

FIRST REGULAR SESSION
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 109
97TH GENERAL ASSEMBLY

Reported from the Committee on Veterans' Affairs and Health, April 18, 2013, with recommendation that the Senate Committee Substitute do pass.

0680S.04C

TERRY L. SPIELER, Secretary.

AN ACT

To repeal sections 197.080 and 197.100, RSMo, and to enact in lieu thereof two new sections relating to hospital licensure.

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

Section A. Sections 197.080 and 197.100, RSMo, are repealed and two new
2 sections enacted in lieu thereof, to be known as sections 197.080 and 197.100, to
3 read as follows:

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

11 **2. The department shall review and revise its regulations**
12 **governing hospital licensure and enforcement as to promote hospital**
13 **and regulatory efficiencies and eliminate duplicative regulation and**
14 **inspections by or on behalf of state and federal agencies. The hospital**
15 **licensure regulations adopted under this section shall incorporate**
16 **standards which shall include, but not be limited to, the following:**

17 **(1) Each citation or finding of a regulatory deficiency shall refer**

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

18 to the specific written regulation, any state associated written
19 interpretive guidance developed by the department and any publicly
20 available professionally recognized standards of care that are the basis
21 of the citation or finding;

22 (2) Subject to appropriations, the department shall ensure that
23 its hospital licensure regulatory standards are consistent with and do
24 not contradict the federal Centers for Medicare and Medicaid Services'
25 (CMS) Conditions of Participation (COP) and associated interpretive
26 guidance. However, this shall not preclude the department from
27 enforcing standards produced by the department which exceed the
28 federal CMS' COP and associated interpretive guidance, so long as such
29 standards produced by the department do not contradict the federal
30 CMS' COP and associated interpretive guidance;

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

33 (a) The department's process for reviewing and determining
34 which complaints warrant an onsite investigation based on a
35 preliminary review of available information from the complainant,
36 other appropriate sources and, when possible, the hospital. For
37 purposes of providing hospitals with information necessary to improve
38 processes and patient care, the number and nature of complaints filed
39 and the recommended actions by the department and, as appropriate,
40 CMS shall be disclosed upon request to hospitals, so long as the
41 otherwise confidential identity of the complainant or the patient for
42 whom the complaint was filed is not disclosed;

43 (b) A departmental investigation of a complaint shall be limited
44 to the specific referenced regulatory standard or standards concerning
45 the specific service or department within the facility mentioned in the
46 complaint;

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

52 (4) Hospitals and hospital personnel shall have the opportunity
53 to participate in annual continuing training sessions when such
54 training is provided to state licensure surveyors. Hospitals and

55 **hospital personnel shall assume all costs associated with facilitating**
56 **the training sessions and use of curriculum materials, including but not**
57 **limited to the location for training, food, and printing costs;**

58 **(5) Time lines for the department to provide responses to**
59 **hospitals regarding the status and outcome of pending investigations**
60 **and regulatory actions and questions about interpretations of**
61 **regulations shall be identical to, to the extent practicable, the time**
62 **lines established for the federal hospital certification and enforcement**
63 **system in CMS's State Operations Manual, as amended.**

64 **3. Any rule or portion of a rule, as that term is defined in section**
65 **536.010, that is created under the authority delegated in this section**
66 **shall become effective only if it complies with and is subject to all of**
67 **the provisions of chapter 536 and, if applicable, section 536.028. This**
68 **section and chapter 536 are nonseverable and if any of the powers**
69 **vested with the general assembly pursuant to chapter 536 to review, to**
70 **delay the effective date, or to disapprove and annul a rule are**
71 **subsequently held unconstitutional, then the grant of rulemaking**
72 **authority and any rule proposed or adopted after August 28, 2013, shall**
73 **be invalid and void.**

197.100. 1. Any provision of chapter 198 and chapter 338 to the contrary
2 notwithstanding, the department of health and senior services shall have sole
3 authority, and responsibility for inspection and licensure of hospitals in this state
4 including, but not limited to all parts, services, functions, support functions and
5 activities which contribute directly or indirectly to patient care of any kind
6 whatsoever. The department of health and senior services shall annually inspect
7 each licensed hospital and shall make any other inspections and investigations
8 as it deems necessary for good cause shown. The department of health and senior
9 services shall accept reports of hospital inspections from governmental agencies
10 and recognized accrediting organizations [in whole or in part] for licensure
11 purposes if [:

12 (1) The inspection is comparable to an inspection performed by the
13 department of health and senior services;

14 (2) The hospital meets minimum licensure standards; and

15 (3) the **accreditation** inspection was conducted within one year of the
16 date of license renewal. The department of health and senior services shall
17 attempt to schedule inspections and evaluations required by this section so as not

18 to cause a hospital to be subject to more than one inspection in any twelve-month
19 period from the department of health and senior services or any agency or
20 accreditation organization the reports of which are accepted for licensure
21 purposes pursuant to this section, except for good cause shown.

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

Unofficial ✓

Bill

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