

SENATE SUBSTITUTE  
FOR  
SENATE COMMITTEE SUBSTITUTE  
FOR  
HOUSE SUBSTITUTE  
FOR  
HOUSE BILL NO. 432

AN ACT

To repeal sections 192.2520, 193.075, 197.135, 208.018, 208.053, 208.227, 208.285, 210.115, 210.150, 210.201, 210.251, 210.950, and 452.410, RSMo, and to enact in lieu thereof twenty-eight new sections relating to the protection of vulnerable persons, with penalty provisions and an emergency clause for a certain section.

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

Section A. Sections 192.2520, 193.075, 197.135, 208.018, 208.053, 208.227, 208.285, 210.115, 210.150, 210.201, 210.251, 210.950, and 452.410, RSMo, are repealed and twenty-eight new sections enacted in lieu thereof, to be known as sections 178.935, 191.116, 192.2520, 193.075, 197.135, 208.018, 208.053, 208.226, 208.227, 208.285, 208.1060, 210.115, 210.121, 210.150, 210.156, 210.201, 210.251, 210.950, 210.1225, 261.450, 285.625, 285.630, 285.635, 285.650, 285.665, 285.670, 376.1228, and 452.410, to read as follows:

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

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

(2) "Commensurate Wage", a wage paid to a disabled person when his or her disability impairs his or her

8 productive and earning capacities for the work being  
9 performed. The wage shall be commensurate with the worker's  
10 productivity as compared to the wage and productivity of an  
11 experienced worker who is not disabled.

12 2. Notwithstanding any provision of law to contrary,  
13 the department, to the extent necessary to prevent the  
14 curtailment of opportunities for employment, shall provide  
15 for the employment, under special certificates, of disabled  
16 persons at sheltered workshops, at wages which are:

17 (1) Lower than the wage rate applicable under sections  
18 290.500 to 290.530;

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

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

24 3. The department shall not issue a certificate under  
25 subsection 2 of this section unless the sheltered workshop  
26 provides written assurances to the department of the  
27 following:

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

32 (2) Wages paid in accordance with subsection 2 of this  
33 section shall be adjusted by the sheltered workshop at  
34 periodic intervals, at least once each year, to reflect  
35 changes in the prevailing wage paid to experienced  
36 nondisabled persons employed in the locality for essentially  
37 the same type of work.

38 4. Notwithstanding the provisions of subsection 2 of  
39 this section, no sheltered workshop shall be permitted to  
40 reduce the hourly wage rate prescribed by certificate under

41 this section of any disabled worker for a period of two  
42 years from such date without prior authorization from the  
43 department.

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

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

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

10 (3) One member of the house of representatives to be  
11 appointed by the speaker of the house of representatives;

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

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

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

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

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

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

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

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

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

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

30 (14) One member representing the law enforcement  
31 community;

32 (15) One member from the department of higher  
33 education and workforce development with knowledge of  
34 workforce training;

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

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

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

41 2. The members of the task force, other than the  
42 lieutenant governor, members from the general assembly, and  
43 department and division directors, shall be appointed by the  
44 governor with the advice and consent of the senate. Members  
45 shall serve on the task force without compensation.

46 3. The task force shall assess all state programs that  
47 address Alzheimer's disease and update and maintain an  
48 integrated state plan to overcome the challenges caused by  
49 Alzheimer's disease. The state plan shall include  
50 implementation steps and recommendations for priority  
51 actions based on this assessment. The task force's actions  
52 shall include, but shall not be limited to, the following:

53 (1) Assess the current and future impact of  
54 Alzheimer's disease on residents of the state of Missouri;

55 (2) Examine the existing services and resources  
56 addressing the needs of persons with Alzheimer's disease and  
57 their families and caregivers;

58 (3) Develop recommendations to respond to the  
59 escalating public health crisis regarding Alzheimer's  
60 disease;

61 (4) Ensure the inclusion of ethnic and racial  
62 populations that have a higher risk for Alzheimer's disease

63 or are least likely to receive care in clinical, research,  
64 and service efforts, with the purpose of decreasing health  
65 disparities in Alzheimer's disease treatment;

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

69 (6) Provide information and coordination of  
70 Alzheimer's disease research and services across all state  
71 agencies;

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

77 (8) Develop strategies to increase the diagnostic rate  
78 of Alzheimer's disease in Missouri.

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

82 5. The task force shall continue to meet at the  
83 request of the chair and at a minimum of one time annually  
84 for the purpose of evaluating the implementation and impact  
85 of the task force recommendations and shall provide annual  
86 supplemental report updates on the findings to the governor  
87 and the general assembly.

88 6. The provisions of this section shall expire on  
89 December 31, 2026.

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

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

5 (1) "Appropriate medical provider", the same meaning  
6 as used in section 595.220;

7 (2) "Department", the department of health and senior  
8 services;

9 (3) "Evidentiary collection kit", the same meaning as  
10 used in section 595.220;

11 (4) "Forensic examination", the same meaning as used  
12 in section 595.220;

13 (5) "Telehealth", the same meaning as used in section  
14 191.1145.

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

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

33 (1) Conducting a forensic examination of a victim of a  
34 sexual offense, in accordance with best practices, while  
35 utilizing an evidentiary collection kit;

36 (2) Proper documentation, transmission, and storage of  
37 the examination evidence;

38 (3) Utilizing trauma-informed care to address the  
39 needs of victims;

40 (4) Utilizing telehealth technology while conducting a  
41 live examination; and

42 (5) Providing ongoing case consultation and serving as  
43 an expert witness in event of a trial.

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

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

55 6. The network shall, through telehealth services  
56 available twenty-four hours a day, seven days a week, by a  
57 SANE or another similarly trained appropriate medical  
58 provider, provide mentoring, consultation services,  
59 guidance, and technical assistance to appropriate medical  
60 providers during and outside of a forensic examination of a  
61 victim of a sexual offense. The network shall ensure that  
62 the system through which the network provides telehealth  
63 services meets national standards for interoperability to  
64 connect to telehealth systems.

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

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

72           (2) Train and provide technical assistance to  
73 appropriate medical providers on conducting forensic  
74 examinations of victims of sexual offenses and the use of  
75 telehealth services; and

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

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

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

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

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

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

96 The information reported under this subsection and  
97 subsection 9 of this section shall not include any  
98 personally identifiable information of any victim of a  
99 sexual offense or any appropriate medical provider  
100 performing a forensic examination of such victim.

101           9. Beginning January 1, 2022, and each year  
102 thereafter, the department shall make publicly available a  
103 report that shall include the information submitted under  
104 subsection 8 of this section. The report shall also



105 include, in collaboration with the department of public  
106 safety, information about the number of evidentiary  
107 collection kits submitted by a person or entity outside of a  
108 hospital setting, as well as the number of appropriate  
109 medical providers utilizing the training and telehealth  
110 services provided by the network outside of a hospital  
111 setting.

112 10. (1) The funding for the network shall be subject  
113 to appropriations. In addition to appropriations from the  
114 general assembly, the department shall apply for available  
115 grants and shall be able to accept other gifts, grants,  
116 bequests, and donations to develop and maintain the network  
117 and the training offered by the network.

118 (2) There is hereby created in the state treasury the  
119 "Justice for Survivors Telehealth Network Fund", which shall  
120 consist of any gifts, grants, bequests, and donations  
121 accepted under this subsection. The state treasurer shall  
122 be custodian of the fund. In accordance with sections  
123 30.170 and 30.180, the state treasurer may approve  
124 disbursements. The fund shall be a dedicated fund and money  
125 in the fund shall be used solely by the department for the  
126 purpose of developing and maintaining the network and the  
127 training offered by the network. The state treasurer shall  
128 invest moneys in the fund in the same manner as other funds  
129 are invested. Any interest and moneys earned on such  
130 investments shall be credited to the fund.

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

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

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

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

141 Any rule or portion of a rule, as that term is defined in  
142 section 536.010, that is created under the authority  
143 delegated in this section shall become effective only if it  
144 complies with and is subject to all of the provisions of  
145 chapter 536 and, if applicable, section 536.028. This  
146 section and chapter 536 are nonseverable and if any of the  
147 powers vested with the general assembly pursuant to chapter  
148 536 to review, to delay the effective date, or to disapprove  
149 and annul a rule are subsequently held unconstitutional,  
150 then the grant of rulemaking authority and any rule proposed  
151 or adopted after August 28, 2020, shall be invalid and void.

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

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

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

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

15           5. In addition to other personal data required by the  
16 registrar to be entered on a birth certificate, each parent  
17 shall furnish to the registrar the Social Security account

18 number, or numbers if applicable, issued to the parent  
19 unless the registrar finds good cause for not requiring the  
20 furnishing of such number or numbers. Good cause shall be  
21 determined in accordance with regulations established by the  
22 Secretary of the United States Department of Health and  
23 Human Services. The registrar shall make numbers furnished  
24 under this section available to the family support division  
25 and the children's division of the department of social  
26 services. Such numbers shall not be recorded on the birth  
27 certificate. The family support division shall not use any  
28 Social Security number furnished under the section for any  
29 purpose other than for the establishment and enforcement of  
30 child support obligations, and the confidentiality  
31 provisions and penalties contained in section 454.440 shall  
32 apply. The children's division shall not use any Social  
33 Security number furnished under this section for any purpose  
34 other than verifying the identity of a parent of a child  
35 whose birth record information is provided under section  
36 210.156 and the confidentiality provisions of section  
37 210.156 shall apply. Nothing in this section shall be  
38 construed to prohibit the department of health and senior  
39 services from using Social Security numbers for statistical  
40 purposes.

197.135. 1. Beginning January 1, 2023, or no later  
2 than six months after the establishment of the statewide  
3 telehealth network under section 192.2520, whichever is  
4 later, any hospital licensed under this chapter shall  
5 perform a forensic examination using an evidentiary  
6 collection kit upon the request and consent of the victim of  
7 a sexual offense, or the victim's guardian, when the victim  
8 is at least fourteen years of age. In the case of minor  
9 consent, the provisions of subsection 2 of section 595.220  
10 shall apply. Victims under fourteen years of age shall be

11 referred, and victims fourteen years of age but less than  
12 eighteen years of age may be referred, to a SAFE CARE  
13 provider, as such term is defined in section 334.950, for  
14 medical or forensic evaluation and case review. Nothing in  
15 this section shall be interpreted to preclude a hospital  
16 from performing a forensic examination for a victim under  
17 fourteen years of age upon the request and consent of the  
18 victim or victim's guardian, subject to the provisions of  
19 section 595.220 and the rules promulgated by the department  
20 of public safety.

21 2. (1) An appropriate medical provider, as such term  
22 is defined in section 595.220, shall perform the forensic  
23 examination of a victim of a sexual offense. The hospital  
24 shall ensure that any provider performing the examination  
25 has received training conducting such examinations that is,  
26 at a minimum, equivalent to the training offered by the  
27 statewide telehealth network under subsection 4 of section  
28 192.2520. Nothing in this section shall require providers  
29 to utilize the training offered by the statewide telehealth  
30 network, as long as the training utilized is, at a minimum,  
31 equivalent to the training offered by the statewide  
32 telehealth network.

33 (2) If the provider is not a sexual assault nurse  
34 examiner (SANE), or another similarly trained physician or  
35 nurse, then the hospital shall utilize telehealth services  
36 during the examination, such as those provided by the  
37 statewide telehealth network, to provide guidance and  
38 support through a SANE, or other similarly trained physician  
39 or nurse, who may observe the live forensic examination and  
40 who shall communicate with and support the onsite provider  
41 with the examination, forensic evidence collection, and  
42 proper transmission and storage of the examination evidence.

43           3. The department of health and senior services may  
44 issue a waiver of the telehealth requirements of subsection  
45 2 of this section if the hospital demonstrates to the  
46 department, in writing, a technological hardship in  
47 accessing telehealth services or a lack of access to  
48 adequate broadband services sufficient to access telehealth  
49 services. Such waivers shall be granted sparingly and for  
50 no more than a year in length at a time, with the  
51 opportunity for renewal at the department's discretion.

52           4. The department shall waive the requirements of this  
53 section if the statewide telehealth network established  
54 under section 192.2520 ceases operation, the director of the  
55 department of health and senior services has provided  
56 written notice to hospitals licensed under this chapter that  
57 the network has ceased operation, and the hospital cannot,  
58 in good faith, comply with the requirements of this section  
59 without assistance or resources of the statewide telehealth  
60 network. Such waiver shall remain in effect until such time  
61 as the statewide telehealth network resumes operation or  
62 until the hospital is able to demonstrate compliance with  
63 the provisions of this section without the assistance or  
64 resources of the statewide telehealth network.

65           5. The provisions of section 595.220 shall apply to  
66 the reimbursement of the reasonable costs of the  
67 examinations and the provision of the evidentiary collection  
68 kits.

69           6. No individual hospital shall be required to comply  
70 with the provisions of this section and section 192.2520  
71 unless and until the department provides such hospital with  
72 access to the statewide telehealth network for the purposes  
73 of mentoring and training services required under section  
74 192.2520 without charge to the hospital.

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

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

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

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

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

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

31 5. The department shall promulgate rules setting forth  
32 the procedures and methods of implementing this section.  
33 Any rule or portion of a rule, as that term is defined in

34 section 536.010, that is created under and pursuant to the  
35 authority delegated in this section shall become effective  
36 only if it complies with and is subject to all of the  
37 provisions of chapter 536 and, if applicable, section  
38 536.028. This section and chapter 536 are nonseverable and  
39 if any of the powers vested with the general assembly  
40 pursuant to chapter 536 to review, to delay the effective  
41 date, or to disapprove and annul a rule are subsequently  
42 held unconstitutional, then the grant of rulemaking  
43 authority and any rule proposed or adopted after August 28,  
44 2014, shall be invalid and void.

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

47 (1) The provisions of this section shall sunset  
48 automatically six years after [the effective date of this  
49 section] August 28, 2021, unless reauthorized by an act of  
50 the general assembly; and

51 (2) If such program is reauthorized, the program  
52 authorized under this section shall sunset automatically  
53 twelve years after the effective date of the reauthorization  
54 of this section; and

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

208.053. 1. The provisions of this section shall be  
2 known as the "Low-Wage Trap Elimination Act". In order to  
3 more effectively transition persons receiving state-funded  
4 child care subsidy benefits under this chapter, the  
5 children's division, in conjunction with the department of  
6 revenue, shall, subject to appropriations, by [January 1,  
7 2013] July 1, 2022, implement a pilot program in [at least  
8 one rural county and in at least one urban child care center  
9 that serves at least three hundred families] a county with a

10 charter form of government and with more than six hundred  
11 thousand but fewer than seven hundred thousand inhabitants,  
12 a county of the first classification with more than two  
13 hundred sixty thousand but fewer than three hundred thousand  
14 inhabitants, and a county of the first classification with  
15 more than two hundred thousand but fewer than two hundred  
16 sixty thousand inhabitants, to be called the "Hand-Up  
17 Program", to allow [willing recipients who wish to  
18 participate] applicants in the program to [continue to]  
19 receive [such] transitional child care [subsidy] benefits  
20 [while sharing in the cost of such benefits through the  
21 payment of a premium, as follows:] without the requirement  
22 that such applicants first be eligible for full child care  
23 benefits.

24 (1) For purposes of this section, "full child care  
25 benefits" shall be the full benefits awarded to a recipient  
26 based on the income eligibility amount established by the  
27 division through the annual appropriations process as of  
28 August 28, [2012] 2021, to qualify for the benefits and  
29 shall not include the transitional child care benefits that  
30 are awarded to recipients whose income surpasses the  
31 eligibility level for full benefits to continue. The hand-  
32 up program shall be voluntary and shall be designed such  
33 that [a participating recipient will not be faced with a  
34 sudden loss of child care benefits should the recipient's  
35 income rise above the maximum allowable monthly income for  
36 persons to receive full child care benefits as of August 28,  
37 2012. In such instance, the recipient shall be permitted to  
38 continue to receive such benefits if the recipient pays a  
39 premium, to be paid via a payroll deduction if possible, to  
40 be applied only to that portion of the recipient's income  
41 above such maximum allowable monthly income for the receipt  
42 of full child care benefits as follows:



43           (a) The premium shall be forty-four percent of the  
44 recipient's excess adjusted gross income over the maximum  
45 allowable monthly income for the applicable family size for  
46 the receipt of child care benefits;

47           (b) The premium shall be paid on a monthly basis by  
48 the participating recipient, or may be paid on a different  
49 periodic basis if through a payroll deduction consistent  
50 with the payroll period of the person's employer;

51           (c) The division shall develop a payroll deduction  
52 program in conjunction with the department of revenue, and  
53 shall promulgate rules for the payment of premiums, through  
54 such payroll deduction program or through an alternate  
55 method to be determined by the division, owed under the hand-  
56 up program; and

57           (d) Participating recipients who fail to pay the  
58 premium owed shall be removed permanently from the program  
59 after sixty days of nonpayment;

60           (2) Subject to the receipt of federal waivers if  
61 necessary, participating recipients shall be eligible to  
62 receive child care service benefits at income levels all the  
63 way up to the level at which a person's premium equals the  
64 value of the child care service benefits received by the  
65 recipient;

66           (3) Only those recipients who currently receive full  
67 child care benefits as of joining the program and who had  
68 been receiving full child care service benefits for a period  
69 of at least four months prior to implementation by the  
70 division of this program shall be eligible to participate in  
71 the program. Only those recipients who agree to the terms  
72 of the hand-up program during a ninety-day sign-up period  
73 shall be allowed to participate in the program, pursuant to  
74 rules to be promulgated by the division; and

75           (4)] an applicant may begin receiving the transitional  
76 child care benefit without having first qualified for the  
77 full child care benefit or any other tier of the  
78 transitional child care benefit. Under no circumstances  
79 shall any applicant be eligible for the hand-up program if  
80 the applicant's income does not fall within the transitional  
81 child care benefit income limits established through the  
82 annual appropriations process.

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

86           2. The division shall track the number of participants  
87 in the hand-up program[, premiums and taxes paid by each  
88 participant in the program and the aggregate of such  
89 premiums and taxes, as well as the aggregate of those taxes  
90 paid on income exceeding the maximum allowable income for  
91 receiving full child care benefits outside the hand-up  
92 program,] and shall issue an annual report to the general  
93 assembly by [January 1, 2014] September 1, 2023, and  
94 annually on [January] September first thereafter, detailing  
95 the effectiveness of the pilot program in encouraging  
96 recipients to [increase their income levels above the income  
97 maximum applicable to each recipient] secure employment  
98 earning an income greater than the maximum wage eligible for  
99 the full child care benefit. The report shall also detail  
100 the costs of administration and the increased amount of  
101 state income tax paid [and premiums paid] as a result of the  
102 program, as well as an analysis of whether the pilot program  
103 could be expanded to include other types of benefits  
104 including but not limited to food stamps, temporary  
105 assistance for needy families, low-income heating  
106 assistance, women, infants and children supplemental

107 nutrition program, the state children's health insurance  
108 program, and MO HealthNet benefits.

109         3. The division shall pursue all necessary waivers  
110 from the federal government to implement the hand-up program  
111 [with the goal of allowing participating recipients to  
112 receive child care service benefits at income levels all the  
113 way up to the level at which a person's premium equals the  
114 value of the child care service benefits received by the  
115 recipient]. If the division is unable to obtain such  
116 waivers, the division shall implement the program to the  
117 degree possible without such waivers.

118         4. [(1) There is hereby created in the state treasury  
119 the "Hand-Up Program Premium Fund" which shall consist of  
120 premiums collected under this section. The state treasurer  
121 shall be custodian of the fund. In accordance with sections  
122 30.170 and 30.180, the state treasurer may approve  
123 disbursements. The state treasurer shall invest moneys in  
124 the fund in the same manner as other funds are invested.  
125 Any interest and moneys earned on such investments shall be  
126 credited to the fund. Notwithstanding the provisions of  
127 section 33.080 to the contrary, any moneys remaining in the  
128 fund at the end of the biennium shall not revert to the  
129 credit of the general revenue fund.

130         (2) All premiums received under the program shall be  
131 deposited in the fund, out of which the cost of  
132 administering the hand-up program shall be paid, as well as  
133 the necessary payments to the federal government and to the  
134 state general revenue fund. Child care benefits provided  
135 under the hand-up program shall continue to be paid for as  
136 under the existing state child care assistance program.

137         5. After the first year of the program, or sooner if  
138 feasible, the cost of administering the program shall be  
139 paid out of the premiums received. Any premiums collected

140 exceeding the cost of administering the program shall, if  
141 required by federal law, be shared with the federal  
142 government and the state general revenue fund in the same  
143 proportion that the federal government shares in the cost of  
144 funding the child care assistance program with the state.

145 6.] Any rule or portion of a rule, as that term is  
146 defined in section 536.010, that is created under the  
147 authority delegated under this section shall become  
148 effective only if it complies with and is subject to all of  
149 the provisions of chapter 536 and, if applicable, section  
150 536.028. This section and chapter 536 are nonseverable and  
151 if any of the powers vested with the general assembly  
152 pursuant to chapter 536 to review, to delay the effective  
153 date, or to disapprove and annul a rule are subsequently  
154 held unconstitutional, then the grant of rulemaking  
155 authority and any rule proposed or adopted after August 28,  
156 2012, shall be invalid and void.

157 [7.] 5. Pursuant to section 23.253 of the Missouri  
158 sunset act:

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

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

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

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

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

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

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

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

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

16           3. The division shall issue a provider update no less  
17 than twice annually to enumerate treatment and utilization  
18 principles for MO HealthNet providers, including, but not  
19 limited to:

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

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

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

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

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

34           4. If the division implements any new policy or  
35 clinical edit for an antipsychotic drug, the division shall  
36 continue to allow MO HealthNet participants access to any

37 antipsychotic drug that they utilize and on which they are  
38 stable or that they have successfully utilized previously.  
39 The division may recommend a resource list with no  
40 restrictions to access.

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

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

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

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

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

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

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

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

41 (2) Treatment with antipsychotic drugs should be as  
42 effective, safe, and well-tolerated as supported by best  
43 medical evidence;

44 (3) Treatment with antipsychotic drugs should consider  
45 the individual patient's needs, preferences, and  
46 vulnerabilities;

47 (4) Treatment with antipsychotic drugs should support  
48 an improved quality of life for the patient;

49 (5) Treatment choices should be informed by the best  
50 current medical evidence and should be updated consistent  
51 with evolving nationally recognized best practice  
52 guidelines; and

53 (6) Cost considerations in the context of best  
54 practices, efficacy, and patient response to adverse drug  
55 reactions should guide antipsychotic medication policy and  
56 selection once the preceding principles have been maximally  
57 achieved.

58 4. If the division implements any new policy or  
59 clinical edit for an antipsychotic drug, the division shall  
60 continue to allow MO HealthNet participants access to any  
61 antipsychotic drug that they utilize and on which they are

62 stable or that they have successfully utilized previously.

63 The division shall adhere to the following:

64 (1) If an antipsychotic drug listed as "nonpreferred"  
65 is considered clinically appropriate for an individual  
66 patient based on the patient's previous response to the drug  
67 or other medical considerations, prior authorization  
68 procedures, as such term is defined in section 208.164,  
69 shall be simple and flexible;

70 (2) If an antipsychotic drug listed as "nonpreferred"  
71 is known or found to be safe and effective for a given  
72 individual, the division shall not restrict the patient's  
73 access to that drug. Such nonpreferred drug shall, for that  
74 patient only and if that patient has been reasonably  
75 adherent to the prescribed therapy, be considered  
76 "preferred" in order to minimize the risk of relapse and to  
77 support continuity of care for the patient;

78 (3) A patient shall not be required to change  
79 antipsychotic drugs due to changes in medication management  
80 policy, prior authorization, or a change in the payor  
81 responsible for the benefit; and

82 (4) Patients transferring from state psychiatric  
83 hospitals to community-based settings, including patients  
84 previously found to be not guilty of a criminal offense by  
85 reason of insanity or who have previously been found to be  
86 incompetent to stand trial, shall be permitted to continue  
87 the medication regimen that aided the stability and recovery  
88 so that such patient was able to successfully transition to  
89 the community-based setting.

90 5. The division's medication policy and clinical edits  
91 shall provide MO HealthNet participants initial access to  
92 multiple Food and Drug Administration-approved antipsychotic  
93 drugs that have substantially the same clinical differences  
94 and adverse effects that are predictable across individual



95 patients and whose manufacturers have entered into a federal  
96 rebate agreement with the Department of Health and Human  
97 Services. Clinical differences may include, but not be  
98 limited to, weight gain, extrapyramidal side effects,  
99 sedation, susceptibility to metabolic syndrome, other  
100 substantial adverse effects, the availability of long-acting  
101 formulations, and proven efficacy in the treatment of  
102 psychosis. The available drugs for an individual patient  
103 shall include, but not be limited to, the following  
104 categories:

105 (1) At least one relatively weight-neutral atypical  
106 antipsychotic medication;

107 (2) At least one long-acting injectable formulation of  
108 an atypical antipsychotic;

109 (3) Clozapine;

110 (4) At least one atypical antipsychotic medication  
111 with relatively potent sedative effects;

112 (5) At least one medium-potency typical antipsychotic  
113 medication;

114 (6) At least one long-acting injectable formulation of  
115 a high-potency typical antipsychotic medication;

116 (7) At least one high-potency typical antipsychotic  
117 medication; and

118 (8) At least one low-potency typical antipsychotic  
119 medication.

120 6. Nothing in subsection 5 of this section shall be  
121 construed to require any of the following:

122 (1) Step therapy or a trial of a typical antipsychotic  
123 drug before permitting a patient access to an atypical drug  
124 or antipsychotic medication;

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

127 (3) A trial of one of the eight categories of drugs  
128 listed in subsection 5 of this section before having access  
129 to the other seven categories.

130 7.] The department of social services may promulgate  
131 rules and regulations to implement the provisions of this  
132 section. Any rule or portion of a rule, as that term is  
133 defined in section 536.010, that is created under the  
134 authority delegated in this section shall become effective  
135 only if it complies with and is subject to all of the  
136 provisions of chapter 536 and, if applicable, section  
137 536.028. This section and chapter 536 are nonseverable and  
138 if any of the powers vested with the general assembly  
139 pursuant to chapter 536 to review, to delay the effective  
140 date, or to disapprove and annul a rule are subsequently  
141 held unconstitutional, then the grant of rulemaking  
142 authority and any rule proposed or adopted after August 28,  
143 2017, shall be invalid and void.

144 [8.] 4. The department shall submit such state plan  
145 amendments and waivers to the Centers for Medicare and  
146 Medicaid Services of the federal Department of Health and  
147 Human Services as the department determines are necessary to  
148 implement the provisions of this section.

149 [9. As used in this section, the following terms mean:

150 (1) "Division", the MO HealthNet division of the  
151 department of social services;

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

155 (3) "Successfully utilized previously", a drug or drug  
156 regimen's provision of clinical stability in treating a  
157 patient's symptoms.]

208.285. 1. The department of agriculture shall apply  
2 for a grant under the United States Department of

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

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

30 3. Eligible seniors and pregnant and postpartum women,  
31 infants, and children under five years of age who are found  
32 to be at nutritional risk shall receive [senior] farmers'  
33 market nutrition program vouchers or other approved methods  
34 of payment from designated distribution sites in their  
35 county of residence or a neighboring county. Upon the

36 issuance of vouchers or other approved methods of payment,  
37 participants shall be provided with a list of participating  
38 farmers[, ] and farmers' markets[, roadside stands, and CSA  
39 programs. The department shall provide distribution site  
40 information at all county area agencies on aging].

41 4. For purposes of this section, "[senior]  
42 participant" means a person who is sixty years of age or  
43 older [by December thirty-first of the program year] at the  
44 time of application and who meets the income eligibility  
45 criteria based on guidelines published annually by the  
46 United States Department of Agriculture or a person who  
47 participates in the women, infants, and children (WIC)  
48 special supplemental nutrition program administered by the  
49 department of health and senior services.

50 5. The department of agriculture and any other state  
51 department, state or local government agency, or nonprofit  
52 entity participating in the Missouri farmers' market  
53 nutrition program shall cooperate as necessary including,  
54 but not limited to, entering into written agreements in  
55 order to effectively establish and maintain the United  
56 States Department of Agriculture's Senior Farmers' Market  
57 and the Women, Infants, and Children (WIC) Farmers' Market  
58 Nutrition Programs.

59 6. The department may promulgate rules to implement  
60 the provisions of this section. Any rule or portion of a  
61 rule, as that term is defined in section 536.010, that is  
62 created under the authority delegated in this section shall  
63 become effective only if it complies with and is subject to  
64 all of the provisions of chapter 536 and, if applicable,  
65 section 536.028. This section and chapter 536 are  
66 nonseverable, and if any of the powers vested with the  
67 general assembly pursuant to chapter 536 to review, to delay  
68 the effective date, or to disapprove and annul a rule are

69 subsequently held unconstitutional, then the grant of  
70 rulemaking authority and any rule proposed or adopted after  
71 August 28, 2018, shall be invalid and void.

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

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

26 child's care, custody and control as specified in section  
27 210.110, but shall also include abuse inflicted by any other  
28 person.

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

38         3. The reporting requirements under this section are  
39 individual, and no supervisor or administrator may impede or  
40 inhibit any reporting under this section. No person making  
41 a report under this section shall be subject to any  
42 sanction, including any adverse employment action, for  
43 making such report. Every employer shall ensure that any  
44 employee required to report pursuant to subsection 1 of this  
45 section has immediate and unrestricted access to  
46 communications technology necessary to make an immediate  
47 report and is temporarily relieved of other work duties for  
48 such time as is required to make any report required under  
49 subsection 1 of this section.

50         4. Notwithstanding any other provision of sections  
51 210.109 to 210.183, any child who does not receive specified  
52 medical treatment by reason of the legitimate practice of  
53 the religious belief of the child's parents, guardian, or  
54 others legally responsible for the child, for that reason  
55 alone, shall not be found to be an abused or neglected  
56 child, and such parents, guardian or other persons legally  
57 responsible for the child shall not be entered into the  
58 central registry. However, the division may accept reports

59 concerning such a child and may subsequently investigate or  
60 conduct a family assessment as a result of that report.  
61 Such an exception shall not limit the administrative or  
62 judicial authority of the state to ensure that medical  
63 services are provided to the child when the child's health  
64 requires it.

65         5. In addition to those persons and officials required  
66 to report actual or suspected abuse or neglect, any other  
67 person may report in accordance with sections 210.109 to  
68 210.183 if such person has reasonable cause to suspect that  
69 a child has been or may be subjected to abuse or neglect or  
70 observes a child being subjected to conditions or  
71 circumstances which would reasonably result in abuse or  
72 neglect.

73         6. Any person or official required to report pursuant  
74 to this section, including employees of the division, who  
75 has probable cause to suspect that a child who is or may be  
76 under the age of eighteen, who is eligible to receive a  
77 certificate of live birth, has died shall report that fact  
78 to the appropriate medical examiner or coroner. If, upon  
79 review of the circumstances and medical information, the  
80 medical examiner or coroner determines that the child died  
81 of natural causes while under medical care for an  
82 established natural disease, the coroner, medical examiner  
83 or physician shall notify the division of the child's death  
84 and that the child's attending physician shall be signing  
85 the death certificate. In all other cases, the medical  
86 examiner or coroner shall accept the report for  
87 investigation, shall immediately notify the division of the  
88 child's death as required in section 58.452 and shall report  
89 the findings to the child fatality review panel established  
90 pursuant to section 210.192.

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

95           8. If an individual required to report suspected  
96 instances of abuse or neglect pursuant to this section has  
97 reason to believe that the victim of such abuse or neglect  
98 is a resident of another state or was injured as a result of  
99 an act which occurred in another state, the person required  
100 to report such abuse or neglect may, in lieu of reporting to  
101 the Missouri children's division, make such a report to the  
102 child protection agency of the other state with the  
103 authority to receive such reports pursuant to the laws of  
104 such other state. If such agency accepts the report, no  
105 report is required to be made, but may be made, to the  
106 children's division.

107           9. For the purposes of providing supportive services  
108 or verifying the status of a youth as unaccompanied or  
109 homeless for the purposes of accessing supportive services,  
110 the fact that a child is an unaccompanied youth as defined  
111 in 42 U.S.C. Section 11434a(6) is not, in and of itself, a  
112 sufficient basis for reporting child abuse or neglect,  
113 unless the child is under sixteen years of age or is an  
114 incapacitated person, as defined in section 475.010.  
115 Nothing in this subsection shall limit a mandated reporter  
116 from making a report under this section if the mandated  
117 reporter knows or has reasonable cause to suspect that an  
118 unaccompanied youth has been or may be a victim of abuse or  
119 neglect.

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

3           (1) "Service provider", a public or private nonprofit  
4 organization that provides age-appropriate shelter or



5 supportive services to unaccompanied youth and whose  
6 director or designee is a licensed mental health  
7 professional, licensed social worker, or licensed counselor;

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

10 (3) "Supportive services", interventions, services, or  
11 resources necessary to assist an unaccompanied youth.

12 "Supportive services" shall include, but are not limited to,  
13 the following:

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

15 (b) Housing search, counseling, rental assistance,  
16 financial assistance with eviction prevention, utilities,  
17 security deposit, relocation, and other housing support  
18 services;

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

21 (d) Employment assistance, job training, and job  
22 placement;

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

25 (f) Assistance and advocacy to ensure access to  
26 education;

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

29 (h) Child care operations and vouchers;

30 (i) Legal services;

31 (j) Life skills training;

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

34 (l) Transportation;

35 (m) Outreach services; and

36 (n) Homelessness prevention services;

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

39 2. An unaccompanied youth may access supportive  
40 services so long as the youth is verified as an  
41 unaccompanied youth as provided under subsection 3 of this  
42 section.

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

46 (1) A statement documenting the youth as an  
47 unaccompanied youth that is signed by a licensed mental  
48 health professional, licensed social worker, or licensed  
49 counselor of a government or nonprofit agency that receives  
50 public or private funding to provide services to homeless  
51 people and is currently licensed as a case management  
52 service provider;

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

58 (3) A statement documenting that the youth is an  
59 unaccompanied youth that is signed by an attorney  
60 representing the youth in any legal matter.

61 4. A person who in good faith accepts a written  
62 statement under subdivision (1) of subsection 3 of this  
63 section and who is without actual knowledge that the  
64 statement is fraudulent or otherwise invalid may rely upon  
65 the statement as if it were genuine and shall not be held  
66 liable in any civil or criminal action for providing shelter  
67 or supportive services without having obtained permission  
68 from the minor's parent or guardian. The service provider

69 shall not be relieved from liability for negligence or  
70 criminal acts on the basis of this section.

210.150. 1. The children's division shall ensure the  
2 confidentiality of all reports and records made pursuant to  
3 sections 210.109 to 210.183 and maintained by the division,  
4 its local offices, the central registry, and other  
5 appropriate persons, officials, and institutions pursuant to  
6 sections 210.109 to 210.183. To protect the rights of the  
7 family and the child named in the report as a victim, the  
8 children's division shall establish guidelines which will  
9 ensure that any disclosure of information concerning the  
10 abuse and neglect involving that child is made only to  
11 persons or agencies that have a right to such information.  
12 The division may require persons to make written requests  
13 for access to records maintained by the division. The  
14 division shall only release information to persons who have  
15 a right to such information. The division shall notify  
16 persons receiving information pursuant to subdivisions (2),  
17 (7), (8) and (9) of subsection 2 of this section of the  
18 purpose for which the information is released and of the  
19 penalties for unauthorized dissemination of information.  
20 Such information shall be used only for the purpose for  
21 which the information is released.

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

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

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

31           (3) Appropriate staff of the division and of its local  
32 offices, including interdisciplinary teams which are formed  
33 to assist the division in investigation, evaluation and  
34 treatment of child abuse and neglect cases or a  
35 multidisciplinary provider of professional treatment  
36 services for a child referred to the provider;

37           (4) Any child named in the report as a victim, or a  
38 legal representative, or the parent, if not the alleged  
39 perpetrator, or guardian of such person when such person is  
40 a minor, or is mentally ill or otherwise incompetent, but  
41 the names of reporters shall not be furnished to persons in  
42 this category. Prior to the release of any identifying  
43 information, the division shall determine if the release of  
44 such identifying information may place a person's life or  
45 safety in danger. If the division makes the determination  
46 that a person's life or safety may be in danger, the  
47 identifying information shall not be released. The division  
48 shall provide a method for confirming or certifying that a  
49 designee is acting on behalf of a subject;

50           (5) Any alleged perpetrator named in the report, but  
51 the names of reporters shall not be furnished to persons in  
52 this category. Prior to the release of any identifying  
53 information, the division shall determine if the release of  
54 such identifying information may place a person's life or  
55 safety in danger. If the division makes the determination  
56 that a person's life or safety may be in danger, the  
57 identifying information shall not be released. However, the  
58 investigation reports will not be released to any alleged  
59 perpetrator with pending criminal charges arising out of the  
60 facts and circumstances named in the investigation records  
61 until an indictment is returned or an information filed;

62           (6) A grand jury, juvenile officer, prosecuting  
63 attorney, law enforcement officer involved in the

64 investigation of child abuse or neglect, juvenile court or  
65 other court conducting abuse or neglect or child protective  
66 proceedings or child custody proceedings, and other federal,  
67 state and local government entities, or any agent of such  
68 entity, with a need for such information in order to carry  
69 out its responsibilities under the law to protect children  
70 from abuse or neglect;

71 (7) Any person engaged in a bona fide research  
72 purpose, with the permission of the director; provided,  
73 however, that no information identifying the child named in  
74 the report as a victim or the reporters shall be made  
75 available to the researcher, unless the identifying  
76 information is essential to the research or evaluation and  
77 the child named in the report as a victim or, if the child  
78 is less than eighteen years of age, through the child's  
79 parent, or guardian provides written permission;

80 (8) Any child-care facility; child-placing agency;  
81 residential-care facility, including group homes; juvenile  
82 courts; public or private elementary schools; public or  
83 private secondary schools; or any other public or private  
84 agency exercising temporary supervision over a child or  
85 providing or having care or custody of a child who may  
86 request an examination of the central registry from the  
87 division for all employees and volunteers or prospective  
88 employees and volunteers, who do or will provide services or  
89 care to children. Any agency or business recognized by the  
90 division or business which provides training and places or  
91 recommends people for employment or for volunteers in  
92 positions where they will provide services or care to  
93 children may request the division to provide an examination  
94 of the central registry. Such agency or business shall  
95 provide verification of its status as a recognized agency.  
96 Requests for examinations shall be made to the division

97 director or the director's designee in writing by the chief  
98 administrative officer of the above homes, centers, public  
99 and private elementary schools, public and private secondary  
100 schools, agencies, or courts. The division shall respond in  
101 writing to that officer. The response shall include  
102 information pertaining to the nature and disposition of any  
103 report or reports of abuse or neglect revealed by the  
104 examination of the central registry. This response shall  
105 not include any identifying information regarding any person  
106 other than the alleged perpetrator of the abuse or neglect;

107 (9) Any parent or legal guardian who inquires about a  
108 child abuse or neglect report involving a specific person or  
109 child-care facility who does or may provide services or care  
110 to a child of the person requesting the information.  
111 Request for examinations shall be made to the division  
112 director or the director's designee, in writing, by the  
113 parent or legal guardian of the child and shall be  
114 accompanied with a signed and notarized release form from  
115 the person who does or may provide care or services to the  
116 child. The notarized release form shall include the full  
117 name, date of birth and Social Security number of the person  
118 who does or may provide care or services to a child. The  
119 response shall include information pertaining to the nature  
120 and disposition of any report or reports of abuse or neglect  
121 revealed by the examination of the central registry. This  
122 response shall not include any identifying information  
123 regarding any person other than the alleged perpetrator of  
124 the abuse or neglect. The response shall be given within  
125 ten working days of the time it was received by the division;

126 (10) Any person who inquires about a child abuse or  
127 neglect report involving a specific child-care facility,  
128 child-placing agency, residential-care facility, public and  
129 private elementary schools, public and private secondary

130 schools, juvenile court or other state agency. The  
131 information available to these persons is limited to the  
132 nature and disposition of any report contained in the  
133 central registry and shall not include any identifying  
134 information pertaining to any person mentioned in the report;

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

138 (12) Any child fatality review panel established  
139 pursuant to section 210.192 or any state child fatality  
140 review panel established pursuant to section 210.195;

141 (13) Any person who is a tenure-track or full-time  
142 research faculty member at an accredited institution of  
143 higher education engaged in scholarly research, with the  
144 permission of the director. Prior to the release of any  
145 identifying information, the director shall require the  
146 researcher to present a plan for maintaining the  
147 confidentiality of the identifying information. The  
148 researcher shall be prohibited from releasing the  
149 identifying information of individual cases; [and]

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

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

163           3. Only the following persons shall have access to  
164 records maintained by the division pursuant to section  
165 210.152 for which the division has received a report of  
166 child abuse and neglect and which the division has  
167 determined that there is insufficient evidence or in which  
168 the division proceeded with the family assessment and  
169 services approach:

170           (1) Appropriate staff of the division;

171           (2) Any child named in the report as a victim, or a  
172 legal representative, or the parent or guardian of such  
173 person when such person is a minor, or is mentally ill or  
174 otherwise incompetent. The names or other identifying  
175 information of reporters shall not be furnished to persons  
176 in this category. Prior to the release of any identifying  
177 information, the division shall determine if the release of  
178 such identifying information may place a person's life or  
179 safety in danger. If the division makes the determination  
180 that a person's life or safety may be in danger, the  
181 identifying information shall not be released. The division  
182 shall provide for a method for confirming or certifying that  
183 a designee is acting on behalf of a subject;

184           (3) Any alleged perpetrator named in the report, but  
185 the names of reporters shall not be furnished to persons in  
186 this category. Prior to the release of any identifying  
187 information, the division shall determine if the release of  
188 such identifying information may place a person's life or  
189 safety in danger. If the division makes the determination  
190 that a person's life or safety may be in danger, the  
191 identifying information shall not be released. However, the  
192 investigation reports will not be released to any alleged  
193 perpetrator with pending criminal charges arising out of the  
194 facts and circumstances named in the investigation records  
195 until an indictment is returned or an information filed;



196 (4) Any child fatality review panel established  
197 pursuant to section 210.192 or any state child fatality  
198 review panel established pursuant to section 210.195;

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

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

205 (7) Any person engaged in bona fide research purpose,  
206 with the permission of the director; provided, however, that  
207 no information identifying the subjects of the reports or  
208 the reporters shall be made available to the researcher,  
209 unless the identifying information is essential to the  
210 research or evaluation and the subject, or if a child,  
211 through the child's parent or guardian, provides written  
212 permission; and

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

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

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

234 6. Notwithstanding any provisions of this section or  
235 chapter to the contrary, if the division receives a report  
236 and ascertains that a suspected perpetrator or any person  
237 responsible for the care, custody, and control of the  
238 subject child is a member of any branch of the military or  
239 is a member of the Armed Forces, as defined in section  
240 41.030, the division shall report its findings to the most  
241 relevant family advocacy program authorized by the United  
242 States Department of Defense or any other relevant person  
243 authorized by the United States Department of Defense to  
244 receive reports under 10 U.S.C. Section 1787.

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

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

10 (2) Individuals identified in the central registry who  
11 have pled guilty or have been found guilty, within the  
12 previous ten years, of an offense under the following, if  
13 the victim is a child less than eighteen years of age:  
14 chapter 566 or section 565.020, 565.021, 565.023, 565.024,  
15 567.050, 568.020, 568.065, 573.023, 573.025, 573.035,  
16 573.037, 573.040, 573.200, or 573.205.

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

33           3. The children's division and the state registrar  
34 shall ensure the confidentiality of all identifying  
35 information and birth records provided under this section  
36 and shall not disclose such information and records except  
37 as needed to effectuate the provisions of this section.  
38 Such information and records shall be considered closed  
39 records under chapter 610.

40           4. The division may promulgate rules and regulations  
41 to implement the provisions of this section. Any rule or  
42 portion of a rule, as that term is defined in section  
43 536.010, that is created under the authority delegated in  
44 this section shall become effective only if it complies with  
45 and is subject to all of the provisions of chapter 536 and,  
46 if applicable, section 536.028. This section and chapter  
47 536 are nonseverable and if any of the powers vested with  
48 the general assembly pursuant to chapter 536 to review, to  
49 delay the effective date, or to disapprove and annul a rule

50 are subsequently held unconstitutional, then the grant of  
51 rulemaking authority and any rule proposed or adopted after  
52 August 28, 2021, shall be invalid and void.

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

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

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

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

16 (a) Six children; or

17 (b) Three children under two years of age;

18 (4) "Child care provider" or "provider", the person or  
19 persons licensed or required to be licensed under section  
20 210.221 to establish, conduct, or maintain a child care  
21 facility;

22 (5) "Montessori school", a child care program that  
23 [subscribes to Maria Montessori's educational philosophy and  
24 that is accredited by the American Montessori Society or the  
25 Association Montessori Internationale] is either accredited  
26 by, actively seeking accreditation by, or maintains an  
27 active school membership with the American Montessori  
28 Society, the Association Montessori Internationale, the  
29 International Montessori Counsel, or the Montessori  
30 Educational Programs International;

31 (6) "Neighborhood youth development program", as  
32 described in section 210.278;

33 (7) "Nursery school", a program operated by a person  
34 or an organization with the primary function of providing an  
35 educational program for preschool-age children for no more  
36 than four hours per day per child;

37 (8) "Person", any individual, firm, corporation,  
38 partnership, association, agency, or an incorporated or  
39 unincorporated organization regardless of the name used;

40 (9) "Religious organization", a church, synagogue or  
41 mosque; an entity that has or would qualify for federal tax-  
42 exempt status as a nonprofit religious organization under  
43 Section 501(c) of the Internal Revenue Code; or an entity  
44 whose real estate on which the child-care facility is  
45 located is exempt from taxation because it is used for  
46 religious purposes;

47 (10) "School system", a program established primarily  
48 for education and that meets the following criteria:

49 (a) Provides education in at least the first to the  
50 sixth grade; and

51 (b) Provides evidence that the school system's records  
52 will be accepted by a public or private school for the  
53 transfer of any student;

54 (11) "Summer camp", a program operated from May to  
55 September by a person or organization with the primary  
56 function of providing a summer recreational program for  
57 children five years of age or older and providing no child  
58 care for children under five years of age in the same  
59 building or in the same outdoor play area.

210.251. 1. By January 1, 1994, financial incentives  
2 shall be provided by the department of health and senior  
3 services through the child development block grant and other

4 public moneys for child-care facilities wishing to upgrade  
5 their standard of care and which meet quality standards.

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

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

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

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

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

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

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

13 (4) "Nonrelinquishing parent", the biological parent  
14 who does not leave a newborn infant in a newborn safety  
15 incubator or with any person listed in subsection 3 of this  
16 section in accordance with this section;

17 [(4)] (5) "Pregnancy resource center", the same  
18 meaning as such term is defined in section 135.630;

19            [(5)] (6) "Relinquishing parent", the biological  
20 parent or person acting on such parent's behalf who leaves a  
21 newborn infant in a newborn safety incubator or with any  
22 person listed in subsection 3 of this section in accordance  
23 with this section.

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

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

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

36            (b) A firefighter or emergency medical technician on  
37 duty in a paid position or on duty in a volunteer position;  
38 or

39            (c) A law enforcement officer;

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

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

46            4. A parent voluntarily relinquishing a child under  
47 this section shall not be required to provide any  
48 identifying information about the child or the parent. No  
49 person shall induce or coerce, or attempt to induce or  
50 coerce, a parent into revealing his or her identity. No  
51 officer, employee, or agent of this state or any political

52 subdivision of this state shall attempt to locate or  
53 determine the identity of such parent. In addition, any  
54 person who obtains information on the relinquishing parent  
55 shall not disclose such information except to the following:

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

58 (2) The staff of the department of health and senior  
59 services, the department of social services, or any county  
60 health or social services agency or licensed child welfare  
61 agency that provides services to the child;

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

64 (4) The attending physician;

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

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

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

71 (8) The attorney representing the interests of the  
72 child.

73 5. A person listed in subdivision (1) of subsection 3  
74 of this section shall, without a court order, take physical  
75 custody of a child the person reasonably believes to be no  
76 more than forty-five days old and is delivered in accordance  
77 with this section by a person purporting to be the child's  
78 parent or is delivered in accordance with this section to a  
79 newborn safety incubator. If delivery of a newborn is made  
80 pursuant to this section in any place other than a hospital,  
81 the person taking physical custody of the child shall  
82 arrange for the immediate transportation of the child to the  
83 nearest hospital licensed pursuant to chapter 197.



84           6. The hospital, its employees, agents and medical  
85 staff shall perform treatment in accordance with the  
86 prevailing standard of care as necessary to protect the  
87 physical health or safety of the child. The hospital shall  
88 notify the children's division and the local juvenile  
89 officer upon receipt of a child pursuant to this section.  
90 The local juvenile officer shall immediately begin  
91 protective custody proceedings and request the child be made  
92 a ward of the court during the child's stay in the medical  
93 facility. Upon discharge of the child from the medical  
94 facility and pursuant to a protective custody order ordering  
95 custody of the child to the division, the children's  
96 division shall take physical custody of the child. The  
97 parent's voluntary delivery of the child in accordance with  
98 this section shall constitute the parent's implied consent  
99 to any such act and a voluntary relinquishment of such  
100 parent's parental rights.

101           7. In any termination of parental rights proceeding  
102 initiated after the relinquishment of a child pursuant to  
103 this section, the juvenile officer shall make public notice  
104 that a child has been relinquished, including the sex of the  
105 child, and the date and location of such relinquishment.  
106 Within thirty days of such public notice, the parent wishing  
107 to establish parental rights shall identify himself or  
108 herself to the court and state his or her intentions  
109 regarding the child. The court shall initiate proceedings  
110 to establish paternity, or if no person identifies himself  
111 as the father within thirty days, maternity. The juvenile  
112 officer shall make examination of the putative father  
113 registry established in section 192.016 to determine whether  
114 attempts have previously been made to preserve parental  
115 rights to the child. If such attempts have been made, the  
116 juvenile officer shall make reasonable efforts to provide

117 notice of the abandonment of the child to such putative  
118 father.

119       8. (1) If a relinquishing parent of a child  
120 relinquishes custody of the child to a newborn safety  
121 incubator or to any person listed in subsection 3 of this  
122 section in accordance with this section and to preserve the  
123 parental rights of the nonrelinquishing parent, the  
124 nonrelinquishing parent shall take such steps necessary to  
125 establish parentage within thirty days after the public  
126 notice or specific notice provided in subsection 7 of this  
127 section.

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

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

138       9. The persons listed in subdivision (1) of subsection  
139 3 of this section shall be immune from civil, criminal, and  
140 administrative liability for accepting physical custody of a  
141 child pursuant to this section if such persons accept  
142 custody in good faith. Such immunity shall not extend to  
143 any acts or omissions, including negligent or intentional  
144 acts or omissions, occurring after the acceptance of such  
145 child.

146       10. The children's division shall:

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

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

153 11. It shall be an affirmative defense to prosecution  
154 for a violation of sections 568.030, 568.032, 568.045, and  
155 568.050 that a parent who is a defendant voluntarily  
156 relinquished a child no more than one year old under this  
157 section.

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

160 13. The director of the department of health and  
161 senior services may promulgate all necessary rules and  
162 regulations for the administration of this section,  
163 including rules governing the specifications, installation,  
164 maintenance, and oversight of newborn safety incubators.  
165 Any rule or portion of a rule, as that term is defined in  
166 section 536.010, that is created under the authority  
167 delegated in this section shall become effective only if it  
168 complies with and is subject to all of the provisions of  
169 chapter 536 and, if applicable, section 536.028. This  
170 section and chapter 536 are nonseverable, and if any of the  
171 powers vested with the general assembly pursuant to chapter  
172 536 to review, to delay the effective date, or to disapprove  
173 and annul a rule are subsequently held unconstitutional,  
174 then the grant of rulemaking authority and any rule proposed  
175 or adopted after August 28, 2021, shall be invalid and void.

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

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

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

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

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

9           (2) Two members of the senate, with one member to be  
10 appointed by the president pro tempore of the senate and one  
11 member to be appointed by the minority floor leader of the  
12 senate;

13           (3) The director of the department of agriculture, or  
14 the director's designee;

15           (4) The director of the department of economic  
16 development, or the director's designee;

17           (5) The director of the department of health and  
18 senior services, or the director's designee;

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

21           (7) One registered dietician, appointed by the  
22 Missouri Academy of Nutrition and Dietetics;

23           (8) The commissioner of the department of elementary  
24 and secondary education, or the commissioner's designee;

25           (9) Two representatives from institutions of higher  
26 education located in Missouri, with knowledge or experience  
27 with hunger on college campuses, with one representative

28 from a four-year college or university and one  
29 representative from a two-year college;  
30 (10) One member representing a statewide association  
31 providing direct services to low-income Missourians  
32 experiences food insecurity;  
33 (11) Two members representing advocacy organizations  
34 focused on addressing child hunger and family food  
35 insecurity;  
36 (12) One member representing food banks located in  
37 Missouri;  
38 (13) One member representing a business specializing  
39 in retail or direct food sales;  
40 (14) Two members representing a community development  
41 financial institution, one with experience in food retail  
42 financing and one with experience in consumers experiencing  
43 food insecurity;  
44 (15) Two members representing local food producers,  
45 with one representing an urban area and one representing a  
46 rural area;  
47 (16) Two members representing statewide farmer-led or  
48 farmer-based organizations;  
49 (17) One member representing a faith-based  
50 organization offering food security services; and  
51 (18) One member representing a nonprofit organization  
52 working in food systems to address food insecurity concerns.  
53 3. Members of the task force, other than the  
54 legislative members and directors of state agencies, shall  
55 be appointed by the director of the department of  
56 agriculture.  
57 4. The director of the department of agriculture shall  
58 ensure that the membership of the task force reflects the  
59 diversity of the state, with members on the task force

60 representing urban and rural areas and various geographic  
61 regions of the state.

62 5. The department of agriculture shall provide  
63 technical and administrative support as required by the task  
64 force to fulfill its duties.

65 6. State departments shall provide relevant data as  
66 requested by the task force to fulfill its duties.

67 7. Members of the task force shall serve without  
68 compensation but shall receive reimbursement for actual and  
69 necessary expenses incurred in attending meetings of the  
70 task force or any subcommittee thereof.

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

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

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

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

82 (3) Evaluate the impact of tax increment financing  
83 projects and restrictive deed covenants imposed by grocery  
84 retailers on creating food deserts or prolonging existing  
85 food deserts;

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

88 (5) Evaluate potential strategies to improve  
89 collaborations and efficiencies in federal and state  
90 nutrition safety net programming.

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

94           11. The task force shall be dissolved on December 31,  
95 2023, unless extended until December 31, 2025, as determined  
96 necessary by the department of agriculture.

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

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

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

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

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

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

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

17           (7) "Employee benefit plan" or "plan", an employee  
18 welfare benefit plan or an employee pension benefit plan or  
19 a plan that is both an employee welfare benefit plan and an  
20 employee pension benefit plan;

21           (8) "Employment benefits", all benefits provided or  
22 made available to employees by an employer, including life  
23 insurance, health insurance, disability insurance, sick  
24 leave, annual leave, educational benefits, pensions, and  
25 profit-sharing, regardless of whether such benefits are  
26 provided by a practice or written policy of an employer or  
27 through an "employee benefit plan";

28           (9) "Family or household member", for employees with a  
29 family or household member who is a victim of domestic or  
30 sexual violence, a spouse, parent, son, daughter, other  
31 person related by blood or by present or prior marriage,  
32 other person who shares a relationship through a son or  
33 daughter, and persons jointly residing in the same household;

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

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

41           (12) "Public agency", the government of the state or  
42 of any political subdivision thereof, any agency of the  
43 state or of any political subdivision of the state, or any  
44 other governmental agency;

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

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

50           (a) An applicant or employee of an employer, an  
51 individual who, but for being a victim of domestic or sexual  
52 violence or with a family or household member who is a  
53 victim of domestic or sexual violence, can perform the  
54 essential functions of the employment position that such  
55 individual holds or desires; or

56           (b) An applicant for or recipient of public assistance  
57 from a public agency, an individual who, but for being a  
58 victim of domestic or sexual violence or with a family or  
59 household member who is a victim of domestic or sexual  
60 violence, can satisfy the essential requirements of the



61 program providing the public assistance that the individual  
62 receives or desires;

63 (15) "Reasonable safety accommodation", an adjustment  
64 to a job structure, workplace facility, or work requirement,  
65 including a transfer, reassignment, modified schedule,  
66 leave, a changed telephone number or seating assignment,  
67 installation of a lock, implementation of a safety  
68 procedure, or assistance in documenting domestic violence  
69 that occurs at the workplace or in work-related settings, in  
70 response to actual or threatened domestic violence. Any  
71 exigent circumstances or danger facing the employee or his  
72 or her family or household member shall be considered in  
73 determining whether the accommodation is reasonable;

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

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

80 (18) "Son or daughter", a biological, adopted, or  
81 foster child, a stepchild, a legal ward, or a child of a  
82 person standing in loco parentis, who is under eighteen  
83 years of age, or is eighteen years of age or older and  
84 incapable of self-care because of a mental or physical  
85 disability and is a victim of domestic or sexual violence;

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

89 (20) "Victim of domestic or sexual violence", an  
90 individual who has been subjected to domestic violence,  
91 sexual violence, or abuse;

92 (21) "Victim services organization", a nonprofit,  
93 nongovernmental organization that provides assistance to

94 victims of domestic violence or to advocates for such  
95 victims, including a rape crisis center, a child advocacy  
96 center, an organization carrying out a domestic violence  
97 program, an organization operating a shelter or providing  
98 counseling services, or a legal services organization or  
99 other organization providing assistance through the legal  
100 process;

101 (22) "Work", any job, task, labor, services, or any  
102 other activity for which compensation is provided, expected,  
103 or due.

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

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

11 (2) Obtaining services from a victim services  
12 organization for the employee or the employee's family or  
13 household member;

14 (3) Obtaining psychological or other counseling for  
15 the employee or the employee's family or household member;

16 (4) Participating in safety planning, temporarily or  
17 permanently relocating, or taking other actions to increase  
18 the safety of the employee or the employee's family or  
19 household member from future domestic or sexual violence or  
20 to ensure economic security; or

21 (5) Seeking legal assistance or remedies to ensure the  
22 health and safety of the employee or the employee's family  
23 or household member, including preparing for or

24 participating in any civil or criminal legal proceeding  
25 related to or derived from domestic or sexual violence.

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

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

44 4. The employee shall provide the employer with at  
45 least forty-eight hours' advance notice of the employee's  
46 intention to take leave under subsection 1 of this section,  
47 unless providing such notice is not practicable. When an  
48 unscheduled absence occurs, the employer may not take any  
49 action against the employee if the employee, upon request of  
50 the employer and within a reasonable period after the  
51 absence, provides certification under subsection 5 of this  
52 section.

53 5. The employer may require the employee to provide  
54 certification to the employer that the employee or the  
55 employee's family or household member is a victim of  
56 domestic or sexual violence and that the leave is for one of

57 the purposes enumerated in subsection 1 of this section.  
58 The employee shall provide such certification to the  
59 employer within a reasonable period after the employer  
60 requests certification.

61 6. An employee may satisfy the certification  
62 requirement of subsection 5 of this section by providing to  
63 the employer a sworn statement of the employee and the  
64 following:

65 (1) Documentation from an employee, agent, or  
66 volunteer of a victim services organization, an attorney, a  
67 member of the clergy, or a medical or other professional  
68 from whom the employee or the employee's family or household  
69 member has sought assistance in addressing domestic violence  
70 or sexual violence and the effects of such violence;

71 (2) A police or court record; or

72 (3) Other corroborating evidence.

73 7. All information provided to the employer pursuant  
74 to subsection 6 of this section including a statement of the  
75 employee or any other documentation, record, or  
76 corroborating evidence, and the fact that the employee has  
77 requested or obtained leave pursuant to this section, shall  
78 be retained in the strictest confidence by the employer,  
79 except to the extent that disclosure is requested or  
80 consented to in writing by the employee or otherwise  
81 required by applicable federal or state law.

82 8. Any employee who takes leave under this section  
83 shall be entitled, on return from such leave, to be restored  
84 by the employer to the position of employment held by the  
85 employee when the leave commenced or an equivalent position  
86 with equivalent employment benefits, pay, and other terms  
87 and conditions of employment.

88 9. The taking of leave under this section shall not  
89 result in the loss of any employment benefit accrued prior

90 to the date on which the leave commenced. Nothing in this  
91 section shall be construed to entitle any restored employee  
92 to the accrual of any seniority or employment benefits  
93 during any period of leave or any right, benefit, or  
94 position of employment other than any right, benefit, or  
95 position to which the employee would have been entitled had  
96 the employee not taken the leave. Nothing in this section  
97 shall be construed to prohibit an employer from requiring an  
98 employee on leave under this section to report periodically  
99 to the employer on the status and intention of the employee  
100 to return to work.

101 10. Upon the request of an employer, an employee  
102 requesting a reasonable safety accommodation pursuant to  
103 sections 285.625 to 285.670, shall provide the employer a  
104 written statement signed by the employee or an individual  
105 acting on the employee's behalf, certifying that the  
106 reasonable safety accommodation is for a purpose authorized  
107 under sections 285.625 to 285.670.

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

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

16 sexual violence, abuse, a sexual assault, or human  
17 trafficking that entitled the employee to leave under  
18 section 285.630, or other circumstances beyond the control  
19 of the employee.

20 3. An employer may require an employee who claims that  
21 the employee is unable to return to work because of a reason  
22 described in subsection 2 of this section to provide, within  
23 a reasonable period after making the claim, certification to  
24 the employer that the employee is unable to return to work  
25 because of that reason by providing the employer with:

- 26 (1) A sworn statement of the employee;  
27 (2) Documentation from an employee, agent, or  
28 volunteer of a victim services organization, an attorney, a  
29 member of the clergy, or a medical or other professional  
30 from whom the employee has sought assistance in addressing  
31 domestic or sexual violence and the effects of such violence;  
32 (3) A police or court record; or  
33 (4) Other corroborating evidence.

34 4. All information provided to the employer pursuant  
35 to subsection 3 of this section including a statement of the  
36 employee or any other documentation, record, or  
37 corroborating evidence, and the fact that the employee is  
38 not returning to work because of a reason described in  
39 subsection 2 of this section shall be retained in the  
40 strictest confidence by the employer, except to the extent  
41 that disclosure is requested or consented to in writing by  
42 the employee, or otherwise required by applicable federal or  
43 state law.

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

5 household member being a victim of domestic or sexual  
6 violence of an otherwise qualified individual:

7 (1) Who is:

8 (a) An employee of the employer; or

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

11 (2) Who is:

12 (a) A victim of domestic or sexual violence; or

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

17 2. Subsection 1 of this section shall not apply if the  
18 employer or public agency can demonstrate that the  
19 accommodation would impose an undue hardship on the  
20 operation of the employer or public agency.

285.665. Every employer subject to sections 285.625 to  
2 285.670 shall deliver a notice, to be prepared or approved  
3 by the director, summarizing the requirements of sections  
4 285.625 to 285.670. Such notice may be in electronic form  
5 and shall be delivered to each person employed by the  
6 employer no later than October 27, 2021, and for each person  
7 hired after October 27, 2021, such notice shall be delivered  
8 upon the commencement of employment. The director shall  
9 furnish copies of summaries and rules to employers upon  
10 request without charge.

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

6           (1) Greater leave benefits for victims of domestic or  
7 sexual violence than the rights established under sections  
8 285.625 to 285.670; or

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

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

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

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

13           3. The provisions of this section shall not apply to a  
14 supplemental insurance policy, including a life care  
15 contract, accident-only policy, specified disease policy,  
16 hospital policy providing a fixed daily benefit only,  
17 Medicare supplement policy, long-term care policy, short-  
18 term major medical policies of six months' or less duration,



19 or any other supplemental policy as determined by the  
20 director of the department of commerce and insurance.

21 4. Any additional costs to the state created under the  
22 provisions of this section shall be subject to  
23 appropriation. If any agency of the federal government  
24 determines that this section violates 42 U.S.C. Section  
25 18116 relating to nondiscrimination, the provisions of this  
26 section shall be null and void.

452.410. 1. Except as provided in subsection 2 of  
2 this section, the court shall not modify a prior custody  
3 decree unless it has jurisdiction under the provisions of  
4 section [452.450] 452.745 and it finds, upon the basis of  
5 facts that have arisen since the prior decree or that were  
6 unknown to the court at the time of the prior decree, that a  
7 change has occurred in the circumstances of the child or his  
8 custodian and that the modification is necessary to serve  
9 the best interests of the child. Notwithstanding any other  
10 provision of this section or sections 452.375 and 452.400 to  
11 the contrary, any custody order entered by any court in this  
12 state or any other state [prior to August 13, 1984,] may,  
13 subject to jurisdictional requirements, be modified to allow  
14 for joint custody or visitation only in accordance with  
15 section 452.375, [without any further showing] 452.400,  
16 452.402, or 452.403.

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

Section B. Because of the need to preserve safe and  
2 adequate access to educational opportunities for Missouri  
3 children the repeal and reenactment of section 210.201 of  
4 this act is deemed necessary for the immediate preservation  
5 of the public health, welfare, peace, and safety, and is

6 hereby declared to be an emergency act within the meaning of  
7 the constitution, and the repeal and reenactment of section  
8 210.201 of this act shall be in full force and effect upon  
9 its passage and approval.