AN ACT

To repeal sections 190.241, 191.332, 197.040, 197.050, 197.070, 197.071, 197.080, 197.100, 332.081, 334.036, and 345.051, RSMo, and to enact in lieu thereof sixteen new sections relating to health care, with an effective date for certain sections.

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

Section A. Sections 190.241, 191.332, 197.040, 197.050, 197.070, 197.071, 197.080, 197.100, 332.081, 334.036, and 345.051, RSMo, are repealed and sixteen new sections enacted in lieu thereof, to be known as sections 190.241, 190.242, 191.332, 192.380, 192.500, 194.600, 197.005, 197.040, 197.050, 197.070, 197.071, 197.080, 197.100, 332.081, 334.036, and 345.051, to read as follows:

190.241. 1. The department shall designate a hospital as an adult, pediatric or adult and pediatric trauma center when a hospital, upon proper application submitted by the hospital and site review, has been found by the department to meet the applicable level of trauma center criteria for designation in accordance with rules adopted by the department as prescribed by section 190.185. Such rules shall include designation as a trauma center without site review if such hospital is verified by a national verifying or designating body at the level which corresponds to a level approved in rule.

2. Except as provided for in subsection [4] 5 of this section, the department shall designate a hospital as a STEMI or stroke center when such hospital, upon proper application and site review, has been found by the department to

EXPLANATION--Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.
department to meet the applicable level of STEMI or stroke center criteria for designation in accordance with rules adopted by the department as prescribed by section 190.185. In developing STEMI center and stroke center designation criteria, the department shall use, as it deems practicable, appropriate peer-reviewed or evidence-based research on such topics including, but not limited to, the most recent guidelines of the American College of Cardiology and American Heart Association for STEMI centers, or the Joint Commission's Primary Stroke Center Certification program criteria for stroke centers, or Primary and Comprehensive Stroke Center Recommendations as published by the American Stroke Association. **Such rules shall include designation as a STEMI center without site review if such hospital is certified by a national body.**

3. The department of health and senior services shall, not less than once every five years, conduct an on-site review of every trauma, STEMI, and stroke center through appropriate department personnel or a qualified contractor, with the exception of stroke centers designated pursuant to subsection [4] 5 of this section; however, this provision is not intended to limit the department's ability to conduct a complaint investigation pursuant to subdivision (3) of subsection 2 of section 197.080 of any trauma, STEMI, or stroke center. On-site reviews shall be coordinated for the different types of centers to the extent practicable with hospital licensure inspections conducted under chapter 197. No person shall be a qualified contractor for purposes of this subsection who has a substantial conflict of interest in the operation of any trauma, STEMI, or stroke center under review. The department may deny, place on probation, suspend or revoke such designation in any case in which it has reasonable cause to believe that there has been a substantial failure to comply with the provisions of this chapter or any rules or regulations promulgated pursuant to this chapter. If the department of health and senior services has reasonable cause to believe that a hospital is not in compliance with such provisions or regulations, it may conduct additional announced or unannounced site reviews of the hospital to verify compliance. If a trauma, STEMI, or stroke center fails two consecutive on-site reviews because of substantial noncompliance with standards prescribed by sections 190.001 to 190.245 or rules adopted by the department pursuant to sections 190.001 to 190.245, its center designation shall be revoked.

4. Instead of applying for STEMI center designation under subsection 2 of this section, a hospital may apply for STEMI center designation under this subsection. Upon receipt of an application from
a hospital on a form prescribed by the department, the department shall designate such hospital:

(1) A level I STEMI center if such hospital has been certified as a Joint Commission comprehensive cardiac center or another department-approved nationally-recognized organization that provides comparable STEMI center accreditation; or

(2) A level II STEMI center if such hospital has been accredited as a Mission: Lifeline STEMI receiving center by the American Heart Association accreditation process or another department-approved nationally-recognized organization that provides STEMI receiving center accreditation.

5. Instead of applying for stroke center designation pursuant to the provisions of subsection 2 of this section, a hospital may apply for stroke center designation pursuant to this subsection. Upon receipt of an application from a hospital on a form prescribed by the department, the department shall designate such hospital:

(1) A level I stroke center if such hospital has been certified as a comprehensive stroke center by the Joint Commission or any other certifying organization designated by the department when such certification is in accordance with the American Heart Association/American Stroke Association guidelines;

(2) A level II stroke center if such hospital has been certified as a primary stroke center by the Joint Commission or any other certifying organization designated by the department when such certification is in accordance with the American Heart Association/American Stroke Association guidelines; or

(3) A level III stroke center if such hospital has been certified as an acute stroke-ready hospital by the Joint Commission or any other certifying organization designated by the department when such certification is in accordance with the American Heart Association/American Stroke Association guidelines.

Except as provided by subsection [5] 6 of this section, the department shall not require compliance with any additional standards for establishing or renewing stroke designations. The designation shall continue if such hospital remains certified. The department may remove a hospital’s designation as a stroke center if the hospital requests removal of the designation or the department determines that the certificate recognizing the hospital as a stroke center has been suspended or revoked. Any decision made by the department to withdraw its designation of
a stroke center pursuant to this subsection that is based on the revocation or suspension of a certification by a certifying organization shall not be subject to judicial review. The department shall report to the certifying organization any complaint it receives related to the stroke center certification of a stroke center designated pursuant to this subsection. The department shall also advise the complainant which organization certified the stroke center and provide the necessary contact information should the complainant wish to pursue a complaint with the certifying organization.

[5.] 6. Any hospital receiving designation as a stroke center pursuant to subsection [4] 5 of this section shall:

(1) Annually and within thirty days of any changes submit to the department proof of stroke certification and the names and contact information of the medical director and the program manager of the stroke center;

(2) Submit to the department a copy of the certifying organization's final stroke certification survey results within thirty days of receiving such results;

(3) Submit every four years an application on a form prescribed by the department for stroke center review and designation;

(4) Participate in the emergency medical services regional system of stroke care in its respective emergency medical services region as defined in rules promulgated by the department;

(5) Participate in local and regional emergency medical services systems by reviewing and sharing outcome data and providing training and clinical educational resources.

Any hospital receiving designation as a level III stroke center pursuant to subsection [4] 5 of this section shall have a formal agreement with a level I or level II stroke center for physician consultative services for evaluation of stroke patients for thrombolytic therapy and the care of the patient post-thrombolytic therapy.

[6.] 7. Hospitals designated as a STEMI or stroke center by the department, including those designated pursuant to subsection [4] 5 of this section, shall submit data to meet the data submission requirements specified by rules promulgated by the department. Such submission of data may be done by the following methods:

(1) Entering hospital data directly into a state registry by direct data entry;

(2) Downloading hospital data from a nationally recognized registry or data bank and importing the data files into a state registry; or
Authorizing a nationally recognized registry or data bank to disclose or grant access to the department facility-specific data held by the registry or data bank. A hospital submitting data pursuant to subdivision (2) or (3) of this subsection shall not be required to collect and submit any additional STEMI or stroke center data elements.

When collecting and analyzing data pursuant to the provisions of this section, the department shall comply with the following requirements:

(1) Names of any health care professionals, as defined in section 376.1350, shall not be subject to disclosure;

(2) The data shall not be disclosed in a manner that permits the identification of an individual patient or encounter;

(3) The data shall be used for the evaluation and improvement of hospital and emergency medical services' trauma, stroke, and STEMI care;

(4) The data collection system shall be capable of accepting file transfers of data entered into any national recognized trauma, stroke, or STEMI registry or data bank to fulfill trauma, stroke, or STEMI certification reporting requirements; and

(5) STEMI and stroke center data elements shall conform to nationally recognized performance measures, such as the American Heart Association's Get With the Guidelines, and include published detailed measure specifications, data coding instructions, and patient population inclusion and exclusion criteria to ensure data reliability and validity; and

(6) Generate from the trauma, stroke, and STEMI registries quarterly regional and state outcome data reports for trauma, stroke, and STEMI designated centers, the state advisory council on EMS, and regional EMS committees to review for performance improvement and patient safety.

The board of registration for the healing arts shall have sole authority to establish education requirements for physicians who practice in an emergency department of a facility designated as a trauma, STEMI, or stroke center by the department under this section. The department shall deem such education requirements promulgated by the board of registration for the healing arts sufficient to meet the standards for designations under this section.

The department of health and senior services may establish appropriate fees to offset the costs of trauma, STEMI, and stroke center reviews.

No hospital shall hold itself out to the public as a STEMI center, stroke center, adult trauma center, pediatric trauma center, or an adult
and pediatric trauma center unless it is designated as such by the department of health and senior services.

[11.] 12. Any person aggrieved by an action of the department of health and senior services affecting the trauma, STEMI, or stroke center designation pursuant to this chapter, including the revocation, the suspension, or the granting of, refusal to grant, or failure to renew a designation, may seek a determination thereon by the administrative hearing commission under chapter 621. It shall not be a condition to such determination that the person aggrieved seek a reconsideration, a rehearing, or exhaust any other procedure within the department.

190.242. 1. In order to ensure that hospitals can be free from excessive regulation that increases health care costs without increasing patient safety, any rules and regulations promulgated by the department of health and senior services under sections 190.185, 190.241, or 192.006; chapter 197; or any other provision of Missouri law shall not require hospitals, as a condition of designation under section 190.241, to obtain emergency medical services data under section 190.241, unless such data may be obtained from the state database for emergency medical services. The provisions of this subsection shall not be construed to limit in any way the requirements of any person or entity to submit emergency medical services data to any person or entity.

2. A hospital shall not be required to comply with an interpretation of a specific provision in any regulation concerning trauma, STEMI, or stroke centers if such hospital can demonstrate that the specific provision in the regulation has been interpreted differently for a similarly-situated hospital. The department may require compliance if the specific provision in the regulation has been subsequently interpreted consistently for similarly-situated hospitals.

3. The department shall attend meetings with trauma, STEMI, and stroke centers for the benefit of improved communication, best-practice identification, and facilitation of improvements to the designation process.

4. As used in this section, the term "hospital" shall have the same meaning as in section 197.020.

191.332. 1. By January 1, 2002, the department of health and senior services shall, subject to appropriations, expand the newborn screening
requirements in section 191.331 to include potentially treatable or manageable disorders, which may include but are not limited to cystic fibrosis, galactosemia, biotinidase deficiency, congenital adrenal hyperplasia, maple syrup urine disease (MSUD) and other amino acid disorders, glucose-6-phosphate dehydrogenase deficiency (G-6-PD), MCAD and other fatty acid oxidation disorders, methylmalonic acidemia, propionic acidemia, isovaleric acidemia and glutaric acidemia Type I.

2. By January 1, 2017, the department of health and senior services shall, subject to appropriations, expand the newborn screening requirements in section 191.331 to include severe combined immunodeficiency (SCID), also known as bubble boy disease. The department may increase the fee authorized under subsection 6 of section 191.331 to cover any additional costs of the expanded newborn screening requirements under this subsection.

3. By January 1, 2019, the department of health and senior services shall, subject to appropriations, expand the newborn screening requirements in section 191.331 to include spinal muscular atrophy (SMA) and Hunter syndrome (MPS II). The department may increase the fee authorized under subsection 6 of section 191.331 to cover any additional costs of the expanded newborn screening requirements under this subsection. To help fund initial costs incurred by the state, the department shall apply for available newborn screening grant funding specific to screening for spinal muscular atrophy and Hunter syndrome. The department shall have discretion in accepting the terms of such grants.

4. The department of health and senior services may promulgate rules to implement the provisions of this section. No rule or portion of a rule promulgated pursuant to the authority of this section shall become effective unless it has been promulgated pursuant to chapter 536.

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

(1) "Birthing facility", any hospital as defined under section 197.020 with more than one licensed obstetric bed or a neonatal intensive care unit, a hospital operated by a state university, or a birthing center licensed under sections 197.200 to 197.240;

(2) "Department", the department of health and senior services.

2. After holding multiple public hearings in diverse geographic regions of the state and seeking broad public and stakeholder input,
the department shall establish criteria for levels of maternal care
designations and levels of neonatal care designations for birthing
facilities. The levels developed under this section shall be based upon:

1. The most current published version of the "Levels of Neonatal
Care" developed by the American Academy of Pediatrics;
2. The most current published version of the "Levels of Maternal
Care" developed by the American Congress of Obstetricians and
Gynecologists and the Society for Maternal-Fetal Medicine; and
3. Necessary variance when considering the geographic and
varied needs of citizens of this state.

3. Nothing in this section shall be construed in any way to
modify or expand the licensure of any health care professional.

4. Nothing in this section shall be construed in any way to
require a patient be transferred to a different facility.

5. The department shall promulgate rules to implement the
provisions of this section no later than January 1, 2018. Such rules
shall be limited to those necessary for the establishment of levels of
neonatal care designations and levels of maternal care designations for
birthing facilities under subsection 2 of this section. Any rule or
portion of a rule, as that term is defined in section 536.010, that is
created under the authority delegated in this section shall become
effective only if it complies with and is subject to all of the provisions
of chapter 536 and, if applicable, section 536.028. This section and
chapter 536 are nonseverable, and if any of the powers vested with the
general assembly pursuant to chapter 536 to review, to delay the
effective date, or to disapprove and annul a rule are subsequently held
unconstitutional, then the grant of rulemaking authority and any rule
proposed or adopted after August 28, 2017, shall be invalid and void.

6. Beginning January 1, 2019, any hospital with a birthing
facility shall report to the department its appropriate level of maternal
care designation and neonatal care designation as determined by the
criteria outlined under subsection 2 of this section.

7. Beginning January 1, 2019, any hospital with a birthing
facility operated by a state university shall report to the department its
appropriate level of maternal care designation and neonatal care
designation as determined by the criteria outlined under subsection 2
of this section.
8. The department may partner with appropriate nationally-recognized professional organizations with demonstrated expertise in maternal and neonatal standards of care to administer the provisions of this section.

9. The criteria for levels of maternal and neonatal care developed under subsection 2 of this section shall not include pregnancy termination or counseling or referral for pregnancy termination.

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

(1) "Cone beam computed tomography system", a medical imaging device using x-ray computed tomography to capture data using a cone-shaped x-ray beam;

(2) "Panoramic x-ray system", an imaging device that captures the entire mouth in a single, two-dimensional image including the teeth, upper and lower jaws, and surrounding structures and tissues.

2. Cone beam computed tomography systems and panoramic x-ray systems that cannot produce radiation intensity greater than thirty milligrays shall not be required to be inspected more frequently than every three years.

3. Cone beam computed tomography systems that can produce radiation intensity of greater than thirty milligrays shall be inspected annually.

4. In addition to the requirements of subsections 2 and 3 of this section, all cone beam computed tomography systems and panoramic x-ray systems shall be inspected within thirty days of installation and whenever moved within an office.

5. Notwithstanding any law to the contrary, inspections of conventional x-ray equipment used exclusively on animals by a licensed veterinarian or veterinary facility under chapter 340 shall not be required to be inspected more frequently than every four years.

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

(1) "Adult", an individual who is eighteen years of age or older;

(2) "Advance health care directive", a power of attorney for health care or a declaration signed or authorized by an adult, containing the person's direction concerning a health care decision;

(3) "Declaration", a record, including but not limited to a living
will or a do-not-resuscitate order, signed by an adult specifying the
circumstances under which a life support system may be withheld or
withdrawn;

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

(5) "Health care decision", any decision regarding the health care
of the person;

(6) "Intake point", any licensed health care provider or licensed
attorney.

2. The department shall issue a request for proposal and contract
with a third party for the establishment of a secure online central
registry for individuals to be known as the "Advance Health Care
Directives Registry" to store advance health care directives and to give
authorized health care providers access to such directives.

3. An adult declarant may submit an advance health care
directive or declaration and the revocations of such documents to the
registry established under subsection 2 of this section.

4. Any document and any revocation of a document submitted for
filing in the registry shall be submitted electronically at an intake
point and signed electronically with a unique identifier, such as a
social security number, a driver's license number, or another unique
government-issued identifier. The electronic submission of the
document shall be accompanied by a fee not to exceed ten dollars.

5. All data and information contained in the registry shall
remain confidential and shall be exempt from the provisions of chapter
610.

6. The third party awarded a contract pursuant to subsection 2
of this section shall be solely responsible for all issues applicable to the
registry, including, but not limited to, the development and operation
of the registry; educating the general public, licensed health care
providers, and legal professionals about the registry; responding to
questions; providing technical assistance to users; and collection of
user fees not to exceed ten dollars.

7. The department may promulgate rules to carry out the
provisions of this section which may include, but not be limited to:

(1) A determination of who may access the registry, including
physicians, other licensed health care providers, the declarant, and his
or her legal representatives or designees; and
(2) A means for the contracting third party to annually remind registry users of which documents they have registered.

8. Any rule or portion of a rule, as that term is defined in section 536.010 that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536, and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536, to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2017, shall be invalid and void.

9. Failure to register a document with the registry maintained under this section shall not affect the document's validity. Failure to notify the registry of the revocation of a document previously filed with the registry shall not affect the validity of a revocation that meets the statutory requirements for such revocation to be valid.

197.005. 1. As used in this section, the term "Medicare conditions of participation" shall mean federal regulatory standards established under Title XVIII of the Social Security Act and defined in 42 CFR 482, as amended, for hospitals and 42 CFR 485, as amended, for hospitals designated as critical access hospitals under 42 U.S.C. Section 1395i-4.

2. To minimize the administrative cost of enforcing and complying with duplicative regulatory standards, on and after July 1, 2018, compliance with Medicare conditions of participation shall be deemed to constitute compliance with the standards for hospital licensure under sections 197.010 to 197.120 and regulations promulgated thereunder.

3. Nothing in this section shall preclude the department of health and senior services from promulgating regulations effective on or after July 1, 2018, to define separate regulatory standards that do not duplicate or contradict the Medicare conditions of participation, with specific state statutory authorization to create separate regulatory standards.

4. Regulations promulgated by the department of health and senior services to establish and enforce hospital licensure regulations under this chapter that duplicate or conflict with the Medicare
21 conditions of participation shall lapse and expire on and after July 1, 2018.

197.040. After ninety days from the date this law becomes effective, no person or governmental unit, acting severally or jointly with any other person or governmental unit, shall establish, conduct or maintain a hospital in this state without a license under this law and section 197.005 issued by the department of health and senior services.

197.050. Application for a license shall be made to the department of health and senior services upon forms provided by it and shall contain such information as the department of health and senior services requires, which may include affirmative evidence of ability to comply with such reasonable standards, rules and regulations as are lawfully prescribed hereunder in compliance with section 197.005. Until June 30, 1989, each application for a license, except applications from governmental units, shall be accompanied by an annual license fee of two hundred dollars plus two dollars per bed for the first one hundred beds and one dollar per bed for each additional bed. Beginning July 1, 1989, each application for a license, except applications from governmental units, shall be accompanied by an annual license fee of two hundred fifty dollars plus three dollars per bed for the first four hundred beds and two dollars per bed for each additional bed. All license fees shall be paid to the director of revenue and deposited in the state treasury to the credit of the general revenue fund.

197.070. The department of health and senior services may deny, suspend or revoke a license in any case in which it finds that there has been a substantial failure to comply with the requirements established under this law and section 197.005.

197.071. Any person aggrieved by an official action of the department of health and senior services affecting the licensed status of a person under the provisions of sections [197.010] 197.005 to 197.120, including the refusal to grant, the grant, the revocation, the suspension, or the failure to renew a license, may seek a determination thereon by the administrative hearing commission pursuant to the provisions of section 621.045, and it shall not be a condition to such determination that the person aggrieved seek a reconsideration, a rehearing, or exhaust any other procedure within the department of health and senior services.

197.080. 1. The department of health and senior services, with the advice of the state advisory council and pursuant to the provisions of this section, section 197.005, and chapter 536, shall adopt, amend, promulgate and enforce
such rules, regulations and standards with respect to all hospitals or different types of hospitals to be licensed hereunder as may be designed to further the accomplishment of the purposes of this law in promoting safe and adequate treatment of individuals in hospitals in the interest of public health, safety and welfare. No rule or portion of a rule promulgated under the authority of sections 197.010 to 197.280 shall become effective unless it has been promulgated pursuant to the provisions of section 536.024.

2. The department shall review and revise regulations governing hospital licensure and enforcement to promote hospital and regulatory efficiencies [and]. The department shall eliminate all duplicative regulations and inspections by or on behalf of state agencies and the Centers for Medicare and Medicaid Services (CMS). The hospital licensure regulations adopted under this [section] chapter shall incorporate standards which shall include, but not be limited to, the following:

(1) Each citation or finding of a regulatory deficiency shall refer to the specific written regulation, any state associated written interpretive guidance developed by the department and any publicly available, professionally recognized standards of care that are the basis of the citation or finding;

(2) Subject to appropriations, the department shall ensure that its hospital licensure regulatory standards are consistent with and do not contradict the CMS Conditions of Participation (COP) and associated interpretive guidance. However, this shall not preclude the department from enforcing standards produced by the department which exceed the federal CMS' COP and associated interpretive guidance, so long as such standards produced by the department promote a higher degree of patient safety and do not contradict the federal CMS' COP and associated interpretive guidance;

(3) The department shall establish and publish guidelines for complaint investigation, including but not limited to:

(a) The department’s process for reviewing and determining which complaints warrant an on-site investigation based on a preliminary review of available information from the complainant, other appropriate sources, and when not prohibited by CMS, the hospital. For purposes of providing hospitals with information necessary to improve processes and patient care, the number and nature of complaints filed and the recommended actions by the department and, as appropriate CMS, shall be disclosed upon request to hospitals so long as the otherwise confidential identity of the complainant or the patient for whom the complaint was filed is not disclosed;
(b) A departmental investigation of a complaint shall be focused on the specific regulatory standard and departmental written interpretive guidance and publicly available professionally recognized standard of care related to the complaint. During the course of any complaint investigation, the department shall cite any serious and immediate threat discovered that may potentially jeopardize the health and safety of patients;

(c) A hospital shall be provided with a report of all complaints made against the hospital. Such report shall include the nature of the complaint, the date of the complaint, the department conclusions regarding the complaint, the number of investigators and days of investigation resulting from each complaint;

(4) Hospitals and hospital personnel shall have the opportunity to participate in annual continuing training sessions when such training is provided to state licensure surveyors with prior approval from the department director and CMS when appropriate. Hospitals and hospital personnel shall assume all costs associated with facilitating the training sessions and use of curriculum materials, including but not limited to the location for training, food, and printing costs;

(5) Time lines for the department to provide responses to hospitals regarding the status and outcome of pending investigations and regulatory actions and questions about interpretations of regulations shall be identical to, to the extent practicable, the time lines established for the federal hospital certification and enforcement system in the CMS State Operations Manual, as amended. These time lines shall be the guide for the department to follow. Every reasonable attempt shall be made to meet the time lines. However, failure to meet the established time lines shall in no way prevent the department from performing any necessary inspections to ensure the health and safety of patients.

3. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2013, shall be invalid and void.

197.100. 1. Any provision of chapter 198 and chapter 338 to the contrary notwithstanding, the department of health and senior services shall have sole authority, and responsibility for inspection and licensure of hospitals in this state
including, but not limited to, all parts, services, functions, support functions and
activities which contribute directly or indirectly to patient care of any kind
whatsoever. The department of health and senior services shall annually inspect
each licensed hospital and shall make any other inspections and investigations
as it deems necessary for good cause shown. The department of health and senior
services shall accept reports of hospital inspections from or on behalf of
governmental agencies, the joint commission, and the American Osteopathic
Association Healthcare Facilities Accreditation Program, provided the
accreditation inspection was conducted within one year of the date of license
renewal. Prior to granting acceptance of any other accrediting organization
reports in lieu of the required licensure survey, the accrediting organization's
survey process must be deemed appropriate and found to be comparable to the
department's licensure survey. It shall be the accrediting organization's
responsibility to provide the department any and all information necessary to
determine if the accrediting organization's survey process is comparable and fully
meets the intent of the licensure regulations. The department of health and
senior services shall attempt to schedule inspections and evaluations required by
this section so as not to cause a hospital to be subject to more than one inspection
in any twelve-month period from the department of health and senior services or
any agency or accreditation organization the reports of which are accepted for
licensure purposes pursuant to this section, except for good cause shown.

2. Other provisions of law to the contrary notwithstanding, the
department of health and senior services shall be the only state agency to
determine life safety and building codes for hospitals defined or licensed pursuant
to the provisions of this chapter, including but not limited to sprinkler systems,
smoke detection devices and other fire safety-related matters so long as any new
standards shall apply only to new construction.

332.081. 1. Notwithstanding any other provision of law to the
contrary, hospitals licensed under chapter 197 shall be authorized to
employ any or all of the following oral health providers:

(1) A dentist licensed under this chapter for the purpose of
treating on hospital premises those patients who present with a dental
condition and such treatment is necessary to ameliorate the condition
for which they presented such as severe pain or tooth abscesses;

(2) An oral and maxillofacial surgeon licensed under this chapter
for the purpose of treating oral conditions that need to be ameliorated
as part of treating the underlying cause of the patient's medical needs
including, but not limited to, head and neck cancer, HIV or AIDS, severe trauma resulting in admission to the hospital, organ transplant, diabetes, or seizure disorders. It shall be a condition of treatment that such patients are admitted to the hospital on either an in- or out-patient basis; and

(3) A maxillofacial prosthodontist licensed under this chapter for the purpose of treating and supporting patients of a head and neck cancer team or other complex care or surgical team for the fabrication of appliances following ablative surgery, surgery to correct birth anomalies, extensive radiation treatment of the head or neck, or trauma-related surgery.

2. No person or other entity shall practice dentistry in Missouri or provide dental services as defined in section 332.071 unless and until the board has issued to the person a certificate certifying that the person has been duly registered as a dentist in Missouri or to an entity that has been duly registered to provide dental services by licensed dentists and dental hygienists and unless and until the board has issued to the person a license, to be renewed each period, as provided in this chapter, to practice dentistry or as a dental hygienist, or has issued to the person or entity a permit, to be renewed each period, to provide dental services in Missouri. Nothing in this chapter shall be so construed as to make it unlawful for:

(1) A legally qualified physician or surgeon, who does not practice dentistry as a specialty, from extracting teeth;

(2) A dentist licensed in a state other than Missouri from making a clinical demonstration before a meeting of dentists in Missouri;

(3) Dental students in any accredited dental school to practice dentistry under the personal direction of instructors;

(4) Dental hygiene students in any accredited dental hygiene school to practice dental hygiene under the personal direction of instructors;

(5) A duly registered and licensed dental hygienist in Missouri to practice dental hygiene as defined in section 332.091;

(6) A dental assistant, certified dental assistant, or expanded functions dental assistant to be delegated duties as defined in section 332.093;

(7) A duly registered dentist or dental hygienist to teach in an accredited dental or dental hygiene school;

(8) A duly qualified anesthesiologist or nurse anesthetist to administer an anesthetic in connection with dental services or dental surgery; or
(9) A person to practice dentistry in or for:
(a) The United States Armed Forces;
(b) The United States Public Health Service;
(c) Migrant, community, or health care for the homeless health centers provided in Section 330 of the Public Health Service Act (42 U.S.C. 254(b));
(d) Federally qualified health centers as defined in Section 1905(l) (42 U.S.C. 1396d(l)) of the Social Security Act;
(e) Governmental entities, including county health departments; or
(f) The United States Veterans Bureau; or
(10) A dentist licensed in a state other than Missouri to evaluate a patient or render an oral, written, or otherwise documented dental opinion when providing testimony or records for the purpose of a civil or criminal action before any judicial or administrative proceeding of this state or other forum in this state.

[2.] 3. No corporation shall practice dentistry as defined in section 332.071 unless that corporation is organized under the provisions of chapter 355 or 356 provided that a corporation organized under the provisions of chapter 355 and qualifying as an organization under 26 U.S.C. Section 501(c)(3) may only employ dentists and dental hygienists licensed in this state to render dental services to Medicaid recipients, low-income individuals who have available income below two hundred percent of the federal poverty level, and all participants in the SCHIP program, unless such limitation is contrary to or inconsistent with federal or state law or regulation. This subsection shall not apply to:
(1) A hospital licensed under chapter 197 that provides care and treatment only to children under the age of eighteen at which a person regulated under this chapter provides dental care within the scope of his or her license or registration;
(2) A federally qualified health center as defined in Section 1905(l) of the Social Security Act (42 U.S.C. 1396d(l)), or a migrant, community, or health care for the homeless health center provided for in Section 330 of the Public Health Services Act (42 U.S.C. 254(b)) at which a person regulated under this chapter provides dental care within the scope of his or her license or registration;
(3) A city or county health department organized under chapter 192 or chapter 205 at which a person regulated under this chapter provides dental care within the scope of his or her license or registration;
(4) A social welfare board organized under section 205.770, a city health department operating under a city charter, or a city-county health department at
which a person regulated under this chapter provides dental care within the
scope of his or her license or registration;

(5) Any entity that has received a permit from the dental board and does
not receive compensation from the patient or from any third party on the patient's
behalf at which a person regulated under this chapter provides dental care within
the scope of his or her license or registration;

(6) Any hospital nonprofit corporation exempt from taxation under Section
501(c)(3) of the Internal Revenue Code, as amended, that engages in its
operations and provides dental services at facilities owned by a city, county, or
other political subdivision of the state at which a person regulated under this
chapter provides dental care within the scope of his or her license or registration.
If any of the entities exempted from the requirements of this subsection are
unable to provide services to a patient due to the lack of a qualified provider and
a referral to another entity is made, the exemption shall extend to the person or
entity that subsequently provides services to the patient.

[3.] 4. No unincorporated organization shall practice dentistry as defined
in section 332.071 unless such organization is exempt from federal taxation under
Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, and provides
dental treatment without compensation from the patient or any third party on
their behalf as a part of a broader program of social services including food
distribution. Nothing in this chapter shall prohibit organizations under this
subsection from employing any person regulated by this chapter.

[4.] 5. A dentist shall not enter into a contract that allows a person who
is not a dentist to influence or interfere with the exercise of the dentist's
independent professional judgment.

[5.] 6. A not-for-profit corporation organized under the provisions of
chapter 355 and qualifying as an organization under 26 U.S.C. Section 501(c)(3),
an unincorporated organization operating pursuant to subsection [3] 4 of this
section, or any other person should not direct or interfere or attempt to direct or
interfere with a licensed dentist's professional judgment and competent practice
of dentistry. Nothing in this subsection shall be so construed as to make it
unlawful for not-for-profit organizations to enforce employment contracts,
corporate policy and procedure manuals, or quality improvement or assurance
requirements.

[6.] 7. All entities defined in subsection [2] 3 of this section and those
exempted under subsection [3] 4 of this section shall apply for a permit to employ
dentists and dental hygienists licensed in this state to render dental services, and
the entity shall apply for the permit in writing on forms provided by the Missouri
dental board. The board shall not charge a fee of any kind for the issuance or
renewal of such permit. The provisions of this subsection shall not apply to a
federally qualified health center as defined in Section 1905(l) of the Social
Security Act (42 U.S.C. 1396d(l)).

[7.] 8. Any entity that obtains a permit to render dental services in this
state is subject to discipline pursuant to section 332.321. If the board concludes
that the person or entity has committed an act or is engaging in a course of
conduct that would be grounds for disciplinary action, the board may file a
complaint before the administrative hearing commission. The board may refuse
to issue or renew the permit of any entity for one or any combination of causes
stated in subsection 2 of section 332.321. The board shall notify the applicant in
writing of the reasons for the refusal and shall advise the applicant of his or her
right to file a complaint with the administrative hearing commission as provided
by chapter 621.

[8.] 9. A federally qualified health center as defined in Section 1905(l) of
the Social Security Act (42 U.S.C. 1396d(l)) shall register with the board. The
information provided to the board as part of the registration shall include the
name of the health center, the nonprofit status of the health center, sites where
dental services will be provided, and the names of all persons employed by, or
contracting with, the health center who are required to hold a license pursuant
to this chapter. The registration shall be renewed every twenty-four
months. The board shall not charge a fee of any kind for the issuance or renewal
of the registration. The registration of the health center shall not be subject to
discipline pursuant to section 332.321. Nothing in this subsection shall prohibit
disciplinary action against a licensee of this chapter who is employed by, or
contracts with, such health center for the actions of the licensee in connection
with such employment or contract. All licensed persons employed by, or
contracting with, the health center shall certify in writing to the board at the
time of issuance and renewal of the registration that the facility of the health
center meets the same operating standards regarding cleanliness, sanitation, and
professionalism as would the facility of a dentist licensed by this chapter. The
board shall promulgate rules regarding such standards.

[9.] 10. The board may promulgate rules and regulations to ensure not-
for-profit corporations are rendering care to the patient populations as set forth
herein, including requirements for covered not-for-profit corporations to report
patient census data to the board. The provisions of this subsection shall not
apply to a federally qualified health center as defined in Section 1905(l) of the Social Security Act (42 U.S.C. 1396d(l)).

11. All not-for-profit corporations organized or operated pursuant to the provisions of chapter 355 and qualifying as an organization under 26 U.S.C. Section 501(c)(3), or the requirements relating to migrant, community, or health care for the homeless health centers provided in Section 330 of the Public Health Service Act (42 U.S.C. 254(b)) and federally qualified health centers as defined in Section 1905(l) (42 U.S.C. 1396d(l)) of the Social Security Act, that employ persons who practice dentistry or dental hygiene in this state shall do so in accordance with the relevant laws of this state except to the extent that such laws are contrary to, or inconsistent with, federal statute or regulation.

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

(1) "Assistant physician", any medical school graduate who:

   (a) Is a resident and citizen of the United States or is a legal resident alien;

   (b) Has successfully completed Step 1 and Step 2 of the United States Medical Licensing Examination or the equivalent of such steps of any other board-approved medical licensing examination within the two-year period immediately preceding application for licensure as an assistant physician, but in no event more than three years after graduation from a medical college or osteopathic medical college;

   (c) Has not completed an approved postgraduate residency and has successfully completed Step 2 of the United States Medical Licensing Examination or the equivalent of such step of any other board-approved medical licensing examination within the immediately preceding two-year period unless when such two-year anniversary occurred he or she was serving as a resident physician in an accredited residency in the United States and continued to do so within thirty days prior to application for licensure as an assistant physician; and

   (d) Has proficiency in the English language.[.]

Any medical school graduate who could have applied for licensure and complied with the provisions of this subdivision at any time between August 28, 2014, and August 28, 2017, may apply for licensure and shall be deemed in compliance with the provisions of this subdivision;

(2) "Assistant physician collaborative practice arrangement", an agreement between a physician and an assistant physician that meets the requirements of this section and section 334.037;

(3) "Medical school graduate", any person who has graduated from a
medical college or osteopathic medical college described in section 334.031.

2. (1) An assistant physician collaborative practice arrangement shall limit the assistant physician to providing only primary care services and only in medically underserved rural or urban areas of this state or in any pilot project areas established in which assistant physicians may practice.

   (2) For a physician-assistant physician team working in a rural health clinic under the federal Rural Health Clinic Services Act, P.L. 95-210, as amended:

   (a) An assistant physician shall be considered a physician assistant for purposes of regulations of the Centers for Medicare and Medicaid Services (CMS); and

   (b) No supervision requirements in addition to the minimum federal law shall be required.

3. (1) For purposes of this section, the licensure of assistant physicians shall take place within processes established by rules of the state board of registration for the healing arts. The board of healing arts is authorized to establish rules under chapter 536 establishing licensure and renewal procedures, supervision, collaborative practice arrangements, fees, and addressing such other matters as are necessary to protect the public and discipline the profession. An application for licensure may be denied or the licensure of an assistant physician may be suspended or revoked by the board in the same manner and for violation of the standards as set forth by section 334.100, or such other standards of conduct set by the board by rule.

   (2) Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly under chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2014, shall be invalid and void.

4. An assistant physician shall clearly identify himself or herself as an assistant physician and shall be permitted to use the terms "doctor", "Dr.", or "doc". No assistant physician shall practice or attempt to practice without an assistant physician collaborative practice arrangement, except as otherwise provided in this section and in an emergency situation.
5. The collaborating physician is responsible at all times for the oversight of the activities of and accepts responsibility for primary care services rendered by the assistant physician.

6. The provisions of section 334.037 shall apply to all assistant physician collaborative practice arrangements. To be eligible to practice as an assistant physician, a licensed assistant physician shall enter into an assistant physician collaborative practice arrangement within six months of his or her initial licensure and shall not have more than a six-month time period between collaborative practice arrangements during his or her licensure period. Any renewal of licensure under this section shall include verification of actual practice under a collaborative practice arrangement in accordance with this subsection during the immediately preceding licensure period.

345.051. 1. Every person licensed or registered pursuant to the provisions of sections 345.010 to 345.080 shall renew the license or registration on or before the renewal date. Such renewal date shall be determined by the board, but shall be no less than three years. The application shall be made on a form furnished by the board. The application shall include, but not be limited to, disclosure of the applicant's full name and the applicant's office and residence addresses and the date and number of the applicant's license or registration, all final disciplinary actions taken against the applicant by any speech-language-hearing association or society, state, territory or federal agency or country and information concerning the applicant's current physical and mental fitness to practice.

2. A blank form for application for license or registration renewal shall be mailed to each person licensed or registered in this state at the person's last known office or residence address. The failure to mail the form of application or the failure to receive it does not, however, relieve any person of the duty to renew the license or registration and pay the fee required by sections 345.010 to 345.080 for failure to renew the license or registration.

3. An applicant for renewal of a license or registration under this section shall:

   (1) Submit an amount established by the board; and

   (2) Meet any other requirements the board establishes as conditions for license or registration renewal, including the demonstration of continued competence to practice the profession for which the license or registration is issued. A requirement of continued competence may include, but is not limited to, up to thirty hours triennially of continuing education, examination,
self-evaluation, peer review, performance appraisal or practical simulation.

4. If a license or registration is suspended pursuant to section 345.065, the license or registration expires on the expiration date as established by the board for all licenses and registrations issued pursuant to sections 345.010 to 345.080. Such license or registration may be renewed but does not entitle the licensee to engage in the licensed or registered activity or in any other conduct or activity which violates the order of judgment by which the license or registration was suspended until such license or registration has been reinstated.

5. If a license or registration is revoked on disciplinary grounds pursuant to section 345.065, the license or registration expires on the expiration date as established by the board for all licenses and registrations issued pursuant to sections 345.010 to 345.080. Such license or registration may not be renewed. If a license or registration is reinstated after its expiration, the licensee, as a condition of reinstatement, shall pay a reinstatement fee that is equal to the renewal fee in effect on the last regular renewal date immediately preceding the date of reinstatement plus any late fee established by the board.

Section B. The enactment of section 197.005 and the repeal and reenactment of sections 197.040, 197.050, 197.070, 197.071, 197.080, and 197.100 of this act shall become effective on July 1, 2018.