

FIRST REGULAR SESSION

HOUSE BILL NO. 520

95TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVES OXFORD (Sponsor), BROWN (73), SCHUPP, STILL, ZIMMERMAN, KIRKTON, STORCH, NASHEED, COLONA, WALSH, PACE, WALTON GRAY, MORRIS, HUGHES, CURLS, ATKINS, WEBB, EL-AMIN, CALLOWAY, CARTER, KANDER, NORR, KOMO, LeBLANC, WEBBER, KELLY, LOW AND LAMPE (Co-sponsors).

1124L.011

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To amend chapter 191, RSMo, by adding thereto two new sections relating to the compassionate assistance for rape emergencies act.

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

Section A. Chapter 191, RSMo, is amended by adding thereto two new sections, to be known as sections 191.717 and 191.718, to read as follows:

191.717. 1. Sections 191.717 and 191.718 may be cited as the "Compassionate Assistance for Rape Emergencies (CARE) Act".

2. As used in sections 191.717 to 191.718, unless the context clearly indicates otherwise, the following terms shall mean:

(1) "Emergency care to sexual assault victims", medical examinations, procedures, or services provided at a hospital to a sexual assault victim following an alleged rape;

(2) "Emergency contraception", any drug or device approved by the Food and Drug Administration that prevents pregnancy after sexual intercourse;

(3) "Health care facility", any urgent care center or facility that offers treatment for patients during normal business, after-business, or weekend hours and that is affiliated with a licensed hospital;

(4) "Medically and factually accurate and objective", verified or supported by the weight of research conducted in compliance with accepted scientific methods and is published in peer-reviewed journals where applicable; or comprising information that leading professional organizations and agencies with relevant expertise in the field, such

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

16 as the American College of Obstetricians and Gynecologists, recognize as accurate and
17 objective;

18 (5) "Sexual assault", as defined in section 566.040, RSMo;

19 (6) "Sexual assault victim", a female who is alleged to have been raped and is
20 presented as a patient.

191.718. 1. It shall be the standard of care for any hospital and any health care
2 facility that provides emergency care to sexual assault victims to:

3 (1) Provide each sexual assault victim with medically and factually accurate and
4 objective written and oral information about emergency contraception;

5 (2) Orally inform each sexual assault victim of her option to be provided emergency
6 contraception at the hospital;

7 (3) Provide the complete regimen of emergency contraception immediately at the
8 hospital or health care facility to each sexual assault victim who requests it; and

9 (4) Follow the Department of Justice protocols on HIV/STI screening and
10 prophylactic treatment.

11 2. Hospitals and health care facilities shall ensure that each person who provides
12 care to sexual assault victims is provided with medically and factually accurate and
13 objective information about emergency contraception.

14 3. The department of health and senior services shall develop, prepare, and
15 produce informational materials relating to emergency contraception for the prevention
16 of pregnancy for distribution in any hospital or health care facility in the state in quantities
17 sufficient to comply with the requirements of this section. The director, in collaboration
18 with community sexual assault programs, may also approve informational materials from
19 other sources.

20 4. The information materials shall:

21 (1) Be medically and factually accurate and objective;

22 (2) Be clearly written and readily comprehensible in a culturally competent
23 manner, as the department deems necessary to inform victims of sexual assault; and

24 (3) Explain the nature of emergency contraception, including its use, safety,
25 efficacy, and availability, and that it does not cause abortion.

26 5. The department of health and senior services shall respond to complaints and
27 shall periodically determine whether hospitals and health care facilities are complying with
28 the provisions of this section. The department may use all investigative tools available to
29 verify compliance. If the department determines that a hospital or health care facility is
30 not in compliance, the department shall:

31 **(1) Impose an administrative penalty of five thousand dollars per woman who is**
32 **denied medically and factually accurate and objective information about emergency**
33 **contraception or who is not offered or provided emergency contraception; and**

34 **(2) Impose an administrative penalty of five thousand dollars for failure to comply**
35 **with the provisions of this section and for every thirty days that a hospital or health care**
36 **facility is not in compliance, an additional penalty of five thousand dollars shall be**
37 **imposed.**

38 **6. The department shall promulgate rules to implement the provisions of sections**
39 **191.717 to 191.718.**

40 **7. Any rule or portion of a rule, as that term is defined in section 536.010, RSMo,**
41 **that is created under the authority delegated in this section shall become effective only if**
42 **it complies with and is subject to all of the provisions of chapter 536, RSMo, and, if**
43 **applicable, section 536.028, RSMo. This section and chapter 536, RSMo, are nonseverable**
44 **and if any of the powers vested with the general assembly pursuant to chapter 536, RSMo,**
45 **to review, to delay the effective date, or to disapprove and annul a rule are subsequently**
46 **held unconstitutional, then the grant of rulemaking authority and any rule proposed or**
47 **adopted after August 28, 2009, shall be invalid and void.**

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