

HCS HB 579 -- HEALTH CARE (Frederick)

COMMITTEE OF ORIGIN: Committee on Health Care Policy

This substitute changes the laws regarding Alzheimer's research projects, developmentally disabled, medical record fees, newborn screenings, hospital licensure regulations, hospital district sales taxes, MO HealthNet dental benefits, and Missouri Rx Plan and authorizes the establishment of a permanent sickle cell disease standing committee.

#### UNIVERSITY OF MISSOURI GRANTS FOR ALZHEIMER'S RESEARCH PROJECTS

Currently, the University of Missouri Board of Curators can award an individual grant for a research project on Alzheimer's disease and related disorders for up to \$30,000 per year. The substitute raises the maximum annual grant amount to \$50,000.

#### DEVELOPMENTALLY DISABLED

All references of "mentally retarded," "mental retardation," or "handicapped" in current state law are changed to "developmentally disabled," "developmental disability," or "disabled" respectively.

#### MEDICAL RECORDS FEES

Currently, a health care provider can charge a fee of not more than \$17.05 for copying medical records plus 40 cents per page for supplies and labor to a patient. The substitute increases the fee to \$21.36 plus 50 cents per page for supplies and labor adjusted annually for inflation. A health care provider will also be allowed to include in the fee charged to a patient for a copy of his or her medical records a retrieval or handling fee, not to exceed \$20, charged by an outsourced records storage service with which the provider has contracted for off-site records storage and management. If a health care provider stores records in an electronic or digital format and provides the requested records, if requested, in an electronic or digital format, the maximum copying amount cannot exceed \$5 plus 50 cents per page or \$25, whichever is less.

#### PERMANENT SICKLE CELL DISEASE STANDING COMMITTEE

The Missouri Genetic Advisory Committee is authorized to establish permanent standing committees including, but not limited to, a permanent sickle cell disease standing committee to assess the impact of sickle cell disease on urban communities, examine the existing services and resources to address the needs of people with the disease, and develop recommendations for

educational services to schools on the traits of the disease and its effects. The committee must meet in at least three urban regions of the state to receive public input and to examine trends in state sickle cell disease populations and their needs, existing services and resources, needed state policies or responses, and the replacement of the genetic testing and counseling program which has been eliminated due to lack of funding. A report of its findings and any recommendations must be submitted to the Governor and General Assembly by December 31, 2011. The committee must continue to meet at least once each year and submit an annual supplemental report until December 31, 2013.

#### NEWBORN SCREENINGS

Chloe's Law is established, subject to appropriations, which requires the Department of Health and Senior Services to expand by January 1, 2012, the newborn screening requirements to include pulse oximetry screenings prior to the newborn being discharged from a health care facility.

#### HOSPITAL LICENSURE REGULATIONS

The substitute:

(1) 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 and federal agencies;

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

(a) Ensuring that each citation or finding of a regulatory deficiency refer to the specific written and publicly available standard and associated written interpretive guidance that are the basis of the citation or finding;

(b) Being consistent with and not in contradiction to the federal Centers for Medicare and Medicaid Services' (CMS) Conditions of Participation for hospitals and associated interpretive guidance;

(c) Establishing and publishing a process and standards to determine if a complaint warrants an onsite investigation, except for an anonymous complaint;

(d) Limiting a complaint investigation performed by the department to the specific regulatory standard or standards

raised by the complaint, unless there is an immediate safety threat; and

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

(3) Requires the department to designate adequate and sufficient consultation and staffing resources to facilitate the required annual inspection of hospitals for licensure;

(4) Specifies that a hospital and its staff must have the opportunity to participate at least annually in training sessions provided to state licensure surveyors and in the training of surveyors assigned to the inspection of hospitals to the fullest extent possible;

(5) Establishes specific timelines identical to those in CMS's State Operations Manual for state hospital officials to respond to a hospital regarding the status and outcome of pending investigations and possible regulatory action;

(6) Requires the department to accept a hospital inspection report from CMS-approved organizations in lieu of the department's or other governmental organization's annual inspection report, limits the scope of a good cause departmental inspection to the specific regulatory standard raised by the complaint, and requires the department to accept a hospital inspection report from CMS-approved organizations for licensure purposes if the accreditation inspection was conducted within three years instead of within one year of the most recent license renewal for the hospital; and

(7) Allows the department when publishing hospital licensure regulations to incorporate by reference later additions and amendments to the guidelines, standards, or regulations as needed to consistently apply current standards of safety, quality, and practice.

#### HOSPITAL DISTRICT SALES TAX

The governing body of any hospital district in Iron County is authorized to impose, upon voter approval, a local sales tax of up to 1% in lieu of a property tax to fund the hospital district. The Department of Revenue will deposit the sales tax in the newly created Hospital District Sales Tax Fund less 1% of the amount collected which is to be deposited into the General Revenue Fund for the cost of collecting the sales tax.

#### MO HEALTHNET DENTAL BENEFITS

The MO HealthNet Division within the Department of Social Services, or a contractor of the division, is authorized to implement a statewide dental delivery system to ensure recipient participation of and access to providers of dental services under MO HealthNet.

#### MISSOURI RX PLAN

The substitute removes the provision terminating the Missouri Rx Program following notice to the Missouri Revisor of Statutes by the Missouri Rx Plan Advisory Commission that the Medicare Prescription Drug, Improvement and Modernization Act of 2003 has been fully implemented and extends the expiration date on the provisions regarding the Missouri Rx Plan from August 28, 2011, to August 28, 2016.

The provisions of the substitute regarding the permanent sickle cell disease standing committee will expire December 31, 2013.

The substitute contains an emergency clause for the provisions regarding the hospital district sales tax.

FISCAL NOTE: Estimated Net Cost on General Revenue Fund of Up to \$4,056,653 in FY 2012, Up to \$5,042,406 in FY 2013, and Up to \$5,223,052 in FY 2014. Estimated Net Cost on Other State Funds of \$19,602,166 in FY 2012, \$19,593,770 in FY 2013, and \$19,583,269 in FY 2014.