

SECOND REGULAR SESSION
[TRULY AGREED TO AND FINALLY PASSED]
CONFERENCE COMMITTEE SUBSTITUTE FOR

SENATE BILL NO. 988

98TH GENERAL ASSEMBLY

2016

6153S.02T

AN ACT

To repeal sections 190.060, 190.241, and 197.315, RSMo, and to enact in lieu thereof six new sections relating to health care providers, with an emergency clause for certain sections.

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

Section A. Sections 190.060, 190.241, and 197.315, RSMo, are repealed
2 and six new sections enacted in lieu thereof, to be known as sections 96.192,
3 190.060, 190.241, 190.265, 197.315, and 205.165, to read as follows:

**96.192. 1. The board of trustees of any hospital authorized under
2 subsection 2 of this section, and established and organized under the
3 provisions of sections 96.150 to 96.229, may invest up to twenty-five
4 percent of the hospital's funds not required for immediate
5 disbursement in obligations or for the operation of the hospital in any
6 United States investment grade fixed income funds or any diversified
7 stock funds, or both.**

8 **2. The provisions of this section shall only apply if the hospital:**

9 **(1) Receives less than one percent of its annual revenues from
10 municipal, county, or state taxes; and**

11 **(2) Receives less than one percent of its annual revenue from
12 appropriated funds from the municipality in which such hospital is
13 located.**

190.060. 1. An ambulance district shall have the following governmental
2 powers, and all other powers incidental, necessary, convenient or desirable to
3 carry out and effectuate the express powers:

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

- 4 (1) To establish and maintain an ambulance service within its corporate
5 limits, and to acquire for, develop, expand, extend and improve such service;
- 6 (2) To acquire land in fee simple, rights in land and easements upon, over
7 or across land and leasehold interests in land and tangible and intangible
8 personal property used or useful for the location, establishment, maintenance,
9 development, expansion, extension or improvement of an ambulance service. The
10 acquisition may be by dedication, purchase, gift, agreement, lease, use or adverse
11 possession;
- 12 (3) To operate, maintain and manage the ambulance service, and to make
13 and enter into contracts for the use, operation or management of and to provide
14 rules and regulations for the operation, management or use of the ambulance
15 service;
- 16 (4) To fix, charge and collect reasonable fees and compensation for the use
17 of the ambulance service according to the rules and regulations prescribed by the
18 board from time to time;
- 19 (5) To borrow money and to issue bonds, notes, certificates, or other
20 evidences of indebtedness for the purpose of accomplishing any of its corporate
21 purposes, subject to compliance with any condition or limitation set forth in
22 sections 190.001 to 190.090 or otherwise provided by the Constitution of the state
23 of Missouri;
- 24 (6) To employ or enter into contracts for the employment of any person,
25 firm, or corporation, and for professional services, necessary or desirable for the
26 accomplishment of the objects of the district or the proper administration,
27 management, protection or control of its property;
- 28 (7) To maintain the ambulance service for the benefit of the inhabitants
29 of the area comprising the district regardless of race, creed or color, and to adopt
30 such reasonable rules and regulations as may be necessary to render the highest
31 quality of emergency medical care; to exclude from the use of the ambulance
32 service all persons who willfully disregard any of the rules and regulations so
33 established; to extend the privileges and use of the ambulance service to persons
34 residing outside the area of the district upon such terms and conditions as the
35 board of directors prescribes by its rules and regulations;
- 36 (8) To provide for health, accident, disability and pension benefits for the
37 salaried members of its organized ambulance district and such other benefits for
38 the members' spouses and minor children, through either, or both, a contributory
39 or noncontributory plan. The type and amount of such benefits shall be
40 determined by the board of directors of the ambulance district within the level of

41 available revenue of the pension program and other available revenue of the
42 district. If an employee contributory plan is adopted, then at least one voting
43 member of the board of trustees shall be a member of the ambulance district
44 elected by the contributing members. The board of trustees shall not be the same
45 as the board of directors;

46 (9) To purchase insurance indemnifying the district and its employees,
47 officers, volunteers and directors against liability in rendering services incidental
48 to the furnishing of ambulance services. Purchase of insurance pursuant to this
49 section is not intended to waive sovereign immunity, official immunity or the
50 Missouri public duty doctrine defenses; and

51 (10) To provide for life insurance, accident, sickness, health, disability,
52 annuity, length of service, pension, retirement and other employee-type fringe
53 benefits, subject to the provisions of section 70.615, for the volunteer members of
54 any organized ambulance district and such other benefits for their spouses and
55 eligible unemancipated children, either through a contributory or noncontributory
56 plan, or both. For purposes of this section, "eligible unemancipated child" means
57 a natural or adopted child of an insured, or a stepchild of an insured who is
58 domiciled with the insured, who is less than twenty-three years of age, who is not
59 married, not employed on a full-time basis, not maintaining a separate residence
60 except for full-time students in an accredited school or institution of higher
61 learning, and who is dependent on parents or guardians for at least fifty percent
62 of his or her support. The type and amount of such benefits shall be determined
63 by the board of directors of the ambulance district within available revenues of
64 the district, including the pension program of the district. The provision and
65 receipt of such benefits shall not make the recipient an employee of the
66 district. Directors who are also volunteer members may receive such benefits
67 while serving as a director of the district.

68 2. The use of any ambulance service of a district shall be subject to the
69 reasonable regulation and control of the district and upon such reasonable terms
70 and conditions as shall be established by its board of directors.

71 3. A regulatory ordinance of a district adopted pursuant to any provision
72 of this section may provide for a suspension or revocation of any rights or
73 privileges within the control of the district for a violation of any regulatory
74 ordinance.

75 4. Nothing in this section or in other provisions of sections 190.001 to
76 190.245 shall be construed to authorize the district or board to establish or
77 enforce any regulation or rule in respect to the operation or maintenance of the

78 ambulance service within its jurisdiction which is in conflict with any federal or
79 state law or regulation applicable to the same subject matter.

80 5. After August 28, 1998, the board of directors of an ambulance district
81 that proposes to contract for the total management and operation of the
82 ambulance service, when that ambulance district has not previously contracted
83 out for said service, shall hold a public hearing within a thirty-day period and
84 shall make a finding that the proposed contract to manage and operate the
85 ambulance service will:

86 (1) Provide benefits to the public health that outweigh the associated
87 costs;

88 (2) Maintain or enhance public access to ambulance service;

89 (3) Maintain or improve the public health and promote the continued
90 development of the regional emergency medical services system.

91 6. (1) Upon a satisfactory finding following the public hearing in
92 subsection 5 of this section and after a sixty-day period, the ambulance district
93 may enter into the proposed contract, however said contract shall not be
94 implemented for at least thirty days.

95 (2) The provisions of subsection 5 of this section shall not apply to
96 contracts which were executed prior to August 28, 1998, or to the renewal or
97 modification of such contracts or to the signing of a new contract with an
98 ambulance service provider for services that were previously contracted out.

99 7. All ambulance districts authorized to adopt laws, ordinances, or
100 regulations regarding basic life support ambulances shall require such
101 ambulances to be equipped with an automated external defibrillator and be
102 staffed by at least one individual trained in the use of an automated external
103 defibrillator.

104 **8. The ambulance district may adopt procedures for conducting**
105 **fingerprint background checks on current and prospective employees,**
106 **contractors, and volunteers. The ambulance district may submit**
107 **applicant fingerprints to the Missouri state highway patrol, Missouri**
108 **criminal records repository, for the purpose of checking the person's**
109 **criminal history. The fingerprints shall be used to search the Missouri**
110 **criminal records repository and shall be submitted to the Federal**
111 **Bureau of Investigation to be used for searching the federal criminal**
112 **history files. The fingerprints shall be submitted on forms and in the**
113 **manner prescribed by the Missouri state highway patrol. Fees shall be**
114 **as set forth in section 43.530.**

190.241. 1. The department shall designate a hospital as an adult,
2 pediatric or adult and pediatric trauma center when a hospital, upon proper
3 application submitted by the hospital and site review, has been found by the
4 department to meet the applicable level of trauma center criteria for designation
5 in accordance with rules adopted by the department as prescribed by section
6 190.185.

7 2. **Except as provided for in subsection 4 of this section,** the
8 department shall designate a hospital as a STEMI or stroke center when such
9 hospital, upon proper application and site review, has been found by the
10 department to meet the applicable level of STEMI or stroke center criteria for
11 designation in accordance with rules adopted by the department as prescribed by
12 section 190.185. In developing STEMI center and stroke center designation
13 criteria, the department shall use, as it deems practicable, appropriate
14 peer-reviewed or evidence-based research on such topics including, but not limited
15 to, the most recent guidelines of the American College of Cardiology and
16 American Heart Association for STEMI centers, or the Joint Commission's
17 Primary Stroke Center Certification program criteria for stroke centers, or
18 Primary and Comprehensive Stroke Center Recommendations as published by the
19 American Stroke Association.

20 3. The department of health and senior services shall, not less than once
21 every five years, conduct an on-site review of every trauma, STEMI, and stroke
22 center through appropriate department personnel or a qualified contractor, **with**
23 **the exception of stroke centers designated pursuant to subsection 4 of**
24 **this section; however, this provision is not intended to limit the**
25 **department's ability to conduct a complaint investigation pursuant to**
26 **subdivision (3) of subsection 2 of section 197.080 of any trauma, STEMI,**
27 **or stroke center.** On-site reviews shall be coordinated for the different types
28 of centers to the extent practicable with hospital licensure inspections conducted
29 under chapter 197. No person shall be a qualified contractor for purposes of this
30 subsection who has a substantial conflict of interest in the operation of any
31 trauma, STEMI, or stroke center under review. The department may deny, place
32 on probation, suspend or revoke such designation in any case in which it has
33 reasonable cause to believe that there has been a substantial failure to comply
34 with the provisions of this chapter or any rules or regulations promulgated
35 pursuant to this chapter. If the department of health and senior services has
36 reasonable cause to believe that a hospital is not in compliance with such
37 provisions or regulations, it may conduct additional announced or unannounced

38 site reviews of the hospital to verify compliance. If a trauma, STEMI, or stroke
39 center fails two consecutive on-site reviews because of substantial noncompliance
40 with standards prescribed by sections 190.001 to 190.245 or rules adopted by the
41 department pursuant to sections 190.001 to 190.245, its center designation shall
42 be revoked.

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

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

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

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

63 **Except as provided by subsection 5 of this section, the department shall**
64 **not require compliance with any additional standards for establishing**
65 **or renewing stroke designations. The designation shall continue if such**
66 **hospital remains certified. The department may remove a hospital's**
67 **designation as a stroke center if the hospital requests removal of the**
68 **designation or the department determines that the certificate**
69 **recognizing the hospital as a stroke center has been suspended or**
70 **revoked. Any decision made by the department to withdraw its**
71 **designation of a stroke center pursuant to this subsection that is based**
72 **on the revocation or suspension of a certification by a certifying**
73 **organization shall not be subject to judicial review. The department**
74 **shall report to the certifying organization any complaint it receives**

75 related to the stroke center certification of a stroke center designated
76 pursuant to this subsection. The department shall also advise the
77 complainant which organization certified the stroke center and provide
78 the necessary contact information should the complainant wish to
79 pursue a complaint with the certifying organization.

80 **5. Any hospital receiving designation as a stroke center pursuant**
81 **to subsection 4 of this section shall:**

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

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

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

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

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

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

102 **6. Hospitals designated as a STEMI or stroke center by the**
103 **department, including those designated pursuant to subsection 4 of this**
104 **section, shall submit data to meet the data submission requirements**
105 **specified by rules promulgated by the department. Such submission of**
106 **data may be done by the following methods:**

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

109 **(2) Downloading hospital data from a nationally-recognized**
110 **registry or data bank and importing the data files into a state registry;**
111 **or**

112 **(3) Authorizing a nationally-recognized registry or data bank to**
113 **disclose or grant access to the department facility-specific data held by**
114 **the registry or data bank.**

115 **A hospital submitting data pursuant to subdivisions (2) or (3) of this**
116 **subsection shall not be required to collect and submit any additional**
117 **STEMI or stroke center data elements.**

118 **7. When collecting and analyzing data pursuant to the provisions**
119 **of this section, the department shall comply with the following**
120 **requirements:**

121 **(1) Names of any health care professionals, as defined in section**
122 **376.1350, shall not be subject to disclosure;**

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

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

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

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

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

143 **8. The board of registration for the healing arts shall have sole**
144 **authority to establish education requirements for physicians who**
145 **practice in an emergency department of a facility designated as a**
146 **trauma, STEMI, or stroke center by the department under this**
147 **section. The department shall deem such education requirements**
148 **promulgated by the board of registration for the healing arts sufficient**

149 **to meet the standards for designations under this section.**

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

152 **[5.] 10.** No hospital shall hold itself out to the public as a STEMI center,
153 stroke center, adult trauma center, pediatric trauma center, or an adult and
154 pediatric trauma center unless it is designated as such by the department of
155 health and senior services.

156 **[6.] 11.** Any person aggrieved by an action of the department of health
157 and senior services affecting the trauma, STEMI, or stroke center designation
158 pursuant to this chapter, including the revocation, the suspension, or the
159 granting of, refusal to grant, or failure to renew a designation, may seek a
160 determination thereon by the administrative hearing commission under chapter
161 621. It shall not be a condition to such determination that the person aggrieved
162 seek a reconsideration, a rehearing, or exhaust any other procedure within the
163 department.

**190.265. 1. In order to ensure that the skids of a helicopter do
2 not get caught in a fence or other barriers and cause a potentially
3 catastrophic outcome, any rules and regulations promulgated by the
4 department of health and senior services pursuant to sections 190.185,
5 190.241, and 192.006, chapter 197, or any other provision of Missouri
6 law shall not require hospitals to have a fence, or other barriers,
7 around such hospital's helipad. Any regulation requiring fencing, or
8 other barriers, or any interpretation of such regulation shall be null
9 and void.**

10 **2. In addition to the prohibition in subsection 1 of this section,
11 the department shall not promulgate any rules and regulations with
12 respect to the operation or construction of a helipad located at a
13 hospital.**

14 **3. Hospitals shall ensure that helipads are free of obstruction
15 and safe for use by a helicopter while on the ground, during approach,
16 and takeoff.**

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

**197.315. 1. Any person who proposes to develop or offer a new
2 institutional health service within the state must obtain a certificate of need from
3 the committee prior to the time such services are offered.**

4 **2. Only those new institutional health services which are found by the**

5 committee to be needed shall be granted a certificate of need. Only those new
6 institutional health services which are granted certificates of need shall be
7 offered or developed within the state. No expenditures for new institutional
8 health services in excess of the applicable expenditure minimum shall be made
9 by any person unless a certificate of need has been granted.

10 3. After October 1, 1980, no state agency charged by statute to license or
11 certify health care facilities shall issue a license to or certify any such facility, or
12 distinct part of such facility, that is developed without obtaining a certificate of
13 need.

14 4. If any person proposes to develop any new institutional health care
15 service without a certificate of need as required by sections 197.300 to 197.366,
16 the committee shall notify the attorney general, and he shall apply for an
17 injunction or other appropriate legal action in any court of this state against that
18 person.

19 5. After October 1, 1980, no agency of state government may appropriate
20 or grant funds to or make payment of any funds to any person or health care
21 facility which has not first obtained every certificate of need required pursuant
22 to sections 197.300 to 197.366.

23 6. A certificate of need shall be issued only for the premises and persons
24 named in the application and is not transferable except by consent of the
25 committee.

26 7. Project cost increases, due to changes in the project application as
27 approved or due to project change orders, exceeding the initial estimate by more
28 than ten percent shall not be incurred without consent of the committee.

29 8. Periodic reports to the committee shall be required of any applicant
30 who has been granted a certificate of need until the project has been
31 completed. The committee may order the forfeiture of the certificate of need upon
32 failure of the applicant to file any such report.

33 9. A certificate of need shall be subject to forfeiture for failure to incur a
34 capital expenditure on any approved project within six months after the date of
35 the order. The applicant may request an extension from the committee of not
36 more than six additional months based upon substantial expenditure made.

37 10. Each application for a certificate of need must be accompanied by an
38 application fee. The time of filing commences with the receipt of the application
39 and the application fee. The application fee is one thousand dollars, or one-tenth
40 of one percent of the total cost of the proposed project, whichever is greater. All
41 application fees shall be deposited in the state treasury. Because of the loss of

42 federal funds, the general assembly will appropriate funds to the Missouri health
43 facilities review committee.

44 11. In determining whether a certificate of need should be granted, no
45 consideration shall be given to the facilities or equipment of any other health care
46 facility located more than a fifteen-mile radius from the applying facility.

47 12. When a nursing facility shifts from a skilled to an intermediate level
48 of nursing care, it may return to the higher level of care if it meets the licensure
49 requirements, without obtaining a certificate of need.

50 13. In no event shall a certificate of need be denied because the applicant
51 refuses to provide abortion services or information.

52 14. A certificate of need shall not be required for the transfer of ownership
53 of an existing and operational health facility in its entirety.

54 15. A certificate of need may be granted to a facility for an expansion, an
55 addition of services, a new institutional service, or for a new hospital facility
56 which provides for something less than that which was sought in the application.

57 16. The provisions of this section shall not apply to facilities operated by
58 the state, and appropriation of funds to such facilities by the general assembly
59 shall be deemed in compliance with this section, and such facilities shall be
60 deemed to have received an appropriate certificate of need without payment of
61 any fee or charge. **The provisions of this subsection shall not apply to**
62 **hospitals operated by the state and licensed under chapter 197, except**
63 **for department of mental health state-operated psychiatric hospitals.**

64 17. Notwithstanding other provisions of this section, a certificate of need
65 may be issued after July 1, 1983, for an intermediate care facility operated
66 exclusively for the intellectually disabled.

67 18. To assure the safe, appropriate, and cost-effective transfer of new
68 medical technology throughout the state, a certificate of need shall not be
69 required for the purchase and operation of:

70 (1) Research equipment that is to be used in a clinical trial that has
71 received written approval from a duly constituted institutional review board of
72 an accredited school of medicine or osteopathy located in Missouri to establish its
73 safety and efficacy and does not increase the bed complement of the institution
74 in which the equipment is to be located. After the clinical trial has been
75 completed, a certificate of need must be obtained for continued use in such
76 facility; or

77 (2) Equipment that is to be used by an academic health center
78 operated by the state in furtherance of its research or teaching

79 **missions.**

205.165. 1. The board of trustees of any hospital authorized
2 under subsection 1 of this section and organized under the provisions
3 of sections 205.160 to 205.340 may invest up to fifteen percent of their
4 funds not required for immediate disbursement in obligations or for the
5 operation of the hospital into any mutual fund, in the form of an
6 investment company, in which shareholders combine money to invest
7 in a variety of stocks, bonds, and money-market investments.

8 2. The provisions of this section shall only apply if the hospital:

9 (1) Is located within a county of the first classification with more
10 than one hundred fifty thousand but fewer than two hundred thousand
11 inhabitants; and

12 (2) Receives less than one percent of its annual revenues from
13 county or state taxes.

Section B. Because immediate action is necessary to preserve access to
2 quality health care facilities for the citizens of Missouri and because immediate
3 action may prevent a tragic occurrence from happening, the enactment of section
4 190.265 and the repeal and reenactment of section 197.315 of this act is deemed
5 necessary for the immediate preservation of the public health, welfare, peace, and
6 safety, and is hereby declared to be an emergency act within the meaning of the
7 constitution, and the enactment of section 190.265 and the repeal and
8 reenactment of section 197.315 of this act shall be in full force and effect upon its
9 passage and approval.

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