

## CONFERENCE COMMITTEE SUBSTITUTE

FOR

SENATE BILL NO. 50

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.

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BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF MISSOURI, AS FOLLOWS:

1           Section A. Sections 190.241, 191.332, 197.040, 197.050,  
2 197.070, 197.071, 197.080, 197.100, 332.081, 334.036, and  
3 345.051, RSMo, are repealed and sixteen new sections enacted in  
4 lieu thereof, to be known as sections 190.241, 190.242, 191.332,  
5 192.380, 192.500, 194.600, 197.005, 197.040, 197.050, 197.070,  
6 197.071, 197.080, 197.100, 332.081, 334.036, and 345.051, to read  
7 as follows:

8           190.241. 1. The department shall designate a hospital as  
9 an adult, pediatric or adult and pediatric trauma center when a  
10 hospital, upon proper application submitted by the hospital and  
11 site review, has been found by the department to meet the  
12 applicable level of trauma center criteria for designation in  
13 accordance with rules adopted by the department as prescribed by  
14 section 190.185. Such rules shall include designation as a  
15 trauma center without site review if such hospital is verified by  
16 a national verifying or designating body at the level which  
17 corresponds to a level approved in rule.

1           2. Except as provided for in subsection [4] 5 of this  
2 section, the department shall designate a hospital as a STEMI or  
3 stroke center when such hospital, upon proper application and  
4 site review, has been found by the department to meet the  
5 applicable level of STEMI or stroke center criteria for  
6 designation in accordance with rules adopted by the department as  
7 prescribed by section 190.185. In developing STEMI center and  
8 stroke center designation criteria, the department shall use, as  
9 it deems practicable, appropriate peer-reviewed or evidence-based  
10 research on such topics including, but not limited to, the most  
11 recent guidelines of the American College of Cardiology and  
12 American Heart Association for STEMI centers, or the Joint  
13 Commission's Primary Stroke Center Certification program criteria  
14 for stroke centers, or Primary and Comprehensive Stroke Center  
15 Recommendations as published by the American Stroke Association.  
16 Such rules shall include designation as a STEMI center without  
17 site review if such hospital is certified by a national body.

18           3. The department of health and senior services shall, not  
19 less than once every five years, conduct an on-site review of  
20 every trauma, STEMI, and stroke center through appropriate  
21 department personnel or a qualified contractor, with the  
22 exception of stroke centers designated pursuant to subsection [4]  
23 5 of this section; however, this provision is not intended to  
24 limit the department's ability to conduct a complaint  
25 investigation pursuant to subdivision (3) of subsection 2 of  
26 section 197.080 of any trauma, STEMI, or stroke center. On-site  
27 reviews shall be coordinated for the different types of centers  
28 to the extent practicable with hospital licensure inspections

1 conducted under chapter 197. No person shall be a qualified  
2 contractor for purposes of this subsection who has a substantial  
3 conflict of interest in the operation of any trauma, STEMI, or  
4 stroke center under review. The department may deny, place on  
5 probation, suspend or revoke such designation in any case in  
6 which it has reasonable cause to believe that there has been a  
7 substantial failure to comply with the provisions of this chapter  
8 or any rules or regulations promulgated pursuant to this chapter.  
9 If the department of health and senior services has reasonable  
10 cause to believe that a hospital is not in compliance with such  
11 provisions or regulations, it may conduct additional announced or  
12 unannounced site reviews of the hospital to verify compliance.  
13 If a trauma, STEMI, or stroke center fails two consecutive on-  
14 site reviews because of substantial noncompliance with standards  
15 prescribed by sections 190.001 to 190.245 or rules adopted by the  
16 department pursuant to sections 190.001 to 190.245, its center  
17 designation shall be revoked.

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

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

27 (2) A level II STEMI center if such hospital has been  
28 accredited as a Mission: Lifeline STEMI receiving center by the

1 American Heart Association accreditation process or another  
2 department-approved nationally-recognized organization that  
3 provides STEMI receiving center accreditation.

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

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

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

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

27  
28 Except as provided by subsection [5] 6 of this section, the

1 department shall not require compliance with any additional  
2 standards for establishing or renewing stroke designations. The  
3 designation shall continue if such hospital remains certified.  
4 The department may remove a hospital's designation as a stroke  
5 center if the hospital requests removal of the designation or the  
6 department determines that the certificate recognizing the  
7 hospital as a stroke center has been suspended or revoked. Any  
8 decision made by the department to withdraw its designation of a  
9 stroke center pursuant to this subsection that is based on the  
10 revocation or suspension of a certification by a certifying  
11 organization shall not be subject to judicial review. The  
12 department shall report to the certifying organization any  
13 complaint it receives related to the stroke center certification  
14 of a stroke center designated pursuant to this subsection. The  
15 department shall also advise the complainant which organization  
16 certified the stroke center and provide the necessary contact  
17 information should the complainant wish to pursue a complaint  
18 with the certifying organization.

19 [5.] 6. Any hospital receiving designation as a stroke  
20 center pursuant to subsection [4] 5 of this section shall:

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

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

28 (3) Submit every four years an application on a form

1 prescribed by the department for stroke center review and  
2 designation;

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

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

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

16 [6.] 7. Hospitals designated as a STEMI or stroke center by  
17 the department, including those designated pursuant to subsection  
18 [4] 5 of this section, shall submit data to meet the data  
19 submission requirements specified by rules promulgated by the  
20 department. Such submission of data may be done by the following  
21 methods:

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

24 (2) Downloading hospital data from a nationally recognized  
25 registry or data bank and importing the data files into a state  
26 registry; or

27 (3) Authorizing a nationally recognized registry or data  
28 bank to disclose or grant access to the department facility-

1 specific data held by the registry or data bank.

2  
3  
4 A hospital submitting data pursuant to subdivision (2) or (3) of  
5 this subsection shall not be required to collect and submit any  
6 additional STEMI or stroke center data elements.

7 [7.] 8. When collecting and analyzing data pursuant to the  
8 provisions of this section, the department shall comply with the  
9 following requirements:

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

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

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

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

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

28 (6) Generate from the trauma, stroke, and STEMI registries

1 quarterly regional and state outcome data reports for trauma,  
2 stroke, and STEMI designated centers, the state advisory council  
3 on EMS, and regional EMS committees to review for performance  
4 improvement and patient safety].

5 [8.] 9. The board of registration for the healing arts  
6 shall have sole authority to establish education requirements for  
7 physicians who practice in an emergency department of a facility  
8 designated as a trauma, STEMI, or stroke center by the department  
9 under this section. The department shall deem such education  
10 requirements promulgated by the board of registration for the  
11 healing arts sufficient to meet the standards for designations  
12 under this section.

13 [9.] 10. The department of health and senior services may  
14 establish appropriate fees to offset the costs of trauma, STEMI,  
15 and stroke center reviews.

16 [10.] 11. No hospital shall hold itself out to the public  
17 as a STEMI center, stroke center, adult trauma center, pediatric  
18 trauma center, or an adult and pediatric trauma center unless it  
19 is designated as such by the department of health and senior  
20 services.

21 [11.] 12. Any person aggrieved by an action of the  
22 department of health and senior services affecting the trauma,  
23 STEMI, or stroke center designation pursuant to this chapter,  
24 including the revocation, the suspension, or the granting of,  
25 refusal to grant, or failure to renew a designation, may seek a  
26 determination thereon by the administrative hearing commission  
27 under chapter 621. It shall not be a condition to such  
28 determination that the person aggrieved seek a reconsideration, a



1 rehearing, or exhaust any other procedure within the department.

2 190.242. 1. In order to ensure that hospitals can be free  
3 from excessive regulation that increases health care costs  
4 without increasing patient safety, any rules and regulations  
5 promulgated by the department of health and senior services under  
6 sections 190.185, 190.241, or 192.006; chapter 197; or any other  
7 provision of Missouri law shall not require hospitals, as a  
8 condition of designation under section 190.241, to obtain  
9 emergency medical services data under section 190.241, unless  
10 such data may be obtained from the state database for emergency  
11 medical services. The provisions of this subsection shall not be  
12 construed to limit in any way the requirements of any person or  
13 entity to submit emergency medical services data to any person or  
14 entity.

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

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

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

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

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

19           3. By January 1, 2019, the department of health and senior  
20 services shall, subject to appropriations, expand the newborn  
21 screening requirements in section 191.331 to include spinal  
22 muscular atrophy (SMA) and Hunter syndrome (MPS II). The  
23 department may increase the fee authorized under subsection 6 of  
24 section 191.331 to cover any additional costs of the expanded  
25 newborn screening requirements under this subsection. To help  
26 fund initial costs incurred by the state, the department shall  
27 apply for available newborn screening grant funding specific to  
28 screening for spinal muscular atrophy and Hunter syndrome. The

1 department shall have discretion in accepting the terms of such  
2 grants.

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

8 192.380. 1. For purposes of this section, the following  
9 terms shall mean:

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

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

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

23 (1) The most current published version of the "Levels of  
24 Neonatal Care" developed by the American Academy of Pediatrics;

25 (2) The most current published version of the "Levels of  
26 Maternal Care" developed by the American Congress of  
27 Obstetricians and Gynecologists and the Society for Maternal-  
28 Fetal Medicine; and

1       (3) Necessary variance when considering the geographic and  
2 varied needs of citizens of this state.

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

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

7       5. The department shall promulgate rules to implement the  
8 provisions of this section no later than January 1, 2018. Such  
9 rules shall be limited to those necessary for the establishment  
10 of levels of neonatal care designations and levels of maternal  
11 care designations for birthing facilities under subsection 2 of  
12 this section. Any rule or portion of a rule, as that term is  
13 defined in section 536.010, that is created under the authority  
14 delegated in this section shall become effective only if it  
15 complies with and is subject to all of the provisions of chapter  
16 536 and, if applicable, section 536.028. This section and  
17 chapter 536 are nonseverable, and if any of the powers vested  
18 with the general assembly pursuant to chapter 536 to review, to  
19 delay the effective date, or to disapprove and annul a rule are  
20 subsequently held unconstitutional, then the grant of rulemaking  
21 authority and any rule proposed or adopted after August 28, 2017,  
22 shall be invalid and void.

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

28       7. Beginning January 1, 2019, any hospital with a birthing

1 facility operated by a state university shall report to the  
2 department its appropriate level of maternal care designation and  
3 neonatal care designation as determined by the criteria outlined  
4 under subsection 2 of this section.

5 8. The department may partner with appropriate nationally-  
6 recognized professional organizations with demonstrated expertise  
7 in maternal and neonatal standards of care to administer the  
8 provisions of this section.

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

13 192.500. 1. For purposes of this section, the following  
14 terms shall mean:

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

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

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

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

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

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

10       194.600. 1. As used in this section, the following terms  
11 mean:

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

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

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

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

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

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

28       2. The department shall issue a request for proposal and

1 contract with a third party for the establishment of a secure  
2 online central registry for individuals to be known as the  
3 "Advance Health Care Directives Registry" to store advance health  
4 care directives and to give authorized health care providers  
5 access to such directives.

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

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

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

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

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

1 to:

2 (1) A determination of who may access the registry,  
3 including physicians, other licensed health care providers, the  
4 declarant, and his or her legal representatives or designees; and

5 (2) A means for the contracting third party to annually  
6 remind registry users of which documents they have registered.

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

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

24 197.005. 1. As used in this section, the term "Medicare  
25 conditions of participation" shall mean federal regulatory  
26 standards established under Title XVIII of the Social Security  
27 Act and defined in 42 CFR 482, as amended, for hospitals and 42  
28 CFR 485, as amended, for hospitals designated as critical access



1 hospitals under 42 U.S.C. Section 1395i-4.

2 2. To minimize the administrative cost of enforcing and  
3 complying with duplicative regulatory standards, on and after  
4 July 1, 2018, compliance with Medicare conditions of  
5 participation shall be deemed to constitute compliance with the  
6 standards for hospital licensure under sections 197.010 to  
7 197.120 and regulations promulgated thereunder.

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

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

19 197.040. After ninety days from the date this law becomes  
20 effective, no person or governmental unit, acting severally or  
21 jointly with any other person or governmental unit, shall  
22 establish, conduct or maintain a hospital in this state without a  
23 license under this law and section 197.005 issued by the  
24 department of health and senior services.

25 197.050. Application for a license shall be made to the  
26 department of health and senior services upon forms provided by  
27 it and shall contain such information as the department of health  
28 and senior services requires, which may include affirmative

1 evidence of ability to comply with such reasonable standards,  
2 rules and regulations as are lawfully prescribed hereunder in  
3 compliance with section 197.005. Until June 30, 1989, each  
4 application for a license, except applications from governmental  
5 units, shall be accompanied by an annual license fee of two  
6 hundred dollars plus two dollars per bed for the first one  
7 hundred beds and one dollar per bed for each additional bed.  
8 Beginning July 1, 1989, each application for a license, except  
9 applications from governmental units, shall be accompanied by an  
10 annual license fee of two hundred fifty dollars plus three  
11 dollars per bed for the first four hundred beds and two dollars  
12 per bed for each additional bed. All license fees shall be paid  
13 to the director of revenue and deposited in the state treasury to  
14 the credit of the general revenue fund.

15 197.070. The department of health and senior services may  
16 deny, suspend or revoke a license in any case in which it finds  
17 that there has been a substantial failure to comply with the  
18 requirements established under this law and section 197.005.

19 197.071. Any person aggrieved by an official action of the  
20 department of health and senior services affecting the licensed  
21 status of a person under the provisions of sections [197.010]  
22 197.005 to 197.120, including the refusal to grant, the grant,  
23 the revocation, the suspension, or the failure to renew a  
24 license, may seek a determination thereon by the administrative  
25 hearing commission pursuant to the provisions of section 621.045,  
26 and it shall not be a condition to such determination that the  
27 person aggrieved seek a reconsideration, a rehearing, or exhaust  
28 any other procedure within the department of health and senior

1 services.

2 197.080. 1. The department of health and senior services,  
3 with the advice of the state advisory council and pursuant to the  
4 provisions of this section, section 197.005, and chapter 536,  
5 shall adopt, amend, promulgate and enforce such rules,  
6 regulations and standards with respect to all hospitals or  
7 different types of hospitals to be licensed hereunder as may be  
8 designed to further the accomplishment of the purposes of this  
9 law in promoting safe and adequate treatment of individuals in  
10 hospitals in the interest of public health, safety and welfare.  
11 No rule or portion of a rule promulgated under the authority of  
12 sections 197.010 to 197.280 shall become effective unless it has  
13 been promulgated pursuant to the provisions of section 536.024.

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

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

27 (2) Subject to appropriations, the department shall ensure  
28 that its hospital licensure regulatory standards are consistent

1 with and do not contradict the CMS Conditions of Participation  
2 (COP) and associated interpretive guidance. However, this shall  
3 not preclude the department from enforcing standards produced by  
4 the department which exceed the federal CMS' COP and associated  
5 interpretive guidance, so long as such standards produced by the  
6 department promote a higher degree of patient safety and do not  
7 contradict the federal CMS' COP and associated interpretive  
8 guidance;

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

11 (a) The department's process for reviewing and determining  
12 which complaints warrant an on-site investigation based on a  
13 preliminary review of available information from the complainant,  
14 other appropriate sources, and when not prohibited by CMS, the  
15 hospital. For purposes of providing hospitals with information  
16 necessary to improve processes and patient care, the number and  
17 nature of complaints filed and the recommended actions by the  
18 department and, as appropriate CMS, shall be disclosed upon  
19 request to hospitals so long as the otherwise confidential  
20 identity of the complainant or the patient for whom the complaint  
21 was filed is not disclosed;

22 (b) A departmental investigation of a complaint shall be  
23 focused on the specific regulatory standard and departmental  
24 written interpretive guidance and publicly available  
25 professionally recognized standard of care related to the  
26 complaint. During the course of any complaint investigation, the  
27 department shall cite any serious and immediate threat discovered  
28 that may potentially jeopardize the health and safety of

1 patients;

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

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

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

28 3. Any rule or portion of a rule, as that term is defined

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

11 197.100. 1. Any provision of chapter 198 and chapter 338  
12 to the contrary notwithstanding, the department of health and  
13 senior services shall have sole authority, and responsibility for  
14 inspection and licensure of hospitals in this state including,  
15 but not limited to, all parts, services, functions, support  
16 functions and activities which contribute directly or indirectly  
17 to patient care of any kind whatsoever. The department of health  
18 and senior services shall annually inspect each licensed hospital  
19 and shall make any other inspections and investigations as it  
20 deems necessary for good cause shown. The department of health  
21 and senior services shall accept reports of hospital inspections  
22 from or on behalf of governmental agencies, the joint commission,  
23 and the American Osteopathic Association Healthcare Facilities  
24 Accreditation Program, provided the accreditation inspection was  
25 conducted within one year of the date of license renewal. Prior  
26 to granting acceptance of any other accrediting organization  
27 reports in lieu of the required licensure survey, the accrediting  
28 organization's survey process must be deemed appropriate and

1 found to be comparable to the department's licensure survey. It  
2 shall be the accrediting organization's responsibility to provide  
3 the department any and all information necessary to determine if  
4 the accrediting organization's survey process is comparable and  
5 fully meets the intent of the licensure regulations. The  
6 department of health and senior services shall attempt to  
7 schedule inspections and evaluations required by this section so  
8 as not to cause a hospital to be subject to more than one  
9 inspection in any twelve-month period from the department of  
10 health and senior services or any agency or accreditation  
11 organization the reports of which are accepted for licensure  
12 purposes pursuant to this section, except for good cause shown.

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

20 332.081. 1. Notwithstanding any other provision of law to  
21 the contrary, hospitals licensed under chapter 197 shall be  
22 authorized to employ any or all of the following oral health  
23 providers:

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

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

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

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

28           (1) A legally qualified physician or surgeon, who does not



1 practice dentistry as a specialty, from extracting teeth;

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

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

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

10 (5) A duly registered and licensed dental hygienist in  
11 Missouri to practice dental hygiene as defined in section  
12 332.091;

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

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

18 (8) A duly qualified anesthesiologist or nurse anesthetist  
19 to administer an anesthetic in connection with dental services or  
20 dental surgery; or

21 (9) A person to practice dentistry in or for:

22 (a) The United States Armed Forces;

23 (b) The United States Public Health Service;

24 (c) Migrant, community, or health care for the homeless  
25 health centers provided in Section 330 of the Public Health  
26 Service Act (42 U.S.C. 254(b));

27 (d) Federally qualified health centers as defined in  
28 Section 1905(1) (42 U.S.C. 1396d(1)) of the Social Security Act;

1 (e) Governmental entities, including county health  
2 departments; or

3 (f) The United States Veterans Bureau; or

4 (10) A dentist licensed in a state other than Missouri to  
5 evaluate a patient or render an oral, written, or otherwise  
6 documented dental opinion when providing testimony or records for  
7 the purpose of a civil or criminal action before any judicial or  
8 administrative proceeding of this state or other forum in this  
9 state.

10 [2.] 3. No corporation shall practice dentistry as defined  
11 in section 332.071 unless that corporation is organized under the  
12 provisions of chapter 355 or 356 provided that a corporation  
13 organized under the provisions of chapter 355 and qualifying as  
14 an organization under 26 U.S.C. Section 501(c)(3) may only employ  
15 dentists and dental hygienists licensed in this state to render  
16 dental services to Medicaid recipients, low-income individuals  
17 who have available income below two hundred percent of the  
18 federal poverty level, and all participants in the SCHIP program,  
19 unless such limitation is contrary to or inconsistent with  
20 federal or state law or regulation. This subsection shall not  
21 apply to:

22 (1) A hospital licensed under chapter 197 that provides  
23 care and treatment only to children under the age of eighteen at  
24 which a person regulated under this chapter provides dental care  
25 within the scope of his or her license or registration;

26 (2) A federally qualified health center as defined in  
27 Section 1905(1) of the Social Security Act (42 U.S.C.  
28 1396(d)(1)), or a migrant, community, or health care for the

1 homeless health center provided for in Section 330 of the Public  
2 Health Services Act (42 U.S.C. 254(b)) at which a person  
3 regulated under this chapter provides dental care within the  
4 scope of his or her license or registration;

5 (3) A city or county health department organized under  
6 chapter 192 or chapter 205 at which a person regulated under this  
7 chapter provides dental care within the scope of his or her  
8 license or registration;

9 (4) A social welfare board organized under section 205.770,  
10 a city health department operating under a city charter, or a  
11 city-county health department at which a person regulated under  
12 this chapter provides dental care within the scope of his or her  
13 license or registration;

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

19 (6) Any hospital nonprofit corporation exempt from taxation  
20 under Section 501(c)(3) of the Internal Revenue Code, as amended,  
21 that engages in its operations and provides dental services at  
22 facilities owned by a city, county, or other political  
23 subdivision of the state at which a person regulated under this  
24 chapter provides dental care within the scope of his or her  
25 license or registration.

26  
27 If any of the entities exempted from the requirements of this  
28 subsection are unable to provide services to a patient due to the

1 lack of a qualified provider and a referral to another entity is  
2 made, the exemption shall extend to the person or entity that  
3 subsequently provides services to the patient.

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

13 [4.] 5. A dentist shall not enter into a contract that  
14 allows a person who is not a dentist to influence or interfere  
15 with the exercise of the dentist's independent professional  
16 judgment.

17 [5.] 6. A not-for-profit corporation organized under the  
18 provisions of chapter 355 and qualifying as an organization under  
19 26 U.S.C. Section 501(c)(3), an unincorporated organization  
20 operating pursuant to subsection [3] 4 of this section, or any  
21 other person should not direct or interfere or attempt to direct  
22 or interfere with a licensed dentist's professional judgment and  
23 competent practice of dentistry. Nothing in this subsection  
24 shall be so construed as to make it unlawful for not-for-profit  
25 organizations to enforce employment contracts, corporate policy  
26 and procedure manuals, or quality improvement or assurance  
27 requirements.

28 [6.] 7. All entities defined in subsection [2] 3 of this

1 section and those exempted under subsection ~~[3]~~ 4 of this section  
2 shall apply for a permit to employ dentists and dental hygienists  
3 licensed in this state to render dental services, and the entity  
4 shall apply for the permit in writing on forms provided by the  
5 Missouri dental board. The board shall not charge a fee of any  
6 kind for the issuance or renewal of such permit. The provisions  
7 of this subsection shall not apply to a federally qualified  
8 health center as defined in Section 1905(1) of the Social  
9 Security Act (42 U.S.C. 1396d(1)).

10 **[7.]** 8. Any entity that obtains a permit to render dental  
11 services in this state is subject to discipline pursuant to  
12 section 332.321. If the board concludes that the person or  
13 entity has committed an act or is engaging in a course of conduct  
14 that would be grounds for disciplinary action, the board may file  
15 a complaint before the administrative hearing commission. The  
16 board may refuse to issue or renew the permit of any entity for  
17 one or any combination of causes stated in subsection 2 of  
18 section 332.321. The board shall notify the applicant in writing  
19 of the reasons for the refusal and shall advise the applicant of  
20 his or her right to file a complaint with the administrative  
21 hearing commission as provided by chapter 621.

22 **[8.]** 9. A federally qualified health center as defined in  
23 Section 1905(1) of the Social Security Act (42 U.S.C. 1396d(1))  
24 shall register with the board. The information provided to the  
25 board as part of the registration shall include the name of the  
26 health center, the nonprofit status of the health center, sites  
27 where dental services will be provided, and the names of all  
28 persons employed by, or contracting with, the health center who

1 are required to hold a license pursuant to this chapter. The  
2 registration shall be renewed every twenty-four months. The  
3 board shall not charge a fee of any kind for the issuance or  
4 renewal of the registration. The registration of the health  
5 center shall not be subject to discipline pursuant to section  
6 332.321. Nothing in this subsection shall prohibit disciplinary  
7 action against a licensee of this chapter who is employed by, or  
8 contracts with, such health center for the actions of the  
9 licensee in connection with such employment or contract. All  
10 licensed persons employed by, or contracting with, the health  
11 center shall certify in writing to the board at the time of  
12 issuance and renewal of the registration that the facility of the  
13 health center meets the same operating standards regarding  
14 cleanliness, sanitation, and professionalism as would the  
15 facility of a dentist licensed by this chapter. The board shall  
16 promulgate rules regarding such standards.

17 [9.] 10. The board may promulgate rules and regulations to  
18 ensure not-for-profit corporations are rendering care to the  
19 patient populations as set forth herein, including requirements  
20 for covered not-for-profit corporations to report patient census  
21 data to the board. The provisions of this subsection shall not  
22 apply to a federally qualified health center as defined in  
23 Section 1905(1) of the Social Security Act (42 U.S.C. 1396d(1)).

24 [10.] 11. All not-for-profit corporations organized or  
25 operated pursuant to the provisions of chapter 355 and qualifying  
26 as an organization under 26 U.S.C. Section 501(c)(3), or the  
27 requirements relating to migrant, community, or health care for  
28 the homeless health centers provided in Section 330 of the Public

1 Health Service Act (42 U.S.C. 254(b)) and federally qualified  
2 health centers as defined in Section 1905(l) (42 U.S.C. 1396d(l))  
3 of the Social Security Act, that employ persons who practice  
4 dentistry or dental hygiene in this state shall do so in  
5 accordance with the relevant laws of this state except to the  
6 extent that such laws are contrary to, or inconsistent with,  
7 federal statute or regulation.

8 334.036. 1. For purposes of this section, the following  
9 terms shall mean:

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

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

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

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

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

2  
3 Any medical school graduate who could have applied for licensure  
4 and complied with the provisions of this subdivision at any time  
5 between August 28, 2014, and August 28, 2017, may apply for  
6 licensure and shall be deemed in compliance with the provisions  
7 of this subdivision;

8 (2) "Assistant physician collaborative practice  
9 arrangement", an agreement between a physician and an assistant  
10 physician that meets the requirements of this section and section  
11 334.037;

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

15 2. (1) An assistant physician collaborative practice  
16 arrangement shall limit the assistant physician to providing only  
17 primary care services and only in medically underserved rural or  
18 urban areas of this state or in any pilot project areas  
19 established in which assistant physicians may practice.

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

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

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

28 3. (1) For purposes of this section, the licensure of



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

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

24 4. An assistant physician shall clearly identify himself or  
25 herself as an assistant physician and shall be permitted to use  
26 the terms "doctor", "Dr.", or "doc". No assistant physician  
27 shall practice or attempt to practice without an assistant  
28 physician collaborative practice arrangement, except as otherwise

1 provided in this section and in an emergency situation.

2 5. The collaborating physician is responsible at all times  
3 for the oversight of the activities of and accepts responsibility  
4 for primary care services rendered by the assistant physician.

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

16 345.051. 1. Every person licensed or registered pursuant  
17 to the provisions of sections 345.010 to 345.080 shall renew the  
18 license or registration on or before the renewal date. Such  
19 renewal date shall be determined by the board, but shall be no  
20 less than three years. The application shall be made on a form  
21 furnished by the board. The application shall include, but not  
22 be limited to, disclosure of the applicant's full name and the  
23 applicant's office and residence addresses and the date and  
24 number of the applicant's license or registration, all final  
25 disciplinary actions taken against the applicant by any  
26 speech-language-hearing association or society, state, territory  
27 or federal agency or country and information concerning the  
28 applicant's current physical and mental fitness to practice.

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

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

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

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

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

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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.

✓



Gina Walsh

Keith Frederick