

FIRST REGULAR SESSION

SENATE BILL NO. 595

92ND GENERAL ASSEMBLY

INTRODUCED BY SENATORS STEELMAN AND WHEELER.

Read 1st time February 26, 2003, and 1,000 copies ordered printed.

TERRY L. SPIELER, Secretary.

1939S.011

AN ACT

To amend chapter 191, RSMo, by adding thereto one new section relating to the comprehensive patient education and healthcare cost improvement pilot program.

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

Section A. Chapter 191, RSMo, is amended by adding thereto one new section, to be known as section 191.275, to read as follows:

191.275. 1. The department of health and senior services, in conjunction with the department of insurance and the university of Missouri-Kansas City hospitals and clinics, shall establish the "Comprehensive Patient Education and Healthcare Cost Improvement Pilot Program" to improve patient information regarding elective surgical procedures and the risks and complications associated with such procedures by developing and incorporating effective patient education programs into the preoperative consultation and informed consent process.

2. The pilot program shall be implemented no later than six months after funding for the pilot program is made available, and shall have a duration of three years.

3. Prior to a patient consenting to elective surgery, the pilot program shall utilize an educational system that:

(1) Visually explains to the patient the entire surgical procedure in simple terms;

(2) Fully discloses to the patient in simple terms all known

complications and the frequencies of such complications based on accepted medical literature;

(3) Allows the patient access to the educational materials outside the surgeon's office;

(4) Fully documents the patient education process; and

(5) Collects outcome data after surgery.

4. The department of health and senior services shall monitor the pilot program and report to the director of the department of insurance and the general assembly on the effectiveness of such program by the second week of the regular session of the general assembly in the next session following completion of the pilot program. The report shall include an analysis of the advantages and disadvantages of the patient education process, including but not limited to:

(1) The effect of the pilot program on the reduction of medical malpractice claims;

(2) Patient satisfaction concerning the education process;

(3) Physician's feedback concerning the pilot program;

(4) The total number of surgical procedures performed;

(5) A comparison of the Medicaid dollars spent on relevant surgical procedures versus the previous year and projected year; and

(6) Any recommendations for improving the educational system or its implementation.

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