

SECOND REGULAR SESSION

[TRULY AGREED TO AND FINALLY PASSED]

HOUSE BILL NO. 2270

95TH GENERAL ASSEMBLY

5241L.02T

2010

AN ACT

To amend chapter 334, RSMo, by adding thereto one new section relating to SAFE CARE providers.

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

Section A. Chapter 334, RSMo, is amended by adding thereto one new section, to be known as section 334.950, to read as follows:

334.950. 1. As used in this section, the following terms shall mean:

(1) "Child abuse medical resource centers", medical institutions affiliated with accredited children's hospitals or recognized institutions of higher education with accredited medical school programs that provide training, support, mentoring, and peer review to SAFE CARE providers in Missouri;

(2) "SAFE CARE provider", a physician, advanced practice nurse, or physician's assistant licensed in this state who provides medical diagnosis and treatment to children suspected of being victims of abuse and who receives:

(a) Missouri-based initial intensive training regarding child maltreatment from the SAFE CARE network;

(b) Ongoing update training on child maltreatment from the SAFE CARE network;

(c) Peer review and new provider mentoring regarding the forensic evaluation of children suspected of being victims of abuse from the SAFE CARE network;

(3) "Sexual assault forensic examination child abuse resource education network" or "SAFE CARE network", a network of SAFE CARE providers and child abuse medical resource centers that collaborate to provide forensic evaluations, medical training, support, mentoring, and peer review for SAFE CARE providers for the medical evaluation of child

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.

19 **abuse victims in this state to improve outcomes for children who are victims of or at risk**
20 **for child maltreatment by enhancing the skills and role of the medical provider in a**
21 **multidisciplinary context.**

22 **2. Child abuse medical resource centers may collaborate directly or through the use**
23 **of technology with SAFE CARE providers to promote improved services to children who**
24 **are suspected victims of abuse that will need to have a forensic medical evaluation**
25 **conducted by providing specialized training for forensic medical evaluations for children**
26 **conducted in a hospital, child advocacy center, or by a private health care professional**
27 **without the need for a collaborative agreement between the child abuse medical resource**
28 **center and a SAFE CARE provider.**

29 **3. SAFE CARE providers who are a part of the SAFE CARE network in Missouri**
30 **may collaborate directly or through the use of technology with other SAFE CARE**
31 **providers and child abuse medical resource centers to promote improved services to**
32 **children who are suspected victims of abuse that will need to have a forensic medical**
33 **evaluation conducted by providing specialized training for forensic medical evaluations for**
34 **children conducted in a hospital, child advocacy center, or by a private health care**
35 **professional without the need for a collaborative agreement between the child abuse**
36 **medical resource center and a SAFE CARE provider.**

37 **4. The SAFE CARE network shall develop recommendations concerning medically**
38 **based screening processes and forensic evidence collection for children who may be in need**
39 **of an emergency examination following an alleged sexual assault. Such recommendations**
40 **shall be provided to the SAFE CARE providers, child advocacy centers, hospitals and**
41 **licensed practitioners that provide emergency examinations for children suspected of being**
42 **victims of abuse.**

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