

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 30 — Ambulatory Surgical Centers and Abortion Facilities

EMERGENCY AMENDMENT

19 CSR 30-30.040 Preparation of Plans and Specifications for Ambulatory Surgical Centers

The Department of Health and Senior Services is amending subsection (1)(A).

PURPOSE: This emergency amendment updates the rule by eliminating the requirement that the Department review and approve preliminary plans or sketches prior to the preparation of working drawings when ambulatory surgical center construction or renovation is contemplated.

*EMERGENCY STATEMENT: This emergency amendment eliminates the requirement that the Department review and approve preliminary plans and sketches prior to the preparation of working drawings when Ambulatory Surgical Center (ASC) construction or renovation is contemplated. The Fiscal Year 2027 budget reduces funding for the Department's Division of Regulation and Licensure (DHSS DRL). As a result, the Department is reducing activities that are not statutorily required, including the review and approval of plans for certain types of healthcare facilities. The Department's existing rules, which carry the force of law, mandate functions currently performed by the DHSS DRL's Engineering Consulting Unit, which are being eliminated, such as the approval of construction plans for ASCs. This creates an irresolvable legal conflict for both the Department and its stakeholders operating under these rules because the review and approval process will no longer be conducted. This conflict becomes operative July 1, 2026 — a date certain. The standard rulemaking process under §536.021, RSMo cannot be completed before that date, leaving every healthcare facility with an active or planned construction project without a coherent, lawful regulatory framework. This emergency amendment satisfies both bases for emergency rulemaking under §536.025, RSMo. First, leaving the existing rules intact after July 1, 2026 creates regulatory uncertainty for facilities, architects, engineers, and contractors operating under those rules — directly implicating public health and safety for facilities serving vulnerable patient populations. Second, there is a compelling governmental interest in maintaining a consistent regulatory framework that does not violate the Department's own binding rules. This amendment does not alter substantive ASC facility obligations; it conforms the Department's procedural role to its operational capacity. As a result, the department finds a compelling governmental interest, which requires this emergency action. A proposed rule, which covers the same material, is published in this issue of the Missouri Register. The scope of this emergency rule is limited to the circumstances creating the emergency and complies with the protections extended in the Missouri and United States Constitutions. The department believes this emergency rule is fair to all interested persons and parties under the circumstances. Emergency rule was filed **July 23, 2026**, becomes effective **August 6, 2026**, and expires **February 1, 2027**.*

(1) Preliminary Plans and Sketches.

(A) When construction is contemplated, either for new buildings additions to existing buildings or material alterations to existing buildings, the preliminary plans or sketches shall be submitted [*in duplicate*] to the Department of Health [*for review and approval before the preparation of working drawings is undertaken*]. The preliminary plans [*may be reviewed by the Department of Health in schematic form, but before they are declared acceptable for procedure with working drawings and*

specifications, they] should also include the following information, stated briefly and not in detailed form required in working drawings and specifications:

1. Site plan showing scale, orientation, street names, topography, walks, drives, fire lanes, parking areas and utilities including fire hydrant location;
2. Plans and elevations of the buildings at a scale of not less than one-eighth inch to one foot no inches (1/8":1' 0");
3. Rooms and corridors, designated by name and number;
4. Windows. Note, wired glass where it is required;
5. Doors, including door swings. Identify fire doors by time rating and Underwriters' Laboratories label;
6. Plumbing fixtures. Show fixtures in proper shape and scale for positive recognition. Identify special types such as service sinks and clinic sinks;
7. Plans of rooms shall indicate principal items of furniture accurately scaled;
8. All other principal items of equipment such as boilers, chiller, cooling tower, electrical substations, tanks, air handlers, fan-coil units, kitchen equipment, laundry equipment, cabinets, counters and any other items which take up space and affect the final layout;
9. Fire and smoke-barrier partition designations;
10. Floor lines, top ceiling line and grade lines, designated and preferably dimensioned, and with basic elevations shown;
11. Ceiling heights of principal rooms and also of each room for which the rules establish a minimum ceiling height. Only one (1) typical room of a group need be so shown;
12. Area of each room for which the rules establish a minimum area. Only one (1) typical room of a group need be so noted; and
13. Brief noted descriptions of the general construction and finish; the structural system; the heating, ventilating and air-conditioning systems, including the fuel supply; the plumbing system including the water supply and sewage disposal; and the electrical system.

*AUTHORITY: section 197.225, RSMo 1986. This rule was previously filed 13 CSR 50-30.040. Original rule filed Dec. 2, 1975, effective Feb. 1, 1976. Emergency rule filed **July 23, 2026**.*

PUBLIC COST: This emergency rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the time the emergency amendment is effective.

PRIVATE COST: This emergency rule will not cost private entities more than five hundred dollars (\$500) in the time the emergency amendment is effective.