

FIRST REGULAR SESSION  
HOUSE COMMITTEE SUBSTITUTE FOR  
**HOUSE BILL NO. 194**  
**99TH GENERAL ASSEMBLY**

0846H.03C

D. ADAM CRUMBLISS, Chief Clerk

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**AN ACT**

To repeal sections 188.027, 188.036, 188.047, 188.052, 194.375, and 197.230, RSMo, and to enact in lieu thereof seven new sections relating to abortion, with penalty provisions.

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

Section A. Sections 188.027, 188.036, 188.047, 188.052, 194.375, and 197.230, RSMo, are repealed and seven new sections enacted in lieu thereof, to be known as sections 188.027, 188.036, 188.047, 188.052, 188.160, 194.375, and 197.230, to read as follows:

188.027. 1. Except in the case of medical emergency, no abortion shall be performed or induced on a woman without her voluntary and informed consent, given freely and without coercion. Consent to an abortion is voluntary and informed and given freely and without coercion if, and only if, at least seventy-two hours prior to the abortion:

(1) The physician who is to perform or induce the abortion or a qualified professional has informed the woman orally[;] **and either** reduced to writing[~~,-and~~] **or shown the woman the video created by the department of health and senior services under subsection 13 of this section** in person, of the following:

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

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

a. A description of the proposed abortion method;

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

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.

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

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

22 (d) A statement that the physician performing or inducing the abortion is available for  
23 any questions concerning the abortion, together with the telephone number that the physician  
24 may be later reached to answer any questions that the woman may have;

25 (e) The location of the hospital that offers obstetrical or gynecological care located  
26 within thirty miles of the location where the abortion is performed or induced and at which the  
27 physician performing or inducing the abortion has clinical privileges and where the woman may  
28 receive follow-up care by the physician if complications arise;

29 (f) The gestational age of the unborn child at the time the abortion is to be performed or  
30 induced; ~~and~~

31 (g) The anatomical and physiological characteristics of the unborn child at the time the  
32 abortion is to be performed or induced; **and**

33 **(h) A description of the disposal process of the aborted fetus;**

34 (2) The physician who is to perform or induce the abortion or a qualified professional  
35 has presented the woman, in person, ~~printed~~ materials provided by the department, which  
36 describe the probable anatomical and physiological characteristics of the unborn child at  
37 two-week gestational increments from conception to full term, including color photographs or  
38 images of the developing unborn child at two-week gestational increments. Such descriptions  
39 shall include information about brain and heart functions, the presence of external members and  
40 internal organs during the applicable stages of development and information on when the unborn  
41 child is viable. The ~~printed~~ materials shall prominently display the following statement: "The  
42 life of each human being begins at conception. Abortion will terminate the life of a separate,  
43 unique, living human being.";

44 (3) The physician who is to perform or induce the abortion or a qualified professional  
45 has presented the woman, in person, ~~printed~~ materials provided by the department, which  
46 describe the various surgical and drug-induced methods of abortion relevant to the stage of  
47 pregnancy, as well as the immediate and long-term medical risks commonly associated with each  
48 abortion method including, but not limited to, infection, hemorrhage, cervical tear or uterine  
49 perforation, harm to subsequent pregnancies or the ability to carry a subsequent child to term,  
50 and the possible adverse psychological effects associated with an abortion;

51 (4) The physician who is to perform or induce the abortion or a qualified professional  
52 shall provide the woman with the opportunity to view at least seventy-two hours prior to the

53 abortion an active ultrasound of the unborn child and hear the heartbeat of the unborn child if  
54 the heartbeat is audible. The woman shall be provided with a geographically indexed list  
55 maintained by the department of health care providers, facilities, and clinics that perform  
56 ultrasounds, including those that offer ultrasound services free of charge. Such materials shall  
57 provide contact information for each provider, facility, or clinic including telephone numbers  
58 and, if available, website addresses. Should the woman decide to obtain an ultrasound from a  
59 provider, facility, or clinic other than the abortion facility, the woman shall be offered a  
60 reasonable time to obtain the ultrasound examination before the date and time set for performing  
61 or inducing an abortion. The person conducting the ultrasound shall ensure that the active  
62 ultrasound image is of a quality consistent with standard medical practice in the community,  
63 contains the dimensions of the unborn child, and accurately portrays the presence of external  
64 members and internal organs, if present or viewable, of the unborn child. The auscultation of  
65 fetal heart tone must also be of a quality consistent with standard medical practice in the  
66 community. If the woman chooses to view the ultrasound or hear the heartbeat or both at the  
67 abortion facility, the viewing or hearing or both shall be provided to her at the abortion facility  
68 at least seventy-two hours prior to the abortion being performed or induced;

69 (5) Prior to an abortion being performed or induced on an unborn child of twenty-two  
70 weeks gestational age or older, the physician who is to perform or induce the abortion or a  
71 qualified professional has presented the woman, in person, ~~printed~~ materials provided by the  
72 department that offer information on the possibility of the abortion causing pain to the unborn  
73 child. This information shall include, but need not be limited to, the following:

74 (a) At least by twenty-two weeks of gestational age, the unborn child possesses all the  
75 anatomical structures, including pain receptors, spinal cord, nerve tracts, thalamus, and cortex,  
76 that are necessary in order to feel pain;

77 (b) A description of the actual steps in the abortion procedure to be performed or  
78 induced, and at which steps the abortion procedure could be painful to the unborn child;

79 (c) There is evidence that by twenty-two weeks of gestational age, unborn children seek  
80 to evade certain stimuli in a manner that in an infant or an adult would be interpreted as a  
81 response to pain;

82 (d) Anesthesia is given to unborn children who are twenty-two weeks or more gestational  
83 age who undergo prenatal surgery;

84 (e) Anesthesia is given to premature children who are twenty-two weeks or more  
85 gestational age who undergo surgery;

86 (f) Anesthesia or an analgesic is available in order to minimize or alleviate the pain to  
87 the unborn child;

88 (6) The physician who is to perform or induce the abortion or a qualified professional  
89 has presented the woman, in person, [~~printed~~] materials provided by the department explaining  
90 to the woman alternatives to abortion she may wish to consider. Such materials shall:

91 (a) Identify on a geographical basis public and private agencies available to assist a  
92 woman in carrying her unborn child to term, and to assist her in caring for her dependent child  
93 or placing her child for adoption, including agencies commonly known and generally referred  
94 to as pregnancy resource centers, crisis pregnancy centers, maternity homes, and adoption  
95 agencies. Such materials shall provide a comprehensive list by geographical area of the agencies,  
96 a description of the services they offer, and the telephone numbers and addresses of the agencies;  
97 provided that such materials shall not include any programs, services, organizations, or affiliates  
98 of organizations that perform or induce, or assist in the performing or inducing of, abortions or  
99 that refer for abortions;

100 (b) Explain the Missouri alternatives to abortion services program under section 188.325,  
101 and any other programs and services available to pregnant women and mothers of newborn  
102 children offered by public or private agencies which assist a woman in carrying her unborn child  
103 to term and assist her in caring for her dependent child or placing her child for adoption,  
104 including but not limited to prenatal care; maternal health care; newborn or infant care; mental  
105 health services; professional counseling services; housing programs; utility assistance;  
106 transportation services; food, clothing, and supplies related to pregnancy; parenting skills;  
107 educational programs; job training and placement services; drug and alcohol testing and  
108 treatment; and adoption assistance;

109 (c) Identify the state website for the Missouri alternatives to abortion services program  
110 under section 188.325, and any toll-free number established by the state operated in conjunction  
111 with the program;

112 (d) Prominently display the statement: "There are public and private agencies willing  
113 and able to help you carry your child to term, and to assist you and your child after your child is  
114 born, whether you choose to keep your child or place him or her for adoption. The state of  
115 Missouri encourages you to contact those agencies before making a final decision about abortion.  
116 State law requires that your physician or a qualified professional give you the opportunity to call  
117 agencies like these before you undergo an abortion.";

118 (7) The physician who is to perform or induce the abortion or a qualified professional  
119 has presented the woman, in person, [~~printed~~] materials provided by the department explaining  
120 that the father of the unborn child is liable to assist in the support of the child, even in instances  
121 where he has offered to pay for the abortion. Such materials shall include information on the  
122 legal duties and support obligations of the father of a child, including, but not limited to, child  
123 support payments, and the fact that paternity may be established by the father's name on a birth

124 certificate or statement of paternity, or by court action. Such [~~printed~~] materials shall also state  
125 that more information concerning paternity establishment and child support services and  
126 enforcement may be obtained by calling the family support division within the Missouri  
127 department of social services; and

128 (8) The physician who is to perform or induce the abortion or a qualified professional  
129 shall inform the woman that she is free to withhold or withdraw her consent to the abortion at  
130 any time without affecting her right to future care or treatment and without the loss of any state  
131 or federally funded benefits to which she might otherwise be entitled.

132 2. All information required to be provided to a woman considering abortion by  
133 subsection 1 of this section shall be presented to the woman individually, in the physical  
134 presence of the woman and in a private room, to protect her privacy, to maintain the  
135 confidentiality of her decision, to ensure that the information focuses on her individual  
136 circumstances, to ensure she has an adequate opportunity to ask questions, and to ensure that she  
137 is not a victim of coerced abortion. Should a woman be unable to read materials provided to her,  
138 they shall be read to her. Should a woman need an interpreter to understand the information  
139 presented in the written materials, an interpreter shall be provided to her. Should a woman ask  
140 questions concerning any of the information or materials, answers shall be provided in a  
141 language she can understand.

142 3. No abortion shall be performed or induced unless and until the woman upon whom  
143 the abortion is to be performed or induced certifies in writing on a checklist form provided by  
144 the department that she has been presented all the information required in subsection 1 of this  
145 section **and shall indicate whether the information was provided in writing or via video**, that  
146 she has been provided the opportunity to view an active ultrasound image of the unborn child  
147 and hear the heartbeat of the unborn child if it is audible, and that she further certifies that she  
148 gives her voluntary and informed consent, freely and without coercion, to the abortion procedure.

149 4. No abortion shall be performed or induced on an unborn child of twenty-two weeks  
150 gestational age or older unless and until the woman upon whom the abortion is to be performed  
151 or induced has been provided the opportunity to choose to have an anesthetic or analgesic  
152 administered to eliminate or alleviate pain to the unborn child caused by the particular method  
153 of abortion to be performed or induced. The administration of anesthesia or analgesics shall be  
154 performed in a manner consistent with standard medical practice in the community.

155 5. No physician shall perform or induce an abortion unless and until the physician has  
156 obtained from the woman her voluntary and informed consent given freely and without coercion.  
157 If the physician has reason to believe that the woman is being coerced into having an abortion,  
158 the physician or qualified professional shall inform the woman that services are available for her

159 and shall provide her with private access to a telephone and information about such services,  
160 including but not limited to the following:

- 161 (1) Rape crisis centers, as defined in section 455.003;
- 162 (2) Shelters for victims of domestic violence, as defined in section 455.200; and
- 163 (3) Orders of protection, pursuant to chapter 455.

164 6. No physician shall perform or induce an abortion unless and until the physician has  
165 received and signed a copy of the form prescribed in subsection 3 of this section. The physician  
166 shall retain a copy of the form in the patient's medical record.

167 7. In the event of a medical emergency as provided by section 188.039, the physician  
168 who performed or induced the abortion shall clearly certify in writing the nature and  
169 circumstances of the medical emergency. This certification shall be signed by the physician who  
170 performed or induced the abortion, and shall be maintained under section 188.060.

171 8. No person or entity shall require, obtain, or accept payment for an abortion from or  
172 on behalf of a patient until at least seventy-two hours have passed since the time that the  
173 information required by subsection 1 of this section has been provided to the patient. Nothing  
174 in this subsection shall prohibit a person or entity from notifying the patient that payment for the  
175 abortion will be required after the seventy-two-hour period has expired if she voluntarily chooses  
176 to have the abortion.

177 9. The term "qualified professional" as used in this section shall refer to a physician,  
178 physician assistant, registered nurse, licensed practical nurse, psychologist, licensed professional  
179 counselor, or licensed social worker, licensed or registered under chapter 334, 335, or 337, acting  
180 under the supervision of the physician performing or inducing the abortion, and acting within the  
181 course and scope of his or her authority provided by law. The provisions of this section shall not  
182 be construed to in any way expand the authority otherwise provided by law relating to the  
183 licensure, registration, or scope of practice of any such qualified professional.

184 10. By November 30, 2010, the department shall produce the written materials and forms  
185 described in this section. Any written materials produced shall be printed in a typeface large  
186 enough to be clearly legible. All information shall be presented in an objective, unbiased manner  
187 designed to convey only accurate scientific and medical information. The department shall  
188 furnish the written materials and forms at no cost and in sufficient quantity to any person who  
189 performs or induces abortions, or to any hospital or facility that provides abortions. The  
190 department shall make all information required by subsection 1 of this section available to the  
191 public through its department website. The department shall maintain a toll-free,  
192 twenty-four-hour hotline telephone number where a caller can obtain information on a regional  
193 basis concerning the agencies and services described in subsection 1 of this section. No  
194 identifying information regarding persons who use the website shall be collected or maintained.

195 The department shall monitor the website on a regular basis to prevent tampering and correct any  
196 operational deficiencies.

197 11. In order to preserve the compelling interest of the state to ensure that the choice to  
198 consent to an abortion is voluntary and informed, and given freely and without coercion, the  
199 department shall use the procedures for adoption of emergency rules under section 536.025 in  
200 order to promulgate all necessary rules, forms, and other necessary material to implement this  
201 section by November 30, 2010.

202 12. If the provisions in subsections 1 and 8 of this section requiring a seventy-two-hour  
203 waiting period for an abortion are ever temporarily or permanently restrained or enjoined by  
204 judicial order, then the waiting period for an abortion shall be twenty-four hours; provided,  
205 however, that if such temporary or permanent restraining order or injunction is stayed or  
206 dissolved, or otherwise ceases to have effect, the waiting period for an abortion shall be  
207 seventy-two hours.

208 **13. The department of health and senior services shall create a video that contains**  
209 **all the information required to be provided to a woman considering an abortion under**  
210 **subsection 1 of this section, except paragraph (a), the physician's telephone number under**  
211 **paragraph (d), and paragraph (e) of subdivision (1) of subsection 1 of this section.**

188.036. 1. No physician shall perform an abortion on a woman if the physician knows  
2 that the woman conceived the unborn child for the purpose of providing fetal organs or tissue  
3 for medical transplantation to herself or another, and the physician knows that the woman intends  
4 to procure the abortion to utilize those organs or tissue for such use for herself or another.

5 2. No person shall utilize the fetal organs or tissue resulting from an abortion for medical  
6 transplantation, if the person knows that the abortion was procured for the purpose of utilizing  
7 those organs or tissue for such use.

8 3. No person shall offer any inducement, monetary or otherwise, to a woman or a  
9 prospective father of an unborn child for the purpose of conceiving an unborn child for the  
10 medical, scientific, experimental or therapeutic use of the fetal organs or tissue.

11 4. No person shall offer any inducement, monetary or otherwise, to the mother or father  
12 of an unborn child for the purpose of procuring an abortion for the medical, scientific,  
13 experimental or therapeutic use of the fetal organs or tissue.

14 **5. No person shall knowingly donate or make an anatomical gift of the fetal organs**  
15 **or tissue resulting from an abortion to any person or entity for medical, scientific,**  
16 **experimental, therapeutic, or any other use.**

17 **6. No person shall knowingly offer or receive any valuable consideration for the fetal**  
18 **organs or tissue resulting from an abortion, provided that nothing in this subsection shall prohibit**  
19 **payment for burial or other final disposition of the fetal remains so long as the final disposition**

20 **does not include any donation or anatomical gift of fetal organs or tissue**, or payment for a  
21 pathological examination, autopsy or postmortem examination of the fetal remains.

22 ~~[6.]~~ 7. If any provision in this section or the application thereof to any person,  
23 circumstance or period of gestation is held invalid, such invalidity shall not affect the provisions  
24 or applications which can be given effect without the invalid provision or application, and to this  
25 end the provisions of this section are declared severable.

26 **8. Any person who violates the provisions of subsection 3, 4, 5, or 6 of this section**  
27 **shall be guilty of a class C felony, and the court may impose a fine in an amount not less**  
28 **than twice the amount of any valuable consideration received.**

29 **9. Nothing in this section shall prohibit the utilization of fetal organs or tissue**  
30 **resulting from an abortion for medical or scientific purposes to determine the cause or**  
31 **causes of any anomaly, illness, death, or genetic condition of the fetus, the paternity of the**  
32 **fetus, or for law enforcement purposes.**

188.047. ~~[A representative sample of]~~ 1. All tissue and remains of a human fetus, as  
2 **defined in section 194.375**, removed at the time of abortion shall be **ensured as nonhazardous**  
3 **in compliance with department of natural resources regulations** and submitted to a board  
4 eligible or certified pathologist, who shall file a copy of the tissue report with the state  
5 department of health and senior services, and who shall provide a copy of the report to the  
6 abortion facility or hospital in which the abortion was performed or induced and the pathologist's  
7 report shall be made a part of the patient's permanent record.

8 **2. The tissue report shall include:**

9 **(1) The pathologist's estimation, to a reasonable degree of scientific certainty, of the**  
10 **gestational age of the fetal remains;**

11 **(2) Whether all tissue and remains of a human fetus were received that would be**  
12 **common for a specimen of such estimated gestational age;**

13 **(3) If the pathologist finds that all tissue and remains of a human fetus were not**  
14 **received, what portion of the tissue and remains of a human fetus were not received;**

15 **(4) A gross diagnosis and detailed gross findings of what was received including the**  
16 **percent blood clot and the percent tissue;**

17 **(5) The date the tissue and remains of a human fetus were remitted to be disposed**  
18 **and the location of such disposal;**

19 **(6) A certification that all submitted tissue and remains of a human fetus have been**  
20 **disposed in accordance with state laws and regulations; and**

21 **(7) The name of the entity and physical address of the entity conducting the**  
22 **examination of the specimen containing the remains of a human fetus.**



23           **3. Each specimen containing remains of a human fetus shall be given a unique**  
24 **identification number to allow the specimen to be tracked from the abortion facility or**  
25 **hospital where the abortion was performed or induced to the pathology lab and to its final**  
26 **disposition location. The unique identification number shall be conspicuously adhered to**  
27 **the exterior of the specimen container.**

28           **4. A report shall be created and submitted to the department for each specimen**  
29 **containing remains of a human fetus at each facility that handles the specimen, including**  
30 **the abortion facility or hospital where the abortion was performed or induced, the**  
31 **pathology lab, and the location of final disposition. Each report shall document, if**  
32 **applicable, the date the specimen containing remains of a human fetus was collected,**  
33 **transported, received, and disposed. The report by the location of final disposition shall**  
34 **verify that all fetal tissue was received and has been properly disposed according to state**  
35 **laws and regulations.**

36           **5. The department shall reconcile each notice of abortion with its corresponding**  
37 **pathology report. If the department does not receive the notice of abortion and the**  
38 **pathology report, the department shall conduct an investigation. If the department finds**  
39 **that the abortion facility or hospital where the abortion was performed or induced was not**  
40 **in compliance with the provisions of this section, the department shall consider such**  
41 **noncompliance a deficiency requiring an unscheduled inspection of the facility to ensure**  
42 **the deficiency is remedied. If such deficiency is not remedied, the department shall**  
43 **suspend the abortion facility's or hospital's license for no less than one year.**

44           **6. Beginning January 1, 2018, the department shall make an annual report to the**  
45 **general assembly. The report shall include, but not be limited to, all reports and**  
46 **information received by the department under the provisions of this section, the number**  
47 **of any deficiencies of each abortion facility in the calendar year and whether such**  
48 **deficiencies were remedied, and the following for each abortion procedure reported to the**  
49 **department the previous calendar year:**

50           **(1) The location of the abortion facility;**

51           **(2) The age of the fetus aborted;**

52           **(3) The termination procedure used with a clinical estimation of gestation;**

53           **(4) Whether the department received the tissue report for that abortion, along with**  
54 **a certification of the disposal of the remains; and**

55           **(5) The existence and nature, if any, of any inconsistencies or concerns between the**  
56 **abortion report submitted under section 188.052 and the tissue report submitted under**  
57 **subsection 1 of this section.**

58

59 **The report shall not contain any personal patient information the disclosure of which is**  
60 **prohibited by state or federal law.**

61 **7. The mother of the aborted fetus shall be given the option to have the fetus**  
62 **returned to her for final disposition after the fetus has been released from the pathology**  
63 **lab.**

188.052. 1. An individual abortion report for each abortion performed or induced upon  
2 a woman shall be completed by her attending physician. **The report shall include:**

3 **(1) The attending physician's estimation, to a reasonable degree of scientific**  
4 **certainty, of the gestational age of the fetal remains;**

5 **(2) Whether all tissue and remains of a human fetus, as defined in section 194.375,**  
6 **were removed that would be common for a specimen of such estimated gestational age; and**

7 **(3) If the attending physician finds that all tissue and remains of a human fetus**  
8 **were not removed, what portion of the tissue and remains of a human fetus were not**  
9 **removed.**

10 2. An individual complication report for any post-abortion care performed upon a woman  
11 shall be completed by the physician providing such post-abortion care. This report shall include:

12 (1) The date of the abortion;

13 (2) The name and address of the abortion facility or hospital where the abortion was  
14 performed;

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

16 3. All abortion reports shall be signed by the attending physician, and submitted to the  
17 state department of health and senior services within forty-five days from the date of the  
18 abortion. All complication reports shall be signed by the physician providing the post-abortion  
19 care and submitted to the department of health and senior services within forty-five days from  
20 the date of the post-abortion care.

21 4. A copy of the abortion report shall be made a part of the medical record of the patient  
22 of the facility or hospital in which the abortion was performed.

23 5. The state department of health and senior services shall be responsible for collecting  
24 all abortion reports and complication reports and collating and evaluating all data gathered  
25 therefrom and shall annually publish a statistical report based on such data from abortions  
26 performed in the previous calendar year.

**188.160. 1. Each hospital, ambulatory surgical center, pathology lab, medical**  
2 **research entity, and disposal facility involved in handling fetal remains from an elective**  
3 **abortion shall establish and implement a written policy adopted by each hospital,**  
4 **ambulatory surgical center, pathology lab, medical research entity, and disposal facility**  
5 **relating to the protections for employees who disclose information under subsection 2 of**

6 this section. This policy shall include a time frame for completion of investigations related  
7 to complaints, not to exceed thirty days, and a method for notifying the complainant of the  
8 disposition of the investigation. This policy shall be submitted to the department to verify  
9 implementation. At a minimum, such policy shall include the following provisions:

10 (1) No supervisor or individual with authority to hire or fire in a hospital,  
11 ambulatory surgical center, pathology lab, medical research entity, or disposal facility shall  
12 prohibit employees from disclosing information under subsection 2 of this section;

13 (2) No supervisor or individual with authority to hire or fire in a hospital,  
14 ambulatory surgical center, pathology lab, medical research entity, or disposal facility shall  
15 use or threaten to use his or her supervisory authority to knowingly discriminate against,  
16 dismiss, penalize, or in any way retaliate against or harass an employee because the  
17 employee in good faith reported or disclosed any information under subsection 2 of this  
18 section, or in any way attempt to dissuade, prevent, or interfere with an employee who  
19 wishes to report or disclose such information; and

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

23 2. The provisions of this section shall apply to information disclosed or reported in  
24 good faith by an employee concerning alleged violations of applicable federal or state laws  
25 or administrative rules concerning the handling of fetal remains. All information disclosed,  
26 collected, and maintained under this subsection and under the written policy requirements  
27 of this section shall be accessible to the department at all times and shall be reviewed by  
28 the department at least annually. Complainants shall be notified of the department's access  
29 to such information and of the complainant's right to notify the department of any  
30 information concerning alleged violations of applicable federal or state laws or  
31 administrative rules concerning abortions or the handling of fetal remains.

32 3. Prior to any disclosure to individuals or agencies other than the department,  
33 employees wishing to make a disclosure under the provisions of this section shall first  
34 report to the individual or individuals designated by the hospital, ambulatory surgical  
35 center, pathology lab, medical research entity, or disposal facility under subsection 1 of this  
36 section.

37 4. If the compliance officer, compliance committee, or management official  
38 discovers credible evidence of misconduct from any source and, after a reasonable inquiry,  
39 has reason to believe that the misconduct may violate criminal, civil, or administrative law,  
40 the hospital, ambulatory surgical center, pathology lab, medical research entity, or disposal  
41 facility shall report the existence of misconduct to the appropriate governmental authority

42 **within a reasonable period, but not more than seven days after determining that there is**  
43 **credible evidence of a violation.**

44 **5. Reports made to the department shall be subject to the provisions of section**  
45 **197.477; provided that, the restrictions of section 197.477 shall not be construed to limit**  
46 **the employee's ability to subpoena from the original source the information reported to the**  
47 **department under this section.**

48 **6. Each written policy shall allow employees making a report who wish to remain**  
49 **anonymous to do so and shall include safeguards to protect the confidentiality of the**  
50 **employee making the report, the confidentiality of patients, and the integrity of data,**  
51 **information, and medical records.**

52 **7. Each hospital, ambulatory surgical center, pathology lab, medical research**  
53 **entity, and disposal facility shall, within forty-eight hours of the receipt of a report, notify**  
54 **the employee that his or her report has been received and is being reviewed unless the**  
55 **employee wishes to remain anonymous.**

56 **8. Beginning December 1, 2017, each hospital, ambulatory surgical center,**  
57 **pathology lab, medical research entity, and disposal facility involved in handling fetal**  
58 **remains from an elective abortion shall post a notice at their place of employment in a**  
59 **sufficient number of places on the premises to assure that such notice will reasonably be**  
60 **seen by all employees. A hospital, ambulatory surgical center, pathology lab, medical**  
61 **research entity, or disposal facility involved in handling fetal remains from an elective**  
62 **abortion for whom services are performed by individuals who may not reasonably be**  
63 **expected to see a posted notice shall notify each such employee in writing of the contents**  
64 **of such notice. The notice shall include all information provided in this section.**

194.375. 1. Sections 194.375 to 194.390 shall be known and may be cited as the  
2 "Disposition of Fetal Remains Act".

3 2. As used in sections 194.375 to 194.390, the following terms mean:

4 (1) "Final disposition", the burial, cremation, or other disposition of the remains of a  
5 human fetus following a spontaneous fetal demise occurring after a gestation period of less than  
6 twenty completed weeks;

7 (2) "Remains of a human fetus", the [fetal] remains [~~or fetal products of conception of~~  
8 ~~a mother after a miscarriage, regardless of the gestational age or whether the remains have been~~  
9 ~~obtained by spontaneous or accidental means] of the dead offspring of a human being that has  
10 reached a stage of development so that there are cartilaginous structures or fetal or skeletal  
11 parts after an abortion or miscarriage, whether the remains have been obtained by  
12 induced, spontaneous, or accidental means.~~

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

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

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