PROPOSED AMENDMENT

19 CSR 60-50.440 Criteria and Standards for Equipment and New Hospitals. The committee is amending section (1) by deleting subsections 1(A) and 1(B) and adding new subsections (1)(A)-(1)(H); amending section (2); and amending subsection (4)(B).

PURPOSE: The committee is amending this rule to remove need methodologies for new major medical units, add three full years of utilization data for new/additional units, add robotic surgery utilization requirements, and add three full years of data for new hospital projects.

(1) For new units or services in the service area, [use the following methodologies:
   (A) The population-based need formula is (Unmet need = (R × P) – U) where:
   P = Year 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)] provide the minimum annual utilization for each of the other providers in the service area for the most recent three (3) full years, if applicable. The provider(s) should achieve at least the following community need rates as follows by the final year:
   [1.] (A) Magnetic resonance imaging procedures: 2,000
   [2.] (B) Positron emission tomography/computed tomography procedures: 1,000
   [3.] (C) Lithotripsy treatments: 1,000
   [4.] (D) Linear accelerator treatments: 3,500
   [5.] (E) Cardiac catheterization procedures (include coronary angioplasties): 500
   [6.] (F) Gamma knife treatments: 200
   [7.] (G) Computed tomography: 3,500
   (H) Robotic surgery system: 240

(2) For additional units or services, provide the applicant’s optimal annual utilization for the most recent three (3) full years, if applicable. The applicant should achieve at least the following community need rates as follows, by the final year:
   (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
   (H) Robotic surgery system: 240

(4) For the construction of a new hospital, the following questions shall be answered:
(B) Provide the most recent three (3) full years of evidence that the [current] average occupancy of the same type(s) of beds at each other hospital[s] in the proposed service area exceeds eighty percent (80%).


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.