

HCS SCS SB 88 -- HEALTH CARE PROVIDERS

SPONSOR: Schaaf (Federick)

COMMITTEE ACTION: Voted "Do Pass" by the Committee on Health Care Policy by a vote of 8 to 0.

This substitute changes the laws regarding medical record search and retrieval reimbursement and hospital licensure and inspections. In its main provisions, the substitute:

(1) 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 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;

(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;

(2) 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;

(3) Requires 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 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 department hospital licensure regulatory standards are consistent with and do not contradict the federal Centers for Medicare and Medicaid Services' (CMS) Conditions of Participation (COP) for hospitals and

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 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 possible, the hospital;

(d) Limiting a complaint investigation performed by the department to the specific regulatory standard or standards raised by the complaint unless a documented immediate and serious threat is observed or identified during the investigation;

(e) Providing a hospital with a report of all complaints made against it with specified details and making the report available to the public upon request, as well as posting the report on the department's website;

(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; 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 to respond to a hospital regarding the status and outcome of pending investigations and regulatory actions and questions about interpretations of regulations; and

(4) Requires the department to accept hospital inspection reports 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's reports, the accrediting organization's survey process must be deemed appropriate and 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.

PROPOSERS: Supporters say that the bill corrects a flaw in

current law that encourages health care providers to provide requested medical records in paper form to ensure full reimbursement for search and retrieval costs. The bill updates reimbursement rates to match current rates set by the Office of the Secretary of State to address inflation.

Testifying for the bill were Senator Shaaf; HCA-Hospital Corporation Of America; Missouri State Medical Association; St. Luke Health System; Missouri Psychiatric Society; Missouri State Chiropractors Association; and Missouri Association of Osteopathic Physicians and Surgeons.

OPPONENTS: There was no opposition voiced to the committee.