

SECOND REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE SUBSTITUTE FOR

SENATE BILL NO. 644

100TH GENERAL ASSEMBLY

3552H.04C

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal sections 197.305, 197.318, 208.175, 209.150, 209.200, 209.204, 311.020, 376.383, 376.782, 376.1578, and 595.220, RSMo, and to enact in lieu thereof twenty-four new sections relating to public health, with penalty provisions and an emergency clause for a certain section.

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

Section A. Sections 197.305, 197.318, 208.175, 209.150, 209.200, 209.204, 311.020, 2 376.383, 376.782, 376.1578, and 595.220, RSMo, are repealed and twenty-four new sections 3 enacted in lieu thereof, to be known as sections 9.245, 160.485, 191.255, 191.1160, 195.815, 4 197.305, 197.318, 208.057, 208.175, 209.150, 209.200, 209.204, 217.850, 261.099, 262.760, 5 311.020, 376.383, 376.782, 376.1578, 577.800, 595.201, 595.202, 595.220, and 632.460, to read 6 as follows:

9.245. The month of May each year is hereby designated as "Lupus Awareness 2 Month" in Missouri and May tenth of each year hereby designated as "Lupus Awareness 3 Day" in Missouri. Citizens of this state are encouraged to recognize the month by wearing 4 purple and with appropriate events and activities to raise awareness about lupus, an 5 autoimmune disease without a cure that is difficult to diagnose and treat.

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

2 **(1) "Bleeding control kit", a first aid response kit that contains at least the 3 following:**

4 **(a) Tourniquets that are:**

5 **a. Endorsed by the United States Department of Defense Committee on Tactical 6 Combat Casualty Care or its successor entity; or**

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.

- 7 **b. Approved for use in battlefield trauma care by the Armed Forces of the United**
8 **States;**
- 9 **(b) Bleeding control bandages;**
10 **(c) First aid thermal blankets, commonly referred to as space emergency blankets;**
11 **(d) Latex-free protective gloves;**
12 **(e) Permanent markers;**
13 **(f) Scissors;**
14 **(g) Instructional documents developed by either the United States Department of**
15 **Homeland Security's Stop the Bleed national awareness campaign or the American College**
16 **of Surgeons Committee on Trauma, or both; and**
- 17 **(h) Other medical materials and equipment similar to those described in**
18 **paragraphs (a) and (b) of this subdivision;**
- 19 **(2) "Department", the department of elementary and secondary education;**
20 **(3) "Emergency medical services personnel", paid or volunteer firefighters, law**
21 **enforcement officers, first responders, emergency medical technicians, or other emergency**
22 **service personnel acting within the ordinary course and scope of their professions, but**
23 **excluding physicians;**
- 24 **(4) "School personnel", any employee of a public school district or charter school,**
25 **or any volunteer serving at a public school or charter school, who is designated to use a**
26 **bleeding control kit under this section.**
- 27 **2. (1) Before January 1, 2021, the department shall develop a traumatic blood loss**
28 **protocol for school personnel to follow in the event of an injury involving traumatic blood**
29 **loss. The protocol shall meet the requirements of this section, and shall be made available**
30 **to each school district and charter school.**
- 31 **(2) The traumatic blood loss protocol shall:**
- 32 **(a) Require that a bleeding control kit be placed in each classroom of each school**
33 **district's school building and each charter school in an easily accessible location to be**
34 **determined by local emergency medical services personnel;**
- 35 **(b) Include bleeding control kits in the emergency plans of each school district and**
36 **charter school, including the presentation and use of the bleeding control kits in all drills**
37 **and emergencies;**
- 38 **(c) Require each school district and charter school to designate at least five school**
39 **personnel members in each school building who shall obtain appropriate training annually**
40 **in the use of a bleeding control kit, including:**
- 41 **a. The proper application of pressure to stop bleeding;**
42 **b. The proper application of dressings or bandages;**

43 c. Additional pressure techniques to control bleeding; and

44 d. The correct application of tourniquets;

45 (d) Require each bleeding control kit in school inventories to be inspected annually
46 to ensure that the materials, supplies, and equipment contained in the bleeding control kit
47 have not expired, and that any expired materials, supplies, and equipment are replaced as
48 necessary; and

49 (e) Require a bleeding control kit to be restocked after each use and any materials,
50 supplies, and equipment to be replaced as necessary to ensure that the bleeding control kit
51 contains all necessary materials, supplies, and equipment.

52 3. (1) The department shall, in collaboration with the United States Department
53 of Homeland Security and the state department of public safety, include requirements in
54 the traumatic blood loss protocol for school personnel to receive annual training in the use
55 of bleeding control kits.

56 (2) The training requirements may be satisfied by using any instruction available
57 from the Missouri Hospital Association, the American College of Surgeons or a similar
58 organization authorized by the United States Department of Homeland Security, or the
59 emergency medicine department of a health-related institution of higher education or a
60 hospital.

61 (3) The training requirements shall use nationally recognized, evidence-based
62 guidelines for bleeding control and shall incorporate instruction on the psychomotor skills
63 necessary to use a bleeding control kit in the event of an injury to another person,
64 including but not limited to instruction on proper chest seal placement.

65 (4) The training may be provided by local emergency medical services personnel,
66 representatives of any organization or institution that developed or endorsed the training,
67 other trained school personnel, or other similarly qualified individuals.

68 (5) Certification in bleeding control shall not be a required element of the training
69 requirements. If the training provides for certification in bleeding control, the instructor
70 shall be authorized to provide the instruction for the purpose of certification by any
71 organization or institution that developed or endorsed the training.

72 (6) The training requirements may allow online instruction.

73 4. (1) A bleeding control kit may contain any additional items that:

74 (a) Are approved by emergency medical services personnel, as such term is defined
75 in section 190.600;

76 (b) Can adequately treat an injury involving traumatic blood loss; and

77 (c) Can be stored in a readily available kit.

78 **(2) Quantities of each item required to be in a bleeding control kit may be**
79 **determined by each school district.**

80 **5. (1) The department and each school district and charter school shall maintain**
81 **information regarding the traumatic blood loss protocol and the Stop the Bleed national**
82 **awareness campaign on each entity's website.**

83 **(2) Upon request by a school district or a charter school, the department may, in**
84 **collaboration with the department of public safety, direct the school district or charter**
85 **school to resources that are available to provide bleeding control kits to the school district**
86 **or charter school.**

87 **6. (1) Except as otherwise provided in this subsection, each school district and**
88 **charter school shall implement the traumatic blood loss protocol developed under this**
89 **section before the end of the 2020-21 school year.**

90 **(2) The requirements that a bleeding control kit be placed in each classroom, that**
91 **each kit be restocked as necessary, and that school personnel receive training under this**
92 **section shall be subject to an appropriation to cover all costs related to such requirements**
93 **by the general assembly.**

94 **(3) Any school district or charter school may receive donations of funds for the**
95 **purchase of bleeding control kits that meet the requirements of this section, and may**
96 **receive donations of bleeding control kits that meet the requirements of this section.**

97 **7. Any school district or charter school that has a traumatic blood loss protocol**
98 **prior to the effective date of this section shall be exempt from the requirements of this**
99 **section.**

100 **8. This section shall not be construed to create a cause of action against a school**
101 **district, a charter school, or any school personnel. Any school personnel who in good faith**
102 **uses a bleeding control kit as provided by this section shall be immune from all civil**
103 **liability for any act or omission in the use of a bleeding control kit unless the act or**
104 **omission constitutes gross negligence or willful, wanton, or intentional misconduct.**

191.255. 1. Notwithstanding any other provision of law to the contrary, no state
2 **agency, including employees therein, shall disclose to the federal government, any federal**
3 **government employee, or any unauthorized third party, the statewide list or any individual**
4 **information of persons who have applied for or obtained a medical marijuana card.**

5 **2. Any violation of this section is a class E felony.**

191.1160. 1. There is hereby established the "21st Century Missouri Patient
2 **Education Task Force".**

3 **2. The task force shall consist of the following members:**

- 4 **(1) Five members of the house of representatives, with three members to be**
5 **appointed by the speaker of the house of representatives and two members to be appointed**
6 **by the minority leader of the house of representatives;**
- 7 **(2) Five members of the senate, with three members to be appointed by the**
8 **president pro tempore of the senate and two members to be appointed by the minority**
9 **leader of the senate;**
- 10 **(3) The governor or his or her designee;**
- 11 **(4) The director of the department of health and senior services or his or her**
12 **designee;**
- 13 **(5) The director of the department of social services or his or her designee;**
- 14 **(6) The director of the department of mental health or his or her designee;**
- 15 **(7) The director of the MO HealthNet division of the department of social services**
16 **or his or her designee; and**
- 17 **(8) Seven members who represent the interests of each of the following groups, to**
18 **be appointed by the governor:**
- 19 **(a) An organization of licensed primary care physicians;**
- 20 **(b) An organization of hospitals;**
- 21 **(c) An organization of health insurance carriers;**
- 22 **(d) An organization of nurses;**
- 23 **(e) An organization of emergency medical personnel;**
- 24 **(f) A nonprofit organization focused on health; and**
- 25 **(g) A community health program within the state.**
- 26 **3. The speaker of the house of representatives shall designate the chair of the task**
27 **force, and the president pro tempore of the senate shall designate the vice chair of the task**
28 **force.**
- 29 **4. Staff members of house research, house drafting, senate research, and the joint**
30 **committee on legislative research shall provide such legal, research, clerical, technical, and**
31 **bill drafting services as the task force may require in the performance of its duties.**
- 32 **5. Members of the task force shall serve without compensation, but the members**
33 **and any staff assigned to the task force shall receive reimbursement for actual and**
34 **necessary expenses incurred in attending meetings of the task force or any subcommittee**
35 **thereof.**
- 36 **6. The task force shall hold its first meeting within two months from the effective**
37 **date of this section.**
- 38 **7. The mission of the task force shall be to:**
- 39 **(1) Evaluate the condition of the state's patient education system;**

40 **(2) Study successful patient education models in order to identify highly effective**
41 **patient education strategies;**

42 **(3) Evaluate funding required for a successful patient education program; and**

43 **(4) Make recommendations regarding the state's patient education system to**
44 **improve health care delivery and outcomes across the state of Missouri.**

45 **8. The task force shall report a summary of its activities and any recommendations**
46 **for legislation to the general assembly before August 28, 2021.**

47 **9. The task force shall terminate on January 1, 2022.**

195.815. 1. The department of health and senior services shall require all officers,
2 **managers, contractors, employees, and other support staff of licensed or certified medical**
3 **marijuana facilities, and all owners of such medical marijuana facilities with access to the**
4 **facilities or to the facilities' medical marijuana, to submit fingerprints to the Missouri state**
5 **highway patrol for the purpose of conducting state and federal fingerprint-based criminal**
6 **background checks.**

7 **2. The department shall require that such fingerprint submissions be made as a**
8 **part of a medical marijuana facility application for licensure or certification and an**
9 **individual's application for an identification card authorizing such individual to be an**
10 **owner, officer, manager, contractor, employee, or other support staff of a medical**
11 **marijuana facility.**

12 **3. Fingerprint cards and any required fees shall be sent to the Missouri state**
13 **highway patrol's central repository. The fingerprints shall be used for searching the state**
14 **criminal history repository and shall also be forwarded to the Federal Bureau of**
15 **Investigation for the searching of the federal criminal history files under section 43.540.**
16 **The Missouri state highway patrol shall notify the department of any criminal history**
17 **information or lack of criminal history information on the individual. Notwithstanding**
18 **the provisions of section 610.120, all records related to any criminal history information**
19 **shall be available to the department.**

20 **4. The director may promulgate all necessary rules and regulations for the**
21 **administration of this section. Any rule or portion of a rule, as that term is defined in**
22 **section 536.010, that is created under the authority delegated in this section shall become**
23 **effective only if it complies with and is subject to all of the provisions of chapter 536 and,**
24 **if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any**
25 **of the powers vested with the general assembly pursuant to chapter 536 to review, to delay**
26 **the effective date, or to disapprove and annul a rule are subsequently held**
27 **unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted**
28 **after August 28, 2020, shall be invalid and void.**

197.305. As used in sections 197.300 to 197.366, the following terms mean:

- 2 (1) "Affected persons", the person proposing the development of a new institutional
3 health service, the public to be served, and health care facilities within the service area in which
4 the proposed new health care service is to be developed;
- 5 (2) "Agency", the certificate of need program of the Missouri department of health and
6 senior services;
- 7 (3) "Capital expenditure", an expenditure by or on behalf of a health care facility which,
8 under generally accepted accounting principles, is not properly chargeable as an expense of
9 operation and maintenance;
- 10 (4) "Certificate of need", a written certificate issued by the committee setting forth the
11 committee's affirmative finding that a proposed project sufficiently satisfies the criteria
12 prescribed for such projects by sections 197.300 to 197.366;
- 13 (5) "Develop", to undertake those activities which on their completion will result in the
14 offering of a new institutional health service or the incurring of a financial obligation in relation
15 to the offering of such a service;
- 16 (6) "Expenditure minimum" shall mean:
 - 17 (a) For beds in existing or proposed health care facilities licensed pursuant to chapter 198
18 and long-term care beds in a hospital as described in subdivision (3) of subsection 1 of section
19 198.012, six hundred thousand dollars in the case of capital expenditures, or four hundred
20 thousand dollars in the case of major medical equipment, provided, however, that prior to
21 January 1, 2003, the expenditure minimum for beds in such a facility and long-term care beds
22 in a hospital described in section 198.012 shall be zero, subject to the provisions of subsection
23 7 of section 197.318;
 - 24 (b) For beds or equipment in a long-term care hospital meeting the requirements
25 described in 42 CFR, Section 412.23(e), the expenditure minimum shall be zero; and
 - 26 (c) For health care facilities, new institutional health services or beds not described in
27 paragraph (a) or (b) of this subdivision, one million dollars in the case of capital expenditures,
28 excluding major medical equipment, and one million dollars in the case of medical equipment;
- 29 (7) "Health service area", a geographic region appropriate for the effective planning and
30 development of health services, determined on the basis of factors including population and the
31 availability of resources, consisting of a population of not less than five hundred thousand or
32 more than three million;
- 33 (8) "Major medical equipment", medical equipment used for the provision of medical
34 and other health services;
- 35 (9) "New institutional health service":

36 (a) The development of a new health care facility costing in excess of the applicable
37 expenditure minimum;

38 (b) The acquisition, including acquisition by lease, of any health care facility, or major
39 medical equipment costing in excess of the expenditure minimum;

40 (c) Any capital expenditure by or on behalf of a health care facility in excess of the
41 expenditure minimum;

42 (d) Predevelopment activities as defined in subdivision (12) hereof costing in excess of
43 one hundred fifty thousand dollars;

44 (e) Any change in licensed bed capacity of a health care facility licensed under chapter
45 198 which increases the total number of beds by more than ten or more than ten percent of total
46 bed capacity, whichever is less, over a two-year period, provided that any such health care
47 facility seeking ~~[a nonapplicability review for]~~ an increase in total beds or total bed capacity in
48 an amount less than described in this paragraph shall be eligible for such review only if the
49 facility has had no patient care class I deficiencies within the last eighteen months and has
50 maintained at least an eighty-five percent average occupancy rate for the previous six quarters;

51 (f) Health services, excluding home health services, which are offered in a health care
52 facility and which were not offered on a regular basis in such health care facility within the
53 twelve-month period prior to the time such services would be offered;

54 (g) A reallocation by an existing health care facility of licensed beds among major types
55 of service or reallocation of licensed beds from one physical facility or site to another by more
56 than ten beds or more than ten percent of total licensed bed capacity, whichever is less, over a
57 two-year period;

58 (10) "Nonsubstantive projects", projects which do not involve the addition, replacement,
59 modernization or conversion of beds or the provision of a new health service but which include
60 a capital expenditure which exceeds the expenditure minimum and are due to an act of God or
61 a normal consequence of maintaining health care services, facility or equipment;

62 (11) "Person", any individual, trust, estate, partnership, corporation, including
63 associations and joint stock companies, state or political subdivision or instrumentality thereof,
64 including a municipal corporation;

65 (12) "Predevelopment activities", expenditures for architectural designs, plans, working
66 drawings and specifications, and any arrangement or commitment made for financing; but
67 excluding submission of an application for a certificate of need.

197.318. 1. As used in this section, the term "licensed and available" means beds which
2 are actually in place and for which a license has been issued.

3 2. The committee shall review all letters of intent and applications for long-term care
4 hospital beds meeting the requirements described in 42 CFR, Section 412.23(e) under its criteria
5 and standards for long-term care beds.

6 3. Sections 197.300 to 197.366 shall not be construed to apply to litigation pending in
7 state court on or before April 1, 1996, in which the Missouri health facilities review committee
8 is a defendant in an action concerning the application of sections 197.300 to 197.366 to
9 long-term care hospital beds meeting the requirements described in 42 CFR, Section 412.23(e).

10 4. Notwithstanding any other provision of this chapter to the contrary:

11 (1) A facility licensed pursuant to chapter 198 may increase its licensed bed capacity by:

12 (a) Submitting a letter of intent to expand to the department of health and senior services
13 and the health facilities review committee;

14 (b) Certification from the department of health and senior services that the facility:

15 a. Has no patient care class I deficiencies within the last eighteen months; and

16 b. Has maintained [~~a ninety-percent~~] **an eighty-five percent** average occupancy rate for
17 the previous six quarters;

18 (c) Has made an effort to purchase beds for eighteen months following the date the letter
19 of intent to expand is submitted pursuant to paragraph (a) of this subdivision. For purposes of
20 this paragraph, an "effort to purchase" means a copy certified by the offeror as an offer to
21 purchase beds from another licensed facility in the same licensure category; and

22 (d) If an agreement is reached by the selling and purchasing entities, the health facilities
23 review committee shall issue a certificate of need for the expansion of the purchaser facility upon
24 surrender of the seller's license; or

25 (e) If no agreement is reached by the selling and purchasing entities, the health facilities
26 review committee shall permit an expansion for:

27 a. A facility with more than forty beds may expand its licensed bed capacity within the
28 same licensure category by twenty-five percent or thirty beds, whichever is greater, if that same
29 licensure category in such facility has experienced an average occupancy of ninety-three percent
30 or greater over the previous six quarters;

31 b. A facility with fewer than forty beds may expand its licensed bed capacity within the
32 same licensure category by twenty-five percent or ten beds, whichever is greater, if that same
33 licensure category in such facility has experienced an average occupancy of ninety-two percent
34 or greater over the previous six quarters;

35 c. A facility adding beds pursuant to subparagraphs a. or b. of this paragraph shall not
36 expand by more than fifty percent of its then licensed bed capacity in the qualifying licensure
37 category;

38 (2) Any beds sold shall, for five years from the date of relicensure by the purchaser,
39 remain unlicensed and unused for any long-term care service in the selling facility, whether they
40 do or do not require a license;

41 (3) The beds purchased shall, for two years from the date of purchase, remain in the bed
42 inventory attributed to the selling facility and be considered by the department of social services
43 as licensed and available for purposes of this section;

44 (4) Any residential care facility licensed pursuant to chapter 198 may relocate any
45 portion of such facility's current licensed beds to any other facility to be licensed within the same
46 licensure category if both facilities are under the same licensure ownership or control, and are
47 located within six miles of each other;

48 (5) A facility licensed pursuant to chapter 198 may transfer or sell individual long-term
49 care licensed **and available** beds to facilities qualifying pursuant to paragraphs (a) and (b) of
50 subdivision (1) of this subsection. Any facility which transfers or sells licensed **and available**
51 beds shall not expand its licensed bed capacity in that licensure category for a period of five years
52 from the date the licensure is relinquished **or until the average occupancy of licensed and**
53 **available beds in that licensure category within a fifteen-mile radius is eighty-five percent**
54 **for the prior six quarters. Any facility that transfers or sells licensed and available beds**
55 **shall have an average occupancy rate of less than seventy percent in the last six quarters.**

56 5. Any existing licensed and operating health care facility offering long-term care
57 services may replace one-half of its licensed beds at the same site or a site not more than thirty
58 miles from its current location if, for at least the most recent four consecutive calendar quarters,
59 the facility operates only fifty percent of its then licensed capacity with every resident residing
60 in a private room. In such case:

61 (1) The facility shall report to the health and senior services vacant beds as unavailable
62 for occupancy for at least the most recent four consecutive calendar quarters;

63 (2) The replacement beds shall be built to private room specifications and only used for
64 single occupancy; and

65 (3) The existing facility and proposed facility shall have the same owner or owners,
66 regardless of corporate or business structure, and such owner or owners shall stipulate in writing
67 that the existing facility beds to be replaced will not later be used to provide long-term care
68 services. If the facility is being operated under a lease, both the lessee and the owner of the
69 existing facility shall stipulate the same in writing.

70 6. Nothing in this section shall prohibit a health care facility licensed pursuant to chapter
71 198 from being replaced in its entirety within fifteen miles of its existing site so long as the
72 existing facility and proposed or replacement facility have the same owner or owners regardless
73 of corporate or business structure and the health care facility being replaced remains unlicensed

74 and unused for any long-term care services whether they do or do not require a license from the
75 date of licensure of the replacement facility.

**208.057. 1. Notwithstanding any other provision of law, any recipient who is
2 receiving benefits under MO HealthNet and becomes ineligible for such benefits due to
3 increased income from employment may remain eligible for such benefits if such recipient
4 pays a premium, to be paid through a payroll deduction when applicable.**

**5 2. The monthly premium charged to persons receiving MO HealthNet benefits
6 under this section shall be calculated as follows:**

**7 (1) For recipients whose income exceeds the maximum allowable monthly federal
8 poverty income level for the applicable family size by no more than five hundred dollars,
9 twenty-five percent of the amount by which the recipient's income exceeds such maximum;**

**10 (2) For recipients whose income exceeds the maximum allowable monthly federal
11 poverty income level for the applicable family size by more than five hundred dollars but
12 no more than one thousand dollars, fifty percent of the amount by which the recipient's
13 income exceeds such maximum; and**

**14 (3) For recipients whose income exceeds the maximum allowable monthly federal
15 poverty income level for the applicable family size by more than one thousand dollars;
16 seventy-five percent of the amount by which the recipient's income exceeds such maximum.**

**17 3. The premium shall be paid on a monthly basis by the recipient or may be paid
18 on a different periodic basis if through a payroll deduction consistent with the payroll
19 period of the recipient's employer.**

**20 4. Recipients in the program who fail to pay the premium owed shall lose all MO
21 HealthNet benefits after sixty days of nonpayment.**

**22 5. The department shall develop a payroll deduction program in conjunction with
23 the department of revenue and shall promulgate rules for the payment of premiums
24 through such payroll deduction program or via an alternate method to be determined by
25 the department.**

**26 6. The department of social services shall pursue all necessary waivers from the
27 federal government to implement this section.**

**28 7. The department of social services shall establish a program to assist recipients
29 of MO HealthNet benefits while they work toward gaining employment, increasing income,
30 or gaining work-related education or training. The program is intended for recipients who
31 are capable of working, to maintain their MO HealthNet benefits while they obtain gainful
32 employment with the goal of eventually having sufficient income to transition onto a
33 commercial insurance program.**

34 **8. Recipients paying premiums in the program shall also be eligible for voluntary**
 35 **training regarding interview skills, education options, and other necessary tools in order**
 36 **to broaden employment opportunities or pursue a desired career field.**

37 **9. Under section 23.253 of the Missouri Sunset Act:**

38 **(1) The provisions of the new program authorized under this section shall**
 39 **automatically sunset two years after the effective date of this section, unless reauthorized**
 40 **by an act of the general assembly;**

41 **(2) If such program is reauthorized, the program authorized under this section**
 42 **shall automatically sunset five years after the effective date of the reauthorization of this**
 43 **section; and**

44 **(3) If such program is reauthorized under subdivision (2) of this subsection, the**
 45 **provisions of this section shall not sunset.**

46 **10. The director shall promulgate all necessary rules and regulations for the**
 47 **administration of this section including rules related to premium amounts to be set for**
 48 **recipients under the program and rules for the payment of premiums through an optional**
 49 **payroll deduction program and through an optional payment method. Any rule or portion**
 50 **of a rule, as that term is defined in section 536.010, that is created under the authority**
 51 **delegated in this section shall become effective only if it complies with and is subject to all**
 52 **of the provisions of chapter 536 and, if applicable, section 536.028. This section and**
 53 **chapter 536 are nonseverable, and if any of the powers vested with the general assembly**
 54 **pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul**
 55 **a rule are subsequently held unconstitutional, then the grant of rulemaking authority and**
 56 **any rule proposed or adopted after August 28, 2020, shall be invalid and void.**

208.175. 1. The "Drug Utilization Review Board" is hereby established within the MO
 2 HealthNet division and shall be composed of the following ~~twelve~~ health care professionals who
 3 shall be appointed by the governor and whose appointment shall be subject to the advice and
 4 consent of the senate:

5 ~~(1) Six physicians who shall include:~~

6 ~~— (a) Three physicians who hold the doctor of medicine degree and are active in medical~~
 7 ~~practice;~~

8 ~~— (b) Two physicians who hold the doctor of osteopathy degree and are active in medical~~
 9 ~~practice; and~~

10 ~~— (c) One physician who holds the doctor of medicine or the doctor of osteopathy degree~~
 11 ~~and is active in the practice of psychiatry;~~

12 ~~— (2) Six actively practicing pharmacists who shall include:~~

13 ~~—— (a) Three pharmacists who hold bachelor of science degrees in pharmacy and are active~~
14 ~~as retail or patient care pharmacists;~~

15 ~~—— (b) Two pharmacists who hold advanced clinical degrees in pharmacy and are active in~~
16 ~~the practice of pharmaceutical therapy and clinical pharmaceutical management; and~~

17 ~~—— (c) One pharmacist who holds either a bachelor of science degree in pharmacy or an~~
18 ~~advanced clinical degree in pharmacy and is employed by a pharmaceutical manufacturer of~~
19 ~~Medicaid-approved formulary drugs; and~~

20 ~~—— (3) One certified medical quality assurance registered nurse with an advanced degree.~~

21 ~~—— 2. The membership of the drug utilization review board shall include health care~~
22 ~~professionals who have recognized knowledge and expertise in one or more of the following:~~

23 ~~—— (1) The clinically appropriate prescribing of covered outpatient drugs;~~

24 ~~—— (2) The clinically appropriate dispensing and monitoring of covered outpatient drugs;~~

25 ~~—— (3) Drug use review, evaluation and intervention;~~

26 ~~—— (4) Medical quality assurance.~~

27 ~~—— 3. A chairperson shall be elected by the board members. The board shall meet at least~~
28 ~~once every ninety days. A quorum of eight members, including no fewer than three physicians~~
29 ~~and three pharmacists, shall be required for the board to act in its official capacity.] **At least four**~~

30 **members, but no more than six members, shall be licensed and actively practicing**
31 **physicians;**

32 **(a) At least one physician shall be a doctor of medicine;**

33 **(b) At least one physician shall be a doctor of osteopathy;**

34 **(2) At least four members shall be licensed and actively practicing pharmacists;**

35 **(3) At least one member shall be a licensed and actively practicing psychiatrist or**
36 **psychiatric nurse practitioner; and**

37 **(4) All other members shall be licensed and actively practicing physicians, subject**
38 **to the limitation in subdivision (1) of this subsection; pharmacists; or nurse practitioners.**

39 [4.] **2.** Members appointed pursuant to subsection 1 of this section shall serve four-year
40 terms, except that of the original members, four shall be appointed for a term of two years, four
41 shall be appointed for a term of three years and five shall be appointed for a term of four years.
42 Members may be reappointed.

43 [5.] **3.** The members of the drug utilization review board or any regional advisory
44 committee shall receive no compensation for their services other than reasonable expenses
45 actually incurred in the performance of their official duties.

46 [6.] **4.** The drug utilization review board shall, either directly or through contracts
47 between the MO HealthNet division and accredited health care educational institutions, state
48 medical societies or state pharmacist associations or societies or other appropriate organizations,

49 provide for educational outreach programs to educate practitioners on common drug therapy
50 problems with the aim of improving prescribing and dispensing practices.

51 ~~[7.]~~ **5.** The drug utilization review board shall monitor drug usage and prescribing
52 practices in the Medicaid program. The board shall conduct its activities in accordance with the
53 requirements of subsection (g) of section 4401 of the Omnibus Budget Reconciliation Act of
54 1990 (P.L. 101-508). ~~[The board shall publish an educational newsletter to Missouri Medicaid~~
55 ~~providers as to its considered opinion of the proper usage of the Medicaid formulary. It]~~ **The**
56 **board** shall advise providers of inappropriate drug utilization when it deems it appropriate to do
57 so.

58 ~~[8.]~~ **6.** The drug utilization review board may provide advice on guidelines, policies, and
59 procedures necessary to establish and maintain the Missouri Rx plan.

60 ~~[9.]~~ **7.** Office space and support personnel shall be provided by the MO HealthNet
61 division.

62 ~~[10.]~~ ~~Subject to appropriations made specifically for that purpose, up to six regional~~
63 ~~advisory committees to the drug utilization review board may be appointed. Members of the~~
64 ~~regional advisory committees shall be physicians and pharmacists appointed by the drug~~
65 ~~utilization review board. Each such member of a regional advisory committee shall have~~
66 ~~recognized knowledge and expertise in one or more of the following:~~

- 67 ~~—— (1) The clinically appropriate prescribing of covered outpatient drugs;~~
68 ~~—— (2) The clinically appropriate dispensing and monitoring of covered outpatient drugs;~~
69 ~~—— (3) Drug use review, evaluation, and intervention; or~~
70 ~~—— (4) Medical quality assurance.]~~

209.150. 1. Every person with a ~~[visual, aural, or other]~~ disability, ~~[including diabetes,]~~
2 as defined in section 213.010, shall have the same rights afforded to a person with no such
3 disability to the full and free use of the streets, highways, sidewalks, walkways, public buildings,
4 public facilities, and other public places.

5 2. Every person with a ~~[visual, aural, or other]~~ disability, ~~[including diabetes,]~~ as defined
6 in section 213.010, is entitled to full and equal accommodations, advantages, facilities, and
7 privileges of all common carriers, airplanes, motor vehicles, railroad trains, motor buses, taxis,
8 streetcars, boats or any other public conveyances or modes of transportation, hotels, lodging
9 places, places of public accommodation, amusement or resort, and other places to which the
10 general public is invited, subject only to the conditions and limitations established by law and
11 applicable alike to all persons.

12 3. Every person with a ~~[visual, aural, or other]~~ disability, ~~[including diabetes,]~~ as defined
13 in section 213.010, shall have the right to be accompanied by a ~~[guide dog, hearing dog, or]~~
14 **service dog or dogs, as defined in section 209.200**, which is especially trained for the purpose,

15 in any of the places listed in subsection 2 of this section without being required to pay an extra
 16 charge for the ~~[guide dog, hearing dog, or]~~ service dog **or dogs, as defined in section 209.200;**
 17 provided that such person shall be liable for any damage done to the premises or facilities by
 18 such dog.

19 4. As used in sections 209.150 to 209.190, the term "service dog" ~~[means any dog~~
 20 ~~specifically trained to assist a person with a physical or mental disability by performing necessary~~
 21 ~~tasks or doing work which the person cannot perform. Such tasks shall include, but not be~~
 22 ~~limited to, pulling a wheelchair, retrieving items, carrying supplies, and search and rescue of an~~
 23 ~~individual with a disability]~~ **shall have the same definition as in section 209.200.**

209.200. As used in sections ~~[209.200]~~ **209.150** to 209.204, not to exceed the provisions
 2 of the Americans With Disabilities Act, the following terms shall mean:

3 (1) "Disability", as defined in section 213.010 including diabetes;

4 (2) "Service dog", a dog that is being or has been ~~[specially]~~ **individually** trained to do
 5 work or perform tasks ~~[which]~~ **for the benefit [a particular person] of an individual** with a
 6 disability, **including a physical, sensory, psychiatric, intellectual, or other mental disability.**
 7 Service dog includes but is not limited to:

8 (a) "Guide dog", a dog that is being or has been specially trained to assist a particular
 9 blind or visually impaired person;

10 (b) "Hearing dog", a dog that is being or has been specially trained to assist a particular
 11 deaf or hearing-impaired person;

12 (c) "Medical alert or ~~[respond]~~ **response dog**", a dog that is being or has been trained to
 13 alert a person with a disability that a particular medical event is about to occur or to respond to
 14 a medical event that has occurred;

15 (d) **"Mental health service dog" or "psychiatric service dog", a dog individually**
 16 **trained for its owner who is diagnosed with a psychiatric disability, medical condition, or**
 17 **developmental disability recognized in the most recently published Diagnostic and**
 18 **Statistical Manual of Mental Disorders (DSM) to perform tasks that mitigate or assist with**
 19 **difficulties directly related to the owner's psychiatric disability, medical condition, or**
 20 **developmental disability;**

21 (e) "Mobility dog", a dog that is being or has been specially trained to assist a person
 22 with a disability caused by physical impairments;

23 ~~[(e)]~~ (f) "Professional therapy dog", a dog which is selected, trained, and tested to
 24 provide specific physical therapeutic functions, under the direction and control of a qualified
 25 handler who works with the dog as a team as a part of the handler's occupation or profession.
 26 Such dogs, with their handlers, perform such functions in institutional settings, community-based
 27 group settings, or when providing services to specific persons who have disabilities.

28 Professional therapy dogs do not include dogs, certified or not, which are used by volunteers in
29 visitation therapy;

30 ~~(f)~~ (g) "Search and rescue dog", a dog that is being or has been trained to search for or
31 prevent a person with a mental disability, including but not limited to verbal and nonverbal
32 autism, from becoming lost;

33 (3) "Service dog team", a team consisting of a trained service dog, a disabled person or
34 child, and a person who is an adult and who has been trained to handle the service dog.

209.204. 1. Any person who knowingly impersonates a person with a disability for the
2 purpose of receiving the accommodations regarding service dogs under the Americans with
3 Disabilities Act, 42 U.S.C. Section 12101, et seq., is guilty of a class C misdemeanor and shall
4 also be civilly liable for the amount of any actual damages resulting from such impersonation.
5 Any second or subsequent violation of this section is a class B misdemeanor. For purposes of
6 this section, "impersonates a person with a disability" means a representation by word or action
7 as a person with a disability ~~[or a representation of a dog by word or action as a service dog].~~

8 **2. No person shall knowingly misrepresent a dog as a service dog for the purpose**
9 **of receiving the accommodations regarding service dogs under the Americans with**
10 **Disabilities Act, 42 U.S.C. Section 12101, et seq. For purposes of this section,**
11 **"misrepresent a dog as a service dog" means a representation by word or action that a dog**
12 **has been trained as a service dog, as defined in section 209.200. Misrepresentation of a**
13 **service dog shall include, but shall not be limited to:**

14 (1) **Knowingly creating documents that falsely represent that a dog is a service dog;**

15 (2) **Knowingly providing to another person documents falsely stating that a dog is**
16 **a service dog;**

17 (3) **Knowingly fitting a dog, if the dog is not a service dog, with a harness, collar,**
18 **vest, or sign of the type commonly used by a person with a disability to indicate a dog is a**
19 **service dog; or**

20 (4) **Knowingly representing that a dog is a service dog if the dog has not completed**
21 **training to perform disability-related tasks or do disability-related work for a person with**
22 **a disability.**

23 **A person who violates this subsection is guilty of a class C misdemeanor and shall also be**
24 **civilly liable for any actual damages resulting from such misrepresentation. Any second**
25 **or subsequent violation of this subsection is a class B misdemeanor.**

26 **3. No person shall knowingly misrepresent any animal as an assistance animal for**
27 **the purpose of receiving the accommodations regarding assistance animals under the Fair**
28 **Housing Act, 42 U.S.C. Section 3601, et seq., or the Rehabilitation Act, 29 U.S.C. Section**
29 **701, et seq. For the purposes of this section an "assistance animal" is an animal that**

30 works, provides assistance, or performs tasks, or is being trained to work, provide
31 assistance, or perform tasks, for the benefit of a person with a disability, or that provides
32 emotional support that alleviates one or more identified effects of a person's disability.
33 While dogs are the most common type of assistance animal, other animals may also be
34 assistance animals. Misrepresentation of an assistance animal shall include, but shall not
35 be limited to:

36 (1) Knowingly creating documents that falsely represent that an animal is an
37 assistance animal;

38 (2) Knowingly providing to another person documents falsely stating that an
39 animal is an assistance animal;

40 (3) Knowingly fitting an animal, if the animal is not an assistance animal, with a
41 harness, collar, vest, or sign of the type commonly used by a person with a disability to
42 indicate an animal is an assistance animal; or

43 (4) Knowingly and intentionally misrepresenting a material fact to a health care
44 provider for the purpose of obtaining documentation from the health care provider
45 necessary to designate an animal as an assistance animal. All documentation for an
46 assistance animal shall be from a qualified professional as permitted under the Fair
47 Housing Act, 42 U.S.C. Section 3601, et seq., or the Rehabilitation Act, 29 U.S.C. Section
48 701, et seq.

49

50 A person who violates this subsection is guilty of a class C misdemeanor and shall also be
51 civilly liable for any actual damages resulting from such misrepresentation. Any second
52 or subsequent violation of this subsection is a class B misdemeanor.

53 4. The governor's council on disability shall prepare and make available online a
54 placard suitable for posting in a front window or door, stating that service dogs are
55 welcome and that misrepresentation of a service dog is a violation of Missouri law, and a
56 brochure detailing permissible questions, as allowed by the Americans with Disabilities
57 Act, a business owner may ask in order to determine whether a dog is a service dog and
58 guidelines defining unacceptable behavior.

59 5. The governor's council on disability shall prepare and make available online a
60 brochure for landlords and tenants regarding laws relating to service dogs, assistance
61 animals, and housing under federal and Missouri law.

217.850. 1. A person commits the offense of unlawful use of unmanned aircraft
2 over a correctional center if he or she purposely:

3 (1) Operates an unmanned aircraft within a vertical distance of four hundred feet
4 over a correctional center's secure perimeter fence; or

- 5 **(2) Allows an unmanned aircraft to make contact with a correctional center,**
6 **including any person or object on the premises of or within the facility.**
- 7 **2. For purposes of this section, "correctional center" shall include:**
- 8 **(1) Any correctional center as defined in section 217.010;**
9 **(2) Any private jail as defined in section 221.095; and**
10 **(3) Any county or municipal jail.**
- 11 **3. The provisions of this section shall not prohibit the operation of an unmanned**
12 **aircraft by:**
- 13 **(1) An employee of the correctional center at the direction of the chief**
14 **administrative officer of the facility;**
- 15 **(2) A person who has written consent from the chief administrative officer of the**
16 **facility;**
- 17 **(3) An employee of a law enforcement agency, fire department, or emergency**
18 **medical service in the exercise of official duties;**
- 19 **(4) A government official or employee in the exercise of official duties;**
20 **(5) A public utility or a rural electric cooperative if:**
- 21 **(a) The unmanned aircraft is used for the purpose of inspecting, repairing, or**
22 **maintaining utility transmission or distribution lines or other utility equipment or**
23 **infrastructure;**
- 24 **(b) The utility notifies the correctional center before flying the unmanned aircraft,**
25 **except during an emergency; and**
- 26 **(c) The person operating the unmanned aircraft does not physically enter the**
27 **prohibited space without an escort provided by the correctional center;**
- 28 **(6) An employee of a railroad in the exercise of official duties on any land owned**
29 **or operated by a railroad corporation regulated by the Federal Railroad Administration;**
30 **or**
- 31 **(7) A person operating an unmanned aircraft pursuant to and in compliance with**
32 **any waiver issued by the Federal Aviation Authority under 14 CFR 107.200.**
- 33 **4. The offense of unlawful use of unmanned aircraft over a correctional center shall**
34 **be punishable as an infraction unless the person uses an unmanned aircraft for the purpose**
35 **of:**
- 36 **(1) Delivering a gun, knife, weapon, or other article that may be used in such**
37 **manner to endanger the life of an offender or correctional center employee, in which case**
38 **the offense is a class B felony;**
- 39 **(2) Facilitating an escape from confinement under section 575.210, in which case**
40 **the offense is a class C felony; or**

41 **(3) Delivering a controlled substance, as that term is defined under section 195.010,**
42 **in which case the offense is a class D felony.**

43 **5. Each correctional center shall post a sign warning of the provisions of this**
44 **section. The sign shall be at least eleven inches by fourteen inches and posted in a**
45 **conspicuous place.**

261.099. 1. The Missouri department of agriculture or its representative, the
2 **Missouri department of natural resources, the county sheriff for the county in which the**
3 **facility is located, the United States Department of Agriculture, and any other federal or**
4 **Missouri state agency with statutory or regulatory authority over the products, animals,**
5 **or processes described in subdivisions (1) to (4) of this subsection have the exclusive**
6 **authority to inspect grounds or facilities that are located in Missouri and that are used for:**

7 **(1) The production of eggs;**

8 **(2) The production of milk or other dairy products;**

9 **(3) The raising of livestock or poultry; or**

10 **(4) The production or raising of dogs or other animals that are not used to produce**
11 **any food product.**

12 **2. Unless specifically requested by the owner of the grounds or facilities, an**
13 **individual, a corporation or other association, a governmental agency, or any other entity**
14 **shall not inspect the grounds or facilities described under subsection 1 of this section to**
15 **enforce or carry out the laws or administrative rules of a state other than Missouri.**

16 **3. (1) This section shall not apply to inspections performed in any charter county**
17 **or any city not within a county.**

18 **(2) This section shall not apply to inspections performed on any manufacturing**
19 **component of any production agriculture farm.**

262.760. 1. Notwithstanding any other provision of law to the contrary, except as
2 **provided in this section, no village, town, city, or county, including any home rule city, shall**
3 **enact any law, ordinance, or rule that terminates, bans, or effectively bans by creating**
4 **undue financial hardship the job or use of working animals or an enterprise employing**
5 **working animals.**

6 **2. Nothing in this section shall alter state or federal laws or statutes that regulate**
7 **animal care, public health, or safety.**

8 **3. Nothing in this section shall prevent the establishment of or alter village, town,**
9 **city, or county laws, ordinances, or rules enacted pursuant to chapter 89 regarding animal**
10 **care, public health, traffic regulations, or public safety unless such law, ordinance, or rule**
11 **is in violation of this section, in which case this section shall supersede such law, ordinance,**
12 **or rule.**

13 **4. For purposes of this section, the term "working animal" means any animal used**
14 **for the purpose of performing a specific duty or function including entertainment,**
15 **transportation, education, or exhibition by for-profit and not-for-profit entities.**

311.020. The term "intoxicating liquor" as used in this chapter shall mean and include
2 alcohol for beverage purposes, alcoholic, spirituous, vinous, fermented, malt, or other liquors,
3 or combination of liquors, a part of which is spirituous, vinous, or fermented, and all
4 preparations or mixtures for beverage purposes, containing in excess of one-half of one percent
5 by volume. **The term "intoxicating liquor" shall include "powdered alcohol", which means**
6 **alcohol that is prepared in a powdered, crystalline, or capsule form either for direct use**
7 **or for reconstitution.** All beverages having an alcoholic content of less than one-half of one
8 percent by volume shall be exempt from the provisions of this chapter~~[, but subject to inspection~~
9 ~~as provided by sections 196.365 to 196.445].~~

376.383. 1. For purposes of this section and section 376.384, the following terms shall
2 mean:

3 (1) "Claimant", any individual, corporation, association, partnership or other legal entity
4 asserting a right to payment arising out of a contract or a contingency or loss covered under a
5 health benefit plan as defined in section 376.1350;

6 (2) "Clean claim", a claim that has no defect, impropriety, lack of any required
7 substantiating documentation, or particular circumstance requiring special treatment that
8 prevents timely payment;

9 (3) "Deny" or "denial", when the health carrier refuses to reimburse all or part of the
10 claim;

11 (4) "Health care provider", health care provider as defined in section 376.1350;

12 (5) "Health care services", health care services as defined in section 376.1350;

13 (6) "Health carrier", health carrier as defined in section 376.1350 and any self-insured
14 health plan, to the extent allowed by federal law; except that health carrier shall not include a
15 workers' compensation carrier providing benefits to an employee pursuant to chapter 287. For
16 the purposes of this section and section 376.384, third-party contractors are health carriers;

17 (7) "Processing days", number of days the health carrier or any of its agents, subsidiaries,
18 contractors, subcontractors, or third-party contractors has the claim in its possession. Processing
19 days shall not include days in which the health carrier is waiting for a response to a request for
20 additional information from the claimant;

21 (8) "Request for additional information", a health carrier's electronic or facsimile request
22 for additional information from the claimant specifying all of the documentation or information
23 necessary to process all of the claim, or all of the claim on a multi-claim form, as a clean claim
24 for payment;

25 (9) "Third-party contractor", a third party contracted with the health carrier to receive or
26 process claims for reimbursement of health care services.

27 2. Within forty-eight hours after receipt of an electronically filed claim by a health carrier
28 or a third-party contractor, a health carrier shall send an electronic acknowledgment of the date
29 of receipt.

30 3. Within thirty processing days after receipt of a filed claim by a health carrier or a
31 third-party contractor, a health carrier shall send an electronic or facsimile notice of the status
32 of the claim that notifies the claimant:

33 (1) Whether the claim is a clean claim as defined under this section; or

34 (2) The claim requires additional information from the claimant.

35

36 If the claim is a clean claim, then the health carrier shall pay or deny the claim. If the claim
37 requires additional information, the health carrier shall include in the notice a request for
38 additional information. If a health carrier pays the claim, this subsection shall not apply.

39 4. Within ten processing days after receipt of additional information by a health carrier
40 or a third-party contractor, a health carrier shall pay the claim or any undisputed part of the claim
41 in accordance with this section or send an electronic or facsimile notice of receipt and status of
42 the claim:

43 (1) That denies all or part of the claim and specifies each reason for denial; or

44 (2) That makes a final request for additional information.

45 5. Within five processing days after the day on which the health carrier or a third-party
46 contractor receives the additional requested information in response to a final request for
47 information, it shall pay the claim or any undisputed part of the claim or deny the claim.

48 6. If the health carrier has not paid the claimant on or before the forty-fifth processing
49 day from the date of receipt of the claim, the health carrier shall pay the claimant one percent
50 interest per month and a penalty in an amount equal to one percent of the claim per day. The
51 interest and penalty shall be calculated based upon the unpaid balance of the claim as of the
52 forty-fifth processing day. **On claims where the amount owed by the health carrier exceeds**
53 **thirty five thousand dollars on the unpaid balance of a claim, the health carrier shall pay**
54 **the claimant one percent interest per month and a penalty in an amount equal to one**
55 **percent of the claim per day for a maximum of one-hundred days, and thereafter shall pay**
56 **the claimant two percent interest per month.** The interest and penalty paid pursuant to this
57 subsection shall be included in any late reimbursement without the necessity for the person that
58 filed the original claim to make an additional claim for that interest and penalty. A health carrier
59 may combine interest payments and make payment once the aggregate amount reaches one
60 hundred dollars. **Any claim or portion of a claim subject to interest and penalties under this**

61 **section where the amount owed by a health carrier to a claimant exceeds ten thousand**
62 **dollars for such claim, penalties shall accrue for no more than one hundred processing**
63 **days, Any claim or portion of a claim which has been properly denied before the forty-fifth**
64 **processing day under this section and section 376.384 shall not be subject to interest or penalties.**
65 **For a claim or any portion of such claim that was denied before the forty-fifth processing**
66 **day, interest and penalties shall begin to accrue beginning on the day the first appeal is**
67 **filed by the claimant with the health carrier until such claim is paid if the claim or portion**
68 **of the claim is approved. If any appeal filed with the health carrier does not result in the**
69 **disputed claim or portion of such claim being approved for payment to the claimant, and**
70 **a petition is filed in a court of competent jurisdiction to recover payment of all or part of**
71 **such claim, interest and penalties shall continue to accrue for no more than one hundred**
72 **days from the day the first appeal was filed by the claimant with the health carrier, and**
73 **such interest and penalties shall [cease to] continue to accrue [on the day] ten days after [a**
74 **petition is filed in] a court of competent jurisdiction [to recover payment of such claim] finds**
75 **that the claim or portion of the claim shall be paid to the claimant.** Upon a finding by a
76 court of competent jurisdiction that the health carrier failed to pay a claim, interest, or penalty
77 without good cause, the court shall enter judgment for reasonable attorney fees for services
78 necessary for recovery. Upon a finding that a health care provider filed suit without reasonable
79 grounds to recover a claim, the court shall award the health carrier reasonable attorney fees
80 necessary to the defense.

81 7. The department of commerce and insurance shall monitor denials and determine
82 whether the health carrier acted reasonably.

83 8. If a health carrier or third-party contractor has reasonable grounds to believe that a
84 fraudulent claim is being made, the health carrier or third-party contractor shall notify the
85 department of commerce and insurance of the fraudulent claim pursuant to sections 375.991 to
86 375.994.

87 9. Denial of a claim shall be communicated to the claimant and shall include the specific
88 reason why the claim was denied. Any claim for which the health carrier has not communicated
89 a specific reason for the denial shall not be considered denied under this section or section
90 376.384.

91 10. Requests for additional information shall specify all of the documentation and
92 additional information that is necessary to process all of the claim, or all of the claims on a multi-
93 claim form, as a clean claim for payment. Information requested shall be reasonable and pertain
94 solely to the health carrier's liability. The health carrier shall acknowledge receipt of the
95 requested additional information to the claimant within five calendar days or pay the claim.

376.782. 1. As used in this section, the term "low-dose mammography screening" means
2 the X-ray examination of the breast using equipment specifically designed and dedicated for
3 mammography, including the X-ray tube, filter, compression device, **detector**, films, and
4 cassettes, with an average radiation exposure delivery of less than one rad mid-breast, with two
5 views for each breast, and any fee charged by a radiologist or other physician for reading,
6 interpreting or diagnosing based on such X-ray. As used in this section, the term "low-dose
7 mammography screening" shall also include digital mammography and breast tomosynthesis.
8 As used in this section, the term "breast tomosynthesis" shall mean a radiologic procedure that
9 involves the acquisition of projection images over the stationary breast to produce cross-sectional
10 digital three-dimensional images of the breast.

11 2. All individual and group health insurance policies providing coverage on an expense-
12 incurred basis, individual and group service or indemnity type contracts issued by a nonprofit
13 corporation, individual and group service contracts issued by a health maintenance organization,
14 all self-insured group arrangements to the extent not preempted by federal law and all managed
15 health care delivery entities of any type or description, that are delivered, issued for delivery,
16 continued or renewed on or after August 28, 1991, and providing coverage to any resident of this
17 state shall provide benefits or coverage for low-dose mammography screening for any
18 nonsymptomatic woman covered under such policy or contract which meets the minimum
19 requirements of this section. Such benefits or coverage shall include at least the following:

20 (1) A baseline mammogram for women age thirty-five to thirty-nine, inclusive;

21 (2) A mammogram every year for women age forty and over;

22 (3) A mammogram **every year** for any woman ~~[, upon the recommendation of a~~
23 ~~physician, where such woman, her mother or her sister has a prior history of breast cancer]~~
24 **deemed by a treating physician to have an above-average risk for breast cancer in**
25 **accordance with the American College of Radiology guidelines for breast cancer screening;**

26 (4) **Any additional or supplemental imaging, such as breast magnetic resonance**
27 **imaging or ultrasound, deemed medically necessary by a treating physician for proper**
28 **breast cancer screening or evaluation in accordance with applicable American College of**
29 **Radiology guidelines; and**

30 (5) **Ultrasound or magnetic resonance imaging services, if determined by a treating**
31 **physician to be medically necessary for the screening or evaluation of breast cancer for any**
32 **woman deemed by the treating physician to have an above-average risk for breast cancer**
33 **in accordance with American College of Radiology guidelines for breast cancer screening.**

34 3. Coverage and benefits ~~[related to mammography as]~~ required **[by]** **under** this section
35 shall be at least as favorable and subject to the same dollar limits, deductibles, and co-payments
36 as other radiological examinations; provided, however, that on and after January 1, 2019,

37 providers of ~~[low-dose mammography screening]~~ **health care services specified under this**
38 **section** shall be reimbursed at rates accurately reflecting the resource costs specific to each
39 modality, including any increased resource cost ~~[of breast tomosynthesis]~~.

376.1578. 1. Within two working days after receipt of a ~~[faxed or mailed completed]~~
2 **credentialing** application, the health carrier shall send a notice of receipt to the practitioner. A
3 health carrier shall provide access to a provider web portal that allows the practitioner to receive
4 notice of the status of an electronically submitted application.

5 2. **If a health carrier determines the application is not a completed application the**
6 **health carrier shall have ten days from the date of the notice of receipt in subsection 1 of**
7 **this section to request any additional information from the practitioner. The application**
8 **shall be considered a completed application upon receipt of the requested additional**
9 **information from the practitioner. Within two working days of receipt of the requested**
10 **additional information, the health carrier shall send a notice to the practitioner informing**
11 **them that they have submitted a completed application. If the health carrier does not**
12 **request additional information, the application shall be deemed completed as of the date**
13 **of the notice of receipt required by subsection 1 of this section.**

14 3. A health carrier shall assess a health care practitioner's **completed** credentialing
15 ~~[information]~~ **application** and make a decision as to whether to approve or deny the
16 practitioner's credentialing application **and notify the practitioner of such decision** within sixty
17 ~~[business]~~ days of the date of receipt of the completed application. The sixty-day deadline
18 established in this section shall not apply if the application or subsequent verification of
19 information indicates that the practitioner has:

20 (1) A history of behavioral disorders or other impairments affecting the practitioner's
21 ability to practice, including but not limited to substance abuse;

22 (2) Licensure disciplinary actions against the practitioner's license to practice imposed
23 by any state or territory or foreign jurisdiction;

24 (3) Had the practitioner's hospital admitting or surgical privileges or other organizational
25 credentials or authority to practice revoked, restricted, or suspended based on the practitioner's
26 clinical performance; or

27 (4) A judgment or judicial award against the practitioner arising from a medical
28 malpractice liability lawsuit.

29 4. **If a practitioner's application is approved, the health carrier shall provide**
30 **payments for covered health services performed by the practitioner during the**
31 **credentialing period if the provision of services were on behalf of an entity that had a**
32 **contract with such health carrier during the Credentialing Period. The contracted entity**
33 **for whom the practitioner is providing services shall submit to the health carrier all claims**

34 for services provided by such practitioner during the credentialing period, within six
35 months after the health carrier has approved that practitioner's credentialing application.

36 Claims submitted for reimbursement under this section shall be sent to the carrier by the
37 provider in a single request or as few requests as practical subject to any technical
38 constraints or other issues out of the contracted provider's control. "Credentialing
39 Period" shall mean the time between the date the practitioner submits a completed
40 application to the health carrier to be credentialed and the date the practitioner's
41 credentialing is approved by the health carrier.

42 5. A health carrier shall not require a practitioner to be credentialed in order to
43 receive payments for covered health services if the practitioner is providing coverage for
44 an absent credentialed practitioner during a temporary period of time not to exceed sixty
45 days. Any practitioner authorized to receive payments for covered services under this
46 section shall provide notice to the health carrier, including but not limited to name, medical
47 license information, estimated duration of absence, and practitioner's name and medical
48 license information providing coverage for such absent credentialed practitioner. A health
49 carrier may deny payments if the practitioner providing services in lieu of the credentialed
50 provider meets one of the conditions in subdivisions 1 to 4 in subsection 3 of this section.

51 6. For the purposes of this section "covered health services" shall mean any services
52 provided by a practitioner that would otherwise be covered if provided by a credentialed
53 provider.

54 7. All claims eligible for payment as described in subsections 4 and 5 of this section
55 shall be subject to section 376.383.

56 [3] 8. The department of commerce and insurance shall establish a mechanism for
57 reporting alleged violations of this section to the department.

577.800. 1. A person commits the offense of unlawful use of unmanned aircraft
2 over an open air facility if he or she purposely:

3 (1) Operates an unmanned aircraft within a vertical distance of four hundred feet
4 from the ground and within the property line of an open air facility; or

5 (2) Uses an unmanned aircraft with the purpose of delivering to a person within an
6 open air facility any object described in subdivision (1) or (2) of subsection 4 of this section.

7 2. For purposes of this section, "open air facility" shall mean any sports, theater,
8 music, performing arts, or other entertainment facility with a capacity of five thousand
9 people or more and is not completely enclosed by a roof or other structure.

10 3. The provisions of this section shall not prohibit the operation of an unmanned
11 aircraft by:

12 **(1) An employee of an open air facility at the direction of the president or chief**
13 **executive officer of the open air facility;**

14 **(2) A person who has written consent from the president or chief executive officer**
15 **of the open air facility;**

16 **(3) An employee of a law enforcement agency, fire department, or emergency**
17 **medical service in the exercise of official duties;**

18 **(4) A government official or employee in the exercise of official duties;**

19 **(5) A public utility or a rural electric cooperative if:**

20 **(a) The unmanned aircraft is used for the purpose of inspecting, repairing, or**
21 **maintaining utility transmission or distribution lines, other utility equipment, or**
22 **infrastructure;**

23 **(b) The utility or cooperative notifies the open air facility before flying the**
24 **unmanned aircraft, except during an emergency; and**

25 **(c) The person operating the unmanned aircraft does not physically enter the**
26 **prohibited space without an escort provided by the open air facility; or**

27 **(6) An employee of a railroad in the exercise of official duties on any land owned**
28 **or operated by a railroad corporation regulated by the federal railroad administration.**

29 **4. The offense of unlawful use of unmanned aircraft over an open air facility shall**
30 **be punishable as an infraction unless the person uses an unmanned aircraft for:**

31 **(1) Delivering a gun, knife, weapon, or other article that may be used in such**
32 **manner to endanger the life of an employee or guest at an open air facility, in which case**
33 **the offense is a class B felony; or**

34 **(2) Delivering a controlled substance, as that term is defined in chapter 195, in**
35 **which case the offense is a class D felony.**

36 **5. Each open air facility shall post a sign warning of the provisions of this section.**
37 **The sign shall be at least eleven inches by fourteen inches and posted in a conspicuous**
38 **place.**

595.201. 1. This section shall be known and may be cited as the "Sexual Assault
2 **Survivors' Bill of Rights".**

3 **2. The rights provided to survivors in this section attach whenever a survivor is**
4 **subject to a forensic examination, as provided in section 595.220; and whenever a survivor**
5 **is subject to an interview by a law enforcement official, prosecuting attorney, or defense**
6 **attorney. A survivor retains all the rights of this section at all times regardless of whether**
7 **the survivor agrees to participate in the criminal justice system or in family court; and**
8 **regardless of whether the survivor consents to a forensic examination to collect sexual**

9 assault forensic evidence. The following rights shall be afforded to sexual assault
10 survivors:

11 (1) A survivor has the right to consult with an employee or volunteer of a rape crisis
12 center during any forensic examination that are subject to confidentiality requirements
13 pursuant to section 455.003, as well as the right to have a support person of the survivor's
14 choosing present, subject to federal regulations as provided in 42 CFR 482; and during any
15 interview by a law enforcement official, prosecuting attorney, or defense attorney. A
16 survivor retains this right even if the survivor has waived the right in a previous
17 examination or interview;

18 (2) Reasonable costs incurred by a medical provider for the forensic examination
19 portion of the examination of a survivor shall be paid by the department of public safety,
20 out of appropriations made for that purpose, as provided under section 595.220.
21 Evidentiary collection kits shall be developed and made available, subject to
22 appropriations, to appropriate medical providers by the highway patrol or its designees
23 and eligible crime laboratories. All appropriate medical provider charges for eligible
24 forensic examinations shall be billed to and paid by the department of public safety;

25 (3) Before a medical provider commences a forensic examination of a survivor, the
26 medical provider shall provide the survivor with a document to be developed by the
27 department of public safety that explains the rights of survivors, pursuant to this section,
28 in clear language that is comprehensible to a person proficient in English at the fifth grade
29 level, accessible to persons with visual disabilities, and available in all major languages of
30 the state. This document shall include, but is not limited to:

31 (a) The survivor's rights pursuant to this section and other rules and regulations
32 by the department of public safety and the department of health and senior services, which
33 shall be signed by the survivor of sexual assault to confirm receipt;

34 (b) The survivor's right to consult with an employee or volunteer of a rape crisis
35 center, to be summoned by the medical provider before the commencement of the forensic
36 examination, unless no employee or volunteer of a rape crisis center can be summoned in
37 a reasonably timely manner, and to have present at least one support person of the victim's
38 choosing;

39 (c) If an employee or volunteer of a rape crisis center or a support person cannot
40 be summoned in a timely manner, the ramifications of delaying the forensic examination;
41 and

42 (d) After the forensic examination, the survivor's right to shower at no cost, unless
43 showering facilities are not reasonably available;

44 **(4) Before commencing an interview of a survivor, a law enforcement officer,**
45 **prosecuting attorney, or defense attorney shall inform the survivor of the following:**

46 **(a) The survivor's rights pursuant to this section and other rules and regulations**
47 **by the department of public safety and the department of health and senior services, which**
48 **shall be signed by the survivor of sexual assault to confirm receipt;**

49 **(b) The survivor's right to consult with an employee or volunteer of a rape crisis**
50 **center during any interview by a law enforcement official, prosecuting attorney, or defense**
51 **attorney, to be summoned by the interviewer before the commencement of the interview,**
52 **unless no employee or volunteer of a rape crisis center can be summoned in a reasonably**
53 **timely manner;**

54 **(c) The survivor's right to have a support person of the survivor's choosing present**
55 **during any interview by a law enforcement officer, prosecuting attorney, or defense**
56 **attorney, unless the law enforcement officer, prosecuting attorney, or defense attorney**
57 **determines in his or her good faith professional judgment that the presence of that**
58 **individual would be detrimental to the purpose of the interview; and**

59 **(d) For interviews by a law enforcement officer, the survivor's right to be**
60 **interviewed by a law enforcement official of the gender of the survivor's choosing. If no**
61 **law enforcement official of that gender is reasonably available, the survivor shall be**
62 **interviewed by an available law enforcement official only upon the survivor's consent;**

63 **(5) The right to counsel during an interview by a law enforcement officer or during**
64 **any interaction with the legal or criminal justice systems within the state;**

65 **(6) A law enforcement official, prosecuting attorney, or defense attorney shall not,**
66 **for any reason, discourage a survivor from receiving a forensic examination;**

67 **(7) A survivor has the right to prompt analysis of sexual assault forensic evidence,**
68 **as provided under section 595.220;**

69 **(8) A survivor has the right to be informed, upon the survivor's request, of the**
70 **results of the analysis of the survivor's sexual assault forensic evidence, whether the**
71 **analysis yielded a DNA profile, and whether the analysis yielded a DNA match, either to**
72 **the named perpetrator or to a suspect already in CODIS. The survivor has the right to**
73 **receive this information through a secure and confidential message in writing from the**
74 **crime laboratory so that the survivor can call regarding the results;**

75 **(9) A defendant or person accused or convicted of a crime against a survivor shall**
76 **have no standing to object to any failure to comply with this section, and the failure to**
77 **provide a right or notice to a survivor under this section may not be used by a defendant**
78 **to seek to have the conviction or sentence set aside;**

79 **(10) The failure of a law enforcement agency to take possession of any sexual**
80 **assault forensic evidence or to submit that evidence for analysis within the time prescribed**
81 **under section 595.220 does not alter the authority of a law enforcement agency to take**
82 **possession of that evidence or to submit that evidence to the crime laboratory, and does not**
83 **alter the authority of the crime laboratory to accept and analyze the evidence or to upload**
84 **the DNA profile obtained from that evidence into CODIS. The failure to comply with the**
85 **requirements of this section does not constitute grounds in any criminal or civil proceeding**
86 **for challenging the validity of a database match or of any database information, and any**
87 **evidence of that DNA record shall not be excluded by a court on those grounds;**

88 **(11) No sexual assault forensic evidence shall be used to prosecute a survivor for**
89 **any misdemeanor crimes or any misdemeanor crime pursuant to sections 579.015 to**
90 **579.185; or as a basis to search for further evidence of any unrelated misdemeanor crimes**
91 **or any misdemeanor crime pursuant to sections 579.015 to 579.185, that shall have been**
92 **committed by the survivor, except that sexual assault forensic evidence shall be admissible**
93 **as evidence in any criminal or civil proceeding against the defendant or person accused;**

94 **(12) Upon initial interaction with a survivor, a law enforcement officer shall**
95 **provide the survivor with a document to be developed by the department of public safety**
96 **that explains the rights of survivors, pursuant to this section, in clear language that is**
97 **comprehensible to a person proficient in English at the fifth grade level, accessible to**
98 **persons with visual disabilities, and available in all major languages of the state. This**
99 **document shall include, but is not limited to:**

100 **(a) A clear statement that a survivor is not required to participate in the criminal**
101 **justice system or to receive a forensic examination in order to retain the rights provided**
102 **by this section and other relevant law;**

103 **(b) Telephone and internet means of contacting nearby rape crisis centers and**
104 **employees or volunteers of a rape crisis center;**

105 **(c) Forms of law enforcement protection available to the survivor, including**
106 **temporary protection orders, and the process to obtain such protection;**

107 **(d) Instructions for requesting the results of the analysis of the survivor's sexual**
108 **assault forensic evidence; and**

109 **(e) State and federal compensation funds for medical and other costs associated**
110 **with the sexual assault and any municipal, state, or federal right to restitution for survivors**
111 **in the event of a criminal trial;**

112 **(13) A law enforcement official shall, upon written request by a survivor, furnish**
113 **within fourteen days of receiving such request a free, complete, and unaltered copy of all**

114 law enforcement reports concerning the sexual assault, regardless of whether the report
115 has been closed by the law enforcement agency;

116 (14) A prosecuting attorney shall, upon written request by a survivor, provide:

117 (a) Timely notice of any pretrial disposition of the case;

118 (b) Timely notice of the final disposition of the case, including the conviction,
119 sentence, and place and time of incarceration;

120 (c) Timely notice of a convicted defendant's location, including whenever the
121 defendant receives a temporary, provisional, or final release from custody, escapes from
122 custody, is moved from a secure facility to a less secure facility, or re-enters custody; and

123 (d) A convicted defendant's information on a sex offender registry, if any;

124 (15) In either a civil or criminal case relating to the sexual assault, a survivor has
125 the right to be reasonably protected from the defendant and persons acting on behalf of
126 the defendant, as provided under section 595.209 and Article I, Section 32 of the Missouri
127 Constitution;

128 (16) A survivor has the right to be free from intimidation, harassment, and abuse,
129 as provided under section 595.209 and Article I, Section 32 of the Missouri Constitution;

130 (17) A survivor shall not be required to submit to a polygraph examination as a
131 prerequisite to filing an accusatory pleading, as provided under 595.223, or to participating
132 in any part of the criminal justice system;

133 (18) A survivor has the right to be heard through a survivor impact statement at
134 any proceeding involving a post-arrest release decision, plea, sentencing, post-conviction
135 release decision, or any other proceeding where a right of the survivor is at issue, as
136 provided under section 595.229 and Article I, Section 32 of the Missouri Constitution.

137 3. For purposes of this section, the following terms mean:

138 (1) "CODIS", the Federal Bureau of Investigation's Combined DNA Index System
139 that allows the storage and exchange of DNA records submitted by federal, state, and local
140 DNA crime laboratories. The term "CODIS" includes the National DNA Index System
141 administered and operated by the Federal Bureau of Investigation;

142 (2) "Crime", an act committed in this state which, regardless of whether it is
143 adjudicated, involves the application of force or violence or the threat of force or violence
144 by the offender upon the victim and shall include the crime of driving while intoxicated,
145 vehicular manslaughter and hit and run; and provided, further, that no act involving the
146 operation of a motor vehicle, except driving while intoxicated, vehicular manslaughter and
147 hit and run, which results in injury to another shall constitute a crime for the purpose of
148 this section, unless such injury was intentionally inflicted through the use of a motor

149 vehicle. A crime shall also include an act of terrorism, as defined in 18 U.S.C. Section 2331,
150 which has been committed outside of the United States against a resident of Missouri;

151 (3) "Crime laboratory", a laboratory operated or supported financially by the
152 state, or any unit of city, county, or other local Missouri government that employs at least
153 one scientist who examines physical evidence in criminal matters and provides expert or
154 opinion testimony with respect to such physical evidence in a state court of law;

155 (4) "Disposition", the sentencing or determination of a penalty or punishment to
156 be imposed upon a person convicted of a crime or found delinquent or against who a
157 finding of sufficient facts for conviction or finding of delinquency is made;

158 (5) "Law enforcement official", a sheriff and his regular deputies, municipal police
159 officer, or member of the Missouri state highway patrol and such other persons as may be
160 designated by law as peace officers;

161 (6) "Medical provider", any qualified health care professional, hospital, other
162 emergency medical facility, or other facility conducting a forensic examination of the
163 survivor;

164 (7) "Rape crisis center", any public or private agency that offers assistance to
165 victims of sexual assault, as the term sexual assault is defined in section 455.010, who are
166 adults, as defined by section 455.010, or qualified minors, as defined by section 431.056;

167 (8) "Restitution", money or services which a court orders a defendant to pay or
168 render to a survivor as part of the disposition;

169 (9) "Sexual assault survivor", any person who is a victim of an alleged sexual
170 offense under sections 566.010 to 566.223 and, if the survivor is incompetent, deceased, or
171 a minor who is unable to consent to counseling services, the parent, guardian, spouse, or
172 any other lawful representative of the survivor, unless such person is the alleged assailant;

173 (10) "Sexual assault forensic evidence", any human biological specimen collected
174 by a medical provider during a forensic medical examination from an alleged survivor, as
175 provided for in section 595.220, including, but not limited to, a toxicology kit;

176 (11) "Survivor", a natural person who suffers direct or threatened physical,
177 emotional, or financial harm as the result of the commission or attempted commission of
178 a crime. The term "victim" also includes the family members of a minor, incompetent or
179 homicide victim.

2 595.202. 1. There is hereby created the "Missouri Rights of Victims of Sexual
3 Assault Task Force" to consist of the following members:

(1) The following four members of the general assembly:

4 (a) Two members of the senate, with no more than one member from the same
5 political party and each member to be appointed by the president pro tempore of the
6 senate; and

7 (b) Two members of the house of representatives, with no more than one member
8 from the same political party and each member to be appointed by the speaker of the house
9 of representatives;

10 (2) The director of the department of health and senior services or his or her
11 designee;

12 (3) A private citizen appointed by the governor;

13 (4) A representative of a statewide coalition against domestic and sexual violence
14 appointed by the governor;

15 (5) A representative of rape crisis centers appointed by the governor;

16 (6) The superintendent of the Missouri highway patrol or his or her designee;

17 (7) A law enforcement officer appointed by the governor;

18 (8) The director of the Missouri highway patrol crime lab or his or her designee;

19 (9) An attorney appointed by the governor; and

20 (10) A representative of the Missouri Hospital Association.

21 2. The task force shall study nationally recognized best practices and make
22 recommendations regarding:

23 (1) The development and implementation of an effective mechanism for submitting,
24 tracking, and investigating complaints regarding the handling of, or response to, a sexual
25 assault report or investigation by any agency or organization involved in the response;

26 (2) The development of documentation for medical providers and law enforcement
27 officers, in conjunction with the department of public safety, to provide to survivors
28 informing them of their rights pursuant to section 595.201;

29 (3) Whether a need exists for additional employees or volunteers of a rape crisis
30 center for victims of sexual assault, and if such a need does exist, the task force shall:

31 (a) Create a plan for how the state can provide, in conjunction with rape crisis
32 centers, victims' advocates organizations, and the department of health and senior services,
33 additional employees or volunteers of a rape crisis center to meet the needs identified; and

34 (b) Determine the cost of funding such a plan;

35 (4) Whether a need exists to expand the right to an employee or volunteer of a rape
36 crisis center beyond the medical examination and law enforcement interview settings, and
37 if such a need does exist, the task force shall:

38 (a) Identify the scope and nature of the need; and

39 **(b) Make recommendations on how best to fill that need, whether legislatively or**
40 **otherwise;**

41 **(5) Whether a need exists to provide for ongoing evaluation of the implementation**
42 **of these rights, and if such a need does exist, the task force shall:**

43 **(a) Identify the scope and nature of the need; and**

44 **(b) Make recommendations on how best to fill that need, whether legislatively or**
45 **otherwise.**

46 **3. The task force shall:**

47 **(1) Collect data regarding sexual assault reporting, arrests, prosecution rates,**
48 **access to sexual assault victims services, and any other data important for its deliberations**
49 **and recommendations; and**

50 **(2) Collect feedback from stakeholders, practitioners, and leadership throughout**
51 **the state and local law enforcement, victim services, forensic science practitioners, and**
52 **health care communities to inform development of future best practices or clinical**
53 **guidelines regarding the care and treatment of survivors.**

54 **4. The department of public safety shall provide administrative support to the task**
55 **force.**

56 **5. On or before December 31, 2021, the task force shall submit a report on its**
57 **findings to the governor and general assembly. The report shall include any dissenting**
58 **opinions in addition to any majority opinions.**

59 **6. The task force shall expire on December 31, 2021.**

595.220. 1. The department of public safety shall make payments to appropriate medical
2 providers, out of appropriations made for that purpose, to cover the reasonable charges of the
3 forensic examination of persons who may be a victim of a sexual offense if:

4 (1) The victim or the victim's guardian consents in writing to the examination; and

5 (2) The report of the examination is made on a form approved by the attorney general
6 with the advice of the department of public safety.

7 The department shall establish maximum reimbursement rates for charges submitted under this
8 section, which shall reflect the reasonable cost of providing the forensic exam.

9 2. A minor may consent to examination under this section. Such consent is not subject
10 to disaffirmance because of minority, and consent of parent or guardian of the minor is not
11 required for such examination. The appropriate medical provider making the examination shall
12 give written notice to the parent or guardian of a minor that such an examination has taken place.

13 3. The department of public safety, with the advice of the attorney general, shall develop
14 the forms and procedures for gathering, transmitting, and storing evidence during and after the
15 forensic examination under the provisions of this section. The department of health and senior

16 services shall develop a checklist, protocols, and procedures for appropriate medical providers
17 to refer to while providing medical treatment to victims of a sexual offense, including those
18 specific to victims who are minors. The procedures for transmitting and storing examination
19 evidence shall include the following requirements:

20 (1) An appropriate medical provider shall provide electronic notification to the
21 appropriate law enforcement agency when the provider has a reported or anonymous evidentiary
22 collection kit;

23 (2) Within fourteen days of notification from the appropriate medical provider, the law
24 enforcement agency shall take possession of the evidentiary collection kit;

25 (3) Within fourteen days of taking possession, the law enforcement agency shall provide
26 the evidentiary collection kit to a laboratory;

27 (4) A law enforcement agency shall secure an evidentiary collection kit for a period of
28 thirty years if the offense has not been adjudicated.

29 4. Evidentiary collection kits shall be developed and made available, subject to
30 appropriation, to appropriate medical providers by the highway patrol or its designees and
31 eligible crime laboratories. Such kits shall be distributed with the forms and procedures for
32 gathering evidence during forensic examinations of victims of a sexual offense to appropriate
33 medical providers upon request of the provider, in the amount requested, and at no charge to the
34 medical provider. All appropriate medical providers shall, with the written consent of the victim,
35 perform a forensic examination using the evidentiary collection kit, or other collection
36 procedures developed for victims who are minors, and forms and procedures for gathering
37 evidence following the checklist for any person presenting as a victim of a sexual offense.

38 5. In reviewing claims submitted under this section, the department shall first determine
39 if the claim was submitted within ninety days of the examination. If the claim is submitted within
40 ninety days, the department shall, at a minimum, use the following criteria in reviewing the
41 claim: examination charges submitted shall be itemized and fall within the definition of forensic
42 examination as defined in subdivision (6) of subsection 8 of this section.

43 6. All appropriate medical provider charges for eligible forensic examinations shall be
44 billed to and paid by the department of public safety. No appropriate medical provider
45 conducting forensic examinations and providing medical treatment to victims of sexual offenses
46 shall charge the victim for the forensic examination. For appropriate medical provider charges
47 related to the medical treatment of victims of sexual offenses, if the victim is an eligible claimant
48 under the crime victims' compensation fund, the victim shall seek compensation under sections
49 595.010 to 595.075.

50 7. The department of public safety shall establish rules regarding the reimbursement of
51 the costs of forensic examinations for children under fourteen years of age, including establishing

52 conditions and definitions for emergency and nonemergency forensic examinations and may by
53 rule establish additional qualifications for appropriate medical providers performing
54 nonemergency forensic examinations for children under fourteen years of age. The department
55 shall provide reimbursement regardless of whether or not the findings indicate that the child was
56 abused.

57 8. For purposes of this section, the following terms mean:

58 (1) "Anonymous evidentiary collection kit", an evidentiary collection kit collected from
59 a victim~~], or his or her designee,~~ **who wishes to remain anonymous, but** who has consented,
60 **or his or her designee has consented on his or her behalf,** to the collection of the evidentiary
61 collection kit~~];~~ and to participate in the criminal justice process~~], but who wishes to remain~~
62 ~~anonymous];~~

63 (2) "Appropriate medical provider":

64 (a) Any licensed nurse, physician, or physician assistant, and any institution employing
65 licensed nurses, physicians, or physician assistants, provided that such licensed professionals are
66 the only persons at such institution to perform tasks under the provisions of this section; or

67 (b) For the purposes of any nonemergency forensic examination of a child under fourteen
68 years of age, the department of public safety may establish additional qualifications for any
69 provider listed in paragraph (a) of this subdivision under rules authorized under subsection 7 of
70 this section;

71 (3) "**Component**", **any piece of evidence that contains, or may contain, DNA related**
72 **to the sexual offense for which the forensic examination was performed and that is not**
73 **stored or maintained within the evidentiary collection kit;**

74 (4) "Consent", the electronically documented authorization by the victim, or his or her
75 designee, to allow the evidentiary collection kit to be analyzed;

76 ~~[(4)]~~ (5) "Emergency forensic examination", an examination of a person under fourteen
77 years of age that occurs within five days of the alleged sexual offense. The department of public
78 safety may further define the term emergency forensic examination by rule;

79 ~~[(5)]~~ (6) "Evidentiary collection kit", a kit used during a forensic examination that
80 includes materials necessary for appropriate medical providers to gather evidence in accordance
81 with the forms and procedures developed by the department of public safety for forensic
82 examinations;

83 ~~[(6)]~~ (7) "Forensic examination", an examination performed by an appropriate medical
84 provider on a victim of an alleged sexual offense to gather evidence for the evidentiary collection
85 kit or using other collection procedures developed for victims who are minors;

86 ~~[(7)]~~ (8) "Medical treatment", the treatment of all injuries and health concerns resulting
87 directly from a patient's sexual assault or victimization;

88 [(8)] (9) "Nonemergency forensic examination", an examination of a person under
89 fourteen years of age that occurs more than five days after the alleged sexual offense. The
90 department of public safety may further define the term nonemergency forensic examination by
91 rule;

92 [(9)] (10) "Reported evidentiary collection kit", an evidentiary collection kit collected
93 from a victim, or his or her designee, who has consented to the collection of the evidentiary
94 collection kit and has consented to participate in the criminal justice process;

95 [(10)] (11) "Unreported evidentiary collection kit", an evidentiary collection kit collected
96 from a victim, or his or her designee, who has consented to the collection of the evidentiary
97 collection kit but has not consented to participate in the criminal justice process.

98 9. The attorney general shall establish protocols and an electronic platform to implement
99 an electronic evidence tracking system that:

100 (1) Identifies, documents, records, and tracks evidentiary collection kits and their
101 components, including individual specimen containers, through their existence from forensic
102 examination, to possession by a law enforcement agency, to testing, to use as evidence in
103 criminal proceedings, and until disposition of such proceedings;

104 (2) Assigns a unique alphanumeric identifier to each respective evidentiary collection
105 kit, and all its respective components, and to each respective person, or his or her designees, who
106 may handle an evidentiary test kit;

107 (3) Links the identifiers of an evidentiary collection kit and its components, which shall
108 be machine-readable indicia;

109 (4) Allows each person, or his or her designees, who is properly credentialed to handle
110 an evidentiary test kit to check the status of an evidentiary test kit or its components and to save
111 a portfolio of identifiers so that the person, or his or her designees, may track, obtain reports, and
112 receive updates ~~[of]~~ on the status of evidentiary collection kits or their components; and

113 (5) Allows sexual assault victims, or their designees, ~~[access in order to monitor the~~
114 ~~current status of their evidentiary test kit]~~ **to track and obtain reports on the status and**
115 **location of their evidentiary collection kits. This shall be a secured web-based or similar**
116 **electronic-based communications system that shall require sexual assault victims, or their**
117 **designees, to register to access tracking and reports of their evidentiary collection kits.**

118 10. **Appropriate medical providers, law enforcement agencies, laboratories, court**
119 **personnel, persons or entities involved in the final disposition or destruction of evidentiary**
120 **collection kits, and all other entities which and persons who have custody of evidentiary**
121 **collection kits shall participate in the electronic evidence tracking system.**

122 11. **The department of public safety, with the advice of the attorney general and the**
123 **assistance of the department of health and senior services, shall develop and retain within**

124 the state a central repository for unreported evidentiary collection kits, where such kits can
125 be kept in a temperature-controlled environment that preserves the integrity of the
126 evidence and diminishes degradation. Unreported evidentiary collection kits shall be
127 retained for a period of five years. In the case of a minor under the age of eighteen when
128 the unreported kit was collected, the unreported evidentiary kit shall be retained for a
129 period of five years after the victim attains the age of eighteen.

130 **12. Records entered into the electronic evidence tracking system shall be**
131 **confidential and shall not be subject to disclosure under chapter 610.**

132 **13.** The department shall have authority to promulgate rules and regulations necessary
133 to implement the provisions of this section. Any rule or portion of a rule, as that term is defined
134 in section 536.010, that is created under the authority delegated in this section shall become
135 effective only if it complies with and is subject to all of the provisions of chapter 536 and, if
136 applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the
137 powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective
138 date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of
139 rulemaking authority and any rule proposed or adopted after August 28, 2009, shall be invalid
140 and void.

632.460. 1. A person commits the offense of unlawful use of unmanned aircraft
2 **over a mental health hospital if he or she purposely:**

3 **(1) Operates an unmanned aircraft within a vertical distance of four hundred feet**
4 **over the mental health hospital's property line; or**

5 **(2) Uses an unmanned aircraft to deliver to a person confined in a mental health**
6 **hospital any object described in subdivision (1) or (3) of subsection 6 of this section.**

7 **2. For the purposes of subsection 1 of this section, vertical distance extends from**
8 **ground level.**

9 **3. For purposes of this section, "mental health hospital" shall mean a facility**
10 **operated by the department of mental health to provide inpatient evaluation, treatment,**
11 **or care to persons suffering from a mental disorder, as defined under section 630.005;**
12 **mental illness, as defined under section 630.005; or mental abnormality, as defined under**
13 **section 632.480.**

14 **4. The provisions of this section shall not prohibit the operation of an unmanned**
15 **aircraft by:**

16 **(1) An employee of the mental health hospital at the direction of the chief**
17 **administrative officer of the mental health hospital;**

18 **(2) A person who has written consent from the chief administrative officer of the**
19 **mental health hospital;**

20 **(3) An employee of a law enforcement agency, fire department, or emergency**
21 **medical service in the exercise of official duties;**

22 **(4) A government official or employee in the exercise of official duties;**

23 **(5) A public entity or a rural electric cooperative if:**

24 **(a) The unmanned aircraft is used for the purpose of inspecting, repairing, or**
25 **maintaining utility transmission or distribution lines or other utility equipment or**
26 **infrastructure;**

27 **(b) The utility notifies the mental health hospital before flying the unmanned**
28 **aircraft, except during an emergency; and**

29 **(c) The person operating the unmanned aircraft does not physically enter the**
30 **prohibited space without an escort provided by the mental health hospital;**

31 **(6) An employee of a railroad in the exercise of official duties on any land owned**
32 **or operated by a railroad corporation regulated by the Federal Railway Administration;**
33 **or**

34 **(7) A person operating an unmanned aircraft pursuant to and in compliance with**
35 **any waiver issued by the Federal Aviation Authority under 14 CFR 107.200.**

36 **5. Each mental health hospital shall post a sign warning of the provisions of this**
37 **section. The sign shall be at least eleven inches by fourteen inches and posted in a**
38 **conspicuous place.**

39 **6. The offense of unlawful use of unmanned aircraft over a mental health hospital**
40 **shall be punishable as an infraction unless the person uses an unmanned aircraft for the**
41 **purpose of:**

42 **(1) Delivering a gun, knife, weapon, or other article that may be used in such**
43 **manner to endanger the life of a patient or mental health hospital employee, in which case**
44 **the offense is a class B felony;**

45 **(2) Facilitating an escape from commitment or detention under section 575.195, in**
46 **which case the offense is a class C felony; or**

47 **(3) Delivering a controlled substance, as that term is defined under section 195.010,**
48 **in which case the offense is a class D felony.**

Section B. Because immediate action is necessary to ensure that all owners, officers,
2 managers, contractors, employees, and other support staff of medical marijuana facilities be
3 subjected to state and federal fingerprint-based criminal background checks to ensure the
4 integrity of the Missouri medical marijuana industry, the enactment of section 195.815 of this
5 act is deemed necessary for the immediate preservation of the public health, welfare, peace, and
6 safety, and the enactment of section 195.815 of this act is hereby declared to be an emergency
7 act within the meaning of the constitution, and the enactment of section 195.815 of this act shall

8 be in full force and effect on July 1, 2020, or upon its passage and approval, whichever occurs
9 later.

✓