

FIRST REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 106
102ND GENERAL ASSEMBLY

0309H.09C

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal sections 208.151, 208.662, 376.782, 441.740, 552.020, 552.050, 630.045, 630.140, 630.175, 631.120, 631.135, 631.140, 631.150, 631.165, 632.005, 632.150, 632.155, 632.300, 632.305, 632.310, 632.315, 632.320, 632.325, 632.330, 632.335, 632.340, 632.345, 632.350, 632.355, 632.370, 632.375, 632.385, 632.390, 632.392, 632.395, 632.400, 632.410, 632.415, 632.420, 632.430, 632.440, 632.455, 633.125, 701.336, 701.340, 701.342, 701.344, and 701.348, RSMo, and to enact in lieu thereof fifty-one new sections relating to public health, with an emergency clause for certain sections.

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

Section A. Sections 208.151, 208.662, 376.782, 441.740, 552.020, 552.050, 630.045, 630.140, 630.175, 631.120, 631.135, 631.140, 631.150, 631.165, 632.005, 632.150, 632.155, 632.300, 632.305, 632.310, 632.315, 632.320, 632.325, 632.330, 632.335, 632.340, 632.345, 632.350, 632.355, 632.370, 632.375, 632.385, 632.390, 632.392, 632.395, 632.400, 632.410, 632.415, 632.420, 632.430, 632.440, 632.455, 633.125, 701.336, 701.340, 701.342, 701.344, and 701.348, RSMo, are repealed and fifty-one new sections enacted in lieu thereof, to be known as sections 167.027, 191.240, 192.775, 208.151, 208.662, 376.782, 376.1183, 441.740, 552.020, 552.050, 630.045, 630.140, 630.175, 631.120, 631.135, 631.140, 631.150, 631.165, 632.005, 632.150, 632.155, 632.305, 632.310, 632.315, 632.320, 632.325, 632.330, 632.335, 632.340, 632.345, 632.350, 632.355, 632.370, 632.375, 632.385, 632.390, 632.392, 632.395, 632.400, 632.410, 632.415, 632.420, 632.430, 632.440, 632.455, 633.125, 701.336, 701.340, 701.342, 701.344, and 701.348, to read as follows:

EXPLANATION — Matter enclosed in bold-faced brackets **[thus]** in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

167.027. 1. As used in this section, "student special education record" means the following:

(1) An individualized education program, or IEP, as such term is defined in 20 U.S.C. Section 1401, as amended;

(2) An individualized family service plan, or IFSP, as such term is defined in 20 U.S.C. Section 1401, as amended;

(3) A 504 plan created under Section 504 of the federal Rehabilitation Act of 1973, 29 U.S.C. Section 794, as amended;

(4) A record produced for a child with a disability, as such term is defined in 20 U.S.C. Section 1401, as amended; and

(5) Other records produced for a child under the federal Individuals with Disabilities Education Act (IDEA), as amended.

2. For the 2023-24 school year and all subsequent school years, a student special education record shall be deemed a permanent record and shall be maintained as a part of a child's cumulative scholastic record.

3. Notwithstanding any other provision of law, rule, regulation, or policy to the contrary, no school district or public school shall destroy a child's student special education record.

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

(1) "Health care provider", the same meaning given to the term in section 191.900;

(2) "Patient examination", a prostate, anal, or pelvic examination.

2. A health care provider, or any student or trainee under the supervision of a health care provider, shall not knowingly perform a patient examination upon an anesthetized or unconscious patient in a health care facility unless:

(1) The patient or a person authorized to make health care decisions for the patient has given specific informed consent to the patient examination for nonmedical purposes;

(2) The examination is necessary for diagnostic or treatment purposes;

(3) The collection of evidence through a forensic examination, as defined in subsection 8 of section 595.220, for a suspected sexual assault on the anesthetized or unconscious patient is necessary because the evidence will be lost or because the patient is unable to give informed consent due to a medical condition; or

(4) Circumstances are present that imply consent, as described in section 431.063.

18 **3. A health care provider shall notify a patient of any patient examination**
19 **performed under subdivisions (2) to (4) of subsection 2 of this section if the patient is**
20 **unable to give verbal or written consent.**

21 **4. A health care provider who violates the provisions of this section, or who**
22 **supervises a student or trainee who violates the provisions of this section, shall be**
23 **subject to discipline by any licensing board that licenses the health care provider.**

192.775. A mammography facility certified by the United States Food and Drug
2 **Administration (FDA) or by a certification agency approved by the FDA shall not**
3 **require any person to obtain a referral from a primary care provider or other physician**
4 **in order to receive a screening mammogram at the facility if providing the mammogram**
5 **for the person is consistent with the recommendations in the most current breast cancer**
6 **screening guidelines established by the United States Preventive Services Task Force.**

 208.151. 1. Medical assistance on behalf of needy persons shall be known as "MO
2 HealthNet". For the purpose of paying MO HealthNet benefits and to comply with Title XIX,
3 Public Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. Section
4 301, et seq.) as amended, the following needy persons shall be eligible to receive MO
5 HealthNet benefits to the extent and in the manner hereinafter provided:

6 (1) All participants receiving state supplemental payments for the aged, blind and
7 disabled;

8 (2) All participants receiving aid to families with dependent children benefits,
9 including all persons under nineteen years of age who would be classified as dependent
10 children except for the requirements of subdivision (1) of subsection 1 of section 208.040.
11 Participants eligible under this subdivision who are participating in treatment court, as
12 defined in section 478.001, shall have their eligibility automatically extended sixty days from
13 the time their dependent child is removed from the custody of the participant, subject to
14 approval of the Centers for Medicare and Medicaid Services;

15 (3) All participants receiving blind pension benefits;

16 (4) All persons who would be determined to be eligible for old age assistance
17 benefits, permanent and total disability benefits, or aid to the blind benefits under the
18 eligibility standards in effect December 31, 1973, or less restrictive standards as established
19 by rule of the family support division, who are sixty-five years of age or over and are patients
20 in state institutions for mental diseases or tuberculosis;

21 (5) All persons under the age of twenty-one years who would be eligible for aid to
22 families with dependent children except for the requirements of subdivision (2) of subsection
23 1 of section 208.040, and who are residing in an intermediate care facility, or receiving active
24 treatment as inpatients in psychiatric facilities or programs, as defined in 42 U.S.C. Section
25 1396d, as amended;

26 (6) All persons under the age of twenty-one years who would be eligible for aid to
27 families with dependent children benefits except for the requirement of deprivation of
28 parental support as provided for in subdivision (2) of subsection 1 of section 208.040;

29 (7) All persons eligible to receive nursing care benefits;

30 (8) All participants receiving family foster home or nonprofit private child-care
31 institution care, subsidized adoption benefits and parental school care wherein state funds are
32 used as partial or full payment for such care;

33 (9) All persons who were participants receiving old age assistance benefits, aid to the
34 permanently and totally disabled, or aid to the blind benefits on December 31, 1973, and who
35 continue to meet the eligibility requirements, except income, for these assistance categories,
36 but who are no longer receiving such benefits because of the implementation of Title XVI of
37 the federal Social Security Act, as amended;

38 (10) Pregnant women who meet the requirements for aid to families with dependent
39 children, except for the existence of a dependent child in the home;

40 (11) Pregnant women who meet the requirements for aid to families with dependent
41 children, except for the existence of a dependent child who is deprived of parental support as
42 provided for in subdivision (2) of subsection 1 of section 208.040;

43 (12) Pregnant women or infants under one year of age, or both, whose family income
44 does not exceed an income eligibility standard equal to one hundred eighty-five percent of the
45 federal poverty level as established and amended by the federal Department of Health and
46 Human Services, or its successor agency;

47 (13) Children who have attained one year of age but have not attained six years of age
48 who are eligible for medical assistance under 6401 of P.L. 101-239 (Omnibus Budget
49 Reconciliation Act of 1989) (42 U.S.C. Sections 1396a to 1396b). The family support
50 division shall use an income eligibility standard equal to one hundred thirty-three percent of
51 the federal poverty level established by the Department of Health and Human Services, or its
52 successor agency;

53 (14) Children who have attained six years of age but have not attained nineteen years
54 of age. For children who have attained six years of age but have not attained nineteen years
55 of age, the family support division shall use an income assessment methodology which
56 provides for eligibility when family income is equal to or less than equal to one hundred
57 percent of the federal poverty level established by the Department of Health and Human
58 Services, or its successor agency. As necessary to provide MO HealthNet coverage under this
59 subdivision, the department of social services may revise the state MO HealthNet plan to
60 extend coverage under 42 U.S.C. Section 1396a(a)(10)(A)(i)(III) to children who have
61 attained six years of age but have not attained nineteen years of age as permitted by paragraph

62 (2) of subsection (n) of 42 U.S.C. Section 1396d using a more liberal income assessment
63 methodology as authorized by paragraph (2) of subsection (r) of 42 U.S.C. Section 1396a;

64 (15) The family support division shall not establish a resource eligibility standard in
65 assessing eligibility for persons under subdivision (12), (13) or (14) of this subsection. The
66 MO HealthNet division shall define the amount and scope of benefits which are available to
67 individuals eligible under each of the subdivisions (12), (13), and (14) of this subsection, in
68 accordance with the requirements of federal law and regulations promulgated thereunder;

69 (16) Notwithstanding any other provisions of law to the contrary, ambulatory prenatal
70 care shall be made available to pregnant women during a period of presumptive eligibility
71 pursuant to 42 U.S.C. Section 1396r-1, as amended;

72 (17) A child born to a woman eligible for and receiving MO HealthNet benefits under
73 this section on the date of the child's birth shall be deemed to have applied for MO HealthNet
74 benefits and to have been found eligible for such assistance under such plan on the date of
75 such birth and to remain eligible for such assistance for a period of time determined in
76 accordance with applicable federal and state law and regulations so long as the child is a
77 member of the woman's household and either the woman remains eligible for such assistance
78 or for children born on or after January 1, 1991, the woman would remain eligible for such
79 assistance if she were still pregnant. Upon notification of such child's birth, the family
80 support division shall assign a MO HealthNet eligibility identification number to the child so
81 that claims may be submitted and paid under such child's identification number;

82 (18) Pregnant women and children eligible for MO HealthNet benefits pursuant to
83 subdivision (12), (13) or (14) of this subsection shall not as a condition of eligibility for MO
84 HealthNet benefits be required to apply for aid to families with dependent children. The
85 family support division shall utilize an application for eligibility for such persons which
86 eliminates information requirements other than those necessary to apply for MO HealthNet
87 benefits. The division shall provide such application forms to applicants whose preliminary
88 income information indicates that they are ineligible for aid to families with dependent
89 children. Applicants for MO HealthNet benefits under subdivision (12), (13) or (14) of this
90 subsection shall be informed of the aid to families with dependent children program and that
91 they are entitled to apply for such benefits. Any forms utilized by the family support division
92 for assessing eligibility under this chapter shall be as simple as practicable;

93 (19) Subject to appropriations necessary to recruit and train such staff, the family
94 support division shall provide one or more full-time, permanent eligibility specialists to
95 process applications for MO HealthNet benefits at the site of a health care provider, if the
96 health care provider requests the placement of such eligibility specialists and reimburses the
97 division for the expenses including but not limited to salaries, benefits, travel, training,
98 telephone, supplies, and equipment of such eligibility specialists. The division may provide a

99 health care provider with a part-time or temporary eligibility specialist at the site of a health
100 care provider if the health care provider requests the placement of such an eligibility specialist
101 and reimburses the division for the expenses, including but not limited to the salary, benefits,
102 travel, training, telephone, supplies, and equipment, of such an eligibility specialist. The
103 division may seek to employ such eligibility specialists who are otherwise qualified for such
104 positions and who are current or former welfare participants. The division may consider
105 training such current or former welfare participants as eligibility specialists for this program;

106 (20) Pregnant women who are eligible for, have applied for and have received MO
107 HealthNet benefits under subdivision (2), (10), (11) or (12) of this subsection shall:

108 (a) Continue to be considered eligible for all pregnancy-related and postpartum MO
109 HealthNet benefits provided under section 208.152 until the end of the sixty-day period
110 beginning on the last day of their pregnancy. Pregnant women receiving mental health
111 treatment for postpartum depression or related mental health conditions within sixty days of
112 giving birth shall, subject to appropriations and any necessary federal approval, be eligible for
113 MO HealthNet benefits for mental health services for the treatment of postpartum depression
114 and related mental health conditions for up to twelve additional months. Pregnant women
115 receiving substance abuse treatment within sixty days of giving birth shall, subject to
116 appropriations and any necessary federal approval, be eligible for MO HealthNet benefits for
117 substance abuse treatment and mental health services for the treatment of substance abuse for
118 no more than twelve additional months, as long as the woman remains adherent with
119 treatment. The department of mental health and the department of social services shall seek
120 any necessary waivers or state plan amendments from the Centers for Medicare and Medicaid
121 Services and shall develop rules relating to treatment plan adherence. No later than fifteen
122 months after receiving any necessary waiver, the department of mental health and the
123 department of social services shall report to the house of representatives budget committee
124 and the senate appropriations committee on the compliance with federal cost neutrality
125 requirements; **and**

126 (b) **Be eligible for medical assistance during the pregnancy and during the**
127 **twelve-month period that begins on the last day of the woman's pregnancy and ends on**
128 **the last day of the month in which such twelve-month period ends, consistent with the**
129 **provisions of 42 U.S.C. Section 1396a(e)(16). The department of social services shall**
130 **submit a state plan amendment to the Centers for Medicare and Medicaid Services**
131 **within sixty days of the effective date of this paragraph. The provisions of this**
132 **paragraph shall remain in effect for any period of time during which the federal**
133 **authority under 42 U.S.C. Section 1396a(e)(16), as amended, or any successor statutes or**
134 **implementing regulations, is in effect;**

135 (21) Case management services for pregnant women and young children at risk shall
136 be a covered service. To the greatest extent possible, and in compliance with federal law and
137 regulations, the department of health and senior services shall provide case management
138 services to pregnant women by contract or agreement with the department of social services
139 through local health departments organized under the provisions of chapter 192 or chapter
140 205 or a city health department operated under a city charter or a combined city-county health
141 department or other department of health and senior services designees. To the greatest extent
142 possible the department of social services and the department of health and senior services
143 shall mutually coordinate all services for pregnant women and children with the crippled
144 children's program, the prevention of intellectual disability and developmental disability
145 program and the prenatal care program administered by the department of health and senior
146 services. The department of social services shall by regulation establish the methodology for
147 reimbursement for case management services provided by the department of health and senior
148 services. For purposes of this section, the term "case management" shall mean those
149 activities of local public health personnel to identify prospective MO HealthNet-eligible high-
150 risk mothers and enroll them in the state's MO HealthNet program, refer them to local
151 physicians or local health departments who provide prenatal care under physician protocol
152 and who participate in the MO HealthNet program for prenatal care and to ensure that said
153 high-risk mothers receive support from all private and public programs for which they are
154 eligible and shall not include involvement in any MO HealthNet prepaid, case-managed
155 programs;

156 (22) By January 1, 1988, the department of social services and the department of
157 health and senior services shall study all significant aspects of presumptive eligibility for
158 pregnant women and submit a joint report on the subject, including projected costs and the
159 time needed for implementation, to the general assembly. The department of social services,
160 at the direction of the general assembly, may implement presumptive eligibility by regulation
161 promulgated pursuant to chapter 207;

162 (23) All participants who would be eligible for aid to families with dependent
163 children benefits except for the requirements of paragraph (d) of subdivision (1) of section
164 208.150;

165 (24) (a) All persons who would be determined to be eligible for old age assistance
166 benefits under the eligibility standards in effect December 31, 1973, as authorized by 42
167 U.S.C. Section 1396a(f), or less restrictive methodologies as contained in the MO HealthNet
168 state plan as of January 1, 2005; except that, on or after July 1, 2005, less restrictive income
169 methodologies, as authorized in 42 U.S.C. Section 1396a(r)(2), may be used to change the
170 income limit if authorized by annual appropriation;

171 (b) All persons who would be determined to be eligible for aid to the blind benefits
172 under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C.
173 Section 1396a(f), or less restrictive methodologies as contained in the MO HealthNet state
174 plan as of January 1, 2005, except that less restrictive income methodologies, as authorized in
175 42 U.S.C. Section 1396a(r)(2), shall be used to raise the income limit to one hundred percent
176 of the federal poverty level;

177 (c) All persons who would be determined to be eligible for permanent and total
178 disability benefits under the eligibility standards in effect December 31, 1973, as authorized
179 by 42 U.S.C. Section 1396a(f); or less restrictive methodologies as contained in the MO
180 HealthNet state plan as of January 1, 2005; except that, on or after July 1, 2005, less
181 restrictive income methodologies, as authorized in 42 U.S.C. Section 1396a(r)(2), may be
182 used to change the income limit if authorized by annual appropriations. Eligibility standards
183 for permanent and total disability benefits shall not be limited by age;

184 (25) Persons who have been diagnosed with breast or cervical cancer and who are
185 eligible for coverage pursuant to 42 U.S.C. Section 1396a(a)(10)(A)(ii)(XVIII). Such
186 persons shall be eligible during a period of presumptive eligibility in accordance with 42
187 U.S.C. Section 1396r-1;

188 (26) Persons who are in foster care under the responsibility of the state of Missouri on
189 the date such persons attained the age of eighteen years, or at any time during the thirty-day
190 period preceding their eighteenth birthday, or persons who received foster care for at least six
191 months in another state, are residing in Missouri, and are at least eighteen years of age,
192 without regard to income or assets, if such persons:

193 (a) Are under twenty-six years of age;

194 (b) Are not eligible for coverage under another mandatory coverage group; and

195 (c) Were covered by Medicaid while they were in foster care;

196 (27) Any homeless child or homeless youth, as those terms are defined in section
197 167.020, subject to approval of a state plan amendment by the Centers for Medicare and
198 Medicaid Services.

199 2. Rules and regulations to implement this section shall be promulgated in accordance
200 with chapter 536. Any rule or portion of a rule, as that term is defined in section 536.010, that
201 is created under the authority delegated in this section shall become effective only if it
202 complies with and is subject to all of the provisions of chapter 536 and, if applicable, section
203 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with
204 the general assembly pursuant to chapter 536 to review, to delay the effective date or to
205 disapprove and annul a rule are subsequently held unconstitutional, then the grant of
206 rulemaking authority and any rule proposed or adopted after August 28, 2002, shall be invalid
207 and void.

208 3. After December 31, 1973, and before April 1, 1990, any family eligible for
209 assistance pursuant to 42 U.S.C. Section 601, et seq., as amended, in at least three of the last
210 six months immediately preceding the month in which such family became ineligible for such
211 assistance because of increased income from employment shall, while a member of such
212 family is employed, remain eligible for MO HealthNet benefits for four calendar months
213 following the month in which such family would otherwise be determined to be ineligible for
214 such assistance because of income and resource limitation. After April 1, 1990, any family
215 receiving aid pursuant to 42 U.S.C. Section 601, et seq., as amended, in at least three of the
216 six months immediately preceding the month in which such family becomes ineligible for
217 such aid, because of hours of employment or income from employment of the caretaker
218 relative, shall remain eligible for MO HealthNet benefits for six calendar months following
219 the month of such ineligibility as long as such family includes a child as provided in 42
220 U.S.C. Section 1396r-6. Each family which has received such medical assistance during the
221 entire six-month period described in this section and which meets reporting requirements and
222 income tests established by the division and continues to include a child as provided in 42
223 U.S.C. Section 1396r-6 shall receive MO HealthNet benefits without fee for an additional six
224 months. The MO HealthNet division may provide by rule and as authorized by annual
225 appropriation the scope of MO HealthNet coverage to be granted to such families.

226 4. When any individual has been determined to be eligible for MO HealthNet
227 benefits, such medical assistance will be made available to him or her for care and services
228 furnished in or after the third month before the month in which he made application for such
229 assistance if such individual was, or upon application would have been, eligible for such
230 assistance at the time such care and services were furnished; provided, further, that such
231 medical expenses remain unpaid.

232 5. The department of social services may apply to the federal Department of Health
233 and Human Services for a MO HealthNet waiver amendment to the Section 1115
234 demonstration waiver or for any additional MO HealthNet waivers necessary not to exceed
235 one million dollars in additional costs to the state, unless subject to appropriation or directed
236 by statute, but in no event shall such waiver applications or amendments seek to waive the
237 services of a rural health clinic or a federally qualified health center as defined in 42 U.S.C.
238 Section 1396d(l)(1) and (2) or the payment requirements for such clinics and centers as
239 provided in 42 U.S.C. Section 1396a(a)(15) and 1396a(bb) unless such waiver application is
240 approved by the oversight committee created in section 208.955. A request for such a waiver
241 so submitted shall only become effective by executive order not sooner than ninety days after
242 the final adjournment of the session of the general assembly to which it is submitted, unless it
243 is disapproved within sixty days of its submission to a regular session by a senate or house

244 resolution adopted by a majority vote of the respective elected members thereof, unless the
245 request for such a waiver is made subject to appropriation or directed by statute.

246 6. Notwithstanding any other provision of law to the contrary, in any given fiscal
247 year, any persons made eligible for MO HealthNet benefits under subdivisions (1) to (22) of
248 subsection 1 of this section shall only be eligible if annual appropriations are made for such
249 eligibility. This subsection shall not apply to classes of individuals listed in 42 U.S.C. Section
250 1396a(a)(10)(A)(i).

251 7. (1) Notwithstanding any provision of law to the contrary, a military service
252 member, or an immediate family member residing with such military service member, who is
253 a legal resident of this state and is eligible for MO HealthNet developmental disability
254 services, shall have his or her eligibility for MO HealthNet developmental disability services
255 temporarily suspended for any period of time during which such person temporarily resides
256 outside of this state for reasons relating to military service, but shall have his or her eligibility
257 immediately restored upon returning to this state to reside.

258 (2) Notwithstanding any provision of law to the contrary, if a military service
259 member, or an immediate family member residing with such military service member, is not a
260 legal resident of this state, but would otherwise be eligible for MO HealthNet developmental
261 disability services, such individual shall be deemed eligible for MO HealthNet developmental
262 disability services for the duration of any time in which such individual is temporarily present
263 in this state for reasons relating to military service.

208.662. 1. There is hereby established within the department of social services the
2 "Show-Me Healthy Babies Program" as a separate children's health insurance program
3 (CHIP) for any low-income unborn child. The program shall be established under the
4 authority of Title XXI of the federal Social Security Act, the State Children's Health
5 Insurance Program, as amended, and 42 CFR 457.1.

6 2. For an unborn child to be enrolled in the show-me healthy babies program, his or
7 her mother shall not be eligible for coverage under Title XIX of the federal Social Security
8 Act, the Medicaid program, as it is administered by the state, and shall not have access to
9 affordable employer-subsidized health care insurance or other affordable health care coverage
10 that includes coverage for the unborn child. In addition, the unborn child shall be in a family
11 with income eligibility of no more than three hundred percent of the federal poverty level, or
12 the equivalent modified adjusted gross income, unless the income eligibility is set lower by
13 the general assembly through appropriations. In calculating family size as it relates to income
14 eligibility, the family shall include, in addition to other family members, the unborn child, or
15 in the case of a mother with a multiple pregnancy, all unborn children.

16 3. Coverage for an unborn child enrolled in the show-me healthy babies program
17 shall include all prenatal care and pregnancy-related services that benefit the health of the

18 unborn child and that promote healthy labor, delivery, and birth. Coverage need not include
19 services that are solely for the benefit of the pregnant mother, that are unrelated to
20 maintaining or promoting a healthy pregnancy, and that provide no benefit to the unborn
21 child. However, the department may include pregnancy-related assistance as defined in 42
22 U.S.C. Section 1397ll.

23 4. There shall be no waiting period before an unborn child may be enrolled in the
24 show-me healthy babies program. In accordance with the definition of child in 42 CFR
25 457.10, coverage shall include the period from conception to birth. The department shall
26 develop a presumptive eligibility procedure for enrolling an unborn child. There shall be
27 verification of the pregnancy.

28 5. Coverage for the child shall continue for up to one year after birth, unless otherwise
29 prohibited by law or unless otherwise limited by the general assembly through appropriations.

30 6. **(1)** Pregnancy-related and postpartum coverage for the mother shall begin on the
31 day the pregnancy ends and extend through the last day of the month that includes the sixtieth
32 day after the pregnancy ends, unless otherwise prohibited by law or unless otherwise limited
33 by the general assembly through appropriations. The department may include pregnancy-
34 related assistance as defined in 42 U.S.C. Section 1397ll.

35 **(2) Mothers eligible to receive coverage under this section shall receive medical**
36 **assistance benefits during the pregnancy and during the twelve-month period that**
37 **begins on the last day of the woman's pregnancy and ends on the last day of the month**
38 **in which such twelve-month period ends, consistent with the provisions of 42 U.S.C.**
39 **Section 1397gg(e)(1)(J). The department shall seek any necessary state plan**
40 **amendments or waivers to implement the provisions of this subdivision within sixty**
41 **days of the effective date of this subdivision. The provisions of this subdivision shall**
42 **remain in effect for any period of time during which the federal authority under 42**
43 **U.S.C. Section 1397gg(e)(1)(J), as amended, or any successor statutes or implementing**
44 **regulations, is in effect.**

45 7. The department shall provide coverage for an unborn child enrolled in the show-
46 me healthy babies program in the same manner in which the department provides coverage
47 for the children's health insurance program (CHIP) in the county of the primary residence of
48 the mother.

49 8. The department shall provide information about the show-me healthy babies
50 program to maternity homes as defined in section 135.600, pregnancy resource centers as
51 defined in section 135.630, and other similar agencies and programs in the state that assist
52 unborn children and their mothers. The department shall consider allowing such agencies and
53 programs to assist in the enrollment of unborn children in the program, and in making
54 determinations about presumptive eligibility and verification of the pregnancy.

55 9. Within sixty days after August 28, 2014, the department shall submit a state plan
56 amendment or seek any necessary waivers from the federal Department of Health and Human
57 Services requesting approval for the show-me healthy babies program.

58 10. At least annually, the department shall prepare and submit a report to the
59 governor, the speaker of the house of representatives, and the president pro tempore of the
60 senate analyzing and projecting the cost savings and benefits, if any, to the state, counties,
61 local communities, school districts, law enforcement agencies, correctional centers, health
62 care providers, employers, other public and private entities, and persons by enrolling unborn
63 children in the show-me healthy babies program. The analysis and projection of cost savings
64 and benefits, if any, may include but need not be limited to:

65 (1) The higher federal matching rate for having an unborn child enrolled in the show-
66 me healthy babies program versus the lower federal matching rate for a pregnant woman
67 being enrolled in MO HealthNet or other federal programs;

68 (2) The efficacy in providing services to unborn children through managed care
69 organizations, group or individual health insurance providers or premium assistance, or
70 through other nontraditional arrangements of providing health care;

71 (3) The change in the proportion of unborn children who receive care in the first
72 trimester of pregnancy due to a lack of waiting periods, by allowing presumptive eligibility,
73 or by removal of other barriers, and any resulting or projected decrease in health problems
74 and other problems for unborn children and women throughout pregnancy; at labor, delivery,
75 and birth; and during infancy and childhood;

76 (4) The change in healthy behaviors by pregnant women, such as the cessation of the
77 use of tobacco, alcohol, illicit drugs, or other harmful practices, and any resulting or projected
78 short-term and long-term decrease in birth defects; poor motor skills; vision, speech, and
79 hearing problems; breathing and respiratory problems; feeding and digestive problems; and
80 other physical, mental, educational, and behavioral problems; and

81 (5) The change in infant and maternal mortality, preterm births and low birth weight
82 babies and any resulting or projected decrease in short-term and long-term medical and other
83 interventions.

84 11. The show-me healthy babies program shall not be deemed an entitlement
85 program, but instead shall be subject to a federal allotment or other federal appropriations and
86 matching state appropriations.

87 12. Nothing in this section shall be construed as obligating the state to continue the
88 show-me healthy babies program if the allotment or payments from the federal government
89 end or are not sufficient for the program to operate, or if the general assembly does not
90 appropriate funds for the program.

91 13. Nothing in this section shall be construed as expanding MO HealthNet or
92 fulfilling a mandate imposed by the federal government on the state.

376.782. 1. As used in this section, the term "low-dose mammography screening"
2 means the X-ray examination of the breast using equipment specifically designed and
3 dedicated for mammography, including the X-ray tube, filter, compression device, detector,
4 films, and cassettes, with an average radiation exposure delivery of less than one rad mid-
5 breast, with two views for each breast, and any fee charged by a radiologist or other physician
6 for reading, interpreting or diagnosing based on such X-ray. As used in this section, the term
7 "low-dose mammography screening" shall also include digital mammography and breast
8 tomosynthesis. As used in this section, the term "breast tomosynthesis" shall mean a
9 radiologic procedure that involves the acquisition of projection images over the stationary
10 breast to produce cross-sectional digital three-dimensional images of the breast.

11 2. All individual and group health insurance policies providing coverage on an
12 expense-incurred basis, individual and group service or indemnity type contracts issued by a
13 nonprofit corporation, individual and group service contracts issued by a health maintenance
14 organization, all self-insured group arrangements to the extent not preempted by federal law
15 and all managed health care delivery entities of any type or description, that are delivered,
16 issued for delivery, continued or renewed on or after August 28, 1991, and providing
17 coverage to any resident of this state shall provide benefits or coverage for low-dose
18 mammography screening for any nonsymptomatic woman covered under such policy or
19 contract which meets the minimum requirements of this section. Such benefits or coverage
20 shall include at least the following:

21 (1) A baseline mammogram for women age thirty-five to thirty-nine, inclusive;

22 (2) A mammogram every year for women age forty and over;

23 (3) A mammogram every year for any woman deemed by a treating physician to have
24 an above-average risk for breast cancer in accordance with the American College of
25 Radiology guidelines for breast cancer screening;

26 (4) Any additional or supplemental imaging, such as breast magnetic resonance
27 imaging or ultrasound, deemed medically necessary by a treating physician for proper breast
28 cancer screening or evaluation in accordance with applicable American College of Radiology
29 guidelines; and

30 (5) Ultrasound or magnetic resonance imaging services, if determined by a treating
31 physician to be medically necessary for the screening or evaluation of breast cancer for any
32 woman deemed by the treating physician to have an above-average risk for breast cancer in
33 accordance with American College of Radiology guidelines for breast cancer screening.

34 3. Coverage and benefits required under this section shall be at least as favorable and
35 subject to the same dollar limits, deductibles, and co-payments as other radiological
36 examinations; provided, however, that:

37 (1) On and after January 1, 2019, providers of health care services specified under
38 this section shall be reimbursed at rates accurately reflecting the resource costs specific to
39 each modality, including any increased resource cost; and

40 (2) **Cost-sharing requirements shall not apply if the provisions of section**
41 **376.1183 prohibit cost-sharing requirements with respect to such coverage.**

42 4. **A policy providing the coverage and benefits required under this section shall**
43 **not require any person covered under the policy who is entitled to a mammogram under**
44 **subdivision (1) or (2) of subsection 2 of this section to obtain a referral from a primary**
45 **care provider or other physician in order to receive the mammogram.**

376.1183. 1. For purposes of this section, the following terms mean:

2 (1) **"Cost-sharing requirement", any deductible, coinsurance, co-payment, or**
3 **maximum limitation on the application of such deductible, coinsurance, co-payment, or**
4 **similar out-of-pocket expense;**

5 (2) **"Diagnostic breast examination", any medically necessary and appropriate**
6 **examination of the breast, including such an examination using diagnostic**
7 **mammography, breast magnetic resonance imaging, or breast ultrasound, that is:**

8 (a) **Used to evaluate an abnormality seen or suspected from a screening**
9 **examination for breast cancer; or**

10 (b) **Used to evaluate an abnormality detected by another means of examination;**

11 (3) **"Health benefit plan", the same meaning given to the term in section**
12 **376.1350;**

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

14 (5) **"Supplemental breast examination", any medically necessary and**
15 **appropriate examination of the breast, including such an examination using breast**
16 **magnetic resonance imaging or breast ultrasound, that is:**

17 (a) **Used to screen for breast cancer when there is no abnormality seen or**
18 **suspected; and**

19 (b) **Based on personal or family medical history or any additional factors that**
20 **may increase the patient's risk of breast cancer.**

21 2. **Each health carrier or health benefit plan that offers or issues health benefit**
22 **plans that are delivered, issued for delivery, continued, or renewed in this state on or**
23 **after January 1, 2024, and that provide coverage for diagnostic breast examinations,**
24 **coverage for supplemental breast examinations, coverage required under section**

25 **376.782, or any combination of such coverages shall not impose any cost-sharing**
26 **requirements with respect to any such coverage.**

27 **3. If, under federal law, application of the requirement under subsection 2 of this**
28 **section would result in health savings account ineligibility under Section 223 of the**
29 **Internal Revenue Code, the requirement under subsection 2 of this section shall apply to**
30 **health savings account-qualified high deductible health plans with respect to the**
31 **deductible of such a plan after the enrollee has satisfied the minimum deductible under**
32 **Section 223, except with respect to items or services that are preventive care under**
33 **Section 223(c)(2)(C) of the Internal Revenue Code, in which case the requirement of**
34 **subsection 2 of this section shall apply regardless of whether the minimum deductible**
35 **under Section 223 has been satisfied.**

441.740. 1. The court shall, subject to the provisions of sections 441.750 and
2 441.880, order the immediate eviction of a tenant as set forth in section 441.770, or issue an
3 order pursuant to section 441.830, if it finds any of the following:

4 (1) An emergency situation where dispossession of the tenant by other, less
5 expeditious legal means would, because of the passage of time, imminently cause with a
6 reasonable certainty either of the following:

7 (a) Physical injury to other tenants or the lessor; or

8 (b) Physical damage to lessor's property and the reasonable cost to repair such
9 damage exceeds an amount equal to twelve months of rent; for the purposes of this paragraph,
10 the term "rent" shall include the amount owed by the tenant along with any subsidy owed
11 from any third party; No action shall be taken under this subdivision unless the lessor first
12 makes a reasonable attempt to abate the emergency situation through public law enforcement
13 authorities or local mental health services personnel authorized to take action pursuant to
14 section ~~[632.300,]~~ **632.305** et seq., as appropriate[-];

15 (2) Drug-related criminal activity has occurred on or within the property leased to the
16 tenant;

17 (3) The property leased to the tenant was used in any way to further, promote, aid or
18 assist in drug-related criminal activity;

19 (4) The tenant, a member of the tenant's household or a guest has engaged in drug-
20 related criminal activity either within, on or in the immediate vicinity of the leased property;

21 (5) The tenant has given permission to or invited a person to enter onto or remain on
22 any portion of the leased property, and the tenant did so knowing that the person had been
23 removed or barred from the leased property pursuant to the provisions of sections 441.710 to
24 441.880; or

25 (6) The tenant has failed to promptly notify the plaintiff that a person whom the
26 plaintiff previously had removed from the property leased by the tenant, with the knowledge
27 of the tenant, has returned to, entered onto or remained on the property leased by the tenant.

28 2. The court shall, subject to the provisions of section 441.880, order the immediate
29 removal of any person who engages in criminal activity described in this section on or in the
30 immediate vicinity of the leased property. Persons removed from the leased premises
31 pursuant to this section shall be immediately barred from entering onto or remaining on any
32 portion of the leased property.

552.020. 1. No person who as a result of mental disease or defect lacks capacity to
2 understand the proceedings against him or her or to assist in his or her own defense shall be
3 tried, convicted or sentenced for the commission of an offense so long as the incapacity
4 endures.

5 2. Whenever any judge has reasonable cause to believe that the accused lacks mental
6 fitness to proceed, the judge shall, upon his or her own motion or upon motion filed by the
7 state or by or on behalf of the accused, by order of record, appoint one or more private
8 psychiatrists or psychologists, as defined in section 632.005, or physicians with a minimum
9 of one year training or experience in providing treatment or services to persons with an
10 intellectual disability or developmental disability or mental illness, who are neither
11 employees nor contractors of the department of mental health for purposes of performing
12 the examination in question, to examine the accused; or shall direct the director to have the
13 accused so examined by one or more psychiatrists or psychologists, as defined in section
14 632.005, or physicians with a minimum of one year training or experience in providing
15 treatment or services to persons with an intellectual disability, developmental disability, or
16 mental illness. The order shall direct that a written report or reports of such examination be
17 filed with the clerk of the court. No private physician, psychiatrist, or psychologist shall be
18 appointed by the court unless he or she has consented to act. The examinations ordered shall
19 be made at such time and place and under such conditions as the court deems proper; except
20 that, if the order directs the director of the department to have the accused examined, the
21 director, or his or her designee, shall determine the time, place and conditions under which the
22 examination shall be conducted. The order may include provisions for the interview of
23 witnesses and may require the provision of police reports to the department for use in
24 evaluations. The department shall establish standards and provide training for those
25 individuals performing examinations pursuant to this section and section 552.030. No
26 individual who is employed by or contracts with the department shall be designated to
27 perform an examination pursuant to this chapter unless the individual meets the qualifications
28 so established by the department. Any examination performed pursuant to this subsection
29 shall be completed and filed with the court within sixty days of the order unless the court for

30 good cause orders otherwise. Nothing in this section or section 552.030 shall be construed to
31 permit psychologists to engage in any activity not authorized by chapter 337. One pretrial
32 evaluation shall be provided at no charge to the defendant by the department. All costs of
33 subsequent evaluations shall be assessed to the party requesting the evaluation.

34 3. A report of the examination made under this section shall include:

35 (1) Detailed findings;

36 (2) An opinion as to whether the accused has a mental disease or defect;

37 (3) An opinion based upon a reasonable degree of medical or psychological certainty
38 as to whether the accused, as a result of a mental disease or defect, lacks capacity to
39 understand the proceedings against him or her or to assist in his or her own defense;

40 (4) **An opinion, if the accused is found to lack capacity to understand the**
41 **proceedings against him or her or to assist in his or her own defense, as to whether there**
42 **is a substantial probability that the accused will be mentally fit to proceed in the**
43 **reasonably foreseeable future;**

44 (5) A recommendation as to whether the accused should be held in custody in a
45 suitable hospital facility for treatment pending determination, by the court, of mental fitness
46 to proceed; ~~and~~

47 ~~(5)]~~ (6) A recommendation as to whether the accused, if found by the court to be
48 mentally fit to proceed, should be detained in such hospital facility pending further
49 proceedings;

50 (7) **A recommendation as to whether the accused, if found by the court to lack**
51 **the mental fitness to proceed, should be committed to a suitable hospital facility for**
52 **treatment to restore the mental fitness to proceed or if such treatment to restore the**
53 **mental fitness to proceed can be provided in a county jail or other detention facility**
54 **approved by the director or designee; and**

55 (8) **A recommendation as to whether the accused, if found by the court to lack**
56 **the mental fitness to proceed and the accused is not charged with a dangerous felony as**
57 **defined in section 556.061, murder in the first degree under section 565.020, or rape in**
58 **the second degree under section 566.031, or the attempts thereof:**

59 (a) **Should be committed to a suitable hospital facility; or**

60 (b) **May be appropriately treated in the community; and**

61 (c) **Is able to comply with bond conditions as set forth by the court and is able to**
62 **comply with treatment conditions and requirements as set forth by the director of the**
63 **department or his or her designee.**

64 4. **When the court determines that the accused can comply with the bond and**
65 **treatment conditions as referenced in subsection 3 of this section, the court shall order**
66 **that the accused remain on bond while receiving treatment until the case is disposed of**

67 **as set forth by subsection 12 of this section. If, at any time, the court finds that the**
68 **accused has failed to comply with the bond and treatment conditions, the court may**
69 **order that the accused be taken into law enforcement custody until such time as a**
70 **department inpatient bed is available to provide treatment.**

71 **5.** If the accused has pleaded lack of responsibility due to mental disease or defect or
72 has given the written notice provided in subsection 2 of section 552.030, the court shall order
73 the report of the examination conducted pursuant to this section to include, in addition to the
74 information required in subsection 3 of this section, an opinion as to whether at the time of the
75 alleged criminal conduct the accused, as a result of mental disease or defect, did not know or
76 appreciate the nature, quality, or wrongfulness of his or her conduct or as a result of mental
77 disease or defect was incapable of conforming his or her conduct to the requirements of law.
78 A plea of not guilty by reason of mental disease or defect shall not be accepted by the court in
79 the absence of any such pretrial evaluation which supports such a defense. In addition, if the
80 accused has pleaded not guilty by reason of mental disease or defect, and the alleged crime is
81 not a dangerous felony as defined in section 556.061, or those crimes set forth in subsection
82 10 of section 552.040, or the attempts thereof, the court shall order the report of the
83 examination to include an opinion as to whether or not the accused should be immediately
84 conditionally released by the court pursuant to the provisions of section 552.040 or should be
85 committed to a mental health or developmental disability facility. If such an evaluation is
86 conducted at the direction of the director of the department of mental health, the court shall
87 also order the report of the examination to include an opinion as to the conditions of release
88 which are consistent with the needs of the accused and the interest of public safety, including,
89 but not limited to, the following factors:

- 90 (1) Location and degree of necessary supervision of housing;
- 91 (2) Location of and responsibilities for appropriate psychiatric, rehabilitation and
92 aftercare services, including the frequency of such services;
- 93 (3) Medication follow-up, including necessary testing to monitor medication
94 compliance;
- 95 (4) At least monthly contact with the department's forensic case monitor;
- 96 (5) Any other conditions or supervision as may be warranted by the circumstances of
97 the case.

98 ~~5.~~ **6.** If the report contains the recommendation that the accused should be
99 committed to or held in a suitable hospital facility pending determination of the issue of
100 mental fitness to proceed, and if the accused is not admitted to bail or released on other
101 conditions, the court may order that the accused be committed to or held in a suitable hospital
102 facility pending determination of the issue of mental fitness to proceed.

103 ~~[6-]~~ 7. The clerk of the court shall deliver copies of the report to the prosecuting or
104 circuit attorney and to the accused or his or her counsel. The report shall not be a public
105 record or open to the public. Within ten days after the filing of the report, both the defendant
106 and the state shall, upon written request, be entitled to an order granting them an examination
107 of the accused by a psychiatrist or psychologist, as defined in section 632.005, or a physician
108 with a minimum of one year training or experience in providing treatment or services to
109 persons with an intellectual disability or developmental disability or mental illness, of their
110 own choosing and at their own expense. An examination performed pursuant to this
111 subsection shall be completed and a report filed with the court within sixty days of the date it
112 is received by the department or private psychiatrist, psychologist or physician unless the
113 court, for good cause, orders otherwise. A copy shall be furnished the opposing party.

114 ~~[7-]~~ 8. If neither the state nor the accused nor his or her counsel requests a second
115 examination relative to fitness to proceed or contests the findings of the report referred to in
116 subsections 2 and 3 of this section, the court ~~[may]~~ **shall** make a determination and finding on
117 the basis of the report filed or ~~[may]~~ hold a hearing on its own motion. If any such opinion is
118 contested, the court shall hold a hearing on the issue. The court shall determine the issue of
119 mental fitness to proceed and may impanel a jury of six persons to assist in making the
120 determination. The report or reports may be received in evidence at any hearing on the issue
121 but the party contesting any opinion therein shall have the right to summon and to cross-
122 examine the examiner who rendered such opinion and to offer evidence upon the issue.

123 ~~[8-]~~ 9. At a hearing on the issue pursuant to subsection ~~[7]~~ 8 of this section, the
124 accused is presumed to have the mental fitness to proceed. The burden of proving that the
125 accused does not have the mental fitness to proceed is by a preponderance of the evidence and
126 the burden of going forward with the evidence is on the party raising the issue. The burden of
127 going forward shall be on the state if the court raises the issue.

128 ~~[9-]~~ 10. If the court determines that the accused lacks mental fitness to proceed, the
129 criminal proceedings shall be suspended and the court shall commit him or her to the director
130 of the department of mental health. **The director of the department, or his or her designee,**
131 **shall notify the court and the parties of the location and conditions for treatment.** After
132 the person has been committed, legal counsel for the department of mental health shall have
133 standing to file motions and participate in hearings on the issue of involuntary medications.

134 ~~[10-]~~ 11. Any person committed pursuant to subsection ~~[9]~~ 10 of this section shall be
135 entitled to the writ of habeas corpus upon proper petition to the court that committed him or
136 her. The issue of the mental fitness to proceed after commitment under subsection ~~[9]~~ 10 of
137 this section may also be raised by a motion filed by the director of the department of mental
138 health or by the state, alleging the mental fitness of the accused to proceed. A report relating
139 to the issue of the accused's mental fitness to proceed may be attached thereto. When a

140 motion to proceed is filed, legal counsel for the department of mental health shall have
141 standing to participate in hearings on such motions. If the motion is not contested by the
142 accused or his or her counsel or if after a hearing on a motion the court finds the accused
143 mentally fit to proceed, or if he or she is ordered discharged from the director's custody upon
144 a habeas corpus hearing, the criminal proceedings shall be resumed.

145 ~~[11-]~~ 12. The following provisions shall apply after a commitment as provided in this
146 section:

147 (1) Six months after such commitment, the court which ordered the accused
148 committed shall order an examination by the head of the facility in which the accused is
149 committed, or a qualified designee, to ascertain whether the accused is mentally fit to proceed
150 and if not, whether there is a substantial probability that the accused will attain the mental
151 fitness to proceed to trial in the foreseeable future. The order shall direct that written report or
152 reports of the examination be filed with the clerk of the court within thirty days and the clerk
153 shall deliver copies to the prosecuting attorney or circuit attorney and to the accused or his or
154 her counsel. The report required by this subsection shall conform to the requirements under
155 subsection 3 of this section with the additional requirement that it include an opinion, if the
156 accused lacks mental fitness to proceed, as to whether there is a substantial probability that
157 the accused will attain the mental fitness to proceed in the foreseeable future;

158 (2) Within ten days after the filing of the report, both the accused and the state shall,
159 upon written request, be entitled to an order granting them an examination of the accused by a
160 psychiatrist or psychologist, as defined in section 632.005, or a physician with a minimum of
161 one year training or experience in providing treatment or services to persons with an
162 intellectual disability or developmental disability or mental illness, of their own choosing and
163 at their own expense. An examination performed pursuant to this subdivision shall be
164 completed and filed with the court within thirty days unless the court, for good cause, orders
165 otherwise. A copy shall be furnished to the opposing party;

166 (3) If neither the state nor the accused nor his or her counsel requests a second
167 examination relative to fitness to proceed or contests the findings of the report referred to in
168 subdivision (1) of this subsection, the court may make a determination and finding on the
169 basis of the report filed, or may hold a hearing on its own motion. If any such opinion is
170 contested, the court shall hold a hearing on the issue. The report or reports may be received in
171 evidence at any hearing on the issue but the party contesting any opinion therein relative to
172 fitness to proceed shall have the right to summon and to cross-examine the examiner who
173 rendered such opinion and to offer evidence upon the issue;

174 (4) If the accused is found mentally fit to proceed, the criminal proceedings shall be
175 resumed;

176 (5) If it is found that the accused lacks mental fitness to proceed but there is a
177 substantial probability the accused will be mentally fit to proceed in the reasonably
178 foreseeable future, the court shall continue such commitment for a period not longer than six
179 months, after which the court shall reinstitute the proceedings required under subdivision (1)
180 of this subsection;

181 (6) If it is found that the accused lacks mental fitness to proceed and there is no
182 substantial probability that the accused will be mentally fit to proceed in the reasonably
183 foreseeable future, the court shall dismiss the charges without prejudice and the accused shall
184 be discharged, but only if proper proceedings have been filed under chapter 632 or chapter
185 475, in which case those sections and no others will be applicable. The probate division of
186 the circuit court shall have concurrent jurisdiction over the accused upon the filing of a proper
187 pleading to determine if the accused shall be involuntarily detained under chapter 632, or to
188 determine if the accused shall be declared incapacitated under chapter 475, and approved for
189 admission by the guardian under section 632.120 or 633.120, to a mental health or
190 developmental disability facility. When such proceedings are filed, the criminal charges shall
191 be dismissed without prejudice if the court finds that the accused is mentally ill and should be
192 committed or that he or she is incapacitated and should have a guardian appointed. The
193 period of limitation on prosecuting any criminal offense shall be tolled during the period that
194 the accused lacks mental fitness to proceed.

195 ~~[+2-]~~ **13.** If the question of the accused's mental fitness to proceed was raised after a
196 jury was impaneled to try the issues raised by a plea of not guilty and the court determines
197 that the accused lacks the mental fitness to proceed or orders the accused committed for an
198 examination pursuant to this section, the court may declare a mistrial. Declaration of a
199 mistrial under these circumstances, or dismissal of the charges pursuant to subsection ~~[+]~~ **12**
200 of this section, does not constitute jeopardy, nor does it prohibit the trial, sentencing or
201 execution of the accused for the same offense after he or she has been found restored to
202 competency.

203 ~~[+3-]~~ **14.** The result of any examinations made pursuant to this section shall not be a
204 public record or open to the public.

205 ~~[+4-]~~ **15.** No statement made by the accused in the course of any examination or
206 treatment pursuant to this section and no information received by any examiner or other
207 person in the course thereof, whether such examination or treatment was made with or
208 without the consent of the accused or upon his or her motion or upon that of others, shall be
209 admitted in evidence against the accused on the issue of guilt in any criminal proceeding then
210 or thereafter pending in any court, state or federal. A finding by the court that the accused is
211 mentally fit to proceed shall in no way prejudice the accused in a defense to the crime charged
212 on the ground that at the time thereof he or she was afflicted with a mental disease or defect

213 excluding responsibility, nor shall such finding by the court be introduced in evidence on that
214 issue nor otherwise be brought to the notice of the jury.

552.050. 1. If the chief administrative officer of any correctional facility has
2 reasonable cause to believe that any offender needs care in a mental hospital, he **or she** shall
3 so certify to the division of classification and treatment, which shall then transfer the offender
4 to a state mental hospital for custody, care and treatment. The hospital may detain and treat
5 the offender for a period of time not to exceed ninety-six hours. At the expiration of the
6 ninety-six hours, the offender shall be returned to a correctional facility designated by the
7 department of corrections unless the individual admits himself **or herself** as a voluntary
8 patient or the [~~mental health coordinator or~~] head of the facility files for involuntary detention
9 and treatment pursuant to chapter 632. The petition filed pursuant to section 632.330 shall be
10 filed in the court having probate jurisdiction over the mental health facility in which the
11 offender is being detained. The offender shall have the rights afforded respondents in
12 sections 632.330 and 632.335, except that at the conclusion of the hearing on the petition the
13 court may order the offender detained for a period of time not to exceed ninety days. At the
14 expiration of the ninety-day commitment period ordered by the court, the offender may be
15 detained and treated involuntarily for up to an additional one year under sections 632.355 and
16 632.360.

17 2. When an offender needs care in a mental hospital and is committed or transferred
18 to a state mental hospital, the time spent at the mental hospital shall be calculated as a part of
19 the sentence imposed upon him **or her** whether the sentence is an indeterminate one or for a
20 definite period of time. The time spent at the mental hospital shall be deducted from the term
21 of the sentence.

22 3. When an offender who has been transferred from a correctional facility to a state
23 mental hospital recovers before the expiration of his **or her** sentence, the superintendent of
24 the hospital shall so certify in writing to the division of classification and treatment. He **or**
25 **she** shall thereupon be transferred to such correctional facility as the department may direct.

26 4. An offender who has been committed to or transferred to a state mental hospital
27 and is still mentally ill at the expiration of his **or her** sentence may be discharged and
28 delivered to any person who is able and willing to maintain him **or her** comfortably and to the
29 satisfaction of the superintendent of the hospital, if, in the opinion of the superintendent, it is
30 reasonably safe for the person to be at large. Before discharging the offender the
31 superintendent shall receive verification of the expiration of the offender's sentence from the
32 director of corrections. The person so discharged may, in the discretion of the superintendent,
33 be provided with the whole or a portion of the allowances granted to discharged prisoners by
34 section 217.285. The cost of such allowance shall be paid from the same funds as are
35 allowances granted to persons discharged directly from a correctional facility.

36 5. When the term of an offender who has been committed or transferred to a state
37 mental hospital has expired and the person, in the opinion of the hospital superintendent, is
38 still in need of care in a mental hospital and for the welfare and safety of himself ~~[and]~~ **or**
39 **herself or** others should remain in the hospital for custody, care and treatment, he **or she** shall
40 be retained in the hospital only if proper involuntary detention proceedings have been
41 instituted and held as provided in chapter 632. Thereafter this chapter and no other shall be
42 applicable to his **or her** continued hospitalization and discharge.

 630.045. The director of the department may authorize such persons~~[, including~~
2 ~~mental health coordinators,~~] as are necessary to carry out the civil involuntary detention
3 requirements of chapter 632.

 630.140. 1. Information and records compiled, obtained, prepared or maintained by
2 the residential facility, mental health program operated, funded or licensed by the department
3 or otherwise, specialized service, or by any mental health facility or mental health program in
4 which people may be civilly detained pursuant to chapter 632 in the course of providing
5 services to either voluntary or involuntary patients, residents or clients shall be confidential.

 2. The facilities or programs shall disclose information and records including
7 medication given, dosage levels, and individual ordering such medication to the following
8 upon their request:

9 (1) The parent of a minor patient, resident or client;

10 (2) The guardian or other person having legal custody of the patient, resident or
11 client;

12 (3) The attorney of a patient, resident or client who is a ward of the juvenile court, an
13 alleged incompetent, an incompetent ward or a person detained under chapter 632, as
14 evidenced by court orders of the attorney's appointment;

15 (4) An attorney or personal physician as authorized by the patient, resident or client;

16 (5) Law enforcement officers and agencies, information about patients, residents or
17 clients committed pursuant to chapter 552, but only to the extent necessary to carry out the
18 responsibilities of their office, and all such law enforcement officers shall be obligated to
19 keep such information confidential;

20 (6) The entity or agency authorized to implement a system to protect and advocate the
21 rights of persons with developmental disabilities under the provisions of 42 U.S.C. Sections
22 15042 to 15044. The entity or agency shall be able to obtain access to the records of a person
23 with developmental disabilities who is a client of the entity or agency if such person has
24 authorized the entity or agency to have such access; and the records of any person with
25 developmental disabilities who, by reason of mental or physical condition is unable to
26 authorize the entity or agency to have such access, if such person does not have a legal
27 guardian, conservator or other legal representative, and a complaint has been received by the

28 entity or agency with respect to such person or there is probable cause to believe that such
29 person has been subject to abuse or neglect. The entity or agency obtaining access to a
30 person's records shall meet all requirements for confidentiality as set out in this section;

31 (7) The entity or agency authorized to implement a system to protect and advocate the
32 rights of persons with mental illness under the provisions of 42 U.S.C. Section 10801 **et seq.,**
33 **as amended,** shall be able to obtain access to the records of a patient, resident or client who
34 by reason of mental or physical condition is unable to authorize the system to have such
35 access, who does not have a legal guardian, conservator or other legal representative and with
36 respect to whom a complaint has been received by the system or there is probable cause to
37 believe that such individual has been subject to abuse or neglect. The entity or agency
38 obtaining access to a person's records shall meet all requirements for confidentiality as set out
39 in this section. The provisions of this subdivision shall apply to a person who has a
40 significant mental illness or impairment as determined by a mental health professional
41 qualified under the laws and regulations of the state; **and**

42 (8) ~~[To mental health coordinators, but only to the extent necessary to carry out their~~
43 ~~duties under chapter 632;~~

44 (9) To individuals, designated by the department of mental health as community
45 mental health liaisons, for the purpose of coordination of care and services.

46 3. The facilities or services may disclose information and records under any of the
47 following:

48 (1) As authorized by the patient, resident or client;

49 (2) To persons or agencies responsible for providing health care services to such
50 patients, residents or clients as permitted by the federal Health Insurance Portability and
51 Accountability Act of 1996 (HIPAA), as amended;

52 (3) To the extent necessary for a recipient to make a claim or for a claim to be made
53 on behalf of a recipient for aid or insurance;

54 (4) To qualified personnel for the purpose of conducting scientific research,
55 management audits, financial audits, program evaluations or similar studies; provided, that
56 such personnel shall not identify, directly or indirectly, any individual patient, resident or
57 client in any report of such research, audit or evaluation, or otherwise disclose patient,
58 resident or client identities in any manner;

59 (5) To the courts as necessary for the administration of chapter 211, 475, 552, or 632;

60 (6) To law enforcement officers or public health officers, but only to the extent
61 necessary to carry out the responsibilities of their office, and all such law enforcement and
62 public health officers shall be obligated to keep such information confidential;

63 (7) Pursuant to an order of a court or administrative agency of competent jurisdiction;

64 (8) To the attorney representing petitioners, but only to the extent necessary to carry
65 out their duties under chapter 632;

66 (9) To the department of social services or the department of health and senior
67 services as necessary to report or have investigated abuse, neglect, or rights violations of
68 patients, residents, or clients;

69 (10) To a county board established pursuant to sections 205.968 to ~~[205.972, RSMo~~
70 ~~1986]~~ **205.973**, but only to the extent necessary to carry out their statutory responsibilities.
71 The county board shall not identify, directly or indirectly, any individual patient, resident or
72 client;

73 (11) To parents, legal guardians, treatment professionals, law enforcement officers,
74 and other individuals who by having such information could mitigate the likelihood of a
75 suicide. The facility treatment team shall have determined that the consumer's safety is at
76 some level of risk;

77 (12) To individuals, designated by the department of mental health as community
78 mental health liaisons, for the purpose of coordination of care and services.

79 4. The facility or program shall document the dates, nature, purposes and recipients of
80 any records disclosed under this section and sections 630.145 and 630.150.

81 5. The records and files maintained in any court proceeding under chapter 632 shall
82 be confidential and available only to the patient, the patient's attorney, guardian, or, in the
83 case of a minor, to a parent or other person having legal custody of the patient, to the
84 petitioner and the petitioner's attorney, and to the Missouri state highway patrol for reporting
85 to the National Instant Criminal Background Check System (NICS), and to individuals
86 designated by the department of mental health as community mental health liaisons for the
87 purpose of coordination of care and services. In addition, the court may order the release or
88 use of such records or files only upon good cause shown, and the court may impose such
89 restrictions as the court deems appropriate.

90 6. Nothing contained in this chapter shall limit the rights of discovery in judicial or
91 administrative procedures as otherwise provided for by statute or rule.

92 7. The fact of admission of a voluntary or involuntary patient to a mental health
93 facility under chapter 632 may only be disclosed as specified in subsections 2 and 3 of this
94 section.

630.175. 1. No person admitted on a voluntary or involuntary basis to any mental
2 health facility or mental health program in which people are civilly detained pursuant to
3 chapter 632 and no patient, resident or client of a residential facility or day program operated,
4 funded or licensed by the department shall be subject to physical or chemical restraint,
5 isolation or seclusion unless it is determined by the head of the facility, the attending licensed
6 physician, or in the circumstances specifically set forth in this section, by an advanced

7 practice registered nurse in a collaborative practice arrangement, or a physician assistant or an
8 assistant physician with a collaborative practice arrangement, with the attending licensed
9 physician that the chosen intervention is imminently necessary to protect the health and safety
10 of the patient, resident, client or others and that it provides the least restrictive environment.
11 An advanced practice registered nurse in a collaborative practice arrangement, or a physician
12 assistant or an assistant physician with a collaborative practice arrangement, with the
13 attending licensed physician may make a determination that the chosen intervention is
14 necessary for patients, residents, or clients of facilities or programs operated by the
15 department, in hospitals as defined in section 197.020 that only provide psychiatric care and
16 in dedicated psychiatric units of general acute care hospitals as hospitals are defined in
17 section 197.020. Any determination made by the advanced practice registered nurse,
18 physician assistant, or assistant physician shall be documented as required in subsection 2 of
19 this section and reviewed in person by the attending licensed physician if the episode of
20 restraint is to extend beyond:

- 21 (1) Four hours duration in the case of a person under eighteen years of age;
- 22 (2) Eight hours duration in the case of a person eighteen years of age or older; or
- 23 (3) For any total length of restraint lasting more than four hours duration in a twenty-
24 four-hour period in the case of a person under eighteen years of age or beyond eight hours
25 duration in the case of a person eighteen years of age or older in a twenty-four-hour period.

26

27 The review shall occur prior to the time limit specified under subsection 6 of this section and
28 shall be documented by the licensed physician under subsection 2 of this section.

29 2. Every use of physical or chemical restraint, isolation or seclusion and the reasons
30 therefor shall be made a part of the clinical record of the patient, resident or client under the
31 signature of the head of the facility, or the attending licensed physician, or the advanced
32 practice registered nurse in a collaborative practice arrangement, or a physician assistant or an
33 assistant physician with a collaborative practice arrangement, with the attending licensed
34 physician.

35 3. Physical or chemical restraint, isolation or seclusion shall not be considered
36 standard treatment or habilitation and shall cease as soon as the circumstances causing the
37 need for such action have ended.

38 4. The use of security escort devices, including devices designed to restrict physical
39 movement, which are used to maintain safety and security and to prevent escape during
40 transport outside of a facility shall not be considered physical restraint within the meaning of
41 this section. Individuals who have been civilly detained under sections ~~[632.300]~~ **632.305** to
42 632.475 may be placed in security escort devices when transported outside of the facility if it
43 is determined by the head of the facility, or the attending licensed physician, or the advanced

44 practice registered nurse in a collaborative practice arrangement, or a physician assistant or an
45 assistant physician with a collaborative practice arrangement, with the attending licensed
46 physician that the use of security escort devices is necessary to protect the health and safety of
47 the patient, resident, client, or other persons or is necessary to prevent escape. Individuals
48 who have been civilly detained under sections 632.480 to 632.513 or committed under
49 chapter 552 shall be placed in security escort devices when transported outside of the facility
50 unless it is determined by the head of the facility, or the attending licensed physician, or the
51 advanced practice registered nurse in a collaborative practice arrangement, or a physician
52 assistant or an assistant physician with a collaborative practice arrangement, with the
53 attending licensed physician that security escort devices are not necessary to protect the
54 health and safety of the patient, resident, client, or other persons or is not necessary to prevent
55 escape.

56 5. Extraordinary measures employed by the head of the facility to ensure the safety
57 and security of patients, residents, clients, and other persons during times of natural or man-
58 made disasters shall not be considered restraint, isolation, or seclusion within the meaning of
59 this section.

60 6. Orders issued under this section by the advanced practice registered nurse in a
61 collaborative practice arrangement, or a physician assistant or an assistant physician with a
62 collaborative practice arrangement, with the attending licensed physician shall be reviewed in
63 person by the attending licensed physician of the facility within twenty-four hours or the next
64 regular working day of the order being issued, and such review shall be documented in the
65 clinical record of the patient, resident, or client.

66 7. For purposes of this subsection, "division" shall mean the division of
67 developmental disabilities. Restraint or seclusion shall not be used in habilitation centers
68 or community programs that serve persons with developmental disabilities that are operated
69 or funded by the division unless such procedure is part of an emergency intervention system
70 approved by the division and is identified in such person's individual support plan. Direct-
71 care staff that serve persons with developmental disabilities in habilitation centers or
72 community programs operated or funded by the division shall be trained in an emergency
73 intervention system approved by the division when such emergency intervention system is
74 identified in a consumer's individual support plan.

631.120. 1. A [~~mental health coordinator,~~] mental health professional, peace officer,
2 registered nurse, licensed physician, or qualified counselor may complete an application for
3 detention, treatment, or rehabilitation for up to ninety-six hours under the procedures of
4 section 632.305 for a person presenting an imminent likelihood of serious harm to himself **or**
5 **herself** or others as a result of alcohol or drug abuse, or both.

6 2. If a peace officer has reasonable cause to believe that unless a person is taken into
7 custody the likelihood of serious harm is imminent as a result of alcohol or drug abuse, or
8 both, the officer may take the person into custody and convey him **or her** to an alcohol or
9 drug abuse facility. The officer shall complete an application for detention indicating the
10 facts upon which the belief is based.

631.135. If a respondent is accepted for treatment and rehabilitation pursuant to this
2 chapter, he **or she** shall be advised, orally and in writing, of the information contained in
3 subdivisions (1) to (11) of this section. The respondent's guardian, if any, and, with the
4 respondent's consent, a responsible member of the respondent's immediate family shall be
5 advised if possible, either orally or in writing, of his **or her** admission to the facility. The
6 personnel of the alcohol or drug abuse facility to which the respondent is taken shall advise
7 the respondent that unless the respondent is released or voluntarily admits himself **or herself**
8 within ninety-six hours of the initial detention:

9 (1) He **or she** may be detained for ninety-six hours from the time of his **or her** initial
10 detention to receive treatment and rehabilitation;

11 (2) Within the ninety-six hours, the head of the alcohol or drug abuse facility [~~or the~~
12 ~~mental health coordinator~~] may file a petition to have him **or her** detained, after a court
13 hearing, for an additional period not to exceed thirty days;

14 (3) He **or she** will be given a judicial hearing within two judicial days after the day
15 the petition for additional detention is filed, unless continued for good cause;

16 (4) An attorney has been appointed who will represent him **or her** before and after the
17 hearing and who will be notified as soon as possible; except that, he **or she** also has the right
18 to private counsel of his **or her** own choosing and at his **or her** own expense;

19 (5) He **or she** has the right to communicate with counsel at all reasonable times and to
20 have assistance in contacting such counsel;

21 (6) Anything he **or she** says to personnel at the alcohol or drug abuse facility may be
22 used in making a determination regarding detention, may result in involuntary detention
23 proceedings being filed concerning him **or her**, and may be used at the court hearing;

24 (7) He **or she** has the right to present evidence and to cross-examine witnesses who
25 testify on behalf of the petitioner at the hearing;

26 (8) During the period prior to being examined by a licensed physician, he **or she** may
27 refuse medication unless he **or she** presents an imminent likelihood of serious harm to
28 himself **or herself** or others;

29 (9) He **or she** has the right to refuse medication except for lifesaving treatment
30 beginning twenty-four hours prior to the hearing for thirty-day detention;

31 (10) He **or she** has the right to request that the hearing be held in his **or her** county of
32 residence if he **or she** is a resident of this state; **and**

33 (11) He **or she** has the right to have an interpreter assist him **or her** to communicate
34 at the facility or during the hearing, or both, if he **or she** has impaired hearing or does not
35 speak English.

631.140. 1. At the expiration of the ninety-six-hour period, the respondent may be
2 detained and treated involuntarily for an additional two judicial days only if the head of the
3 alcohol or drug abuse facility [~~or a mental health coordinator~~] has filed a petition for
4 additional detention not to exceed thirty days.

5 2. Within ninety-six hours following initial detention, the head of the facility [~~or the~~
6 ~~mental health coordinator~~] may file, or cause to be filed, a petition for a thirty-day involuntary
7 detention, treatment, or rehabilitation period provided he **or she** has reasonable cause to
8 believe that the person abuses alcohol or drugs and presents a likelihood of serious harm to
9 himself **or herself** or others as a result of alcohol or drug abuse, or both. The court shall serve
10 the petition and list of prospective witnesses for the petitioner upon the respondent and his **or**
11 **her** attorney at least twenty-four hours before the hearing. [~~The head of the facility shall also~~
12 ~~notify the mental health coordinator if the petition is not filed by the mental health~~
13 ~~coordinator.~~] The petition shall:

14 (1) Allege that the respondent, by reason of alcohol or drug abuse, or both, presents a
15 likelihood of serious harm to himself **or herself** or to others;

16 (2) Allege that the respondent is in need of continued detention, treatment, and
17 rehabilitation;

18 (3) Allege the specific behavior of the respondent or the facts which support such
19 conclusion;

20 (4) Allege that an alcohol or drug abuse facility which is appropriate to handle the
21 respondent's condition has agreed to accept the respondent; and

22 (5) Be signed by a licensed physician who has examined the respondent.

631.150. 1. Before the expiration of the thirty-day period of detention, treatment, and
2 rehabilitation ordered pursuant to section 631.145, the court may order the respondent to be
3 detained for treatment and rehabilitation for an additional period not to exceed ninety days;
4 provided that:

5 (1) The respondent, as the result of alcohol or drug abuse, or both, continues to
6 present a likelihood of serious harm to himself **or herself** or to others; and

7 (2) The court, after a hearing, orders the respondent detained for treatment and
8 rehabilitation for the additional period.

9 2. If, within twenty-five days of the court hearing described in section 631.145, the
10 head of the alcohol or drug abuse facility [~~or the mental health coordinator~~] has reasonable
11 cause to believe that the respondent, as the result of alcohol or drug abuse, or both, presents a
12 likelihood of serious harm to himself **or herself** or others, and believes that further detention

13 and treatment is necessary, he **or she** shall file, or cause to be filed, with the court a petition
14 for ninety days additional detention, treatment, and rehabilitation. The court shall
15 immediately set a date and time for a hearing on the petition, which shall take place
16 within four judicial days of the date of the filing of the petition. The court shall serve a copy
17 of the petition and the notice of the date and time of the hearing upon the petitioner, the
18 respondent, and their attorneys as promptly as possible, but not later than two judicial days
19 after the filing of the petition. The petitioner shall also file with the court, for the court to
20 serve upon the respondent's attorney not later than two days after the filing of the petition, a
21 list of the proposed witnesses for the petitioner. ~~[The head of the alcohol or drug abuse~~
22 ~~facility shall notify the mental health coordinator if the petition is not filed by the mental~~
23 ~~health coordinator.]~~ The petition shall comply with the requirements of section 631.140, and
24 an individualized treatment and rehabilitation plan for the respondent shall be attached
25 thereto.

631.165. If the head of the alcohol or drug abuse facility finds that a person who is
2 detained for treatment and rehabilitation is presenting a likelihood of serious harm as a result
3 of mental disorder other than alcohol or drug abuse, or both, the head of the facility shall
4 arrange for the transfer of the person to a mental health facility through ~~[a mental health~~
5 ~~coordinator, or through]~~ a licensed physician, registered professional nurse, qualified
6 counselor or mental health professional designated by the mental health facility. The person
7 may be detained for up to ninety-six hours for evaluation and treatment, under the procedures
8 of sections 632.310, 632.315, 632.320 and 632.325, before filing a petition for further
9 detention under sections 632.330 and 632.335.

632.005. As used in chapter 631 and this chapter, unless the context clearly requires
2 otherwise, the following terms shall mean:

- 3 (1) "Comprehensive psychiatric services", any one, or any combination of two or
4 more, of the following services to persons affected by mental disorders other than intellectual
5 disabilities or developmental disabilities: inpatient, outpatient, day program or other partial
6 hospitalization, emergency, diagnostic, treatment, liaison, follow-up, consultation, education,
7 rehabilitation, prevention, screening, transitional living, medical prevention and treatment for
8 alcohol abuse, and medical prevention and treatment for drug abuse;
- 9 (2) "Council", the Missouri advisory council for comprehensive psychiatric services;
- 10 (3) "Court", the court which has jurisdiction over the respondent or patient;
- 11 (4) "Division", the division of comprehensive psychiatric services of the department
12 of mental health;
- 13 (5) "Division director", director of the division of comprehensive psychiatric services
14 of the department of mental health, or his **or her** designee;

15 (6) "Head of mental health facility", superintendent or other chief administrative
16 officer of a mental health facility, or his **or her** designee;

17 (7) "Judicial day", any Monday, Tuesday, Wednesday, Thursday or Friday when the
18 court is open for business, but excluding Saturdays, Sundays and legal holidays;

19 (8) "Licensed physician", a physician licensed pursuant to the provisions of chapter
20 334 or a person authorized to practice medicine in this state pursuant to the provisions of
21 section 334.150;

22 (9) "Licensed professional counselor", a person licensed as a professional counselor
23 under chapter 337 and with a minimum of one year training or experience in providing
24 psychiatric care, treatment, or services in a psychiatric setting to individuals suffering from a
25 mental disorder;

26 (10) "Likelihood of serious harm" means any one or more of the following but does
27 not require actual physical injury to have occurred:

28 (a) A substantial risk that serious physical harm will be inflicted by a person upon his
29 **or her** own person, as evidenced by recent threats, including verbal threats, or attempts to
30 commit suicide or inflict physical harm on himself **or herself**. Evidence of substantial risk
31 may also include information about patterns of behavior that historically have resulted in
32 serious harm previously being inflicted by a person upon himself **or herself**;

33 (b) A substantial risk that serious physical harm to a person will result or is occurring
34 because of an impairment in his **or her** capacity to make decisions with respect to his **or her**
35 hospitalization and need for treatment as evidenced by his **or her** current mental disorder or
36 mental illness which results in an inability to provide for his **or her** own basic necessities of
37 food, clothing, shelter, safety or medical care or his **or her** inability to provide for his **or her**
38 own mental health care which may result in a substantial risk of serious physical harm.
39 Evidence of that substantial risk may also include information about patterns of behavior that
40 historically have resulted in serious harm to the person previously taking place because of a
41 mental disorder or mental illness which resulted in his **or her** inability to provide for his **or**
42 **her** basic necessities of food, clothing, shelter, safety or medical or mental health care; or

43 (c) A substantial risk that serious physical harm will be inflicted by a person upon
44 another as evidenced by recent overt acts, behavior or threats, including verbal threats, which
45 have caused such harm or which would place a reasonable person in reasonable fear of
46 sustaining such harm. Evidence of that substantial risk may also include information about
47 patterns of behavior that historically have resulted in physical harm previously being inflicted
48 by a person upon another person;

49 (11) [~~"Mental health coordinator", a mental health professional who has knowledge of
50 the laws relating to hospital admissions and civil commitment and who is authorized by the~~

51 ~~director of the department, or his designee, to serve a designated geographic area or mental~~
52 ~~health facility and who has the powers, duties and responsibilities provided in this chapter;~~

53 ~~(12)~~ (12) "Mental health facility", any residential facility, public or private, or any public
54 or private hospital, which can provide evaluation, treatment and, inpatient care to persons
55 suffering from a mental disorder or mental illness and which is recognized as such by the
56 department or any outpatient treatment program certified by the department of mental health.
57 No correctional institution or facility, jail, regional center or developmental disability facility
58 shall be a mental health facility within the meaning of this chapter;

59 ~~(13)~~ (12) "Mental health professional", a psychiatrist, resident in psychiatry,
60 psychiatric physician assistant, psychiatric assistant physician, psychiatric advanced practice
61 registered nurse, psychologist, psychiatric nurse, licensed professional counselor, or
62 psychiatric social worker;

63 ~~(14)~~ (13) "Mental health program", any public or private residential facility, public
64 or private hospital, public or private specialized service or public or private day program that
65 can provide care, treatment, rehabilitation or services, either through its own staff or through
66 contracted providers, in an inpatient or outpatient setting to persons with a mental disorder or
67 mental illness or with a diagnosis of alcohol abuse or drug abuse which is recognized as such
68 by the department. No correctional institution or facility or jail may be a mental health
69 program within the meaning of this chapter;

70 ~~(15)~~ (14) "Ninety-six hours" shall be construed and computed to exclude Saturdays,
71 Sundays and legal holidays which are observed either by the court or by the mental health
72 facility where the respondent is detained;

73 ~~(16)~~ (15) "Peace officer", a sheriff, deputy sheriff, county or municipal police
74 officer or highway patrolman;

75 ~~(17)~~ (16) "Psychiatric advanced practice registered nurse", a registered nurse who is
76 currently recognized by the board of nursing as an advanced practice registered nurse, who
77 has at least two years of experience in providing psychiatric treatment to individuals suffering
78 from mental disorders;

79 ~~(18)~~ (17) "Psychiatric assistant physician", a licensed assistant physician under
80 chapter 334 and who has had at least two years of experience as an assistant physician in
81 providing psychiatric treatment to individuals suffering from mental health disorders;

82 ~~(19)~~ (18) "Psychiatric nurse", a registered professional nurse who is licensed under
83 chapter 335 and who has had at least two years of experience as a registered professional
84 nurse in providing psychiatric nursing treatment to individuals suffering from mental
85 disorders;

86 ~~(20)~~ (19) "Psychiatric physician assistant", a licensed physician assistant under
87 chapter 334 and who has had at least two years of experience as a physician assistant in

88 providing psychiatric treatment to individuals suffering from mental health disorders or a
89 graduate of a postgraduate residency or fellowship for physician assistants in psychiatry;

90 ~~[(21)]~~ **(20)** "Psychiatric social worker", a person with a master's or further advanced
91 degree from an accredited school of social work, practicing pursuant to chapter 337, and with
92 a minimum of one year training or experience in providing psychiatric care, treatment or
93 services in a psychiatric setting to individuals suffering from a mental disorder;

94 ~~[(22)]~~ **(21)** "Psychiatrist", a licensed physician who in addition has successfully
95 completed a training program in psychiatry approved by the American Medical Association,
96 the American Osteopathic Association or other training program certified as equivalent by the
97 department;

98 ~~[(23)]~~ **(22)** "Psychologist", a person licensed to practice psychology under chapter
99 337 with a minimum of one year training or experience in providing treatment or services to
100 mentally disordered or mentally ill individuals;

101 ~~[(24)]~~ **(23)** "Resident in psychiatry", a licensed physician who is in a training program
102 in psychiatry approved by the American Medical Association, the American Osteopathic
103 Association or other training program certified as equivalent by the department;

104 ~~[(25)]~~ **(24)** "Respondent", an individual against whom involuntary civil detention
105 proceedings are instituted pursuant to this chapter;

106 ~~[(26)]~~ **(25)** "Treatment", any effort to accomplish a significant change in the mental or
107 emotional conditions or the behavior of the patient consistent with generally recognized
108 principles or standards in the mental health professions.

632.150. 1. A voluntary patient who has applied for his **or her** own admission may
2 request his **or her** release either orally or in writing to the head of the mental health facility
3 and shall be released immediately; except, that if the head of the facility determines that he **or**
4 **she** is mentally disordered and, as a result, presents a likelihood of serious physical harm to
5 himself **or herself** or others, the head of the facility may refuse the request for release.

6 2. If the request for release is refused, the mental health facility may detain the person
7 only if a ~~[mental health coordinator, a]~~ licensed physician, a registered professional nurse
8 designated by the facility and approved by the department, a mental health professional or a
9 peace officer completes an application for detention for evaluation and treatment to begin the
10 involuntary detention of the patient under this chapter.

632.155. 1. A voluntary patient who is a minor and who requests his **or her** release
2 either orally or in writing, or whose release is requested in writing to the head of the facility
3 by his **or her** parent, spouse, adult next of kin, or person entitled to his **or her** custody, shall
4 be released immediately; except, that if the patient was admitted on the application of another
5 person, his **or her** release shall be conditioned upon receiving the consent of the person
6 applying for his **or her** admission.

7 2. If the head of the mental health facility determines that the minor is mentally
8 disordered and, as a result, presents a likelihood of serious physical harm to himself **or**
9 **herself** or others, the head of the facility may refuse the release. The mental health facility
10 may detain the minor only if a [~~mental health coordinator, a~~] licensed physician, a mental
11 health professional or a registered professional nurse designated by the facility and approved
12 by the department completes an application for detention for evaluation and treatment to
13 begin the involuntary detention of the minor under this chapter or, if appropriate, the minor is
14 detained in the facility under the provisions of chapter 211.

632.305. 1. An application for detention for evaluation and treatment **at a mental**
2 **health facility** may be executed by any adult person, who need not be an attorney or
3 represented by an attorney, [~~including the mental health coordinator,~~] on a form provided by
4 the court for such purpose, and shall allege under oath, without a notarization requirement,
5 that the applicant has reason to believe that the respondent is suffering from a mental disorder
6 and presents a likelihood of serious harm to himself or herself or to others. The application
7 shall specify the factual information on which such belief is based and should contain the
8 names and addresses of all persons known to the applicant who have knowledge of such facts
9 through personal observation.

10 2. The filing of a written application in court by any adult person, who need not be an
11 attorney or represented by an attorney, [~~including the mental health coordinator,~~] shall
12 authorize the applicant to bring the matter before the court on an ex parte basis to determine
13 whether the respondent should be taken into custody and transported to a mental health
14 facility. The application may be filed in the court having probate jurisdiction in any county
15 where the respondent may be found. If the court finds that there is probable cause, either
16 upon testimony under oath or upon a review of affidavits, to believe that the respondent may
17 be suffering from a mental disorder and presents a likelihood of serious harm to himself or
18 herself or others, it shall direct a peace officer to take the respondent into custody and
19 transport him or her to a mental health facility for detention for evaluation and treatment for a
20 period not to exceed ninety-six hours unless further detention and treatment is authorized
21 pursuant to this chapter. Nothing herein shall be construed to prohibit the court, in the
22 exercise of its discretion, from giving the respondent an opportunity to be heard.

23 3. A [~~mental health coordinator may request a peace officer to take or a~~] peace officer
24 may take a person into custody for detention for evaluation and treatment **at a mental health**
25 **facility** for a period not to exceed ninety-six hours only when such [~~mental health coordinator~~
26 ~~or~~] peace officer has reasonable cause to believe that such person is suffering from a mental
27 disorder and that the likelihood of serious harm by such person to himself or herself or others
28 is imminent unless such person is immediately taken into custody. Upon arrival at the mental
29 health facility, the peace officer [~~or mental health coordinator~~] who conveyed such person or

30 caused him or her to be conveyed shall either present the application for detention for
31 evaluation and treatment upon which the court has issued a finding of probable cause and the
32 respondent was taken into custody or complete an application for initial detention for
33 evaluation and treatment for a period not to exceed ninety-six hours which shall be based
34 upon his or her own personal observations or investigations and shall contain the information
35 required in subsection 1 of this section.

36 4. If a person presents himself or herself or is presented by others to a mental health
37 facility and a licensed physician, a registered professional nurse or a mental health
38 professional designated by the head of the facility and approved by the department for such
39 purpose has reasonable cause to believe that the person is mentally disordered and presents an
40 imminent likelihood of serious harm to himself or herself or others unless he or she is
41 accepted for detention, the licensed physician, the mental health professional or the registered
42 professional nurse designated by the facility and approved by the department may complete
43 an application for detention for evaluation and treatment for a period not to exceed ninety-six
44 hours. The application shall be based on his or her own personal observations or
45 investigation and shall contain the information required in subsection 1 of this section.

46 5. Any oath required by the provisions of this section shall be subject to the
47 provisions of section 492.060.

632.310. 1. Whenever a court has authorized the initial detention and evaluation of a
2 respondent pursuant to subsection 2 of section 632.305, ~~[or whenever a mental health~~
3 ~~coordinator submits an application for initial detention and evaluation pursuant to subsection~~
4 ~~3 of section 632.305,]~~ or whenever a licensed physician, a registered professional nurse
5 designated by the facility and approved by the department, or a mental health professional
6 submits an application for initial detention and evaluation pursuant to subsection 4 of section
7 632.305, a public mental health facility shall, and a private mental health facility may
8 immediately accept such application and the respondent on a provisional basis, and the
9 facility shall then evaluate the respondent's condition and admit him **or her** for treatment or
10 release him **or her** in accordance with the provisions of this chapter.

11 2. Whenever a peace officer applies for initial detention and evaluation pursuant to
12 subsection 3 of section 632.305, the mental health facility may, but is not required to, accept
13 the application and the respondent. If the facility accepts the application and the respondent,
14 the facility shall evaluate the respondent's condition and admit him **or her** for treatment or
15 release him **or her** in accordance with the provisions of this chapter.

16 3. If the respondent is not accepted for admission by a facility providing ninety-six-
17 hour evaluation and treatment, the facility shall immediately furnish transportation, if not
18 otherwise available, to return the respondent to his **or her** place of residence or other
19 appropriate place; provided, that in the case of a person transported to the facility by a peace

20 officer or other governmental agency, such peace officer or agency shall furnish or arrange for
21 such transportation.

22 4. The department may require, pursuant to an affiliation agreement and contract with
23 a community-based service certified by the department to serve the catchment area where a
24 respondent whose mental disorder consists of alcohol or drug abuse resides, that the service
25 immediately accept the application and respondent engaging in alcohol or drug abuse on a
26 provisional basis and that the service then evaluate such respondent's condition and admit him
27 **or her** for treatment for up to ninety-six hours, petition for further detention and treatment, or
28 release him **or her** in accordance with the provisions of chapter 631.

632.315. Any mental health facility accepting a respondent pursuant to section
2 632.310 shall be furnished a copy of the application for initial detention and evaluation. If a
3 person is involuntarily detained in a mental health facility pursuant to section 632.310, no
4 later than twenty-four hours after his **or her** arrival, excluding Saturdays, Sundays and legal
5 holidays, the head of the mental health facility [~~or the mental health coordinator~~] shall file
6 with the court the application, a copy of the notice required by section 632.325 and proof that
7 the notice was given. The person's designated attorney shall receive a copy of all documents.
8 [~~The head of the mental health facility shall send copies of all completed applications,~~
9 ~~whether accepted for admission or not, to the designated mental health coordinator for the~~
10 ~~region.~~]

632.320. 1. Within three hours of the time at which the respondent arrives at a mental
2 health facility he **or she** shall:

3 (1) Be seen by a mental health professional or registered professional nurse; and

4 (2) Be given a copy of the application for initial detention and evaluation, a notice of
5 rights pursuant to section 632.325 and a notice giving the name, business address and
6 telephone number of the attorney appointed to represent him **or her**; and

7 (3) Be provided assistance in contacting the appointed attorney or an attorney of his
8 **or her** own choosing, if so requested.

9 2. Within eighteen hours after the respondent arrives at the mental health facility, he
10 **or she** shall be examined by a licensed physician.

11 3. Within [~~four days~~] **forty-eight hours** after the respondent arrives at the mental
12 health facility, unless sooner released, [~~the mental health coordinator~~] **designated staff at the**
13 **mental health facility** shall meet with the respondent and explain his **or her** statutory rights
14 under this chapter.

632.325. If the respondent is accepted for evaluation or for evaluation and treatment
2 pursuant to this chapter, he **or she** shall be advised, orally and in writing, of the information
3 contained in subdivisions (1) through (11) of this section. The respondent's guardian and, if
4 possible and the respondent consents, a responsible member of his **or her** immediate family

5 shall be advised, within eight hours either orally or in writing, of the information contained in
6 subdivisions (1) through (11) of this section. The personnel of the mental health facility to
7 which the respondent is taken [~~or the mental health coordinator~~] shall advise the
8 aforementioned individuals that unless the respondent is released or voluntarily admits
9 himself **or herself** within ninety-six hours of the initial detention:

10 (1) He **or she** may be detained for ninety-six hours from the time of his **or her** initial
11 detention to be evaluated and treated;

12 (2) Within the ninety-six hours, the head of the mental health facility [~~or the mental~~
13 ~~health coordinator~~] may file a petition to have him **or her** detained for an additional period
14 not to exceed twenty-one days, after a court hearing;

15 (3) He **or she** will be given a judicial hearing within two judicial days after the day
16 the petition for additional detention is filed;

17 (4) An attorney has been appointed who will represent him **or her** before and after the
18 hearing and who will be notified as soon as possible; provided, however, that he **or she** also
19 has the right to private counsel of his **or her** own choosing and at his **or her** own expense;

20 (5) He **or she** has the right to communicate with counsel at all reasonable times and to
21 have assistance in contacting such counsel;

22 (6) The purpose of the evaluation is to determine whether he **or she** meets the criteria
23 for civil detention under this chapter and that anything he **or she** says to personnel at the
24 mental health facility may be used in making that determination, may result in involuntary
25 detention proceedings being filed against him **or her** and may be used at the court hearing;

26 (7) He **or she** has the right to present evidence and to cross-examine witnesses who
27 testify against him **or her** at the hearing;

28 (8) During the period prior to being examined by a licensed physician, he **or she** may
29 refuse medication unless he **or she** presents an imminent likelihood of serious physical injury
30 to himself **or herself** or others;

31 (9) He **or she** has the right to refuse medication except for lifesaving treatment
32 beginning twenty-four hours prior to the hearing for twenty-one-day detention;

33 (10) He **or she** has the right to request that the hearing be held in his **or her** county of
34 residence if he **or she** is a resident of this state; **and**

35 (11) He **or she** has the right to have an interpreter assist him **or her** to communicate,
36 at the facility or during the hearing, or both, if he **or she** has impaired hearing or does not
37 speak English.

632.330. 1. At the expiration of the ninety-six hour period, the respondent may be
2 detained and treated involuntarily for an additional two judicial days only if the head of the
3 mental health facility [~~or a mental health coordinator either~~] has filed a petition for additional

4 inpatient detention and treatment not to exceed twenty-one days or has filed a petition for
5 outpatient detention and treatment for a period not to exceed one hundred eighty days.

6 2. Within ninety-six hours following initial detention, the head of the facility [~~or the~~
7 ~~mental health coordinator~~] may file or cause to be filed either a petition for a twenty-one-day
8 inpatient involuntary detention and treatment period or a petition for outpatient detention and
9 treatment for a period not to exceed one hundred eighty days, provided he **or she** has
10 reasonable cause to believe that the person is mentally ill and as a result presents a likelihood
11 of serious harm to himself **or herself** or others. The court shall serve the petition and list of
12 prospective witnesses for the petitioner upon the respondent and his **or her** attorney at least
13 twenty-four hours before the hearing. [~~The head of the facility shall also notify the mental~~
14 ~~health coordinator if the petition is not filed by the mental health coordinator.~~] The petition
15 shall:

16 (1) Allege that the respondent, by reason of mental illness, presents a likelihood of
17 serious harm to himself **or herself** or to others;

18 (2) Allege that the respondent is in need of continued detention and treatment either
19 on an inpatient basis or on an outpatient basis;

20 (3) Allege the specific behavior of the respondent or the facts which support such
21 conclusion;

22 (4) Affirm that attempts were made to provide necessary care, treatment and services
23 in the least restrictive environment to the respondent on a voluntary basis, but either the
24 petitioner believes that the respondent lacks the capacity to voluntarily consent to care,
25 treatment and services or the respondent refuses to voluntarily consent to care, treatment and
26 services such that proceeding with a petition for the respondent's civil detention in the least
27 restrictive environment is necessary;

28 (5) Allege that there will be appropriate support from family, friends, case managers
29 or others during the period of outpatient detention and treatment in the community if such
30 commitment is sought;

31 (6) Specify the mental health program that is appropriate to handle the respondent's
32 condition and that has agreed to accept the respondent;

33 (7) Specify the range of care, treatment and services that shall be provided to the
34 respondent if the petition for further detention is sustained by the court;

35 (8) Name the entities that have agreed to fund and provide the specified interventions;
36 and

37 (9) Be verified by a psychiatrist or by a licensed physician and a mental health
38 professional who have examined the respondent.

39 3. The petitioner shall consider whether based on the respondent's condition and
40 treatment history, the respondent meets the criteria in chapter 475, so that appointment of a

41 full or limited guardian or conservator is appropriate for the court to consider, and if deemed
42 so, the petitioner then shall proceed as specified in subsection 4 of this section.

43 4. If the head of the mental health facility, or his **or her** designee, [~~or the mental~~
44 ~~health coordinator~~] believes that the respondent, because of a mental illness or mental
45 disorder, may be incapacitated or disabled as defined in chapter 475, the head of the mental
46 health facility [~~or mental health coordinator~~] shall cause a petition to be filed pursuant to
47 section 475.060 and section 475.061, if applicable, with the court having probate jurisdiction
48 as determined by section 475.035. In addition, if the head of the mental health facility, **or his**
49 **or her** designee [~~or the mental health coordinator~~], believes it appropriate, he **or she** shall
50 proceed with obtaining an order for the respondent's temporary emergency detention as
51 provided for in section 475.355. Furthermore, the hearing on the petition filed pursuant to
52 chapter 475 shall be conducted pursuant to the requirements of section 475.075 and other
53 appropriate sections of chapter 475, and shall be held within two judicial days after
54 termination of the ninety-six-hour civil detention period unless continued for good cause
55 shown. Nothing contained in this subsection shall restrict or prohibit the head of the mental
56 health facility, **or his or her** designee [~~or the mental health coordinator~~], from proceeding
57 under the appropriate provisions of this chapter if the petition for guardianship or
58 conservatorship is denied.

632.335. 1. The petition for additional inpatient detention and treatment not to
2 exceed twenty-one days or the petition for outpatient detention and treatment not to exceed
3 one hundred eighty days shall be filed with the court having probate jurisdiction. At the time
4 of filing the petition, the court clerk shall set a date and time for the hearing which shall take
5 place within two judicial days of the filing of the petition. The clerk shall promptly notify the
6 respondent, his **or her** attorney, the petitioner and the petitioner's attorney of the date and time
7 for the hearing. The court shall not grant continuances except upon a showing of good and
8 sufficient cause. If a continuance is granted, the court, in its discretion, may order the person
9 released pending the hearing upon conditions prescribed by the court. The court may order
10 the continued detention and treatment of the person at a mental health facility pending the
11 continued hearing, and a copy of such order shall be furnished to the facility.

12 2. The hearing shall be conducted in as informal a manner as may be consistent with
13 orderly procedure and in a physical setting not likely to have a harmful effect on the
14 respondent. Due consideration shall be given by the court to holding a hearing at the mental
15 health facility. The respondent shall have the following rights in addition to those specified
16 elsewhere:

- 17 (1) To be represented by an attorney;
- 18 (2) To present evidence on his **or her** own behalf;
- 19 (3) To cross-examine witnesses who testify against him **or her**;

- 20 (4) To remain silent;
- 21 (5) To view and copy all petitions and reports in the court file of his **or her** case;
- 22 (6) To have the hearing open or closed to the public as he **or she** elects;
- 23 (7) To be proceeded against according to the rules of evidence applicable to civil
- 24 judicial proceedings; **and**
- 25 (8) A hearing before a jury if requested by the patient or his **or her** attorney.

26 3. The respondent shall be present at the hearing, unless the respondent's physical

27 condition is such that he **or she** cannot be present in the courtroom or if the court determines

28 that the respondent's conduct in the courtroom is so disruptive that the proceedings cannot

29 reasonably continue.

30 4. At the conclusion of the hearing, if the court finds, based upon clear and

31 convincing evidence, that respondent, as the result of mental illness, presents a likelihood of

32 serious harm to himself **or herself** or to others, and that a mental health program appropriate

33 to handle the respondent's condition has agreed to accept him **or her**, the court shall order

34 either that the respondent be detained for inpatient involuntary treatment in the least

35 restrictive environment for a period not to exceed twenty-one days or be detained for

36 outpatient detention and treatment under the supervision of a mental health program in the

37 least restrictive environment for a period not to exceed one hundred eighty days.

632.340. 1. Before the expiration of the twenty-one-day inpatient detention and

2 treatment period ordered pursuant to section 632.335, the court may order the respondent to

3 be detained and treated involuntarily for an additional period not to exceed ninety inpatient

4 days or may order the respondent to be detained for outpatient detention and treatment for a

5 period not to exceed one hundred eighty days; provided, that:

6 (1) The respondent is mentally ill and continues to present a likelihood of serious

7 harm to himself **or herself** or others; and

8 (2) The court, after a hearing, orders the respondent detained and treated for the

9 additional period.

10 2. If, within seventeen days of the court hearing described in section 632.335, the

11 head of the mental health program [~~or the mental health coordinator~~] has reasonable cause to

12 believe that the respondent is mentally ill and as a result presents a likelihood of serious harm

13 to himself **or herself** or others, and believes that further detention and treatment is necessary,

14 he **or she** shall file, or cause to be filed, with the court a petition for ninety days additional

15 detention and treatment or a petition for outpatient detention and treatment for a period not to

16 exceed one hundred eighty days. The court shall immediately set a date and time for a

17 hearing on the petition, which shall take place within four judicial days of the date of the

18 filing of the petition. The court shall serve a copy of the petition and the notice of the date

19 and time of the hearing upon the petitioner, the respondent, and their attorneys as promptly as

20 possible, but not later than two judicial days after the filing of the petition. The petitioner
21 shall also file with the court, for the court to serve upon the respondent's attorney not later
22 than two judicial days after the filing of the petition, a list of the proposed witnesses for the
23 petitioner. ~~[The head of the mental health program shall notify the mental health coordinator~~
24 ~~if the petition is not filed by the mental health coordinator.]~~ The petition shall comply with
25 the requirements of section 632.330, and an individualized treatment plan for the respondent
26 shall be attached thereto.

632.345. 1. If requested by the respondent, the court shall appoint an available
2 licensed physician or licensed psychologist to examine him **or her** and testify at the
3 respondent's request. If the respondent or his **or her** counsel so request, the court shall not
4 appoint a physician or licensed psychologist who is on the staff of the program wherein the
5 person is detained, and if the respondent is detained in a program operated by the department
6 and respondent or his **or her** counsel so request, the court shall not appoint a physician or
7 licensed psychologist who is an employee of the department.

8 2. The court may grant continuances but shall do so only upon a showing of good and
9 sufficient cause.

10 3. The respondent shall continue to be detained and treated pending the hearing
11 unless released by order of the court. If a continuance is granted, the court, in its discretion,
12 may order respondent released upon conditions described by the court pending the hearing. If
13 no order has been made within thirty days after the filing of the petition, not including
14 extensions of time requested by the respondent and granted, the respondent shall be released.

632.350. 1. The hearing for a ninety-day inpatient detention and treatment period or
2 for outpatient detention and treatment for a period not to exceed one hundred eighty days
3 shall be conducted in as informal a manner as may be consistent with orderly procedure and
4 in a physical setting not likely to have a harmful effect on the mental health of the respondent.
5 If a jury trial is not requested, due consideration shall be given by the court to holding a
6 hearing at the mental health program. The hearing shall be held in accordance with the
7 provisions set forth in section 632.335.

8 2. The burden of proof at the hearing shall be by clear and convincing evidence and
9 shall be upon the petitioner.

10 3. If the matter is tried before a jury, the jury shall determine and shall be instructed
11 only upon the issues of whether or not the respondent is mentally ill and, as a result, presents
12 a likelihood of serious harm to himself **or herself** or others. The remaining procedures for the
13 jury trial shall be as in other civil matters.

14 4. The respondent shall not be required to file an answer or other responsive pleading.

15 5. At the conclusion of the hearing, if the court or jury finds that the respondent, as
16 the result of mental illness, presents a likelihood of serious harm to himself **or herself** or to

17 others, and the court finds that a program appropriate to handle the respondent's condition has
18 agreed to accept him **or her**, the court shall order the respondent to be detained for
19 involuntary treatment in the least restrictive environment for a period not to exceed ninety
20 days or for outpatient detention and treatment under the supervision of a mental health
21 program in the least restrictive environment for a period not to exceed one hundred eighty
22 days.

632.355. 1. At the expiration of the ninety-day inpatient commitment period ordered
2 by the court pursuant to section 632.350, the respondent may be detained and treated as an
3 involuntarily inpatient for an additional period of time not to exceed one year or such lesser
4 period of time as determined by the court or may be detained for outpatient detention and
5 treatment for a period of time not to exceed one hundred eighty days; provided, that:

6 (1) The respondent is mentally ill and continues to present a likelihood of serious
7 harm to himself **or herself** or to others; and

8 (2) The court after a hearing orders the person detained and treated for the additional
9 period.

10 2. Within the ninety-day commitment period, the head of the mental health program
11 [~~or the mental health coordinator~~] may file or cause to be filed, in compliance with the
12 requirements of section 632.330, a petition for a one-year inpatient detention and treatment
13 period or a petition for outpatient detention and treatment for a period not to exceed one
14 hundred eighty days if he **or she** has reasonable cause to believe that the respondent is
15 mentally ill and as a result presents a likelihood of serious harm to himself **or herself** or
16 others, and that further detention and treatment is necessary pursuant to an individualized
17 treatment plan prepared by the program and filed with the court. Procedures specified in
18 sections 632.340, 632.345 and 632.350 shall be followed.

19 3. At the conclusion of the hearing, if the court or jury finds that the respondent, as
20 the result of mental illness, presents a likelihood of serious harm to himself **or herself** or
21 others, and the court finds that a program appropriate to handle the respondent's condition has
22 agreed to accept him **or her**, the court shall order that the respondent be detained for
23 involuntary treatment in the least restrictive environment for a period not to exceed one year
24 or for outpatient detention and treatment under the supervision of a mental health program in
25 the least restrictive environment for a period not to exceed one hundred eighty days.

632.370. 1. The department may transfer, or authorize the transfer of, an involuntary
2 patient detained under this chapter, chapter 211, chapter 475, or chapter 552 from one mental
3 health program to another if the department determines that it would be consistent with the
4 medical needs of the patient to do so. If a minor is transferred from a ward for minors to an
5 adult ward, the department shall conduct a due process hearing within six days of such
6 transfer during which hearing the head of the program shall have the burden to show that the

7 transfer is appropriate for the medical needs of the minor. Whenever a patient is transferred,
8 written notice thereof shall be given after obtaining the consent of the patient, his **or her**
9 parent if he **or she** is a minor or his **or her** legal guardian to his **or her** legal guardian, parents
10 and spouse, or, if none be known, his **or her** nearest known relative or friend. In all such
11 transfers, due consideration shall be given to the relationship of the patient to his **or her**
12 family, legal guardian or friends, so as to maintain relationships and encourage visits
13 beneficial to the patient. The head of the mental health program shall notify the court
14 ordering detention or commitment, the patient's last known attorney of record [~~and the mental~~
15 ~~health coordinator for the region~~], and if the person was committed pursuant to chapter 552,
16 to the prosecuting attorney of the jurisdiction where the person was tried and acquitted, of any
17 transfer from one mental health facility to another. The prosecutor of the jurisdiction where
18 the person was tried and acquitted shall use their best efforts to notify the victims of
19 dangerous felonies. Notification by the appropriate person or agency by certified mail to the
20 most current address provided by the victim shall constitute compliance with the victim
21 notification requirement of this section. In the case of a patient committed under chapter 211,
22 the court, on its own motion, may hold a hearing on the transfer to determine whether such
23 transfer is appropriate to the medical needs of the patient.

24 2. Upon receipt of a certificate of an agency of the United States that facilities are
25 available for the care or treatment of any individual heretofore ordered involuntarily detained,
26 treated and evaluated pursuant to this chapter in any facility for the care or treatment of
27 persons with a mental illness or an intellectual disability or a developmental disability and
28 that such individual is eligible for care or treatment in a hospital or institution of such agency,
29 the department may cause his **or her** transfer to such agency of the United States for
30 hospitalization. Upon effecting any such transfer, the court ordering hospitalization, the legal
31 guardian, spouse and parents, or, if none be known, his **or her** nearest known relative or
32 friend shall be notified thereof immediately by the department. No person shall be transferred
33 to an agency of the United States if he **or she** is confined pursuant to a conviction for any
34 felony or misdemeanor or if he **or she** has been acquitted of any felony or misdemeanor
35 solely on the ground of mental illness, unless prior to transfer the court originally ordering
36 confinement of such person enters an order for the transfer after appropriate motion and
37 hearing. Any person transferred to an agency of the United States shall be deemed to be
38 hospitalized by such agency pursuant to the original order of hospitalization.

632.375. 1. At least once every one hundred eighty days, the head of each mental
2 health program shall have each respondent who is detained at the program for a one-year
3 period under this chapter examined and evaluated to determine if the respondent continues to
4 be mentally ill, and as a result presents a likelihood of serious harm to himself **or herself** or
5 others. The court, [~~the mental health coordinator for the region,~~] the respondent, and the

6 respondent's attorney shall be provided copies of the report of the examination and evaluation
7 described by this section and the respondent's individualized treatment plan.

8 2. Upon receipt of the report, the court may, upon its own motion, or shall, upon the
9 motion of the respondent, order a hearing to be held as to the need for continued detention and
10 involuntary treatment. At the conclusion of the hearing, the court may order:

11 (1) The discharge of the respondent; or

12 (2) An appropriate least restrictive course of detention and involuntary treatment; or

13 (3) The respondent to be remanded to the mental health program for the unexpired
14 portion of the original commitment order.

632.385. 1. The head of a mental health facility shall release a patient, whether
2 voluntary or involuntary, from the facility to the least restrictive environment, including
3 referral to and subsequent placement in the placement program of the department, when he **or**
4 **she** believes that such release is in the best interests of the patient. Release to the least
5 restrictive environment shall include provisions for continuing responsibility to and by the
6 facility.

7 2. Release to the least restrictive environment may be conditioned on the patient
8 receiving outpatient care as prescribed by the head of the mental health facility from which
9 the patient is being released. The period of treatment in the least restrictive environment shall
10 not exceed the period of one year.

11 3. The facility or agency which is to provide treatment in the least restrictive
12 environment must agree in writing to assume such responsibility. A copy of the conditions
13 for release shall be given to the patient, to the probate division of the circuit court having
14 jurisdiction and the mental health facility providing treatment.

15 4. The head of a mental health facility may permit a respondent detained for treatment
16 to leave the facility for prescribed short periods on trial visit during his **or her** detention
17 subject to conditions prescribed by the head of the mental health facility.

18 5. The head of the mental health facility providing treatment may modify the
19 conditions for continued release from the facility to the least restrictive environment when
20 such modification is in the best interest of the patient. Notification of any changes shall be
21 sent to the patient and to the court within ninety-six hours if the patient is involuntarily
22 detained under this chapter. Upon a receipt of a notification returning the patient to the
23 facility as an inpatient, the committing court shall, if necessary, order the sheriff or other law
24 enforcement official to apprehend and transport the patient to the facility. The committing
25 court may, on its own motion or shall upon the respondent's motion, order a hearing to be held
26 on the need for such change.

632.390. 1. The head of a mental health program shall release any person who is
2 involuntarily detained under this chapter when, in his **or her** opinion, the person is no longer

3 mentally ill or **the person**, although mentally ill, does not present a likelihood of serious harm
4 to himself **or herself** or others, even though the detention period has not expired.

5 2. Whenever the head of a mental health program discharges a person prior to the
6 expiration of the detention order, he **or she** shall notify, in writing, the court [~~and the mental~~
7 ~~health coordinator~~].

8 3. Whenever a respondent voluntarily admits himself **or herself** and the head of a
9 mental health program accepts the admission application submitted by respondent in good
10 faith under section 632.105, the respondent's involuntary detention shall cease, and the head
11 of the program shall notify, in writing, the court [~~and the mental health coordinator~~].

632.392. 1. Notwithstanding the provisions of subsection 1 of section 630.140, a
2 mental health program and any treating physician, upon release of a patient who was
3 committed or who is civilly detained and consents to voluntary treatment during the course of
4 the inpatient stay pursuant to section 632.150, 632.155, [~~632.300,~~] 632.305, 632.330,
5 632.335, 632.340, 632.350, 632.355 or 632.375:

6 (1) Shall provide to the patient and his **or her** care provider a written packet of
7 educational information developed and supplied by the department of mental health
8 describing symptoms of common mental illnesses, early warning signs of decompensation,
9 and availability of other education, community and statewide services. The packet shall also
10 include the telephone number of the department of mental health information line and
11 information specific to the laws and procedures addressing civil detention and guardianship;

12 (2) May disclose confidential treatment information to the primary care provider or
13 care providers, when such information is medically necessary for the provision of appropriate
14 health care or treatment by the care provider or is related to the safety of the patient or care
15 provider.

16 2. Prior to disclosure of the information specified under subdivision (2) of subsection
17 1 of this section, the mental health facility shall provide written notice to the patient; request
18 in writing the consent of the patient; work with the patient and care provider to encourage and
19 secure appropriate patient authorization; function as a mediator, negotiating the boundaries of
20 confidentiality to meet the needs of the client and care provider; and work with the client to
21 stress the importance of keeping the care provider informed and involved with his **or her**
22 treatment process. If the patient refuses to consent and the treating physician deems the
23 information is medically necessary for the appropriate provision of health care or treatment
24 by the care provider or is related to the safety of the patient or care provider, the information
25 may still be released to the appropriate care provider. The reason for the intended disclosure,
26 the specific information to be released and the persons to whom the disclosure is to be made,
27 even if consent has not been obtained, will be provided to the client and care provider. All

28 these procedures shall be documented by the treating physician in the client record, including
29 a specific notation as to whether client consent was given.

30 3. As used in this section, the term "care provider" means the person or persons who
31 can demonstrate that they are primarily responsible for the health care of the person with a
32 mental illness. The term does not apply to any person providing care through hospitals,
33 nursing homes, group homes or any other such facility.

632.395. 1. If an individual ordered to be involuntarily detained or committed,
2 treated and evaluated pursuant to this chapter is eligible for hospital care or treatment by any
3 agency of the United States, the court, upon receipt of a certificate from such agency showing
4 that facilities are available and that the individual is eligible for care or treatment therein, may
5 order him **or her** to be placed in the custody of such agency for hospitalization. When any
6 individual is admitted pursuant to the order of the court to any hospital or institution operated
7 by any agency of the United States within or without this state, he **or she** shall be subject to
8 the rules and regulations of such agency. The chief officer of any hospital or institution
9 operated by such agency and in which the individual is so hospitalized shall, with respect to
10 such individual, be vested with the same powers as the heads of hospitals or the division
11 within this state have with respect to detention, custody, transfer, conditional release and
12 discharge of patients. Jurisdiction is retained in the appropriate courts of this state at any time
13 to inquire into the mental condition of an individual so hospitalized and to determine the
14 necessity for continuance of his **or her** hospitalization, and every order of hospitalization
15 issued pursuant to this section is so conditioned.

16 2. An order of a court of competent jurisdiction of another state, or of the District of
17 Columbia, authorizing hospitalization of an individual by any agency of the United States
18 shall have the same force and effect as to the individual while in this state as in the
19 jurisdiction in which is situated the court entering the order, and the courts of the state or
20 District of Columbia issuing the order shall be deemed to have retained jurisdiction of the
21 individual so hospitalized for the purpose of inquiring into his **or her** mental condition and of
22 determining the necessity for continuance of his **or her** hospitalization, as is provided in
23 subsection 1 of this section with respect to individuals ordered hospitalized by the courts of
24 this state. Consent is hereby given to the application of the law of the state or District of
25 Columbia in which is located the court issuing the order for hospitalization with respect to the
26 authority of the chief officer of any hospital or institution operated in this state by any agency
27 of the United States to retain custody, transfer, conditional release or discharge the individual
28 hospitalized.

632.400. Any respondent ordered detained for ninety-day or one-year periods of
2 involuntary inpatient treatment or ordered detained for a period of up to one hundred eighty
3 days of outpatient detention and treatment under this chapter shall be entitled to a

4 reexamination of the order for his **or her** detention on his **or her** own motion, or that of his **or**
5 **her** legal guardian, parent, spouse, relative, friend or attorney to the court. Upon receipt of
6 the motion, the court shall conduct or cause to be conducted by a special commissioner
7 proceedings in accordance with section 632.340.

632.410. Venue for proceedings for involuntary detentions pursuant to the provisions
2 of this chapter shall be in the court having probate jurisdiction in the county in which the
3 mental health program is located wherein the respondent is detained; provided, however, that
4 if the respondent is a resident of this state and makes application for the hearing to be held in
5 his **or her** county of residence, the court shall order the proceedings, with all papers, files and
6 transcripts of the proceedings, to be transferred to the court having probate jurisdiction in the
7 respondent's county of residence. Once a court has assumed jurisdiction with respect to
8 involuntary detention proceedings, no other court shall assume jurisdiction until the court
9 having prior jurisdiction has transferred jurisdiction and all papers, files, and transcripts. If
10 the court having jurisdiction receives notice that a respondent has been transferred to a mental
11 health program in another county, the court shall transfer jurisdiction, along with all papers,
12 files and transcripts, to the court in the county where the respondent has been transferred.

632.415. 1. The judge having probate jurisdiction in each county where a mental
2 health program is located shall prepare and maintain a current register of attorneys who have
3 agreed to be appointed to represent respondents against whom involuntary civil detention
4 proceedings have been instituted in such county. The judge may choose lawyers who are paid
5 by any public or private agency or other lawyers who are appointed to the register. ~~[The~~
6 ~~register shall be provided to the mental health coordinator for the area which includes the~~
7 ~~county for which the list was prepared. A new register shall be provided to the mental health~~
8 ~~coordinator each time a new attorney is added.]~~

9 2. If the judge finds that the respondent is unable to pay attorney's fees for the
10 services rendered in the proceedings, the judge shall allow a reasonable attorney's fee for the
11 services, which fee shall be assessed as costs and paid together with all other costs in the
12 proceeding by the state, in accordance with rules and regulations promulgated by the state
13 court administrator, from funds appropriated to the office of administration for such purposes
14 provided that no attorney's fees shall be allowed for services rendered by any attorney who is
15 a salaried employee of a public agency or a private agency which receives public funds.

632.420. The court having probate jurisdiction in appointing licensed physicians
2 pursuant to section 632.345 shall choose, if available, physicians who have agreed to serve
3 without fee or physicians paid by any private or public agency, if they are found suitable;
4 provided, that if the court finds no suitable physicians from such sources, the court shall
5 appoint an available licensed physician and he **or she** shall be paid a reasonable fee, as

6 determined by the court, by the state from funds appropriated to the office of administration
7 for this purpose.

632.430. 1. Appeals from court orders made under this chapter may be made by the
2 respondent or by the petitioner to the appropriate appellate court pursuant to the rules of civil
3 procedure of the supreme court of Missouri pertaining to appeals. Such appeal shall have
4 priority on the docket of the appellate court and shall be expedited in all respects. The court
5 shall notify the attorney general's office whenever an appeal is filed under this subsection, and
6 the attorney general shall represent the state when it is a party to such appeal.

7 2. A motion to stay any order restricting an individual's liberty may be filed in either
8 the court or the appropriate appellate court. A stay order shall not be granted in any case
9 where the court finds that the person is so mentally ill that there is an imminent likelihood of
10 serious physical harm to himself **or herself** or others if he **or she** is not detained or treated
11 pending appeal. Any refusal to grant a stay by the court may be reviewed by the appropriate
12 appellate court on motion.

632.440. No officer of a public or private agency, mental health facility or mental
2 health program; no head, attending staff or consultant of any such agency, facility or mental
3 health program; no ~~[mental health coordinator]~~ **behavioral health liaison**, registered
4 professional nurse, licensed physician, mental health professional nor any other public official
5 performing functions necessary for the administration of this chapter; no peace officer
6 responsible for detaining a person pursuant to this chapter; and no peace officer responsible
7 for detaining or transporting, or both, any person upon the request of any ~~[mental health~~
8 ~~coordinator]~~ **behavioral health liaison** pursuant to section ~~[632.300 or]~~ 632.305 or acting
9 pursuant to the request of a guardian who is acting pursuant to chapter 475, or upon the
10 request of the head of any supervisory mental health program who is acting pursuant to
11 section 632.337, regardless of whether such peace officer is outside the jurisdiction for which
12 he **or she** serves as a peace officer during the course of such detention or transportation, or
13 both, shall be civilly liable for investigating, detaining, transporting, conditionally releasing
14 or discharging a person pursuant to this chapter or chapter 475, at or before the end of the
15 period for which the person was admitted or detained for evaluation or treatment so long as
16 such duties were performed in good faith and without gross negligence.

632.455. 1. If requested to do so by the head of a mental health program, the sheriff
2 of the county where a patient absent without authorization is found shall apprehend and return
3 him **or her** to the program.

4 2. The head of the program may request the return of an absent patient under
5 subsection 1 of this section only under one or more of the following circumstances:

6 (1) The patient is a minor whose admission was applied for by his **or her** parent or
7 legal custodian, who has not requested the minor patient's release;

8 (2) The patient is a minor under jurisdiction of the juvenile court;

9 (3) The patient has been declared legally incapacitated and his **or her** guardian has
10 not requested his **or her** release;

11 (4) The patient was committed to the department under chapter 552 or this chapter;

12 (5) The patient's condition is of such a nature that, for the protection of the patient or
13 others, the head of the program determines that the patient's return to the program is necessary
14 as noted in the patient's records, in which case civil detention procedures shall be initiated
15 upon return to the program.

633.125. 1. A resident admitted to a developmental disability facility pursuant to
2 section 633.120 shall be discharged immediately when the person who applied for his **or her**
3 admission requests the release orally, in writing or otherwise from the head of the
4 developmental disability facility; except, that if the head of the developmental disability
5 facility regards the resident as presenting a likelihood of serious harm to himself **or herself** or
6 others, the head of the facility may initiate involuntary detention procedures pursuant to
7 chapter 632, if appropriate, or any individual, including the head of the facility [~~or the mental~~
8 ~~health coordinator~~], may initiate guardianship proceedings and, if appropriate, obtain an
9 emergency commitment order pursuant to chapter 475.

10 2. A resident shall be discharged from a department developmental disability facility
11 if it is determined in a comprehensive evaluation or periodic review that the person is not
12 intellectually disabled or developmentally disabled, and if the resident, parent, if a minor, or
13 guardian consents to the discharge. If consent is not obtained, the head of the facility shall
14 initiate appeal proceedings under section 633.135, before a resident can be discharged.

15 3. A resident shall either be discharged from a department developmental disability
16 facility or shall be referred to a regional center for placement in a least restrictive environment
17 pursuant to section 630.610, if it is determined in a comprehensive evaluation or periodic
18 review that the following criteria exist:

19 (1) The resident's condition is not of such a nature that for the protection or adequate
20 care of the resident or others the resident needs department residential habilitation or other
21 services;

22 (2) The developmental disability facility does not offer a program which best meets
23 the resident's needs; or

24 (3) The developmental disability facility does not provide the least restrictive
25 environment feasible. A resident may not be discharged without his **or her** consent or the
26 consent of his **or her** parent, if he **or she** is a minor, or guardian unless proceedings have been
27 completed under section 633.135.

28 4. After a resident's discharge pursuant to subsection 3 of this section, the resident
29 shall be referred to an appropriate regional center for assistance in obtaining any necessary
30 services.

701.336. 1. The department of health and senior services shall cooperate with the
2 federal government in implementing subsections (d) and (e) of 15 U.S.C. Section 2685 to
3 establish public education activities and an information clearinghouse regarding childhood
4 lead poisoning. The department may develop additional educational materials on lead
5 hazards to children, lead poisoning prevention, lead poisoning screening, lead abatement and
6 disposal, and on health hazards during abatement.

7 2. The department of health and senior services and the department of social services,
8 in collaboration with related not-for-profit organizations, health maintenance organizations,
9 and the Missouri consolidated health care plan, shall devise an educational strategy to
10 increase the number of children who are tested for lead poisoning under the Medicaid
11 program. ~~[The goal of the educational strategy is to have seventy five percent of the children
12 who receive Medicaid tested for lead poisoning. The educational strategy shall be
13 implemented over a three year period and shall be in accordance with all federal laws and
14 regulations.]~~

15 3. The children's division, in collaboration with the department of health and senior
16 services, shall regularly inform eligible clients of the availability and desirability of lead
17 screening and treatment services, including those available through the early and periodic
18 screening, diagnosis, and treatment (EPSDT) component of the Medicaid program.

701.340. 1. ~~[Beginning January 1, 2002,]~~ The department of health and senior
2 services shall, subject to appropriations, implement a childhood lead testing program ~~[which
3 requires every child less than six years of age to be tested for lead poisoning]~~ in accordance
4 with the provisions of sections 701.340 to 701.349. **Every medical provider who serves
5 children shall annually provide education to all parents and guardians of children under
6 four years of age regarding lead hazards to children and shall annually provide the
7 option to test every child under four years of age for lead poisoning with the consent of
8 the parent or guardian.** In coordination with the department of health and senior services,
9 every health care facility serving children ~~[less than six]~~ **under four** years of age, including
10 but not limited to hospitals and clinics licensed pursuant to chapter 197, shall take appropriate
11 steps to ensure that ~~[their patients receive]~~ **the medical providers in the facility offer** such
12 lead poisoning testing **in accordance with the provisions of this section.**

13 2. The test for lead poisoning shall consist of a blood sample that shall be sent for
14 analysis to a laboratory licensed pursuant to the federal Clinical Lab Improvement Act
15 (CLIA). The department of health and senior services shall, by rule, determine the blood test
16 protocol to be used.

17 3. Nothing in sections 701.340 to 701.349 shall be construed to require a child to
18 undergo lead testing whose parent or guardian objects to the testing [~~in a written statement~~
19 ~~that states the parent's or guardian's reason for refusing such testing~~].

201.342. 1. The department of health and senior services shall, using factors
2 established by the department, including but not limited to the geographic index from data
3 from testing reports, identify geographic areas in the state that are at high risk for lead
4 poisoning. [~~All children less than six years of age who reside or spend more than ten hours a~~
5 ~~week in an area identified as high risk by the department shall be tested annually for lead~~
6 ~~poisoning.~~]

7 2. Every child [~~less than~~] **under** six years of age [~~not residing or spending more than~~
8 ~~ten hours a week in geographic areas identified as high risk by the department~~] shall be
9 assessed annually using a questionnaire to determine whether such child is at high risk for
10 lead poisoning. The department, in collaboration with the department of social services, shall
11 develop the questionnaire, which shall follow the recommendations of the federal Centers for
12 Disease Control and Prevention. The department may modify the questionnaire to broaden
13 the scope of the high-risk category. Local boards or commissions of health may add
14 questions to the questionnaire.

15 3. Every child deemed to be at high risk for lead poisoning according to the
16 questionnaire developed pursuant to subsection 2 of this section shall, **with the consent of a**
17 **parent or guardian**, be tested using a blood sample.

18 4. [~~Any child deemed to be at high risk for lead poisoning pursuant to this section~~
19 ~~who resides in housing currently undergoing renovations may be tested at least once every six~~
20 ~~months during the renovation and once after the completion of the renovation.~~

21 ~~5.]~~ Any laboratory providing test results for lead poisoning pursuant to sections
22 701.340 to 701.349 shall notify the department of the test results of any child tested for lead
23 poisoning as required in section 701.326. Any child who tests positive for lead poisoning
24 shall receive follow-up testing in accordance with rules established by the department. The
25 department shall, by rule, establish the methods and intervals of follow-up testing and
26 treatment for such children.

27 [~~6.]~~ **5.** When the department is notified of a case of lead poisoning, the department
28 shall require the testing of all other children [~~less than~~] **under** six years of age, and any other
29 children or persons at risk, as determined by the director, who are residing or have recently
30 resided in the household of the lead-poisoned child.

201.344. 1. In geographic areas determined to be of high risk for lead poisoning as
2 set forth in section 701.342, every child care facility, as defined in section 210.201, and every
3 child care facility affiliated with a school system, a business organization or a nonprofit
4 organization shall, within thirty days of enrolling a child **twelve months of age or older and**

5 **under five years of age**, require the child's parent or guardian to provide evidence of lead
 6 poisoning testing in the form of a statement from the health care professional that
 7 administered the test or provide a written statement that states the ~~parent's or guardian's~~
 8 ~~reason for refusing~~ **parent or guardian refused** such testing. If there is no evidence of
 9 testing, the person in charge of the facility shall provide the parent or guardian with
 10 information about lead poisoning and locations in the area where the child can be tested.
 11 When a parent or guardian cannot obtain such testing, the person in charge of the facility may
 12 arrange for the child to be tested by a local health officer with the consent of the child's parent
 13 or guardian. At the beginning of each year of enrollment in such facility, the parent or
 14 guardian shall provide proof of testing in accordance with the provisions of sections 701.340
 15 to 701.349 and any rules promulgated thereunder.

16 2. No child shall be denied access to education or child care because of failure to
 17 comply with the provisions of sections 701.340 to 701.349.

701.348. Nothing in sections 701.340 to 701.349 shall prohibit a political subdivision
 2 of this state ~~or~~, a local board of health, **or a state agency** from enacting and enforcing
 3 ordinances, rules or laws for the prevention, detection and control of lead poisoning which
 4 provide the same or more stringent provisions as sections 701.340 to 701.349, or the rules
 5 promulgated thereunder.

~~632.300. 1. When a mental health coordinator receives information
 2 alleging that a person, as the result of a mental disorder, presents a likelihood
 3 of serious harm to himself or others, he shall:~~

- 4 ~~(1) Conduct an investigation;~~
 5 ~~(2) Evaluate the allegations and the data developed by investigation;~~
 6 and
 7 ~~(3) Evaluate the reliability and credibility of all sources of~~
 8 ~~information.~~

9 ~~2. If, as the result of personal observation or investigation, the mental~~
 10 ~~health coordinator has reasonable cause to believe that such person is mentally~~
 11 ~~disordered and, as a result, presents a likelihood of serious harm to himself or~~
 12 ~~others, the mental health coordinator may file an application with the court~~
 13 ~~having probate jurisdiction pursuant to the provisions of section 632.305;~~
 14 ~~provided, however, that should the mental health coordinator have reasonable~~
 15 ~~cause to believe, as the result of personal observation or investigation, that the~~
 16 ~~likelihood of serious harm by such person to himself or others as a result of a~~
 17 ~~mental disorder is imminent unless the person is immediately taken into~~
 18 ~~custody, the mental health coordinator shall request a peace officer to take or~~
 19 ~~cause such person to be taken into custody and transported to a mental health~~
 20 ~~facility in accordance with the provisions of subsection 3 of section 632.305.~~

21 ~~3. If the mental health coordinator determines that involuntary~~
 22 ~~commitment is not appropriate, he should inform either the person, his family~~
 23 ~~or friends about those public and private agencies and courts which might be~~
 24 ~~of assistance.]~~

Section B. Because of the importance of ensuring healthy pregnancies and healthy
2 women and children in Missouri in the face of growing maternal mortality, the repeal and
3 reenactment of sections 208.151 and 208.662 of section A of this act is deemed necessary for
4 the immediate preservation of the public health, welfare, peace, and safety, and is hereby
5 declared to be an emergency act within the meaning of the constitution, and the repeal and
6 reenactment of sections 208.151 and 208.662 of section A of this act shall be in full force and
7 effect upon its passage and approval.

✓