

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 60—Missouri Health Facilities Review Committee
Chapter 50—Certificate of Need Program

Proposed Amendment

19 CSR 60-50.440 Criteria and Standards for Equipment and New Hospitals. The committee proposes to amend sections (1)(A-D), (2), (3), (4) and (4)(D).

PURPOSE: The committee proposes to amend this rule for verbiage updates and increase the population projected year used for new and additional equipment projects and new hospital projects.

(1) For new units or services in the service area, use the following methodologies:

(A) The population-based need formula [*should be*] is $(\text{Unmet need} = (R \times P) - U)$ where:
P = Year [2020] **2025** population in the service area(s). Use population in 19 CSR 60-50.430;
U = Number of service units in the service area(s); and

R = Community need rate of one (1) unit per population listed as follows:

1. Magnetic resonance imaging unit: 28,000
2. Positron emission tomography/computed tomography unit: 224,000
3. Lithotripsy unit: 486,000
4. Linear accelerator unit: 78,000
5. Cardiac catheterization lab: 42,000
6. Gamma knife: 1,947,000
7. Computed tomography: 15,000

(B) The minimum annual utilization for all other providers in the service area should achieve at least the following community need rates as follows:

1. Magnetic resonance imaging procedures: 2,000
2. Positron emission tomography/computed tomography procedures: 1,000
3. Lithotripsy treatments: 1,000
4. Linear accelerator treatments: 3,500
5. Cardiac catheterization procedures (include coronary angioplasties): 500
6. Gamma knife treatments: 200
7. Computed tomography: 3,500

(C) **For long-term** [*Long-term*] care hospitals (such as a hospital-within-a-hospital or long-term acute care hospital), **the applicant** should comply with the standards as described in 42 CFR, section 412.23(e), and **the bed need** [*requirements*] should meet the applicable population-based bed need **methodology** [*and utilization standards*] in 19 CSR 60-50.450;

(D) Alternate methodologies may **also** be provided.

(2) For additional units or services, the applicant's optimal annual utilization should achieve at least the following community need rates as follows:

- (A) Magnetic resonance imaging procedures: 3,000
- (B) Positron emission tomography/computed tomography procedures: 1,000
- (C) Lithotripsy treatments: 1,000
- (D) Linear accelerator treatments: 6,000
- (E) Cardiac catheterization procedures: 750
- (F) Gamma knife treatments: 200
- (G) Computed tomography: 4,000

(3) For replacement equipment, utilization standards are not used, but rather the following questions [*should*] **shall** be answered:

(4) For the construction of a new hospital, the following questions [*should*] **shall** be answered:

(D) What is the unmet need according to the following population-based bed need formula using (Unmet Need = $(R \times P) - U$), where:

P = Year [2020] **2025** population in the service area;

U = Number of **licensed and approved** beds in the service area; and

R = Community need rate of one (1) bed per population in the service area as follows:

1. Medical/surgical bed: 570
2. Pediatric bed: 8,330
3. Psychiatric bed: 2,080
4. Substance abuse/chemical dependency bed: 20,000
5. Inpatient rehabilitation bed: 9,090
6. Obstetric bed: 5,880

AUTHORITY: section 197.320, RSMo 2000. Emergency rule filed Aug. 29, 1997, effective Sept. 8, 1997, expired March 6, 1998. Original rule filed Aug. 29, 1997, effective March 30, 1998. Emergency rescission and rule filed Dec. 14, 2001, effective Jan. 1, 2002, expired June 29, 2002. Rescinded and readopted: Filed Dec. 14, 2001, effective June 30, 2002. Amended: Filed Oct. 1, 2010, effective May 30, 2011. Amended: Filed March 10, 2014, effective Oct. 30, 2014. Amended: Filed August 9, 2019*

**Original authority: 197.320, RSMo 1979, amended 1993, 1995, 1999.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Health Facilities Review Committee, 3418 Knipp Drive, Suite F, Jefferson City, MO 65109 or via e-mail at CONP@health.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*