AN ACT

To repeal sections 190.243, 197.305, and 197.318, RSMo, and to enact in lieu thereof fifteen new sections relating to facilities licensed by the department of health and senior services, with penalty provisions.

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

Section A. Sections 190.243, 197.305, and 197.318, RSMo, are repealed and fifteen new sections enacted in lieu thereof, to be known as sections 190.243, 197.108, 197.305, 197.318, 198.610, 198.612, 198.614, 198.616, 198.618, 198.620, 198.622, 198.624, 198.626, 198.628, and 198.630, to read as follows:

190.243. 1. Severely injured patients shall be transported to a trauma center. Patients who suffer a STEMI, as defined in section 190.100, shall be transported to a STEMI center. Patients who suffer a stroke, as defined in section 190.100, shall be transported to a stroke center. 2. A physician or registered nurse authorized by a physician who has established verbal communication with ambulance personnel shall instruct the ambulance personnel to transport a severely ill or injured patient to the closest hospital or designated trauma, STEMI, or stroke center, as determined according to estimated transport time whether by ground ambulance or air ambulance, in accordance with transport protocol approved by the medical director and the department of health and senior services, even when the hospital is located outside of the ambulance service's primary service area. When initial transport from the scene of illness or injury to a trauma, STEMI, or stroke center would be prolonged, the STEMI, stroke, or severely

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in bold-face type in the above bill is proposed language.
12 injured patient may be transported to the nearest appropriate facility for stabilization prior to
13 transport to a trauma, STEMI, or stroke center.
14
3. Transport of the STEMI, stroke, or severely injured patient shall be governed by
15 principles of timely and medically appropriate care; consideration of reimbursement mechanisms
16 shall not supersede those principles.
17
4. Patients who do not meet the criteria for direct transport to a trauma, STEMI, or stroke
18 center shall be transported to and cared for at the hospital of their choice so long as such
19 ambulance service is not in violation of local protocols; except in any county of the third
20 classification with a township form of government and with more than thirty-one thousand
21 but fewer than thirty-five thousand inhabitants, a patient who does not meet the criteria
22 for direct transport under this subsection shall be transported to and cared for at the
23 hospital or freestanding emergency department of their choice so long as such ambulance
24 service is not in violation of local protocols.

197.108. 1. The department shall not assign an individual to inspect or survey a
2 hospital, for any purpose, in which the inspector or surveyor was an employee of such
3 hospital or another hospital within its organization in the preceding two years.
4
2. For any inspection or survey of a hospital, regardless of the purpose, the
5 department shall require every newly hired inspector or surveyor at the time of hiring or,
6 with respect to any currently employed inspector or surveyor as of August 28, 2019, to
7 disclose:
8
(1) The name of every hospital in which he or she has been employed in the last ten
9 years and the approximate length of service and the job title at the hospital; and
10
(2) The name of any member of his or her immediate family who has been
11 employed in the last ten years or is currently employed at a hospital and the approximate
12 length of service and the job title at the hospital. The disclosures under this subsection
13 shall be disclosed to the department whenever the event giving rise to disclosure first
14 occurs.
15
3. For purposes of this section, the phrase "immediate family member" shall mean
16 husband, wife, natural or adoptive parent, child, sibling, stepparent, stepchild, stepbrother,
17 stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-
18 in-law, grandparent, or grandchild.
19
4. The information called for in this section shall be a public record under the
20 provisions of subdivision (6) of section 610.010.
21
5. Any person may notify the department if facts exist that would lead a reasonable
22 person to conclude that any inspector or surveyor has any personal or business affiliation
23 that would result in a conflict of interest in conducting an inspection or survey for a
Upon receiving that notice, the department, when assigning an inspector or surveyor to inspect or survey a hospital, for any purpose, shall take steps to verify the information and, if the department has probable cause to believe that is correct, shall not assign the inspector or surveyor to the hospital or any hospital within its organization so as to avoid an appearance of prejudice or favor to the hospital or bias on the part of the inspector or surveyor.

197.305. As used in sections 197.300 to 197.366, the following terms mean:

1. "Affected persons", the person proposing the development of a new institutional health service, the public to be served, and health care facilities within the service area in which the proposed new health care service is to be developed;

2. "Agency", the certificate of need program of the Missouri department of health and senior services;

3. "Capital expenditure", an expenditure by or on behalf of a health care facility which, under generally accepted accounting principles, is not properly chargeable as an expense of operation and maintenance;

4. "Certificate of need", a written certificate issued by the committee setting forth the committee's affirmative finding that a proposed project sufficiently satisfies the criteria prescribed for such projects by sections 197.300 to 197.366;

5. "Develop", to undertake those activities which on their completion will result in the offering of a new institutional health service or the incurring of a financial obligation in relation to the offering of such a service;

6. "Expenditure minimum" shall mean:
   a. For beds in existing or proposed health care facilities licensed pursuant to chapter 198 and long-term care beds in a hospital as described in subdivision (3) of subsection 1 of section 198.012, six hundred thousand dollars in the case of capital expenditures, or four hundred thousand dollars in the case of major medical equipment, provided, however, that prior to January 1, 2003, the expenditure minimum for beds in such a facility and long-term care beds in a hospital described in section 198.012 shall be zero, subject to the provisions of subsection 7 of section 197.318;
   b. For beds or equipment in a long-term care hospital meeting the requirements described in 42 CFR, Section 412.23(e), the expenditure minimum shall be zero; and
   c. For health care facilities, new institutional health services or beds not described in paragraph (a) or (b) of this subdivision, one million dollars in the case of capital expenditures, excluding major medical equipment, and one million dollars in the case of medical equipment;

7. "Health service area", a geographic region appropriate for the effective planning and development of health services, determined on the basis of factors including population and the
availability of resources, consisting of a population of not less than five hundred thousand or more than three million;

(8) "Major medical equipment", medical equipment used for the provision of medical and other health services;

(9) "New institutional health service":

(a) The development of a new health care facility costing in excess of the applicable expenditure minimum;

(b) The acquisition, including acquisition by lease, of any health care facility, or major medical equipment costing in excess of the expenditure minimum;

(c) Any capital expenditure by or on behalf of a health care facility in excess of the expenditure minimum;

(d) Predevelopment activities as defined in subdivision (12) hereof costing in excess of one hundred fifty thousand dollars;

(e) Any change in licensed bed capacity of a health care facility licensed under chapter 198 which increases the total number of beds by more than ten or more than ten percent of total bed capacity, whichever is less, over a two-year period, provided that any such health care facility seeking a nonapplicability review for an increase in total beds or total bed capacity in an amount less than described in this paragraph shall be eligible for such review only if the facility has had no patient care class I deficiencies within the last eighteen months and has maintained at least an eighty-five percent average occupancy rate for the previous six quarters;

(f) Health services, excluding home health services, which are offered in a health care facility and which were not offered on a regular basis in such health care facility within the twelve-month period prior to the time such services would be offered;

(g) A reallocation by an existing health care facility of licensed beds among major types of service or reallocation of licensed beds from one physical facility or site to another by more than ten beds or more than ten percent of total licensed bed capacity, whichever is less, over a two-year period;

(10) "Nonsubstantive projects", projects which do not involve the addition, replacement, modernization or conversion of beds or the provision of a new health service but which include a capital expenditure which exceeds the expenditure minimum and are due to an act of God or a normal consequence of maintaining health care services, facility or equipment;

(11) "Person", any individual, trust, estate, partnership, corporation, including associations and joint stock companies, state or political subdivision or instrumentality thereof, including a municipal corporation;
"Predevelopment activities", expenditures for architectural designs, plans, working drawings and specifications, and any arrangement or commitment made for financing; but excluding submission of an application for a certificate of need.

197.318. 1. As used in this section, the term "licensed and available" means beds which are actually in place and for which a license has been issued.

2. The committee shall review all letters of intent and applications for long-term care hospital beds meeting the requirements described in 42 CFR, Section 412.23(e) under its criteria and standards for long-term care beds.

3. Sections 197.300 to 197.366 shall not be construed to apply to litigation pending in state court on or before April 1, 1996, in which the Missouri health facilities review committee is a defendant in an action concerning the application of sections 197.300 to 197.366 to long-term care hospital beds meeting the requirements described in 42 CFR, Section 412.23(e).

4. Notwithstanding any other provision of this chapter to the contrary:

   (1) A facility licensed pursuant to chapter 198 may increase its licensed bed capacity by:

   (a) Submitting a letter of intent to expand to the department of health and senior services and the health facilities review committee;

   (b) Certification from the department of health and senior services that the facility:

   a. Has no patient care class I deficiencies within the last eighteen months; and

   b. Has maintained an eighty-five percent average occupancy rate for the previous six quarters;

   (c) Has made an effort to purchase beds for eighteen months following the date the letter of intent to expand is submitted pursuant to paragraph (a) of this subdivision. For purposes of this paragraph, an "effort to purchase" means a copy certified by the offeror as an offer to purchase beds from another licensed facility in the same licensure category; and

   (d) If an agreement is reached by the selling and purchasing entities, the health facilities review committee shall issue a certificate of need for the expansion of the purchaser facility upon surrender of the seller's license; or

   (e) If no agreement is reached by the selling and purchasing entities, the health facilities review committee shall permit an expansion for:

   a. A facility with more than forty beds may expand its licensed bed capacity within the same licensure category by twenty-five percent or thirty beds, whichever is greater, if that same licensure category in such facility has experienced an average occupancy of ninety-three percent or greater over the previous six quarters;

   b. A facility with fewer than forty beds may expand its licensed bed capacity within the same licensure category by twenty-five percent or ten beds, whichever is greater, if that same
licensure category in such facility has experienced an average occupancy of ninety-two percent or greater over the previous six quarters;

c. A facility adding beds pursuant to subparagraphs a. or b. of this paragraph shall not expand by more than fifty percent of its then licensed bed capacity in the qualifying licensure category;

(2) Any beds sold shall, for five years from the date of relicensure by the purchaser, remain unlicensed and unused for any long-term care service in the selling facility, whether they do or do not require a license;

(3) The beds purchased shall, for two years from the date of purchase, remain in the bed inventory attributed to the selling facility and be considered by the department of social services as licensed and available for purposes of this section;

(4) Any residential care facility licensed pursuant to chapter 198 may relocate any portion of such facility's current licensed beds to any other facility to be licensed within the same licensure category if both facilities are under the same licensure ownership or control, and are located within six miles of each other;

(5) A facility licensed pursuant to chapter 198 may transfer or sell individual long-term care licensed and available beds to facilities qualifying pursuant to paragraphs (a) and (b) of subdivision (1) of this subsection. Any facility which transfers or sells licensed and available beds shall not expand its licensed bed capacity in that licensure category for a period of five years from the date the licensure is relinquished and until the average occupancy of licensed and available beds in that licensure category within a fifteen-mile radius is eighty-five percent for the prior six quarters. Any facility which transfers or sells licensed and available beds shall have an average occupancy rate of less than seventy percent in the last six quarters.

5. Any existing licensed and operating health care facility offering long-term care services may replace one-half of its licensed beds at the same site or a site not more than thirty miles from its current location if, for at least the most recent four consecutive calendar quarters, the facility operates only fifty percent of its then licensed capacity with every resident residing in a private room. In such case:

(1) The facility shall report to the health and senior services vacant beds as unavailable for occupancy for at least the most recent four consecutive calendar quarters;

(2) The replacement beds shall be built to private room specifications and only used for single occupancy; and

(3) The existing facility and proposed facility shall have the same owner or owners, regardless of corporate or business structure, and such owner or owners shall stipulate in writing that the existing facility beds to be replaced will not later be used to provide long-term care
services. If the facility is being operated under a lease, both the lessee and the owner of the
existing facility shall stipulate the same in writing.

6. Nothing in this section shall prohibit a health care facility licensed pursuant to chapter
198 from being replaced in its entirety within fifteen miles of its existing site so long as the
existing facility and proposed or replacement facility have the same owner or owners regardless
of corporate or business structure and the health care facility being replaced remains unlicensed
and unused for any long-term care services whether they do or do not require a license from the
date of licensure of the replacement facility.

198.610. 1. The provisions of sections 198.610 to 198.630 shall be known and may
be cited as the "Authorized Electronic Monitoring in Long-Term Care Facilities Act".

2. For purposes of sections 198.610 to 198.630, the following terms shall mean:
   (1) "Authorized electronic monitoring", the placement and use of an electronic
       monitoring device by a resident in his or her room in accordance with the provisions of
       sections 198.610 to 198.630;
   (2) "Department", the department of health and senior services;
   (3) "Electronic monitoring device", a surveillance instrument with a fixed position
       video camera or an audio recording device, or a combination thereof, that is installed in
       a resident's room under the provisions of sections 198.610 to 198.630 and broadcasts or
       records activity or sounds occurring in the room;
   (4) "Facility", any residential care facility, assisted living facility, intermediate care
       facility, or skilled nursing facility;
   (5) "Resident", a person residing in a facility;
   (6) "Resident's representative", a resident's legal representative.

198.612. 1. A resident may be permitted to conduct authorized electronic
monitoring of the resident's room through the use of electronic monitoring devices placed
in the room under the provisions of sections 198.610 to 198.630 if the facility in which the
resident resides permits electronic monitoring devices in its policies and procedures and
if the electronic monitoring devices comply with the facility's requirements therein.

2. Nothing in sections 198.610 to 198.630 shall be construed to allow the use of an
electronic monitoring device to take still photographs or for the nonconsensual interception
of private communications.

3. Except as otherwise provided in this section, a resident, a resident's
representative, or the parent of a resident under eighteen years of age and the facility shall
consent in writing on a notification and consent form prescribed by the department in
order for authorized electronic monitoring to be conducted in the resident's room. If the
resident has not affirmatively objected to the authorized electronic monitoring and the
resident's physician determines that the resident lacks the ability to understand and
appreciate the nature and consequences of electronic monitoring, the following individuals
may consent on behalf of the resident in order of priority:

1. An attorney-in-fact under a durable power of attorney for health care;
2. The resident's representative;
3. The resident's spouse;
4. The resident's parent;
5. The resident's adult child who has the written consent of all other adult children
   of the resident to act as the sole decision maker regarding authorized electronic
   monitoring; or
6. The resident's adult brother or sister who has the written consent of all other
   adult siblings of the resident to act as the sole decision maker regarding authorized
   electronic monitoring.

4. Prior to another person, other than a resident's representative, consenting on
   behalf of a resident eighteen years of age or older in accordance with the provisions of
   sections 198.610 to 198.630, the resident shall be asked by that person, in the presence of
   a facility employee, if he or she wants authorized electronic monitoring to be conducted.
   The person shall explain to the resident:

   1. The type of electronic monitoring device to be used;
   2. The standard conditions that may be placed on the electronic monitoring
device's use including those listed in subdivision (7) of subsection 2 of section 198.614;
   3. With whom the recording may be shared according to section 198.622; and
   4. The resident's ability to decline all recording.

For the purposes of this subsection, a resident affirmatively objects if he or she orally,
visually, or through the use of auxiliary aids or services declines authorized electronic
monitoring. The resident's response shall be documented on the notification and consent
form.

5. A resident or roommate may consent to authorized electronic monitoring with
any conditions of the resident's choosing including, but not limited to, the list of standard
conditions provided in subdivision (7) of subsection 2 of section 198.614. A resident or
roommate may request that the electronic monitoring device be turned off or the visual
recording component of the electronic monitoring device be blocked at any time.

6. Prior to the authorized electronic monitoring, a resident shall obtain the written
consent of any other resident residing in the room on the notification and consent form
prescribed by the department. Except as otherwise provided in this subsection, a
roommate, a roommate's legal representative, or the parent of a roommate under eighteen years of age shall consent in writing to the authorized electronic monitoring in the resident's room. If the roommate has not affirmatively objected to the authorized electronic monitoring in accordance with subsection 4 of this section and the roommate's physician determines that the roommate lacks the ability to understand and appreciate the nature and consequences of electronic monitoring, the following individuals may consent on behalf of the roommate, in order of priority:

1. An attorney-in-fact under a durable power of attorney for health care;
2. The roommate's legal representative;
3. The roommate's spouse;
4. The roommate's parent;
5. The roommate's adult child who has the written consent of all other adult children of the roommate to act as the sole decision maker regarding authorized electronic monitoring; or
6. The roommate's adult brother or sister who has the written consent of all other adult siblings of the roommate to act as the sole decision maker regarding authorized electronic monitoring.

7. Consent by a roommate under subsection 6 of this section authorizes the resident's use of any recording obtained under sections 198.610 to 198.630 as provided under section 198.622.

8. Any resident previously conducting authorized electronic monitoring shall obtain consent from any new roommate before the resident may resume authorized electronic monitoring. If a new roommate does not consent to authorized electronic monitoring and the resident conducting the authorized electronic monitoring does not remove or disable the electronic monitoring device, the facility may turn off the device.

9. Consent may be withdrawn by the resident or roommate at any time, and the withdrawal of consent shall be documented in the resident's clinical record. If a roommate withdraws consent and the resident conducting the authorized electronic monitoring does not remove or disable the electronic monitoring device, the facility may turn off the electronic monitoring device.

198.614. 1. Authorized electronic monitoring may begin only after a notification and consent form prescribed by the department has been completed and submitted to the facility and the facility consents.

2. A resident shall notify the facility in writing of his or her intent to install an electronic monitoring device by providing a completed notification and consent form prescribed by the department that shall include at minimum the following information:
(1) The resident's signed consent to electronic monitoring or the signature of the
person consenting on behalf of the resident in accordance with section 198.612. If a person
other than the resident signs the consent form, the form shall document the following:
   (a) The date the resident was asked if he or she wants authorized electronic
       monitoring to be conducted in accordance with subsection 4 of section 198.612;
   (b) Who was present when the resident was asked; and
   (c) An acknowledgment that the resident did not affirmatively object;
(2) The resident's roommate's signed consent or the signature of the person
consenting on behalf of the roommate in accordance with section 198.612, if applicable, and
any conditions placed on the roommate's consent. If a person other than the roommate
signs the consent form, the form shall document the following:
   (a) The date the roommate was asked if he or she wants authorized electronic
       monitoring to be conducted in accordance with subsection 4 of section 198.612;
   (b) Who was present when the roommate was asked; and
   (c) An acknowledgment that the roommate did not affirmatively object;
(3) The type of electronic monitoring device to be used;
(4) Any installation needs such as mounting of a device to a wall or ceiling;
(5) The proposed date of installation for scheduling purposes;
(6) A copy of any contract for maintenance of the electronic monitoring device by
   a commercial entity;
(7) A list of standard conditions or restrictions that the facility, resident, or
roommate may elect to place on the use of the electronic monitoring device including, but
not limited to:
   (a) Prohibiting audio recording;
   (b) Prohibiting broadcasting of audio or video; or
   (c) Turning off the electronic monitoring device or blocking the visual recording
       component of the electronic monitoring device for the duration of an exam or procedure
       by a health care professional; while dressing or bathing is performed; or for the duration
       of a visit with a spiritual advisor, ombudsman, attorney, financial planner, intimate
       partner, or other visitor; and
(8) Any other condition or restriction elected by the facility, resident, or roommate
on the use of an electronic monitoring device.
3. A copy of the completed notification and consent form shall be placed in the
resident's and any roommate's clinical record and a copy shall be provided to the resident
and his or her roommate, if applicable.
4. The department shall prescribe the notification and consent form required in this section no later than sixty days after the effective date of sections 198.610 to 198.630. If the department has not prescribed such a form by that date, the attorney general shall post a notification and consent form on its website for resident use until the department has prescribed the form.

198.616. 1. A resident authorized to conduct authorized electronic monitoring shall do so at his or her own expense, including paying purchase, installation, maintenance, and removal costs.

2. If a resident authorized to conduct authorized electronic monitoring chooses to install an electronic monitoring device that uses internet technology for visual or audio monitoring, such resident is responsible for contracting with an internet service provider.

3. The electronic monitoring device shall be placed in a conspicuously visible location in the room.

4. No facility shall charge the resident a fee for the cost of electricity used by an electronic monitoring device.

5. All electronic monitoring device installations and supporting services shall comply with the requirements of the National Fire Protection Association (NFPA) 101 Life Safety Code (2015 edition).

198.618. 1. If a resident of a facility conducts authorized electronic monitoring, a sign shall be clearly and conspicuously posted at all building entrances accessible to visitors. The notice shall be entitled "Electronic Monitoring" and shall state in large, easy-to-read type: "The rooms of some residents may be monitored electronically by or on behalf of the residents."

2. A sign shall be clearly and conspicuously posted at the entrance to a resident's room where authorized electronic monitoring is being conducted. The notice shall state in large, easy-to-read type, "This room is electronically monitored."

3. The facility is responsible for installing and maintaining the signage required in this section.

198.620. 1. No person or entity shall knowingly hamper, obstruct, tamper with, or destroy an electronic monitoring device installed in a resident's room without the permission of the resident or the individual who consented on behalf of the resident and the facility, in accordance with section 198.612.

2. No person or entity shall knowingly hamper, obstruct, tamper with, or destroy a video or audio recording obtained in accordance with sections 198.610 to 198.630 without the permission of the resident or the individual who consented on behalf of the resident and the facility, in accordance with section 198.612.
3. A person or entity that violates this section is guilty of a class B misdemeanor. A person or entity that violates this section in the commission of or to conceal a misdemeanor offense is guilty of a class A misdemeanor. A person or entity that violates this section in the commission of or to conceal a felony offense is guilty of a class D felony.

4. It is not a violation of this section if a person or facility turns off the electronic monitoring device or blocks the visual recording component of the electronic monitoring device at the direction of the resident or the person who consented on behalf of the resident in accordance with section 198.612.

198.622. 1. No facility shall access any video or audio recording created through authorized electronic monitoring without the written consent of the resident or the person who consented on behalf of the resident and the facility, in accordance with section 198.612.

2. Except as required under the Freedom of Information Act, a recording or copy of a recording made under sections 198.610 to 198.630 shall only be disseminated for the purpose of addressing concerns relating to the health, safety, or welfare of a resident or residents.

3. The resident or person who consented on behalf of the resident in accordance with section 198.612 shall provide a copy of any video or audio recording to parties involved in a criminal or administrative proceeding, upon a party’s request, if the video or audio recording was made during the time period that the conduct at issue in the proceeding allegedly occurred.

198.624. Any individual who has reasonable cause to believe, as a result of any video or audio recording created through authorized electronic monitoring in accordance with the provisions of sections 198.610 to 198.630, that a resident has been the victim of a sexual assault shall report such suspected assault to a local law enforcement entity and provide such entity with a copy of the video or audio recording. Subject to applicable rules of evidence and procedure, any video or audio recording created through authorized electronic monitoring in accordance with the provisions of sections 198.610 to 198.630 may be admitted into evidence in a civil, criminal, or administrative proceeding if the contents of the recording have not been edited or artificially enhanced and the video recording includes the date and time the events occurred.

198.626. Each facility shall report to the department, in a manner prescribed by the department, the number of authorized electronic monitoring notification and consent forms received annually. The department shall report the total number of authorized electronic monitoring notification and consent forms received from facilities to the attorney general annually.
198.628. 1. No facility shall be civilly or criminally liable for the inadvertent or intentional disclosure of a recording by a resident or a person who consents on behalf of the resident for any purpose not authorized by sections 198.610 to 198.630. Nothing in sections 198.610 to 198.630 shall permit or authorize a resident to use any device that in any way violates any other state or federal law or regulation.

2. No facility shall be civilly or criminally liable for a violation of a resident's right to privacy arising out of any electronic monitoring conducted under sections 198.610 to 198.630.

3. The department shall promulgate rules to adopt the form described in subsection 2 of section 198.614. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2019, shall be invalid and void.

198.630. 1. No person shall:

(1) Intentionally retaliate or discriminate against any resident for consenting to authorized electronic monitoring under sections 198.610 to 198.630; or

(2) Prevent the installation or use of an electronic monitoring device by a resident who has received authorization from the facility with notice and consent as required under section 198.614 that otherwise meets the requirements of sections 198.610 to 198.630.

2. Sections 198.601 to 198.630 shall not be interpreted to allow any facility to prohibit the use of recording devices in a manner authorized under section 542.402.