

SECOND REGULAR SESSION

[P E R F E C T E D]

SENATE BILL NO. 773

89TH GENERAL ASSEMBLY

INTRODUCED BY SENATORS HOWARD, DePASCO, KENNEY, FLOTRON, LYBYER,
JOHNSON, STAPLES, SCOTT, WESTFALL, KLARICH, McKENNA, EHLMANN, KINDER,
YECKEL, WIGGINS, MUELLER, HOUSE, RUSSELL AND MAXWELL.

Read 1st time January 20, 1998, and 1,000 copies ordered printed.

Read 2nd time January 27, 1998, and referred to the Committee on Aging, Families and Mental Health.

Reported from the Committee February 16, 1998, with recommendation that the bill do pass.

Taken up for Perfection April 30, 1998. Bill declared Perfected and Ordered Printed, as amended.

TERRY L. SPIELER, Secretary.

S3247.02P

AN ACT

To repeal section 197.317, RSMo Supp. 1997, relating to certificate of need moratorium dates, and to enact in lieu thereof three new sections relating to the same subject.

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

Section A. Section 197.317, RSMo Supp. 1997, is repealed and three new sections enacted in lieu thereof, to be known as sections 197.317, 1 and 2, to read as follows:

197.317. After July 1, 1983, no certificate of need shall be issued for the following:

(1) Additional residential care facility I, residential care facility II, intermediate care facility or skilled nursing facility beds above the number then licensed by this state;

(2) Beds in a licensed hospital to be reallocated on a temporary or permanent basis to nursing care or beds in a long-term care hospital meeting the requirements described in 42 C.F.R., section 412.23(e), excepting those which are not subject to a certificate of need pursuant to paragraphs (e) and (g) of subdivision (12) of section 197.305; nor

(3) The reallocation of intermediate care facility or skilled nursing facility beds of existing licensed beds by transfer or sale of licensed beds between a hospital licensed under this chapter or a nursing care facility licensed under chapter 198, RSMo; except for beds in counties in which there is no existing nursing care facility. No certificate of need shall be issued for the reallocation

of existing residential care facility I or II, or intermediate care facilities operated exclusively for the mentally retarded to intermediate care or skilled nursing facilities or beds. However, after [July 1, 1999] **April 30, 2000**, nothing in this section shall prohibit the Missouri health facilities review committee from issuing a certificate of need for additional beds in existing health care facilities or for new beds in new health care facilities or for the reallocation of licensed beds, provided that no construction shall begin prior to July 1, 2000. The provisions of subsections 16 and 17 of section 197.315 shall apply to the provisions of this section.

Section 1. As used in this section and section 2 of this act, the following terms mean:

(1) **"Charge data", information submitted by a long-term care facility on current charges;**

(2) **"Charges by payor", information submitted by long-term care facilities on amounts billed to medicare, medicaid, other government sources and all nongovernment sources combined as one data element;**

(3) **"Department", the department of health;**

(4) **"Financial data", information submitted by long-term care facilities drawn from financial statements which includes the balance sheet, income statement, bad debt and charges by payor, prepared in accordance with generally accepted accounting principles;**

(5) **"Long-term care facility", a residential care facility I, residential care facility II, intermediate care facility or a skilled nursing facility as defined in section 198.006, RSMo;**

(6) **"Resident", an individual housed within a long-term care facility;**

(7) **"Resident abstract data", data submitted by long-term care facilities which includes but is not limited to date of birth, sex, race, zip code, county of residence, admission date, discharge date, principal diagnoses, total billed charges, disposition of the resident and expected source of payment with sources categorized according to medicare, medicaid, other government, workers' compensation, all commercial payors coded with a common code, self-pay, no charge and other.**

Section 2. 1. All long-term care facilities shall at least annually provide to the department charge data as required by the department. All long-term care facilities shall at least annually provide resident abstract data and financial data as required by the department. The department shall promulgate rules pursuant to chapter 536, RSMo, specifying the types of information which shall be submitted and the method of submission.

2. The department shall not require the resubmission of data which has been submitted to the department of health or the department of social services under any other provision of law. The department of health shall accept data submitted by

associations or related organizations on behalf of long-term care facilities by entering into binding agreements negotiated with such associations or related organizations to obtain data required pursuant to section 1 of this act and this section. A long-term care facility shall submit the required information to the department of health:

(1) If the provider does not submit the required data through such associations or related organizations;

(2) If no binding agreement has been reached within ninety days of August 28, 1998, between the department of health and such associations or related organizations;
or

(3) If a binding agreement has expired for more than ninety days.

3. Information obtained by the department under the provisions of section 1 of this act and this section shall not be public information. Reports and studies prepared by the department based upon such information shall be public information and may identify individual long-term care facilities. The department of health may authorize the use of the data by other research organizations pursuant to the provisions of section 192.067. The department shall not release data in a form which could be used to identify a resident. Any violation of this subsection is a class A misdemeanor.

4. The department shall undertake a reasonable number of studies and publish information, including at least an annual consumer guide, in collaboration with long-term care facilities, business coalitions and consumers based upon the information obtained pursuant to the provisions of section 1 of this act and this section. The department shall allow all long-term care facilities and associations and related organizations who have submitted data which will be used in any report to review and comment on the report prior to its publication or release for general use. The department shall include any comments of a long-term care facility, at the option of the facility, and associations and related organizations in the publication if the department does not change the publication based upon those comments. The report shall be made available to the public for a reasonable charge.

5. Any long-term care facility which continually and substantially, as these terms are defined by rule, fails to comply with the provisions of this section shall not be allowed to participate in any program administered by the state or to receive any moneys from the state.

6. A long-term care facility, aggrieved by the department's determination of ineligibility for state moneys pursuant to subsection 5 of this section may seek a determination thereon by the administrative hearing commission pursuant to the provisions of section 621.045, RSMo, 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.

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