

FIRST REGULAR SESSION
[TRULY AGREED TO AND FINALLY PASSED]
SENATE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE SUBSTITUTE FOR
HOUSE BILL NO. 432

101ST GENERAL ASSEMBLY

1150S.06T

2021

AN ACT

To repeal sections 160.263, 192.2520, 193.075, 197.135, 208.018, 208.053, 208.227, 208.285, 210.115, 210.150, 210.201, 210.251, 210.252, 210.950, 211.211, 376.2034, 452.410, 566.150, and 633.200, RSMo, and to enact in lieu thereof thirty-seven new sections relating to the protection of vulnerable persons, 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 160.263, 192.2520, 193.075, 197.135, 208.018, 208.053, 208.227, 208.285, 210.115, 210.150, 210.201, 210.251, 210.252, 210.950, 211.211, 376.2034, 452.410, 566.150, and 633.200, RSMo, are repealed and thirty-seven new sections enacted in lieu thereof, to be known as sections 160.263, 160.3005, 162.686, 178.935, 191.116, 192.2520, 193.075, 197.135, 208.018, 208.053, 208.226, 208.227, 208.285, 208.1060, 210.115, 210.121, 210.150, 210.156, 210.201, 210.251, 210.252, 210.950, 210.1225, 211.211, 261.450, 285.625, 285.630, 285.635, 285.650, 285.665, 285.670, 376.1228, 376.1551, 376.2034, 452.410, 566.150, and 633.200, to read as follows:

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

(1) **"Mechanical restraint", the use of any device or equipment to restrict a student's freedom of movement. "Mechanical restraint" shall not include devices implemented by trained personnel or used by a student with a prescription for such devices**

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.

5 from an appropriate medical or related services professional and that are used for specific
6 and approved purposes for which such devices were designed, such as the following:

7 (a) Adaptive devices or mechanical supports used to achieve proper body position,
8 balance, or alignment to allow greater freedom of mobility than would be possible without
9 the use of such devices or mechanical supports;

10 (b) Vehicle safety restraints when used as intended during the transport of a
11 student in a moving vehicle;

12 (c) Restraints for medical immobilization; or

13 (d) Orthopedically prescribed devices that permit a student to participate in
14 activities without risk;

15 (2) "Physical restraint", a personal restriction such as person-to-person physical
16 contact that immobilizes, reduces, or restricts the ability of a student to move the student's
17 torso, arms, legs, or head freely. "Physical restraint" shall not include:

18 (a) A physical escort, which is a temporary touching or holding of the hand, wrist,
19 arm, shoulder, or back for the purpose of inducing a student to walk to a safe location;

20 (b) Comforting or calming a student;

21 (c) Holding a student's hand to transport the student for safety purposes;

22 (d) Intervening in a fight; or

23 (e) Using an assistive or protective device prescribed by an appropriately trained
24 professional or professional team;

25 (3) "Prone restraint", using mechanical or physical restraint or both to restrict a
26 student's movement while the student is lying with the student's front or face downward;

27 (4) "Restraint" includes, but is not limited to, mechanical restraint, physical
28 restraint, and prone restraint;

29 (5) "Seclusion", the involuntary confinement of a student alone in a room or area
30 that the student is physically prevented from leaving and that complies with the building
31 code in effect in the school district. "Seclusion" shall not include the following:

32 (a) A timeout, which is a behavior management technique that is part of an
33 approved program, involves the monitored separation of the student in a nonlocked setting,
34 and is implemented for the purpose of calming;

35 (b) In-school suspension;

36 (c) Detention; or

37 (d) Other appropriate disciplinary measures.

38 2. The school discipline policy under section 160.261 shall ~~prohibit~~ reserve confining
39 a student in ~~[an unattended, locked space except for an emergency situation while awaiting the~~

40 ~~arrival of law enforcement personnel]~~ seclusion for situations or conditions in which there
41 is imminent danger of physical harm to self or others.

42 **3. For all school years beginning on or after July 1, 2022, no school district, charter**
43 **school, or publicly contracted private provider shall use any mechanical, physical, or prone**
44 **restraint technique that:**

45 **(1) Obstructs views of the student's face;**

46 **(2) Obstructs the student's respiratory airway, impairs the student's breathing or**
47 **respiratory capacity, or restricts the movement required for normal breathing to cause**
48 **positional or postural asphyxia;**

49 **(3) Places pressure or weight on or causes the compression of the student's chest,**
50 **lungs, sternum, diaphragm, back, abdomen, or genitals;**

51 **(4) Obstructs the student's circulation of blood;**

52 **(5) Involves pushing on or into the student's mouth, nose, eyes, or any part of the**
53 **face or involves covering the face or body with anything including, but not limited to, soft**
54 **objects such as pillows, blankets, or washcloths;**

55 **(6) Endangers the student's life or significantly exacerbates the student's medical**
56 **condition;**

57 **(7) Is purposely designed to inflict pain;**

58 **(8) Restricts the student from communicating. If an employee physically restrains**
59 **a student who uses sign language or an augmentative mode of communication as the**
60 **student's primary mode of communication, the student shall be permitted to have the**
61 **student's hands free of restraint for brief periods unless an employee determines that such**
62 **freedom appears likely to result in harm to self or others.**

63 ~~[2-]~~ **4. (1)** By July 1, 2011, the local board of education of each school district shall
64 adopt a written policy that comprehensively addresses the use of restrictive behavioral
65 interventions as a form of discipline or behavior management technique. The policy shall be
66 consistent with professionally accepted practices and standards of student discipline, behavior
67 management, health and safety, including the safe schools act. The policy shall include but not
68 be limited to:

69 ~~[(1)]~~ **(a)** Definitions of restraint, seclusion, and time-out and any other terminology
70 necessary to describe the continuum of restrictive behavioral interventions available for use or
71 prohibited in the district, **consistent with the provisions of this section;**

72 ~~[(2)]~~ **(b)** Description of circumstances under which a restrictive behavioral intervention
73 is allowed and prohibited, **consistent with the provisions of this section,** and any unique
74 application requirements for specific groups of students such as differences based on age,
75 disability, or environment in which the educational services are provided;

76 ~~[(3)]~~ (c) Specific implementation requirements associated with a restrictive behavioral
77 intervention such as time limits, facility specifications, training requirements or supervision
78 requirements; and

79 ~~[(4)]~~ (d) Documentation, notice and permission requirements associated with use of a
80 restrictive behavioral intervention.

81 **(2) Before July 1, 2022, each written policy adopted under this subsection shall be**
82 **updated to prohibit the school district, charter school, or publicly contracted private**
83 **provider from using any restraint that employs any technique listed in subsection 3 of this**
84 **section.**

85 **(3) Before July 1, 2022, each written policy adopted under this subsection shall be**
86 **updated to state that the school district, charter school, or publicly contracted private**
87 **provider will reserve restraint or seclusion for situations or conditions in which there is**
88 **imminent danger of physical harm to self or others.**

89 **5. Before July 1, 2022, each school district, charter school, and publicly contracted**
90 **private provider shall ensure that the policy adopted under subsection 4 of this section**
91 **requires the following:**

92 **(1) Any student placed in seclusion or restraint shall be removed from such**
93 **seclusion or restraint as soon as the school district, charter school, or publicly contracted**
94 **private provider determines that the student is no longer an imminent danger of physical**
95 **harm to self or others;**

96 **(2) All school district, charter school, and publicly contracted private provider**
97 **personnel shall annually review the policy and procedures involving the use of seclusion**
98 **and restraint. Personnel who use seclusion or restraint shall annually complete mandatory**
99 **training in the specific seclusion and restraint techniques the school district, charter school,**
100 **or publicly contracted private provider uses under this section;**

101 **(3) (a) Each time seclusion or restraint is used for a student, the incident shall be**
102 **monitored by a member of the school district, charter school, or publicly contracted private**
103 **provider personnel, and a report shall be completed by the school district, charter school,**
104 **or publicly contracted private provider that contains, at a minimum, the following:**

105 **a. The date, time of day, location, duration, and description of the incident and**
106 **interventions;**

107 **b. Any event leading to the incident and the reason for using seclusion or restraint;**

108 **c. A description of the methods of seclusion or restraint used;**

109 **d. The nature and extent of any injury to the student;**

110 **e. The names, roles, and certifications of each employee involved in the use of**
111 **seclusion or restraint;**

- 112 **f. The name, role, and signature of the person who prepared the report;**
113 **g. The name of an employee whom the parent or guardian can contact regarding**
114 **the incident and use of seclusion or restraint;**
115 **h. The name of an employee to contact if the parent or guardian wishes to file a**
116 **complaint; and**
117 **i. A statement directing parents and legal guardians to a sociological, emotional,**
118 **or behavioral support organization and a hotline number to report child abuse and neglect.**
119 **(b) The school district, charter school, or publicly contracted private provider shall**
120 **maintain the report as an education record of the student, provide a copy to the parent or**
121 **legal guardian within five school days, and a copy of each incident report shall be given to**
122 **the department of elementary and secondary education within thirty days of the incident;**
123 **(4) The school district, charter school, or publicly contracted private provider shall**
124 **attempt to notify the parents or legal guardians as soon as possible but no later than one**
125 **hour after the end of the school day on which the use of seclusion or restraint occurred.**
126 **Notification shall be oral or electronic and shall include a statement indicating that the**
127 **school district, charter school, or publicly contracted private provider will provide the**
128 **parents or legal guardians a copy of the report described in subdivision (3) of this**
129 **subsection within five school days;**
130 **(5) An officer, administrator, or employee of a public school district or charter**
131 **school shall not retaliate against any person for having:**
132 **(a) Reported a violation of any policy established under this section or failure of a**
133 **district or charter school to follow any provisions of this section in relation to incidents of**
134 **seclusion and restraint; or**
135 **(b) Provided information regarding a violation of this section by a public school**
136 **district or charter school or a member of the staff of the public school district or charter**
137 **school.**
138 **6. The department of elementary and secondary education shall compile and**
139 **maintain all incidents reported under this section in the department's core data system and**
140 **make such data available on the Missouri comprehensive data system. No personally**
141 **identifiable data shall be accessible on the database.**
142 ~~[3-]~~ **7. The department of elementary and secondary education shall, in cooperation with**
143 **appropriate associations, organizations, agencies and individuals with specialized expertise in**
144 **behavior management, develop a model policy that satisfies the requirements of subsection 2 of**
145 **this section as it existed on August 28, 2009, by July 1, 2010, and shall update such model**
146 **policy to include the requirements of subdivisions (2) and (3) of subsection 4 and subsection**
147 **5 of this section by July 1, 2022.**

160.3005. 1. Before July 1, 2022, the local board of education of each school district shall adopt a written policy that requires the administration of each public school building within the district to provide accommodations to lactating employees, teachers, and students to express breast milk, breast-feed a child, or address other needs relating to breast-feeding. The policy shall include provisions that require the district to provide a minimum of three opportunities during a school day, at intervals agreed upon by the district and the individual, to accommodate an employee's, teacher's, or student's need to express breast milk or breast-feed a child. The policy shall include provisions that require such accommodations to be available to each lactating employee, teacher, or student for at least one year following the birth of the employee's, teacher's, or student's child, and that permit such accommodations to be available for longer than one year as determined by each local school board.

2. District policies shall require each school building to contain suitable accommodation in the form of a room, other than a restroom, for the exclusive use of women to express breast milk or breast-feed a child. Such accommodation shall be located in close proximity to a sink with running water and a refrigerator for breast milk storage and have, at a minimum, the following features:

- (1) Ventilation and a door that may be locked for privacy;
- (2) A work surface and a chair; and
- (3) Conveniently-placed electrical outlets.

3. The department of elementary and secondary education shall develop a model policy that satisfies the requirements of subsections 1 and 2 of this section before January 1, 2022.

4. The department of elementary and secondary education may promulgate all necessary rules and regulations for the administration of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2021, shall be invalid and void.

162.686. 1. No school district or charter school shall prohibit a parent or legal guardian of a student from recording by audio any meeting held under the federal Individuals with Disabilities Education Act (IDEA), 20 U.S.C. Section 1400, et seq., as

4 amended, or Section 504 of the federal Rehabilitation Act of 1973, 29 U.S.C. Section 794,
5 as amended.

6 2. Any recording made by a parent or legal guardian under this section shall be the
7 property of the parent or legal guardian creating the recording. No recording made under
8 this section shall be construed to be a public record made by or prepared for any public
9 governmental body under chapter 610.

10 3. No school district or charter school shall impose pre-meeting notification
11 requirements of recording by a parent or legal guardian of more than twenty-four hours.

12 4. No school district or charter school employee who reports any violations under
13 this section shall be subject to discharge, retaliation, or any other adverse employment
14 action for making such report.

178.935. 1. For the purposes of this section, the following terms mean:

2 (1) "Certificate", authorization issued to employers by the department to pay
3 special wages to workers who have disabilities for the work being performed;

4 (2) "Commensurate Wage", a wage paid to a disabled person when his or her
5 disability impairs his or her productive and earning capacities for the work being
6 performed. The wage shall be commensurate with the worker's productivity as compared
7 to the wage and productivity of an experienced worker who is not disabled.

8 2. Notwithstanding any provision of law to contrary, the department, to the extent
9 necessary to prevent the curtailment of opportunities for employment, shall provide for the
10 employment, under special certificates, of disabled persons at sheltered workshops, at
11 wages which are:

12 (1) Lower than the wage rate applicable under sections 290.500 to 290.530;

13 (2) Commensurate with those paid to nondisabled workers, employed in the vicinity
14 in which the persons under the certificates are employed, for essentially the same type,
15 quality, and quantity of work; and

16 (3) Related to the person's productivity.

17 3. The department shall not issue a certificate under subsection 2 of this section
18 unless the sheltered workshop provides written assurances to the department of the
19 following:

20 (1) In the case of persons paid on an hourly rate basis, wages paid in accordance
21 with subsection 2 of this section shall be reviewed by the sheltered workshop at periodic
22 intervals at least once every six months; and

23 (2) Wages paid in accordance with subsection 2 of this section shall be adjusted by
24 the sheltered workshop at periodic intervals, at least once each year, to reflect changes in

25 the prevailing wage paid to experienced nondisabled persons employed in the locality for
26 essentially the same type of work.

27 4. Notwithstanding the provisions of subsection 2 of this section, no sheltered
28 workshop shall be permitted to reduce the hourly wage rate prescribed by certificate under
29 this section of any disabled worker for a period of two years from such date without prior
30 authorization from the department.

191.116. 1. There is hereby established in the department of health and senior
2 services the "Alzheimer's State Plan Task Force". The task force shall consist of twenty-
3 one members, as follows:

4 (1) The lieutenant governor, or his or her designee, who shall serve as chair of the
5 task force;

6 (2) The directors of the departments of health and senior services, social services,
7 and mental health, or their designees;

8 (3) One member of the house of representatives to be appointed by the speaker of
9 the house of representatives;

10 (4) One member of the senate to be appointed by the president pro tempore of the
11 senate;

12 (5) One member who has early-stage Alzheimer's disease or a related dementia;

13 (6) One member who is a family caregiver of a person with Alzheimer's disease or
14 a related dementia;

15 (7) One member who is a licensed physician with experience in the diagnosis,
16 treatment, and research of Alzheimer's disease;

17 (8) One member from the office of state ombudsman for long-term care facility
18 residents;

19 (9) One member representing residential long-term care;

20 (10) One member representing the home care profession;

21 (11) One member representing the adult day services profession;

22 (12) One member representing the area agencies on aging;

23 (13) One member with expertise in minority health;

24 (14) One member representing the law enforcement community;

25 (15) One member from the department of higher education and workforce
26 development with knowledge of workforce training;

27 (16) Two members representing voluntary health organizations in Alzheimer's
28 disease care, support, and research;

29 (17) One member representing licensed skilled nursing facilities; and

30 (18) One member representing Missouri veterans' homes.

31 **2. The members of the task force, other than the lieutenant governor, members**
32 **from the general assembly, and department and division directors, shall be appointed by**
33 **the governor with the advice and consent of the senate. Members shall serve on the task**
34 **force without compensation.**

35 **3. The task force shall assess all state programs that address Alzheimer's disease**
36 **and update and maintain an integrated state plan to overcome the challenges caused by**
37 **Alzheimer's disease. The state plan shall include implementation steps and**
38 **recommendations for priority actions based on this assessment. The task force's actions**
39 **shall include, but shall not be limited to, the following:**

40 **(1) Assess the current and future impact of Alzheimer's disease on residents of the**
41 **state of Missouri;**

42 **(2) Examine the existing services and resources addressing the needs of persons**
43 **with Alzheimer's disease and their families and caregivers;**

44 **(3) Develop recommendations to respond to the escalating public health crisis**
45 **regarding Alzheimer's disease;**

46 **(4) Ensure the inclusion of ethnic and racial populations that have a higher risk for**
47 **Alzheimer's disease or are least likely to receive care in clinical, research, and service**
48 **efforts, with the purpose of decreasing health disparities in Alzheimer's disease treatment;**

49 **(5) Identify opportunities for the state of Missouri to coordinate with federal**
50 **government entities to integrate and inform the fight against Alzheimer's disease;**

51 **(6) Provide information and coordination of Alzheimer's disease research and**
52 **services across all state agencies;**

53 **(7) Examine dementia-specific training requirements across health care, adult**
54 **protective services workers, law enforcement, and all other areas in which staff are**
55 **involved with the delivery of care to those with Alzheimer's disease and other dementias;**
56 **and**

57 **(8) Develop strategies to increase the diagnostic rate of Alzheimer's disease in**
58 **Missouri.**

59 **4. The task force shall deliver a report of recommendations to the governor and**
60 **members of the general assembly no later than June 1, 2022.**

61 **5. The task force shall continue to meet at the request of the chair and at a**
62 **minimum of one time annually for the purpose of evaluating the implementation and**
63 **impact of the task force recommendations and shall provide annual supplemental report**
64 **updates on the findings to the governor and the general assembly.**

65 **6. The provisions of this section shall expire on December 31, 2026.**

192.2520. 1. Sections 192.2520 and 197.135 shall be known and may be cited as the "Justice for Survivors Act".

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

- (1) "Appropriate medical provider", the same meaning as used in section 595.220;
- (2) "Department", the department of health and senior services;
- (3) "Evidentiary collection kit", the same meaning as used in section 595.220;
- (4) "Forensic examination", the same meaning as used in section 595.220;
- (5) "Telehealth", the same meaning as used in section 191.1145.

3. No later than July 1, 2022, there shall be established within the department a statewide telehealth network for forensic examinations of victims of sexual offenses in order to provide access to sexual assault nurse examiners (SANE) or other similarly trained appropriate medical providers. A statewide coordinator for the telehealth network shall be selected by the director of the department of health and senior services and shall have oversight responsibilities and provide support for the training programs offered by the network, as well as the implementation and operation of the network. **The statewide coordinator shall regularly consult with Missouri-based stakeholders and clinicians actively engaged in the collection of forensic evidence regarding the training programs offered by the network, as well as the implementation and operation of the network.**

4. The network shall provide mentoring and educational training services, including:

- (1) Conducting a forensic examination of a victim of a sexual offense, in accordance with best practices, while utilizing an evidentiary collection kit;
- (2) Proper documentation, transmission, and storage of the examination evidence;
- (3) Utilizing trauma-informed care to address the needs of victims;
- (4) Utilizing telehealth technology while conducting a live examination; and
- (5) Providing ongoing case consultation and serving as an expert witness in event of a trial.

The network shall, in the mentoring and educational training services provided, emphasize the importance of obtaining a victim's informed consent to evidence collection, including issues involving minor consent, and the scope and limitations of confidentiality regarding information gathered during the forensic examination.

5. The training offered ~~[may]~~ **shall** be made available ~~[both]~~ online ~~[or in person]~~, including the use of video conferencing technology to connect trained interdisciplinary experts with providers in a case-based learning environment, **and may also be made available in person.**

36 6. The network shall, through telehealth services available twenty-four hours a day,
37 seven days a week, by a SANE or another similarly trained appropriate medical provider, provide
38 mentoring, consultation services, guidance, and technical assistance to appropriate medical
39 providers during and outside of a forensic examination of a victim of a sexual offense. The
40 network shall ensure that the system through which the network provides telehealth services
41 meets national standards for interoperability to connect to telehealth systems.

42 7. The department may consult and enter into any necessary contracts with any other
43 local, state, or federal agency, institution of higher education, or private entity to carry out the
44 provisions of this section, including, but not limited to, a contract to:

45 (1) Develop, implement, maintain, or operate the network;

46 (2) Train and provide technical assistance to appropriate medical providers on
47 conducting forensic examinations of victims of sexual offenses and the use of telehealth services;
48 and

49 (3) Provide consultation, guidance, or technical assistance to appropriate medical
50 providers using telehealth services during a forensic examination of a victim of a sexual offense.

51 8. Beginning October 1, 2021, and each year thereafter, all hospitals licensed under
52 chapter 197 shall report to the department the following information for the previous year:

53 (1) The number of forensic examinations of victims of a sexual offense performed at the
54 hospital;

55 (2) The number of forensic examinations of victims of a sexual offense requested to be
56 performed by a victim of a sexual offense that the hospital did not perform and the reason why
57 the examination was not performed;

58 (3) The number of evidentiary collection kits submitted to a law enforcement agency for
59 testing; and

60 (4) After July 1, 2022, the number of appropriate medical providers employed at or
61 contracted with the hospital who utilized the training and telehealth services provided by the
62 network.

63

64 The information reported under this subsection and subsection 9 of this section shall not include
65 any personally identifiable information of any victim of a sexual offense or any appropriate
66 medical provider performing a forensic examination of such victim.

67 9. Beginning January 1, 2022, and each year thereafter, the department shall make
68 publicly available a report that shall include the information submitted under subsection 8 of this
69 section. The report shall also include, in collaboration with the department of public safety,
70 information about the number of evidentiary collection kits submitted by a person or entity

71 outside of a hospital setting, as well as the number of appropriate medical providers utilizing the
72 training and telehealth services provided by the network outside of a hospital setting.

73 10. (1) The funding for the network shall be subject to appropriations. In addition to
74 appropriations from the general assembly, the department shall apply for available grants and
75 shall be able to accept other gifts, grants, bequests, and donations to develop and maintain the
76 network and the training offered by the network.

77 (2) There is hereby created in the state treasury the "Justice for Survivors Telehealth
78 Network Fund", which shall consist of any gifts, grants, bequests, and donations accepted under
79 this subsection. The state treasurer shall be custodian of the fund. In accordance with sections
80 30.170 and 30.180, the state treasurer may approve disbursements. The fund shall be a dedicated
81 fund and money in the fund shall be used solely by the department for the purpose of developing
82 and maintaining the network and the training offered by the network. The state treasurer shall
83 invest moneys in the fund in the same manner as other funds are invested. Any interest and
84 moneys earned on such investments shall be credited to the fund.

85 11. The department shall promulgate rules and regulations in order to implement the
86 provisions of this section, including, but not limited to, the following:

87 (1) The operation of a statewide telehealth network for forensic examinations of victims
88 of sexual offenses;

89 (2) The development of training for appropriate medical providers conducting a forensic
90 examination of a victim of a sexual offense; and

91 (3) Maintenance of records and data privacy and security of patient information.

92

93 Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the
94 authority delegated in this section shall become effective only if it complies with and is subject
95 to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and
96 chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant
97 to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are
98 subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed
99 or adopted after August 28, 2020, shall be invalid and void.

193.075. 1. The forms of certificates and reports required by sections 193.005 to
2 193.325 or by regulations adopted hereunder shall include as a minimum the items recommended
3 by the federal agency responsible for national vital statistics.

4 2. Each certificate, report, and other document required by sections 193.005 to 193.325
5 shall be on a form or in a format prescribed by the state registrar.

6 3. All vital records shall contain the date received for registration.

7 4. Information required in certificates or reports authorized by sections 193.005 to
8 193.325 may be filed and registered by photographic, electronic, or other means as prescribed
9 by the state registrar.

10 5. In addition to other personal data required by the registrar to be entered on a birth
11 certificate, each parent shall furnish to the registrar the Social Security account number, or
12 numbers if applicable, issued to the parent unless the registrar finds good cause for not requiring
13 the furnishing of such number or numbers. Good cause shall be determined in accordance with
14 regulations established by the Secretary of the United States Department of Health and Human
15 Services. The registrar shall make numbers furnished under this section available to the family
16 support division **and the children's division** of the department of social services. Such numbers
17 shall not be recorded on the birth certificate. The family support division shall not use any Social
18 Security number furnished under the section for any purpose other than for the establishment and
19 enforcement of child support obligations, and the confidentiality provisions and penalties
20 contained in section 454.440 shall apply. **The children's division shall not use any Social**
21 **Security number furnished under this section for any purpose other than verifying the**
22 **identity of a parent of a child whose birth record information is provided under section**
23 **210.156 and the confidentiality provisions of section 210.156 shall apply.** Nothing in this
24 section shall be construed to prohibit the department of health and senior services from using
25 Social Security numbers for statistical purposes.

197.135. 1. Beginning January 1, 2023, **or no later than six months after the**
2 **establishment of the statewide telehealth network under section 192.2520, whichever is**
3 **later**, any hospital licensed under this chapter shall perform a forensic examination using an
4 evidentiary collection kit upon the request and consent of the victim of a sexual offense, or the
5 victim's guardian, when the victim is at least fourteen years of age. In the case of minor consent,
6 the provisions of subsection 2 of section 595.220 shall apply. Victims under fourteen years of
7 age shall be referred, **and victims fourteen years of age but less than eighteen years of age**
8 **may be referred**, to a SAFE CARE provider, as such term is defined in section 334.950, for
9 medical or forensic evaluation and case review. Nothing in this section shall be interpreted to
10 preclude a hospital from performing a forensic examination for a victim under fourteen years of
11 age upon the request and consent of the victim or victim's guardian, subject to the provisions of
12 section 595.220 and the rules promulgated by the department of public safety.

13 2. **(1)** An appropriate medical provider, as such term is defined in section 595.220, shall
14 perform the forensic examination of a victim of a sexual offense. The hospital shall ensure that
15 any provider performing the examination has received training conducting such examinations
16 that is, at a minimum, equivalent to the training offered by the statewide telehealth network
17 under subsection 4 of section 192.2520. **Nothing in this section shall require providers to**

18 **utilize the training offered by the statewide telehealth network, as long as the training**
19 **utilized is, at a minimum, equivalent to the training offered by the statewide telehealth**
20 **network.**

21 (2) If the provider is not a sexual assault nurse examiner (SANE), or another similarly
22 trained physician or nurse, then the hospital shall utilize telehealth services during the
23 examination, such as those provided by the statewide telehealth network, to provide guidance
24 and support through a SANE, or other similarly trained physician or nurse, who may observe the
25 live forensic examination and who shall communicate with and support the onsite provider with
26 the examination, forensic evidence collection, and proper transmission and storage of the
27 examination evidence.

28 3. The department of health and senior services may issue a waiver of the telehealth
29 requirements of subsection 2 of this section if the hospital demonstrates to the department, in
30 writing, a technological hardship in accessing telehealth services or a lack of access to adequate
31 broadband services sufficient to access telehealth services. Such waivers shall be granted
32 sparingly and for no more than a year in length at a time, with the opportunity for renewal at the
33 department's discretion.

34 4. The department shall waive the requirements of this section if the statewide telehealth
35 network established under section 192.2520 ceases operation, the director of the department of
36 health and senior services has provided written notice to hospitals licensed under this chapter that
37 the network has ceased operation, and the hospital cannot, in good faith, comply with the
38 requirements of this section without assistance or resources of the statewide telehealth network.
39 Such waiver shall remain in effect until such time as the statewide telehealth network resumes
40 operation or until the hospital is able to demonstrate compliance with the provisions of this
41 section without the assistance or resources of the statewide telehealth network.

42 5. The provisions of section 595.220 shall apply to the reimbursement of the reasonable
43 costs of the examinations and the provision of the evidentiary collection kits.

44 **6. No individual hospital shall be required to comply with the provisions of this**
45 **section and section 192.2520 unless and until the department provides such hospital with**
46 **access to the statewide telehealth network for the purposes of mentoring and training**
47 **services required under section 192.2520 without charge to the hospital.**

208.018. 1. Subject to federal approval, the department of social services shall establish
2 a pilot program for the purpose of providing Supplemental Nutrition Assistance Program
3 (SNAP) participants with access and the ability to afford fresh food when purchasing fresh food
4 at farmers' markets. The pilot program shall be established in at least one rural area and one
5 urban area. Under the pilot program, such participants shall be able to:

6 (1) Purchase fresh fruit, vegetables, meat, fish, poultry, eggs, and honey with SNAP
7 benefits with an electronic benefit transfer (EBT) card; and

8 (2) Receive a dollar-for-dollar match for every SNAP dollar spent at a participating
9 farmers' market or vending urban agricultural zone as defined in section 262.900 in an amount
10 up to ten dollars per week whenever the participant purchases fresh food with an EBT card.

11 2. For purposes of this section, the term "farmers' market" shall mean a market with
12 multiple stalls at which farmer-producers sell agricultural products, particularly fresh fruit and
13 vegetables, directly to the general public at a central or fixed location.

14 3. Purchases of approved fresh food by SNAP participants under this section shall
15 automatically trigger matching funds reimbursement into the central farmers' market vendor
16 accounts by the department.

17 4. The funding of this pilot program shall be subject to appropriation. In addition to
18 appropriations from the general assembly, the department may apply for available grants and
19 shall be able to accept other gifts, grants, and donations to develop and maintain the program.

20 5. The department shall promulgate rules setting forth the procedures and methods of
21 implementing this section. Any rule or portion of a rule, as that term is defined in section
22 536.010, that is created under and pursuant to 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, if
24 applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the
25 powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective
26 date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of
27 rulemaking authority and any rule proposed or adopted after August 28, 2014, shall be invalid
28 and void.

29 6. Under and pursuant to section 23.253 of the Missouri sunset act:

30 (1) The provisions of this section shall sunset automatically six years after ~~the effective~~
31 ~~date of this section~~ **August 28, 2021**, unless reauthorized by an act of the general assembly; and

32 (2) If such program is reauthorized, the program authorized under this section shall
33 sunset automatically twelve years after the effective date of the reauthorization of this section;
34 and

35 (3) This section shall terminate on September first of the calendar year immediately
36 following the calendar year in which the program authorized under this section is sunset.

208.053. 1. The provisions of this section shall be known as the "Low-Wage Trap
2 Elimination Act". In order to more effectively transition persons receiving state-funded child
3 care subsidy benefits under this chapter, the children's division, in conjunction with the
4 department of revenue, shall, subject to appropriations, by ~~January 1, 2013~~ **July 1, 2022**,
5 implement a pilot program in ~~at least one rural county and in at least one urban child care center~~

6 ~~that serves at least three hundred families]~~ **a county with a charter form of government and**
7 **with more than six hundred thousand but fewer than seven hundred thousand inhabitants,**
8 **a county of the first classification with more than two hundred sixty thousand but fewer**
9 **than three hundred thousand inhabitants, and a county of the first classification with more**
10 **than two hundred thousand but fewer than two hundred sixty thousand inhabitants,** to be
11 called the "Hand-Up Program", to allow ~~[willing recipients who wish to participate]~~ **applicants**
12 in the program to ~~[continue to]~~ receive ~~[such]~~ **transitional** child care ~~[subsidy]~~ benefits ~~[while~~
13 ~~sharing in the cost of such benefits through the payment of a premium, as follows:]~~ **without the**
14 **requirement that such applicants first be eligible for full child care benefits.**

15 (1) For purposes of this section, "full child care benefits" shall be the full benefits
16 awarded to a recipient based on the income eligibility amount established by the division through
17 the annual appropriations process as of August 28, ~~[2012]~~ **2021**, to qualify for the benefits and
18 shall not include the transitional child care benefits that are awarded to recipients whose income
19 surpasses the eligibility level for full benefits to continue. The hand-up program shall be
20 voluntary and shall be designed such that ~~[a participating recipient will not be faced with a~~
21 ~~sudden loss of child care benefits should the recipient's income rise above the maximum~~
22 ~~allowable monthly income for persons to receive full child care benefits as of August 28, 2012.~~
23 ~~In such instance, the recipient shall be permitted to continue to receive such benefits if the~~
24 ~~recipient pays a premium, to be paid via a payroll deduction if possible, to be applied only to that~~
25 ~~portion of the recipient's income above such maximum allowable monthly income for the receipt~~
26 ~~of full child care benefits as follows:~~

27 ~~—— (a) The premium shall be forty-four percent of the recipient's excess adjusted gross~~
28 ~~income over the maximum allowable monthly income for the applicable family size for the~~
29 ~~receipt of child care benefits;~~

30 ~~—— (b) The premium shall be paid on a monthly basis by the participating recipient, or may~~
31 ~~be paid on a different periodic basis if through a payroll deduction consistent with the payroll~~
32 ~~period of the person's employer;~~

33 ~~—— (c) The division shall develop a payroll deduction program in conjunction with the~~
34 ~~department of revenue, and shall promulgate rules for the payment of premiums, through such~~
35 ~~payroll deduction program or through an alternate method to be determined by the division, owed~~
36 ~~under the hand-up program; and~~

37 ~~—— (d) Participating recipients who fail to pay the premium owed shall be removed~~
38 ~~permanently from the program after sixty days of nonpayment;~~

39 ~~—— (2) Subject to the receipt of federal waivers if necessary, participating recipients shall~~
40 ~~be eligible to receive child care service benefits at income levels all the way up to the level at~~

41 ~~which a person's premium equals the value of the child care service benefits received by the recipient;~~
42 ~~—— (3) Only those recipients who currently receive full child care benefits as of joining the~~
43 ~~program and who had been receiving full child care service benefits for a period of at least four~~
44 ~~months prior to implementation by the division of this program shall be eligible to participate~~
45 ~~in the program. Only those recipients who agree to the terms of the hand-up program during a~~
46 ~~ninety-day sign-up period shall be allowed to participate in the program, pursuant to rules to be~~
47 ~~promulgated by the division; and~~

48 ~~—— (4)] an applicant may begin receiving the transitional child care benefit without~~
49 ~~having first qualified for the full child care benefit or any other tier of the transitional child~~
50 ~~care benefit. Under no circumstances shall any applicant be eligible for the hand-up~~
51 ~~program if the applicant's income does not fall within the transitional child care benefit~~
52 ~~income limits established through the annual appropriations process.~~

53 (2) A participating recipient shall be allowed to opt out of the program at any time, but
54 such person shall not be allowed to participate in the program a second time.

55 2. The division shall track the number of participants in the hand-up program~~], premiums~~
56 ~~and taxes paid by each participant in the program and the aggregate of such premiums and taxes,~~
57 ~~as well as the aggregate of those taxes paid on income exceeding the maximum allowable~~
58 ~~income for receiving full child care benefits outside the hand-up program,] and shall issue an~~
59 ~~annual report to the general assembly by [January 1, 2014] **September 1, 2023**, and annually on~~
60 ~~[January] **September** first thereafter, detailing the effectiveness of the pilot program in~~
61 ~~encouraging recipients to [increase their income levels above the income maximum applicable~~
62 ~~to each recipient] **secure employment earning an income greater than the maximum wage**~~
63 ~~eligible for the full child care benefit. The report shall also detail the costs of administration~~
64 ~~and the increased amount of state income tax paid [and premiums paid] as a result of the~~
65 ~~program, as well as an analysis of whether the pilot program could be expanded to include other~~
66 ~~types of benefits including but not limited to food stamps, temporary assistance for needy~~
67 ~~families, low-income heating assistance, women, infants and children supplemental nutrition~~
68 ~~program, the state children's health insurance program, and MO HealthNet benefits.~~

69 3. The division shall pursue all necessary waivers from the federal government to
70 implement the hand-up program ~~[with the goal of allowing participating recipients to receive~~
71 ~~child care service benefits at income levels all the way up to the level at which a person's~~
72 ~~premium equals the value of the child care service benefits received by the recipient]. If the~~
73 ~~division is unable to obtain such waivers, the division shall implement the program to the degree~~
74 ~~possible without such waivers.~~

75 4. ~~[(1) There is hereby created in the state treasury the "Hand-Up Program Premium~~
76 ~~Fund" which shall consist of premiums collected under this section. The state treasurer shall be~~

77 custodian of the fund. In accordance with sections 30.170 and 30.180, the state treasurer may
 78 approve disbursements. The state treasurer shall invest moneys in the fund in the same manner
 79 as other funds are invested. Any interest and moneys earned on such investments shall be
 80 credited to the fund. Notwithstanding the provisions of section 33.080 to the contrary, any
 81 moneys remaining in the fund at the end of the biennium shall not revert to the credit of the
 82 general revenue fund.

83 ~~——(2) All premiums received under the program shall be deposited in the fund, out of which
 84 the cost of administering the hand-up program shall be paid, as well as the necessary payments
 85 to the federal government and to the state general revenue fund. Child care benefits provided
 86 under the hand-up program shall continue to be paid for as under the existing state child care
 87 assistance program.~~

88 ~~——5. After the first year of the program, or sooner if feasible, the cost of administering the
 89 program shall be paid out of the premiums received. Any premiums collected exceeding the cost
 90 of administering the program shall, if required by federal law, be shared with the federal
 91 government and the state general revenue fund in the same proportion that the federal
 92 government shares in the cost of funding the child care assistance program with the state.~~

93 ~~——6.] Any rule or portion of a rule, as that term is defined in section 536.010, that is created
 94 under the authority delegated under this section shall become effective only if it complies with
 95 and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This
 96 section and chapter 536 are nonseverable and if any of the powers vested with the general
 97 assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and
 98 annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and
 99 any rule proposed or adopted after August 28, 2012, shall be invalid and void.~~

100 [7.] 5. Pursuant to section 23.253 of the Missouri sunset act:

101 (1) The provisions of the new program authorized under this section shall sunset
 102 automatically three years after August 28, [2014] 2021, unless reauthorized by an act of the
 103 general assembly; and

104 (2) If such program is reauthorized, the program authorized under this section shall
 105 sunset automatically [six] three years after the effective date of the reauthorization of this
 106 section; and

107 (3) This section shall terminate on September first of the calendar year immediately
 108 following the calendar year in which the program authorized under this section is sunset.

**208.226. 1. No restrictions to access shall be imposed that preclude availability of
 2 any individual antipsychotic medication.**

**3 2. The provisions of this section shall not prohibit the division from utilizing clinical
 4 edits to ensure clinical best practices, including, but not limited to:**

- 5 **(1) Drug safety and avoidance of harmful drug interactions;**
6 **(2) Compliance with nationally recognized and juried clinical guidelines from**
7 **national medical associations using medical evidence and emphasizing best practice**
8 **principles;**
9 **(3) Detection of patients receiving prescription drugs from multiple prescribers;**
10 **and**
11 **(4) Detection, prevention, and treatment of substance use disorders.**
- 12 **3. The division shall issue a provider update no less than twice annually to**
13 **enumerate treatment and utilization principles for MO HealthNet providers, including, but**
14 **not limited to:**
- 15 **(1) Treatment with antipsychotic drugs, as with any other form of treatment,**
16 **should be individualized in order to optimize the patient's recovery and stability;**
17 **(2) Treatment with antipsychotic drugs should be as effective, safe, and well-**
18 **tolerated as supported by best medical evidence;**
19 **(3) Treatment with antipsychotic drugs should consider the individual patient's**
20 **needs, preferences, and vulnerabilities;**
21 **(4) Treatment with antipsychotic drugs should support an improved quality of life**
22 **for the patient; and**
23 **(5) Treatment choices should be informed by the best current medical evidence and**
24 **should be updated consistent with evolving nationally recognized best practice guidelines.**
- 25 **4. If the division implements any new policy or clinical edit for an antipsychotic**
26 **drug, the division shall continue to allow MO HealthNet participants access to any**
27 **antipsychotic drug that they utilize and on which they are stable or that they have**
28 **successfully utilized previously. The division may recommend a resource list with no**
29 **restrictions to access.**

208.227. 1. [~~No restrictions to access shall be imposed that preclude availability of any~~
2 ~~individual atypical antipsychotic monotherapy for the treatment of schizophrenia, bipolar~~
3 ~~disorder, or psychosis associated with severe depression.] The division shall establish a
4 pharmaceutical case management or polypharmacy program for high risk MO HealthNet
5 participants with numerous or multiple prescribed drugs. The division shall also establish a
6 behavioral health pharmacy and opioid surveillance program to encourage the use of best
7 medical evidence-supported prescription practices. The division shall communicate with
8 providers, as such term is defined in section 208.164, whose prescribing practices deviate from
9 or do not otherwise utilize best medical evidence-supported prescription practices. The
10 communication may be telemetric, written, oral, or some combination thereof. These programs
11 shall be established and administered through processes established and supported under a~~

12 memorandum of understanding between the department of mental health and the department of
13 social services, or their successor entities.

14 2. The provisions of this section shall not prohibit the division from utilizing clinical
15 edits to ensure clinical best practices, including, but not limited to:

16 (1) Drug safety and avoidance of harmful drug interactions;

17 (2) Compliance with nationally recognized and juried clinical guidelines from national
18 medical associations using medical evidence and emphasizing best practice principles;

19 (3) Detection of patients receiving prescription drugs from multiple prescribers; and

20 (4) Detection, prevention, and treatment of substance use disorders.

21 3. ~~[The division shall issue a provider update no less than twice annually to enumerate~~
22 ~~treatment and utilization principles for MO HealthNet providers including, but not limited to:~~

23 ~~—— (1) Treatment with antipsychotic drugs, as with any other form of treatment, should be~~
24 ~~individualized in order to optimize the patient's recovery and stability;~~

25 ~~—— (2) Treatment with antipsychotic drugs should be as effective, safe, and well-tolerated~~
26 ~~as supported by best medical evidence;~~

27 ~~—— (3) Treatment with antipsychotic drugs should consider the individual patient's needs,~~
28 ~~preferences, and vulnerabilities;~~

29 ~~—— (4) Treatment with antipsychotic drugs should support an improved quality of life for~~
30 ~~the patient;~~

31 ~~—— (5) Treatment choices should be informed by the best current medical evidence and~~
32 ~~should be updated consistent with evolving nationally recognized best practice guidelines; and~~

33 ~~—— (6) Cost considerations in the context of best practices, efficacy, and patient response~~
34 ~~to adverse drug reactions should guide antipsychotic medication policy and selection once the~~
35 ~~preceding principles have been maximally achieved.~~

36 ~~4. If the division implements any new policy or clinical edit for an antipsychotic drug,~~
37 ~~the division shall continue to allow MO HealthNet participants access to any antipsychotic drug~~
38 ~~that they utilize and on which they are stable or that they have successfully utilized previously.~~
39 ~~The division shall adhere to the following:~~

40 ~~—— (1) If an antipsychotic drug listed as "nonpreferred" is considered clinically appropriate~~
41 ~~for an individual patient based on the patient's previous response to the drug or other medical~~
42 ~~considerations, prior authorization procedures, as such term is defined in section 208.164, shall~~
43 ~~be simple and flexible;~~

44 ~~—— (2) If an antipsychotic drug listed as "nonpreferred" is known or found to be safe and~~
45 ~~effective for a given individual, the division shall not restrict the patient's access to that drug.~~

46 ~~Such nonpreferred drug shall, for that patient only and if that patient has been reasonably~~

47 ~~adherent to the prescribed therapy, be considered "preferred" in order to minimize the risk of~~
48 ~~relapse and to support continuity of care for the patient;~~

49 ~~—— (3) A patient shall not be required to change antipsychotic drugs due to changes in~~
50 ~~medication management policy, prior authorization, or a change in the payor responsible for the~~
51 ~~benefit; and~~

52 ~~—— (4) Patients transferring from state psychiatric hospitals to community-based settings,~~
53 ~~including patients previously found to be not guilty of a criminal offense by reason of insanity~~
54 ~~or who have previously been found to be incompetent to stand trial, shall be permitted to~~
55 ~~continue the medication regimen that aided the stability and recovery so that such patient was~~
56 ~~able to successfully transition to the community-based setting.~~

57 ~~—— 5. The division's medication policy and clinical edits shall provide MO HealthNet~~
58 ~~participants initial access to multiple Food and Drug Administration-approved antipsychotic~~
59 ~~drugs that have substantially the same clinical differences and adverse effects that are predictable~~
60 ~~across individual patients and whose manufacturers have entered into a federal rebate agreement~~
61 ~~with the Department of Health and Human Services. Clinical differences may include, but not~~
62 ~~be limited to, weight gain, extrapyramidal side effects, sedation, susceptibility to metabolic~~
63 ~~syndrome, other substantial adverse effects, the availability of long-acting formulations, and~~
64 ~~proven efficacy in the treatment of psychosis. The available drugs for an individual patient shall~~
65 ~~include, but not be limited to, the following categories:~~

66 ~~—— (1) At least one relatively weight-neutral atypical antipsychotic medication;~~

67 ~~—— (2) At least one long-acting injectable formulation of an atypical antipsychotic;~~

68 ~~—— (3) Clozapine;~~

69 ~~—— (4) At least one atypical antipsychotic medication with relatively potent sedative effects;~~

70 ~~—— (5) At least one medium-potency typical antipsychotic medication;~~

71 ~~—— (6) At least one long-acting injectable formulation of a high-potency typical~~
72 ~~antipsychotic medication;~~

73 ~~—— (7) At least one high-potency typical antipsychotic medication; and~~

74 ~~—— (8) At least one low-potency typical antipsychotic medication.~~

75 ~~—— 6. Nothing in subsection 5 of this section shall be construed to require any of the~~
76 ~~following:~~

77 ~~—— (1) Step therapy or a trial of a typical antipsychotic drug before permitting a patient~~
78 ~~access to an atypical drug or antipsychotic medication;~~

79 ~~—— (2) A limit of one atypical antipsychotic drug as an open-access, first-choice agent; or~~

80 ~~—— (3) A trial of one of the eight categories of drugs listed in subsection 5 of this section~~
81 ~~before having access to the other seven categories.~~

82 ~~7.]~~ The department of social services may promulgate rules and regulations to implement
 83 the provisions of this section. Any rule or portion of a rule, as that term is defined in section
 84 536.010, that is created under the authority delegated in this section shall become effective only
 85 if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section
 86 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the
 87 general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove
 88 and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority
 89 and any rule proposed or adopted after August 28, 2017, shall be invalid and void.

90 ~~8.]~~ 4. The department shall submit such state plan amendments and waivers to the
 91 Centers for Medicare and Medicaid Services of the federal Department of Health and Human
 92 Services as the department determines are necessary to implement the provisions of this section.

93 ~~9. As used in this section, the following terms mean:~~

94 ~~—— (1) "Division", the MO HealthNet division of the department of social services;~~

95 ~~—— (2) "Reasonably adherent", a patient's adherence to taking medication on a prescribed
 96 schedule as measured by a medication position ratio of at least seventy-five percent;~~

97 ~~—— (3) "Successfully utilized previously", a drug or drug regimen's provision of clinical
 98 stability in treating a patient's symptoms.]~~

208.285. 1. The department of agriculture shall apply for a grant under the United States
 2 Department of Agriculture's Senior Farmers' Market Nutrition Program **and apply for a grant**
 3 **and submit a state plan under the United States Department of Agriculture's Women,**
 4 **Infants, and Children (WIC) Farmers' Market Nutrition Program** to provide low-income
 5 seniors **and pregnant and postpartum women, infants, and children under five years of age**
 6 **who are found to be at nutritional risk** with vouchers or other approved and acceptable
 7 methods of payment including, but not limited to, electronic cards that may be used to purchase
 8 eligible foods at farmers' markets~~], roadside stands, and community-supported agriculture (CSA)~~
 9 ~~programs].~~

10 2. There is hereby established the "Missouri ~~Senior]~~ Farmers' Market Nutrition
 11 Program" within the department of agriculture. Upon receipt of any grant moneys under
 12 subsection 1 of this section, the program shall supply Missouri-grown, fresh produce to ~~senior]~~
 13 participants through the distribution of vouchers or other approved methods of payment that may
 14 be used only at designated Missouri farmers' markets~~], roadside stands, and CSA programs].~~ The
 15 program is designed to provide a supplemental source of fresh produce for the dietary needs of
 16 low-income seniors **and pregnant and postpartum women, infants, and children under five**
 17 **years of age who are found to be at nutritional risk;** to stimulate an increased demand for
 18 Missouri-grown produce at farmers' markets~~], roadside stands, and CSA programs];~~ and to
 19 develop new and additional farmers' markets~~], roadside stands, and CSA programs].~~

20 3. Eligible seniors **and pregnant and postpartum women, infants, and children**
21 **under five years of age who are found to be at nutritional risk** shall receive ~~[senior]~~ farmers'
22 market nutrition program vouchers or other approved methods of payment from designated
23 distribution sites in their county of residence **or a neighboring county**. Upon the issuance of
24 vouchers or other approved methods of payment, participants shall be provided with a list of
25 participating farmers~~;~~ **and farmers' markets**~~;~~ ~~roadside stands, and CSA programs.~~ ~~The~~
26 ~~department shall provide distribution site information at all county area agencies on aging.~~

27 4. For purposes of this section, "~~[senior]~~ participant" means a person who is sixty years
28 of age or older ~~[by December thirty-first of the program year]~~ **at the time of application** and
29 who meets the income eligibility criteria based on guidelines published annually by the United
30 States Department of Agriculture **or a person who participates in the women, infants, and**
31 **children (WIC) special supplemental nutrition program administered by the department**
32 **of health and senior services.**

33 5. **The department of agriculture and any other state department, state or local**
34 **government agency, or nonprofit entity participating in the Missouri farmers' market**
35 **nutrition program shall cooperate as necessary including, but not limited to, entering into**
36 **written agreements in order to effectively establish and maintain the United States**
37 **Department of Agriculture's Senior Farmers' Market and the Women, Infants, and**
38 **Children (WIC) Farmers' Market Nutrition Programs.**

39 6. The department may promulgate rules to implement the provisions of this section.
40 Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the
41 authority delegated in this section shall become effective only if it complies with and is subject
42 to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and
43 chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant
44 to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are
45 subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed
46 or adopted after August 28, 2018, shall be invalid and void.

208.1060. The department of social services shall submit a state plan to the U.S.
2 **Department of Agriculture for a "Farm to Food Bank Project" under 7 CFR 251.10(j) and**
3 **shall contract with any qualified food bank, as defined in 7 CFR 251.3(f), for the purpose**
4 **of operating the project.**

210.115. 1. When any physician, medical examiner, coroner, dentist, chiropractor,
2 optometrist, podiatrist, resident, intern, nurse, hospital or clinic personnel that are engaged in the
3 examination, care, treatment or research of persons, and any other health practitioner,
4 psychologist, mental health professional, social worker, day care center worker or other child-
5 care worker, juvenile officer, probation or parole officer, jail or detention center personnel,

6 teacher, principal or other school official, minister as provided by section 352.400, peace officer
7 or law enforcement official, volunteer or personnel of a community service program that offers
8 support services for families in crisis to assist in the delegation of any powers regarding the care
9 and custody of a child by a properly executed power of attorney pursuant to sections 475.600 to
10 475.604, or other person with responsibility for the care of children has reasonable cause to
11 suspect that a child has been or may be subjected to abuse or neglect or observes a child being
12 subjected to conditions or circumstances which would reasonably result in abuse or neglect, that
13 person shall immediately report to the division in accordance with the provisions of sections
14 210.109 to 210.183. No internal investigation shall be initiated until such a report has been
15 made. As used in this section, the term "abuse" is not limited to abuse inflicted by a person
16 responsible for the child's care, custody and control as specified in section 210.110, but shall also
17 include abuse inflicted by any other person.

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

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

31 4. Notwithstanding any other provision of sections 210.109 to 210.183, any child who
32 does not receive specified medical treatment by reason of the legitimate practice of the religious
33 belief of the child's parents, guardian, or others legally responsible for the child, for that reason
34 alone, shall not be found to be an abused or neglected child, and such parents, guardian or other
35 persons legally responsible for the child shall not be entered into the central registry. However,
36 the division may accept reports concerning such a child and may subsequently investigate or
37 conduct a family assessment as a result of that report. Such an exception shall not limit the
38 administrative or judicial authority of the state to ensure that medical services are provided to
39 the child when the child's health requires it.

40 5. In addition to those persons and officials required to report actual or suspected abuse
41 or neglect, any other person may report in accordance with sections 210.109 to 210.183 if such

42 person has reasonable cause to suspect that a child has been or may be subjected to abuse or
43 neglect or observes a child being subjected to conditions or circumstances which would
44 reasonably result in abuse or neglect.

45 6. Any person or official required to report pursuant to this section, including employees
46 of the division, who has probable cause to suspect that a child who is or may be under the age
47 of eighteen, who is eligible to receive a certificate of live birth, has died shall report that fact to
48 the appropriate medical examiner or coroner. If, upon review of the circumstances and medical
49 information, the medical examiner or coroner determines that the child died of natural causes
50 while under medical care for an established natural disease, the coroner, medical examiner or
51 physician shall notify the division of the child's death and that the child's attending physician
52 shall be signing the death certificate. In all other cases, the medical examiner or coroner shall
53 accept the report for investigation, shall immediately notify the division of the child's death as
54 required in section 58.452 and shall report the findings to the child fatality review panel
55 established pursuant to section 210.192.

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

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

66 **9. For the purposes of providing supportive services or verifying the status of a**
67 **youth as unaccompanied or homeless for the purposes of accessing supportive services, the**
68 **fact that a child is an unaccompanied youth as defined in 42 U.S.C. Section 11434a(6) is**
69 **not, in and of itself, a sufficient basis for reporting child abuse or neglect, unless the child**
70 **is under sixteen years of age or is an incapacitated person, as defined in section 475.010.**
71 **Nothing in this subsection shall limit a mandated reporter from making a report under this**
72 **section if the mandated reporter knows or has reasonable cause to suspect that an**
73 **unaccompanied youth has been or may be a victim of abuse or neglect.**

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

2 **(1) "Service provider", a public or private nonprofit organization that provides**
3 **age-appropriate shelter or supportive services to unaccompanied youth and whose director**

4 or designee is a licensed mental health professional, licensed social worker, or licensed
5 counselor;

6 (2) "Shelter", an emergency shelter, transitional living program, or independent
7 living program services;

8 (3) "Supportive services", interventions, services, or resources necessary to assist
9 an unaccompanied youth. "Supportive services" shall include, but are not limited to, the
10 following:

11 (a) Food and access to an overnight shelter;

12 (b) Housing search, counseling, rental assistance, financial assistance with eviction
13 prevention, utilities, security deposit, relocation, and other housing support services;

14 (c) Services for families to prevent separation and support reunification if safe and
15 appropriate;

16 (d) Employment assistance, job training, and job placement;

17 (e) Assistance and advocacy to ensure access to federal, state, and local benefits;

18 (f) Assistance and advocacy to ensure access to education;

19 (g) Services to prevent and treat violence and crime victimization;

20 (h) Child care operations and vouchers;

21 (i) Legal services;

22 (j) Life skills training;

23 (k) Outpatient health, behavioral health, and substance abuse treatment services;

24 (l) Transportation;

25 (m) Outreach services; and

26 (n) Homelessness prevention services;

27 (4) "Unaccompanied youth", the same meaning as such term is defined in 42 U.S.C.
28 Section 11434a(6).

29 2. An unaccompanied youth may access supportive services so long as the youth is
30 verified as an unaccompanied youth as provided under subsection 3 of this section.

31 3. Acceptable documentation to verify the status of an unaccompanied youth shall
32 include, but is not limited to, the following:

33 (1) A statement documenting the youth as an unaccompanied youth that is signed
34 by a licensed mental health professional, licensed social worker, or licensed counselor of
35 a government or nonprofit agency that receives public or private funding to provide
36 services to homeless people and is currently licensed as a case management service
37 provider;

38 **(2) A statement documenting the youth as an unaccompanied youth that is signed**
39 **by a local educational agency liaison for homeless children and youth designated under 42**
40 **U.S.C. Section 11432(g)(1)(J)(ii), or a school social worker or counselor; or**

41 **(3) A statement documenting that the youth is an unaccompanied youth that is**
42 **signed by an attorney representing the youth in any legal matter.**

43 **4. A person who in good faith accepts a written statement under subdivision (1) of**
44 **subsection 3 of this section and who is without actual knowledge that the statement is**
45 **fraudulent or otherwise invalid may rely upon the statement as if it were genuine and shall**
46 **not be held liable in any civil or criminal action for providing shelter or supportive services**
47 **without having obtained permission from the minor's parent or guardian. The service**
48 **provider shall not be relieved from liability for negligence or criminal acts on the basis of**
49 **this section.**

210.150. 1. The children's division shall ensure the confidentiality of all reports and
2 records made pursuant to sections 210.109 to 210.183 and maintained by the division, its local
3 offices, the central registry, and other appropriate persons, officials, and institutions pursuant to
4 sections 210.109 to 210.183. To protect the rights of the family and the child named in the report
5 as a victim, the children's division shall establish guidelines which will ensure that any disclosure
6 of information concerning the abuse and neglect involving that child is made only to persons or
7 agencies that have a right to such information. The division may require persons to make written
8 requests for access to records maintained by the division. The division shall only release
9 information to persons who have a right to such information. The division shall notify persons
10 receiving information pursuant to subdivisions (2), (7), (8) and (9) of subsection 2 of this section
11 of the purpose for which the information is released and of the penalties for unauthorized
12 dissemination of information. Such information shall be used only for the purpose for which the
13 information is released.

14 2. Only the following persons shall have access to investigation records contained in the
15 central registry:

16 (1) Appropriate federal, state or local criminal justice agency personnel, or any agent of
17 such entity, with a need for such information under the law to protect children from abuse or
18 neglect;

19 (2) A physician or a designated agent who reasonably believes that the child being
20 examined may be abused or neglected;

21 (3) Appropriate staff of the division and of its local offices, including interdisciplinary
22 teams which are formed to assist the division in investigation, evaluation and treatment of child
23 abuse and neglect cases or a multidisciplinary provider of professional treatment services for a
24 child referred to the provider;

25 (4) Any child named in the report as a victim, or a legal representative, or the parent, if
26 not the alleged perpetrator, or guardian of such person when such person is a minor, or is
27 mentally ill or otherwise incompetent, but the names of reporters shall not be furnished to
28 persons in this category. Prior to the release of any identifying information, the division shall
29 determine if the release of such identifying information may place a person's life or safety in
30 danger. If the division makes the determination that a person's life or safety may be in danger,
31 the identifying information shall not be released. The division shall provide a method for
32 confirming or certifying that a designee is acting on behalf of a subject;

33 (5) Any alleged perpetrator named in the report, but the names of reporters shall not be
34 furnished to persons in this category. Prior to the release of any identifying information, the
35 division shall determine if the release of such identifying information may place a person's life
36 or safety in danger. If the division makes the determination that a person's life or safety may be
37 in danger, the identifying information shall not be released. However, the investigation reports
38 will not be released to any alleged perpetrator with pending criminal charges arising out of the
39 facts and circumstances named in the investigation records until an indictment is returned or an
40 information filed;

41 (6) A grand jury, juvenile officer, prosecuting attorney, law enforcement officer involved
42 in the investigation of child abuse or neglect, juvenile court or other court conducting abuse or
43 neglect or child protective proceedings or child custody proceedings, and other federal, state and
44 local government entities, or any agent of such entity, with a need for such information in order
45 to carry out its responsibilities under the law to protect children from abuse or neglect;

46 (7) Any person engaged in a bona fide research purpose, with the permission of the
47 director; provided, however, that no information identifying the child named in the report as a
48 victim or the reporters shall be made available to the researcher, unless the identifying
49 information is essential to the research or evaluation and the child named in the report as a victim
50 or, if the child is less than eighteen years of age, through the child's parent, or guardian provides
51 written permission;

52 (8) Any child-care facility; child-placing agency; residential-care facility, including
53 group homes; juvenile courts; public or private elementary schools; public or private secondary
54 schools; or any other public or private agency exercising temporary supervision over a child or
55 providing or having care or custody of a child who may request an examination of the central
56 registry from the division for all employees and volunteers or prospective employees and
57 volunteers, who do or will provide services or care to children. Any agency or business
58 recognized by the division or business which provides training and places or recommends people
59 for employment or for volunteers in positions where they will provide services or care to children
60 may request the division to provide an examination of the central registry. Such agency or

61 business shall provide verification of its status as a recognized agency. Requests for
62 examinations shall be made to the division director or the director's designee in writing by the
63 chief administrative officer of the above homes, centers, public and private elementary schools,
64 public and private secondary schools, agencies, or courts. The division shall respond in writing
65 to that officer. The response shall include information pertaining to the nature and disposition
66 of any report or reports of abuse or neglect revealed by the examination of the central registry.
67 This response shall not include any identifying information regarding any person other than the
68 alleged perpetrator of the abuse or neglect;

69 (9) Any parent or legal guardian who inquires about a child abuse or neglect report
70 involving a specific person or child-care facility who does or may provide services or care to a
71 child of the person requesting the information. Request for examinations shall be made to the
72 division director or the director's designee, in writing, by the parent or legal guardian of the child
73 and shall be accompanied with a signed and notarized release form from the person who does
74 or may provide care or services to the child. The notarized release form shall include the full
75 name, date of birth and Social Security number of the person who does or may provide care or
76 services to a child. The response shall include information pertaining to the nature and
77 disposition of any report or reports of abuse or neglect revealed by the examination of the central
78 registry. This response shall not include any identifying information regarding any person other
79 than the alleged perpetrator of the abuse or neglect. The response shall be given within ten
80 working days of the time it was received by the division;

81 (10) Any person who inquires about a child abuse or neglect report involving a specific
82 child-care facility, child-placing agency, residential-care facility, public and private elementary
83 schools, public and private secondary schools, juvenile court or other state agency. The
84 information available to these persons is limited to the nature and disposition of any report
85 contained in the central registry and shall not include any identifying information pertaining to
86 any person mentioned in the report;

87 (11) Any state agency acting pursuant to statutes regarding a license of any person,
88 institution, or agency which provides care for or services to children;

89 (12) Any child fatality review panel established pursuant to section 210.192 or any state
90 child fatality review panel established pursuant to section 210.195;

91 (13) Any person who is a tenure-track or full-time research faculty member at an
92 accredited institution of higher education engaged in scholarly research, with the permission of
93 the director. Prior to the release of any identifying information, the director shall require the
94 researcher to present a plan for maintaining the confidentiality of the identifying information.
95 The researcher shall be prohibited from releasing the identifying information of individual cases;
96 [~~and~~]

97 (14) Appropriate staff of the United States Department of Defense including, but not
98 limited to, authorized family advocacy program staff or any other staff authorized to receive and
99 respond to reports requested under 10 U.S.C. Section 1787, in cases where a report has been
100 made and the suspected perpetrator or any person responsible for the care, custody, and control
101 of the subject child is a member of any branch of the military or is a member of the Armed
102 Forces, as defined in section 41.030; and

103 **(15) The state registrar of vital statistics, or his or her designee, but the information**
104 **made available shall be limited to identifying information only for the purposes of**
105 **providing birth record information under section 210.156.**

106 3. Only the following persons shall have access to records maintained by the division
107 pursuant to section 210.152 for which the division has received a report of child abuse and
108 neglect and which the division has determined that there is insufficient evidence or in which the
109 division proceeded with the family assessment and services approach:

110 (1) Appropriate staff of the division;

111 (2) Any child named in the report as a victim, or a legal representative, or the parent or
112 guardian of such person when such person is a minor, or is mentally ill or otherwise incompetent.
113 The names or other identifying information of reporters shall not be furnished to persons in this
114 category. Prior to the release of any identifying information, the division shall determine if the
115 release of such identifying information may place a person's life or safety in danger. If the
116 division makes the determination that a person's life or safety may be in danger, the identifying
117 information shall not be released. The division shall provide for a method for confirming or
118 certifying that a designee is acting on behalf of a subject;

119 (3) Any alleged perpetrator named in the report, but the names of reporters shall not be
120 furnished to persons in this category. Prior to the release of any identifying information, the
121 division shall determine if the release of such identifying information may place a person's life
122 or safety in danger. If the division makes the determination that a person's life or safety may be
123 in danger, the identifying information shall not be released. However, the investigation reports
124 will not be released to any alleged perpetrator with pending criminal charges arising out of the
125 facts and circumstances named in the investigation records until an indictment is returned or an
126 information filed;

127 (4) Any child fatality review panel established pursuant to section 210.192 or any state
128 child fatality review panel established pursuant to section 210.195;

129 (5) Appropriate criminal justice agency personnel or juvenile officer;

130 (6) Multidisciplinary agency or individual including a physician or physician's designee
131 who is providing services to the child or family, with the consent of the parent or guardian of the
132 child or legal representative of the child;

133 (7) Any person engaged in bona fide research purpose, with the permission of the
134 director; provided, however, that no information identifying the subjects of the reports or the
135 reporters shall be made available to the researcher, unless the identifying information is essential
136 to the research or evaluation and the subject, or if a child, through the child's parent or guardian,
137 provides written permission; and

138 (8) Appropriate staff of the United States Department of Defense including, but not
139 limited to, authorized family advocacy program staff or any other staff authorized to receive and
140 respond to reports requested under 10 U.S.C. Section 1787, in cases where a report has been
141 made and the suspected perpetrator or any person responsible for the care, custody, and control
142 of the subject child is a member of any branch of the military or is a member of the Armed
143 Forces, as defined in section 41.030.

144 4. Any person who knowingly violates the provisions of this section, or who permits or
145 encourages the unauthorized dissemination of information contained in the information system
146 or the central registry and in reports and records made pursuant to sections 210.109 to 210.183,
147 shall be guilty of a class A misdemeanor.

148 5. Nothing in this section shall preclude the release of findings or information about
149 cases which resulted in a child fatality or near fatality. Such release is at the sole discretion of
150 the director of the department of social services, based upon a review of the potential harm to
151 other children within the immediate family.

152 6. Notwithstanding any provisions of this section or chapter to the contrary, if the
153 division receives a report and ascertains that a suspected perpetrator or any person responsible
154 for the care, custody, and control of the subject child is a member of any branch of the military
155 or is a member of the Armed Forces, as defined in section 41.030, the division shall report its
156 findings to the most relevant family advocacy program authorized by the United States
157 Department of Defense or any other relevant person authorized by the United States Department
158 of Defense to receive reports under 10 U.S.C. Section 1787.

**210.156. 1. The children's division shall make available to the state registrar of
2 vital statistics the identifying information of the following individuals of whom the division
3 has knowledge:**

4 **(1) Individuals whose parental rights have been terminated under section 211.447**
5 **and who are identified in the central registry as having a finding by the division or a court**
6 **adjudication of child abuse or neglect within the previous ten years; and**

7 **(2) Individuals identified in the central registry who have pled guilty or have been**
8 **found guilty, within the previous ten years, of an offense under the following, if the victim**
9 **is a child less than eighteen years of age: chapter 566 or section 565.020, 565.021, 565.023,**

10 **565.024, 567.050, 568.020, 568.065, 573.023, 573.025, 573.035, 573.037, 573.040, 573.200, or**
11 **573.205.**

12 **2. The state registrar shall provide to the division the birth record information of**
13 **children born to individuals whose identifying information has been provided under**
14 **subsection 1 of this section. The division shall verify that the parent of the child is the same**
15 **individual whose identifying information was provided and, if the parent's identity has**
16 **been verified, shall provide the appropriate local office with information regarding the**
17 **birth of the child. Appropriate local division personnel, or local providers designated by**
18 **the division, shall initiate contact with the family, or make a good faith effort to do so, to**
19 **determine if the parent or family has a need for services and provide such voluntary and**
20 **time-limited services as appropriate. The division shall document the results of such**
21 **contact and services provided, if any, in the information system established under section**
22 **210.109.**

23 **3. The children's division and the state registrar shall ensure the confidentiality of**
24 **all identifying information and birth records provided under this section and shall not**
25 **disclose such information and records except as needed to effectuate the provisions of this**
26 **section. Such information and records shall be considered closed records under chapter**
27 **610.**

28 **4. The division may promulgate rules and regulations to implement the provisions**
29 **of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that**
30 **is created under the authority delegated in this section shall become effective only if it**
31 **complies with and is subject to all of the provisions of chapter 536 and, if applicable,**
32 **section 536.028. This section and chapter 536 are nonseverable and if any of the powers**
33 **vested with the general assembly pursuant to chapter 536 to review, to delay the effective**
34 **date, or to disapprove and annul a rule are subsequently held unconstitutional, then the**
35 **grant of rulemaking authority and any rule proposed or adopted after August 28, 2021,**
36 **shall be invalid and void.**

210.201. As used in sections 210.201 to 210.257, the following terms mean:

2 (1) "Child", an individual who is under the age of seventeen;

3 (2) "Child care", care of a child away from his or her home for any part of the twenty-
4 four-hour day for compensation or otherwise. "Child care" is a voluntary supplement to parental
5 responsibility for the child's protection, development, and supervision;

6 (3) "Child-care facility" or "child care facility", a house or other place conducted or
7 maintained by any person who advertises or holds himself or herself out as providing child care
8 for any part of the twenty-four-hour day for compensation or otherwise if providing child care
9 to more than:

- 10 (a) Six children; or
- 11 (b) Three children under two years of age;
- 12 (4) "Child care provider" or "provider", the person or persons licensed or required to be
13 licensed under section 210.221 to establish, conduct, or maintain a child care facility;
- 14 (5) "Montessori school", a child care program that ~~[subscribes to Maria Montessori's~~
15 ~~educational philosophy and that is accredited by the American Montessori Society or the~~
16 ~~Association Montessori Internationale]~~ **is either accredited by, actively seeking accreditation**
17 **by, or maintains an active school membership with the American Montessori Society, the**
18 **Association Montessori Internationale, the International Montessori Counsel, or the**
19 **Montessori Educational Programs International;**
- 20 (6) "Neighborhood youth development program", as described in section 210.278;
- 21 (7) "Nursery school", a program operated by a person or an organization with the primary
22 function of providing an educational program for preschool-age children for no more than four
23 hours per day per child;
- 24 (8) "Person", any individual, firm, corporation, partnership, association, agency, or an
25 incorporated or unincorporated organization regardless of the name used;
- 26 (9) "Religious organization", a church, synagogue or mosque; an entity that has or would
27 qualify for federal tax-exempt status as a nonprofit religious organization under Section 501(c)
28 of the Internal Revenue Code; or an entity whose real estate on which the child-care facility is
29 located is exempt from taxation because it is used for religious purposes;
- 30 (10) "School system", a program established primarily for education and that meets the
31 following criteria:
- 32 (a) Provides education in at least the first to the sixth grade; and
- 33 (b) Provides evidence that the school system's records will be accepted by a public or
34 private school for the transfer of any student;
- 35 (11) "Summer camp", a program operated from May to September by a person or
36 organization with the primary function of providing a summer recreational program for children
37 five years of age or older and providing no child care for children under five years of age in the
38 same building or in the same outdoor play area.

210.251. 1. By January 1, 1994, financial incentives shall be provided by the department
2 of health and senior services through the child development block grant and other public moneys
3 for child-care facilities wishing to upgrade their standard of care and which meet quality
4 standards.

5 2. The department of health and senior services shall make federal funds available to
6 licensed or inspected child-care centers pursuant to federal law as set forth in the Child and Adult
7 Food Program, 42 U.S.C. 1766.

8 **3. Notwithstanding any other provision of law to the contrary, in the administration**
9 **of the program for at-risk children through the Child and Adult Food Program, 42 U.S.C.**
10 **1766, this state shall not have requirements that are stricter than federal regulations for**
11 **participants in such program. Child care facilities shall not be required to be licensed child**
12 **care providers to participate in such federal program so long as minimum health and**
13 **safety standards are met and documented.**

210.252. 1. All buildings and premises used by a child-care facility to care for more than
2 six children except those exempted from the licensing provisions of the department of health and
3 senior services pursuant to subdivisions (1) to (15) of subsection 1 of section 210.211, shall be
4 inspected annually for fire and safety by the state fire marshal, the marshal's designee or officials
5 of a local fire district and for health and sanitation by the department of ~~health and senior~~
6 ~~services] elementary and secondary education or the department's designee, including~~
7 **officials of the department of health and senior services**, or officials of the local health
8 department. Evidence of compliance with the inspections required by this section shall be kept
9 on file and available to parents of children enrolling in the child-care facility.

10 2. Local inspection of child-care facilities may be accomplished if the standards
11 employed by local personnel are substantially equivalent to state standards and local personnel
12 are available for enforcement of such standards.

13 3. Any child-care facility may request a variance from a rule or regulation promulgated
14 pursuant to this section. The request for a variance shall be made in writing to the department
15 of ~~health and senior services] elementary and secondary education~~ and shall include the
16 reasons the facility is requesting the variance. The department shall approve any variance
17 request that does not endanger the health or safety of the children served by the facility. The
18 burden of proof at any appeal of a disapproval of a variance application shall be with the
19 department of ~~health and senior services] elementary and secondary education~~. Local
20 inspectors may grant a variance, subject to approval by the department.

21 4. The department of ~~health and senior services] elementary and secondary education~~
22 shall administer the provisions of sections 210.252 to 210.256, with the cooperation of the state
23 fire marshal, **the department of elementary and secondary education**, local fire departments
24 and local health agencies.

25 5. The department of ~~health and senior services] elementary and secondary education~~
26 shall promulgate rules and regulations to implement and administer the provisions of sections
27 210.252 to 210.256. Such rules and regulations shall provide for the protection of children in
28 all child-care facilities whether or not such facility is subject to the licensing provisions of
29 sections 210.201 to 210.245.

30 6. **The department of health and senior services, after consultation with the**
31 **department of elementary and secondary education, may promulgate rules and regulations**
32 **to implement and administer the provisions of this section related to sanitation**
33 **requirements. Such rules and regulations shall provide for the protection of children in**
34 **all child-care facilities whether or not such facility is subject to the licensing provisions of**
35 **sections 210.201 to 210.245.**

36 7. Any rule or portion of a rule, as that term is defined in section 536.010, that is created
37 under the authority delegated in sections 210.252 to 210.256 shall become effective only if it
38 complies with and is subject to all of the provisions of chapter 536 and, if applicable, section
39 536.028. All rulemaking authority delegated prior to August 28, 1999, is of no force and effect
40 and repealed. Nothing in this section shall be interpreted to repeal or affect the validity of any
41 rule filed or adopted prior to August 28, 1999, if it fully complied with all applicable provisions
42 of law. This section and chapter 536 are nonseverable and if any of the powers vested with the
43 general assembly pursuant to chapter 536 to review, to delay the effective date or to disapprove
44 and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority
45 and any rule proposed or adopted after August 28, 1999, shall be invalid and void.

 210.950. 1. This section shall be known and may be cited as the "Safe Place for
2 Newborns Act of 2002". The purpose of this section is to protect newborn children from injury
3 and death caused by abandonment by a parent, and to provide safe and secure alternatives to such
4 abandonment.

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

6 (1) "Hospital", as defined in section 197.020;

7 (2) "Maternity home", the same meaning as such term is defined in section 135.600;

8 (3) **"Newborn safety incubator", a medical device used to maintain an optimal**
9 **environment for the care of a newborn infant;**

10 (4) "Nonrelinquishing parent", the biological parent who does not leave a newborn infant
11 **in a newborn safety incubator or** with any person listed in subsection 3 of this section in
12 accordance with this section;

13 ~~(4)~~ (5) "Pregnancy resource center", the same meaning as such term is defined in
14 section 135.630;

15 ~~(5)~~ (6) "Relinquishing parent", the biological parent or person acting on such parent's
16 behalf who leaves a newborn infant **in a newborn safety incubator or** with any person listed
17 in subsection 3 of this section in accordance with this section.

18 3. A parent shall not be prosecuted for a violation of section 568.030, 568.032, 568.045
19 or 568.050 for actions related to the voluntary relinquishment of a child up to forty-five days old
20 pursuant to this section if:

21 (1) Expressing intent not to return for the child, the parent voluntarily delivered the child
22 safely to a **newborn safety incubator or to** the physical custody of any of the following persons:

23 (a) An employee, agent, or member of the staff of any hospital, maternity home, or
24 pregnancy resource center in a health care provider position or on duty in a nonmedical paid or
25 volunteer position;

26 (b) A firefighter or emergency medical technician on duty in a paid position or on duty
27 in a volunteer position; or

28 (c) A law enforcement officer;

29 (2) The child was no more than forty-five days old when delivered by the parent to **the**
30 **newborn safety incubator or to** any person listed in subdivision (1) of this subsection; and

31 (3) The child has not been abused or neglected by the parent prior to such voluntary
32 delivery.

33 4. A parent voluntarily relinquishing a child under this section shall not be required to
34 provide any identifying information about the child or the parent. No person shall induce or
35 coerce, or attempt to induce or coerce, a parent into revealing his or her identity. No officer,
36 employee, or agent of this state or any political subdivision of this state shall attempt to locate
37 or determine the identity of such parent. In addition, any person who obtains information on the
38 relinquishing parent shall not disclose such information except to the following:

39 (1) A birth parent who has waived anonymity or the child's adoptive parent;

40 (2) The staff of the department of health and senior services, the department of social
41 services, or any county health or social services agency or licensed child welfare agency that
42 provides services to the child;

43 (3) A person performing juvenile court intake or dispositional services;

44 (4) The attending physician;

45 (5) The child's foster parent or any other person who has physical custody of the child;

46 (6) A juvenile court or other court of competent jurisdiction conducting proceedings
47 relating to the child;

48 (7) The attorney representing the interests of the public in proceedings relating to the
49 child; and

50 (8) The attorney representing the interests of the child.

51 5. A person listed in subdivision (1) of subsection 3 of this section shall, without a court
52 order, take physical custody of a child the person reasonably believes to be no more than forty-
53 five days old and is delivered in accordance with this section by a person purporting to be the
54 child's parent **or is delivered in accordance with this section to a newborn safety incubator.**
55 If delivery of a newborn is made pursuant to this section in any place other than a hospital, the

56 person taking physical custody of the child shall arrange for the immediate transportation of the
57 child to the nearest hospital licensed pursuant to chapter 197.

58 6. The hospital, its employees, agents and medical staff shall perform treatment in
59 accordance with the prevailing standard of care as necessary to protect the physical health or
60 safety of the child. The hospital shall notify the children's division and the local juvenile officer
61 upon receipt of a child pursuant to this section. The local juvenile officer shall immediately
62 begin protective custody proceedings and request the child be made a ward of the court during
63 the child's stay in the medical facility. Upon discharge of the child from the medical facility and
64 pursuant to a protective custody order ordering custody of the child to the division, the children's
65 division shall take physical custody of the child. The parent's voluntary delivery of the child in
66 accordance with this section shall constitute the parent's implied consent to any such act and a
67 voluntary relinquishment of such parent's parental rights.

68 7. In any termination of parental rights proceeding initiated after the relinquishment of
69 a child pursuant to this section, the juvenile officer shall make public notice that a child has been
70 relinquished, including the sex of the child, and the date and location of such relinquishment.
71 Within thirty days of such public notice, the parent wishing to establish parental rights shall
72 identify himself or herself to the court and state his or her intentions regarding the child. The
73 court shall initiate proceedings to establish paternity, or if no person identifies himself as the
74 father within thirty days, maternity. The juvenile officer shall make examination of the putative
75 father registry established in section 192.016 to determine whether attempts have previously been
76 made to preserve parental rights to the child. If such attempts have been made, the juvenile
77 officer shall make reasonable efforts to provide notice of the abandonment of the child to such
78 putative father.

79 8. (1) If a relinquishing parent of a child relinquishes custody of the child to a **newborn**
80 **safety incubator or to** any person listed in subsection 3 of this section in accordance with this
81 section and to preserve the parental rights of the nonrelinquishing parent, the nonrelinquishing
82 parent shall take such steps necessary to establish parentage within thirty days after the public
83 notice or specific notice provided in subsection 7 of this section.

84 (2) If either parent fails to take steps to establish parentage within the thirty-day period
85 specified in subdivision (1) of this subsection, either parent may have all of his or her rights
86 terminated with respect to the child.

87 (3) When either parent inquires at a hospital regarding a child whose custody was
88 relinquished pursuant to this section, such facility shall refer such parent to the children's division
89 and the juvenile court exercising jurisdiction over the child.

90 9. The persons listed in subdivision (1) of subsection 3 of this section shall be immune
91 from civil, criminal, and administrative liability for accepting physical custody of a child

92 pursuant to this section if such persons accept custody in good faith. Such immunity shall not
93 extend to any acts or omissions, including negligent or intentional acts or omissions, occurring
94 after the acceptance of such child.

95 10. The children's division shall:

96 (1) Provide information and answer questions about the process established by this
97 section on the statewide, toll-free telephone number maintained pursuant to section 210.145;

98 (2) Provide information to the public by way of pamphlets, brochures, or by other ways
99 to deliver information about the process established by this section.

100 11. It shall be an affirmative defense to prosecution for a violation of sections 568.030,
101 568.032, 568.045, and 568.050 that a parent who is a defendant voluntarily relinquished a child
102 no more than one year old under this section.

103 12. Nothing in this section shall be construed as conflicting with section 210.125.

104 **13. The director of the department of health and senior services may promulgate**
105 **all necessary rules and regulations for the administration of this section, including rules**
106 **governing the specifications, installation, maintenance, and oversight of newborn safety**
107 **incubators. Any rule or portion of a rule, as that term is defined in section 536.010, that**
108 **is created under the authority delegated in this section shall become effective only if it**
109 **complies with and is subject to all of the provisions of chapter 536 and, if applicable,**
110 **section 536.028. This section and chapter 536 are nonseverable, and if any of the powers**
111 **vested with the general assembly pursuant to chapter 536 to review, to delay the effective**
112 **date, or to disapprove and annul a rule are subsequently held unconstitutional, then the**
113 **grant of rulemaking authority and any rule proposed or adopted after August 28, 2021,**
114 **shall be invalid and void.**

210.1225. 1. If a child who is in the legal custody of the children's division is
2 hospitalized but is no longer in need of medical care at the hospital, the division shall take
3 physical custody of the child. If the division fails to take physical custody of the child, then
4 the division shall reimburse the hospital at the same rate the hospital would receive per day
5 for an inpatient admission.

6 2. If the division requests transportation of a child to an emergency room, the
7 hospital to which the child is transported or any subsequent psychiatric hospital to which
8 the child is transferred shall be allowed to administer appropriate emergency psychiatric
9 treatment.

211.211. 1. A child is entitled to be represented by counsel in all proceedings under
2 subdivision (2) or (3) of subsection 1 of section 211.031 and by a guardian ad litem in all
3 proceedings under subdivision (1) of subsection 1 of section 211.031.

4 2. The court shall appoint counsel for a child prior to the filing of a petition if a request
5 is made therefor to the court and the court finds that the child is the subject of a juvenile court
6 proceeding and that the child making the request is indigent.

7 3. **(1)** When a petition has been filed under subdivision (2) or (3) of subsection 1 of
8 section 211.031, the court ~~shall~~ **may** appoint counsel for the child except if private counsel has
9 entered his or her appearance on behalf of the child or if counsel has been waived in accordance
10 with law; **except that, counsel shall not be waived for any proceeding specified under**
11 **subsection 10 of this section unless the child has had the opportunity to meaningfully**
12 **consult with counsel and the court has conducted a hearing on the record.**

13 **(2) If a child waives his or her right to counsel, such waiver shall be made in open**
14 **court and be recorded and in writing and shall be made knowingly, intelligently, and**
15 **voluntarily. In determining whether a child has knowingly, intelligently, and voluntarily**
16 **waived his or her right to counsel, the court shall look to the totality of the circumstances**
17 **including, but not limited to, the child's age, intelligence, background, and experience**
18 **generally and in the court system specifically; the child's emotional stability; and the**
19 **complexity of the proceedings.**

20 4. When a petition has been filed and the child's custodian appears before the court
21 without counsel, the court shall appoint counsel for the custodian if it finds:

22 (1) That the custodian is indigent; and

23 (2) That the custodian desires the appointment of counsel; and

24 (3) That a full and fair hearing requires appointment of counsel for the custodian.

25 5. Counsel shall be allowed a reasonable time in which to prepare to represent his client.

26 6. Counsel shall serve for all stages of the proceedings, including appeal, unless relieved
27 by the court for good cause shown. If no appeal is taken, services of counsel are terminated
28 following the entry of an order of disposition.

29 7. The child and his custodian may be represented by the same counsel except where a
30 conflict of interest exists. Where it appears to the court that a conflict exists, it shall order that
31 the child and his custodian be represented by separate counsel, and it shall appoint counsel if
32 required by subsection 3 or 4 of this section.

33 8. When a petition has been filed, a child may waive his **or her** right to counsel only
34 with the approval of the court **and if such waiver is not prohibited under subsection 10 of this**
35 **section. If a child waives his or her right to counsel for any proceeding except proceedings**
36 **under subsection 10 of this section, the waiver shall only apply to that proceeding. In any**
37 **subsequent proceeding, the child shall be informed of his or her right to counsel.**

38 9. Waiver of counsel by a child may be withdrawn at any stage of the proceeding, in
39 which event the court shall appoint counsel for the child if required by subsection 3 of this
40 section.

41 **10. A child's right to be represented by counsel shall not be waived in any of the**
42 **following proceedings:**

43 **(1) At any contested detention hearing under Missouri supreme court rule 127.08**
44 **where the petitioner alleges that the child violated any law that, if committed by an adult,**
45 **would be a felony unless an agreement is otherwise reached;**

46 **(2) At a certification hearing under section 211.071 or a dismissal hearing under**
47 **Missouri supreme court rule 129.04;**

48 **(3) At an adjudication hearing under Missouri supreme court rule 128.02 for any**
49 **felony offense or at any detention hearing arising from a misdemeanor or felony motion**
50 **to modify or revoke, including the acceptance of an admission;**

51 **(4) At a dispositional hearing under Missouri supreme court rule 128.03; or**

52 **(5) At a hearing on a motion to modify or revoke supervision under subdivision (2)**
53 **or (3) of subsection 1 of section 211.031.**

261.450. 1. There is hereby established the "Missouri Food Security Task Force".

2 **2. The task force shall be comprised of the following members:**

3 **(1) Two members of the house of representatives, with one member to be appointed**
4 **by the speaker of the house of representatives and one member to be appointed by the**
5 **minority floor leader of the house of representatives;**

6 **(2) Two members of the senate, with one member to be appointed by the president**
7 **pro tempore of the senate and one member to be appointed by the minority floor leader of**
8 **the senate;**

9 **(3) The director of the department of agriculture, or the director's designee;**

10 **(4) The director of the department of economic development, or the director's**
11 **designee;**

12 **(5) The director of the department of health and senior services, or the director's**
13 **designee;**

14 **(6) The director of the department of social services, or the director's designee;**

15 **(7) One registered dietician, appointed by the Missouri Academy of Nutrition and**
16 **Dietetics;**

17 **(8) The commissioner of the department of elementary and secondary education,**
18 **or the commissioner's designee;**

19 **(9) Two representatives from institutions of higher education located in Missouri,**
20 **with knowledge or experience with hunger on college campuses, with one representative**
21 **from a four-year college or university and one representative from a two-year college;**

22 **(10) One member representing a statewide association providing direct services to**
23 **low-income Missourians experiences food insecurity;**

24 **(11) Two members representing advocacy organizations focused on addressing**
25 **child hunger and family food insecurity;**

26 **(12) One member representing food banks located in Missouri;**

27 **(13) One member representing a business specializing in retail or direct food sales;**

28 **(14) Two members representing a community development financial institution,**
29 **one with experience in food retail financing and one with experience in consumers**
30 **experiencing food insecurity;**

31 **(15) Two members representing local food producers, with one representing an**
32 **urban area and one representing a rural area;**

33 **(16) Two members representing statewide farmer-led or farmer-based**
34 **organizations;**

35 **(17) One member representing a faith-based organization offering food security**
36 **services; and**

37 **(18) One member representing a nonprofit organization working in food systems**
38 **to address food insecurity concerns.**

39 **3. Members of the task force, other than the legislative members and directors of**
40 **state agencies, shall be appointed by the director of the department of agriculture.**

41 **4. The director of the department of agriculture shall ensure that the membership**
42 **of the task force reflects the diversity of the state, with members on the task force**
43 **representing urban and rural areas and various geographic regions of the state.**

44 **5. The department of agriculture shall provide technical and administrative**
45 **support as required by the task force to fulfill its duties.**

46 **6. State departments shall provide relevant data as requested by the task force to**
47 **fulfill its duties.**

48 **7. Members of the task force shall serve without compensation but shall receive**
49 **reimbursement for actual and necessary expenses incurred in attending meetings of the**
50 **task force or any subcommittee thereof.**

51 **8. The task force shall hold its first meeting within two months after the effective**
52 **date of this section and organize by selecting a chair and a vice chair.**

53 **9. The mission of the task force shall be to:**

54 (1) Determine the ability of individuals located in urban and rural areas
55 throughout the state to access healthy food and identify populations and areas in which
56 access to food is limited or uncertain;

57 (2) Identify ways in which the state could connect resources and individuals in an
58 effort to ensure food security for all Missourians;

59 (3) Evaluate the impact of tax increment financing projects and restrictive deed
60 covenants imposed by grocery retailers on creating food deserts or prolonging existing food
61 deserts;

62 (4) Evaluate the potential impacts of online food retail on food insecurity
63 throughout the state; and

64 (5) Evaluate potential strategies to improve collaborations and efficiencies in
65 federal and state nutrition safety net programming.

66 10. The task force shall report a summary of its findings and recommendations to
67 the governor's office and the general assembly by August twenty-eighth of each year.

68 11. The task force shall be dissolved on December 31, 2023, unless extended until
69 December 31, 2025, as determined necessary by the department of agriculture.

285.625. As used in sections 285.625 to 285.670, the following terms mean:

2 (1) "Abuse", the same meaning as in section 210.110;

3 (2) "Director", the director of the department of labor and industrial relations;

4 (3) "Domestic violence", the same meaning as in section 455.010;

5 (4) "Employ", the act of employing or state of being employed, engaged, or hired
6 to perform work or services of any kind or character within the state of Missouri;

7 (5) "Employee", any person performing work or service of any kind or character
8 for hire within the state of Missouri;

9 (6) "Employer", the state or any agency of the state, political subdivision of the
10 state, or any person that employs at least twenty employees;

11 (7) "Employee benefit plan" or "plan", an employee welfare benefit plan or an
12 employee pension benefit plan or a plan that is both an employee welfare benefit plan and
13 an employee pension benefit plan;

14 (8) "Employment benefits", all benefits provided or made available to employees
15 by an employer, including life insurance, health insurance, disability insurance, sick leave,
16 annual leave, educational benefits, pensions, and profit-sharing, regardless of whether such
17 benefits are provided by a practice or written policy of an employer or through an
18 "employee benefit plan";

19 (9) "Family or household member", for employees with a family or household
20 member who is a victim of domestic or sexual violence, a spouse, parent, son, daughter,

21 other person related by blood or by present or prior marriage, other person who shares
22 a relationship through a son or daughter, and persons jointly residing in the same
23 household;

24 (10) "Parent", the biological parent of an employee or an individual who stood in
25 loco parentis to an employee when the employee was a son or daughter who is a victim of
26 domestic or sexual violence;

27 (11) "Person", an individual, partnership, association, corporation, business trust,
28 legal representative, or any organized group of persons;

29 (12) "Public agency", the government of the state or of any political subdivision
30 thereof, any agency of the state or of any political subdivision of the state, or any other
31 governmental agency;

32 (13) "Public assistance", includes cash, food stamps, medical assistance, housing
33 assistance, and other benefits provided on the basis of income by a public agency or public
34 employer;

35 (14) "Qualified individual", in the case of:

36 (a) An applicant or employee of an employer, an individual who, but for being a
37 victim of domestic or sexual violence or with a family or household member who is a victim
38 of domestic or sexual violence, can perform the essential functions of the employment
39 position that such individual holds or desires; or

40 (b) An applicant for or recipient of public assistance from a public agency, an
41 individual who, but for being a victim of domestic or sexual violence or with a family or
42 household member who is a victim of domestic or sexual violence, can satisfy the essential
43 requirements of the program providing the public assistance that the individual receives
44 or desires;

45 (15) "Reasonable safety accommodation", an adjustment to a job structure,
46 workplace facility, or work requirement, including a transfer, reassignment, modified
47 schedule, leave, a changed telephone number or seating assignment, installation of a lock,
48 implementation of a safety procedure, or assistance in documenting domestic violence that
49 occurs at the workplace or in work-related settings, in response to actual or threatened
50 domestic violence. Any exigent circumstances or danger facing the employee or his or her
51 family or household member shall be considered in determining whether the
52 accommodation is reasonable;

53 (16) "Reduced work schedule", a work schedule that reduces the usual number of
54 hours per workweek, or hours per workday, of an employee;

55 (17) "Sexual violence", a sexual assault, as defined in section 455.010, and
56 trafficking for the purposes of sexual exploitation as described in section 566.209;

57 **(18) "Son or daughter", a biological, adopted, or foster child, a stepchild, a legal**
58 **ward, or a child of a person standing in loco parentis, who is under eighteen years of age,**
59 **or is eighteen years of age or older and incapable of self-care because of a mental or**
60 **physical disability and is a victim of domestic or sexual violence;**

61 **(19) "Undue hardship", significant difficulty or expense, when considered in light**
62 **of the nature and cost of the reasonable safety accommodation;**

63 **(20) "Victim of domestic or sexual violence", an individual who has been subjected**
64 **to domestic violence, sexual violence, or abuse;**

65 **(21) "Victim services organization", a nonprofit, nongovernmental organization**
66 **that provides assistance to victims of domestic violence or to advocates for such victims,**
67 **including a rape crisis center, a child advocacy center, an organization carrying out a**
68 **domestic violence program, an organization operating a shelter or providing counseling**
69 **services, or a legal services organization or other organization providing assistance through**
70 **the legal process;**

71 **(22) "Work", any job, task, labor, services, or any other activity for which**
72 **compensation is provided, expected, or due.**

285.630. 1. An employee who is a victim of domestic or sexual violence or a family
2 **or household member who is a victim of domestic or sexual violence whose interests are not**
3 **adverse to the employee as it relates to the domestic or sexual violence may take unpaid**
4 **leave from work to address such violence by:**

5 **(1) Seeking medical attention for, or recovering from, physical or psychological**
6 **injuries caused by domestic or sexual violence to the employee or the employee's family or**
7 **household member;**

8 **(2) Obtaining services from a victim services organization for the employee or the**
9 **employee's family or household member;**

10 **(3) Obtaining psychological or other counseling for the employee or the employee's**
11 **family or household member;**

12 **(4) Participating in safety planning, temporarily or permanently relocating, or**
13 **taking other actions to increase the safety of the employee or the employee's family or**
14 **household member from future domestic or sexual violence or to ensure economic security;**
15 **or**

16 **(5) Seeking legal assistance or remedies to ensure the health and safety of the**
17 **employee or the employee's family or household member, including preparing for or**
18 **participating in any civil or criminal legal proceeding related to or derived from domestic**
19 **or sexual violence.**

20 **2. Subject to subsection 5 of this section, an employee working for an employer that**
21 **employs at least fifty employees shall be entitled to a total of two workweeks of leave under**
22 **subsection 1 of this section during any twelve-month period. An employee working for an**
23 **employer that employs at least twenty but not more than forty-nine employees shall be**
24 **entitled to a total of one workweek of leave under subsection 1 of this section during any**
25 **twelve-month period. For purposes of this subsection "workweek" shall mean an**
26 **individual employee's standard workweek. The total number of workweeks to which an**
27 **employee is entitled shall not decrease during the relevant twelve-month period. Sections**
28 **285.625 to 285.670 shall not create a right for an employee to take unpaid leave that**
29 **exceeds the amount of unpaid leave time allowed under the federal Family and Medical**
30 **Leave Act of 1993 (29 U.S.C. 2601 et seq.).**

31 **3. Leave described in subsection 2 of this section may be taken intermittently or on**
32 **a reduced work schedule.**

33 **4. The employee shall provide the employer with at least forty-eight hours' advance**
34 **notice of the employee's intention to take leave under subsection 1 of this section, unless**
35 **providing such notice is not practicable. When an unscheduled absence occurs, the**
36 **employer may not take any action against the employee if the employee, upon request of**
37 **the employer and within a reasonable period after the absence, provides certification under**
38 **subsection 5 of this section.**

39 **5. The employer may require the employee to provide certification to the employer**
40 **that the employee or the employee's family or household member is a victim of domestic**
41 **or sexual violence and that the leave is for one of the purposes enumerated in subsection**
42 **1 of this section. The employee shall provide such certification to the employer within a**
43 **reasonable period after the employer requests certification.**

44 **6. An employee may satisfy the certification requirement of subsection 5 of this**
45 **section by providing to the employer a sworn statement of the employee and the following:**

46 **(1) Documentation from an employee, agent, or volunteer of a victim services**
47 **organization, an attorney, a member of the clergy, or a medical or other professional from**
48 **whom the employee or the employee's family or household member has sought assistance**
49 **in addressing domestic violence or sexual violence and the effects of such violence;**

50 **(2) A police or court record; or**

51 **(3) Other corroborating evidence.**

52 **7. All information provided to the employer pursuant to subsection 6 of this section**
53 **including a statement of the employee or any other documentation, record, or**
54 **corroborating evidence, and the fact that the employee has requested or obtained leave**
55 **pursuant to this section, shall be retained in the strictest confidence by the employer,**

56 except to the extent that disclosure is requested or consented to in writing by the employee
57 or otherwise required by applicable federal or state law.

58 **8. Any employee who takes leave under this section shall be entitled, on return from**
59 **such leave, to be restored by the employer to the position of employment held by the**
60 **employee when the leave commenced or an equivalent position with equivalent**
61 **employment benefits, pay, and other terms and conditions of employment.**

62 **9. The taking of leave under this section shall not result in the loss of any**
63 **employment benefit accrued prior to the date on which the leave commenced. Nothing in**
64 **this section shall be construed to entitle any restored employee to the accrual of any**
65 **seniority or employment benefits during any period of leave or any right, benefit, or**
66 **position of employment other than any right, benefit, or position to which the employee**
67 **would have been entitled had the employee not taken the leave. Nothing in this section**
68 **shall be construed to prohibit an employer from requiring an employee on leave under this**
69 **section to report periodically to the employer on the status and intention of the employee**
70 **to return to work.**

71 **10. Upon the request of an employer, an employee requesting a reasonable safety**
72 **accommodation pursuant to sections 285.625 to 285.670, shall provide the employer a**
73 **written statement signed by the employee or an individual acting on the employee's behalf,**
74 **certifying that the reasonable safety accommodation is for a purpose authorized under**
75 **sections 285.625 to 285.670.**

285.635. 1. During any period that an employee takes leave under section 285.630,
2 **the employer shall maintain coverage for the employee and any family or household**
3 **member under any group health plan for the duration of such leave at the level and under**
4 **the conditions coverage would have been provided if the employee had continued in**
5 **employment continuously for the duration of such leave.**

6 **2. The employer may recover from the employee the premium that the employer**
7 **paid for maintaining coverage for the employee and the employee's family or household**
8 **member under such group health plan during any period of leave under this section if the**
9 **employee fails to return from leave after the period of leave to which the employee is**
10 **entitled has expired for a reason other than the continuation, recurrence, or onset of**
11 **domestic violence, sexual violence, abuse, a sexual assault, or human trafficking that**
12 **entitled the employee to leave under section 285.630, or other circumstances beyond the**
13 **control of the employee.**

14 **3. An employer may require an employee who claims that the employee is unable**
15 **to return to work because of a reason described in subsection 2 of this section to provide,**
16 **within a reasonable period after making the claim, certification to the employer that the**

17 **employee is unable to return to work because of that reason by providing the employer**
18 **with:**

19 **(1) A sworn statement of the employee;**

20 **(2) Documentation from an employee, agent, or volunteer of a victim services**
21 **organization, an attorney, a member of the clergy, or a medical or other professional from**
22 **whom the employee has sought assistance in addressing domestic or sexual violence and**
23 **the effects of such violence;**

24 **(3) A police or court record; or**

25 **(4) Other corroborating evidence.**

26 **4. All information provided to the employer pursuant to subsection 3 of this section**
27 **including a statement of the employee or any other documentation, record, or**
28 **corroborating evidence, and the fact that the employee is not returning to work because**
29 **of a reason described in subsection 2 of this section shall be retained in the strictest**
30 **confidence by the employer, except to the extent that disclosure is requested or consented**
31 **to in writing by the employee, or otherwise required by applicable federal or state law.**

285.650. 1. Employers and public agencies shall make reasonable safety
2 **accommodations, in a timely manner, to the known limitations resulting from**
3 **circumstances relating to being a victim of domestic or sexual violence or a family or**
4 **household member being a victim of domestic or sexual violence of an otherwise qualified**
5 **individual:**

6 **(1) Who is:**

7 **(a) An employee of the employer; or**

8 **(b) An applicant for or recipient of public assistance from a public agency; and**

9 **(2) Who is:**

10 **(a) A victim of domestic or sexual violence; or**

11 **(b) With a family or household member who is a victim of domestic or sexual**
12 **violence whose interests are not adverse to the individual in this subdivision as it relates**
13 **to the domestic violence, sexual violence, or abuse;**

14 **2. Subsection 1 of this section shall not apply if the employer or public agency can**
15 **demonstrate that the accommodation would impose an undue hardship on the operation**
16 **of the employer or public agency.**

285.665. Every employer subject to sections 285.625 to 285.670 shall deliver a
2 **notice, to be prepared or approved by the director, summarizing the requirements of**
3 **sections 285.625 to 285.670. Such notice may be in electronic form and shall be delivered**
4 **to each person employed by the employer no later than October 27, 2021, and for each**
5 **person hired after October 27, 2021, such notice shall be delivered upon the**

6 commencement of employment. The director shall furnish copies of summaries and rules
7 to employers upon request without charge.

285.670. 1. Nothing in sections 285.625 to 285.670 shall be construed to supersede
2 any provision of any federal, state, or local law, collective bargaining agreement, or
3 employment benefits program or plan that provides:

4 (1) Greater leave benefits for victims of domestic or sexual violence than the rights
5 established under sections 285.625 to 285.670; or

6 (2) Leave benefits for a larger population of victims of domestic or sexual violence,
7 as defined in such law, agreement, program, or plan, than the victims of domestic or sexual
8 violence covered under sections 285.625 to 285.670.

9 2. The rights and remedies established for applicants and employees who are
10 victims of domestic or sexual violence and applicants and employees with a family or
11 household member who is a victim of domestic or sexual violence under sections 285.625
12 to 285.670 shall not be diminished by any federal, state, or local law, collective bargaining
13 agreement, or employment benefits program or plan.

376.1228. 1. For purposes of this section, the terms "health carrier" and "health
2 benefit plan" shall have the same meanings given to the terms under section 376.1350, and
3 the term "hearing aid" shall have the same meaning given to the term under section
4 345.015.

5 2. Each health carrier or health benefit plan that offers or issues health benefit
6 plans that are delivered, issued for delivery, continued, or renewed in this state on or after
7 January 1, 2022, shall, at a minimum, provide coverage to children under eighteen years
8 of age for all hearing aids covered for children who receive MO HealthNet benefits under
9 section 208.151.

10 3. The provisions of this section shall not apply to a supplemental insurance policy,
11 including a life care contract, accident-only policy, specified disease policy, hospital policy
12 providing a fixed daily benefit only, Medicare supplement policy, long-term care policy,
13 short-term major medical policies of six months' or less duration, or any other
14 supplemental policy as determined by the director of the department of commerce and
15 insurance.

16 4. Any additional costs to the state created under the provisions of this section shall
17 be subject to appropriation. If any agency of the federal government determines that this
18 section violates 42 U.S.C. Section 18116 relating to nondiscrimination, the provisions of this
19 section shall be null and void.

376.1551. 1. As used in this section, the following terms mean:

2 (1) "Health benefit plan", the same meaning given to the term in section 376.1350;

3 **(2) "Health carrier", the same meaning given to the term in section 376.1350;**

4 **(3) "Mental health condition", the same meaning given to the term in section**
5 **376.1550.**

6 **2. Notwithstanding any other provision of law to the contrary, each health carrier**
7 **that offers or issues health benefit plans that are delivered, issued for delivery, continued,**
8 **or renewed in this state on or after January 1, 2022, and that provide coverage for a mental**
9 **health condition shall meet the requirements of the Mental Health Parity and Addiction**
10 **Equity Act of 2008, 42 U.S.C. Section 300gg-26, as amended, and the regulations**
11 **promulgated thereunder. The director may enforce such requirements subject to the**
12 **provisions of this section.**

13 **3. The provisions of this section shall not apply to a supplemental insurance policy,**
14 **including a life care contract, accident-only policy, specified disease policy, hospital policy**
15 **providing a fixed daily benefit only, Medicare supplement policy, long-term care policy,**
16 **hospitalization-surgical care policy, short-term major medical policy of twelve months' or**
17 **less duration, a health benefit plan in the small group market that was issued before**
18 **January 1, 2014, or a health benefit plan in the individual market that was purchased**
19 **before January 1, 2014, or any other supplemental policy as determined by the director of**
20 **the department of commerce and insurance.**

21 **4. The director may promulgate rules to effectuate the provisions of this section.**
22 **Any rule or portion of a rule, as that term is defined in section 536.010, that is created**
23 **under the authority delegated in this section shall become effective only if it complies with**
24 **and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028.**
25 **This section and chapter 536 are nonseverable, and if any of the powers vested with the**
26 **general assembly pursuant to chapter 536 to review, to delay the effective date, or to**
27 **disapprove and annul a rule are subsequently held unconstitutional, then the grant of**
28 **rulemaking authority and any rule proposed or adopted after August 28, 2021, shall be**
29 **invalid and void.**

376.2034. 1. If coverage of a prescription drug for the treatment of any medical
2 condition is restricted for use by a health carrier, health benefit plan, or utilization review
3 organization via a step therapy protocol, a patient, through his or her health care provider, shall
4 have access to a clear, convenient, and readily accessible process to request a step therapy
5 override exception determination. A health carrier, health benefit plan, or utilization review
6 organization may use its existing medical exceptions process to satisfy this requirement. The
7 process shall be disclosed to the patient and health care provider, which shall include the
8 necessary documentation needed to process such request and be made available on the health
9 carrier plan or health benefit plan website.

10 2. A step therapy override exception determination shall be granted if the patient has
11 tried the step therapy required prescription drugs while under his or her current or previous health
12 insurance or health benefit plan, and such prescription drugs were discontinued due to lack of
13 efficacy or effectiveness, diminished effect, or an adverse event, **or if the patient's treating**
14 **health care provider attests that coverage of the prescribed prescription drug is necessary**
15 **to save the life of the patient.** Pharmacy drug samples shall not be considered trial and failure
16 of a preferred prescription drug in lieu of trying the step therapy required prescription drug.

17 3. The health carrier, health benefit plan, or utilization review organization may request
18 relevant documentation from the patient or provider to support the override exception request.

19 4. Upon the granting of a step therapy override exception request, the health carrier,
20 health benefit plan, or utilization review organization shall authorize dispensation of and
21 coverage for the prescription drug prescribed by the patient's treating health care provider,
22 provided such drug is a covered drug under such policy or contract.

23 5. This section shall not be construed to prevent:

24 (1) A health carrier, health benefit plan, or utilization review organization from requiring
25 a patient to try a generic equivalent or other brand name drug prior to providing coverage for the
26 requested prescription drug; or

27 (2) A health care provider from prescribing a prescription drug he or she determines is
28 medically appropriate.

452.410. 1. Except as provided in subsection 2 of this section, the court shall not modify
2 a prior custody decree unless it has jurisdiction under the provisions of section ~~[452.450]~~
3 **452.745** and it finds, upon the basis of facts that have arisen since the prior decree or that were
4 unknown to the court at the time of the prior decree, that a change has occurred in the
5 circumstances of the child or his custodian and that the modification is necessary to serve the
6 best interests of the child. Notwithstanding any other provision of this section or sections
7 452.375 and 452.400 **to the contrary**, any custody order entered by any court in this state or any
8 other state ~~[prior to August 13, 1984,]~~ may, subject to jurisdictional requirements, be modified
9 to allow for joint custody **or visitation only** in accordance with section 452.375, ~~[without any~~
10 ~~further showing]~~ **452.400, 452.402, or 452.403.**

11 2. If either parent files a motion to modify an award of joint legal custody or joint
12 physical custody, each party shall be entitled to a change of judge as provided by supreme court
13 rule.

566.150. 1. Any person who has been found guilty of:

2 (1) Violating any of the provisions of this chapter or the provisions of section 568.020,
3 incest; section 568.045, endangering the welfare of a child in the first degree; section 573.200,
4 use of a child in a sexual performance; section 573.205, promoting a sexual performance by a

5 child; section 573.023, sexual exploitation of a minor; section 573.025, promoting child
6 pornography; or section 573.040, furnishing pornographic material to minors; or

7 (2) Any offense in any other jurisdiction which, if committed in this state, would be a
8 violation listed in this section;

9

10 shall not knowingly be present in or loiter within five hundred feet of any real property
11 comprising any public park with playground equipment, a public swimming pool, ~~[or]~~ **athletic**
12 **complex or athletic fields if such facilities exist for the primary use of recreation for**
13 **children**, any museum if such museum holds itself out to the public as and exists with the
14 primary purpose of entertaining or educating children under eighteen years of age, **or Missouri**
15 **department of conservation nature or education center properties.**

16 2. The first violation of the provisions of this section is a class E felony.

17 3. A second or subsequent violation of this section is a class D felony.

18 **4. Any person who has been found guilty of an offense under subdivision (1) or (2)**
19 **of subsection 1 of this section who is the parent, legal guardian, or custodian of a child**
20 **under the age of eighteen attending a program on the property of a nature or education**
21 **center of the Missouri department of conservation may receive permission from the nature**
22 **or education center manager to be present on the property with the child during the**
23 **program.**

~~633.200. 1. [For purposes of this section, the term "autism spectrum disorder" shall be
2 defined as in standard diagnostic criteria for pervasive developmental disorder, to include autistic
3 disorder; Asperger's syndrome; pervasive developmental disorder-not otherwise specified;
4 childhood disintegrative disorder; and Rett's syndrome.~~

~~5 ——— 2. There is hereby created the "Missouri Commission on Autism Spectrum Disorders"
6 to be housed within the department of mental health. The department of mental health shall
7 provide technical and administrative support as required by the commission. The commission
8 shall meet on at least four occasions annually, including at least two occasions before the end of
9 December of the first year the commission is fully established. The commission may hold
10 meetings by telephone or video conference. The commission shall advise and make
11 recommendations to the governor, general assembly, and relevant state agencies regarding
12 matters concerning all state levels of autism spectrum disorder services, including health care,
13 education, and other adult and adolescent services.~~

~~14 ——— 3. The commission shall be composed of twenty-four members, consisting of the
15 following:~~

~~16 ——— (1) Four members of the general assembly, with two members from the senate and two
17 members from the house of representatives. The president pro tem of the senate shall appoint~~

~~18 one member from the senate and the minority leader of the senate shall appoint one member from
19 the senate. The speaker of the house shall appoint one member from the house of representatives
20 and the minority leader of the house shall appoint one member from the house of representatives;
21 ——— (2) The director of the department of mental health, or his or her designee;
22 ——— (3) The commissioner of the department of elementary and secondary education, or his
23 or her designee;
24 ——— (4) The director of the department of health and senior services, or his or her designee;
25 ——— (5) The director of the department of public safety, or his or her designee;
26 ——— (6) The commissioner of the department of higher education and workforce
27 development, or his or her designee;
28 ——— (7) The director of the department of social services, or his or her designee;
29 ——— (8) The director of the department of commerce and insurance, or his or her designee;
30 ——— (9) Two representatives from different institutions of higher learning located in Missouri;
31 ——— (10) An individual employed as a director of special education at a school district located
32 in Missouri;
33 ——— (11) A speech and language pathologist;
34 ——— (12) A diagnostician;
35 ——— (13) A mental health provider;
36 ——— (14) A primary care physician;
37 ——— (15) Two parents of individuals with autism spectrum disorder, including one parent of
38 an individual under the age of eighteen and one parent of an individual over the age of eighteen;
39 ——— (16) Two individuals with autism spectrum disorder;
40 ——— (17) A representative from an independent private provider or nonprofit provider or
41 organization;
42 ——— (18) A member of a county developmental disability board.~~

43

~~44 The members of the commission, other than the members from the general assembly and ex-
45 officio members, shall be appointed by the director of the department of mental health. A chair
46 of the commission shall be selected by the members of the commission. Of the members first
47 appointed to the commission by the governor, half shall serve a term of four years and half shall
48 serve a term of two years, and thereafter, members shall serve a term of four years and may be
49 reappointed. Members shall continue to serve until their successor is duly appointed and
50 qualified. Any vacancy on the commission shall be filled in the same manner as the original
51 appointment. Members shall serve on the commission without compensation but may be
52 reimbursed for their actual and necessary expenses from moneys appropriated to the department
53 of mental health.~~

54 ~~4. The members of the commission shall consist of a broad representation of Missouri~~
55 ~~citizens, both urban and rural, who are concerned with the health and quality of life for~~
56 ~~individuals with autism spectrum disorder.~~

57 ~~5. The commission shall make recommendations for developing a comprehensive~~
58 ~~statewide plan for an integrated system of training, treatment, and services for individuals of all~~
59 ~~ages with autism spectrum disorder. By July 1, 2009, the commission shall issue preliminary~~
60 ~~findings and recommendations to the general assembly.~~

61 ~~6. In preparing the state plan, the commission shall specifically perform the following~~
62 ~~responsibilities and report on them accordingly, in conjunction with state agencies and the office~~
63 ~~of autism services:~~

64 ~~(1) Study and report on the means for developing a comprehensive, coordinated system~~
65 ~~of care delivery across the state to address the increased and increasing presence of autism~~
66 ~~spectrum disorder and ensure that resources are created, well-utilized, and appropriately spread~~
67 ~~across the state:~~

68 ~~(a) Determine the need for the creation of additional centers for diagnostic excellence~~
69 ~~in designated sectors of the state, which could provide clinical services, including assessment,~~
70 ~~diagnoses, and treatment of patients;~~

71 ~~(b) Plan for effectively evaluating regional service areas throughout the state and their~~
72 ~~capacity, including outlining personnel and skills that exist within the service area, other~~
73 ~~capabilities that exist, and resource needs that may be unmet;~~

74 ~~(c) Assess the need for additional behavioral intervention capabilities and, as necessary,~~
75 ~~the means for expanding those capabilities in a regional service area;~~

76 ~~(d) Develop recommendations for expanding these services in conjunction with hospitals~~
77 ~~after considering the resources that exist in terms of specialty clinics and hospitals, and hospital~~
78 ~~inpatient care capabilities;~~

79 ~~(2) Conduct an assessment of the need for coordinated, enhanced and targeted special~~
80 ~~education capabilities within each region of the state;~~

81 ~~(3) Develop a recommendation for enlisting appropriate universities and colleges to~~
82 ~~ensure support and collaboration in developing certification or degree programs for students~~
83 ~~specializing in autism spectrum disorder intervention. This may include degree programs in~~
84 ~~education, special education, social work, and psychology; and~~

85 ~~(4) Other responsibilities may include but not be limited to:~~

86 ~~(a) Provide recommendations regarding training programs and the content of training~~
87 ~~programs being developed;~~

88 ~~(b) Recommend individuals to participate in a committee of major stakeholders charged~~
89 ~~with developing screening, diagnostic, assessment, and treatment standards for Missouri;~~

90 ~~—— (c) Participate in recommending a panel of qualified professionals and experts to review~~
91 ~~existing models of evidence-based educational practices for adaptation specific to Missouri;~~

92 ~~—— (d) Examine the barriers to accurate information of the prevalence of individuals with~~
93 ~~autism spectrum disorder across the state and recommend a process for accurate reporting of~~
94 ~~demographic data;~~

95 ~~—— (e) Explore the need for the creation of interagency councils and evaluation of current~~
96 ~~councils to ensure a comprehensive, coordinated system of care for all individuals with autism~~
97 ~~spectrum disorder;~~

98 ~~—— (f) Study or explore other developmental delay disorders and genetic conditions known~~
99 ~~to be associated with autism, including fragile X syndrome; Sotos syndrome; Angelman~~
100 ~~syndrome; and tuberous sclerosis.] For purposes of this section, the term "autism spectrum~~
101 ~~disorder" shall have the same meaning as the term is defined in the current Diagnostic and~~
102 ~~Statistical Manual of Mental Disorders.~~

103 **2. There is hereby created the "Missouri Commission on Autism Spectrum**
104 **Disorders" to be housed within the department of mental health. The department of**
105 **mental health shall provide technical and administrative support as required by the**
106 **commission. The commission shall meet on at least four occasions annually, including at**
107 **least two occasions before the end of December of the first year the commission is fully**
108 **established. The commission may hold meetings by telephone or video conference.**

109 **3. The Missouri commission on autism spectrum disorders shall have the mission**
110 **of producing an "Autism Roadmap for Missouri" encompassing the lifespan of a person**
111 **living with an autism spectrum disorder. The autism roadmap shall discuss best practices**
112 **for care and services within health care, education, vocational support, and community**
113 **resources and highlight opportunities for improvement. The autism roadmap shall**
114 **include:**

- 115 **(1) A targeted review of existing autism resources, initiatives, and funding;**
116 **(2) The identification of unmet needs or gaps; and**
117 **(3) Tangible recommendations for system improvements, including specific policy,**
118 **programmatic, legislative, and funding recommendations.**

119 **4. The commission shall be composed of twenty-five members, consisting of the**
120 **following:**

121 **(1) The director of the office of autism services within the department of mental**
122 **health;**

123 **(2) The directors from three of the designated Missouri autism centers receiving**
124 **state funding, or their designees;**

- 125 (3) Two independent providers of autism diagnosis and related services in
126 Missouri;
- 127 (4) Three representatives from separate not-for-profit applied behavioral analysis
128 and related allied health service providers in Missouri;
- 129 (5) Two representatives from the rural health care community whose practices or
130 health care systems include care of individuals with autism;
- 131 (6) Two representatives from organizations providing vocational rehabilitation,
132 educational, or adult service opportunities for individuals with autism spectrum disorders;
- 133 (7) Two special education professionals or administrators representing primary
134 and secondary education in Missouri;
- 135 (8) The director of the department of mental health, or his or her designee;
- 136 (9) The commissioner of education, or his or her designee;
- 137 (10) The commissioner of higher education, or his or her designee;
- 138 (11) The director of the department of health and senior services, or his or her
139 designee;
- 140 (12) The director of the department of social service, or his or her designee;
- 141 (13) The director of the department of commerce and insurance, or his or her
142 designee;
- 143 (14) Two parents of individuals on the autism spectrum, one of whom shall be a
144 parent of a child who is on the autism spectrum and who is preschool- or school-aged and
145 the other shall be a parent of an adult who is on the autism spectrum; and
- 146 (15) Two adults with autism spectrum disorders.

147

148 With the exception of department directors, the members of the commission shall be
149 appointed by the director of the department of mental health. A chair of the commission
150 shall be selected by the members of the commission. Members shall serve a term of four
151 years, except that the directors of the designated Missouri autism centers shall only serve
152 two year terms, but may be reappointed and shall continue to serve until their successor
153 is duly appointed and qualified. Any vacancy on the commission shall be filled in the same
154 manner as the original appointment. Members shall serve on the commission without
155 compensation but may be reimbursed for their actual and necessary expenses from moneys
156 appropriated to the department of mental health.

157 5. The commission shall conduct its work in four phases, with such phases
158 including:

159 (1) Transitioning to adulthood for those living with autism spectrum disorders,
160 which shall include:

- 161 **(a) Organizing and reviewing existing systems, resources, and programs available**
162 **to those living with autism spectrum disorders who are approaching adulthood;**
- 163 **(b) Identifying unmet needs or gaps and prioritizing such needs for those living**
164 **with an autism spectrum disorder who are approaching adulthood; and**
- 165 **(c) Reviewing best practices and developing strategic goals to meet the needs of**
166 **those living with an autism spectrum disorder who are approaching adulthood;**
- 167 **(2) Early identification and intervention for those living with autism spectrum**
168 **disorders, which shall include:**
- 169 **(a) Organizing and reviewing existing systems, resources, and programs available**
170 **to quickly identify and intervene in the lives of those living with an autism spectrum**
171 **disorder;**
- 172 **(b) Identifying unmet needs or gaps and prioritizing such needs to quickly identify**
173 **and intervene in the lives of those living with an autism spectrum disorder; and**
- 174 **(c) Reviewing best practices and developing strategic goals to quickly identify and**
175 **intervene in the lives of those living with an autism spectrum disorder;**
- 176 **(3) Access to care for those living with autism spectrum disorders, which shall**
177 **include:**
- 178 **(a) Organizing and reviewing existing systems, resources, and programs available**
179 **that provide access to care for those living with an autism spectrum disorder;**
- 180 **(b) Identifying unmet needs or gaps and prioritizing such needs in providing access**
181 **to care for those living with an autism spectrum disorder; and**
- 182 **(c) Reviewing best practices and developing strategic goals for providing access to**
183 **care for those living with an autism spectrum disorder; and**
- 184 **(4) Challenging behavior and crisis care for those living with autism spectrum**
185 **disorders, which shall include:**
- 186 **(a) Organizing and reviewing existing systems, resources, and programs available**
187 **for challenging behavior and crisis care for those living with an autism spectrum disorder;**
- 188 **(b) Identifying unmet needs or gaps and prioritizing such needs for challenging**
189 **behavior and crisis care for those living with an autism spectrum disorder; and**
- 190 **(c) Reviewing best practices and developing strategic goals for challenging behavior**
191 **and crisis care for those living with an autism spectrum disorder.**
- 192 **6. The commission shall submit a report to the director of the department of mental**
193 **health and the governor upon the completion of each phase. In addition, a final document**
194 **summarizing all completed tasks and remaining recommendations shall be submitted to**
195 **the director of the department of mental health and the governor upon the completion of**
196 **all phases.**

197 **7. The first phase of work done by the commission shall commence on January 1,**
198 **2022, with each new phase commencing on January first of each of the following three**
199 **years. The work in each phase shall be complete by December thirty-first of the year in**
200 **which the phase began. Each report shall be submitted to the director of the department**
201 **of mental health and the governor no later than April first following the completion of the**
202 **phase.**

 Section B. Because of the need to preserve safe and adequate access to educational
2 opportunities for Missouri children the repeal and reenactment of section 210.201 of this act is
3 deemed necessary for the immediate preservation of the public health, welfare, peace, and safety,
4 and is hereby declared to be an emergency act within the meaning of the constitution, and the
5 repeal and reenactment of section 210.201 of this act shall be in full force and effect upon its
6 passage and approval.

✓