

SECOND REGULAR SESSION

# HOUSE BILL NO. 2670

## 103RD GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVE PETERS.

6304H.01I

JOSEPH ENGLER, Chief Clerk

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### AN ACT

To repeal sections 192.131, 192.665, 192.667, 192.700, 192.703, 192.707, 192.710, 192.712, 192.714, 192.716, 192.718, 192.723, 192.725, 197.165, 197.293, 197.294, 643.263, and 643.265, RSMo, and to enact in lieu thereof nine new sections relating to public health.

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

Section A. Sections 192.131, 192.665, 192.667, 192.700, 192.703, 192.707, 192.710, 192.712, 192.714, 192.716, 192.718, 192.723, 192.725, 197.165, 197.293, 197.294, 643.263, and 643.265, RSMo, are repealed and nine new sections enacted in lieu thereof, to be known as sections 192.131, 192.665, 192.667, 192.700, 192.703, 192.714, 197.293, 197.294, and 643.263, to read as follows:

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

(1) ~~["Advisory panel", the infection control advisory panel created by section 197.165;~~

(2) "Antibiogram", a record of the resistance of microbes to various antibiotics;

(3) "Antimicrobial", the ability of an agent to destroy or prevent the development of pathogenic action of a microorganism;

(4) "Department", the department of health and senior services.

2. Every laboratory performing culture and sensitivity testing on humans in Missouri shall submit data on health care associated infections to the department in accordance with this section. The data to be reported shall be defined by regulation of the department ~~after considering the recommendations of the advisory panel~~. Such data may include antiibiograms and, not later than July 1, 2005, shall include but not be limited to 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.

13 number of patients or isolates by hospital, ambulatory surgical center, and other facility or  
14 practice setting with methicillin-resistant staphylococcus aureus (MRSA) or vancomycin-  
15 resistant enterococcus (VRE).

16 3. Information on infections collected pursuant to this section shall be subject to the  
17 confidentiality protections of this chapter but shall be available in provider-specific form to  
18 appropriate facility and professional licensure authorities.

19 4. The ~~advisory panel~~ department shall ~~develop a recommended plan to~~ use  
20 laboratory and health care provider data provided pursuant to this chapter to create a system  
21 to:

22 (1) Enhance the ability of health care providers and the department to track the  
23 incidence and distribution of preventable infections, with emphasis on those infections that  
24 are most susceptible to interventions and that pose the greatest risk of harm to Missouri  
25 residents; **and**

26 (2) Monitor trends in the development of antibiotic-resistant microbes, including but  
27 not limited to methicillin-resistant staphylococcus aureus (MRSA) and vancomycin-resistant  
28 enterococcus (VRE) infections.

29 5. In implementing this section, ~~the advisory panel and~~ the department shall  
30 conform to guidelines and standards adopted by the **federal** Centers for Disease Control and  
31 Prevention. ~~The advisory panel's plan may provide for demonstration projects to assess the  
32 viability of the recommended initiatives.~~

192.665. As used in this section, section 192.667, and sections 197.150 to ~~197.165~~  
2 **197.162**, the following terms mean:

3 (1) "Charge data", information submitted by health care providers on current charges  
4 for leading procedures and diagnoses;

5 (2) "Charges by payer", information submitted by hospitals on amount billed to  
6 Medicare, Medicaid, other government sources and all nongovernment sources combined as  
7 one data element;

8 (3) "Department", the department of health and senior services;

9 (4) "Financial data", information submitted by hospitals drawn from financial  
10 statements which includes the balance sheet, income statement, charity care and bad debt and  
11 charges by payer, prepared in accordance with generally accepted accounting principles;

12 (5) "Health care provider", hospitals as defined in section 197.020 and ambulatory  
13 surgical centers and abortion facilities as defined in section 197.200;

14 (6) "Nosocomial infection", as defined by the federal Centers for Disease Control and  
15 Prevention and applied to infections within hospitals, ambulatory surgical centers, abortion  
16 facilities, and other facilities;

17       (7) "Nosocomial infection incidence rate", a risk-adjusted measurement of new cases  
18 of nosocomial infections by procedure or device within a population over a given period of  
19 time, with such measurements defined by rule of the department pursuant to subsection 3 of  
20 section 192.667 for use by all hospitals, ambulatory surgical centers, abortion facilities, and  
21 other facilities in complying with the requirements of the Missouri nosocomial infection  
22 control act of 2004;

23       (8) "Other facility", a type of facility determined to be a source of infections and  
24 designated by rule of the department pursuant to subsection 11 of section 192.667;

25       (9) "Patient abstract data", data submitted by hospitals which includes but is not  
26 limited to date of birth, sex, race, zip code, county of residence, admission date, discharge  
27 date, principal and other diagnoses, including external causes, principal and other procedures,  
28 procedure dates, total billed charges, disposition of the patient and expected source of  
29 payment with sources categorized according to Medicare, Medicaid, other government,  
30 workers' compensation, all commercial payors coded with a common code, self-pay, no  
31 charge and other.

192.667. 1. All health care providers shall at least annually provide to the department  
2 charge data as required by the department. All hospitals shall at least annually provide patient  
3 abstract data and financial data as required by the department. Hospitals as defined in section  
4 197.020 shall report patient abstract data for outpatients and inpatients. Ambulatory surgical  
5 centers and abortion facilities as defined in section 197.200 shall provide patient abstract data  
6 to the department. The department shall specify by rule the types of information which shall  
7 be submitted and the method of submission.

8       2. The department shall collect data on the incidence of health care-associated  
9 infections from hospitals, ambulatory surgical centers, abortion facilities, and other facilities  
10 as necessary to generate the reports required by this section. Hospitals, ambulatory surgical  
11 centers, abortion facilities, and other facilities shall provide such data in compliance with this  
12 section. In order to streamline government and to eliminate duplicative reporting  
13 requirements, if the Centers for Medicare and Medicaid Services, or its successor entity,  
14 requires hospitals to submit health care-associated infection data, then hospitals and the  
15 department shall not be required to comply with the health care-associated infection data  
16 reporting requirements of subsections 2 to [17] 16 of this section applicable to hospitals,  
17 except that the department shall post a link on its website to publicly reported data by  
18 hospitals on the Centers for Medicare and Medicaid Services' Hospital Compare website, or  
19 its successor.

20       3. The department shall promulgate rules specifying the standards and procedures for  
21 the collection, analysis, risk adjustment, and reporting of the incidence of health care-

22 associated infections and the types of infections and procedures to be monitored pursuant to  
23 subsection [13] 12 of this section. In promulgating such rules, the department shall:

24 (1) use methodologies and systems for data collection established by the federal  
25 Centers for Disease Control and Prevention's National Healthcare Safety Network, or its  
26 successor; and

27 (2) ~~Consider the findings and recommendations of the infection control advisory~~  
28 ~~panel established pursuant to section 197.165.~~

29 4. ~~[By January 1, 2017, the infection control advisory panel created by section~~  
30 ~~197.165 shall make recommendations to]~~ The department ~~[regarding]~~ will continue to assess  
31 the Centers for Medicare and Medicaid Services' health care-associated infection data  
32 collection, analysis, and public reporting requirements for hospitals, ambulatory surgical  
33 centers, and other facilities in the federal Centers for Disease Control and Prevention's  
34 National Healthcare Safety Network, or its successor, in lieu of all or part of the data  
35 collection, analysis, and public reporting requirements of this section. The ~~[advisory panel~~  
36 ~~recommendations]~~ department shall address which hospitals shall be required as a condition  
37 of licensure to use the National Healthcare Safety Network for data collection; the use of the  
38 National Healthcare Safety Network for risk adjustment and analysis of hospital submitted  
39 data; and the use of the Centers for Medicare and Medicaid Services' Hospital Compare  
40 website, or its successor, for public reporting of the incidence of health care-associated  
41 infection metrics. ~~[The advisory panel shall consider the following factors in developing its~~  
42 ~~recommendation:~~

43 (1) ~~Whether the public is afforded the same or greater access to facility specific~~  
44 ~~infection control indicators and metrics;~~

45 (2) ~~Whether the data provided to the public is subject to the same or greater accuracy~~  
46 ~~of risk adjustment;~~

47 (3) ~~Whether the public is provided with the same or greater specificity of reporting of~~  
48 ~~infections by type of facility infections and procedures;~~

49 (4) ~~Whether the data is subject to the same or greater level of confidentiality of the~~  
50 ~~identity of an individual patient;~~

51 (5) ~~Whether the National Healthcare Safety Network, or its successor, has the~~  
52 ~~capacity to receive, analyze, and report the required data for all facilities;~~

53 (6) ~~Whether the cost to implement the National Healthcare Safety Network infection~~  
54 ~~data collection and reporting system is the same or less.]~~

55 5. ~~[After considering the recommendations of the infection control advisory panel,~~  
56 ~~and provided that the requirements of subsection 13 of this section can be met,]~~ The  
57 department shall implement guidelines from the federal Centers for Disease Control and  
58 Prevention's National Healthcare Safety Network, or its successor. It shall be a condition of

59 licensure for hospitals that meet the minimum public reporting requirements of the National  
60 Healthcare Safety Network and the Centers for Medicare and Medicaid Services to participate  
61 in the National Healthcare Safety Network, or its successor. Such hospitals shall permit the  
62 National Healthcare Safety Network, or its successor, to disclose facility-specific infection  
63 data to the department as required under this section, and as necessary to provide the public  
64 reports required by the department. It shall be a condition of licensure for any ambulatory  
65 surgical center or abortion facility which does not voluntarily participate in the National  
66 Healthcare Safety Network, or its successor, to submit facility-specific data to the department  
67 as required under this section, and as necessary to provide the public reports required by the  
68 department.

69       6. The department shall not require the resubmission of data which has been  
70 submitted to the department of health and senior services or the department of social services  
71 under any other provision of law. The department of health and senior services shall accept  
72 data submitted by associations or related organizations on behalf of health care providers by  
73 entering into binding agreements negotiated with such associations or related organizations to  
74 obtain data required pursuant to section 192.665 and this section. A health care provider shall  
75 submit the required information to the department of health and senior services:

76       (1) If the provider does not submit the required data through such associations or  
77 related organizations;

78       (2) If no binding agreement has been reached within ninety days of August 28, 1992,  
79 between the department of health and senior services and such associations or related  
80 organizations; or

81       (3) If a binding agreement has expired for more than ninety days.

82       7. Information obtained by the department under the provisions of section 192.665  
83 and this section shall not be public information. Reports and studies prepared by the  
84 department based upon such information shall be public information and may identify  
85 individual health care providers. The department of health and senior services may authorize  
86 the use of the data by other research organizations pursuant to the provisions of section  
87 192.067. The department shall not use or release any information provided under section  
88 192.665 and this section which would enable any person to determine any health care  
89 provider's negotiated discounts with specific preferred provider organizations or other  
90 managed care organizations. The department shall not release data in a form which could be  
91 used to identify a patient. Any violation of this subsection is a class A misdemeanor.

92       8. The department shall undertake a reasonable number of studies and publish  
93 information, including at least an annual consumer guide, in collaboration with health care  
94 providers, business coalitions and consumers based upon the information obtained pursuant to  
95 the provisions of section 192.665 and this section. The department shall allow all health care

96 providers and associations and related organizations who have submitted data which will be  
97 used in any publication to review and comment on the publication prior to its publication or  
98 release for general use. The publication shall be made available to the public for a reasonable  
99 charge.

100 9. Any health care provider which continually and substantially, as these terms are  
101 defined by rule, fails to comply with the provisions of this section shall not be allowed to  
102 participate in any program administered by the state or to receive any moneys from the state.

103 10. A hospital, as defined in section 197.020, aggrieved by the department's  
104 determination of ineligibility for state moneys pursuant to subsection 9 of this section may  
105 appeal as provided in section 197.071. An ambulatory surgical center or abortion facility as  
106 defined in section 197.200 aggrieved by the department's determination of ineligibility for  
107 state moneys pursuant to subsection 9 of this section may appeal as provided in section  
108 197.221.

109 11. The department of health may promulgate rules providing for collection of data  
110 and publication of the incidence of health care-associated infections for other types of health  
111 facilities determined to be sources of infections; except that, physicians' offices shall be  
112 exempt from reporting and disclosure of such infections.

113 12. ~~[By January 1, 2017, the advisory panel shall recommend and]~~ The department  
114 shall adopt in regulation ~~[with an effective date of no later than January 1, 2018,]~~ the  
115 requirements for the reporting of the following types of infections as specified in this  
116 subsection:

117 (1) Infections associated with a minimum of four surgical procedures for hospitals  
118 and a minimum of two surgical procedures for ambulatory surgical centers that meet the  
119 following criteria:

120 (a) Are usually associated with an elective surgical procedure. An "elective surgical  
121 procedure" is a planned, nonemergency surgical procedure that may be either medically  
122 required such as a hip replacement or optional such as breast augmentation;

123 (b) Demonstrate a high priority aspect such as affecting a large number of patients,  
124 having a substantial impact for a smaller population, or being associated with substantial cost,  
125 morbidity, or mortality; or

126 (c) Are infections for which reports are collected by the National Healthcare Safety  
127 Network or its successor;

128 (2) Central line-related bloodstream infections;

129 (3) Health care-associated infections specified for reporting by hospitals, ambulatory  
130 surgical centers, and other health care facilities by the rules of the Centers for Medicare and  
131 Medicaid Services to the federal Centers for Disease Control and Prevention's National  
132 Healthcare Safety Network, or its successor; and

133 (4) Other categories of infections that may be established by rule by the department.

134

135 The department~~[, in consultation with the advisory panel]~~ shall be authorized to collect and  
136 report data on subsets of each type of infection described in this subsection.

137 13. ~~[In consultation with the infection control advisory panel established pursuant to~~  
138 ~~section 197.165,~~] The department shall develop and disseminate to the public reports based  
139 on data compiled for a period of twelve months. Such reports shall be updated ~~[quarterly]~~ at  
140 **least annually** and shall show for each hospital, ambulatory surgical center, abortion facility,  
141 and other facility metrics on risk-adjusted health care-associated infections under this section.

142 14. The types of infections under subsection 12 of this section to be publicly reported  
143 shall be determined by the department by rule and shall be consistent with the infections  
144 tracked by the National Healthcare Safety Network, or its successor.

145 15. Reports published pursuant to subsection 13 of this section shall be published and  
146 readily accessible on the department's internet website. The reports shall be distributed at  
147 least annually to the governor and members of the general assembly. The department shall  
148 make such reports available to the public for a period of at least two years.

149 16. ~~[The Hospital Industry Data Institute shall publish a report of Missouri hospitals',~~  
150 ~~ambulatory surgical centers', and abortion facilities' compliance with standardized quality of~~  
151 ~~care measures established by the federal Centers for Medicare and Medicaid Services for~~  
152 ~~prevention of infections related to surgical procedures. If the Hospital Industry Data Institute~~  
153 ~~fails to do so by July 31, 2008, and annually thereafter, the department shall be authorized to~~  
154 ~~collect information from the Centers for Medicare and Medicaid Services or from hospitals,~~  
155 ~~ambulatory surgical centers, and abortion facilities and publish such information in~~  
156 ~~accordance with this section.~~

157 17.] The data collected or published pursuant to this section shall be available to the  
158 department for purposes of licensing hospitals, ambulatory surgical centers, and abortion  
159 facilities pursuant to chapter 197.

160 ~~[18.]~~ 17. The department shall promulgate rules to implement the provisions of  
161 section 192.131 and sections 197.150 to 197.160. Any rule or portion of a rule, as that term is  
162 defined in section 536.010, that is created under the authority delegated in this section shall  
163 become effective only if it complies with and is subject to all of the provisions of chapter 536  
164 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any  
165 of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the  
166 effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then  
167 the grant of rulemaking authority and any rule proposed or adopted after August 28, 2004,  
168 shall be invalid and void.

169 ~~[19. No later than August 28, 2017.]~~ **18.** Each hospital, excluding mental health  
170 facilities as defined in section 632.005, and each ambulatory surgical center and abortion  
171 facility as defined in section 197.200, shall in consultation with its medical staff establish an  
172 antimicrobial stewardship program for evaluating the judicious use of antimicrobials,  
173 especially antibiotics that are the last line of defense against resistant infections. The  
174 hospital's stewardship program and the results of the program shall be monitored and  
175 evaluated by hospital quality improvement departments and shall be available upon  
176 inspection to the department. At a minimum, the antimicrobial stewardship program shall be  
177 designed to evaluate that hospitalized patients receive, in accordance with accepted medical  
178 standards of practice, the appropriate antimicrobial, at the appropriate dose, at the appropriate  
179 time, and for the appropriate duration.

180 **[20.] 19.** Hospitals described in subsection ~~[19]~~ **18** of this section shall meet the  
181 National Healthcare Safety Network requirements for reporting antimicrobial usage or  
182 resistance by using the Centers for Disease Control and Prevention's Antimicrobial Use and  
183 Resistance (AUR) Module when conditions of participation promulgated by the Centers for  
184 Medicare and Medicaid Services requiring the electronic reporting of antibiotic use or  
185 antibiotic resistance by hospitals become effective. When such antimicrobial usage or  
186 resistance reporting takes effect, hospitals shall authorize the National Healthcare Safety  
187 Network, or its successor, to disclose to the department facility-specific information reported  
188 to the AUR Module. Facility-specific data on antibiotic usage and resistance collected under  
189 this subsection shall not be disclosed to the public, but the department may release case-  
190 specific information to other facilities, physicians, and the public if the department  
191 determines on a case-by-case basis that the release of such information is necessary to protect  
192 persons in a public health emergency. Nothing in this section shall prohibit a hospital from  
193 voluntarily reporting antibiotic use or antibiotic resistance data through the National  
194 Healthcare Safety Network, or its successor, prior to the effective date of the conditions of  
195 participation requiring the reporting.

196 **[21.] 20.** The department shall make a report to the general assembly beginning  
197 January 1, 2018, and on every January first thereafter on the incidence, type, and distribution  
198 of antimicrobial-resistant infections identified in the state and within regions of the state.

192.700. There is hereby established a state arthritis program. ~~[The board and the  
2 committee established by sections 192.700 to 192.727 are to administer state, federal and  
3 private grants and programs dealing with arthritis and related diseases as a part of this arthritis  
4 program.]~~ Regional arthritis ~~[eenters]~~ **programs** established pursuant to sections 192.700 to  
5 192.727 constitute part of the state arthritis program.

192.703. As used in sections 192.700 to 192.727, the ~~[following terms mean:~~  
2 ~~(1) "Board", the Missouri arthritis advisory board;~~

3       (2) "Committee", the arthritis program review committee;  
4       (3)] **term** "director"[-] **means** the director of the department of health and senior  
5 services.

192.714. 1. Beginning October 1, [1984] 2026, there shall be established within this  
2 state, and within the department of health and senior services, [a network of] regional arthritis  
3 [centers] programs, subject to appropriations, designed to [demonstrate and stimulate the  
4 prompt and effective application of available knowledge for the treatment of patients with  
5 arthritis and related musculoskeletal diseases, and to develop new knowledge essential for the  
6 control of these disorders] improve knowledge and access to arthritis management among  
7 adults with arthritis.

8       2. The arthritis [centers] programs established pursuant to sections 192.700 to  
9 192.727 shall [operate programs in the area of education of] educate patients, their families,  
10 and the public.

11       [3. At least one regional arthritis center shall be established in each of the following  
12 seven regions, the boundaries of which shall be determined by the board:

13       (1) Greater St. Louis area;  
14       (2) Southeast;  
15       (3) Northeast;  
16       (4) Central;  
17       (5) Southwest;  
18       (6) Northwest; and  
19       (7) Greater Kansas City area.]

197.293. 1. In addition to the powers established in sections 197.070 and 197.220,  
2 the department of health and senior services shall use the following standards for enforcing  
3 hospital, ambulatory surgical center, and abortion facility licensure regulations promulgated  
4 to enforce the provisions of sections 197.010 to 197.120, sections 197.150 to [197.165]  
5 **197.162**, and sections 197.200 to 197.240:

6       (1) Upon notification of a deficiency in meeting regulatory standards, the hospital,  
7 ambulatory surgical center, or abortion facility shall develop and implement a plan of  
8 correction approved by the department which includes, but is not limited to, the specific type  
9 of corrective action to be taken and an estimated time to complete such action;

10       (2) If the plan as implemented does not correct the deficiency, the department may  
11 either:

12       (a) Direct the hospital, ambulatory surgical center, or abortion facility to develop and  
13 implement a plan of correction pursuant to subdivision (1) of this subsection; or

14       (b) Require the hospital, ambulatory surgical center, or abortion facility to implement  
15 a plan of correction developed by the department;

21       (4) If there is a continuing deficiency after the department restricts new inpatient  
22 admissions or outpatient entrants to the service or services pursuant to subdivision (3) of this  
23 subsection and the hospital, ambulatory surgical center, or abortion facility has had an  
24 opportunity to correct such deficiency, the department may suspend operations in all or part of  
25 the service or services affected by such deficiency;

26 (5) If there is a continuing deficiency after suspension of operations pursuant to  
27 subdivision (4) of this subsection, the department may deny, suspend or revoke the hospital's,  
28 ambulatory surgical center's, or abortion facility's license pursuant to section 197.070 or  
29 section 197.220.

30           2. Notwithstanding the provisions of subsection 1 of this section to the contrary, if a  
31 deficiency in meeting licensure standards presents an immediate and serious threat to the  
32 patients' health and safety, the department may, based on the scope and severity of the  
33 deficiency, restrict access to the service or services affected by the deficiency until the  
34 hospital, ambulatory surgical center, or abortion facility has developed and implemented an  
35 approved plan of correction. Decisions as to whether a deficiency constitutes an immediate  
36 and serious threat to the patients' health and safety shall be made in accordance with  
37 guidelines established pursuant to regulation of the department of health and senior services  
38 and such decisions shall be approved by the bureau of health facility licensing in the  
39 department of health and senior services, or its successor agency, or by a person authorized by  
40 the regulations to approve such decisions in the absence of the director.

197.294. No information disclosed by the department to the public pursuant to  
2 sections 192.019, 192.020, 192.067, 192.131, 192.138, 192.665, and 192.667, and sections  
3 197.150, 197.152, 197.154, 197.156, 197.158, 197.160, 197.162, [197.165,] and 197.293  
4 shall be used to establish a standard of care in a private civil action.

643.263. 1. Each public school district and private or parochial school in Missouri  
2 shall ~~report to the department of health and senior services~~ **maintain any reports relating**  
3 **to** the results of the examination of its structures for friable asbestos as required by the  
4 Environmental Protection Agency under the Toxic Substances Control Act, PL 94-469. ~~[All~~  
5 ~~such reports shall be filed with the department of health and senior services before March 1,~~  
6 ~~1987.]~~ Other political subdivisions shall ~~assess~~ **maintain assessments relating to** asbestos  
7 in buildings owned, leased or operated by the political subdivisions and ~~[report]~~ **reports**  
8 **relating to** the results of the examination of its structures for friable asbestos ~~[to the~~

9 ~~department of health and senior services by December 31, 1994].~~ The results of the  
10 assessment shall be public information and shall be readily available to the public and  
11 employees of each political subdivision and each school district and private and parochial  
12 school.

13       2. If the assessment indicates the presence of asbestos-containing materials, the report  
14 shall identify the location of all materials containing asbestos, the location and square footage  
15 of friable asbestos, the average number of persons exposed, the percent of asbestos found in  
16 the material, the test used to assess the material and plans for management of any friable  
17 asbestos. The report shall also describe any plans for interim measures, such as treating or  
18 covering friable asbestos, to be taken pending management of the material. Any political  
19 subdivision, any school district and any private or parochial school which adopts interim  
20 measures or which has not completed its management plan shall reevaluate the material  
21 biennially and report its findings to ~~[the department of health and senior services and make its~~  
22 ~~findings available to]~~ its employees and the public. Any political subdivision, any school  
23 district and any private or parochial school which identifies nonfriable asbestos shall, no less  
24 often than every three years, reevaluate the material and report its findings to ~~[the department~~  
25 ~~of health and senior services and make its findings available to]~~ its employees and the public.  
26 ~~[The department of health and senior services shall provide technical assistance including~~  
27 ~~training, consultation and inspection upon request to political subdivisions in identifying~~  
28 ~~buildings owned, leased or operated by political subdivisions which have asbestos containing~~  
29 ~~materials.~~

30       3. ~~The department of health and senior services shall annually provide the department~~  
31 ~~of elementary and secondary education with a list of all public school districts whose~~  
32 ~~buildings contain friable asbestos.~~

33       4. ~~The department of health and senior services shall, in cooperation with the office of~~  
34 ~~administration, assess asbestos in buildings owned, operated or leased by the state of Missouri~~  
35 ~~and report its findings to the office of administration.]~~

192.707. 1. The "Missouri Arthritis Advisory Board" is established  
2 within the department of health and senior services, as a continuation of the  
3 arthritis advisory board in existence on August 13, 1984. The board shall  
4 consist of twenty five members. The members of the board that are serving on  
5 August 13, 1984, shall continue until the expiration of this term. The board  
6 shall submit a list of names to the director as recommendations to fill expired  
7 terms on the board. The director shall fill each expired membership on the  
8 board, each of the appointees to serve for a term of four years and until his  
9 successor is appointed and confirmed. Vacancies on the board arising from  
10 reasons other than expiration of the member's term shall be filled by the  
11 director for the time remaining in the unexpired term.

12           2. The board shall meet semiannually and at other such times as called  
13           by the chairman of the board. The chairman shall be elected from the board  
14           membership at the first board meeting, and shall serve as chairman until a new  
15           chairman is elected, or until his term on the board expires, whichever occurs  
16           first.

17           3. The board shall serve in an advisory capacity to the committee, and  
18           report annually to the department and to the state board of health and senior  
19           services regarding the implementing of the statewide arthritis plan, making  
20           recommendations for necessary changes in content and direction.

21           4. The board shall be responsible for development and  
22           recommendations of guidelines for programs supported under the state  
23           arthritis program, and make recommendations on program relevance of grant  
24           applications funded under the state arthritis program. The board will make  
25           final recommendations to the director regarding programs and grants of the  
26           state arthritis program.

27           5. Any reimbursement of members of the board for their actual and  
28           necessary expenses shall be subject to appropriations.]

192.710. 1. The "Arthritis Program Review Committee" is hereby  
2           created within the department of health and senior services. This committee  
3           shall consist of fifteen members, two from each of the seven regions set forth  
4           in section 192.714 and one at large member. The fourteen regional members  
5           shall be nominated to the committee by the board. The one at large member  
6           shall be nominated by the state board of health and senior services. The  
7           members of the committee shall include at least one from each of the  
8           following categories: rheumatology educators, practicing rheumatologists,  
9           primary care practitioners, nurses, allied health professionals, arthritis patients,  
10           and members of the general public. Members of the committee shall be  
11           appointed by the director in consultation with the board of health and senior  
12           services. Of the fifteen initial members, five shall have a two year term, five  
13           shall have a three year term, and five shall have a four year term. Thereafter,  
14           each member shall serve a four year term and until his successor is appointed  
15           and confirmed. Vacancies on the committee arising from reasons other than  
16           expiration of the member's term shall be filled by the director for the time  
17           remaining in the unexpired term.

18           2. The committee shall meet annually and at other such times as called  
19           by the chairman of the committee. The chairman shall be elected annually  
20           from the committee membership at the first committee meeting and shall serve  
21           as chairman until a new chairman is elected, or until his term on the committee  
22           expires, whichever occurs first.

23           3. The committee shall review, make site visits and determine and  
24           make recommendations to the board on the merit of regional arthritis center  
25           applications. No program or other activity will be recommended for funding  
26           by the board without the favorable review of the committee.

27           4. The arthritis program coordinator shall serve the committee as its  
28           executive administrator.]

2 [192.712. Committee and board members shall serve without  
3 compensation, but their expenses incurred in carrying out their official  
3 duties shall, subject to appropriations, be reimbursed by the state.]

2 [192.716. Beginning upon receipt of appropriations for that purpose  
3 and subject to the availability of appropriations, but not before October 1,  
4 1984, the arthritis centers established pursuant to section 192.714 shall operate  
4 programs in the following areas:

5 (1) Education at all levels for various health professionals; and  
6 (2) Improved patient care and other arthritis control activities aimed at  
7 benefitting communities served by the center.]

2 [192.718. 1. Beginning upon receipt of appropriations for that purpose  
3 and subject to the availability of appropriations, but not before October 1,  
4 1984, each year the board may grant three one year, state supported clinical  
5 rheumatology fellowships which might include four to six months of a  
6 community-based experience in one or more of the regional arthritis centers  
7 and six to eight months at an academic institution in this state which is willing  
and qualified to train rheumatology fellows.

8 2. A candidate for a fellowship granted pursuant to this section shall be  
9 approved by the director, the board, the academic institution, and the regional  
10 arthritis center director.

11 3. Each fellowship granted pursuant to this section shall consist of an  
12 appropriate stipend and either adequate housing or a housing allowance in an  
13 amount to be determined by the board.]

2 [192.723. Beginning upon receipt of appropriations for that purpose  
3 and subject to the availability of appropriations, but not before July 1, 1985,  
4 innovative research feasibility studies which cannot be funded by traditional  
5 mechanisms and which have significance for having impact on the state  
6 arthritis problem may be carried out by arthritis centers established pursuant to  
section 192.714.]

2 [192.725. Beginning upon receipt of appropriations for that purpose  
3 and subject to the availability of appropriations, but not before July 1, 1985, a  
4 statewide "Arthritis Information Network" shall be established, consisting of a  
4 statewide WATS telephone system, staffed by volunteers insofar as possible.]

2 [197.165. 1. The department shall appoint an "Infection Control  
3 Advisory Panel" for the purposes of implementing sections 192.131 and  
3 192.667.

4 2. Members of the infection control advisory panel shall include:  
5 (1) Two public members;  
6 (2) Three board certified or board eligible physicians licensed  
7 pursuant to chapter 334 who are affiliated with a Missouri hospital or  
8 medical school, active members of the Society for Health Care Epidemiology  
9 of America, and have demonstrated interest and expertise in health facility  
10 infection control;

(3) One physician licensed pursuant to chapter 334 who is active in the practice of medicine in Missouri and who holds medical staff privileges at a Missouri hospital;

(4) Four infection control practitioners certified by the certification board of infection control and epidemiology, at least two of whom shall be practicing in a rural hospital or setting and at least two of whom shall be registered professional nurses licensed under chapter 335;

(5) ~~A medical statistician with an advanced degree in such specialty;~~

(6) A clinical microbiologist with an advanced degree in such

specialty:  
(7) Three employees of the department, representing the functions of hospital, ambulatory surgical center, and abortion facility licensure, epidemiology and health data analysis, who shall serve as ex officio nonvoting members of the panel.

3. Reasonable expenses of the panel shall be paid from private donations made specifically for that purpose to the "Infection Control Advisory Panel Fund", which is hereby created in the state treasury. If such donations are not received from private sources, then the provisions of this act shall be implemented without the advisory panel.]

[643.265. The department of health and senior services and the department of natural resources shall develop an interagency agreement establishing agency responsibilities and procedures concerning asbestos reporting, removal and treatment. The department of health and senior services is hereby designated the state agency for the administration of loans and grants under the Asbestos School Hazard Abatement Act of 1984, Public Law 98-377, and other federally funded loan or grant programs for the abatement of asbestos.]

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