

SECOND REGULAR SESSION

# HOUSE BILL NO. 2464

## 103RD GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVE AMATO.

4731H.01I

JOSEPH ENGLER, Chief Clerk

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### AN ACT

To amend chapter 197, RSMo, by adding thereto seven new sections relating to the care of terminally ill patients in hospitals, with a delayed effective date and penalty provisions.

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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 seven new sections, to 2 be known as sections 197.1060, 197.1063, 197.1066, 197.1069, 197.1072, 197.1075, and 3 197.1078, to read as follows:

**197.1060. Sections 197.1060 to 197.1078 shall be known and may be cited as the 2 "Missouri Terminally Ill Patient Dignity and Care Act".**

**197.1063. As used in sections 197.1060 to 197.1078, the following terms mean:**

2 (1) "Hospital", any institution licensed under this chapter that provides 3 inpatient care;

4 (2) "Neglect":

5 (a) Failure of a hospital or its staff to provide timely, appropriate, and adequate 6 care necessary to relieve pain or other distressing symptoms;

7 (b) Failure to respond within a medically appropriate period to a patient's or 8 family's call for assistance or relief of suffering; or

9 (c) Abandonment of a patient without reasonable oversight while the patient is 10 in pain or distress;

11 (3) "Terminally ill patient", a patient who has a condition that reasonably can be 12 expected to result in death within six months as certified in writing by a licensed 13 physician.

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.

197.1066. 1. Each hospital shall adopt and enforce care protocols specific to  
2 terminally ill patients that ensure that:

3 (1) Pain and symptom management are initiated and evaluated at intervals  
4 consistent with best practice standards for palliative care;

5 (2) A response to a patient's request for assistance, including via call light, nurse  
6 referral, or a family advocate, occurs within a reasonable time frame not to exceed  
7 thirty minutes unless clinically justified;

8 (3) No patient is left unattended without adequate supervision or monitoring  
9 while experiencing pain or distress; and

10 (4) Each patient or his or her designated representative is informed of the care  
11 protocols required under this subsection, is offered the opportunity to designate a family  
12 member or advocate to monitor and raise concerns about care, and has access to clear  
13 instructions on how to file a complaint of neglect.

14 2. Hospitals shall maintain documentation for each terminally ill patient of:

15 (1) The physician's certification of terminal illness;

16 (2) The interventions for pain and symptom relief provided and the time  
17 intervals at which the relief is provided;

18 (3) The time between a patient's or family's request for assistance, or call-light  
19 activation, and staff response; and

20 (4) Any complaints of neglect or delay in care and the investigation and  
21 resolution of any such complaints.

197.1069. 1. Each hospital shall designate a terminal care ombudsman  
2 responsible for:

3 (1) Receiving and reviewing all complaints from terminally ill patients or their  
4 families concerning neglect or delay in care;

5 (2) Tracking response times and compliance with the care protocols required in  
6 section 197.1066; and

7 (3) Reporting annually to the department of health and senior services on the  
8 hospital's compliance statistics for terminally ill patient care.

9 2. A hospital may designate an employee in an existing job position as the  
10 terminal care ombudsman.

11 3. The terminal care ombudsman shall have access to care records and response-  
12 time logs and shall have authority to recommend internal corrective actions.

197.1072. 1. The department of health and senior services shall promulgate  
2 rules to implement sections 197.1060 to 197.1078. Any rule or portion of a rule, as that  
3 term is defined in section 536.010, that is created under the authority delegated in this  
4 section shall become effective only if it complies with and is subject to all of the

5 provisions of chapter 536 and, if applicable, section 536.028. This section and chapter  
6 536 are nonseverable and if any of the powers vested with the general assembly  
7 pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul  
8 a rule are subsequently held unconstitutional, then the grant of rulemaking authority  
9 and any rule proposed or adopted after the effective date of this section shall be invalid  
10 and void.

11 2. The department of health and senior services may investigate verified  
12 complaints of neglect alleging violations of the requirements of sections 197.1060 to  
13 197.1078. Upon finding a substantial violation by a hospital, the department of health  
14 and senior services may impose administrative sanctions including, but not limited to:

15 (1) Corrective orders requiring compliance by the hospital within a defined time  
16 frame;

17 (2) Civil penalties of up to five thousand dollars for each violation; and  
18 (3) Suspension or revocation of the hospital's license.

19 3. The department of health and senior services shall make publicly available on  
20 its website the annual reports filed by each hospital under section 197.1069, along with  
21 the aggregate data on response times and complaints, in a manner that protects patient  
22 confidentiality.

197.1075. 1. A hospital shall not retaliate against an employee of the hospital  
2 who, in good faith, reports neglect or a delay of care affecting a terminally ill patient in  
3 violation of the requirements of sections 197.1060 to 197.1078.

4 2. A hospital that violates this section is liable to the employee for all of the  
5 following:

6 (1) Reinstatement to the employee's position without loss of seniority;  
7 (2) Two times the amount of lost back pay; and  
8 (3) Interest on the back pay at the rate of one percent over the prime rate.

197.1078. 1. A terminally ill patient or his or her designated representative shall  
2 have the right to:

3 (1) Be informed in a timely manner of the patient's rights under sections  
4 191.1060 to 191.1078;

5 (2) Make a complaint to the hospital's terminal care ombudsman and to the  
6 department of health and senior services without fear of reprisal; and

7 (3) Have a designated family member or advocate present or available to  
8 intervene on behalf of the patient's comfort and care.

9 2. A hospital shall post in each inpatient unit a notice of rights under sections  
10 191.1060 to 191.1078 that includes contact information for the terminal care

11 **ombudsman and a description of complaint procedures of the department of health and**  
12 **senior services.**

Section B. The enactment of sections 197.1060, 197.1063, 197.1066, 197.1069,  
2 197.1072, 197.1075, and 197.1078 of this act shall become effective on January 1, 2027.

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