SECOND REGULAR SESSION

HOUSE BILL NO. 2285

100TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE MOON.

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal sections 1.205, 188.010, 188.015, 188.017, 188.018, 188.020, 188.021, 188.023, 188.025, 188.026, 188.027, 188.028, 188.030, 188.031, 188.033, 188.035, 188.036, 188.038, 188.039, 188.043, 188.044, 188.047, 188.052, 188.055, 188.056, 188.057, 188.058, 188.060, 188.065, 188.070, 188.075, 188.080, 188.100, 188.105, 188.110, 188.115, 188.120, 188.125, 188.160, 188.200, 188.205, 188.210, 188.215, 188.220, 188.230, 188.250, 188.325, 188.335, 188.375, 191.211, 191.320, 191.831, 191.975, 192.665, 192.667, 194.390, 197.150, 197.152, 197.158, 197.160, 197.162, 197.165, 197.200, 197.205, 197.215, 197.220, 197.225, 197.230, 197.235, 197.240, 197.285, 197.287, 197.289, 197.293, 197.295, 208.655, 334.100, 334.245, 376.805, 541.080, 556.061, 562.031, 562.071, 563.026, 565.300, 574.200, 595.027, and 595.120, RSMo, and to enact in lieu thereof forty-one new sections relating to the protection of unborn children, with penalty provisions and an emergency clause.

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

Section A. Sections 1.205, 188.010, 188.015, 188.017, 188.018, 188.020, 188.021, 2 188.023, 188.025, 188.026, 188.027, 188.028, 188.030, 188.031, 188.033, 188.035, 188.036, 3 188.038, 188.039, 188.043, 188.044, 188.047, 188.052, 188.055, 188.056, 188.057, 188.058, 188.060, 188.065, 188.070, 188.075, 188.080, 188.100, 188.105, 188.110, 188.115, 188.120, 4 188.125, 188.160, 188.200, 188.205, 188.210, 188.215, 188.220, 188.230, 188.250, 188.325, 5 6 188.335, 188.375, 191.211, 191.320, 191.831, 191.975, 192.665, 192.667, 194.390, 197.150, 197.152, 197.158, 197.160, 197.162, 197.165, 197.200, 197.205, 197.215, 197.220, 197.225, 7 197.230, 197.235, 197.240, 197.285, 197.287, 197.289, 197.293, 197.295, 208.655, 334.100, 8 334.245, 376.805, 541.080, 556.061, 562.031, 562.071, 563.026, 565.300, 574.200, 595.027, and 9

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.

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10 595.120, RSMo, are repealed and forty-one new sections enacted in lieu thereof, to be known as sections 1.205, 188.010, 188.015, 188.020, 188.023, 188.075, 188.125, 191.211, 191.320, 11 12 191.831, 191.975, 192.665, 192.667, 197.150, 197.152, 197.158, 197.160, 197.162, 197.165, 197.200, 197.205, 197.215, 197.220, 197.225, 197.230, 197.235, 197.240, 197.285, 197.287, 13 197.289, 197.293, 197.295, 334.100, 541.080, 556.061, 562.031, 562.071, 563.026, 565.015, 14 15 595.027, and 595.120, to read as follows: 1.205. 1. The general assembly of this state finds that: 2 (1) The life of each human being begins at conception; 3 (2) Unborn children have protectable interests in life, health, and well-being; 4 (3) The natural parents of unborn children have protectable interests in the life, health, 5 and well-being of their unborn child. 6 2. [Effective January 1, 1988,] The laws of this state shall be interpreted and construed 7 to acknowledge on behalf of the unborn child at every stage of development, all the rights, privileges, and immunities available to other persons, citizens, and residents of this state[, subject 8 only to] in accordance with the Constitution of the United States[, and decisional interpretations 9 thereof by the United States Supreme Court and specific provisions to the contrary in the statutes 10 11 and constitution of this state]. 12 3. As used in this section, the term "unborn children" or "unborn child" shall include all unborn child or children or the offspring of human beings from the moment of conception, as 13 defined in section 188.015, until birth, at every stage of biological development. 14 4. Nothing in this section shall be interpreted as creating a cause of action against a 15 woman for indirectly harming her unborn child by failing to properly care for herself or by failing 16 to follow any particular program of prenatal care. 17 188.010. In recognition that Almighty God is the author of life, that all men and women are "endowed by their Creator with certain unalienable Rights, that among these are Life", and 2 that Article I, Section 2 of the Constitution of Missouri provides that all persons have a natural 3 right to life, it is the intention of the general assembly of the state of Missouri to: 4 5 (1) Defend the right to life of all humans, born and unborn; 6 (2) Declare that the state and all of its political subdivisions are a "sanctuary of life" that protects pregnant women and their unborn children; and 7 8 (3) [Regulate] Abolish abortion [to the full extent permitted by the Constitution of the 9 United States, decisions of the United States Supreme Court, and federal statutes] in this state. 188.015. As used in this chapter, the following terms mean: 2 (1) "Abortion":

3 (a) The act of using or prescribing any instrument, device, medicine, drug, or any other
4 means or substance with the intent to destroy the life of an embryo or fetus in his or her mother's
5 womb; or

6 (b) The intentional termination of the pregnancy of a mother by using or prescribing any 7 instrument, device, medicine, drug, or other means or substance with an intention other than to 8 increase the probability of a live birth or to remove a dead unborn child;

9 (2) ["Abortion facility", a clinic, physician's office, or any other place or facility in which 10 abortions are performed or induced other than a hospital;

11 <u>(3)</u>] "Conception", the fertilization of the ovum of a female by a sperm of a male;

12 [(4) "Department", the department of health and senior services;

13 (5) "Down Syndrome", the same meaning as defined in section 191.923;

(6) "Gestational age", length of pregnancy as measured from the first day of the woman's
 last menstrual period;

16 (7) (3) "Medical emergency", a condition which, based on reasonable medical judgment,

17 so complicates the medical condition of a pregnant woman as to necessitate the immediate

18 abortion of her pregnancy to avert the death of the pregnant woman or for which a delay will

19 create a serious risk of substantial and irreversible physical impairment of a major bodily

20 function of the pregnant woman;

[(8) "Physician", any person licensed to practice medicine in this state by the state board
 of registration for the healing arts;

(9) "Reasonable medical judgment", a medical judgment that would be made by a
 reasonably prudent physician, knowledgeable about the case and the treatment possibilities with

25 respect to the medical conditions involved;

(10)] (4) "Unborn child", the offspring of human beings from the moment of conception
 until birth and at every stage of its biological development, including the human conceptus,

28 zygote, morula, blastocyst, embryo, and fetus[;

29 (11) "Viability" or "viable", that stage of fetal development when the life of the unborn

30 child may be continued indefinitely outside the womb by natural or artificial life-supportive

31 systems;

32 (12) "Viable pregnancy" or "viable intrauterine pregnancy", in the first trimester of

33 pregnancy, an intrauterine pregnancy that can potentially result in a liveborn baby].

188.020. No person shall perform or induce an abortion [except a physician].

188.023. Any licensed health care professional who delivers a baby [or performs an

2 abortion,] who has prima facie evidence that a patient has been the victim of statutory rape in the

- 3 first degree or statutory rape in the second degree, or if the patient is under the age of eighteen,
- 4 that he or she has been a victim of sexual abuse, including rape in the first or second degree, or

5 incest, shall be required to report such offenses in the same manner as provided for by section6 210.115.

188.075. [1. Any person who contrary to the provisions of sections 188.010 to 188.085
knowingly performs, induces, or aids in the performance or inducing of any abortion or
knowingly fails to perform any action required by sections 188.010 to 188.085 shall be guilty of
a class A misdemeanor, unless a different penalty is provided for in state law, and, upon
conviction, shall be punished as provided by law.
2. It shall be an affirmative defense for any person alleged to have violated any provision

of this chapter that the person performed an action or did not perform an action because of a
 medical emergency. This affirmative defense shall be available in criminal, civil, and

9 administrative actions or proceedings. The defendant shall have the burden of persuasion that

10 the defense is more probably true than not.

11 — <u>3.</u>] The attorney general shall have concurrent original jurisdiction throughout the state,

12 along with each prosecuting attorney and circuit attorney within their respective jurisdictions,

13 to commence actions for a violation of any provision of this chapter, for a violation of any state

14 law on the use of public funds for an abortion, or for a violation of any state law which regulates 15 an abortion facility or a person who performs or induces an abortion. The attorney general, or

16 prosecuting attorney or circuit attorney within their respective jurisdictions, may seek injunctive

17 or other relief against any person who, or entity which, is in violation of any provision of this

18 chapter, misuses public funds for an abortion, or violates any state law which regulates an

19 abortion facility or a person who performs or induces an abortion.

188.125. 1. It is the intent of the general assembly to acknowledge the right of an alternatives to abortion agency to operate freely and engage in speech without governmental interference as protected by the Constitution of the United States and the Constitution and laws of Missouri, the right of a person not to be compelled by the government to participate in abortion contrary to his, her, or its religious beliefs or moral convictions, and that the Constitution of the United States and the Constitution and laws of Missouri shall be interpreted, construed, applied, and enforced to fully protect such rights.

8 2. A political subdivision of this state is preempted from enacting, adopting, maintaining, 9 or enforcing any order, ordinance, rule, regulation, policy, or other similar measure that prohibits, 10 restricts, limits, controls, directs, interferes with, or otherwise adversely affects an alternatives 11 to abortion agency or its officers', agents', employees', or volunteers' operations or speech 12 including, but not limited to, counseling, referrals, or education of, advertising or information 13 to, or other communications with, clients, patients, other persons, or the public.

Nothing in subsection 2 of this section shall preclude or preempt a politicalsubdivision of this state from exercising its lawful authority to regulate zoning or land use or to

16 enforce a building or fire code regulation; provided that, such political subdivision treats an 17 alternatives to abortion agency in the same manner as a similarly situated agency and that such 18 authority is not used to circumvent the intent of subsection 2 of this section.

IA political subdivision of this state is preempted from enacting, adopting,
 maintaining, or enforcing any order, ordinance, rule, regulation, policy, or other similar measure
 that has the purpose or effect of requiring a person to directly or indirectly participate in abortion
 if such participation is contrary to the religious beliefs or moral convictions of such person.

-5. A political subdivision of this state is preempted from enacting, adopting, maintaining, 23 24 or enforcing any order, ordinance, rule, regulation, policy, or other similar measure requiring a 25 real estate broker, real estate salesperson, real estate broker-salesperson, appraisal firm, 26 appraiser, as such terms are defined in chapter 339, a property owner, or any other person to buy, sell, exchange, purchase, rent, lease, advertise for, or otherwise conduct real estate transactions 27 for, to, or with an abortion facility or for, to, or with a person for the purpose of performing or 28 29 inducing an abortion not necessary to save the life of the mother, if such requirement is contrary to the religious beliefs or moral convictions of such real estate broker, real estate salesperson, 30 31 real estate broker-salesperson, appraisal firm, appraiser, property owner, or other person.

6. A political subdivision of this state is preempted from enacting, adopting, maintaining,
 or enforcing any order, ordinance, rule, regulation, policy, or other similar measure requiring an
 employer, employee, health plan provider, health plan sponsor, health care provider, or any other
 person to provide coverage for or to participate in a health plan that includes benefits that are not
 otherwise required by state law.

7. In any action to enforce the provisions of this section, a court of competent jurisdiction
 may order injunctive or other equitable relief, recovery of damages or other legal remedies, or
 both, as well as payment of reasonable attorney's fees, costs, and expenses. The relief and
 remedies set forth shall not be deemed exclusive and shall be in addition to any other relief or
 remedies permitted by law.

In this section shall be construed to prohibit a political subdivision from enacting, adopting, maintaining, or enforcing any order, ordinance, rule, regulation, policy, or other similar measure to assist pregnant women to carry their unborn children to term or to assist women in caring for their dependent children or placing their children for adoption including, but not limited to, by funding or otherwise assisting an alternatives to abortion agency to provide services to such women and children.

51 [10.] 6. As used in this section, the following terms mean:

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- 52 (1) "Alternatives to abortion agency":
- 53 (a) A maternity home as defined in section 135.600;
- 54 (b) A pregnancy resource center as defined in section 135.630; or

(c) An agency or entity that has the primary purpose of providing services or counseling to pregnant women to assist such women in carrying their unborn children to term instead of having abortions and to assist such women in caring for their dependent children or placing their children for adoption, as described in section 188.325, regardless of whether such agency or entity is receiving funding or reimbursement from the state for such purposes[;

- 60 (2) "Participate in abortion":
- 61 (a) To undergo an abortion; or

62 (b) To perform or induce, assist in, refer or counsel for, advocate for, promote, procure,

reimburse for, or provide health plan coverage for an abortion not necessary to save the life of
 the mother].

191.211. State expenditures for new programs and initiatives enacted by sections 103.178, 143.999, [188.230,] 191.231, 191.825 to 191.839, 208.177, 208.178, 208.179 and 2 208.181, 211.490, 285.240, 337.093, 374.126, 376.891 to 376.894, 431.064, 660.016, 660.017 3 and 660.018, and the state expenditures for the new initiatives and expansion of programs 4 enacted by revising sections 105.711 and 105.721, 191.520, 191.600, 198.090, 208.151, 208.152 5 and 208.215, as provided by H.B. 564, 1993, shall be funded exclusively by federal funds and 6 the funding sources established in sections 149.011, 149.015, 149.035, 149.061, 149.065, 7 149.160, 149.170, 149.180, 149.190 and 149.192, and no future general revenue shall be 8 9 appropriated to fund such new programs or expansions.

191.320. The department may contract with tertiary genetic centers to provide genetic diagnostic and counseling services, to initiate and conduct investigations of the causes, mortality, 2 3 methods of treatment, prevention and cure of genetic disorders and related birth defects, and to develop and administer programs and activities which aid in the prevention or treatment of a 4 particular genetic disorder. It may establish outreach clinics to be located throughout the state. 5 The department may divide the state into regions for this purpose. The boundaries of such 6 regions, to the extent practicable, shall be contiguous with relevant boundaries of political 7 8 subdivisions and health service areas. These centers and clinics may provide genetic diagnostic 9 evaluations, treatment, counseling and follow-up for families with or at high risk for a genetic disease, such as sickle cell anemia, cystic fibrosis, inherited cardiovascular disease, inherited 10 forms of mental retardations, or hemophilia, provided that such evaluations, treatment, and 11 counseling shall not include referral for abortions [unless such abortions are certified in writing 12 by a physician that, in his professional judgment, the life of the mother would be endangered if 13 the fetus were earried to term]. 14

191.831. 1. There is hereby established in the state treasury a "Health Initiatives Fund", to which shall be deposited all revenues designated for the fund under subsection 8 of section 2 3 149.015, and subsection 3 of section 149.160, and section 167.609, and all other funds donated 4 to the fund or otherwise deposited pursuant to law. The state treasurer shall administer the fund. Money in the fund shall be appropriated to provide funding for implementing the new programs 5 and initiatives established by sections 105.711 and 105.721. The moneys in the fund may further 6 be used to fund those programs established by sections 191.411, 191.520 and 191.600, sections 7 8 208.151 and 208.152, and sections 103.178, 143.999, 167.600 to 167.621, [188.230,] 191.211, 191.231, 191.825 to 191.839, 192.013, 208.177, 208.178, 208.179 and 208.181, 211.490, 9 285.240, 337.093, 374.126, 376.891 to 376.894, 431.064, 660.016, 660.017 and 660.018; in 10 addition, not less than fifteen percent of the proceeds deposited to the health initiative fund 11 12 pursuant to sections 149.015 and 149.160 shall be appropriated annually to provide funding for the C-STAR substance abuse rehabilitation program of the department of mental health, or its 13 14 successor program, and a C-STAR pilot project developed by the director of the division of 15 alcohol and drug abuse and the director of the department of corrections as an alternative to 16 incarceration, as provided in subsections 2, 3, and 4 of this section. Such pilot project shall be 17 known as the "Alt-care" program. In addition, some of the proceeds deposited to the health initiatives fund pursuant to sections 149.015 and 149.160 shall be appropriated annually to the 18 19 division of alcohol and drug abuse of the department of mental health to be used for the 20 administration and oversight of the substance abuse traffic offenders program defined in section 21 302.010 and section 577.001. The provisions of section 33.080 to the contrary notwithstanding, 22 money in the health initiatives fund shall not be transferred at the close of the biennium to the 23 general revenue fund.

24 2. The director of the division of alcohol and drug abuse and the director of the 25 department of corrections shall develop and administer a pilot project to provide a 26 comprehensive substance abuse treatment and rehabilitation program as an alternative to 27 incarceration, hereinafter referred to as "Alt-care". Alt-care shall be funded using money 28 provided under subsection 1 of this section through the Missouri Medicaid program, the C-STAR 29 program of the department of mental health, and the division of alcohol and drug abuse's 30 purchase-of-service system. Alt-care shall offer a flexible combination of clinical services and 31 living arrangements individually adapted to each client and her children. Alt-care shall consist 32 of the following components:

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(1) Assessment and treatment planning;

34 (2) Community support to provide continuity, monitoring of progress and access to 35 services and resources;

36 (3) Counseling from individual to family therapy;

37 (4) Day treatment services which include accessibility seven days per week,
38 transportation to and from the Alt-care program, weekly drug testing, leisure activities, weekly
39 events for families and companions, job and education preparedness training, peer support and
40 self-help and daily living skills; and

41 (5) Living arrangement options which are permanent, substance-free and conducive to42 treatment and recovery.

43 3. Any female who is pregnant or is the custodial parent of a child or children under the 44 age of twelve years, and who has pleaded guilty to or found guilty of violating the provisions of 45 chapter 195, and whose controlled substance abuse was a precipitating or contributing factor in the commission of the offense, and who is placed on probation may be required, as a condition 46 of probation, to participate in Alt-care, if space is available in the pilot project area. 47 Determinations of eligibility for the program, placement, and continued participation shall be 48 49 made by the division of alcohol and drug abuse, in consultation with the department of 50 corrections.

4. The availability of space in Alt-care shall be determined by the director of the division of alcohol and drug abuse in conjunction with the director of the department of corrections. If the sentencing court is advised that there is no space available, the court shall consider other authorized dispositions.

191.975. 1. This section shall be known and may be cited as the "Adoption Awareness 2 Law".

3 2. To raise public awareness and to educate the public, the department of social services,
4 with the assistance of the department of health and senior services, shall be responsible for:

5 (1) Collecting and distributing resource materials to educate the public about foster care 6 and adoption;

7 (2) Developing and distributing educational materials, including but not limited to 8 videos, brochures and other media as part of a comprehensive public relations campaign about 9 the positive option of adoption and foster care. The materials shall include, but not be limited 10 to, information about:

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(a) The benefits of adoption and foster care;

12 (b) Adoption and foster care procedures;

(c) Means of financing the cost of adoption and foster care, including but not limited to
 adoption subsidies, foster care payments and special needs adoption tax credits;

(d) Options for birth parents in choosing adoptive parents;

(e) Protection for and rights of birth parents and adoptive parents prior to and followingthe adoption;

18 (f) Location of adoption and foster care agencies;

(g) Information regarding various state health and social service programs for pregnant
 women and children, including but not limited to medical assistance programs and temporary
 assistance for needy families (TANF); and

(h) Referrals to appropriate counseling services, including but not be limited to
counseling services for parents who are considering retaining custody of their children, placing
their children for adoption, or becoming foster or adoptive parents[; but excluding any referrals
for abortion or to abortion facilities];

(3) Making such educational materials available through state and local public health
clinics, public hospitals, family planning clinics, [abortion facilities as defined in section
188.015,] maternity homes as defined in section 135.600, child-placing agencies licensed
pursuant to sections 210.481 to 210.536, attorneys whose practice involves private adoptions,
in vitro fertilization clinics and private physicians for distribution to their patients who request
such educational materials. Such materials shall also be available to the public through the
department of social services' internet website;

(4) Establishing a toll-free telephone number for information on adoption and foster care,
 and to answer questions and assist persons inquiring about becoming adoptive or foster parents.

35 3. In addition, the department may establish and implement an ongoing advertising 36 campaign for the recruitment of adoptive and foster care families, with a special emphasis on the 37 recruitment of qualified adoptive and foster care families for special needs children. Such 38 advertising campaign may utilize, but shall not be limited to, the following media: television, 39 radio, outdoor advertising, newspaper, magazines and other print media, websites, and the 40 internet. The department may contract with professional advertising agencies or other 41 professional entities to conduct such advertising campaign on behalf of the department.

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4. The provisions of this section shall be subject to appropriations.

5. The department of social services shall promulgate rules for the implementation ofthis section in accordance with chapter 536.

192.665. As used in this section, section 192.667, and sections 197.150 to 197.165, the 2 following terms mean:

3 (1) "Charge data", information submitted by health care providers on current charges for
4 leading procedures and diagnoses;

5 (2) "Charges by payer", information submitted by hospitals on amount billed to 6 Medicare, Medicaid, other government sources and all nongovernment sources combined as one 7 data element;

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(3) "Department", the department of health and senior services;

9 (4) "Financial data", information submitted by hospitals drawn from financial statements 10 which includes the balance sheet, income statement, charity care and bad debt and charges by 11 payer, prepared in accordance with generally accepted accounting principles;

(5) "Health care provider", hospitals as defined in section 197.020 and ambulatory
surgical centers [and abortion facilities] as defined in section 197.200;

(6) "Nosocomial infection", as defined by the federal Centers for Disease Control and
Prevention and applied to infections within hospitals, ambulatory surgical centers, [abortion
facilities,] and other facilities;

(7) "Nosocomial infection incidence rate", a risk-adjusted measurement of new cases of
nosocomial infections by procedure or device within a population over a given period of time,
with such measurements defined by rule of the department pursuant to subsection 3 of section
192.667 for use by all hospitals, ambulatory surgical centers, [abortion facilities,] and other
facilities in complying with the requirements of the Missouri nosocomial infection control act
of 2004;

(8) "Other facility", a type of facility determined to be a source of infections and
designated by rule of the department pursuant to subsection 11 of section 192.667;

(9) "Patient abstract data", data submitted by hospitals which includes but is not limited to date of birth, sex, race, zip code, county of residence, admission date, discharge date, principal and other diagnoses, including external causes, principal and other procedures, procedure dates, total billed charges, disposition of the patient and expected source of payment with sources categorized according to Medicare, Medicaid, other government, workers' compensation, all commercial payors coded with a common code, self-pay, no charge and other.

192.667. 1. All health care providers shall at least annually provide to the department charge data as required by the department. All hospitals shall at least annually provide patient abstract data and financial data as required by the department. Hospitals as defined in section 197.020 shall report patient abstract data for outpatients and inpatients. Ambulatory surgical centers [and abortion facilities] as defined in section 197.200 shall provide patient abstract data to the department. The department shall specify by rule the types of information which shall be submitted and the method of submission.

8 2. The department shall collect data on the incidence of health care-associated infections 9 from hospitals, ambulatory surgical centers, [abortion facilities,] and other facilities as necessary 10 to generate the reports required by this section. Hospitals, ambulatory surgical centers, [abortion 11 facilities,] and other facilities shall provide such data in compliance with this section. In order 12 to streamline government and to eliminate duplicative reporting requirements, if the Centers for 13 Medicare and Medicaid Services, or its successor entity, requires hospitals to submit health 14 care-associated infection data, then hospitals and the department shall not be required to comply

15 with the health care-associated infection data reporting requirements of subsections 2 to 17 of

16 this section applicable to hospitals, except that the department shall post a link on its website to

17 publicly reported data by hospitals on the Centers for Medicare and Medicaid Services' Hospital

18 Compare website, or its successor.

3. The department shall promulgate rules specifying the standards and procedures for the
collection, analysis, risk adjustment, and reporting of the incidence of health care-associated
infections and the types of infections and procedures to be monitored pursuant to subsection 13
of this section. In promulgating such rules, the department shall:

(1) Use methodologies and systems for data collection established by the federal Centers
 for Disease Control and Prevention's National Healthcare Safety Network, or its successor; and

(2) Consider the findings and recommendations of the infection control advisory panel
 established pursuant to section 197.165.

4. By January 1, 2017, the infection control advisory panel created by section 197.165 27 28 shall make recommendations to the department regarding the Centers for Medicare and Medicaid 29 Services' health care-associated infection data collection, analysis, and public reporting 30 requirements for hospitals, ambulatory surgical centers, and other facilities in the federal Centers 31 for Disease Control and Prevention's National Healthcare Safety Network, or its successor, in 32 lieu of all or part of the data collection, analysis, and public reporting requirements of this section. The advisory panel recommendations shall address which hospitals shall be required 33 34 as a condition of licensure to use the National Healthcare Safety Network for data collection; the 35 use of the National Healthcare Safety Network for risk adjustment and analysis of hospital submitted data; and the use of the Centers for Medicare and Medicaid Services' Hospital 36 Compare website, or its successor, for public reporting of the incidence of health care-associated 37 38 infection metrics. The advisory panel shall consider the following factors in developing its 39 recommendation:

40 (1) Whether the public is afforded the same or greater access to facility-specific infection41 control indicators and metrics;

42 (2) Whether the data provided to the public is subject to the same or greater accuracy of43 risk adjustment;

44 (3) Whether the public is provided with the same or greater specificity of reporting of45 infections by type of facility infections and procedures;

46 (4) Whether the data is subject to the same or greater level of confidentiality of the 47 identity of an individual patient;

48 (5) Whether the National Healthcare Safety Network, or its successor, has the capacity
49 to receive, analyze, and report the required data for all facilities;

(6) Whether the cost to implement the National Healthcare Safety Network infection datacollection and reporting system is the same or less.

52 5. After considering the recommendations of the infection control advisory panel, and 53 provided that the requirements of subsection 13 of this section can be met, the department shall implement guidelines from the federal Centers for Disease Control and Prevention's National 54 55 Healthcare Safety Network, or its successor. It shall be a condition of licensure for hospitals that 56 meet the minimum public reporting requirements of the National Healthcare Safety Network and 57 the Centers for Medicare and Medicaid Services to participate in the National Healthcare Safety 58 Network, or its successor. Such hospitals shall permit the National Healthcare Safety Network, 59 or its successor, to disclose facility-specific infection data to the department as required under 60 this section, and as necessary to provide the public reports required by the department. It shall 61 be a condition of licensure for any ambulatory surgical center [or abortion facility] which does not voluntarily participate in the National Healthcare Safety Network, or its successor, to submit 62 63 facility-specific data to the department as required under this section, and as necessary to provide 64 the public reports required by the department.

65 6. The department shall not require the resubmission of data which has been submitted 66 to the department of health and senior services or the department of social services under any 67 other provision of law. The department of health and senior services shall accept data submitted 68 by associations or related organizations on behalf of health care providers by entering into 69 binding agreements negotiated with such associations or related organizations to obtain data 70 required pursuant to section 192.665 and this section. A health care provider shall submit the 71 required information to the department of health and senior services:

(1) If the provider does not submit the required data through such associations or relatedorganizations;

(2) If no binding agreement has been reached within ninety days of August 28, 1992,
between the department of health and senior services and such associations or related
organizations; or

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(3) If a binding agreement has expired for more than ninety days.

78 7. Information obtained by the department under the provisions of section 192.665 and 79 this section shall not be public information. Reports and studies prepared by the department 80 based upon such information shall be public information and may identify individual health care 81 providers. The department of health and senior services may authorize the use of the data by 82 other research organizations pursuant to the provisions of section 192.067. The department shall 83 not use or release any information provided under section 192.665 and this section which would 84 enable any person to determine any health care provider's negotiated discounts with specific 85 preferred provider organizations or other managed care organizations. The department shall not release data in a form which could be used to identify a patient. Any violation of this subsectionis a class A misdemeanor.

88 8. The department shall undertake a reasonable number of studies and publish 89 information, including at least an annual consumer guide, in collaboration with health care 90 providers, business coalitions and consumers based upon the information obtained pursuant to 91 the provisions of section 192.665 and this section. The department shall allow all health care 92 providers and associations and related organizations who have submitted data which will be used 93 in any publication to review and comment on the publication prior to its publication or release 94 for general use. The publication shall be made available to the public for a reasonable charge.

95 9. Any health care provider which continually and substantially, as these terms are 96 defined by rule, fails to comply with the provisions of this section shall not be allowed to 97 participate in any program administered by the state or to receive any moneys from the state.

10. A hospital, as defined in section 197.020, aggrieved by the department's determination of ineligibility for state moneys pursuant to subsection 9 of this section may appeal as provided in section 197.071. An ambulatory surgical center [or abortion facility] as defined in section 197.200 aggrieved by the department's determination of ineligibility for state moneys pursuant to subsection 9 of this section may appeal as provided in section 197.221.

103 11. The department of health may promulgate rules providing for collection of data and 104 publication of the incidence of health care-associated infections for other types of health facilities 105 determined to be sources of infections; except that, physicians' offices shall be exempt from 106 reporting and disclosure of such infections.

107 12. By January 1, 2017, the advisory panel shall recommend and the department shall 108 adopt in regulation with an effective date of no later than January 1, 2018, the requirements for 109 the reporting of the following types of infections as specified in this subsection:

(1) Infections associated with a minimum of four surgical procedures for hospitals and
 a minimum of two surgical procedures for ambulatory surgical centers that meet the following
 criteria:

(a) Are usually associated with an elective surgical procedure. An "elective surgical
procedure" is a planned, nonemergency surgical procedure that may be either medically required
such as a hip replacement or optional such as breast augmentation;

(b) Demonstrate a high priority aspect such as affecting a large number of patients,
having a substantial impact for a smaller population, or being associated with substantial cost,
morbidity, or mortality; or

(c) Are infections for which reports are collected by the National Healthcare SafetyNetwork or its successor;

121 (2) Central line-related bloodstream infections;

(3) Health care-associated infections specified for reporting by hospitals, ambulatory
surgical centers, and other health care facilities by the rules of the Centers for Medicare and
Medicaid Services to the federal Centers for Disease Control and Prevention's National
Healthcare Safety Network, or its successor; and

126

(4) Other categories of infections that may be established by rule by the department.

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128 The department, in consultation with the advisory panel, shall be authorized to collect and report129 data on subsets of each type of infection described in this subsection.

130 13. In consultation with the infection control advisory panel established pursuant to 131 section 197.165, the department shall develop and disseminate to the public reports based on data 132 compiled for a period of twelve months. Such reports shall be updated quarterly and shall show 133 for each hospital, ambulatory surgical center, [abortion facility,] and other facility metrics on 134 risk-adjusted health care-associated infections under this section.

135 14. The types of infections under subsection 12 of this section to be publicly reported
136 shall be determined by the department by rule and shall be consistent with the infections tracked
137 by the National Healthcare Safety Network, or its successor.

138 15. Reports published pursuant to subsection 13 of this section shall be published and 139 readily accessible on the department's internet website. The reports shall be distributed at least 140 annually to the governor and members of the general assembly. The department shall make such 141 reports available to the public for a period of at least two years.

142 16. The Hospital Industry Data Institute shall publish a report of Missouri hospitals'[7] 143 and ambulatory surgical centers', and abortion facilities' compliance with standardized quality 144 of care measures established by the federal Centers for Medicare and Medicaid Services for 145 prevention of infections related to surgical procedures. If the Hospital Industry Data Institute 146 fails to do so by July 31, 2008, and annually thereafter, the department shall be authorized to 147 collect information from the Centers for Medicare and Medicaid Services or from hospitals[-] 148 and ambulatory surgical centers[, and abortion facilities] and publish such information in 149 accordance with this section.

150 17. The data collected or published pursuant to this section shall be available to the
151 department for purposes of licensing hospitals[5] and ambulatory surgical centers[, and abortion
152 facilities] pursuant to chapter 197.

153 18. The department shall promulgate rules to implement the provisions of section 154 192.131 and sections 197.150 to 197.160. Any rule or portion of a rule, as that term is defined 155 in section 536.010, that is created under the authority delegated in this section shall become 156 effective only if it complies with and is subject to all of the provisions of chapter 536 and, if 157 applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the 158 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, 2004, shall be invalid
and void.

162 19. No later than August 28, 2017, each hospital, excluding mental health facilities as 163 defined in section 632.005, and each ambulatory surgical center [and abortion facility] as defined in section 197.200, shall in consultation with its medical staff establish an antimicrobial 164 165 stewardship program for evaluating the judicious use of antimicrobials, especially antibiotics that 166 are the last line of defense against resistant infections. The hospital's stewardship program and 167 the results of the program shall be monitored and evaluated by hospital quality improvement 168 departments and shall be available upon inspection to the department. At a minimum, the 169 antimicrobial stewardship program shall be designed to evaluate that hospitalized patients 170 receive, in accordance with accepted medical standards of practice, the appropriate antimicrobial, 171 at the appropriate dose, at the appropriate time, and for the appropriate duration.

172 20. Hospitals described in subsection 19 of this section shall meet the National 173 Healthcare Safety Network requirements for reporting antimicrobial usage or resistance by using 174 the Centers for Disease Control and Prevention's Antimicrobial Use and Resistance (AUR) 175 Module when conditions of participation promulgated by the Centers for Medicare and Medicaid 176 Services requiring the electronic reporting of antibiotic use or antibiotic resistance by hospitals 177 become effective. When such antimicrobial usage or resistance reporting takes effect, hospitals 178 shall authorize the National Healthcare Safety Network, or its successor, to disclose to the 179 department facility-specific information reported to the AUR Module. Facility-specific data on 180 antibiotic usage and resistance collected under this subsection shall not be disclosed to the 181 public, but the department may release case-specific information to other facilities, physicians, 182 and the public if the department determines on a case-by-case basis that the release of such 183 information is necessary to protect persons in a public health emergency. Nothing in this section 184 shall prohibit a hospital from voluntarily reporting antibiotic use or antibiotic resistance data 185 through the National Healthcare Safety Network, or its successor, prior to the effective date of 186 the conditions of participation requiring the reporting.

187 21. The department shall make a report to the general assembly beginning January 1, 188 2018, and on every January first thereafter on the incidence, type, and distribution of 189 antimicrobial-resistant infections identified in the state and within regions of the state.

197.150. The department shall require that each hospital, ambulatory surgical center,
[abortion facility,] and other facility have in place procedures for monitoring and enforcing
compliance with infection control regulations and standards. Such procedures shall be
coordinated with administrative staff, personnel staff, and the quality improvement program.

5 Such procedures shall include, at a minimum, requirements for the facility's infection control 6 program to conduct surveillance of personnel with a portion of the surveillance to be done in 7 such manner that employees and medical staff are observed without their knowledge of such 8 observation, provided that this unobserved surveillance requirement shall not be considered to 9 be grounds for licensure enforcement action by the department until the department establishes 10 clear and verifiable criteria for determining compliance. Such surveillance also may include 11 monitoring of the rate of use of hand hygiene products.

197.152. 1. Infection control officers as defined in federal regulation and other hospital[**;**] **and** ambulatory surgical center[**,** and abortion facility] employees shall be protected against retaliation by the hospital[**;**] **or** ambulatory surgical center[**,** or abortion facility] for reporting infection control concerns pursuant to section 197.285 and shall be entitled to the full benefits of that section. Such infection control officers shall report any interference in the performance of their duties by their supervisors to the hospital[**;**] **or** ambulatory surgical center[**;** or abortion facility] compliance officer established by and empowered to act pursuant to section 197.285.

9 2. Infection control officers as defined in federal regulation shall also have the authority to order the cessation of a practice that falls outside accepted practices as defined by appropriate 10 11 state and federal regulatory agencies, accreditation organizations, or the standards adopted by the 12 Centers for Disease Control and Prevention or the Association of Professionals in Infection 13 Control and Epidemiology. The hospital[,] or ambulatory surgical center[, or abortion facility] may require that such a cessation order of an infection control officer be endorsed by the 14 hospital[,] or ambulatory surgical center[, or abortion facility] chief executive officer or his or 15 her designee before taking effect. The hospital[,] or ambulatory surgical center[, or abortion 16 facility] infection control committee shall convene as soon as possible to review such cessation 17 order and may overrule or sustain the directive of the infection control officer. The department 18 shall promulgate rules governing documentation of such events. 19

3. Members of the medical staff who report in good faith infection control concerns to the hospital[5] or ambulatory surgical center[, or abortion facility] administration or medical staff leadership shall not be subject to retaliation or discrimination for doing so. Nothing in this section shall prevent or shield medical staff members from being subject to professional review actions for substandard care or breach of standards established in hospital policy, rules, or medical staff bylaws.

197.158. Every hospital[,] and ambulatory surgery center[, and abortion facility] shall,
beginning June 1, 2006, provide each patient an opportunity to submit to the hospital[,] or
ambulatory surgical center[, or abortion facility] administration complaints, comments, and

- suggestions related to the care they received or their personal observations related to the quality 4
- 5 of care provided. The department shall promulgate rules to implement this section.

197.160. The department of health and senior services shall have access to all data and information held by hospitals, ambulatory surgical centers, [abortion facilities,] and other 2 facilities related to their infection control practices, rates, or treatments of infections. Failure to 3 provide such access shall be grounds for full or partial licensure suspension or revocation 4 pursuant to section 197.293, sections 197.010 to 197.100, or sections 197.200 to 197.240. If the 5 6 department determines that the hospital, ambulatory surgical center, [abortion facility;] or other facility is willfully impeding access to such information, the department shall be authorized to 7 direct all state agencies to suspend all or a portion of state payments to such entity until such time 8 as the desired information is obtained by the department. 9

197.162. The department shall in its licensure of hospitals[-] and ambulatory surgical centers[, and abortion facilities] give special attention to infection control practices and shall 2 direct hospitals[,] and ambulatory surgical centers[, and abortion facilities] to set quantifiable 3 measures of performance for reducing the incidence of nosocomial infections in Missouri. The 4 department shall prepare an annual report on infection control standards and compliance, which 5 6 shall be shared with the governor and the general assembly.

197.165. 1. The department shall appoint an "Infection Control Advisory Panel" for the purposes of implementing sections 192.131 and 192.667. 2

- 2. Members of the infection control advisory panel shall include:
- 3 4

(1) Two public members:

5 (2) Three board-certified or board-eligible physicians licensed pursuant to chapter 334 6 who are affiliated with a Missouri hospital or medical school, active members of the Society for Health Care Epidemiology of America, and have demonstrated interest and expertise in health 7 8 facility infection control;

9 (3) One physician licensed pursuant to chapter 334 who is active in the practice of 10 medicine in Missouri and who holds medical staff privileges at a Missouri hospital;

(4) Four infection control practitioners certified by the certification board of infection 11 control and epidemiology, at least two of whom shall be practicing in a rural hospital or setting 12 13 and at least two of whom shall be registered professional nurses licensed under chapter 335;

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(5) A medical statistician with an advanced degree in such specialty;

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(6) A clinical microbiologist with an advanced degree in such specialty;

16 (7) Three employees of the department, representing the functions of hospital[-] and 17 ambulatory surgical center[, and abortion facility] licensure, epidemiology and health data 18 analysis, who shall serve as ex officio nonvoting members of the panel.

3. Reasonable expenses of the panel shall be paid from private donations made specifically for that purpose to the "Infection Control Advisory Panel Fund", which is hereby created in the state treasury. If such donations are not received from private sources, then the provisions of this act shall be implemented without the advisory panel.

197.200. As used in sections 197.200 to 197.240, unless the context clearly indicates 2 otherwise, the following terms mean:

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(1) ["Abortion facility", as such term is defined in section 188.015;

4 (2)] "Ambulatory surgical center", any public or private establishment operated primarily
5 for the purpose of performing surgical procedures or primarily for the purpose of performing
6 childbirths, and which does not provide services or other accommodations for patients to stay
7 more than twenty-three hours within the establishment, provided, however, that nothing in this
8 definition shall be construed to include the offices of dentists currently licensed pursuant to
9 chapter 332;

10 [(3)] (2) "Dentist", any person currently licensed to practice dentistry pursuant to chapter 11 332;

[(4)] (3) "Department", the department of health and senior services;

[(5)] (4) "Governmental unit", any city, county or other political subdivision of this state,
 or any department, division, board or other agency of any political subdivision of this state;

15 [(6)] (5) "Person", any individual, firm, partnership, corporation, company, or association
 and the legal successors thereof;

17 [(7)] (6) "Physician", any person currently licensed to practice medicine pursuant to
 18 chapter 334;

19 [(8)] **(7)** "Podiatrist", any person currently licensed to practice podiatry pursuant to 20 chapter 330.

197.205. 1. No person or governmental unit acting severally or jointly with any other
person or governmental unit shall establish, conduct or maintain an ambulatory surgical center
[or abortion facility] in this state without a license under sections 197.200 to 197.240 issued by
the department of health and senior services.

5 2. Nothing in sections 197.200 to 197.240 shall be construed to impair or abridge the 6 authority of a governmental unit to license ambulatory surgical centers [or abortion facilities], 7 provided that any ordinance of a governmental unit shall require compliance with all rules,

8 regulations, and standards adopted by the department to implement the provisions of sections

9 197.200 to 197.240.

197.215. 1. Upon receipt of an application for a license, the department of health and 2 senior services shall issue a license if the applicant and ambulatory surgical center facilities [or

3 abortion facilities] meet the requirements established under sections 197.200 to 197.240, and

4 have provided affirmative evidence that:

5 (1) Each member of the surgical staff is a physician, dentist or podiatrist currently 6 licensed to practice in Missouri[, and each person authorized to perform or induce abortions is 7 a physician currently licensed to practice in Missouri];

8 (2) Surgical procedures in ambulatory surgical centers shall be performed only by physicians, dentists or podiatrists, who at the time are privileged to perform surgical procedures 9 10 in at least one licensed hospital in the community in which the ambulatory surgical center is located, thus providing assurance to the public that patients treated in the center shall receive 11 12 continuity of care should the services of a hospital be required; alternatively, applicant shall 13 submit a copy of a current working agreement with at least one licensed hospital in the 14 community in which the ambulatory surgical center is located, guaranteeing the transfer and admittance of patients for emergency treatment whenever necessary; 15

16 (3) Continuous physician services or registered professional nursing services are 17 provided whenever a patient is in the facility;

18

(4) Adequate medical records for each patient are to be maintained.

2. Upon receipt of an application for a license, or the renewal thereof, the department shall issue or renew the license if the applicant and program meet the requirements established under sections 197.200 to 197.240. Each license shall be issued only for the persons and premises named in the application. A license, unless sooner suspended or revoked, shall be issued for a period of one year.

3. Each license shall be issued only for the premises and persons or governmental units named in the application, and shall not be transferable or assignable except with the written consent of the department. Licenses shall be posted in a conspicuous place on the licensed premises.

4. If, during the period in which an ambulatory surgical center license [or an abortion facility license] is in effect, the license holder or operator legally transfers operational responsibilities by any process to another person as defined in section 197.200, an application shall be made for the issuance of a new license to become effective on the transfer date.

197.220. The department of health and senior services may deny, suspend or revoke a license in any case in which the department finds that there has been a substantial failure to comply with the requirements of sections 197.200 to 197.240, or in any case in which the director of the department makes a finding that:

5 (1) The applicant, or if the applicant is a firm, partnership or association, any of its 6 members, or if a corporation, any of its officers or directors, or the person designated to manage 7 or supervise the facility, has been finally adjudicated and found guilty, or entered a plea of guilty

8 or nolo contendere, in a criminal prosecution under the laws of any state or of the United States,

9 for any offense reasonably related to the qualifications, functions, or duties of an ambulatory
10 surgical center [or of an abortion facility], or for any offense an essential element of which is

11 fraud, dishonesty, or an act of violence, or for any offense involving moral turpitude, whether 12 or not sentence is imposed;

13 (2) The licensure status or record of the applicant, or if the applicant is a firm, 14 partnership or association, of any of its members, or if a corporation, of any of its officers or 15 directors, or of the person designated to manage or supervise the facility, from any other state, 16 federal district or land, territory or commonwealth of the United States, or of any foreign country 17 where the applicant has done business in a similar capacity indicates that granting a license to 18 the applicant would be detrimental to the interests of the public.

197.225. 1. The department of health and senior services may adopt such reasonable
rules, regulations, and standards for the types of services provided as are necessary to carry out
the provisions of sections 197.200 to 197.240, and to assure quality patient care and patient
safety, which shall include, but not be limited to:

5 (1) Construction of the facility including, but not limited to, plumbing, heating, lighting, 6 and ventilation which should insure the health, safety, comfort, and privacy of patients and 7 protection from fire hazard;

8 (2) Number, qualifications, and organization of all personnel, having responsibility for 9 any part of the care provided to the patients;

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(3) Equipment essential to the health, welfare, and safety of the patients;

(4) Facilities, programs, and services to be provided in connection with the care ofpatients in ambulatory surgical centers; and

(5) Procedures for peer review and for receiving and investigating complaints regarding
any ambulatory surgical center or any physician, dentist, podiatrist, nurse, assistant, manager,
supervisor, or employee practicing or working in any such facility.

The department of health and senior services may adopt separate rules, regulations,
 or standards to apply to ambulatory surgical centers [and to apply to abortion facilities].

[3. Abortion facilities shall be required to maintain a written protocol for managing medical emergencies and the transfer of patients requiring further emergency care to a hospital

20 within a reasonable distance from the abortion facility.]

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 [or abortion
facilities] 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

6 investigate ambulatory surgical centers. The official so designated shall submit a written report

- 7 of his or her findings to the department and the department may accept the recommendations of
- 8 such official if it determines that the facility inspected meets minimum standards established
- 9 pursuant to sections 197.200 to 197.240.

In the case of any abortion facility, the department shall make or cause to be made
 an unannounced on-site inspection and investigation at least annually. Such on-site inspection
 and investigation shall include, but not be limited to, the following areas:

(1) Compliance with all statutory and regulatory requirements for an abortion facility,
 including requirements that the facility maintain adequate staffing and equipment to respond to
 medical emergencies;

16 (2) Compliance with the provisions of chapter 188; and

(3) Compliance with the requirement in section 197.215 that continuous physician
 services or registered professional nursing services be provided whenever a patient is in the
 facility.

21 public. Any portion of a report may be redacted when made publicly available if such portion

22 would disclose information that is not subject to disclosure under the law.

197.235. 1. Any person operating, conducting, managing, or establishing an ambulatory
surgical center [or abortion facility] without a license required by sections 197.200 to 197.240
is guilty of a class A misdemeanor and, upon conviction, shall be subject to a fine of not more
than five hundred dollars. Each day of continuing violation shall constitute a separate offense.

5 2. The attorney general shall represent the department of health and senior services and 6 shall institute an action in the name of the state for injunctive or other relief against any person 7 or governmental unit to restrain or prevent the establishment, conduct, management, or operation 8 of an ambulatory surgical center [or abortion facility] without a license issued pursuant to the 9 provisions of sections 197.200 to 197.240.

10 3. Any person operating, conducting, managing, or establishing an ambulatory surgical 11 center [or abortion facility] who, in the course of advertising, promoting, or otherwise publicizing the activities, business, location, or any other matter concerning the operations of 12 13 said ambulatory surgical center [or abortion facility], uses or employs in any manner the words "State, Missouri, State of Missouri, Department of Health and Senior Services, the initials 'Mo.'," 14 or any emblem of the state of Missouri or the department of health and senior services, for the 15 purpose of conveying or in any manner reasonably calculated to convey the false impression that 16 17 the state of Missouri or any department, agency, bureau, or instrumentality thereof is involved 18 in the business of said ambulatory surgical center [or abortion facility], or took part in said 19 advertisement, promotion, publicity, or other statement, shall be subject to a fine of one hundred

dollars per day for each day during the period beginning with the day said advertisement,
promotion, publication, or statement first appears and ending on the day on which it is
withdrawn.

197.240. After September 28, 1975, no individual or group health insurance policy of insurance providing coverage on an expense incurred basis, nor individual or group service or 2 indemnity type contract issued by a nonprofit corporation, nor any self-insured group health 3 benefit plan or trust, of any kind or description, shall be issued or payment accepted therefor in 4 renewal or continuation thereof unless coverage for any service performed in an ambulatory 5 6 surgical center [or abortion facility] is provided for therein if such service would have been covered under the terms of the policy or contract as an eligible inpatient service, except as 7 provided in section 376.805. Nothing in this section shall apply to a group contract, plan or trust 8 which provides health care and surgical care directly to its members and their dependents. 9 Nothing in this section shall be construed to mandate coverage under an individual or group 10 11 health insurance policy of insurance providing coverage on an expense-incurred basis, or an individual or group service or indemnity type contract issued by a nonprofit corporation, or any 12 13 self-insured group health benefit plan or trust, of any kind or description, to provide health insurance for services which are usually performed in a physician's office. 14 197.285. 1. Hospitals[-] and ambulatory surgical centers[-, and abortion facilities] shall

establish and implement a written policy adopted by each hospital[;] and ambulatory surgical center[, and abortion facility] relating to the protections for employees who disclose information pursuant to subsection 2 of this section. This policy shall include a time frame for completion of investigations related to complaints, not to exceed thirty days, and a method for notifying the complainant of the disposition of the investigation. This policy shall be submitted to the department of health and senior services to verify implementation. At a minimum, such policy shall include the following provisions:

9 (1) No supervisor or individual with authority to hire or fire in a hospital[,] or 10 ambulatory surgical center[, or abortion facility] shall prohibit employees from disclosing 11 information pursuant to subsection 2 of this section;

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

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

21 2. This section shall apply to information disclosed or reported in good faith by an 22 employee concerning:

23

(1) Alleged facility mismanagement or fraudulent activity;

(2) Alleged violations of applicable federal or state laws or administrative rulesconcerning patient care, patient safety or facility safety; or

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(3) The ability of employees to successfully perform their assigned duties.

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28 All information disclosed, collected and maintained pursuant to this subsection and pursuant to 29 the written policy requirements of this section shall be accessible to the department of health and 30 senior services at all times and shall be reviewed by the department of health and senior services 31 at least annually. Complainants shall be notified of the department of health and senior services' 32 access to such information and of the complainant's right to notify the department of health and 33 senior services of any information concerning alleged violations of applicable federal or state 34 laws or administrative rules concerning patient care, patient safety or facility safety. 35 3. Prior to any disclosure to individuals or agencies other than the department of health 36 and senior services, employees wishing to make a disclosure pursuant to the provisions of this

37 section shall first report to the individual or individuals designated by the hospital[,] or
38 ambulatory surgical center[, or abortion facility] pursuant to subsection 1 of this section.

39 4. If the compliance officer, compliance committee or management official discovers 40 credible evidence of misconduct from any source and, after a reasonable inquiry, has reason to 41 believe that the misconduct may violate criminal, civil or administrative law, then the hospital[,] 42 or ambulatory surgical center[, or abortion facility] shall report the existence of misconduct to 43 the appropriate governmental authority within a reasonable period, but not more than seven days 44 after determining that there is credible evidence of a violation.

5. Reports made to the department of health and senior services shall be subject to the provisions of section 197.477, provided that the restrictions of section 197.477 shall not be construed to limit the employee's ability to subpoen a from the original source the information reported to the department pursuant to this section.

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

53 7. Each hospital[,] and ambulatory surgical center[, and abortion facility] shall, within
54 forty-eight hours of the receipt of a report, notify the employee that his or her report has been
55 received and is being reviewed.

197.287. [By July 1, 2001,] All hospitals and ambulatory surgical centers[, and by July 1, 2018, all abortion facilities] shall provide training programs, with measurable minimal training 2 3 outcomes relating to quality of patient care and patient safety, to all unlicensed staff providing 4 patient care in their facility within ninety days of the beginning date of employment. Standards 5 for such training shall be established by the department of health and senior services by rule. It shall be a requirement of hospital[,] and ambulatory surgical center[, and abortion facility] 6 7 licensure pursuant to this chapter that all hospitals[,] and ambulatory surgical centers[, and 8 abortion facilities] submit documentation to the department of health and senior services on the 9 training program used.

197.289. 1. All hospitals[,] and ambulatory surgical centers[, and abortion facilities]
shall develop and implement a methodology which ensures adequate nurse staffing that will meet
the needs of patients. At a minimum, there shall be on duty at all times a sufficient number of
licensed registered nurses to provide patient care requiring the judgment and skills of a licensed
registered nurse and to oversee the activities of all nursing personnel.
2. There shall be sufficient licensed and ancillary nursing personnel on duty on each

6 2. There shall be sufficient licensed and ancillary nursing personnel on duty on each
7 nursing unit to meet the needs of each patient in accordance with accepted standards of quality
8 patient care.

197.293. 1. In addition to the powers established in sections 197.070 and 197.220, the department of health and senior services shall use the following standards for enforcing hospital[5] and ambulatory surgical center[, and abortion facility] licensure regulations promulgated to enforce the provisions of sections 197.010 to 197.120, sections 197.150 to 197.165, and sections 197.200 to 197.240:

6 (1) Upon notification of a deficiency in meeting regulatory standards, the hospital[,] or 7 ambulatory surgical center[, or abortion facility] shall develop and implement a plan of 8 correction approved by the department which includes, but is not limited to, the specific type of 9 corrective action to be taken and an estimated time to complete such action;

10

(2) If the plan as implemented does not correct the deficiency, the department may either:

(a) Direct the hospital[;] or ambulatory surgical center[, or abortion facility] to develop
and implement a plan of correction pursuant to subdivision (1) of this subsection; or

(b) Require the hospital[,] or ambulatory surgical center[, or abortion facility] to
implement a plan of correction developed by the department;

(3) If there is a continuing deficiency after implementation of the plan of correction
 pursuant to subdivision (2) of this subsection and the hospital[,] or ambulatory surgical center[,

or abortion facility] has had an opportunity to correct such deficiency, the department may
 restrict new inpatient admissions or outpatient entrants to the service or services affected by such
 deficiency;

(4) If there is a continuing deficiency after the department restricts new inpatient admissions or outpatient entrants to the service or services pursuant to subdivision (3) of this subsection and the hospital[5] or ambulatory surgical center[, or abortion facility] has had an opportunity to correct such deficiency, the department may suspend operations in all or part of the service or services affected by such deficiency;

(5) If there is a continuing deficiency after suspension of operations pursuant to
 subdivision (4) of this subsection, the department may deny, suspend or revoke the hospital's[-,]
 or ambulatory surgical center's[-, or abortion facility's] license pursuant to section 197.070 or
 section 197.220.

29 2. Notwithstanding the provisions of subsection 1 of this section to the contrary, if a deficiency in meeting licensure standards presents an immediate and serious threat to the 30 31 patients' health and safety, the department may, based on the scope and severity of the deficiency, 32 restrict access to the service or services affected by the deficiency until the hospital[,] or 33 ambulatory surgical center[, or abortion facility] has developed and implemented an approved 34 plan of correction. Decisions as to whether a deficiency constitutes an immediate and serious threat to the patients' health and safety shall be made in accordance with guidelines established 35 pursuant to regulation of the department of health and senior services and such decisions shall 36 37 be approved by the bureau of health facility licensing in the department of health and senior 38 services, or its successor agency, or by a person authorized by the regulations to approve such 39 decisions in the absence of the director.

197.295. 1. A hospital[-] or ambulatory surgical center[-, or abortion facility] aggrieved by a decision of the department pursuant to the provisions of paragraph (b) of subdivision (2) and 2 subdivisions (3), (4) and (5) of subsection 1 of section 197.293 may appeal such decision to the 3 administrative hearing commission pursuant to section 197.071 or section 197.221, and seek 4 judicial review pursuant to section 621.145. An appeal of an action to restrict new inpatient 5 admissions or outpatient entrants, suspend operations or revoke a license shall be heard on an 6 7 expedited basis by the administrative hearing commission. The hospital [-] or ambulatory surgical center[, or abortion facility] may apply to the administrative hearing commission for an 8 9 order to stay or suspend any such departmental action pending the commission's findings and 10 ruling as authorized by section 621.035.

2. If both the department and the hospital[,] or ambulatory surgical center[, or abortion
 facility] agree to do so, prior to an appeal to the administrative hearing commission pursuant to
 section 197.071 or section 197.221, an official action of the department made pursuant to

14 sections 197.010 to 197.120 or sections 197.200 to 197.240 may be appealed to a departmental

- 15 hearing officer. The department of health and senior services shall promulgate rules specifying
- 16 the qualifications of such a hearing officer, establish procedures to ensure impartial decisions and
- 17 provide for comparable appeal remedies when a departmental hearing officer is unavailable.

334.100. 1. The board may refuse to issue or renew any certificate of registration or authority, permit or license required pursuant to this chapter for one or any combination of 2 3 causes stated in subsection 2 of this section. The board shall notify the applicant in writing of 4 the reasons for the refusal and shall advise the applicant of the applicant's right to file a 5 complaint with the administrative hearing commission as provided by chapter 621. As an alternative to a refusal to issue or renew any certificate, registration or authority, the board may, 6 at its discretion, issue a license which is subject to probation, restriction or limitation to an 7 8 applicant for licensure for any one or any combination of causes stated in subsection 2 of this 9 section. The board's order of probation, limitation or restriction shall contain a statement of the 10 discipline imposed, the basis therefor, the date such action shall become effective, and a statement that the applicant has thirty days to request in writing a hearing before the 11 12 administrative hearing commission. If the board issues a probationary, limited or restricted license to an applicant for licensure, either party may file a written petition with the 13 14 administrative hearing commission within thirty days of the effective date of the probationary, 15 limited or restricted license seeking review of the board's determination. If no written request 16 for a hearing is received by the administrative hearing commission within the thirty-day period, 17 the right to seek review of the board's decision shall be considered as waived.

2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621 against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered the person's certificate of registration or authority, permit or license for any one or any combination of the following causes:

(1) Use of any controlled substance, as defined in chapter 195, or alcoholic beverage to
 an extent that such use impairs a person's ability to perform the work of any profession licensed
 or regulated by this chapter;

(2) The person has been finally adjudicated and found guilty, or entered a plea of guilty
or nolo contendere, in a criminal prosecution under the laws of any state or of the United States,
for any offense reasonably related to the qualifications, functions or duties of any profession
licensed or regulated pursuant to this chapter, for any offense involving fraud, dishonesty or an
act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;

(3) Use of fraud, deception, misrepresentation or bribery in securing any certificate of
 registration or authority, permit or license issued pursuant to this chapter or in obtaining
 permission to take any examination given or required pursuant to this chapter;

34 (4) Misconduct, fraud, misrepresentation, dishonesty, unethical conduct or
 35 unprofessional conduct in the performance of the functions or duties of any profession licensed
 36 or regulated by this chapter, including, but not limited to, the following:

(a) Obtaining or attempting to obtain any fee, charge, tuition or other compensation by
fraud, deception or misrepresentation; willfully and continually overcharging or overtreating
patients; or charging for visits to the physician's office which did not occur unless the services
were contracted for in advance, or for services which were not rendered or documented in the
patient's records;

42 (b) Attempting, directly or indirectly, by way of intimidation, coercion or deception, to43 obtain or retain a patient or discourage the use of a second opinion or consultation;

44 (c) Willfully and continually performing inappropriate or unnecessary treatment,
 45 diagnostic tests or medical or surgical services;

46 (d) Delegating professional responsibilities to a person who is not qualified by training,
47 skill, competency, age, experience or licensure to perform such responsibilities;

48 (e) Misrepresenting that any disease, ailment or infirmity can be cured by a method,49 procedure, treatment, medicine or device;

50 (f) Performing or prescribing medical services which have been declared by board rule 51 to be of no medical or osteopathic value;

(g) Final disciplinary action by any professional medical or osteopathic association or society or licensed hospital or medical staff of such hospital in this or any other state or territory, whether agreed to voluntarily or not, and including, but not limited to, any removal, suspension, limitation, or restriction of the person's license or staff or hospital privileges, failure to renew such privileges or license for cause, or other final disciplinary action, if the action was in any way related to unprofessional conduct, professional incompetence, malpractice or any other violation of any provision of this chapter;

(h) Signing a blank prescription form; or dispensing, prescribing, administering or otherwise distributing any drug, controlled substance or other treatment without sufficient examination including failing to establish a valid physician-patient relationship pursuant to section 334.108, or for other than medically accepted therapeutic or experimental or investigative purposes duly authorized by a state or federal agency, or not in the course of professional practice, or not in good faith to relieve pain and suffering, or not to cure an ailment, physical infirmity or disease, except as authorized in section 334.104;

(i) Exercising influence within a physician-patient relationship for purposes of engaging
 a patient in sexual activity;

68 (j) Being listed on any state or federal sexual offender registry;

(k) Terminating the medical care of a patient without adequate notice or without making
 other arrangements for the continued care of the patient;

(1) Failing to furnish details of a patient's medical records to other treating physicians or
 hospitals upon proper request; or failing to comply with any other law relating to medical
 records;

(m) Failure of any applicant or licensee to cooperate with the board during anyinvestigation;

(n) Failure to comply with any subpoena or subpoena duces tecum from the board or an
 order of the board;

78 (o) Failure to timely pay license renewal fees specified in this chapter;

(p) Violating a probation agreement, order, or other settlement agreement with this boardor any other licensing agency;

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(q) Failing to inform the board of the physician's current residence and business address;

(r) Advertising by an applicant or licensee which is false or misleading, or which violates any rule of the board, or which claims without substantiation the positive cure of any disease, or professional superiority to or greater skill than that possessed by any other physician. An applicant or licensee shall also be in violation of this provision if the applicant or licensee has a financial interest in any organization, corporation or association which issues or conducts such advertising;

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(s) Any other conduct that is unethical or unprofessional involving a minor;

(5) Any conduct or practice which is or might be harmful or dangerous to the mental or physical health of a patient or the public; or incompetency, gross negligence or repeated negligence in the performance of the functions or duties of any profession licensed or regulated by this chapter. For the purposes of this subdivision, "repeated negligence" means the failure, on more than one occasion, to use that degree of skill and learning ordinarily used under the same or similar circumstances by the member of the applicant's or licensee's profession;

95 (6) Violation of, or attempting to violate, directly or indirectly, or assisting or enabling 96 any person to violate, any provision of this chapter or chapter 324, or of any lawful rule or 97 regulation adopted pursuant to this chapter or chapter 324;

98 (7) Impersonation of any person holding a certificate of registration or authority, permit
 99 or license or allowing any person to use his or her certificate of registration or authority, permit,

100 license or diploma from any school;

101 (8) Revocation, suspension, restriction, modification, limitation, reprimand, warning, 102 censure, probation or other final disciplinary action against the holder of or applicant for a 103 license or other right to practice any profession regulated by this chapter by another state, 104 territory, federal agency or country, whether or not voluntarily agreed to by the licensee or 105 applicant, including, but not limited to, the denial of licensure, surrender of the license, allowing 106 the license to expire or lapse, or discontinuing or limiting the practice of medicine while subject 107 to an investigation or while actually under investigation by any licensing authority, medical 108 facility, branch of the Armed Forces of the United States of America, insurance company, court, 109 agency of the state or federal government, or employer;

(9) A person is finally adjudged incapacitated or disabled by a court of competentjurisdiction;

(10) Assisting or enabling any person to practice or offer to practice any profession licensed or regulated by this chapter who is not registered and currently eligible to practice pursuant to this chapter; or knowingly performing any act which in any way aids, assists, procures, advises, or encourages any person to practice medicine who is not registered and currently eligible to practice pursuant to this chapter. A physician who works in accordance with standing orders or protocols or in accordance with the provisions of section 334.104 shall not be in violation of this subdivision;

(11) Issuance of a certificate of registration or authority, permit or license based upona material mistake of fact;

121 (12) Failure to display a valid certificate or license if so required by this chapter or any
122 rule promulgated pursuant to this chapter;

(13) Violation of the drug laws or rules and regulations of this state, including but notlimited to any provision of chapter 195, any other state, or the federal government;

(14) Knowingly making, or causing to be made, or aiding, or abetting in the making of,
a false statement in any birth, death or other certificate or document executed in connection with
the practice of the person's profession;

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(15) Knowingly making a false statement, orally or in writing to the board;

(16) Soliciting patronage in person or by agents or representatives, or by any other means or manner, under the person's own name or under the name of another person or concern, actual or pretended, in such a manner as to confuse, deceive, or mislead the public as to the need or necessity for or appropriateness of health care services for all patients, or the qualifications of an individual person or persons to diagnose, render, or perform health care services;

(17) Using, or permitting the use of, the person's name under the designation of
"Doctor", "Dr.", "M.D.", or "D.O.", or any similar designation with reference to the commercial
exploitation of any goods, wares or merchandise;

(18) Knowingly making or causing to be made a false statement or misrepresentation of
a material fact, with intent to defraud, for payment pursuant to the provisions of chapter 208 or
chapter 630 or for payment from Title XVIII or Title XIX of the Social Security Act;

(19) Failure or refusal to properly guard against contagious, infectious or communicable
diseases or the spread thereof; maintaining an unsanitary office or performing professional
services under unsanitary conditions; or failure to report the existence of an unsanitary condition
in the office of a physician or in any health care facility to the board, in writing, within thirty
days after the discovery thereof;

145 (20) Any candidate for licensure or person licensed to practice as a physical therapist, 146 paying or offering to pay a referral fee or, notwithstanding section 334.010 to the contrary, 147 practicing or offering to practice professional physical therapy independent of the prescription 148 and direction of a person licensed and registered as a physician and surgeon pursuant to this 149 chapter, as a dentist pursuant to chapter 332, as a podiatrist pursuant to chapter 330, as an 150 advanced practice registered nurse under chapter 335, or any licensed and registered physician, 151 dentist, podiatrist, or advanced practice registered nurse practicing in another jurisdiction, whose 152 license is in good standing;

(21) Any candidate for licensure or person licensed to practice as a physical therapist,
treating or attempting to treat ailments or other health conditions of human beings other than by
professional physical therapy and as authorized by sections 334.500 to 334.620;

156 (22) Any person licensed to practice as a physician or surgeon, requiring, as a condition 157 of the physician-patient relationship, that the patient receive prescribed drugs, devices or other 158 professional services directly from facilities of that physician's office or other entities under that physician's ownership or control. A physician shall provide the patient with a prescription which 159 may be taken to the facility selected by the patient and a physician knowingly failing to disclose 160 161 to a patient on a form approved by the advisory commission for professional physical therapists 162 as established by section 334.625 which is dated and signed by a patient or guardian 163 acknowledging that the patient or guardian has read and understands that the physician has a pecuniary interest in a physical therapy or rehabilitation service providing prescribed treatment 164 165 and that the prescribed treatment is available on a competitive basis. This subdivision shall not 166 apply to a referral by one physician to another physician within a group of physicians practicing 167 together;

(23) A pattern of personal use or consumption of any controlled substance unless it is
prescribed, dispensed or administered by another physician who is authorized by law to do so;
(24) Habitual intoxication or dependence on alcohol, evidence of which may include
more than one alcohol-related enforcement contact as defined by section 302.525;

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172 (25) Failure to comply with a treatment program or an aftercare program entered into as
173 part of a board order, settlement agreement or licensee's professional health program;

(26) Revocation, suspension, limitation, probation, or restriction of any kind whatsoever
of any controlled substance authority, whether agreed to voluntarily or not, or voluntary
termination of a controlled substance authority while under investigation;

177 (27) For a physician to operate, conduct, manage, or establish an abortion facility, or for
178 a physician to perform an abortion in an abortion facility[, if such facility comes under the
179 definition of an ambulatory surgical center pursuant to sections 197.200 to 197.240, and such
180 facility has failed to obtain or renew a license as an ambulatory surgical center].

181 3. Collaborative practice arrangements, protocols and standing orders shall be in writing182 and signed and dated by a physician prior to their implementation.

183 4. After the filing of such complaint before the administrative hearing commission, the 184 proceedings shall be conducted in accordance with the provisions of chapter 621. Upon a finding 185 by the administrative hearing commission that the grounds, provided in subsection 2 of this section, for disciplinary action are met, the board may, singly or in combination, warn, censure 186 187 or place the person named in the complaint on probation on such terms and conditions as the board deems appropriate for a period not to exceed ten years, or may suspend the person's 188 189 license, certificate or permit for a period not to exceed three years, or restrict or limit the person's 190 license, certificate or permit for an indefinite period of time, or revoke the person's license, 191 certificate, or permit, or administer a public or private reprimand, or deny the person's 192 application for a license, or permanently withhold issuance of a license or require the person to 193 submit to the care, counseling or treatment of physicians designated by the board at the expense 194 of the individual to be examined, or require the person to attend such continuing educational 195 courses and pass such examinations as the board may direct.

5. In any order of revocation, the board may provide that the person may not apply for reinstatement of the person's license for a period of time ranging from two to seven years following the date of the order of revocation. All stay orders shall toll this time period.

6. Before restoring to good standing a license, certificate or permit issued pursuant to this chapter which has been in a revoked, suspended or inactive state for any cause for more than two years, the board may require the applicant to attend such continuing medical education courses and pass such examinations as the board may direct.

203 7. In any investigation, hearing or other proceeding to determine a licensee's or 204 applicant's fitness to practice, any record relating to any patient of the licensee or applicant shall 205 be discoverable by the board and admissible into evidence, regardless of any statutory or 206 common law privilege which such licensee, applicant, record custodian or patient might 207 otherwise invoke. In addition, no such licensee, applicant, or record custodian may withhold

208 records or testimony bearing upon a licensee's or applicant's fitness to practice on the ground of 209 privilege between such licensee, applicant or record custodian and a patient.

541.080. When any mortal wound shall be given, or any poison shall be administered,
or any means shall be employed in one county by which any human being shall be killed, who
shall die thereof in another county, an indictment for such offense may be found in either county,

4 and the same proceedings shall be had thereon, in all respects, as if the offense had been

5 commenced and consummated in the county in which such indictment shall be found.

556.061. In this code, unless the context requires a different definition, the following 2 terms shall mean:

3 (1) "Access", to instruct, communicate with, store data in, retrieve or extract data from,
4 or otherwise make any use of any resources of, a computer, computer system, or computer
5 network;

(2) "Affirmative defense":

7 (a) The defense referred to is not submitted to the trier of fact unless supported by 8 evidence; and

9 (b) If the defense is submitted to the trier of fact the defendant has the burden of 10 persuasion that the defense is more probably true than not;

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(3) "Burden of injecting the issue":

12 (a) The issue referred to is not submitted to the trier of fact unless supported by evidence;13 and

(b) If the issue is submitted to the trier of fact any reasonable doubt on the issue requiresa finding for the defendant on that issue;

(4) "Commercial film and photographic print processor", any person who develops
exposed photographic film into negatives, slides or prints, or who makes prints from negatives
or slides, for compensation. The term commercial film and photographic print processor shall
include all employees of such persons but shall not include a person who develops film or makes
prints for a public agency;

21 (5) "Computer", the box that houses the central processing unit (CPU), along with any internal storage devices, such as internal hard drives, and internal communication devices, such 22 as internal modems capable of sending or receiving electronic mail or fax cards, along with any 23 24 other hardware stored or housed internally. Thus, computer refers to hardware, software and data 25 contained in the main unit. Printers, external modems attached by cable to the main unit, 26 monitors, and other external attachments will be referred to collectively as peripherals and 27 discussed individually when appropriate. When the computer and all peripherals are referred to 28 as a package, the term "computer system" is used. Information refers to all the information on 29 a computer system including both software applications and data;

(6) "Computer equipment", computers, terminals, data storage devices, and all other
 computer hardware associated with a computer system or network;

32 (7) "Computer hardware", all equipment which can collect, analyze, create, display, 33 convert, store, conceal or transmit electronic, magnetic, optical or similar computer impulses or data. Hardware includes, but is not limited to, any data processing devices, such as central 34 35 processing units, memory typewriters and self-contained laptop or notebook computers; internal 36 and peripheral storage devices, transistor-like binary devices and other memory storage devices, 37 such as floppy disks, removable disks, compact disks, digital video disks, magnetic tape, hard 38 drive, optical disks and digital memory; local area networks, such as two or more computers 39 connected together to a central computer server via cable or modem; peripheral input or output 40 devices, such as keyboards, printers, scanners, plotters, video display monitors and optical 41 readers; and related communication devices, such as modems, cables and connections, recording equipment, RAM or ROM units, acoustic couplers, automatic dialers, speed dialers, 42 43 programmable telephone dialing or signaling devices and electronic tone-generating devices; as well as any devices, mechanisms or parts that can be used to restrict access to computer 44 45 hardware, such as physical keys and locks;

46

(8) "Computer network", two or more interconnected computers or computer systems;

47 (9) "Computer program", a set of instructions, statements, or related data that directs or
48 is intended to direct a computer to perform certain functions;

(10) "Computer software", digital information which can be interpreted by a computer
and any of its related components to direct the way they work. Software is stored in electronic,
magnetic, optical or other digital form. The term commonly includes programs to run operating
systems and applications, such as word processing, graphic, or spreadsheet programs, utilities,
compilers, interpreters and communications programs;

(11) "Computer-related documentation", written, recorded, printed or electronically
stored material which explains or illustrates how to configure or use computer hardware,
software or other related items;

57 (12) "Computer system", a set of related, connected or unconnected, computer 58 equipment, data, or software;

59 (13) "Confinement":

60 (a) A person is in confinement when such person is held in a place of confinement 61 pursuant to arrest or order of a court, and remains in confinement until:

62 a. A court orders the person's release; or

b. The person is released on bail, bond, or recognizance, personal or otherwise; or

64 c. A public servant having the legal power and duty to confine the person authorizes his

65 release without guard and without condition that he return to confinement;

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(b) A person is not in confinement if:

a. The person is on probation or parole, temporary or otherwise; or

68 b. The person is under sentence to serve a term of confinement which is not continuous, 69 or is serving a sentence under a work-release program, and in either such case is not being held 70 in a place of confinement or is not being held under guard by a person having the legal power 71 and duty to transport the person to or from a place of confinement;

(14) "Consent": consent or lack of consent may be expressed or implied. Assent does
 not constitute consent if:

(a) It is given by a person who lacks the mental capacity to authorize the conduct charged
 to constitute the offense and such mental incapacity is manifest or known to the actor; or

(b) It is given by a person who by reason of youth, mental disease or defect, intoxication,
a drug-induced state, or any other reason is manifestly unable or known by the actor to be unable
to make a reasonable judgment as to the nature or harmfulness of the conduct charged to
constitute the offense; or

80

(c) It is induced by force, duress or deception;

81 (15) "Controlled substance", a drug, substance, or immediate precursor in schedules I
82 through V as defined in chapter 195;

(16) "Criminal negligence", failure to be aware of a substantial and unjustifiable risk that
 circumstances exist or a result will follow, and such failure constitutes a gross deviation from
 the standard of care which a reasonable person would exercise in the situation;

86 (17) "Custody", a person is in custody when he or she has been arrested but has not been
87 delivered to a place of confinement;

88 (18) "Damage", when used in relation to a computer system or network, means any
89 alteration, deletion, or destruction of any part of the computer system or network;

90 (19) "Dangerous felony", the felonies of arson in the first degree, assault in the first 91 degree, attempted rape in the first degree if physical injury results, attempted forcible rape if 92 physical injury results, attempted sodomy in the first degree if physical injury results, attempted 93 forcible sodomy if physical injury results, rape in the first degree, forcible rape, sodomy in the 94 first degree, forcible sodomy, assault in the second degree if the victim of such assault is a 95 special victim as defined in subdivision (14) of section 565.002, kidnapping in the first degree, 96 kidnapping, murder in the second degree, assault of a law enforcement officer in the first degree, 97 domestic assault in the first degree, elder abuse in the first degree, robbery in the first degree, 98 statutory rape in the first degree when the victim is a child less than twelve years of age at the 99 time of the commission of the act giving rise to the offense, statutory sodomy in the first degree 100 when the victim is a child less than twelve years of age at the time of the commission of the act 101 giving rise to the offense, child molestation in the first or second degree, abuse of a child if the

102 child dies as a result of injuries sustained from conduct chargeable under section 568.060, child 103 kidnapping, parental kidnapping committed by detaining or concealing the whereabouts of the 104 child for not less than one hundred twenty days under section 565.153, and an 105 "intoxication-related traffic offense" or "intoxication-related boating offense" if the person is

106 found to be a "habitual offender" or "habitual boating offender" as such terms are defined in
107 section 577.001;
108 (20) "Dangerous instrument" any instrument article or substance which under the

(20) "Dangerous instrument", any instrument, article or substance, which, under the
 circumstances in which it is used, is readily capable of causing death or other serious physical
 injury;

(21) "Data", a representation of information, facts, knowledge, concepts, or instructions
prepared in a formalized or other manner and intended for use in a computer or computer
network. Data may be in any form including, but not limited to, printouts, microfiche, magnetic
storage media, punched cards and as may be stored in the memory of a computer;

(22) "Deadly weapon", any firearm, loaded or unloaded, or any weapon from which a
shot, readily capable of producing death or serious physical injury, may be discharged, or a
switchblade knife, dagger, billy club, blackjack or metal knuckles;

118 (23) "Digital camera", a camera that records images in a format which enables the 119 images to be downloaded into a computer;

(24) "Disability", a mental, physical, or developmental impairment that substantially
limits one or more major life activities or the ability to provide adequately for one's care or
protection, whether the impairment is congenital or acquired by accident, injury or disease, where
such impairment is verified by medical findings;

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(25) "Elderly person", a person sixty years of age or older;

(26) "Felony", an offense so designated or an offense for which persons found guiltythereof may be sentenced to death or imprisonment for a term of more than one year;

127 (27) "Forcible compulsion" either:

128 (a) Physical force that overcomes reasonable resistance; or

(b) A threat, express or implied, that places a person in reasonable fear of death, seriousphysical injury or kidnapping of such person or another person;

(28) "Incapacitated", a temporary or permanent physical or mental condition in which
a person is unconscious, unable to appraise the nature of his or her conduct, or unable to
communicate unwillingness to an act;

(29) "Infraction", a violation defined by this code or by any other statute of this state if
it is so designated or if no sentence other than a fine, or fine and forfeiture or other civil penalty,
is authorized upon conviction;

137 (30) "Inhabitable structure", a vehicle, vessel or structure:

138 (a) Where any person lives or carries on business or other calling; or

(b) Where people assemble for purposes of business, government, education, religion,entertainment, or public transportation; or

141 (c) Which is used for overnight accommodation of persons.

142

Any such vehicle, vessel, or structure is inhabitable regardless of whether a person is actually
present. If a building or structure is divided into separately occupied units, any unit not occupied
by the actor is an inhabitable structure of another;

146 (31) "Knowingly", when used with respect to:

(a) Conduct or attendant circumstances, means a person is aware of the nature of his orher conduct or that those circumstances exist; or

(b) A result of conduct, means a person is aware that his or her conduct is practicallycertain to cause that result;

(32) "Law enforcement officer", any public servant having both the power and duty to
make arrests for violations of the laws of this state, and federal law enforcement officers
authorized to carry firearms and to make arrests for violations of the laws of the United States;

(33) "Misdemeanor", an offense so designated or an offense for which persons found
guilty thereof may be sentenced to imprisonment for a term of which the maximum is one year
or less;

157 (34) "Of another", property that any entity, including but not limited to any natural 158 person, corporation, limited liability company, partnership, association, governmental 159 subdivision or instrumentality, other than the actor, has a possessory or proprietary interest 160 therein, except that property shall not be deemed property of another who has only a security 161 interest therein, even if legal title is in the creditor pursuant to a conditional sales contract or 162 other security arrangement;

163

(35) "Offense", any felony or misdemeanor;

164 (36) "Person", includes a human being from the moment of conception as defined 165 in section 188.015;

166 (37) "Physical injury", slight impairment of any function of the body or temporary loss167 of use of any part of the body;

[(37)] (38) "Place of confinement", any building or facility and the grounds thereof
wherein a court is legally authorized to order that a person charged with or convicted of a crime
be held;

171 [(38)] (39) "Possess" or "possessed", having actual or constructive possession of an 172 object with knowledge of its presence. A person has actual possession if such person has the 173 object on his or her person or within easy reach and convenient control. A person has

174 constructive possession if such person has the power and the intention at a given time to exercise

dominion or control over the object either directly or through another person or persons.Possession may also be sole or joint. If one person alone has possession of an object, possession

177 is sole. If two or more persons share possession of an object, possession is joint;

[(39)] (40) "Property", anything of value, whether real or personal, tangible or intangible,
 in possession or in action;

[(40)] (41) "Public servant", any person employed in any way by a government of this state who is compensated by the government by reason of such person's employment, any person appointed to a position with any government of this state, or any person elected to a position with any government of this state. It includes, but is not limited to, legislators, jurors, members of the judiciary and law enforcement officers. It does not include witnesses;

185 [(41)] (42) "Purposely", when used with respect to a person's conduct or to a result 186 thereof, means when it is his or her conscious object to engage in that conduct or to cause that 187 result;

[(42)] (43) "Recklessly", consciously disregarding a substantial and unjustifiable risk that
 circumstances exist or that a result will follow, and such disregard constitutes a gross deviation
 from the standard of care which a reasonable person would exercise in the situation;

191 [(43)] (44) "Serious emotional injury", an injury that creates a substantial risk of 192 temporary or permanent medical or psychological damage, manifested by impairment of a 193 behavioral, cognitive or physical condition. Serious emotional injury shall be established by 194 testimony of qualified experts upon the reasonable expectation of probable harm to a reasonable 195 degree of medical or psychological certainty;

196 [(44)] (45) "Serious physical injury", physical injury that creates a substantial risk of
197 death or that causes serious disfigurement or protracted loss or impairment of the function of any
198 part of the body;

[(45)] (46) "Services", when used in relation to a computer system or network, means
 use of a computer, computer system, or computer network and includes, but is not limited to,
 computer time, data processing, and storage or retrieval functions;

[(46)] (47) "Sexual orientation", male or female heterosexuality, homosexuality or
 bisexuality by inclination, practice, identity or expression, or having a self-image or identity not
 traditionally associated with one's gender;

205 [(47)] (48) "Vehicle", a self-propelled mechanical device designed to carry a person or 206 persons, excluding vessels or aircraft;

[(48)] (49) "Vessel", any boat or craft propelled by a motor or by machinery, whether or
 not such motor or machinery is a principal source of propulsion used or capable of being used
 as a means of transportation on water, or any boat or craft more than twelve feet in length which

210 is powered by sail alone or by a combination of sail and machinery, and used or capable of being

211 used as a means of transportation on water, but not any boat or craft having, as the only means

212 of propulsion, a paddle or oars;

213

[(49)] **(50)** "Voluntary act":

(a) A bodily movement performed while conscious as a result of effort or determination.
Possession is a voluntary act if the possessor knowingly procures or receives the thing possessed,
or having acquired control of it was aware of his or her control for a sufficient time to have
enabled him or her to dispose of it or terminate his or her control; or

(b) An omission to perform an act of which the actor is physically capable. A person is
not guilty of an offense based solely upon an omission to perform an act unless the law defining
the offense expressly so provides, or a duty to perform the omitted act is otherwise imposed by
law;

[(50)] (51) "Vulnerable person", any person in the custody, care, or control of the department of mental health who is receiving services from an operated, funded, licensed, or certified program.

562.031. 1. A person is not relieved of criminal liability for conduct because he or she engages in such conduct under a mistaken belief of fact or law unless such mistake negatives the existence of the mental state required by the offense.

4 2. A person is not relieved of criminal liability for conduct because he or she believes 5 his or her conduct does not constitute an offense unless his or her belief is reasonable and:

6 (1) The offense is defined by an administrative regulation or order which is not known 7 to him or her and has not been published or otherwise made reasonably available to him or her, 8 and he or she could not have acquired such knowledge by the exercise of due diligence pursuant 9 to facts known to him or her; or

(2) He or she acts in reasonable reliance upon an official statement of the law, afterwarddetermined to be invalid or erroneous, contained in:

12 (a) A statute;

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(b) An opinion or order of an appellate court; or

(c) An official interpretation of the statute, regulation or order defining the offense madeby a public official or agency legally authorized to interpret such statute, regulation or order.

3. The burden of injecting the issue of reasonable belief that conduct does not constitutean offense under subdivisions (1) and (2) of subsection 2 of this section is on the defendant.

4. For purposes of this section, reliance is unreasonable if based upon an official
 statement permitting the unjustified homicide of an unborn child as defined in section
 1.205.

562.071. 1. It is an affirmative defense that the defendant engaged in the conduct charged to constitute an offense because he or she was coerced to do so, by the use of, or threatened imminent use of, unlawful physical force upon him or her or a third person, which force or threatened force a person of reasonable firmness in his situation would have been unable to resist.

6

2. The defense of "duress" as defined in subsection 1 is not available:

7 (1) As to the crime of murder, except murder by abortion as defined in section
8 188.015;

9 (2) As to any offense when the defendant recklessly places himself or herself in a 10 situation in which it is probable that he or she will be subjected to the force or threatened force 11 described in subsection 1 of this section.

563.026. 1. Unless inconsistent with other provisions of this chapter defining justifiable use of physical force, or with some other provision of law, conduct which would otherwise 2 constitute any offense [other than a class A felony or murder] is justifiable and not criminal when 3 it is necessary as an emergency measure to avoid an imminent public or private injury which is 4 about to occur by reason of a situation occasioned or developed through no fault of the actor, and 5 which is of such gravity that, according to ordinary standards of intelligence and morality, the 6 desirability of avoiding the injury outweighs the desirability of avoiding the injury sought to be 7 prevented by the statute defining the offense charged. 8 9 2. The necessity and justifiability of conduct under subsection 1 of this section may not

rest upon considerations pertaining only to the morality and advisability of the statute, either in its general application or with respect to its application to a particular class of cases arising thereunder. Whenever evidence relating to the defense of justification under this section is offered, the court shall rule as a matter of law whether the claimed facts and circumstances would, if established, constitute a justification.

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3. The defense of justification under this section is an affirmative defense.

565.015. 1. This section shall be known and may be cited as the "Abolition of 2 Abortion in Missouri Act".

2. It is the intent of the general assembly to provide to unborn children the equal protection of the laws of this state; to establish that a living human child, from the moment of conception, is entitled to the same rights, powers, privileges, justice, and protections as are secured or granted by the laws of this state to any other human person; and to treat as void and of no effect any and all federal acts, laws, treaties, decisions, orders, rules, or regulations that would deprive an unborn child of the right to life or prohibit the protection of such right.

3. The attorney general and prosecuting attorneys shall ensure the enforcement of
 chapter 565 in relation to abortion regardless of any contrary or conflicting federal acts,
 laws, treaties, decisions, orders, rules, or regulations.

13 4. This chapter shall be enforced in relation to abortion regardless of any contrary or conflicting federal acts, laws, treaties, decisions, orders, rules, or regulations. Any court 14 15 decision purporting to enjoin this state from protecting innocent human life from the moment of conception shall be treated as nonauthoritative, void, and of no force. No 16 17 government agency or official of this state, including any sheriff, deputy sheriff, or other 18 law enforcement officer, shall give force or effect to any court order that conflicts with this 19 Cooperative agreements with federal agencies notwithstanding, no law section. 20 enforcement agency or law enforcement officer in this state shall assist or cooperate in any 21 way with the arrest or imprisonment of any government official or individual who complies with this section and refuses to comply with any contrary court order. Such contrary 22 23 orders shall include, but not be limited to, any order to levy upon property, seize bank 24 accounts, arrest the person, or serve process for the purpose of causing any person to 25 violate this section, or for the purpose of punishing any person for the failure to comply 26 with an order contrary to this section. A federal officer or agent who arrests any Missouri 27 government official for compliance with this section shall be subject to arrest by Missouri 28 law enforcement.

29 5. In any investigation or proceeding brought to enforce the provisions of chapter 565 relating to abortion, as in all other criminal cases, a court on motion of the prosecuting 30 attorney may order that a witness shall not be excused from giving testimony or producing 31 32 any papers, documents, or things, on the grounds that such testimony may tend to 33 incriminate or subject the witness to a penalty or forfeiture; but such witness shall not be prosecuted or subjected to criminal penalty or forfeiture for or on account of any 34 35 transaction, matter, or thing concerning which the witness has been ordered to testify. The 36 prosecuting attorney shall also have authority to grant such immunity to a witness who voluntarily agrees to give testimony or produce any papers, documents, or things. The 37 38 witness may nevertheless be prosecuted for failing to comply with the order to answer, 39 perjury, or the giving of false evidence.

595.027. 1. Upon request by the department for verification of injuries of victims, 2 medical providers shall submit the information requested by the department within twenty 3 working days of the request at no cost to the fund.

For purposes of this section, "medical providers" means physicians, dentists, clinical
 psychologists, optometrists, podiatrists, registered nurses, physician's assistants, chiropractors,

6 physical therapists, hospitals, ambulatory surgical centers, [abortion facilities,] and nursing
7 homes.

8 3. Failure to submit the information as required by this section shall be an infraction.
 595.120. 1. Prior to January 1, 2019, the department of public safety shall create a poster
 2 that provides information regarding the national human trafficking resource center hotline. The

3 poster shall be no smaller than eight and one-half inches by eleven inches in size and shall

- 4 include a statement in substantially the following form:
- "If you or someone you know is being forced to engage in any activity and cannot
 leave whether it is commercial sex, housework, farm work, or any other activity
 call the National Human Trafficking Resource Center Hotline at
 1-888-373-7888 or text 233733 (BEFREE) or visit the following website:
 www.traffickingresourcecenter.org to access help and services. Victims of human
- 10 trafficking are protected under U.S. and Missouri law.
- 11 The toll-free hotline is:
- 12 Available 24 hours a day, 7 days a week
- 13 Operated by a nonprofit, nongovernmental organization
- 14 Anonymous and confidential
- 15 Accessible in 170 languages
- 16 Able to provide help, referral to services, training, and general information.".
- 17

The statement shall appear on each poster in English, Spanish, and, for each county, any other language required for voting materials in that county under Section 1973 of the Voting Rights Act of 1965, 42 U.S.C. Section 1973, as amended. In addition to the national human trafficking resource center hotline, the statement may contain any additional hotlines regarding human trafficking for access to help and services.

2. Beginning March 1, 2019, the human trafficking hotline poster designed by the
department of public safety shall be displayed in a conspicuous place in or near the bathrooms
or near the entrance of each of the following establishments:

(1) Hotels, motels, or other establishments that have been cited as a public nuisance for
prostitution under section 567.080;

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(2) Strip clubs or other sexually oriented businesses;

(3) Private clubs that have a liquor permit for on-premises consumption, do not hold
themselves out to be food service establishments, and are not affiliated with any nonprofit
fraternal, athletic, religious, or veteran organizations;

32 (4) Airports;

33 (5) Train stations that serve passengers;

- 34 (6) Emergency rooms within general acute care hospitals;
- 35 (7) Urgent care centers;
- 36 (8) Privately operated job recruitment centers;
- 37 (9) Businesses or establishments that offer massage or body work services for 38 compensation by individuals who are not licensed under section 324.265;
- 39 (10) Women's health centers;
- 40 (11) [Abortion facilities as defined in section 188.015;
- 41 <u>(12)</u> Family planning clinics;
- 42 [(13)] (12) Maternity homes as defined in section 135.600;
- 43 [(14)] (13) Pregnancy resource centers as defined in section 135.630;
- 44 [(15)] **(14)** Bus stations;
- 45 [(16)] (15) Truck stops. For the purposes of this section, "truck stops" shall mean
 46 privately owned and operated facilities that provide food, fuel, shower or other sanitary facilities,
 47 and lawful overnight parking; and
- 48 [(17)] (16) Roadside rest areas.
- 3. The department of public safety shall make the poster available for print on its public website. To obtain a copy of the poster, the owners or operators of an establishment required to post the human trafficking hotline notice under subsection 2 of this section may print the online poster using the online link or request that the poster be mailed for the cost of printing and first class postage.
- 4. Any owner or operator of an establishment required to post the human trafficking hotline notice under subsection 2 of this section who fails to comply with the requirement shall receive a written warning for the first violation and may be guilty of an infraction for any subsequent violation.

	[188.017.1. This section shall be known and may be cited as the "Right
2	to Life of the Unborn Child Act".
3	2. Notwithstanding any other provision of law to the contrary, no
4	abortion shall be performed or induced upon a woman, except in cases of medical
5	emergency. Any person who knowingly performs or induces an abortion of an
6	unborn child in violation of this subsection shall be guilty of a class B felony, as
7	well as subject to suspension or revocation of his or her professional license by
8	his or her professional licensing board. A woman upon whom an abortion is
9	performed or induced in violation of this subsection shall not be prosecuted for
10	a conspiracy to violate the provisions of this subsection.
11	3. It shall be an affirmative defense for any person alleged to have
12	violated the provisions of subsection 2 of this section that the person performed
13	or induced an abortion because of a medical emergency. The defendant shall
14	have the burden of persuasion that the defense is more probably true than not.

- 4. The enactment of this section shall only become effective upon notification to the revisor of statutes by an opinion by the attorney general of Missouri, a proclamation by the governor of Missouri, or the adoption of a concurrent resolution by the Missouri general assembly that:
- (1) The United States Supreme Court has overruled, in whole or in part,
 Roe v. Wade, 410 U.S. 113 (1973), restoring or granting to the state of Missouri
 the authority to regulate abortion to the extent set forth in this section, and that
 as a result, it is reasonably probable that this section would be upheld by the court
 as constitutional;
- (2) An amendment to the Constitution of the United States has been
 adopted that has the effect of restoring or granting to the state of Missouri the
 authority to regulate abortion to the extent set forth in this section; or
- 27 (3) The United States Congress has enacted a law that has the effect of
 28 restoring or granting to the state of Missouri the authority to regulate abortion to
 29 the extent set forth in this section.]
- 30

[188.018. If any one or more provisions, sections, subsections, sentences, 2 clauses, phrases, or words of this chapter or the application thereof to any person, 3 circumstance, or period of gestational age is found to be unenforceable, 4 unconstitutional, or invalid by a court of competent jurisdiction, the same is 5 hereby declared to be severable and the balance of this chapter shall remain 6 effective notwithstanding such unenforceability, unconstitutionality, or invalidity. 7 The general assembly hereby declares that it would have passed each provision, 8 section, subsection, sentence, clause, phrase, or word thereof, irrespective of the 9 fact that any one or more provisions, sections, subsections, sentences, clauses, 10 phrases, or words of this chapter, or the application of this chapter to any person, circumstance, or period of gestational age, would be declared unenforceable, 11 12 unconstitutional, or invalid.]

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[188.021. 1. When RU-486 (mifepristone) or any drug or chemical is 2 used for the purpose of inducing an abortion, the initial dose of the drug or 3 chemical shall be administered in the same room and in the physical presence of 4 the physician who prescribed, dispensed, or otherwise provided the drug or 5 chemical to the patient. The physician inducing the abortion, or a person acting 6 on such physician's behalf, shall make all reasonable efforts to ensure that the patient returns after the administration or use of RU-486 or any drug or chemical 7 8 for a follow-up visit unless such termination of the pregnancy has already been 9 confirmed and the patient's medical condition has been assessed by a licensed 10 physician prior to discharge.

2. When the Food and Drug Administration label of any drug or chemical
 used for the purpose of inducing an abortion includes any clinical study in which

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14 surgical intervention after its administration, no physician may prescribe or 15 administer such drug or chemical to any patient without first obtaining approval 16 from the department of health and senior services of a complication plan from the physician for administration of the drug or chemical to any patient. The 17 complication plan shall include any information deemed necessary by the 18 department to ensure the safety of any patient suffering complications as a result 19 of the administration of the drug or chemical in question. No complication plan 20 shall be required where the patient is administered the drug in a medical 21 22 emergency at a hospital and is then treated as an inpatient at a hospital under 23 medical monitoring by the hospital until the abortion is completed.

3. The department may adopt rules, regulations, and standards governing 24 complication plans to ensure that patients undergoing abortions induced by drugs 25 or chemicals have access to safe and reliable care. Any rule or portion of a rule, 26 as that term is defined in section 536.010, that is created under the authority 27 28 delegated in this section shall become effective only if it complies with and is 29 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 30 31 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 32 unconstitutional, then the grant of rulemaking authority and any rule proposed or 33 adopted after October 24, 2017, shall be invalid and void.] 34

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[188.025. Every abortion performed at sixteen weeks gestational age or later shall be performed in a hospital.]

[188.026. 1. This section and sections 188.056, 188.057, and 188.058 2 shall be known and may be cited as the "Missouri Stands for the Unborn Act". 3 2. In Roe v. Wade, 410 U.S. 113 (1973), certain information about the 4 development of the unborn child, human pregnancy, and the effects of abortion 5 was either not part of the record or was not available at the time. Since 1973, 6 advances in medical and scientific technology have greatly expanded our 7 knowledge of prenatal life and the effects of abortion on women. The general 8 assembly of this state finds: 9

(1) At conception, a new genetically distinct human being is formed; (2) The fact that the life of an individual human being begins at 10 conception has long been recognized in Missouri law: "[T]he child is, in truth, 11 alive from the moment of conception". State v. Emerich, 13 Mo. App. 492, 495 12 (1883), affirmed, 87 Mo. 110 (1885). Under section 1.205, the general assembly 13 has recognized that the life of each human being begins at conception and that 14 unborn children have protectable interests in life, health, and well-being; 15 16 (3) The first prohibition of abortion in Missouri was enacted in 1825. Since then, the repeal and reenactment of prohibitions of abortion have made 17

- 18 distinctions with respect to penalties for performing or inducing abortion on the
 19 basis of "quickening"; however, the unborn child was still protected from
 20 conception onward;
- (4) In ruling that Missouri's prohibition on abortion was constitutional in
 1972, the Missouri supreme court accepted as a stipulation of the parties that
 "'[i]nfant Doe, Intervenor Defendant in this case, and all other unborn children
 have all the qualities and attributes of adult human persons differing only in age
 or maturity. Medically, human life is a continuum from conception to death."
 Rodgers v. Danforth, 486 S.W.2d 258, 259 (1972);

27 (5) In Websterv. Reproductive Health Services, 492 U.S. 490 (1989), the Supreme Court, while considering the "preamble" that set forth "findings" in 28 section 1.205, stated: "We think the extent to which the preamble's language 29 30 might be used to interpret other state statutes or regulations is something that only the courts of Missouri can definitively decide. State law has offered protections 31 to unborn children in tort and probate law". Id. at 506. Since Webster, Missouri 32 courts have construed section 1.205 and have consistently found that an unborn 33 child is a person for purposes of Missouri's homicide and assault laws when the 34 unborn child's mother was killed or assaulted by another person. Section 1.205 35 36 has even been found applicable to the manslaughter of an unborn child who was 37 eight weeks gestational age or earlier. State v. Harrison, 390 S.W.3d 927 (Mo. 38 Ct. App. 2013);

(6) In medicine, a special emphasis is placed on the heartbeat. The
 heartbeat is a discernible sign of life at every stage of human existence. During
 the fifth week of gestational age, an unborn child's heart begins to beat and blood
 flow begins during the sixth week;

(7) Depending on the ultrasound equipment being used, the unborn child's heartbeat can be visually detected as early as six to eight weeks gestational age. By about twelve weeks gestational age, the unborn child's heartbeat can consistently be made audible through the use of a handheld Doppler fetal heart rate device;

(8) Confirmation of a pregnancy can be indicated through the detection
 of the unborn child's heartbeat, while the absence of a heartbeat can be an
 indicator of the death of the unborn child if the child has reached the point of
 development when a heartbeat should be detectable;

- (9) Heart rate monitoring during pregnancy and labor is utilized to
 measure the heart rate and rhythm of the unborn child, at an average rate between
 one hundred ten and one hundred sixty beats per minute, and helps determine the
 health of the unborn child;
- (10) The Supreme Court in Roe discussed "the difficult question of when
 life begins" and wrote: "[p]hysicians and their scientific colleagues have regarded
 [quickening] with less interest and have tended to focus either upon conception,
 upon live birth, or upon the interim point at which the fetus becomes 'viable', that
 is, potentially able to live outside the mother's womb, albeit with artificial aid".

Roe, 410 U.S. at 160. Today, however, physicians' and scientists' interests on life
 in the womb also focus on other markers of development in the unborn child,
 including, but not limited to, presence of a heartbeat, brain development, a viable
 pregnancy or viable intrauterine pregnancy during the first trimester of
 pregnancy, and the ability to experience pain;

(11) In Planned Parenthood of Central Missouri v. Danforth, 428 U.S. 52 66 (1976), the Supreme Court noted that "we recognized in Roe that viability was 67 a matter of medical judgment, skill, and technical ability, and we preserved the 68 flexibility of the term". Id. at 64. Due to advances in medical technology and 69 70 diagnoses, present-day physicians and scientists now describe the viability of an 71 unborn child in an additional manner, by determining whether there is a viable pregnancy or viable intrauterine pregnancy during the first trimester of 72 73 pregnancy;

74 (12) While the overall risk of miscarriage after clinical recognition of pregnancy is twelve to fifteen percent, the incidence decreases significantly if 75 cardiac activity in the unborn child has been confirmed. The detection of a 76 77 heartbeat in an unborn child is a reliable indicator of a viable pregnancy and that the unborn child will likely survive to birth, especially if presenting for a prenatal 78 79 visit at eight weeks gestational age or later. For asymptomatic women attending a first prenatal visit between six and eleven weeks gestational age where a 80 heartbeat was confirmed through an ultrasound, the subsequent risk of 81 miscarriage is one and six-tenths percent. Although the risk is higher at six 82 83 weeks gestational age at nine and four-tenths percent, it declines rapidly to one 84 and five-tenths percent at eight weeks gestational age, and less than one percent 85 at nine weeks gestational age or later;

(13) The presence of a heartbeat in an unborn child represents a more
 definable point of ascertaining survivability than the ambiguous concept of
 viability that has been adopted by the Supreme Court, especially since if a
 heartbeat is detected at eight weeks gestational age or later in a normal
 pregnancy, there is likely to be a viable pregnancy and there is a high probability
 that the unborn child will survive to birth;

92 (14) The placenta begins developing during the early first trimester of
 93 pregnancy and performs a respiratory function by making oxygen supply to and
 94 carbon dioxide removal from the unborn child possible later in the first trimester
 95 and throughout the second and third trimesters of pregnancy;

96 (15) By the fifth week of gestation, the development of the brain of the
 97 unborn child is underway. Brain waves have been measured and recorded as
 98 early as the eighth week of gestational age in children who were removed during
 99 an ectopic pregnancy or hysterectomy. Fetal magnetic resonance imaging (MRI)
 100 of an unborn child's brain is used during the second and third trimesters of
 101 pregnancy and brain activity has been observed using MRI;

(16) Missouri law identifies the presence of circulation, respiration, and
 brain function as indicia of life under section 194.005, as the presence of

104 circulation, respiration, and brain function indicates that such person is not
 105 legally dead, but is legally alive;

(17) Unborn children at eight weeks gestational age show spontaneous
 movements, such as a twitching of the trunk and developing limbs. It has been
 reported that unborn children at this stage show reflex responses to touch. The
 perioral area is the first part of the unborn child's body to respond to touch at
 about eight weeks gestational age and by fourteen weeks gestational age most of
 the unborn child's body is responsive to touch;

(18) Peripheral cutaneous sensory receptors, the receptors that feel pain,
 develop early in the unborn child. They appear in the perioral cutaneous area at
 around seven to eight weeks gestational age, in the palmar regions at ten to ten
 and a half weeks gestational age, the abdominal wall at fifteen weeks gestational
 age, and over all of the unborn child's body at sixteen weeks gestational age;

(19) Substance P, a peptide that functions as a neurotransmitter,
 especially in the transmission of pain, is present in the dorsal horn of the spinal
 cord of the unborn child at eight to ten weeks gestational age. Enkephalins,
 peptides that play a role in neurotransmission and pain modulation, are present
 in the dorsal horn at twelve to fourteen weeks gestational age;

(20) When intrauterine needling is performed on an unborn child at
 sixteen weeks gestational age or later, the reaction to this invasive stimulus is
 blood flow redistribution to the brain. Increased blood flow to the brain is the
 same type of stress response seen in a born child and an adult;

(21) By sixteen weeks gestational age, pain transmission from a
 peripheral receptor to the cortex is possible in the unborn child;

(22) Physicians provide anesthesia during in utero treatment of unborn
 children as early as sixteen weeks gestational age for certain procedures,
 including those to correct fetal urinary tract obstruction. Anesthesia is
 administered by ultrasound-guided injection into the arm or leg of the unborn
 child;

133 (23) A leading textbook on prenatal development of the human brain states, "It may be concluded that, although nociperception (the actual perception 134 135 of pain) awaits the appearance of consciousness, nociception (the experience of 136 pain) is present some time before birth. In the absence of disproof, it is merely prudent to assume that pain can be experienced even early in prenatal life (Dr. J. 137 Wisser, Zürich): the fetus should be given the benefit of the doubt". Ronan 138 139 O'Rahilly & Fabiola Müller. The Embryonic Human Brain: An Atlas of 140 Developmental Stages (3d ed. 2005);

(24) By fourteen or fifteen weeks gestational age or later, the
 predominant abortion method in Missouri is dilation and evacuation (D&E). The
 D&E abortion method includes the dismemberment, disarticulation, and
 exsanguination of the unborn child, causing the unborn child's death;

(25) The Supreme Court acknowledged in Gonzales v. Carhart, 550 U.S.
 146 124, 160 (2007), that "the standard D&E is in some respects as brutal, if not

more, than the intact D&E" partial birth abortion method banned by Congress and
 upheld as facially constitutional by the Supreme Court, even though the federal
 ban was applicable both before and after viability and had no exception for the
 health of the mother;

(26) Missouri's ban on the partial birth abortion method, section 565.300, 151 is in effect because of Gonzales v. Carhart and the Supreme Court's subsequent 152 decision in Nixon v. Reproductive Health Services of Planned Parenthood of the 153 St. Louis Region, Inc., 550 U.S. 901 (2007), to vacate and remand to the 154 appellate court the prior invalidation of section 565.300. Since section 565.300, 155 156 like Congress' ban on partial birth abortion, is applicable both before and after 157 viability, there is ample precedent for the general assembly to constitutionally prohibit the brutal D&E abortion method at fourteen weeks gestational age or 158 later, even before the unborn child is viable, with a medical emergency exception; 159 (27) In Roper v. Simmons, 543 U.S. 551 (2005), the Supreme Court 160 determined that "evolving standards of decency" dictated that a Missouri statute 161 allowing the death penalty for a conviction of murder in the first degree for a 162 person under eighteen years of age when the crime was committed was 163 unconstitutional under the Eighth and Fourteenth Amendments to the United 164 165 States Constitution because it violated the prohibition against "cruel and unusual punishments"; 166

(28) In Bucklew v. Precythe, 139 S. Ct. 1112, 1123 (2019), the Supreme
 Court noted that "[d]isgusting' practices" like disemboweling and quartering
 "readily qualified as 'cruel and unusual', as a reader at the time of the Eighth
 Amendment's adoption would have understood those words";

(29) Evolving standards of decency dictate that Missouri should prohibit
 the brutal and painful D&E abortion method at fourteen weeks gestational age or
 later, with a medical emergency exception, because if a comparable method of
 killing was used on:

(a) A person convicted of murder in the first degree, it would be cruel
 and unusual punishment; or

(b) An animal, it would be unlawful under state law because it would not
 be a humane method, humane euthanasia, or humane killing of certain animals
 under chapters 273 and 578;

180 (30) In Roper, the Supreme Court also found that "[i]t is proper that we acknowledge the overwhelming weight of international opinion against the 181 juvenile death penalty.... The opinion of the world community, while not 182 183 controlling our outcome, does provide respected and significant confirmation for our own conclusions". Roper, 543 U.S. at 578. In its opinion, the Supreme Court 184 185 was instructed by "international covenants prohibiting the juvenile death penalty", such as the International Covenant on Civil and Political Rights, 999 186 U.N.T.S. 171. Id. at 577: 187

188 (31) The opinion of the world community, reflected in the laws of the
 189 United Nation's 193-member states and six other entities, is that in most

190 countries, most abortions are prohibited after twelve weeks gestational age or 191 later: 192 (32) The opinion of the world community is also shared by most 193 Americans, who believe that most abortions in the second and third trimesters of 194 pregnancy should be illegal, based on polling that has remained consistent since 1996; 195 196 (33) Abortion procedures performed later in pregnancy have a higher 197 medical risk for women. Compared to an abortion at eight weeks gestational age or earlier, the relative risk increases exponentially at later gestational ages. The 198 199 relative risk of death for a pregnant woman who had an abortion performed or 200 induced upon her at: 201 (a) Eleven to twelve weeks gestational age is between three and four 202 times higher than an abortion at eight weeks gestational age or earlier; 203 (b) Thirteen to fifteen weeks gestational age is almost fifteen times 204 higher than an abortion at eight weeks gestational age or earlier; 205 (c) Sixteen to twenty weeks gestational age is almost thirty times higher than an abortion at eight weeks gestational age or earlier; and 206 (d) Twenty-one weeks gestational age or later is more than seventy-five 207 208 times higher than an abortion at eight weeks gestational age or earlier; (34) In addition to the short-term risks of an abortion, studies have found 209 that the long-term physical and psychological consequences of abortion for 210women include, but are not limited to, an increased risk of preterm birth, low 211 birthweight babies, and placenta previa in subsequent pregnancies, as well as 212 213 serious behavioral health issues. These risks increase as abortions are performed or induced at later gestational ages. These consequences of an abortion have a 214 detrimental effect not only on women, their children, and their families, but also 215on an already burdened health care system, taxpayers, and the workforce; 216 217 (35) A large percentage of women who have an abortion performed or induced upon them in Missouri each year are at less than eight weeks gestational 218 219 age, a large majority are at less than fourteen weeks gestational age, a larger majority are at less than eighteen weeks gestational age, and an even larger 220 221 majority are at less than twenty weeks gestational age. A prohibition on 222 performing or inducing an abortion at eight weeks gestational age or later, with 223 a medical emergency exception, does not amount to a substantial obstacle to a 224 large fraction of women for whom the prohibition is relevant, which is pregnant 225 women in Missouri who are seeking an abortion while not experiencing a 226 medical emergency. The burden that a prohibition on performing or inducing an 227 abortion at eight, fourteen, eighteen, or twenty weeks gestational age or later, 228 with a medical emergency exception, might impose on abortion access, is 229 outweighed by the benefits conferred upon the following: 230 (a) Women more advanced in pregnancy who are at greater risk of harm 231 from abortion: 232 (b) Unborn children at later stages of development;

233	(c) The medical profession, by preserving its integrity and fulfilling its
233	commitment to do no harm; and
235	(d) Society, by fostering respect for human life, born and unborn, at all
236	stages of development, and by lessening societal tolerance of violence against
230	innocent human life;
238	(36) In Webster, the Supreme Court noted, in upholding a Missouri
239	statute, "that there may be a 4-week error in estimating gestational age".
240	Webster, 492 U.S. at 516. Thus, an unborn child thought to be eight weeks
241	gestational age might in fact be twelve weeks gestational age, when an abortion
242	poses a greater risk to the woman and the unborn child is considerably more
243	developed. An unborn child at fourteen weeks gestational age might be eighteen
244	weeks gestational age and an unborn child at eighteen weeks gestational age
245	might be twenty-two weeks gestational age, when an abortion poses a greater risk
246	to the woman, the unborn child is considerably more developed, the abortion
247	method likely to be employed is more brutal, and the risk of pain experienced by
248	the unborn child is greater. An unborn child at twenty weeks gestational age
249	might be twenty-four weeks gestational age, when an abortion poses a greater risk
250	to the woman, the unborn child is considerably more developed, the abortion
251	method likely to be employed is more brutal, the risk of pain experienced by the
252	unborn child is greater, and the unborn child may be viable.
253	3. The state of Missouri is bound by Article VI, Clause 2 of the
254	Constitution of the United States that "all treaties made, or which shall be made,
255	under the authority of the United States, shall be the supreme law of the land".
256	One such treaty is the International Covenant on Civil and Political Rights,
257	entered into force on March 23, 1976, and adopted by the United States on
258	September 8, 1992. In ratifying the Covenant, the United States declared that
259	while the provisions of Articles 1 through 27 of the Covenant are not
260	self-executing, the United States' understanding is that state governments share
261	responsibility with the federal government in implementing the Covenant.
262	4. Article 6, Paragraph 1, U.N.T.S. at 174, of the International Covenant
263	on Civil and Political Rights states, "Every human being has the inherent right to
264	life. This right shall be protected by law. No one shall be arbitrarily deprived of
265	his life". The state of Missouri takes seriously its obligation to comply with the
266	Covenant and to implement this paragraph as it relates to the inherent right to life
267	of unborn human beings, protecting the rights of unborn human beings by law,
268	and ensuring that such unborn human beings are not arbitrarily deprived of life.
269	The state of Missouri hereby implements Article 6, Paragraph 1 of the Covenant
270	by the regulation of abortion in this state.
271	5. The state of Missouri has interests that include, but are not limited to:
272	(1) Protecting unborn children throughout pregnancy and preserving and
273	promoting their lives from conception to birth;
274	(2) Encouraging childbirth over abortion; (2) Encouring regreat for all human life from concention to natural death.
275	(3) Ensuring respect for all human life from conception to natural death;

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- (4) Safeguarding an unborn child from the serious harm of pain by an
 abortion method that would cause the unborn child to experience pain while she
 or he is being killed;
- (5) Preserving the integrity of the medical profession and regulating and
 restricting practices that might cause the medical profession or society as a whole
 to become insensitive, even disdainful, to life. This includes regulating and
 restricting abortion methods that are not only brutal and painful, but if allowed
 to continue, will further coarsen society to the humanity of not only unborn
 children, but all vulnerable and innocent human life, making it increasingly
 difficult to protect such life;
- 286 (6) Ending the incongruities in state law by permitting some unborn children to be killed by abortion, while requiring that unborn children be 287 protected in nonabortion circumstances through, including, but not limited to, 288 289 homicide, assault, self-defense, and defense of another statutes; laws 290 guaranteeing prenatal health care, emergency care, and testing; state-sponsored 291 health insurance for unborn children; the prohibition of restraints in correctional 292 institutions to protect pregnant offenders and their unborn children; and protecting the interests of unborn children by the appointment of conservators, 293 294 guardians, and representatives;
- 295 (7) Reducing the risks of harm to pregnant women who obtain abortions
 296 later in pregnancy; and
- (8) Avoiding burdens on the health care system, taxpayers, and the
 workforce because of increased preterm births, low birthweight babies,
 compromised pregnancies, extended postpartum recoveries, and behavioral health
 problems caused by the long-term effects of abortions performed or induced later
 in the pregnancy.]
 - [188.027. 1. Except in cases 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, a qualified
 professional, or the referring physician has informed the woman orally, reduced
 to writing, and in person, of the following:
- 9 (a) The name of the physician who will perform or induce the abortion;
 10 (b) Medically accurate information that a reasonable patient would
 11 consider material to the decision of whether or not to undergo the abortion,
 12 including:
- 13 <u>a. A description of the proposed abortion method;</u>
- 14 b. The immediate and long-term medical risks to the woman associated
 15 with the proposed abortion method including, but not limited to, infection,
 16 hemorrhage, cervical tear or uterine perforation, harm to subsequent pregnancies

17	or the ability to carry a subsequent child to term, and possible adverse
18	psychological effects associated with the abortion; and
19	c. The immediate and long-term medical risks to the woman, in light of
20	the anesthesia and medication that is to be administered, the unborn child's
21	gestational age, and the woman's medical history and medical condition;
22	(c) Alternatives to the abortion which shall include making the woman
23	aware that information and materials shall be provided to her detailing such
24	alternatives to the abortion;
25	(d) A statement that the physician performing or inducing the abortion
26	is available for any questions concerning the abortion, together with the telephone
27	number that the physician may be later reached to answer any questions that the
28	woman may have;
29	(e) The location of the hospital that offers obstetrical or gynecological
30	care located within thirty miles of the location where the abortion is performed
31	or induced and at which the physician performing or inducing the abortion has
32	clinical privileges and where the woman may receive follow-up care by the
33	physician if complications arise;
34	(f) The gestational age of the unborn child at the time the abortion is to
35	be performed or induced; and
36	(g) The anatomical and physiological characteristics of the unborn child
37	at the time the abortion is to be performed or induced;
38	(2) The physician who is to perform or induce the abortion or a qualified
39	professional has presented the woman, in person, printed materials provided by
40	the department, which describe the probable anatomical and physiological
41	characteristics of the unborn child at two-week gestational increments from
42	conception to full term, including color photographs or images of the developing
43	unborn child at two-week gestational increments. Such descriptions shall include
44	information about brain and heart functions, the presence of external members
45	and internal organs during the applicable stages of development and information
46	on when the unborn child is viable. The printed materials shall prominently
47	display the following statement: "The life of each human being begins at
48	conception. Abortion will terminate the life of a separate, unique, living human
49	being.";
50	(3) The physician who is to perform or induce the abortion, a qualified
51	professional, or the referring physician has presented the woman, in person,
52	printed materials provided by the department, which describe the various surgical
53	and drug-induced methods of abortion relevant to the stage of pregnancy, as well
54	as the immediate and long-term medical risks commonly associated with each
55	abortion method including, but not limited to, infection, hemorrhage, cervical tear
56	or uterine perforation, harm to subsequent pregnancies or the ability to carry a
57	subsequent child to term, and the possible adverse psychological effects
58	associated with an abortion;

59	(4) The physician who is to perform or induce the abortion or a qualified
60	professional shall provide the woman with the opportunity to view at least
61	seventy-two hours prior to the abortion an active ultrasound of the unborn child
62	and hear the heartbeat of the unborn child if the heartbeat is audible. The woman
63	shall be provided with a geographically indexed list maintained by the
64	department of health care providers, facilities, and clinics that perform
65	ultrasounds, including those that offer ultrasound services free of charge. Such
66	materials shall provide contact information for each provider, facility, or clinic
67	including telephone numbers and, if available, website addresses. Should the
68	woman decide to obtain an ultrasound from a provider, facility, or clinic other
69	than the abortion facility, the woman shall be offered a reasonable time to obtain
70	the ultrasound examination before the date and time set for performing or
71	inducing an abortion. The person conducting the ultrasound shall ensure that the
72	active ultrasound image is of a quality consistent with standard medical practice
73	in the community, contains the dimensions of the unborn child, and accurately
74	portrays the presence of external members and internal organs, if present or
75	viewable, of the unborn child. The auscultation of fetal heart tone must also be
76	of a quality consistent with standard medical practice in the community. If the
77	woman chooses to view the ultrasound or hear the heartbeat or both at the
78	abortion facility, the viewing or hearing or both shall be provided to her at the
79	abortion facility at least seventy-two hours prior to the abortion being performed
80	or induced;
81	(5) The printed materials provided by the department shall include
82	information on the possibility of an abortion causing pain in the unborn child.
83	This information shall include, but need not be limited to, the following:
84	(a) Unborn children as early as eight weeks gestational age start to show
85	spontaneous movements and unborn children at this stage in pregnancy show
86	reflex responses to touch;
87	(b) In the unborn child, the area around his or her mouth and lips is the
88	first part of the unborn child's body to respond to touch and by fourteen weeks
89	gestational age most of the unborn child's body is responsive to touch;
90	(c) Pain receptors on the unborn child's skin develop around his or her
91	mouth at around seven to eight weeks gestational age, around the palms of his or
92	her hands at ten to ten and a half weeks, on the abdominal wall at fifteen weeks,
93	and over all of his or her body at sixteen weeks gestational age;
94	(d) Beginning at sixteen weeks gestational age and later, it is possible for
95	pain to be transmitted from receptors to the cortex of the unborn child's brain,
96	where thinking and perceiving occur;
97	(e) When a physician performs a life-saving surgery, he or she provides
98	anesthesia to unborn children as young as sixteen weeks gestational age in order
99	to alleviate the unborn child's pain; and

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

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

107 (a) Identify on a geographical basis public and private agencies available to assist a woman in carrying her unborn child to term, and to assist her in caring 108 for her dependent child or placing her child for adoption, including agencies 109 110 commonly known and generally referred to as pregnancy resource centers, crisis pregnancy centers, maternity homes, and adoption agencies. Such materials shall 111 provide a comprehensive list by geographical area of the agencies, a description 112 113 of the services they offer, and the telephone numbers and addresses of the agencies: provided that such materials shall not include any programs, services, 114 115 organizations, or affiliates of organizations that perform or induce, or assist in the 116 performing or inducing of, abortions or that refer for abortions;

(b) Explain the Missouri alternatives to abortion services program under 117 118 section 188.325, and any other programs and services available to pregnant women and mothers of newborn children offered by public or private agencies 119 which assist a woman in carrying her unborn child to term and assist her in caring 120 for her dependent child or placing her child for adoption, including but not 121 limited to prenatal care; maternal health care; newborn or infant care; mental 122 health services; professional counseling services; housing programs; utility 123 124 assistance; transportation services; food, clothing, and supplies related to pregnancy; parenting skills; educational programs; job training and placement 125 services; drug and alcohol testing and treatment; and adoption assistance; 126

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

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

(7) The physician who is to perform or induce the abortion or a qualified
 professional has presented the woman, in person, printed materials provided by
 the department explaining that the father of the unborn child is liable to assist in
 the support of the child, even in instances where he has offered to pay for the
 abortion. Such materials shall include information on the legal duties and
 support obligations of the father of a child, including, but not limited to, child

143support payments, and the fact that paternity may be established by the father's144name on a birth certificate or statement of paternity, or by court action. Such145printed materials shall also state that more information concerning paternity146establishment and child support services and enforcement may be obtained by147calling the family support division within the Missouri department of social148services; and

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

154 2. All information required to be provided to a woman considering abortion by subsection 1 of this section shall be presented to the woman 155 156 individually, in the physical presence of the woman and in a private room, to protect her privacy, to maintain the confidentiality of her decision, to ensure that 157 158 the information focuses on her individual circumstances, to ensure she has an 159 adequate opportunity to ask questions, and to ensure that she is not a victim of coerced abortion. Should a woman be unable to read materials provided to her, 160 161 they shall be read to her. Should a woman need an interpreter to understand the 162 information presented in the written materials, an interpreter shall be provided to her. Should a woman ask questions concerning any of the information or 163 164 materials, answers shall be provided in a language she can understand.

3. No abortion shall be performed or induced unless and until the woman 165 166 upon whom the abortion is to be performed or induced certifies in writing on a checklist form provided by the department that she has been presented all the 167 information required in subsection 1 of this section, that she has been provided 168 the opportunity to view an active ultrasound image of the unborn child and hear 169 170 the heartbeat of the unborn child if it is audible, and that she further certifies that she gives her voluntary and informed consent, freely and without coercion, to the 171 172 abortion procedure.

4. No physician shall perform or induce an abortion unless and until the
 physician has obtained from the woman her voluntary and informed consent
 given freely and without coercion. If the physician has reason to believe that the
 woman is being coerced into having an abortion, the physician or qualified
 professional shall inform the woman that services are available for her and shall
 provide her with private access to a telephone and information about such
 services, including but not limited to the following:

- 180
 (1) Rape crisis centers, as defined in section 455.003;

 181
 (2) Shelters for victims of domestic violence, as defined in section
- 182 455.200; and
- 183 (3) Orders of protection, pursuant to chapter 455.

184	5. The physician who is to perform or induce the abortion shall, at least
184	seventy-two hours prior to such procedure, inform the woman orally and in
185	person of:
187	(1) The immediate and long-term medical risks to the woman associated
188	with the proposed abortion method including, but not limited to, infection,
189	hemorrhage, cervical tear or uterine perforation, harm to subsequent pregnancies
190	or the ability to carry a subsequent child to term, and possible adverse
191	psychological effects associated with the abortion; and
192	(2) The immediate and long-term medical risks to the woman, in light of
193	the anesthesia and medication that is to be administered, the unborn child's
194	gestational age, and the woman's medical history and medical conditions.
195	6. No physician shall perform or induce an abortion unless and until the
196	physician has received and signed a copy of the form prescribed in subsection 3
197	of this section. The physician shall retain a copy of the form in the patient's
198	medical record.
199	7. In the event of a medical emergency, the physician who performed or
200	induced the abortion shall clearly certify in writing the nature and circumstances
201	of the medical emergency. This certification shall be signed by the physician
202	who performed or induced the abortion, and shall be maintained under section
203	188.060.
204	8. No person or entity shall require, obtain, or accept payment for an
205	abortion from or on behalf of a patient until at least seventy-two hours have
206	passed since the time that the information required by subsection 1 of this section
207	has been provided to the patient. Nothing in this subsection shall prohibit a
208	person or entity from notifying the patient that payment for the abortion will be
209	required after the seventy-two-hour period has expired if she voluntarily chooses
210	to have the abortion.
211	9. The term "qualified professional" as used in this section shall refer to
212	a physician, physician assistant, registered nurse, licensed practical nurse,
213	psychologist, licensed professional counselor, or licensed social worker, licensed
214	or registered under chapter 334, 335, or 337, acting under the supervision of the
215	physician performing or inducing the abortion, and acting within the course and
216	scope of his or her authority provided by law. The provisions of this section shall
217	not be construed to in any way expand the authority otherwise provided by law
218	relating to the licensure, registration, or scope of practice of any such qualified
219	professional.
220	10. By November 30, 2010, the department shall produce the written
221	materials and forms described in this section. Any written materials produced
222	shall be printed in a typeface large enough to be clearly legible. All information
223	shall be presented in an objective, unbiased manner designed to convey only
224	accurate scientific and medical information. The department shall furnish the
225	written materials and forms at no cost and in sufficient quantity to any person who performs or induces chartigns, or to any hearital or facility that provides
226	who performs or induces abortions, or to any hospital or facility that provides

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227 abortions. The department shall make all information required by subsection 1 228 of this section available to the public through its department website. The 229 department shall maintain a toll-free, twenty-four-hour hotline telephone number 230 where a caller can obtain information on a regional basis concerning the agencies and services described in subsection 1 of this section. No identifying information 231 regarding persons who use the website shall be collected or maintained. The 232 233 department shall monitor the website on a regular basis to prevent tampering and 234 correct any operational deficiencies.

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

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

[188.028. 1. Except in the case of a medical emergency, no person shall
 knowingly perform or induce an abortion upon a pregnant woman under the age
 of eighteen years unless:

4 (1) The attending physician has secured the informed written consent of 5 the minor and one parent or guardian, and the consenting parent or guardian of 6 the minor has notified any other custodial parent in writing prior to the securing 7 of the informed written consent of the minor and one parent or guardian. For 8 purposes of this subdivision, "custodial parent" shall only mean a parent of a 9 minor who has been awarded joint legal custody or joint physical custody of such 10 minor by a court of competent jurisdiction. Notice shall not be required for any 11 parent:

(a) Who has been found guilty of any offense in violation of chapter 565,
 relating to offenses against the person; chapter 566, relating to sexual offenses;
 chapter 567, relating to prostitution; chapter 568, relating to offenses against the
 family; or chapter 573, related to pornography and related offenses, if a child was
 a victim;

(b) Who has been found guilty of any offense in any other state or foreign
 country, or under federal, tribal, or military jurisdiction if a child was a victim,
 which would be a violation of chapters 565, 566, 567, 568, or 573 if committed
 in this state;

21	(c) Who is listed on the sexual offender registry under sections 589.400
21	to 589.425;
22	(d) Against whom an order of protection has been issued, including a
23	foreign order of protection given full faith and credit in this state under section
25	455.067;
26	(e) Whose custodial, parental, or guardianship rights have been
27	terminated by a court of competent jurisdiction; or
28	(f) Whose whereabouts are unknown after reasonable inquiry, who is a
29	fugitive from justice, who is habitually in an intoxicated or drugged condition,
30	or who has been declared mentally incompetent or incapacitated by a court of
31	competent jurisdiction;
32	(2) The minor is emancipated and the attending physician has received
33	the informed written consent of the minor;
34	(3) The minor has been granted the right to self-consent to the abortion
35	by court order pursuant to subsection 2 of this section, and the attending
36	physician has received the informed written consent of the minor; or
37	(4) The minor has been granted consent to the abortion by court order,
38	and the court has given its informed written consent in accordance with
39	subsection 2 of this section, and the minor is having the abortion willingly, in
40	compliance with subsection 3 of this section.
41	2. The right of a minor to self-consent to an abortion under subdivision
42	(3) of subsection 1 of this section or court consent under subdivision (4) of
43	subsection 1 of this section may be granted by a court pursuant to the following
44	procedures:
45	(1) The minor or next friend shall make an application to the juvenile
46	court which shall assist the minor or next friend in preparing the petition and
47	notices required pursuant to this section. The minor or the next friend of the
48	minor shall thereafter file a petition setting forth the initials of the minor; the age
49	of the minor; the names and addresses of each parent, guardian, or, if the minor's
50	parents are deceased and no guardian has been appointed, any other person
51	standing in loco parentis of the minor; that the minor has been fully informed of
52	the risks and consequences of the abortion; that the minor is of sound mind and
53	has sufficient intellectual capacity to consent to the abortion; that, if the court
54	does not grant the minor majority rights for the purpose of consent to the
55	abortion, the court should find that the abortion is in the best interest of the minor
56	and give judicial consent to the abortion; that the court should appoint a guardian
57 59	ad litem of the child; and if the minor does not have private counsel, that the
58	court should appoint counsel. The petition shall be signed by the minor or the
59 60	next friend;
60 61	(2) A hearing on the merits of the petition, to be held on the record, shall be held as soon as possible within five days of the filing of the petition. If any
61 62	be held as soon as possible within five days of the filing of the petition. If any
62 63	party is unable to afford counsel, the court shall appoint counsel at least
03	twenty-four hours before the time of the hearing. At the hearing, the court shall

64 hear evidence relating to the emotional development, maturity, intellect and 65 understanding of the minor; the nature, possible consequences, and alternatives to the abortion; and any other evidence that the court may find useful in 66 67 determining whether the minor should be granted majority rights for the purpose of consenting to the abortion or whether the abortion is in the best interests of the 68 69 minor; (3) In the decree, the court shall for good cause: 70(a) Grant the petition for majority rights for the purpose of consenting to 71 the abortion: 72 73 (b) Find the abortion to be in the best interests of the minor and give 74 judicial consent to the abortion, setting forth the grounds for so finding; or 75 (c) Deny the petition, setting forth the grounds on which the petition is 76 denied; 77 (4) If the petition is allowed, the informed consent of the minor, pursuant to a court grant of majority rights, or the judicial consent, shall bar an action by 78 79 the parents or guardian of the minor on the grounds of battery of the minor by those performing or inducing the abortion. The immunity granted shall only 80 extend to the performance or induction of the abortion in accordance herewith 81 82 and any necessary accompanying services which are performed in a competent manner. The costs of the action shall be borne by the parties; 83 84 (5) An appeal from an order issued under the provisions of this section 85 may be taken to the court of appeals of this state by the minor or by a parent or guardian of the minor. The notice of intent to appeal shall be given within 86 87 twenty-four hours from the date of issuance of the order. The record on appeal 88 shall be completed and the appeal shall be perfected within five days from the filing of notice to appeal. Because time may be of the essence regarding the 89 performance or induction of the abortion, the supreme court of this state shall, by 90 91 court rule, provide for expedited appellate review of cases appealed under this 92 section. 93 3. If a minor desires an abortion, then she shall be orally informed of and, 94 if possible, sign the written consent required under this chapter in the same 95 manner as an adult person. No abortion shall be performed or induced on any 96 minor against her will, except that an abortion may be performed or induced 97 against the will of a minor pursuant to a court order described in subdivision (4) of subsection 1 of this section that the abortion is necessary to preserve the life 98 99 of the minor. 100 [188.030. 1. Except in the case of a medical emergency, no abortion of 2 a viable unborn child shall be performed or induced unless the abortion is 3 necessary to preserve the life of the pregnant woman whose life is endangered by 4 a physical disorder, physical illness, or physical injury, including a 5 life-endangering physical condition caused by or arising from the pregnancy 6 itself, or when continuation of the pregnancy will create a serious risk of

7 substantial and irreversible physical impairment of a major bodily function of the 8 pregnant woman. For purposes of this section, "major bodily function" includes, 9 but is not limited to, functions of the immune system, normal cell growth, 10 digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. 11 12

2. Except in the case of a medical emergency:

(1) Prior to performing or inducing an abortion upon a woman, the 13 14 physician shall determine the gestational age of the unborn child in a manner consistent with accepted obstetrical and neonatal practices and standards. In 15 16 making such determination, the physician shall make such inquiries of the 17 pregnant woman and perform or cause to be performed such medical examinations, imaging studies, and tests as a reasonably prudent physician, 18 knowledgeable about the medical facts and conditions of both the woman and the 19 20 unborn child involved, would consider necessary to perform and consider in 21 making an accurate diagnosis with respect to gestational age;

(2) If the physician determines that the gestational age of the unborn 22 23 child is twenty weeks or more, prior to performing or inducing an abortion upon the woman, the physician shall determine if the unborn child is viable by using 24 25 and exercising that degree of care, skill, and proficiency commonly exercised by a skillful, careful, and prudent physician. In making this determination of 26 viability, the physician shall perform or cause to be performed such medical 27 examinations and tests as are necessary to make a finding of the gestational age, 28 29 weight, and lung maturity of the unborn child and shall enter such findings and 30 determination of viability in the medical record of the woman;

31 (3) If the physician determines that the gestational age of the unborn child is twenty weeks or more, and further determines that the unborn child is not 32 33 viable and performs or induces an abortion upon the woman, the physician shall 34 report such findings and determinations and the reasons for such determinations to the health care facility in which the abortion is performed and to the state 35 board of registration for the healing arts, and shall enter such findings and 36 determinations in the medical records of the woman and in the individual 37 38 abortion report submitted to the department under section 188.052;

39 (4) (a) If the physician determines that the unborn child is viable, the physician shall not perform or induce an abortion upon the woman unless the 40 abortion is necessary to preserve the life of the pregnant woman or that a 41 42 continuation of the pregnancy will create a serious risk of substantial and 43 irreversible physical impairment of a major bodily function of the woman.

44 (b) Before a physician may proceed with performing or inducing an abortion upon a woman when it has been determined that the unborn child is 45 viable, the physician shall first certify in writing the medical threat posed to the 46 47 life of the pregnant woman, or the medical reasons that continuation of the pregnancy would cause a serious risk of substantial and irreversible physical 48 49 impairment of a major bodily function of the pregnant woman. Upon completion

50of the abortion, the physician shall report the reasons and determinations for the
abortion of a viable unborn child to the health care facility in which the abortion51abortion of a viable unborn child to the health care facility in which the abortion
is performed and to the state board of registration for the healing arts, and shall
enter such findings and determinations in the medical record of the woman and
in the individual abortion report submitted to the department under section
188.052;

56 (c) Before a physician may proceed with performing or inducing an 57 abortion upon a woman when it has been determined that the unborn child is viable, the physician who is to perform the abortion shall obtain the agreement 58 59 of a second physician with knowledge of accepted obstetrical and neonatal 60 practices and standards who shall concur that the abortion is necessary to preserve the life of the pregnant woman, or that continuation of the pregnancy 61 would cause a serious risk of substantial and irreversible physical impairment of 62 63 a major bodily function of the pregnant woman. This second physician shall also 64 report such reasons and determinations to the health care facility in which the 65 abortion is to be performed and to the state board of registration for the healing arts, and shall enter such findings and determinations in the medical record of the 66 woman and the individual abortion report submitted to the department under 67 68 section 188.052. The second physician shall not have any legal or financial 69 affiliation or relationship with the physician performing or inducing the abortion, except that such prohibition shall not apply to physicians whose legal or financial 70affiliation or relationship is a result of being employed by or having staff 71 72 privileges at the same hospital as the term "hospital" is defined in section 197.020. 73

74 (d) Any physician who performs or induces an abortion upon a woman 75 when it has been determined that the unborn child is viable shall utilize the available method or technique of abortion most likely to preserve the life or 76 77 health of the unborn child. In cases where the method or technique of abortion most likely to preserve the life or health of the unborn child would present a 78 79 greater risk to the life or health of the woman than another legally permitted and 80 available method or technique, the physician may utilize such other method or 81 technique. In all cases where the physician performs an abortion upon a viable 82 unborn child, the physician shall certify in writing the available method or techniques considered and the reasons for choosing the method or technique 83 84 employed.

85 (e) No physician shall perform or induce an abortion upon a woman when it has been determined that the unborn child is viable unless there is in 86 attendance a physician other than the physician performing or inducing the 87 88 abortion who shall take control of and provide immediate medical care for a child 89 born as a result of the abortion. During the performance of the abortion, the 90 physician performing it, and subsequent to the abortion, the physician required 91 to be in attendance, shall take all reasonable steps in keeping with good medical 92 practice, consistent with the procedure used, to preserve the life or health of the

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viable unborn child; provided that it does not pose an increased risk to the life of
 the woman or does not pose an increased risk of substantial and irreversible
 physical impairment of a major bodily function of the woman.

96 3. Any person who knowingly performs or induces an abortion of an
 97 unborn child in violation of the provisions of this section is guilty of a class D
 98 felony, and, upon a finding of guilt or plea of guilty, shall be imprisoned for a
 99 term of not less than one year, and, notwithstanding the provisions of section
 100 558.002, shall be fined not less than ten thousand nor more than fifty thousand
 101 dollars.

4. Any physician who pleads guilty to or is found guilty of performing
 or inducing an abortion of an unborn child in violation of this section shall be
 subject to suspension or revocation of his or her license to practice medicine in
 the state of Missouri by the state board of registration for the healing arts under
 the provisions of sections 334.100 and 334.103.

5. Any hospital licensed in the state of Missouri that knowingly allows
 an abortion of an unborn child to be performed or induced in violation of this
 section may be subject to suspension or revocation of its license under the
 provisions of section 197.070.

6. Any abortion facility licensed in the state of Missouri that knowingly
 allows an abortion of an unborn child to be performed or induced in violation of
 this section may be subject to suspension or revocation of its license under the
 provisions of section 197.220.

7. A woman upon whom an abortion is performed or induced in violation
 of this section shall not be prosecuted for a conspiracy to violate the provisions
 of this section.

118 8. Nothing in this section shall be construed as creating or recognizing
 119 a right to abortion, nor is it the intention of this section to make lawful any
 120 abortion that is currently unlawful.

9. It is the intent of the legislature that this section be severable as noted
 in section 1.140. In the event that any section, subsection, subdivision,
 paragraph, sentence, or clause of this section be declared invalid under the
 Constitution of the United States or the Constitution of the State of Missouri, it
 is the intent of the legislature that the remaining provisions of this section remain
 in force and effect as far as capable of being carried into execution as intended
 by the legislature.

- 10. The general assembly may, by concurrent resolution, appoint one or
 more of its members who sponsored or co-sponsored this act in his or her official
 capacity to intervene as a matter of right in any case in which the constitutionality
 of this law is challenged.]
- 2 [188.031. For purposes of section 188.028, the term "next friend" shall not include another minor child, or any entity or person in an individual or

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3	representative capacity that has a financial interest or potential gain from the
4	proposed abortion, or any employee of or volunteer for such entity or person.]
5	
	[188.033. Whenever an abortion facility or a family planning agency
2	located in this state, or any of its agents or employees acting within the scope of
3	his or her authority or employment, provides to a woman considering an abortion
4	the name, address, telephone number, or website of an abortion provider that is
5	located outside of the state, such abortion facility or family planning agency or
6 7	its agents or employees shall also provide to such woman the printed materials produced by the department under section 188.027. If the name, address,
8	telephone number, or website of such abortion provider is not provided to such
9	woman in person, such printed materials shall be offered to her, and if she
10	chooses, sent to such woman at no cost to her the same day or as soon as possible
11	either electronically or by U.S. mail overnight delivery service or by other
12	overnight or same-day delivery service to an address of such woman's choosing.
13	The department shall furnish such printed materials at no cost and in sufficient
14	quantities to abortion facilities and family planning agencies located within the
15	state.]
16	
2	[188.035. Whoever, with intent to do so, shall take the life of a child
2 3	aborted alive, shall be guilty of murder of the second degree.]
3	[188.036. 1. No physician shall perform an abortion on a woman if the
2	physician knows that the woman conceived the unborn child for the purpose of
3	providing fetal organs or tissue for medical transplantation to herself or another,
4	and the physician knows that the woman intends to procure the abortion to utilize
5	those organs or tissue for such use for herself or another.
6 —	2. No person shall utilize the fetal organs or tissue resulting from an
7	abortion for medical transplantation, if the person knows that the abortion was
8	procured for the purpose of utilizing those organs or tissue for such use.
9	3. No person shall offer any inducement, monetary or otherwise, to a
10	woman or a prospective father of an unborn child for the purpose of conceiving
11 12	an unborn child for the medical, scientific, experimental or therapeutic use of the
12 13	fetal organs or tissue. 4. No person shall offer any inducement, monetary or otherwise, to the
13 14	mother or father of an unborn child for the purpose of procuring an abortion for
15	the medical, scientific, experimental or therapeutic use of the fetal organs or
16	tissue.
17 —	5. No person shall knowingly offer or receive any valuable consideration
18	for the fetal organs or tissue resulting from an abortion, provided that nothing in
19	this subsection shall prohibit payment for burial or other final disposition of the
20	fetal remains, or payment for a pathological examination, autopsy or postmortem
21	examination of the fetal remains.

22	6. 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
24	the provisions or applications which can be given effect without the invalid
25	provision or application, and to this end the provisions of this section are
26	declared severable.]
27	-

[188.038. 1. The general assembly of this state finds that:

(1) Removing vestiges of any past bias or discrimination against pregnant
 women, their partners, and their family members, including their unborn children,
 is an important task for those in the legal, medical, social services, and human
 services professions;

6 (2) Ending any current bias or discrimination against pregnant women,
 7 their partners, and their family members, including their unborn children, is a
 8 legitimate purpose of government in order to guarantee that those who "are
 9 endowed by their Creator with certain unalienable Rights" can enjoy "Life,
 10 Liberty and the pursuit of Happiness";

(3) The historical relationship of bias or discrimination by some family
 planning programs and policies towards poor and minority populations,
 including, but not limited to, the nonconsensual sterilization of mentally ill, poor,
 minority, and immigrant women and other coercive family planning programs
 and policies, must be rejected;

(4) Among Missouri residents, the rate of black or African-American
 women who undergo abortions is significantly higher, about three and one-half
 times higher, than the rate of white women who undergo abortions. Among
 Missouri residents, the rate of black or African-American women who undergo
 repeat abortions is significantly higher, about one and one-half times higher, than
 the rate of white women who undergo repeat abortions;

22 (5) Performing or inducing an abortion because of the sex of the unborn 23 child is repugnant to the values of equality of females and males and the same 24 opportunities for girls and boys, and furthers a false mindset of female inferiority; 25 (6) Government has a legitimate interest in preventing the abortion of unborn children with Down Syndrome because it is a form of bias or disability 26 27 discrimination and victimizes the disabled unborn child at his or her most vulnerable stage. Eliminating unborn children with Down Syndrome raises grave 28 29 concerns for the lives of those who do live with disabilities. It sends a message 30 of dwindling support for their unique challenges, fosters a false sense that 31 disability is something that could have been avoidable, and is likely to increase 32 the stigma associated with disability.

2. No person shall perform or induce an abortion on a woman if the
 person knows that the woman is seeking the abortion solely because of a prenatal
 diagnosis, test, or screening indicating Down Syndrome or the potential of Down
 Syndrome in an unborn child.

37	3. No person shall perform or induce an abortion on a woman if the
38	person knows that the woman is seeking the abortion solely because of the sex
39	or race of the unborn child.
40	4. Any physician or other person who performs or induces or attempts to
41	perform or induce an abortion prohibited by this section shall be subject to all
42	applicable civil penalties under this chapter including, but not limited to, sections
43	188.065 and 188.085.]
44	
	[188.039. 1. For purposes of this section, "medical emergency" means
2	a condition which, on the basis of the physician's good faith clinical judgment,
3	so complicates the medical condition of a pregnant woman as to necessitate the
4	immediate abortion of her pregnancy to avert her death or for which a delay will
5	create a serious risk of substantial and irreversible impairment of a major bodily
6	function.
7	2. Except in the case of medical emergency, no person shall perform or
8	induce an abortion unless at least seventy-two hours prior thereto the physician
9	who is to perform or induce the abortion, a qualified professional, or the referring
10	physician has conferred with the patient and discussed with her the indicators and
11	contraindicators, and risk factors including any physical, psychological, or
12	situational factors for the proposed procedure and the use of medications,
13	including but not limited to mifepristone, in light of her medical history and
14	medical condition. For an abortion performed or an abortion induced by a drug
15	or drugs, such conference shall take place at least seventy-two hours prior to the
16	writing or communication of the first prescription for such drug or drugs in
17	connection with inducing an abortion. Only one such conference shall be
18	required for each abortion.
19	3. The patient shall be evaluated by the physician who is to perform or
20	induce the abortion, a qualified professional, or the referring physician during the
21	conference for indicators and contraindicators, risk factors including any
22	physical, psychological, or situational factors which would predispose the patient
23	to or increase the risk of experiencing one or more adverse physical, emotional,
24	or other health reactions to the proposed procedure or drug or drugs in either the
25	short or long term as compared with women who do not possess such risk factors.
26	4. At the end of the conference, and if the woman chooses to proceed
27	with the abortion, the physician who is to perform or induce the abortion, a
28	qualified professional, or the referring physician shall sign and shall cause the
29	patient to sign a written statement that the woman gave her informed consent
30	freely and without coercion after the physician or qualified professional had
31	discussed with her the indicators and contraindicators, and risk factors, including
32	any physical, psychological, or situational factors. All such executed statements
33	shall be maintained as part of the patient's medical file, subject to the
34	confidentiality laws and rules of this state.
51	

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35 —	5. The director of the department of health and senior services shall
36	disseminate a model form that physicians or qualified professionals may use as
37	the written statement required by this section, but any lack or unavailability of
38	such a model form shall not affect the duties of the physician or qualified
39	professional set forth in subsections 2 to 4 of this section.
40 —	6. As used in this section, the term "qualified professional" shall refer to
41	a physician, physician assistant, registered nurse, licensed practical nurse,
42	psychologist, licensed professional counselor, or licensed social worker, licensed
43	or registered under chapter 334, 335, or 337, acting under the supervision of the
44	physician performing or inducing the abortion, and acting within the course and
45	scope of his or her authority provided by law. The provisions of this section shall
46	not be construed to in any way expand the authority otherwise provided by law
47	relating to the licensure, registration, or scope of practice of any such qualified
48	professional.
49 —	7. If the provisions in subsection 2 of this section requiring a
50	seventy-two-hour waiting period for an abortion are ever temporarily or
51	permanently restrained or enjoined by judicial order, then the waiting period for
52	an abortion shall be twenty-four hours; provided, however, that if such temporary
53	or permanent restraining order or injunction is stayed or dissolved, or otherwise
54	ceases to have effect, the waiting period for an abortion shall be seventy-two
55	hours.]
56	
2	[188.043. 1. No person shall perform or induce an abortion on another
2 3	unless such person has medical malpractice insurance with coverage amounts of at least one million dollars per occurrence and three million dollars in the annual
4	aggregate.
5 —	2. For the purpose of this section, "medical malpractice insurance" means
6	insurance coverage against the legal liability of the insured and against loss,
7	damage, or expense incident to a claim arising out of the death or injury of any
8	person as a result of the negligence or malpractice in rendering professional
9	service by any health care provider.
10	3. No abortion facility or hospital shall employ or engage the services of
11	a person to perform or induce an abortion on another if the person does not have
12	medical malpractice insurance pursuant to this section, except that the abortion
13	facility or hospital may provide medical malpractice insurance for the services
14	of persons employed or engaged by such facility or hospital which is no less than
15	the coverage amounts set forth in this section.
16 —	4. Notwithstanding the provisions of section 334.100, failure of a person
17	to maintain the medical malpractice insurance required by this section shall be
18	an additional ground for sanctioning of a person's license, certificate, or permit.]
19	
	[188.044. 1. When a drug or chemical, or combination thereof, used by
2	a person to induce an abortion carries a warning from its manufacturer or

3 distributor, a peer-reviewed medical journal article, or a Food and Drug Administration label that its use may cause birth defects, disability, or other 4 5 injury in a child who survives the abortion, then in addition to the requirements of section 188.043, such person shall also carry tail insurance with coverage 6 7 amounts of at least one million dollars per occurrence and three million dollars 8 in the annual aggregate for personal injury to or death of a child who survives 9 such abortion. Such policy shall be maintained in force or be in effect for a 10 period of twenty-one years after the person used the drug or chemical, or combination thereof, to induce the abortion. 11 12 2. For the purpose of this section, "tail insurance" means insurance which covers the legal liability of the insured once a medical malpractice insurance 13

policy is cancelled, not renewed, or terminated, and covers claims made after
 such cancellation or termination for acts occurring during the period the prior
 medical malpractice insurance was in effect.

3. No abortion facility or hospital shall employ or engage the services of 17 18 a person to induce an abortion on another using any drug or chemical, or 19 combination thereof, which may cause birth defects, disability, or other injury in a child who survives the abortion if the person does not have tail insurance 2021 pursuant to this section, except that the abortion facility or hospital may provide tail insurance for the services of persons employed or engaged by such facility or 22 hospital which is no less than the coverage amounts and duration set forth in this 23 24 section.

4. Notwithstanding the provisions of section 334.100 to the contrary,
 failure of a person to maintain the tail insurance required by this section shall be
 an additional ground for sanctioning of a person's license, certificate, or permit.]

[188.047. 1. All tissue, except that tissue needed for purposes described 2 in subsection 5 of this section, removed at the time of abortion shall be submitted within five days to a board-eligible or certified pathologist for gross and 3 4 histopathological examination. The pathologist shall file a copy of the tissue report with the state department of health and senior services, and shall provide 5 6 within seventy-two hours a copy of the report to the abortion facility or hospital 7 in which the abortion was performed or induced. The pathologist's report shall 8 be made a part of the patient's permanent record. If the pathological examination 9 fails to identify evidence of a completed abortion, the pathologist shall notify the abortion facility or hospital within twenty-four hours. 10

2. The department shall reconcile each notice of abortion with its
 corresponding tissue report. If the department does not receive the notice of
 abortion or the tissue report, the department shall make an inquiry of the abortion
 facility or hospital. After such inquiry, if the hospital or abortion facility has not
 satisfactorily responded to said inquiry and the department finds that the abortion
 facility or hospital where the abortion was performed or induced was not in
 compliance with the provisions of this section, the department shall consider such

- noncompliance a deficiency requiring an unscheduled inspection of the facility
 to ensure the deficiency is remedied, subject to the provisions of chapter 197
 regarding license suspensions, reviews, and appeals.
- 21 3. Beginning January 1, 2018, the department shall make an annual report 22 to the general assembly. The report shall include the number of any deficiencies and inquiries by the department of each abortion facility in the calendar year and 23 whether any deficiencies were remedied and, for each abortion facility, 24 aggregated de-identified data about the total number of abortions performed at 25 the facility, the termination procedures used, the number and type of 26 complications reported for each type of termination procedure, whether the 27 28 department received the tissue report for each abortion, and the existence and nature, if any, of any inconsistencies or concerns between the abortion reports 29 submitted under section 188.052 and the tissue report submitted under this 30 31 section. The report shall not contain any personal patient information the disclosure of which is prohibited by state or federal law. 32
- 4. All reports provided by the department to the general assembly under
 this section shall maintain confidentiality of all personal information of patients,
 facility personnel, and facility physicians.
- 36 5. Nothing in this section shall prohibit the utilization of fetal organs or
 37 tissue resulting from an abortion for medical or scientific purposes to determine
 38 the cause or causes of any anomaly, illness, death, or genetic condition of the
 39 fetus, the paternity of the fetus, or for law enforcement purposes.
- 40 6. The department may adopt rules, regulations, and standards governing the reports required under this section. In doing so, the department shall ensure 41 42 that these reports contain all information necessary to ensure compliance with all applicable laws and regulations. Any rule or portion of a rule, as that term is 43 44 defined in section 536.010, that is created under the authority delegated in this 45 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 46 chapter 536 are nonseverable and if any of the powers vested with the general 47 assembly pursuant to chapter 536 to review, to delay the effective date, or to 48 49 disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after October 24, 2017, 50 shall be invalid and void. 51
- 52

[188.052. 1. An individual abortion report for each abortion performed or induced upon a woman shall be completed by the physician who performed or induced the abortion. Abortion reports shall include, but not be limited to, a certification that the physician does not have any knowledge that the woman sought the abortion solely because of a prenatal diagnosis, test, or screening indicating Down Syndrome or the potential of Down Syndrome in the unborn child and a certification that the physician does not have any knowledge that the woman sought the abortion solely because of the sex or race of the unborn child.

9	2. An individual complication report for any post-abortion care
10	performed upon a woman shall be completed by the physician providing such
11	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
14	abortion was performed or induced;
15	(3) The nature of the abortion complication diagnosed or treated.
16	3. All abortion reports shall be signed by the attending physician who
17	performed or induced the abortion and submitted to the department within
18	forty-five days from the date of the abortion. All complication reports shall be
19	signed by the physician providing the post-abortion care and submitted to the
20	department within forty-five days from the date of the post-abortion care.
21	4. A copy of the abortion report shall be made a part of the medical
22	record of the patient of the abortion facility or hospital in which the abortion was
23	performed or induced.
24	5. The department shall be responsible for collecting all abortion reports
25	and complication reports and collating and evaluating all data gathered therefrom
26	and shall annually publish a statistical report based on such data from abortions
27	performed or induced in the previous calendar year.]
28	
	[188.055. 1. Every abortion facility, hospital, and physician shall be
2	supplied with forms by the department of health and senior services for use in
3	regards to the consents and reports required by sections 188.010 to 188.085. A
4	purpose and function of such consents and reports shall be the preservation of
5	maternal health and life by adding to the sum of medical knowledge through the
6	compilation of relevant maternal health and life data and to monitor all abortions
7	performed to assure that they are done only under and in accordance with the
8	provisions of the law.
9	2. All information obtained by physician, hospital, or abortion facility
10	from a patient for the purpose of preparing reports to the department of health
11	and senior services under sections 188.010 to 188.085 or reports received by the
12	division of health shall be confidential and shall be used only for statistical
13	purposes. Such records, however, may be inspected and health data acquired by
14	local, state, or national public health officers.]
15	
	[188.056.1. Notwithstanding any other provision of law to the contrary,
2	no abortion shall be performed or induced upon a woman at eight weeks
3	gestational age or later, except in cases of medical emergency. Any person who
4	knowingly performs or induces an abortion of an unborn child in violation of this
5	subsection shall be guilty of a class B felony, as well as subject to suspension or
6	revocation of his or her professional license by his or her professional licensing
7	board. A woman upon whom an abortion is performed or induced in violation

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8 of this subsection shall not be prosecuted for a conspiracy to violate the
9 provisions of this section.

10 2. It shall be an affirmative defense for any person alleged to have
 violated the provisions of subsection 1 of this section that the person performed
 or induced an abortion because of a medical emergency. The defendant shall
 have the burden of persuasion that the defense is more probably true than not.

3. Prosecution under this section shall bar prosecution under section
 15 188.057, 188.058, or 188.375 if prosecution under such sections would violate
 the provisions of Amendment V to the Constitution of the United States or
 Article I, Section 19 of the Constitution of Missouri.

18 4. If any one or more provisions, subsections, sentences, clauses, phrases, 19 or words of this section or the application thereof to any person, circumstance, or period of gestational age is found to be unenforceable, unconstitutional, or 20 21 invalid by a court of competent jurisdiction, the same is hereby declared to be severable and the balance of the section shall remain effective notwithstanding 22 23 such unenforceability, unconstitutionality, or invalidity. The general assembly 24 hereby declares that it would have passed this section, and each provision, subsection, sentence, clause, phrase, or word thereof, irrespective of the fact that 25 26 any one or more provisions, subsections, sentences, clauses, phrases, or words of the section, or the application of the section to any person, circumstance, or 27 period of gestational age, would be declared unenforceable, unconstitutional, or 28 29 invalid.]

[188.057. 1. Notwithstanding any other provision of law to the contrary, no abortion shall be performed or induced upon a woman at fourteen weeks 2 3 gestational age or later, except in cases of medical emergency. Any person who 4 knowingly performs or induces an abortion of an unborn child in violation of this 5 subsection shall be guilty of a class B felony, as well as subject to suspension or revocation of his or her professional license by his or her professional licensing 6 7 board. A woman upon whom an abortion is performed or induced in violation 8 of this subsection shall not be prosecuted for a conspiracy to violate the 9 provisions of this section.

It shall be an affirmative defense for any person alleged to have
 violated the provisions of subsection 1 of this section that the person performed
 or induced an abortion because of a medical emergency. The defendant shall
 have the burden of persuasion that the defense is more probably true than not.

- 3. Prosecution under this section shall bar prosecution under section
 15 188.056, 188.058, or 188.375 if prosecution under such sections would violate
 16 the provisions of Amendment V to the Constitution of the United States or
 17 Article I, Section 19 of the Constitution of Missouri.
- 4. If any one or more provisions, subsections, sentences, clauses, phrases,
 or words of this section or the application thereof to any person, circumstance,
 or period of gestational age is found to be unenforceable, unconstitutional, or

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21 invalid by a court of competent jurisdiction, the same is hereby declared to be 22 severable and the balance of the section shall remain effective notwithstanding 23 such unenforceability, unconstitutionality, or invalidity. The general assembly 24 hereby declares that it would have passed this section, and each provision, 25 subsection, sentence, clause, phrase, or word thereof, irrespective of the fact that any one or more provisions, subsections, sentences, clauses, phrases, or words of 26 27 the section, or the application of the section to any person, circumstance, or 28 period of gestational age, would be declared unenforceable, unconstitutional, or 29 invalid.]

[188.058. 1. Notwithstanding any other provision of law to the contrary, 2 no abortion shall be performed or induced upon a woman at eighteen weeks 3 gestational age or later, except in cases of medical emergency. Any person who 4 knowingly performs or induces an abortion of an unborn child in violation of this 5 subsection shall be guilty of a class B felony, as well as subject to suspension or 6 revocation of his or her professional license by his or her professional licensing 7 board. A woman upon whom an abortion is performed or induced in violation 8 of this section shall not be prosecuted for a conspiracy to violate the provisions 9 of this section.

- 10 2. It shall be an affirmative defense for any person alleged to have
 violated the provisions of subsection 1 of this section that the person performed
 or induced an abortion because of a medical emergency. The defendant shall
 have the burden of persuasion that the defense is more probably true than not.
- 143. Prosecution under this section shall bar prosecution under15section188.056, 188.057, or 188.375 if prosecution under such sections would16violate the provisions of Amendment V to the Constitution of the United States17or Article I, Section 19 of the Constitution of Missouri.

18 4. If any one or more provisions, subsections, sentences, clauses, phrases, or words of this section or the application thereof to any person, circumstance, 19 20 or period of gestational age is found to be unenforceable, unconstitutional, or invalid by a court of competent jurisdiction, the same is hereby declared to be 21 22 severable and the balance of the section shall remain effective notwithstanding 23 such unenforceability, unconstitutionality, or invalidity. The general assembly hereby declares that it would have passed this section, and each provision, 24 subsection, sentence, clause, phrase, or word thereof, irrespective of the fact that 25 any one or more provisions, subsections, sentences, clauses, phrases, or words of 26 27 the section, or the application of the section to any person, circumstance, or 28 period of gestational age, would be declared unenforceable, unconstitutional, or 29 invalid.]

[188.060. All medical records, reports, and other documents required to be kept under sections 188.010 to 188.085 shall be maintained in the permanent

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3 4 5	files of the abortion facility or hospital in which the abortion was performed for a period of seven years.]
3	[188.065. Any practitioner of medicine, surgery, or nursing, or other
2	health personnel who shall willfully and knowingly do or assist any action made
3	unlawful by sections 188.010 to 188.085 shall be subject to having his license,
4	application for license, or authority to practice his profession as a physician,
5	surgeon, or nurse in the state of Missouri rejected or revoked by the appropriate
6	state licensing board.]
7	
	[188.070. Any physician or other person who fails to maintain the
2	confidentiality of any records or reports required under sections 188.010 to
3	188.085 is guilty of a misdemeanor and, upon conviction, shall be punished as
4	provided by law.]
5	
	[188.080. Any person who is not a physician who performs or induces
2	or attempts to perform or induce an abortion on another is guilty of a class B
3	felony, and, upon conviction, shall be punished as provided by law. Any
4	physician performing or inducing an abortion who does not have clinical
5	privileges at a hospital which offers obstetrical or gynecological care located
6	within thirty miles of the location at which the abortion is performed or induced
7	shall be guilty of a class A misdemeanor, and, upon conviction shall be punished
8	as provided by law.]
9	[199,100] Uplace the language on contant clearly indicates a different
2	[188.100. Unless the language or context clearly indicates a different meaning is intended, the following words or phrases for the purposes of sections
2 3	188.100 to 188.120 shall mean:
4	(1) "Employer", the state, or any political or civil subdivision thereof, or
5	any person employing two or more persons within the state, and any person
6	acting as an agent of the employer;
7	(2) "Participate in abortion", to perform, assist in, refer for, promote,
8	procure, or counsel a woman to have an abortion not necessary to save the life of
9	the mother; or to undergo an abortion;
10	(3) "Person" includes one or more individuals, partnerships, associations,
11	organizations, corporations, legal representatives, trustees, trustees in bankruptcy,
12	receivers, or other organized groups of persons.]
13	
	[188.105. 1. It shall be unlawful:
2	(1) For an employer:
3	(a) To fail or refuse to hire or to discharge any individual, or otherwise
4	to discriminate against any individual with respect to his or her compensation,
5	terms, conditions, or privileges of employment, because of such individual's
6	refusal to participate in abortion;

7 (b) To limit, segregate, or classify his, her, or its employees or applicants 8 for employment in any way which would deprive or tend to deprive any 9 individual of employment opportunities or otherwise adversely affect his or her 10 status as an employee, because of such individual's refusal to participate in 11 abortion; (c) To discharge, expel, or otherwise discriminate against any person 12 13 because he or she has opposed any practices forbidden under sections 188.100 to 188.120 or because he or she has filed a complaint, testified, or assisted in any 14 legal proceeding under sections 188.100 to 188.120; 15 16 (2) For any person, whether an employer or employee, or not, to aid, abet, 17 incite, compel, or coerce the doing of any of the acts forbidden under sections 188.100 to 188.120, or to attempt to do so. 18 19 2. Notwithstanding any other provision of sections 188.100 to 188.120, 20the acts proscribed in subsection 1 of this section shall not be unlawful if there 21 can be demonstrated an inability to reasonably accommodate an individual's 22 refusal to participate in abortion without undue hardship on the conduct of that 23 particular business or enterprise, or in those certain instances where participation in abortion is a bona fide occupational qualification reasonably necessary to the 24 25 normal operation of that particular business or enterprise. 26 3. Nothing contained in sections 188.100 to 188.120 shall be interpreted to require any employer to grant preferential treatment to any individual because 27 28 of such individual's refusal to participate in abortion.] 29 [188.110. 1. No public or private college, university or hospital shall discriminate against any person for refusal to participate in abortion. 2 3 2. No applicant, student, teacher, or employee of any school shall be 4 required to pay any fees that would in whole or in part fund an abortion for any 5 other applicant, student, teacher, or employee of that school, if the individual 6 required to pay the fee gives written notice to the proper school authorities that 7 it would be in violation of his or her conscience or beliefs to pay for or fund 8 abortions. The school may require the individual to pay that part of the fees not 9 funding abortions, if the school makes reasonable precautions and gives 10 reasonable assurance that the fees that are paid are segregated from any fund for 11 the payment of abortions.] 12 [188.115. If any provision of sections 188.100 to 188.120 is found by a court of competent jurisdiction to be invalid or unconstitutional as applied to a 2 3 specific person or class of persons, the provisions of sections 188.100 to 188.120 4 shall remain in full force and effect as to every other person or class of persons 5 who is otherwise covered under these sections.] 6 [188.120. Any individual injured by any person, association, corporation, 2 or entity by reason of any action prohibited by sections 188.100 to 188.120, as

- now or hereafter amended, may commence a civil cause of action against the
 person, association, corporation, or entity who caused the injury, and shall
 recover treble damages, including pain and suffering, sustained by such
 individual, the costs of the suit and reasonable attorney's fees.]
- [188.160. 1. Every hospital, abortion facility, pathology lab, medical research entity, and any other facility involved in abortion shall establish and implement a written policy relating to the protections for employees who disclose information concerning actual, potential, or alleged violations of applicable federal or state laws or administrative rules, regulations, or standards.
- 6 2. The department of health and senior services is authorized to adopt 7 rules, regulations, and standards regarding the establishment and implementation of policies created under this section. Any rule or portion of a rule, as that term 8 9 is defined in section 536.010, that is created under the authority delegated in this 10 section shall become effective only if it complies with and is subject to all of the 11 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 12 13 assembly pursuant to chapter 536 to review, to delay the effective date, or to 14 disapprove and annul a rule are subsequently held unconstitutional, then the grant 15 of rulemaking authority and any rule proposed or adopted after October 24, 2017, 16 shall be invalid and void.]
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[188.200. As used in sections 188.200 to 188.220, the following terms mean:

- 3 (1) "Public employee", any person employed by this state or any agency
 4 or political subdivision thereof;
- (2) "Public facility", any public institution, public facility, public
 equipment, or any physical asset owned, leased, or controlled by this state or any
 agency or political subdivisions thereof;
- 8 (3) "Public funds", any funds received or controlled by this state or any
 9 agency or political subdivision thereof, including, but not limited to, funds
 10 derived from federal, state or local taxes, gifts or grants from any source, public
 11 or private, federal grants or payments, or intergovernmental transfers.]
- [188.205. It shall be unlawful for any public funds to be expended for the purpose of performing or assisting an abortion, not necessary to save the life of the mother, or for the purpose of encouraging or counseling a woman to have an abortion not necessary to save her life.]
- [188.210. It shall be unlawful for any public employee within the scope of his employment to perform or assist an abortion, not necessary to save the life of the mother. It shall be unlawful for a doctor, nurse or other health care personnel, a social worker, a counselor or persons of similar occupation who is

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5	a public employee within the scope of his public employment to encourage or
6	counsel a woman to have an abortion not necessary to save her life.]
7	
	[188.215. It shall be unlawful for any public facility to be used for the
2	purpose of performing or assisting an abortion not necessary to save the life of
3	the mother or for the purpose of encouraging or counseling a woman to have an
4	abortion not necessary to save her life.]
5	
	[188.220. Any taxpayer of this state or its political subdivisions shall
2	have standing to bring suit in a circuit court of proper venue to enforce the
3	provisions of sections 188.200 to 188.215.]
4	
	[188.230. Nothing in this act is intended to authorize anyone other than
2	a physician to perform an abortion.]
3	
	[188.250. 1. No person shall intentionally cause, aid, or assist a minor
2	to obtain an abortion without the consent or consents required by section
3	188.028.
4 —	2. A person who violates subsection 1 of this section shall be civilly
5	liable to the minor and to the person or persons required to give the consent of
6	consents under section 188.028. A court may award damages to the person of
7	persons adversely affected by a violation of subsection 1 of this section, including
8	compensation for emotional injury without the need for personal presence at the
9	act or event, and the court may further award attorneys' fees, litigation costs, and
0	punitive damages. Any adult who engages in or consents to another persor
1	engaging in a sex act with a minor in violation of the provisions of chapter 566
2	567, 568, or 573 which results in the minor's pregnancy shall not be awarded
3	damages under this section.
4 —	3. It shall not be a defense to a claim brought under this section that the
5	abortion was performed or induced pursuant to consent to the abortion given in
6	a manner that is otherwise lawful in the state or place where the abortion was
7	performed or induced.
8	4. An unemancipated minor does not have capacity to consent to any
9	action in violation of this section or section 188.028.
.0	5. A court may enjoin conduct that would be in violation of this section
21	upon petition by the attorney general, a prosecuting or circuit attorney, or an
22	person adversely affected or who reasonably may be adversely affected by such
23	conduct, upon a showing that such conduct:
24 ——	(1) Is reasonably anticipated to occur in the future; or
25 —	(2) Has occurred in the past, whether with the same minor or others, and
26	that it is not unreasonable to expect that such conduct will be repeated.]
7	
.8	

2 3 [188.335. 1. There is hereby established the "Missouri Alternatives to Abortion Public Awareness Program" which shall be administered by a state agency or agencies, as designated by appropriations to such or each agency.

4 2. The purpose of the alternatives to abortion public awareness program 5 is to help pregnant women at risk for having abortions to be made aware of the 6 alternatives to abortion agencies located and alternatives to abortion services 7 available to them in their local communities. The alternatives to abortion public 8 awareness program shall include the development and promotion of a website 9 which provides a geographically indexed list of alternatives to abortion agencies 10 as well as contractors for the alternatives to abortion services program established in section 188.325. As used in this section, "alternatives to abortion agencies" 11 means agencies exempt from income taxation pursuant to the United States 12 13 Internal Revenue Code that offer alternatives to abortion services as defined 14 within section 188.325, including but not limited to maternity homes, pregnancy resource centers, and agencies commonly known and referred to as crisis 15 pregnancy centers. The alternatives to abortion public awareness program may 16 also include but need not be limited to the use of television, radio, outdoor 17 advertising, newspapers, magazines, and other print media, and the internet to 18 19 provide information on these alternatives to abortion agencies and services. The state agency or agencies administering the alternatives to abortion public 20 awareness program are encouraged to give first preference to contracting with 21 private agencies or entities, which are exempt from income taxation pursuant to 22 23 the United States Internal Revenue Code, to conduct the alternatives to abortion 24 public awareness program. Contractors for the alternatives to abortion public 25 awareness program may also be contractors for the alternatives to abortion services program established in section 188.325. 26

27
 3. The agency or agencies administering the program shall to the greatest
 extent possible supplement and match moneys appropriated for the alternatives
 to abortion public awareness program with federal and other public moneys and
 with private moneys. The agency or agencies administering the program shall
 prioritize such additional federal, other public, and private moneys so that they
 are used preferentially for the alternatives to abortion public awareness program
 and the alternatives to abortion services program.

4. The alternatives to abortion public awareness program and the moneys
 expended under this section shall not be used to perform or induce, assist in the
 performing or inducing of or refer for abortions. Moneys expended under this
 section shall not be granted to organizations or affiliates of organizations that
 perform or induce, assist in the performing or inducing of or refer for abortions.]

- [188.375. 1. This section shall be known and may be cited as the 2 "Late-Term Pain-Capable Unborn Child Protection Act".
- 3 2. As used in this section, the phrase "late-term pain-capable unborn
 4 child" shall mean an unborn child at twenty weeks gestational age or later.

5 3. Notwithstanding any other provision of law to the contrary, no abortion shall be performed or induced upon a woman carrying a late-term 6 7 pain-capable unborn child, except in cases of medical emergency. Any person 8 who knowingly performs or induces an abortion of a late-term pain-capable 9 unborn child in violation of this subsection shall be guilty of a class B felony, as 10 well as subject to suspension or revocation of his or her professional license by his or her professional licensing board. A woman upon whom an abortion is 11 12 performed or induced in violation of this subsection shall not be prosecuted for a conspiracy to violate the provisions of this subsection. 13 14 4. It shall be an affirmative defense for any person alleged to have 15 violated the provisions of subsection 3 of this section that the person performed 16 or induced an abortion because of a medical emergency. The defendant shall have the burden of persuasion that the defense is more probably true than not. 17 5. Prosecution under subsection 3 of this section shall bar prosecution 18 19 under section 188.056, 188.057, or 188.058 if prosecution under such sections would violate the provisions of Amendment V to the Constitution of the United 20 21 States or Article I. Section 19 of the Constitution of Missouri. 6. When in cases of medical emergency a physician performs or induces 22 23 an abortion upon a woman in her third trimester carrying a late-term pain-capable unborn child, the physician shall utilize the available method or technique of 24 abortion most likely to preserve the life or health of the unborn child. In cases 25 where the method or technique of abortion most likely to preserve the life or 26 27 health of the unborn child would present a greater risk to the life or health of the 28 woman than another legally permitted and available method or technique, the 29 physician may utilize such other method or technique. In all cases where the physician performs or induces an abortion upon a woman during her third 30 trimester carrying a late-term pain-capable unborn child, the physician shall 31 32 certify in writing the available method or techniques considered and the reasons for choosing the method or technique employed. 33 7. When in cases of medical emergency a physician performs or induces 34 an abortion upon a woman during her third trimester carrying a late-term 35 36 pain-capable unborn child, there shall be in attendance a physician other than the physician performing or inducing the abortion who shall take control of and 37 provide immediate medical care for a child born as a result of the abortion. 38 8. Any physician who knowingly violates any of the provisions of 39 40 subsection 6 or 7 of this section shall be guilty of a class D felony, as well as 41 subject to suspension or revocation of his or her professional license by his or her professional licensing board. A woman upon whom an abortion is performed or 42 induced in violation of subsection 6 or 7 of this section shall not be prosecuted 43 for a conspiracy to violate the provisions of those subsections. 44 45 9. If any one or more provisions, subsections, sentences, clauses, phrases, or words of this section or the application thereof to any person, circumstance, 46 or period of gestational age is found to be unenforceable, unconstitutional, or 47

48 49 50 51 52	invalid by a court of competent jurisdiction, the same is hereby declared to be severable and the balance of the section shall remain effective notwithstanding such unenforceability, unconstitutionality, or invalidity. The general assembly hereby declares that it would have passed this section, and each provision, subsection, sentence, clause, phrase, or word thereof, irrespective of the fact that
53	any one or more provisions, subsections, sentences, clauses, phrases, or words of
54	the section, or the application of the section to any person, circumstance, or
55	period of gestational age, would be declared unenforceable, unconstitutional, or
56	invalid.]
57	
	[194.390. Nothing in sections 194.375 to 194.390 shall be construed to
2	prohibit a woman's ability to obtain a legal abortion.
3	
	[208.655. No funds used to pay for insurance or for services pursuant to
2	sections 208.631 to 208.657 may be expended to encourage, counsel or refer for
3	abortion unless the abortion is done to save the life of the mother or if the unborn
4	child is the result of rape or incest. No funds may be paid pursuant to sections
5	208.631 to 208.657 to any person or organization that performs abortions or
6	counsels or refers for abortion unless the abortion is done to save the life of the
7	mother or if the unborn child is the result of rape or incest.]
8	
	[334.245. 1. Notwithstanding any other provision of law to the contrary
2	that may allow a person to provide services relating to pregnancy, including
3	prenatal, delivery, and postpartum services, no person other than a licensed
4	physician is authorized to perform or induce an abortion.
5	2. Any person who violates the provisions of this section is guilty of a
6	class B felony.]
7	
	[376.805. 1. No health insurance contracts, plans, or policies delivered
2	or issued for delivery in the state shall provide coverage for elective abortions
3	except by an optional rider for which there must be paid an additional premium.
4	For purposes of this section, an "elective abortion" means an abortion for any
5	reason other than a spontaneous abortion or to prevent the death of the female
6	upon whom the abortion is performed.
7	2. Subsection 1 of this section shall be applicable to all contracts, plans
8	or policies of:
9	(1) All health insurers subject to this chapter; and
10	(2) All nonprofit hospital, medical, surgical, dental, and health service
11	corporations subject to chapter 354; and
12	(3) All health maintenance organizations.
13	3. No health insurance exchange established within this state or any
14	health insurance exchange administered by the federal government or its agencies
15	within this state shall offer health insurance contracts, plans, or policies that

16	provide coverage for elective abortions, nor shall any health insurance exchange
17	operating within this state offer coverage for elective abortions through the
18	purchase of an optional rider.
19 —	4. This section shall be applicable only to contracts, plans or policies
20	written, issued, renewed or revised after September 28, 1983. For the purposes
21	of this subsection, if new premiums are charged for a contract, plan or policy, it
22	shall be determined to be a new contract, plan or policy.]
23	
	[565.300. 1. This section shall be known and may be cited as the
2	"Infant's Protection Act".
3 —	2. As used in this section, and only in this section, the following terms
4	shall mean:
5 —	(1) "Born", complete separation of an intact child from the mother
6	regardless of whether the umbilical cord is cut or the placenta detached;
7 —	(2) "Living infant", a human child, born or partially born, who is alive,
8	as determined in accordance with the usual and customary standards of medical
9	practice and is not dead as determined pursuant to section 194.005, relating to the
10	determination of the occurrence of death, and has not attained the age of thirty
11	days post birth;
12 —	(3) "Partially born", partial separation of a child from the mother with the
13	child's head intact with the torso. If vaginally delivered, a child is partially
14	separated from the mother when the head in a cephalic presentation, or any part
15	of the torso above the navel in a breech presentation, is outside the mother's
16	external cervical os. If delivered abdominally, a child is partially separated from
17	the mother when the child's head in a cephalic presentation, or any part of the
18	torso above the navel in a breech presentation, is outside the mother's external
19	abdominal wall.
20 —	3. A person commits the offense of infanticide if he or she causes the
21	death of a living infant with the purpose to cause said death by an overt act
22	performed when the infant is partially born or born.
23 —	4. The offense of infanticide is a class A felony.
24 —	5. A physician using procedures consistent with the usual and customary
25	standards of medical practice to save the life of the mother during pregnancy or
26	birth or to save the life of any unborn or partially born child of the same
27	pregnancy shall not be criminally responsible under this section. In no event
28	shall the mother be criminally responsible pursuant to this section for the acts of
29	the physician if the physician is not held criminally responsible pursuant to this
30	section.
31 —	6. This section shall not apply to any person who performs or attempts
32	to perform a legal abortion if the act that causes the death is performed prior to
33	the child being partially born, even though the death of the child occurs as a result
34	of the abortion after the child is partially born.

35	
36	3 of this section shall be culpable under this section, unless a person, with the
37	purpose of committing infanticide, does any act which is a substantial step
38	towards the commission of the offense which results in the death of the living
39	infant. A "substantial step" is conduct which is strongly corroborative of the
40	firmness of the actor's purpose to complete the commission of the offense.
41	8. Nothing in this section shall be interpreted to exclude the defenses
42	otherwise available to any person under the law including defenses provided
43	pursuant to chapters 562 and 563.
44	
	574.200. 1. A person commits the offense of interference with medical
2	assistance if he or she, while serving in his or her capacity as an employee of an
3	abortion facility:
4	(1) Knowingly orders or requests medical personnel to deviate from any
5	applicable standard of care or ordinary practice while providing medical
6	assistance to a patient for reasons unrelated to the patient's health or welfare; or
7	(2) Knowingly attempts to prevent medical personnel from providing
8	medical assistance to a patient in accordance with all applicable standards of care
9	or ordinary practice for reasons unrelated to the patient's health or welfare.
10	2. The offense of interference with medical assistance is a class A
11	misdemeanor.
12	
13	include, but not be limited to, the following:
14	(1) Physicians and surgeons licensed under chapter 334;
15	(2) Nurses licensed under chapter 335;
16	(3) Emergency medical services personnel as defined in section 190.600;
17	or
18	(4) Any person operating under the supervision of such medical
19	personnel.]
20	

Section B. Notwithstanding the provisions of section 1.140 to the contrary, the provisions of section A of this act shall be nonseverable, and if any provision is for any reason held to be invalid, such decision shall invalidate all of the remaining provisions of this act.

Section C. Any federal act, law, treaty, decision, order, rule, or regulation that purports to supersede, stay, or overrule section A of this act is in violation of the Constitution of the state of Missouri and the Constitution of the United States and is therefore void. The state of Missouri and its political subdivisions, and agents thereof, are not required to enter an appearance, special

5 or otherwise, in any federal suit challenging this act.

Section D. Because immediate action is necessary to protect the unborn children in the state of Missouri, section A of this act is deemed necessary for the immediate preservation of the public health, welfare, peace, and safety, and is hereby declared to be an emergency act within

- 4 the meaning of the constitution, and section A of this act shall be in full force and effect upon
- 5 its passage and approval.