

House _____ Amendment NO. _____

Offered By _____

1 AMEND House Committee Substitute for House Bill No. 2216, Page 38, Section 210.113, Line 3,
2 by inserting after said section and line the following:

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4 "210.115. 1. When any physician, medical examiner, coroner, dentist, chiropractor,
5 optometrist, podiatrist, resident, intern, nurse, hospital or clinic personnel that are engaged in the
6 examination, care, treatment or research of persons, and any other health practitioner, psychologist,
7 mental health professional, social worker, day care center worker or other child-care worker,
8 juvenile officer, probation or parole officer, jail or detention center personnel, teacher, principal or
9 other school official, minister as provided by section 352.400, peace officer or law enforcement
10 official, volunteer or personnel of a community service program that offers support services for
11 families in crisis to assist in the delegation of any powers regarding the care and custody of a child
12 by a properly executed power of attorney pursuant to sections 475.600 to 475.604, or other person
13 with responsibility for the care of children has reasonable cause to suspect that a child has been or
14 may be subjected to abuse or neglect or observes a child being subjected to conditions or
15 circumstances which would reasonably result in abuse or neglect, that person shall immediately
16 report to the division in accordance with the provisions of sections 210.109 to 210.183. No internal
17 investigation shall be initiated until such a report has been made. As used in this section, the term
18 "abuse" is not limited to abuse inflicted by a person responsible for the child's care, custody and
19 control as specified in section 210.110, but shall also include abuse inflicted by any other person.

20 2. If two or more members of a medical institution who are required to report jointly have
21 knowledge of a known or suspected instance of child abuse or neglect, a single report may be made
22 by a designated member of that medical team. Any member who has knowledge that the member
23 designated to report has failed to do so shall thereafter immediately make the report. Nothing in this
24 section, however, is meant to preclude any person from reporting abuse or neglect.

25 3. The reporting requirements under this section are individual, and no supervisor or
26 administrator may impede or inhibit any reporting under this section. No person making a report
27 under this section shall be subject to any sanction, including any adverse employment action, for
28 making such report. Every employer shall ensure that any employee required to report pursuant to
29 subsection 1 of this section has immediate and unrestricted access to communications technology
30 necessary to make an immediate report and is temporarily relieved of other work duties for such
31 time as is required to make any report required under subsection 1 of this section.

32 4. Notwithstanding any other provision of sections 210.109 to 210.183, any child who does
33 not receive specified medical treatment by reason of the legitimate practice of the religious belief of
34 the child's parents, guardian, or others legally responsible for the child, for that reason alone, shall
35 not be found to be an abused or neglected child, and such parents, guardian or other persons legally
36 responsible for the child shall not be entered into the central registry. However, the division may

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1 accept reports concerning such a child and may subsequently investigate or conduct a family
2 assessment as a result of that report. Such an exception shall not limit the administrative or judicial
3 authority of the state to ensure that medical services are provided to the child when the child's health
4 requires it.

5 5. In addition to those persons and officials required to report actual or suspected abuse or
6 neglect, any other person may report in accordance with sections 210.109 to 210.183 if such person
7 has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect or
8 observes a child being subjected to conditions or circumstances which would reasonably result in
9 abuse or neglect.

10 6. Any person or official required to report pursuant to this section, including employees of
11 the division, who has probable cause to suspect that a child who is or may be under the age of
12 eighteen, who is eligible to receive a certificate of live birth, has died shall report that fact to the
13 appropriate medical examiner or coroner. If, upon review of the circumstances and medical
14 information, the medical examiner or coroner determines that the child died of natural causes while
15 under medical care for an established natural disease, the coroner, medical examiner or physician
16 shall notify the division of the child's death and that the child's attending physician shall be signing
17 the death certificate. In all other cases, the medical examiner or coroner shall accept the report for
18 investigation, shall immediately notify the division of the child's death as required in section 58.452
19 and shall report the findings to the child fatality review panel established pursuant to section
20 210.192.

21 7. Any person or individual required to report may also report the suspicion of abuse or
22 neglect to any law enforcement agency or juvenile office. Such report shall not, however, take the
23 place of reporting to the division.

24 8. If an individual required to report suspected instances of abuse or neglect pursuant to this
25 section has reason to believe that the victim of such abuse or neglect is a resident of another state or
26 was injured as a result of an act which occurred in another state, the person required to report such
27 abuse or neglect may, in lieu of reporting to the Missouri children's division, make such a report to
28 the child protection agency of the other state with the authority to receive such reports pursuant to
29 the laws of such other state. If such agency accepts the report, no report is required to be made, but
30 may be made, to the children's division.

31 9. If any physician, resident, intern, nurse, hospital or clinic personnel, or any other health
32 care provider who is engaged in the examination, care, treatment, or research of persons becomes
33 aware that a birth mother or child, within eight hours after the child's birth, tested positive for a
34 blood alcohol content of eight-hundredths of one percent or more by weight or tested positive for
35 cocaine, heroin, methamphetamine, or a controlled substance as defined in section 195.010, or a
36 prescription drug other than a controlled substance, or a prescription drug for which the birth mother
37 or child has a valid prescription, or a substance prescribed for medication-assisted treatment and
38 reports such diagnosis to the children's division, the division shall submit a referral to the juvenile
39 office as soon as reasonably possible. The referral shall include the division's recommendations to
40 the juvenile office regarding the care, safety, and placement of the child and the reasons for such
41 recommendations."; and

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43 Further amend said bill by amending the title, enacting clause, and intersectional references
44 accordingly.