
2480 situational factors which would predispose the
2481 patient to or increase the risk of experiencing
2482 one or more adverse physical, emotional, or
2483 other health reactions to the proposed procedure
2484 or drug or drugs in either the short or long
2485 term as compared with women who do not possess
2486 such risk factors.

2487 4. At the end of the conference, and if
2488 the woman chooses to proceed with the abortion,
2489 the physician who is to perform or induce the
2490 abortion, a qualified professional, or the
2491 referring physician shall sign and shall cause
2492 the patient to sign a written statement that the
2493 woman gave her informed consent freely and
2494 without coercion after the physician or
2495 qualified professional had discussed with her
2496 the indicators and contraindicators, and risk
2497 factors, including any physical, psychological,
2498 or situational factors. All such executed
2499 statements shall be maintained as part of the
2500 patient's medical file, subject to the
2501 confidentiality laws and rules of this state.

2502 5. The director of the department of
2503 health and senior services shall disseminate a
2504 model form that physicians or qualified
2505 professionals may use as the written statement
2506 required by this section, but any lack or
2507 unavailability of such a model form shall not
2508 affect the duties of the physician or qualified
2509 professional set forth in subsections 2 to 4 of
2510 this section.

2511 6. As used in this section, the term
2512 "qualified professional" shall refer to a
2513 physician, physician assistant, registered
2514 nurse, licensed practical nurse, psychologist,
2515 licensed professional counselor, or licensed
2516 social worker, licensed or registered under
2517 chapter 334, 335, or 337, acting under the
2518 supervision of the physician performing or
2519 inducing the abortion, and acting within the
2520 course and scope of his or her authority
2521 provided by law. The provisions of this section
2522 shall not be construed to in any way expand the
2523 authority otherwise provided by law relating to
2524 the licensure, registration, or scope of
2525 practice of any such qualified professional.

2526 7. If the provisions in subsection 2 of
2527 this section requiring a seventy-two-hour
2528 waiting period for an abortion are ever
2529 temporarily or permanently restrained or
2530 enjoined by judicial order, then the waiting
2531 period for an abortion shall be twenty-four
2532 hours; provided, however, that if such temporary
2533 or permanent restraining order or injunction is
2534 stayed or dissolved, or otherwise ceases to have
2535 effect, the waiting period for an abortion shall
2536 be seventy-two hours.]

2537 [188.047. 1. All tissue, except that
2538 tissue needed for purposes described in
2539 subsection 5 of this section, removed at the
2540 time of abortion shall be submitted within five
2541 days to a board-eligible or certified
2542 pathologist for gross and histopathological
2543 examination. The pathologist shall file a copy
2544 of the tissue report with the state department
2545 of health and senior services, and shall provide

2546 within seventy-two hours a copy of the report to
2547 the abortion facility or hospital in which the
2548 abortion was performed or induced. The
2549 pathologist's report shall be made a part of the
2550 patient's permanent record. If the pathological
2551 examination fails to identify evidence of a
2552 completed abortion, the pathologist shall notify
2553 the abortion facility or hospital within twenty-
2554 four hours.

2555 2. The department shall reconcile each
2556 notice of abortion with its corresponding tissue
2557 report. If the department does not receive the
2558 notice of abortion or the tissue report, the
2559 department shall make an inquiry of the abortion
2560 facility or hospital. After such inquiry, if
2561 the hospital or abortion facility has not
2562 satisfactorily responded to said inquiry and the
2563 department finds that the abortion facility or
2564 hospital where the abortion was performed or
2565 induced was not in compliance with the
2566 provisions of this section, the department shall
2567 consider such noncompliance a deficiency
2568 requiring an unscheduled inspection of the
2569 facility to ensure the deficiency is remedied,
2570 subject to the provisions of chapter 197
2571 regarding license suspensions, reviews, and
2572 appeals.

2573 3. Beginning January 1, 2018, the
2574 department shall make an annual report to the
2575 general assembly. The report shall include the
2576 number of any deficiencies and inquiries by the
2577 department of each abortion facility in the
2578 calendar year and whether any deficiencies were
2579 remedied and, for each abortion facility,
2580 aggregated de-identified data about the total
2581 number of abortions performed at the facility,
2582 the termination procedures used, the number and
2583 type of complications reported for each type of
2584 termination procedure, whether the department
2585 received the tissue report for each abortion,
2586 and the existence and nature, if any, of any
2587 inconsistencies or concerns between the abortion
2588 reports submitted under section 188.052 and the
2589 tissue report submitted under this section. The
2590 report shall not contain any personal patient

2591 information the disclosure of which is
2592 prohibited by state or federal law.

2593 4. All reports provided by the department
2594 to the general assembly under this section shall
2595 maintain confidentiality of all personal
2596 information of patients, facility personnel, and
2597 facility physicians.

2598 5. Nothing in this section shall prohibit
2599 the utilization of fetal organs or tissue
2600 resulting from an abortion for medical or
2601 scientific purposes to determine the cause or
2602 causes of any anomaly, illness, death, or
2603 genetic condition of the fetus, the paternity of
2604 the fetus, or for law enforcement purposes.

2605 6. The department may adopt rules,
2606 regulations, and standards governing the reports
2607 required under this section. In doing so, the
2608 department shall ensure that these reports
2609 contain all information necessary to ensure
2610 compliance with all applicable laws and
2611 regulations. Any rule or portion of a rule, as
2612 that term is defined in section 536.010, that is
2613 created under the authority delegated in this
2614 section shall become effective only if it
2615 complies with and is subject to all of the
2616 provisions of chapter 536 and, if applicable,
2617 section 536.028. This section and chapter 536
2618 are nonseverable and if any of the powers vested
2619 with the general assembly pursuant to chapter
2620 536 to review, to delay the effective date, or
2621 to disapprove and annul a rule are subsequently
2622 held unconstitutional, then the grant of
2623 rulemaking authority and any rule proposed or
2624 adopted after October 24, 2017, shall be invalid
2625 and void.]

2626 [188.052. 1. An individual abortion
2627 report for each abortion performed or induced
2628 upon a woman shall be completed by the physician
2629 who performed or induced the abortion. Abortion
2630 reports shall include, but not be limited to, a
2631 certification that the physician does not have
2632 any knowledge that the woman sought the abortion
2633 solely because of a prenatal diagnosis, test, or
2634 screening indicating Down Syndrome or the

2635 potential of Down Syndrome in the unborn child
2636 and a certification that the physician does not
2637 have any knowledge that the woman sought the
2638 abortion solely because of the sex or race of
2639 the unborn child.

2640 2. An individual complication report for
2641 any post-abortion care performed upon a woman
2642 shall be completed by the physician providing
2643 such post-abortion care. This report shall
2644 include:

2645 (1) The date of the abortion;

2646 (2) The name and address of the abortion
2647 facility or hospital where the abortion was
2648 performed or induced;

2649 (3) The nature of the abortion
2650 complication diagnosed or treated.

2651 3. All abortion reports shall be signed by
2652 the attending physician who performed or induced
2653 the abortion and submitted to the department
2654 within forty-five days from the date of the
2655 abortion. All complication reports shall be
2656 signed by the physician providing the post-
2657 abortion care and submitted to the department
2658 within forty-five days from the date of the post-
2659 abortion care.

2660 4. A copy of the abortion report shall be
2661 made a part of the medical record of the patient
2662 of the abortion facility or hospital in which
2663 the abortion was performed or induced.

2664 5. The department shall be responsible for
2665 collecting all abortion reports and complication
2666 reports and collating and evaluating all data
2667 gathered therefrom and shall annually publish a
2668 statistical report based on such data from
2669 abortions performed or induced in the previous
2670 calendar year.]

2671 [188.056. 1. Notwithstanding any other
2672 provision of law to the contrary, no abortion
2673 shall be performed or induced upon a woman at
2674 eight weeks gestational age or later, except in
2675 cases of medical emergency. Any person who
2676 knowingly performs or induces an abortion of an

2677 unborn child in violation of this subsection
2678 shall be guilty of a class B felony, as well as
2679 subject to suspension or revocation of his or
2680 her professional license by his or her
2681 professional licensing board. A woman upon whom
2682 an abortion is performed or induced in violation
2683 of this subsection shall not be prosecuted for a
2684 conspiracy to violate the provisions of this
2685 section.

2686 2. It shall be an affirmative defense for
2687 any person alleged to have violated the
2688 provisions of subsection 1 of this section that
2689 the person performed or induced an abortion
2690 because of a medical emergency. The defendant
2691 shall have the burden of persuasion that the
2692 defense is more probably true than not.

2693 3. Prosecution under this section shall
2694 bar prosecution under section 188.057, 188.058,
2695 or 188.375 if prosecution under such sections
2696 would violate the provisions of Amendment V to
2697 the Constitution of the United States or Article
2698 I, Section 19 of the Constitution of Missouri.

2699 4. If any one or more provisions,
2700 subsections, sentences, clauses, phrases, or
2701 words of this section or the application thereof
2702 to any person, circumstance, or period of
2703 gestational age is found to be unenforceable,
2704 unconstitutional, or invalid by a court of
2705 competent jurisdiction, the same is hereby
2706 declared to be severable and the balance of the
2707 section shall remain effective notwithstanding
2708 such unenforceability, unconstitutionality, or
2709 invalidity. The general assembly hereby
2710 declares that it would have passed this section,
2711 and each provision, subsection, sentence,
2712 clause, phrase, or word thereof, irrespective of
2713 the fact that any one or more provisions,
2714 subsections, sentences, clauses, phrases, or
2715 words of the section, or the application of the
2716 section to any person, circumstance, or period
2717 of gestational age, would be declared
2718 unenforceable, unconstitutional, or invalid.]

2719 [188.057. 1. Notwithstanding any other
2720 provision of law to the contrary, no abortion

2721 shall be performed or induced upon a woman at
2722 fourteen weeks gestational age or later, except
2723 in cases of medical emergency. Any person who
2724 knowingly performs or induces an abortion of an
2725 unborn child in violation of this subsection
2726 shall be guilty of a class B felony, as well as
2727 subject to suspension or revocation of his or
2728 her professional license by his or her
2729 professional licensing board. A woman upon whom
2730 an abortion is performed or induced in violation
2731 of this subsection shall not be prosecuted for a
2732 conspiracy to violate the provisions of this
2733 section.

2734 2. It shall be an affirmative defense for
2735 any person alleged to have violated the
2736 provisions of subsection 1 of this section that
2737 the person performed or induced an abortion
2738 because of a medical emergency. The defendant
2739 shall have the burden of persuasion that the
2740 defense is more probably true than not.

2741 3. Prosecution under this section shall
2742 bar prosecution under section 188.056, 188.058,
2743 or 188.375 if prosecution under such sections
2744 would violate the provisions of Amendment V to
2745 the Constitution of the United States or Article
2746 I, Section 19 of the Constitution of Missouri.

2747 4. If any one or more provisions,
2748 subsections, sentences, clauses, phrases, or
2749 words of this section or the application thereof
2750 to any person, circumstance, or period of
2751 gestational age is found to be unenforceable,
2752 unconstitutional, or invalid by a court of
2753 competent jurisdiction, the same is hereby
2754 declared to be severable and the balance of the
2755 section shall remain effective notwithstanding
2756 such unenforceability, unconstitutionality, or
2757 invalidity. The general assembly hereby
2758 declares that it would have passed this section,
2759 and each provision, subsection, sentence,
2760 clause, phrase, or word thereof, irrespective of
2761 the fact that any one or more provisions,
2762 subsections, sentences, clauses, phrases, or
2763 words of the section, or the application of the
2764 section to any person, circumstance, or period

2765 of gestational age, would be declared
2766 unenforceable, unconstitutional, or invalid.]

2767 [188.058. 1. Notwithstanding any other
2768 provision of law to the contrary, no abortion
2769 shall be performed or induced upon a woman at
2770 eighteen weeks gestational age or later, except
2771 in cases of medical emergency. Any person who
2772 knowingly performs or induces an abortion of an
2773 unborn child in violation of this subsection
2774 shall be guilty of a class B felony, as well as
2775 subject to suspension or revocation of his or
2776 her professional license by his or her
2777 professional licensing board. A woman upon whom
2778 an abortion is performed or induced in violation
2779 of this section shall not be prosecuted for a
2780 conspiracy to violate the provisions of this
2781 section.

2782 2. It shall be an affirmative defense for
2783 any person alleged to have violated the
2784 provisions of subsection 1 of this section that
2785 the person performed or induced an abortion
2786 because of a medical emergency. The defendant
2787 shall have the burden of persuasion that the
2788 defense is more probably true than not.

2789 3. Prosecution under this section shall
2790 bar prosecution under section 188.056, 188.057,
2791 or 188.375 if prosecution under such sections
2792 would violate the provisions of Amendment V to
2793 the Constitution of the United States or Article
2794 I, Section 19 of the Constitution of Missouri.

2795 4. If any one or more provisions,
2796 subsections, sentences, clauses, phrases, or
2797 words of this section or the application thereof
2798 to any person, circumstance, or period of
2799 gestational age is found to be unenforceable,
2800 unconstitutional, or invalid by a court of
2801 competent jurisdiction, the same is hereby
2802 declared to be severable and the balance of the
2803 section shall remain effective notwithstanding
2804 such unenforceability, unconstitutionality, or
2805 invalidity. The general assembly hereby
2806 declares that it would have passed this section,
2807 and each provision, subsection, sentence,
2808 clause, phrase, or word thereof, irrespective of

2809 the fact that any one or more provisions,
2810 subsections, sentences, clauses, phrases, or
2811 words of the section, or the application of the
2812 section to any person, circumstance, or period
2813 of gestational age, would be declared
2814 unenforceable, unconstitutional, or invalid.]

2815 [188.075. 1. Any person who contrary to
2816 the provisions of sections 188.010 to 188.085
2817 knowingly performs, induces, or aids in the
2818 performance or inducing of any abortion or
2819 knowingly fails to perform any action required
2820 by sections 188.010 to 188.085 shall be guilty
2821 of a class A misdemeanor, unless a different
2822 penalty is provided for in state law, and, upon
2823 conviction, shall be punished as provided by law.

2824 2. It shall be an affirmative defense for
2825 any person alleged to have violated any
2826 provision of this chapter that the person
2827 performed an action or did not perform an action
2828 because of a medical emergency. This
2829 affirmative defense shall be available in
2830 criminal, civil, and administrative actions or
2831 proceedings. The defendant shall have the
2832 burden of persuasion that the defense is more
2833 probably true than not.

2834 3. The attorney general shall have
2835 concurrent original jurisdiction throughout the
2836 state, along with each prosecuting attorney and
2837 circuit attorney within their respective
2838 jurisdictions, to commence actions for a
2839 violation of any provision of this chapter, for
2840 a violation of any state law on the use of
2841 public funds for an abortion, or for a violation
2842 of any state law which regulates an abortion
2843 facility or a person who performs or induces an
2844 abortion. The attorney general, or prosecuting
2845 attorney or circuit attorney within their
2846 respective jurisdictions, may seek injunctive or
2847 other relief against any person who, or entity
2848 which, is in violation of any provision of this
2849 chapter, misuses public funds for an abortion,
2850 or violates any state law which regulates an
2851 abortion facility or a person who performs or
2852 induces an abortion.]

2853 [188.080. Any person who is not a
2854 physician who performs or induces or attempts to
2855 perform or induce an abortion on another is
2856 guilty of a class B felony, and, upon
2857 conviction, shall be punished as provided by
2858 law. Any physician performing or inducing an
2859 abortion who does not have clinical privileges
2860 at a hospital which offers obstetrical or
2861 gynecological care located within thirty miles
2862 of the location at which the abortion is
2863 performed or induced shall be guilty of a class
2864 A misdemeanor, and, upon conviction shall be
2865 punished as provided by law.]

2866 [188.230. Nothing in this act is intended
2867 to authorize anyone other than a physician to
2868 perform an abortion.]

2869 [188.375. 1. This section shall be known
2870 and may be cited as the "Late-Term Pain-Capable
2871 Unborn Child Protection Act".

2872 2. As used in this section, the phrase
2873 "late-term pain-capable unborn child" shall mean
2874 an unborn child at twenty weeks gestational age
2875 or later.

2876 3. Notwithstanding any other provision of
2877 law to the contrary, no abortion shall be
2878 performed or induced upon a woman carrying a
2879 late-term pain-capable unborn child, except in
2880 cases of medical emergency. Any person who
2881 knowingly performs or induces an abortion of a
2882 late-term pain-capable unborn child in violation
2883 of this subsection shall be guilty of a class B
2884 felony, as well as subject to suspension or
2885 revocation of his or her professional license by
2886 his or her professional licensing board. A
2887 woman upon whom an abortion is performed or
2888 induced in violation of this subsection shall
2889 not be prosecuted for a conspiracy to violate
2890 the provisions of this subsection.

2891 4. It shall be an affirmative defense for
2892 any person alleged to have violated the
2893 provisions of subsection 3 of this section that
2894 the person performed or induced an abortion
2895 because of a medical emergency. The defendant

2896 shall have the burden of persuasion that the
2897 defense is more probably true than not.

2898 5. Prosecution under subsection 3 of this
2899 section shall bar prosecution under section
2900 188.056, 188.057, or 188.058 if prosecution
2901 under such sections would violate the provisions
2902 of Amendment V to the Constitution of the United
2903 States or Article I, Section 19 of the
2904 Constitution of Missouri.

2905 6. When in cases of medical emergency a
2906 physician performs or induces an abortion upon a
2907 woman in her third trimester carrying a late-
2908 term pain-capable unborn child, the physician
2909 shall utilize the available method or technique
2910 of abortion most likely to preserve the life or
2911 health of the unborn child. In cases where the
2912 method or technique of abortion most likely to
2913 preserve the life or health of the unborn child
2914 would present a greater risk to the life or
2915 health of the woman than another legally
2916 permitted and available method or technique, the
2917 physician may utilize such other method or
2918 technique. In all cases where the physician
2919 performs or induces an abortion upon a woman
2920 during her third trimester carrying a late-term
2921 pain-capable unborn child, the physician shall
2922 certify in writing the available method or
2923 techniques considered and the reasons for
2924 choosing the method or technique employed.

2925 7. When in cases of medical emergency a
2926 physician performs or induces an abortion upon a
2927 woman during her third trimester carrying a late-
2928 term pain-capable unborn child, there shall be
2929 in attendance a physician other than the
2930 physician performing or inducing the abortion
2931 who shall take control of and provide immediate
2932 medical care for a child born as a result of the
2933 abortion.

2934 8. Any physician who knowingly violates
2935 any of the provisions of subsection 6 or 7 of
2936 this section shall be guilty of a class D
2937 felony, as well as subject to suspension or
2938 revocation of his or her professional license by
2939 his or her professional licensing board. A

2940 woman upon whom an abortion is performed or
2941 induced in violation of subsection 6 or 7 of
2942 this section shall not be prosecuted for a
2943 conspiracy to violate the provisions of those
2944 subsections.

2945 9. If any one or more provisions,
2946 subsections, sentences, clauses, phrases, or
2947 words of this section or the application thereof
2948 to any person, circumstance, or period of
2949 gestational age is found to be unenforceable,
2950 unconstitutional, or invalid by a court of
2951 competent jurisdiction, the same is hereby
2952 declared to be severable and the balance of the
2953 section shall remain effective notwithstanding
2954 such unenforceability, unconstitutionality, or
2955 invalidity. The general assembly hereby
2956 declares that it would have passed this section,
2957 and each provision, subsection, sentence,
2958 clause, phrase, or word thereof, irrespective of
2959 the fact that any one or more provisions,
2960 subsections, sentences, clauses, phrases, or
2961 words of the section, or the application of the
2962 section to any person, circumstance, or period
2963 of gestational age, would be declared
2964 unenforceable, unconstitutional, or invalid.]

2965 [334.245. 1. Notwithstanding any other
2966 provision of law to the contrary that may allow
2967 a person to provide services relating to
2968 pregnancy, including prenatal, delivery, and
2969 postpartum services, no person other than a
2970 licensed physician is authorized to perform or
2971 induce an abortion.

2972 2. Any person who violates the provisions
2973 of this section is guilty of a class B felony.]

2974 [574.200. 1. A person commits the offense
2975 of interference with medical assistance if he or
2976 she, while serving in his or her capacity as an
2977 employee of an abortion facility:

2978 (1) Knowingly orders or requests medical
2979 personnel to deviate from any applicable
2980 standard of care or ordinary practice while
2981 providing medical assistance to a patient for
2982 reasons unrelated to the patient's health or
2983 welfare; or

2984 (2) Knowingly attempts to prevent medical
2985 personnel from providing medical assistance to a
2986 patient in accordance with all applicable
2987 standards of care or ordinary practice for
2988 reasons unrelated to the patient's health or
2989 welfare.

2990 2. The offense of interference with
2991 medical assistance is a class A misdemeanor.

2992 3. For purposes of this section, the term
2993 "medical personnel" shall include, but not be
2994 limited to, the following:

2995 (1) Physicians and surgeons licensed under
2996 chapter 334;

2997 (2) Nurses licensed under chapter 335;

2998 (3) Emergency medical services personnel
2999 as defined in section 190.600; or

3000 (4) Any person operating under the
3001 supervision of such medical personnel.]" ; and

3002 Further amend the title and enacting clause accordingly.