

SECOND REGULAR SESSION  
HOUSE COMMITTEE SUBSTITUTE FOR  
**HOUSE BILL NO. 1080**  
**93RD GENERAL ASSEMBLY**

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Reported from the Committee on Special Committee on Healthcare Facilities March 9,, 2006 with recommendation that House Committee Substitute for House Bill No.1080 Do Pass. Referred to the Committee on Rules pursuant to Rule 25(26)(f).

STEPHEN S. DAVIS, Chief Clerk

3828L.03C

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**AN ACT**

To amend chapter 197, RSMo, by adding thereto one new section relating to ambulatory surgical centers.

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

Section A. Chapter 197, RSMo, is amended by adding thereto one new section, to be  
2 known as section 197.715, to read as follows:

**197.715. 1. As used in this section, the following terms shall mean:**

2 (1) "Ambulatory surgical center", the same meaning as such term is defined in  
3 section 197.200, RSMo;

4 (2) "Hospital governing body", the individual owner or owners, partnership,  
5 corporate entity, limited liability company, association or public agency, including any  
6 applicable legally designated governing body of such entities, having legal responsibility  
7 for the operation of the hospital under sections 197.010 to 197.120;

8 (3) "Medical staff", physicians, dentists, or podiatrists who are licensed to practice  
9 in Missouri and authorized to provide health care treatment services at the pertinent  
10 hospital by virtue of meeting the conditions established by hospital or medical staff bylaws  
11 or policies;

12 (4) "Same community":

13 (a) In a metropolitan area, hospitals in the same emergency medical services  
14 catchment area as the hospital closest to the ambulatory surgical center, with the

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.

15 emergency services catchment area defined in the department of health and senior services  
16 emergency services diversion plan for such area; or

17 (b) In a county not located in a metropolitan statistical area and containing a  
18 hospital, the boundaries of such county; except that, a hospital in an adjacent county may  
19 be considered to be in the same community if the distance by road is no greater than the  
20 distance between the ambulatory surgical center and a hospital in the same county as the  
21 ambulatory surgical center; or

22 (c) In a county not located in a metropolitan statistical area and not containing a  
23 hospital, a county adjacent to the county in which the ambulatory surgical center is  
24 located;

25 (5) "Specialty hospital", a hospital as defined in section 197.020, which also meets:

26 (a) The definition set forth in 42 U.S.C. Section 1395nn(h)(7)(a); or

27 (b) In the event that the federal statute described in paragraph (a) of this  
28 subdivision is repealed or expires, a comparable definition promulgated by rule of the  
29 department of health and senior services, or its successor agency.

30 2. No hospital governing body shall refuse or fail to grant or renew staff privileges,  
31 or condition staff privileges based on the fact that a physician, dentist, or podiatrist, or a  
32 partner, associate, spouse, or employee of such physician, dentist, or podiatrist is providing  
33 medical or health care services at or has an ownership or other financial interest in another  
34 hospital, excluding a specialty hospital located in Missouri, or a competing ambulatory  
35 surgical center; provided that, in the interest of patient safety, physicians, dentists, or  
36 podiatrists who perform procedures in such ambulatory surgical center that competes with  
37 a hospital shall:

38 (1) Maintain staff privileges at a hospital in the same community where the  
39 ambulatory surgical center is located;

40 (2) Be responsible for admitting their patients to the hospital;

41 (3) Serve on the hospital's on-call roster on the same basis as other credentialed  
42 practitioners in similar specialties who are required to provide on-call services at the  
43 hospital. Such requirement may be satisfied without the practitioner being personally  
44 available to be on call if such practitioner makes written arrangements for another  
45 credentialed practitioner of the same specialty to meet the on-call requirements of the  
46 hospital in his or her stead.

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48 Nothing in this subsection shall preclude the hospital from otherwise implementing its  
49 credentialing and privileging criteria and procedures.

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