

SENATE BILL NO. 232

102ND GENERAL ASSEMBLY

INTRODUCED BY SENATOR CARTER.

1117S.01H

KRISTINA MARTIN, Secretary

AN ACT

To repeal sections 167.181, 174.335, 210.003, 210.110, 210.115, 334.099, and 334.100, RSMo, and to enact in lieu thereof eight new sections relating to immunizations.

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

Section A. Sections 167.181, 174.335, 210.003, 210.110,
2 210.115, 334.099, and 334.100, RSMo, are repealed and eight new
3 sections enacted in lieu thereof, to be known as sections
4 167.181, 167.186, 174.335, 210.003, 210.110, 210.115, 334.099,
5 and 334.100, to read as follows:

167.181. 1. The department of health and senior
2 services, after consultation with the department of
3 elementary and secondary education, shall promulgate rules
4 and regulations governing the immunization against
5 poliomyelitis, rubella, rubeola, mumps, tetanus, pertussis,
6 diphtheria, and hepatitis B, to be required of children
7 attending public[, private, parochial or parish] schools.
8 Such rules and regulations [may modify the] **shall not**
9 **require** immunizations **against diseases** that are [required of
10 children] **not listed** in this subsection. The immunizations
11 required and the manner and frequency of their
12 administration shall conform to recognized standards of
13 medical practice. The department of health and senior
14 services shall supervise and secure the enforcement of the
15 required immunization program.

EXPLANATION-Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

16 2. It is unlawful for any student to attend **public**
17 school unless he **or she** has been immunized as required under
18 the rules and regulations of the department of health and
19 senior services[,] and can provide satisfactory evidence of
20 such immunization, **or unless he or she can provide**
21 **satisfactory evidence of acquired immunity;** except that if
22 he **or she** produces satisfactory evidence of having begun the
23 process of immunization, he **or she** may continue to attend
24 school as long as the immunization process is being
25 accomplished in the prescribed manner. It is unlawful for
26 any parent or guardian to refuse or neglect to have his **or**
27 **her** child immunized as required by this section, unless the
28 child is properly exempted.

29 3. This section shall not apply to any child if one
30 parent or guardian objects in writing to his **or her** school
31 administrator against the immunization of the child, because
32 of religious **or conscientious** beliefs or medical
33 contraindications. In cases where any such objection is for
34 reasons of medical contraindications, a statement from a
35 duly licensed physician must also be provided to the school
36 administrator. **The written religious or conscientious**
37 **belief objection may be a written statement of the parent or**
38 **guardian as long as the written statement includes the**
39 **child's name and the parent's or guardian's name and**
40 **signature. Each public school shall accept the written**
41 **religious or conscientious belief objection as described**
42 **under this subsection or the religious or conscientious**
43 **belief exemption form as described under section 167.186 and**
44 **shall not require any additional actions, including, but not**
45 **limited to, submitting additional forms, making an**
46 **appointment with the local health department, obtaining an**

47 **official stamp or seal, watching a video, or attending a**
48 **lecture.**

49 4. Each school superintendent[, whether] of a public[,
50 private, parochial or parish] school[,] shall cause to be
51 prepared a record showing the immunization status of every
52 child enrolled in or attending a school under his **or her**
53 jurisdiction. The name of any parent or guardian who
54 neglects or refuses to permit a nonexempted child to be
55 immunized against diseases as required by the rules and
56 regulations promulgated pursuant to the provisions of this
57 section shall be reported by the school superintendent to
58 the department of health and senior services.

59 5. The immunization required may be done by any duly
60 licensed physician or by someone under his **or her**
61 direction. If the parent or guardian is unable to pay, the
62 child shall be immunized at public expense by a physician or
63 nurse at or from the county, district, city public health
64 center or a school nurse or by a nurse or physician in the
65 private office or clinic of the child's personal physician
66 with the costs of immunization paid through the state
67 Medicaid program, private insurance or in a manner to be
68 determined by the department of health and senior services
69 subject to state and federal appropriations, and after
70 consultation with the school superintendent and the advisory
71 committee established in section 192.630. When a child
72 receives his or her immunization, the treating physician may
73 also administer the appropriate fluoride treatment to the
74 child's teeth.

75 6. Funds for the administration of this section and
76 for the purchase of vaccines for children of families unable
77 to afford them shall be appropriated to the department of

78 health and senior services from general revenue or from
79 federal funds if available.

80 7. No rule or portion of a rule promulgated under the
81 authority of this section shall become effective unless it
82 has been promulgated pursuant to the provisions of chapter
83 536. Any rule or portion of a rule, as that term is defined
84 in section 536.010, that is created under the authority
85 delegated in this section shall become effective only if it
86 complies with and is subject to all of the provisions of
87 chapter 536 and, if applicable, section 536.028. This
88 section and chapter 536 are nonseverable and if any of the
89 powers vested with the general assembly pursuant to chapter
90 536 to review, to delay the effective date or to disapprove
91 and annul a rule are subsequently held unconstitutional,
92 then the grant of rulemaking authority and any rule proposed
93 or adopted after August 28, 2001, shall be invalid and void.

**167.186. 1. The department of health and senior
2 services shall develop an informational brochure outlining
3 the process of obtaining a medical contraindication
4 exemption or religious or conscientious belief exemption
5 from the immunizations required under sections 167.181,
6 174.335, and 210.003.**

7 2. The brochure shall include the religious or
8 conscientious belief exemption form, the medical
9 contraindication exemption form, and a statement that a
10 student without immunizations cannot, on the basis of not
11 having immunizations, be prohibited from attending a public
12 school, a public institution of higher education, or a
13 public day care center, preschool, or nursery school if the
14 student has an exemption described under section 167.181,
15 174.335, or 210.003.

16 3. The department shall make the brochure available on
17 its website. Every public school, public institution of
18 higher education, and public day care center, preschool, and
19 nursery school shall provide notice of the brochure to each
20 student or, if the student is under eighteen years of age,
21 to the student's parent or guardian any time notice of the
22 vaccine requirements are provided.

23 4. The department shall develop and make a religious
24 or conscientious belief exemption form available on its
25 website. The religious or conscientious belief exemption
26 form shall not require any information other than the date;
27 the student's name; the student's signature or, if the
28 student is a minor, the name and signature of the parent or
29 guardian; and a list of the immunizations to which the
30 student or the student's parent or guardian objects.

31 5. The religious or conscientious belief exemption
32 form shall be in substantially the following form:

33 (The Great Seal of the State of Missouri)

34

35 MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

36 RELIGIOUS OR CONSCIENTIOUS BELIEF EXEMPTION

37

38 Pursuant to the requirements of the Missouri state
39 vaccination law (Sections 167.181, 174.335, and 210.003,
40 RSMo) for children and students attending a public day
41 care center, preschool, or nursery school; public
42 elementary or secondary school; or a public institution of
43 higher education, the following exemption is claimed:

44

45 THIS IS TO CERTIFY THAT

46 _____ NAME OF CHILD OR STUDENT (Print or type)

47 IS HEREBY EXEMPT FROM RECEIVING THE FOLLOWING CHECKED
 48 VACCINATION(S) BECAUSE SUCH VACCINATIONS VIOLATE MY
 49 RELIGIOUS OR CONSCIENTIOUS BELIEFS:

50

- 51 Polioyelitis Rubella Rubeola Mumps
 52 Tetanus Pertussis Diphtheria Hepatitis B
 53 OTHER _____

54

55 _____ STUDENT or PARENT/GUARDIAN (Print or
 56 type)

57 _____ STUDENT or PARENT/GUARDIAN SIGNATURE

58 _____ DATE

174.335. 1. Beginning with the 2004-05 school year
 2 and for each school year thereafter, every public
 3 institution of higher education in this state shall require
 4 all students who reside in on-campus housing to have
 5 received the meningococcal vaccine not more than five years
 6 prior to enrollment and in accordance with the latest
 7 recommendations of the Advisory Committee on Immunization
 8 Practices of the Centers for Disease Control and Prevention,
 9 unless a signed statement of medical **exemption** or religious
 10 **or conscientious belief** exemption is on file with the
 11 institution's administration. A student shall be exempted
 12 from the immunization requirement of this section upon
 13 signed certification by a physician licensed under chapter
 14 334 indicating that either the immunization would seriously
 15 endanger the student's health or life or the student has
 16 documentation of the disease or laboratory evidence of
 17 immunity to the disease. A student shall be exempted from
 18 the immunization requirement of this section if he or she
 19 objects in writing to the institution's administration that

20 immunization violates his or her religious **or conscientious**
21 beliefs. **The written religious or conscientious belief**
22 **objection may be a written statement of the student as long**
23 **as the written statement includes the student's name and**
24 **signature. Each public institution of higher education**
25 **shall accept the written religious or conscientious belief**
26 **objection as described under this subsection or the**
27 **religious or conscientious belief exemption form as**
28 **described under section 167.186 and shall not require any**
29 **additional actions including, but not limited to, submitting**
30 **additional forms, making an appointment with the local**
31 **health department, obtaining an official stamp or seal,**
32 **watching a video, or attending a lecture.**

33 2. Each public university or college in this state
34 shall maintain records on the meningococcal vaccination
35 status of every student residing in on-campus housing at the
36 university or college.

37 3. Nothing in this section shall be construed as
38 requiring any institution of higher education to provide or
39 pay for vaccinations against meningococcal disease.

40 4. For purposes of this section, the term "on-campus
41 housing" shall include[, but not be limited to, any
42 fraternity or sorority residence, regardless of whether such
43 residence is privately owned, on or near the campus of a
44 public institution of higher education] **only publicly owned**
45 **property.**

210.003. 1. No child shall be permitted to enroll in
2 or attend any public[, private or parochial] day care
3 center, preschool, or nursery school [caring for ten or more
4 children] unless such child has been adequately immunized
5 against [vaccine-preventable childhood illnesses specified
6 by the department of health and senior services in

7 accordance with recommendations of the Centers for Disease
8 Control and Prevention Advisory Committee on Immunization
9 Practices (ACIP). The parent or guardian of such child
10 shall provide satisfactory evidence of the required
11 immunizations] **poliomyelitis, rubella, rubeola, mumps,**
12 **tetanus, pertussis, diphtheria, and hepatitis B.**

13 2. A child who has not completed all immunizations
14 **required under this section that are** appropriate for his or
15 her age may enroll[,] if:

16 (1) Satisfactory evidence is produced that such child
17 has begun the process of immunization. The child may
18 continue to attend as long as the immunization process is
19 being accomplished according to the [ACIP/Missouri] **schedule**
20 **recommended by the** department of health and senior services
21 [recommended schedule];

22 (2) The parent or guardian has signed and placed on
23 file with the day care administrator a statement of
24 exemption which may be either of the following:

25 (a) A medical exemption, by which a child shall be
26 exempted from the requirements of this section upon
27 certification by a licensed physician that such immunization
28 would seriously endanger the child's health or life; or

29 (b) A [parent or guardian] **religious or conscientious**
30 **belief** exemption, by which a child shall be exempted from
31 the requirements of this section if one parent or guardian
32 files a written objection to immunization with the day care
33 administrator; or

34 (3) The child is homeless or in the custody of the
35 children's division and cannot provide satisfactory evidence
36 of the required immunizations. Satisfactory evidence shall
37 be presented within thirty days of enrollment and shall
38 confirm either that the child has completed all

39 immunizations **required under this section that are**
40 appropriate for his or her age or has begun the process of
41 immunization. If the child has begun the process of
42 immunization, he or she may continue to attend as long as
43 the process is being accomplished according to the schedule
44 recommended by the department of health and senior services.

45 [Exemptions shall be accepted by the day care administrator
46 when the necessary information as determined by the
47 department of health and senior services is filed with the
48 day care administrator by the parent or guardian. Exemption
49 forms shall be provided by the department of health and
50 senior services] **The written religious or conscientious**
51 **belief objection may be a written statement of the parent or**
52 **guardian as long as the written statement includes the**
53 **child's name and the parent's or guardian's name and**
54 **signature. Each public day care center, preschool, and**
55 **nursery school shall accept the written religious or**
56 **conscientious belief objection as described under this**
57 **subsection or the religious or conscientious belief**
58 **exemption form as described under section 167.186 and shall**
59 **not require any additional actions, including, but not**
60 **limited to, submitting additional forms, making an**
61 **appointment with the local health department, obtaining an**
62 **official stamp or seal, watching a video, or attending a**
63 **lecture.**

64 3. In the event of an outbreak or suspected outbreak
65 of a vaccine-preventable disease within a particular
66 facility, the administrator of the facility shall follow the
67 control measures instituted by the local health authority or
68 the department of health and senior services or both the
69 local health authority and the department of health and

70 senior services, as established in Rule 19 CSR 20-20.040,
71 "Measures for the Control of Communicable, Environmental and
72 Occupational Diseases".

73 4. The administrator of each public[, private or
74 parochial] day care center, preschool, or nursery school
75 shall cause to be prepared a record of immunization of every
76 child enrolled in or attending a facility under his or her
77 jurisdiction. An annual summary report shall be made by
78 January fifteenth showing the immunization status of each
79 child enrolled, using forms provided for this purpose by the
80 department of health and senior services. The immunization
81 records shall be available for review by department of
82 health and senior services personnel upon request.

83 5. For purposes of this section, "satisfactory
84 evidence of immunization" means a statement, certificate or
85 record from a physician or other recognized health facility
86 or personnel, stating that the required immunizations have
87 been given to the child and verifying the type of vaccine
88 and the month, day and year of administration.

89 6. Nothing in this section shall preclude any
90 political subdivision from adopting more stringent rules
91 regarding the immunization of preschool children.

92 7. All public[, private, and parochial] day care
93 centers, preschools, and nursery schools shall notify the
94 parent or guardian of each child at the time of initial
95 enrollment in or attendance at the facility that the parent
96 or guardian may request notice of whether there are children
97 currently enrolled in or attending the facility for whom an
98 immunization exemption has been filed. Beginning December
99 1, 2015, all public[, private, and parochial] day care
100 centers, preschools, and nursery schools shall notify the
101 parent or guardian of each child currently enrolled in or

102 attending the facility that the parent or guardian may
103 request notice of whether there are children currently
104 enrolled in or attending the facility for whom an
105 immunization exemption has been filed. Any public[,
106 private, or parochial] day care center, preschool, or
107 nursery school shall notify the parent or guardian of a
108 child enrolled in or attending the facility, upon request,
109 of whether there are children currently enrolled in or
110 attending the facility for whom an immunization exemption
111 has been filed.

210.110. As used in sections 210.109 to 210.165, and
2 sections 210.180 to 210.183, the following terms mean:

3 (1) "Abuse", any physical injury, sexual abuse, or
4 emotional abuse inflicted on a child other than by
5 accidental means by those responsible for the child's care,
6 custody, and control, except that discipline including
7 spanking, administered in a reasonable manner, **or a decision**
8 **by those responsible for the child's care, custody, and**
9 **control to not immunize a child** shall not be construed to be
10 abuse. Victims of abuse shall also include any victims of
11 sex trafficking or severe forms of trafficking as those
12 terms are defined in 22 U.S.C. [78] Section [7102(9)-(10)]
13 **7102, as amended;**

14 (2) "Assessment and treatment services for children",
15 an approach to be developed by the children's division which
16 will recognize and treat the specific needs of at-risk and
17 abused or neglected children. The developmental and medical
18 assessment may be a broad physical, developmental, and
19 mental health screening to be completed within thirty days
20 of a child's entry into custody and in accordance with the
21 periodicity schedule set forth by the American Academy of
22 Pediatrics thereafter as long as the child remains in care.

23 Screenings may be offered at a centralized location and
24 include, at a minimum, the following:

25 (a) Complete physical to be performed by a
26 pediatrician familiar with the effects of abuse and neglect
27 on young children;

28 (b) Developmental, behavioral, and emotional screening
29 in addition to early periodic screening, diagnosis, and
30 treatment services, including a core set of standardized and
31 recognized instruments as well as interviews with the child
32 and appropriate caregivers. The screening battery may be
33 performed by a licensed mental health professional familiar
34 with the effects of abuse and neglect on young children, who
35 will then serve as the liaison between all service providers
36 in ensuring that needed services are provided. Such
37 treatment services may include in-home services, out-of-home
38 placement, intensive twenty-four-hour treatment services,
39 family counseling, parenting training and other best
40 practices.

41 Children whose screenings indicate an area of concern may
42 complete a comprehensive, in-depth health, psychodiagnostic,
43 or developmental assessment within sixty days of entry into
44 custody;

45 (3) "Central registry", a registry of persons where
46 the division has found probable cause to believe prior to
47 August 28, 2004, or by a preponderance of the evidence after
48 August 28, 2004, or a court has substantiated through court
49 adjudication that the individual has committed child abuse
50 or neglect or the person has pled guilty or has been found
51 guilty of a crime pursuant to section 565.020, 565.021,
52 565.023, 565.024, 565.050, 566.030, 566.060, or 567.050 if
53 the victim is a child less than eighteen years of age, or

54 any other crime pursuant to chapter 566 if the victim is a
55 child less than eighteen years of age and the perpetrator is
56 twenty-one years of age or older, a crime under section
57 568.020, 568.030, 568.045, 568.050, 568.060, 568.080,
58 568.090, 573.023, 573.025, 573.035, 573.037, 573.040,
59 573.200, or 573.205, or an attempt to commit any such
60 crimes. Any persons placed on the registry prior to August
61 28, 2004, shall remain on the registry for the duration of
62 time required by section 210.152;

63 (4) "Child", any person, regardless of physical or
64 mental condition, under eighteen years of age;

65 (5) "Children's services providers and agencies", any
66 public, quasi-public, or private entity with the appropriate
67 and relevant training and expertise in delivering services
68 to children and their families as determined by the
69 children's division, and capable of providing direct
70 services and other family services for children in the
71 custody of the children's division or any such entities or
72 agencies that are receiving state moneys for such services;

73 (6) "Director", the director of the Missouri
74 children's division within the department of social services;

75 (7) "Division", the Missouri children's division
76 within the department of social services;

77 (8) "Family assessment and services", an approach to
78 be developed by the children's division which will provide
79 for a prompt assessment of a child who has been reported to
80 the division as a victim of abuse or neglect by a person
81 responsible for that child's care, custody or control and of
82 that child's family, including risk of abuse and neglect
83 and, if necessary, the provision of community-based services
84 to reduce the risk and support the family;

85 (9) "Family support team meeting" or "team meeting", a
86 meeting convened by the division or children's services
87 provider in behalf of the family and/or child for the
88 purpose of determining service and treatment needs,
89 determining the need for placement and developing a plan for
90 reunification or other permanency options, determining the
91 appropriate placement of the child, evaluating case
92 progress, and establishing and revising the case plan;

93 (10) "Investigation", the collection of physical and
94 verbal evidence to determine if a child has been abused or
95 neglected;

96 (11) "Jail or detention center personnel", employees
97 and volunteers working in any premises or institution where
98 incarceration, evaluation, care, treatment or rehabilitation
99 is provided to persons who are being held under custody of
100 the law;

101 (12) "Neglect", failure to provide, by those
102 responsible for the care, custody, and control of the child,
103 the proper or necessary support, education as required by
104 law, nutrition or medical, surgical, or any other care
105 necessary for the child's well-being. Victims of neglect
106 shall also include any victims of sex trafficking or severe
107 forms of trafficking as those terms are defined in 22 U.S.C.
108 **[78] Section [7102(9)-(10)] 7102, as amended. "Neglect"**
109 **shall not include a decision by those responsible for the**
110 **child's custody, care, and control to not immunize a child;**

111 (13) "Preponderance of the evidence", that degree of
112 evidence that is of greater weight or more convincing than
113 the evidence which is offered in opposition to it or
114 evidence which as a whole shows the fact to be proved to be
115 more probable than not;

116 (14) "Probable cause", available facts when viewed in
117 the light of surrounding circumstances which would cause a
118 reasonable person to believe a child was abused or neglected;

119 (15) "Report", the communication of an allegation of
120 child abuse or neglect to the division pursuant to section
121 210.115;

122 (16) "Those responsible for the care, custody, and
123 control of the child", includes, but is not limited to:

124 (a) The parents or legal guardians of a child;

125 (b) Other members of the child's household;

126 (c) Those exercising supervision over a child for any
127 part of a twenty-four-hour day;

128 (d) Any adult person who has access to the child based
129 on relationship to the parents of the child or members of
130 the child's household or the family;

131 (e) Any person who takes control of the child by
132 deception, force, or coercion; or

133 (f) School personnel, contractors, and volunteers, if
134 the relationship with the child was established through the
135 school or through school-related activities, even if the
136 alleged abuse or neglect occurred outside of school hours or
137 off school grounds.

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]
52 **receiving** specified medical treatment by reason of the
53 legitimate practice of the religious belief of the child's
54 parents, guardian, or others legally responsible for the
55 child[, for that reason alone,] **or not receiving**
56 **immunizations by reason of the religious or conscientious**
57 **belief of the child's parents, guardian, or others legally**
58 **responsible for the child** shall not be [found to be] a
59 **contributing factor for a finding of** an abused or neglected
60 child, and such parents, guardian or other persons legally
61 responsible for the child shall not be entered into the
62 central registry. However, the division may accept reports
63 concerning such a child and may subsequently investigate or
64 conduct a family assessment as a result of that report;
65 **except that, a child not receiving immunizations shall not**
66 **be a contributing factor in the division's decision to**
67 **accept reports concerning such a child or to investigate or**
68 **conduct a family assessment.** Such an exception shall not
69 limit the administrative or judicial authority of the state
70 to ensure that medical services are provided to the child
71 when the child's health requires it.

72 5. In addition to those persons and officials required
73 to report actual or suspected abuse or neglect, any other
74 person may report in accordance with sections 210.109 to

75 210.183 if such person has reasonable cause to suspect that
76 a child has been or may be subjected to abuse or neglect or
77 observes a child being subjected to conditions or
78 circumstances which would reasonably result in abuse or
79 neglect.

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

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

102 8. If an individual required to report suspected
103 instances of abuse or neglect pursuant to this section has
104 reason to believe that the victim of such abuse or neglect
105 is a resident of another state or was injured as a result of
106 an act which occurred in another state, the person required

107 to report such abuse or neglect may, in lieu of reporting to
108 the Missouri children's division, make such a report to the
109 child protection agency of the other state with the
110 authority to receive such reports pursuant to the laws of
111 such other state. If such agency accepts the report, no
112 report is required to be made, but may be made, to the
113 children's division.

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

334.099. 1. (1) The board may initiate a contested
2 hearing to determine if reasonable cause exists to believe
3 that a licensee or applicant is unable to practice his or
4 her profession with reasonable skill and safety to the
5 public by reason of medical or osteopathic incompetency,
6 mental or physical incapacity, or due to the excessive use
7 or abuse of alcohol or controlled substances. **The board**
8 **shall not initiate a contested hearing on the basis of, or**
9 **in retaliation for, any licensee or applicant providing an**
10 **immunization exemption statement or certification under**
11 **section 167.181, 174.335, or 210.003.**

12 (2) The board shall serve notice pursuant to section
13 536.067 of the contested hearing at least fifteen days prior
14 to the hearing. Such notice shall include a statement of
15 the reasons the board believes there is reasonable cause to
16 believe that a licensee or applicant is unable to practice
17 his or her profession with reasonable skill and safety to
18 the public by reason of medical or osteopathic incompetency,
19 mental, or physical incapacity, or due to the excessive use
20 or abuse of alcohol or controlled substances.

21 (3) For purposes of this section and prior to any
22 contested hearing, the board may, notwithstanding any other
23 law limiting access to medical or other health data, obtain
24 medical data and health records relating to the licensee or
25 applicant without the licensee's or applicant's consent,
26 upon issuance of a subpoena by the board. These data and
27 records shall be admissible without further authentication
28 by either board or licensee at any hearing held pursuant to
29 this section.

30 (4) After a contested hearing before the board, and
31 upon a showing of reasonable cause to believe that a
32 licensee or applicant is unable to practice his or her
33 profession with reasonable skill and safety to the public by
34 reason of medical or osteopathic incompetency, mental, or
35 physical incapacity, or due to the excessive use or abuse of
36 alcohol or controlled substances the board may require a
37 licensee or applicant to submit to an examination. The
38 board shall maintain a list of facilities approved to
39 perform such examinations. The licensee or applicant may
40 propose a facility not previously approved to the board and
41 the board may accept such facility as an approved facility
42 for such licensee or applicant by a majority vote.

43 (5) For purposes of this subsection, every licensee or
44 applicant is deemed to have consented to an examination upon
45 a showing of reasonable cause. The applicant or licensee
46 shall be deemed to have waived all objections to the
47 admissibility of testimony by the provider of the
48 examination and to the admissibility of examination reports
49 on the grounds that the provider of the examination's
50 testimony or the examination is confidential or privileged.

51 (6) Written notice of the order for an examination
52 shall be sent to the applicant or licensee by registered
53 mail, addressed to the licensee or applicant at the
54 licensee's or applicant's last known address on file with
55 the board, or shall be personally served on the applicant or
56 licensee. The order shall state the cause for the
57 examination, how to obtain information about approved
58 facilities, and a time limit for obtaining the examination.
59 The licensee or applicant shall cause a report of the
60 examination to be sent to the board.

61 (7) The licensee or applicant shall sign all necessary
62 releases for the board to obtain and use the examination
63 during a hearing and to disclose the recommendations of the
64 examination as part of a disciplinary order.

65 (8) After receiving the report of the examination
66 ordered in subdivision (4) of this subsection, the board may
67 hold a contested hearing to determine if by clear and
68 convincing evidence the licensee or applicant is unable to
69 practice with reasonable skill or safety to the public by
70 reasons of medical or osteopathic incompetency, reason of
71 mental or physical incapacity, or due to the excessive use
72 or abuse of alcohol or controlled substances. If the board
73 finds that the licensee or applicant is unable to practice
74 with reasonable skill or safety to the public by reasons of

75 medical or osteopathic incompetency, reason of mental or
76 physical incapacity, or excessive use or abuse of controlled
77 substances, the board shall, after a hearing, enter an order
78 imposing one or more of the disciplinary measures set forth
79 in subsection 4 of section 334.100.

80 (9) The provisions of chapter 536 for a contested
81 case, except those provisions or amendments which are in
82 conflict with this section, shall apply to and govern the
83 proceedings contained in this subsection and the rights and
84 duties of the parties involved. The person appealing such
85 an action shall be entitled to present evidence under
86 chapter 536 relevant to the allegations.

87 2. Failure to submit to the examination when directed
88 shall be cause for the revocation of the license of the
89 licensee or denial of the application. No license may be
90 reinstated or application granted until such time as the
91 examination is completed and delivered to the board or the
92 board withdraws its order.

93 3. Neither the record of proceedings nor the orders
94 entered by the board shall be used against a licensee or
95 applicant in any other proceeding, except for a proceeding
96 in which the board or its members are a party or in a
97 proceeding involving any state or federal agency.

98 4. A licensee or applicant whose right to practice has
99 been affected under this section shall, at reasonable
100 intervals not to exceed twelve months, be afforded an
101 opportunity to demonstrate that he or she can resume the
102 competent practice of his or her profession or should be
103 granted a license. The board may hear such motion more
104 often upon good cause shown.

105 5. The board shall promulgate rules and regulations to
106 carry out the provisions of this section.

107 6. For purposes of this section, "examination" means a
108 skills, multidisciplinary, or substance abuse evaluation.

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

29 **(2) The board shall not refuse to issue or renew any**
30 **certificate of registration or authority, permit, or license**

31 required by this chapter on the basis of, or in retaliation
32 for, providing an immunization exemption statement or
33 certification under section 167.181, 174.335, or 210.003.
34 The board shall not issue a license that is subject to
35 probation, restriction, or limitation on the basis of, or in
36 retaliation for, providing an immunization exemption
37 statement or certification under section 167.181, 174.335,
38 or 210.003.

39 2. The board may cause a complaint to be filed with
40 the administrative hearing commission as provided by chapter
41 621 against any holder of any certificate of registration or
42 authority, permit, or license required by this chapter or
43 any person who has failed to renew or has surrendered the
44 person's certificate of registration or authority, permit,
45 or license for any one or any combination of the following
46 causes:

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

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

60 (3) Use of fraud, deception, misrepresentation, or
61 bribery in securing any certificate of registration or
62 authority, permit, or license issued pursuant to this

63 chapter or in obtaining permission to take any examination
64 given or required pursuant to this chapter;

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

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

77 (b) Attempting, directly or indirectly, by way of
78 intimidation, coercion, or deception, to obtain or retain a
79 patient or discourage the use of a second opinion or
80 consultation;

81 (c) Willfully and continually performing inappropriate
82 or unnecessary treatment, diagnostic tests, or medical or
83 surgical services;

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

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

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

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

106 (h) Signing a blank prescription form; or dispensing,
107 prescribing, administering, or otherwise distributing any
108 drug, controlled substance, or other treatment without
109 sufficient examination including failing to establish a
110 valid physician-patient relationship pursuant to section
111 334.108, or for other than medically accepted therapeutic or
112 experimental or investigative purposes duly authorized by a
113 state or federal agency, or not in the course of
114 professional practice, or not in good faith to relieve pain
115 and suffering, or not to cure an ailment, physical
116 infirmity, or disease, except as authorized in section
117 334.104;

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

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

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

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

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

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

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

136 (p) Violating a probation agreement, order, or other
137 settlement agreement with this board or any other licensing
138 agency;

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

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

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

152 (5) Any conduct or practice which is or might be
153 harmful or dangerous to the mental or physical health of a
154 patient or the public; or incompetency, gross negligence, or
155 repeated negligence in the performance of the functions or
156 duties of any profession licensed or regulated by this
157 chapter. For the purposes of this subdivision, "repeated

158 negligence" means the failure, on more than one occasion, to
159 use that degree of skill and learning ordinarily used under
160 the same or similar circumstances by the member of the
161 applicant's or licensee's profession;

162 (6) Violation of, or attempting to violate, directly
163 or indirectly, or assisting or enabling any person to
164 violate, any provision of this chapter or chapter 324, or of
165 any lawful rule or regulation adopted pursuant to this
166 chapter or chapter 324;

167 (7) Impersonation of any person holding a certificate
168 of registration or authority, permit, or license or allowing
169 any person to use his or her certificate of registration or
170 authority, permit, license, or diploma from any school;

171 (8) Revocation, suspension, restriction, modification,
172 limitation, reprimand, warning, censure, probation, or other
173 final disciplinary action against the holder of or applicant
174 for a license or other right to practice any profession
175 regulated by this chapter by another state, territory,
176 federal agency, or country, whether or not voluntarily
177 agreed to by the licensee or applicant, including, but not
178 limited to, the denial of licensure, surrender of the
179 license, allowing the license to expire or lapse, or
180 discontinuing or limiting the practice of medicine while
181 subject to an investigation or while actually under
182 investigation by any licensing authority, medical facility,
183 branch of the Armed Forces of the United States of America,
184 insurance company, court, agency of the state or federal
185 government, or employer;

186 (9) A person is finally adjudged incapacitated or
187 disabled by a court of competent jurisdiction;

188 (10) Assisting or enabling any person to practice or
189 offer to practice any profession licensed or regulated by

190 this chapter who is not registered and currently eligible to
191 practice pursuant to this chapter; or knowingly performing
192 any act which in any way aids, assists, procures, advises,
193 or encourages any person to practice medicine who is not
194 registered and currently eligible to practice pursuant to
195 this chapter. A physician who works in accordance with
196 standing orders or protocols or in accordance with the
197 provisions of section 334.104 shall not be in violation of
198 this subdivision;

199 (11) Issuance of a certificate of registration or
200 authority, permit, or license based upon a material mistake
201 of fact;

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

205 (13) Violation of the drug laws or rules and
206 regulations of this state, including but not limited to any
207 provision of chapter 195, any other state, or the federal
208 government;

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

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

215 (16) Soliciting patronage in person or by agents or
216 representatives, or by any other means or manner, under the
217 person's own name or under the name of another person or
218 concern, actual or pretended, in such a manner as to
219 confuse, deceive, or mislead the public as to the need or
220 necessity for or appropriateness of health care services for
221 all patients, or the qualifications of an individual person

222 or persons to diagnose, render, or perform health care
223 services;

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

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

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

241 (20) Any candidate for licensure or person licensed to
242 practice as a physical therapist, paying or offering to pay
243 a referral fee or, notwithstanding section 334.010 to the
244 contrary, practicing or offering to practice professional
245 physical therapy independent of the prescription and
246 direction of a person licensed and registered as a physician
247 and surgeon pursuant to this chapter, as a dentist pursuant
248 to chapter 332, as a podiatrist pursuant to chapter 330, as
249 an advanced practice registered nurse under chapter 335, or
250 any licensed and registered physician, dentist, podiatrist,
251 or advanced practice registered nurse practicing in another
252 jurisdiction, whose license is in good standing;

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

258 (22) Any person licensed to practice as a physician or
259 surgeon, requiring, as a condition of the physician-patient
260 relationship, that the patient receive prescribed drugs,
261 devices, or other professional services directly from
262 facilities of that physician's office or other entities
263 under that physician's ownership or control. A physician
264 shall provide the patient with a prescription which may be
265 taken to the facility selected by the patient and a
266 physician knowingly failing to disclose to a patient on a
267 form approved by the advisory commission for professional
268 physical therapists as established by section 334.625 which
269 is dated and signed by a patient or guardian acknowledging
270 that the patient or guardian has read and understands that
271 the physician has a pecuniary interest in a physical therapy
272 or rehabilitation service providing prescribed treatment and
273 that the prescribed treatment is available on a competitive
274 basis. This subdivision shall not apply to a referral by
275 one physician to another physician within a group of
276 physicians practicing together;

277 (23) A pattern of personal use or consumption of any
278 controlled substance unless it is prescribed, dispensed, or
279 administered by another physician who is authorized by law
280 to do so;

281 (24) Habitual intoxication or dependence on alcohol,
282 evidence of which may include more than one alcohol-related
283 enforcement contact as defined by section 302.525;

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

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

293 (27) For a physician to operate, conduct, manage, or
294 establish an abortion facility, or for a physician to
295 perform an abortion in an abortion facility, if such
296 facility comes under the definition of an ambulatory
297 surgical center pursuant to sections 197.200 to 197.240, and
298 such facility has failed to obtain or renew a license as an
299 ambulatory surgical center.

300 3. Collaborative practice arrangements, protocols, and
301 standing orders shall be in writing and signed and dated by
302 a physician prior to their implementation.

303 4. After the filing of such complaint before the
304 administrative hearing commission, the proceedings shall be
305 conducted in accordance with the provisions of chapter 621.
306 Upon a finding by the administrative hearing commission that
307 the grounds, provided in subsection 2 of this section, for
308 disciplinary action are met, the board may, singly or in
309 combination, warn, censure, or place the person named in the
310 complaint on probation on such terms and conditions as the
311 board deems appropriate for a period not to exceed ten
312 years, or may suspend the person's license, certificate or
313 permit for a period not to exceed three years, or restrict
314 or limit the person's license, certificate, or permit for an
315 indefinite period of time, or revoke the person's license,

316 certificate, or permit, or administer a public or private
317 reprimand, or deny the person's application for a license,
318 or permanently withhold issuance of a license or require the
319 person to submit to the care, counseling or treatment of
320 physicians designated by the board at the expense of the
321 individual to be examined, or require the person to attend
322 such continuing educational courses and pass such
323 examinations as the board may direct.

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

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

335 7. In any investigation, hearing, or other proceeding
336 to determine a licensee's or applicant's fitness to
337 practice, any record relating to any patient of the licensee
338 or applicant shall be discoverable by the board and
339 admissible into evidence, regardless of any statutory or
340 common law privilege which such licensee, applicant, record
341 custodian, or patient might otherwise invoke. In addition,
342 no such licensee, applicant, or record custodian may
343 withhold records or testimony bearing upon a licensee's or
344 applicant's fitness to practice on the ground of privilege
345 between such licensee, applicant, or record custodian and a
346 patient.

347 8. The act of lawfully dispensing, prescribing,
348 administering, or otherwise distributing ivermectin tablets
349 or hydroxychloroquine sulfate tablets for human use shall
350 not be grounds for denial, suspension, revocation, or other
351 disciplinary action by the board.

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