SCS HCS HB 351 -- HEALTH CARE PROVIDERS

This bill changes the laws regarding the licensure and inspection of hospitals and the furnishing of medical records. In its main provisions, the bill:

(1) Prohibits a city in which a hospital is located that is organized and operated under Chapter 96, RSMo, that has not received money from the city during the prior 20 years, and is licensed by the Department of Health and Senior Services for 200 or more beds from selling, leasing, or otherwise transferring all or substantially all of the property without a resolution adopted by at least two-thirds of the members of the board of trustees, a majority vote of the city council, and the approval of the voters of the city. If voters fail to approve the measure, the question may not be resubmitted to the voters sooner than 12 months from the date of the last question, after the adoption of another resolution by at least two-thirds of the board of trustees, and a subsequent vote by a majority of the city council to submit the question to the voters again. The criteria for the sale of the property, the payment of interest and principal on outstanding debt, and the use of assets donated to the hospital are specified in the bill;

(2) Increases the amount a health care provider may charge for the search and retrieval of medical records and the cost of supplies and labor for copying the records from $21.36 plus 50 cents per page to $22.82 plus 53 cents per page plus, if the provider has contracted for off-site records storage and management, any additional labor costs of outside retrieval up to $21.36. The current outside retrieval maximum cost is $20. The fee amounts can be adjusted annually based on the federal Consumer Price Index. The records must be provided electronically once payment for the search, retrieval, and copying is paid or $100 total, whichever is less, and if:

(a) The person requesting the records requests electronic delivery in a format of the provider's choice;

(b) The health care provider stores the records completely in an electronic health record; and

(c) The health care provider is able to provide the requested records and an affidavit, if requested, in an electronic format;

(3) Requires the Department of Health and Senior Services to review and revise its regulations governing hospital licensure and enforcement to promote efficiency and eliminate duplicate regulations and inspections by or on behalf of state agencies and the Centers for Medicare and Medicaid Services (CMS);

(4) Requires the regulations adopted by the department to include, but not be limited to, the following:

(a) Requiring each citation or finding of a regulatory deficiency to refer to the specific written regulation; any state-associated written interpretive guidance developed by the department; and any publicly available, professionally recognized standards of care that are the basis of the citation or finding;

(b) Ensuring, subject to appropriations, that its hospital licensure regulatory standards are consistent with and do not contradict the federal CMS Conditions of Participation (COP) and the CMS associated interpretive guidance. The department is not precluded from enforcing standards produced by the department which exceed the federal CMS' COP and associated interpretive guidance as long as the standards produced by the department promote a higher degree of patient safety and do not contradict the federal CMS' COP and associated interpretive guidance;

(c) Establishing and publishing guidelines for complaint investigations including, but not limited to, a process for reviewing and determining which complaints warrant an onsite investigation based on a preliminary review of available information from the complainant; other appropriate sources; and when not prohibited by CMS, the hospital;

(d) Requiring a complaint investigation performed by the department to be focused on the specific regulatory standard and departmental written interpretive guidance and publicly available professionally recognized standard of care related to the complaint. During any complaint investigation, the department must cite any serious and immediate threat discovered that may potentially jeopardize the health and safety of patients;

(e) Providing a hospital with a report of all complaints made against it with specified details;

(f) Ensuring that hospitals and their personnel have the opportunity to participate in annual continuing training sessions when the training is provided to state licensure surveyors with prior approval from the department director and CMS when appropriate; and

(g) Establishing specific time lines identical, to the extent practicable, to those for the federal hospital certification and enforcement system in the CMS State Operations Manual for state hospital officials for the department to respond to a hospital regarding the status and outcome of pending investigations and

regulatory action and questions about interpretations of regulations. The time lines must be the guide for the department to follow and every reasonable attempt must be made to meet the time lines. Failure to meet the time lines must not prevent the department from performing any necessary inspections to ensure the health and safety of patients;

(5) Requires the department to accept a hospital inspection report from The Joint Commission and the American Osteopathic Association Healthcare Facilities Accreditation Program, provided the accreditation inspection was conducted within one year of the date of license renewal. Prior to accepting any other accrediting organization report in lieu of the required licensure survey, the accrediting organization's survey process must be deemed appropriate and must be found to be comparable to the department's licensure survey. It is the responsibility of the accrediting organization to provide the department any and all information necessary to determine if the accrediting organization's survey process is comparable and fully meets the intent of the licensure regulations; and

(6) Requires the department to post on its website information regarding investigations of complaints against hospitals. Complaint data must not be posted unless the complaint has been substantiated by departmental employees to require a statement of deficiency. The posting must include the hospital's plan of correction accepted by departmental employees and the dates and specific findings of the department's investigation. The posting must list or include a link to each facility's annualized rate of substantiated complaints per patient day and display the complaint investigation data so as to provide for peer group comparisons of psychiatric hospitals or psychiatric units within hospitals; long-term acute care hospitals; and inpatient rehabilitation facilities or units. Time lines for posting the information must be consistent with the CMS State Operations Manual. These provisions must not be construed to require or permit the posting of information that would violate state or federal laws or regulations governing the confidentiality of patient data or medical records or other specified protected information.

The provisions of the bill regarding the sale, lease, or transfer of the property of specified hospitals contain an emergency clause.