

**Title 19 - DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED AMENDMENT

19 CSR 30-20.011 Definitions Relating to Hospitals. The department is adding a new section (21) and renumbering the remaining sections accordingly.

PURPOSE: This amendment updates the rule to provide a definition for the term “premises”.

(1) Automated Dispensing System—An automated system that is used to dispense medication to patients pursuant to a patient-specific prescription or patient-specific medication order using an electronic verification system. An automated dispensing system does not include an automated system used for compounding medication or an automated filling system governed by 20 CSR 2220-2.950.

(2) Chemical Restraint—A drug or medication when it is used as a restriction to manage the patient’s behavior or restrict the patient’s freedom of movement and is not a standard treatment or dosage for the patient’s condition.

(3) Chief Executive Officer—The individual appointed by the governing body to act in its behalf in the overall management of the hospital.

(4) Chief Operating Officer—The individual appointed by the chief executive officer on behalf of the governing body or the individual who is responsible for the management of one (1) hospital in a multi-hospital organization under the direction of the chief executive officer of the organization.

(5) Compounding—The preparation, incorporation, mixing and packaging, or labeling of a drug or device as the result of a prescriber’s prescription or prescription drug order based on the prescriber/patient/pharmacist relationship in the course of professional practice. Compounding may also be defined as the preparation, incorporation, mixing and packaging, or labeling of a drug or device, for the purpose of, or as an incident to, research, teaching or chemical analysis and not for sale or dispensing purposes.

(6) Defined Service Area—The geographic area served by a defined group of hospitals and emergency services.

(7) Department—Missouri Department of Health and Senior Services.

(8) Diversion—Temporary closure of a hospital emergency department to ambulance traffic.

(A) Defined service area—The geographic area served by a defined group of hospitals and emergency services. In areas where there is a community-based emergency medical services diversion plan, the service area(s) defined as the catchment area by the plan will be the defined service area(s). In areas where there is not a community-based emergency medical services diversion plan, the defined service area will be a twenty- (20-) mile radius from a hospital.

(9) Hospital—

(A) A facility that provides inpatient care for medical or surgical patients, or both, and may include pediatric, obstetrical and newborn, psychiatric, or rehabilitation patients; and

(B) A facility that is devoted primarily for the diagnosis, treatment, or care for not less than twenty-four (24) consecutive hours in any week of three (3) or more nonrelated individuals

suffering from illness, disease, injury, deformity, or other abnormal physical conditions, or devoted primarily to provide for not less than twenty-four (24) consecutive hours in any week medical or nursing care for three (3) or more nonrelated individuals and includes—

1. Building(s)—

A. Constructed to hospital standards as outlined in 19 CSR 30-20.030; and

B. Identified on the hospital's license application as part of the facility;

(C) The term "hospital" shall include a facility designated as a rural emergency hospital by the Centers for Medicare & Medicaid Services; and

(D) The term "hospital" does not include convalescent, nursing, shelter, or boarding homes as defined in Chapter 198, RSMo.

(10) Immediate and Serious Threat—A situation in which a hospital's non-compliance with one

(1) or more requirements established under the Hospital Licensing Law or section 197.005, RSMo has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident or patient. Unless the language or context clearly indicates otherwise, this definition is intended to have the same meaning, to the extent practicable, as the definition of immediate jeopardy in 42 CFR section 488.1 (2018). The Code of Federal Regulations is published by the U.S.

Government and is available by calling toll-free (866) 512-1800 or going to

<https://bookstore.gpo.gov/>. The address is U.S. Government Publishing Office, U.S.

Superintendent of Documents, Washington, DC 20402-0001. This rule does not incorporate later amendments or additions to 42 CFR section 488.1 (2018).

(11) Infectious Waste—Waste capable of producing an infectious disease. Infectious waste shall include the following categories:

(A) Blood and blood products—All human blood and blood products including serum, plasma, and other components known or suspected to be contaminated with a transmissible agent;

(B) Microbiologic cultures and stocks of infectious agents and associated biological agents;

(C) Isolation wastes—Discarded waste contaminated with excretions, exudates, and secretions from patients with highly communicable diseases treated in isolation;

(D) Pathology wastes include human tissues and body parts that are removed during surgery and autopsy;

(E) Contaminated sharps—All discarded sharps including needles, syringes scalpels broken glass or other sharp items that have come in contact with potentially infectious material; and

(F) Animal waste—Discarded material originating from animals inoculated with infectious agents during research, production of biological or pharmaceutical testing.

(12) Inpatient—A person admitted into a hospital by a member of the medical staff for diagnosis, treatment, or care.

(13) Intern Pharmacist—An individual seeking to earn pharmacy practice experience in Missouri.

(14) Licensed Practitioner—Any individual who is licensed in Missouri or in another state and is qualified to practice a health care profession.

(15) Long-term Care Unit—A unit attached to or contained within a hospital that is operated as a skilled nursing unit.

(16) Operator—A person with—

(A) Ultimate responsibility for making and implementing decisions regarding the operation of the hospital; and

(B) Ultimate financial control of the operation of the hospital, including any management consultant or contracted entity who exercises control over the operation of the facility on a day-to-day basis.

(17) Patient—A person who presents to the hospital seeking diagnosis, treatment, or care.

(18) Pharmacist—An individual who is currently licensed under Chapter 338, RSMo, to practice pharmacy in the state of Missouri.

(19) Pharmacy Technician—An individual who is currently registered under Chapter 338, RSMo, as a pharmacy technician in the state of Missouri.

(20) Physician—An individual who is currently licensed under Chapter 334, RSMo, to practice medicine in Missouri.

(21) Premises —The licensed premises of a hospital shall include all parts, services, functions, support functions, and activities which contribute directly or indirectly to patient care of any kind whatsoever in one (1) or more buildings owned or leased by a hospital that—

(A) Are on contiguous property or property which is adjacent but for a common street, single intersection, or highway;

(B) Meet the construction standards for hospitals as provided in 19 CSR 30-20.030; and

(C) Where three (3) or more patients are provided care for twenty-four (24) hours or more. If three (3) or more patients are provided care for less than twenty-four (24) hours care in a building owned or leased by a hospital that is on contiguous property or property which is adjacent but for a common street, single intersection, or highway, the building may be included as a part of the licensed premises if the building meets the construction standards for a hospital contained in 19 CSR 30-20.030.

([21]/ 22) Registered Professional Nurse—An individual who is licensed under Chapter 335, RSMo, to practice as a registered professional nurse in the state of Missouri.

([22]/23) Repackage—To remove any drug from the original manufacturer's container and place the drug in a dispensing container for other than immediate dispensing to a patient.

([23]/24) Resident—A person who by reason of aging, illness, disease, or physical or mental infirmity requires care and services furnished by a long-term care unit and who resides within the unit for care and treatment.

([24]/25) Respiratory Care Practitioner—An individual who is licensed under Chapter 334, RSMo, to practice respiratory care in the state of Missouri.

([25]/26) Root Cause Analysis—A process for identifying the basic or causal factor(s) that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event.

([26]/27) Unit—A functional division or facility of the hospital.

([27]/28) Unlicensed Assistive Personnel (UAP)—unlicensed health care personnel who provide direct patient care twenty-five percent (25%) or more of the time, under the delegation and supervision of a registered professional nurse. Individuals who provide a specific job function such as, but not limited to, phlebotomist, radiology technician, or patient transporter are not included in this definition.

AUTHORITY: sections 192.006, 197.154, and 338.165, RSMo 2016, and sections 197.080 and 197.293, RSMo Supp. 2023.* This rule was previously filed as 13 CSR 50-20.011. Original rule filed June 2, 1982, effective Nov. 11, 1982. Amended: Filed June 2, 1987, effective Sept. 11,

1987. Amended: Filed Aug. 16, 1988, effective Dec. 29, 1988. Amended: Filed Nov. 21, 1995, effective July 30, 1996. Amended: Filed Oct. 6, 1998, effective April 30, 1999. Amended: Filed June 28, 2001, effective Feb. 28, 2002. Amended: Filed Sept. 20, 2005, effective April 30, 2006. Amended: Filed March 20, 2019, effective Nov. 30, 2019. Amended: Filed Aug. 28, 2023, effective March 30, 2024.

*Original authority: 192.006, RSMo 1993, amended 1995; 197.080, RSMo 1953, amended 1993, 1995, 2017; 197.154, RSMo 2004; 197.293, RSMo 2000, amended 2004, 2017; and 338.165, RSMo 2014.

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 rule with Mindy Laughlin at Mindy.Laughlin@health.mo.gov or Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, Missouri 65101-0570. 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.*