

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

**Division 270—Missouri Veterinary Medical Board
Chapter 2—Licensure Requirements for Veterinarians**

PROPOSED AMENDMENT

4 CSR 270-2.011 Educational Requirements. The board is proposing to amend sections (1) and (2).

PURPOSE: This proposed amendment changes the word "college" to "school" to accommodate all qualifying learning institutions. The board also clarified that should the Educational Commission of Foreign Veterinary Graduate (ECFVG) program no longer be administered by the American Veterinary Medical Association (AVMA) that the board would accept its successor program to qualify for licensure in Missouri. This amendment also implements Senate Bill 424 of the 90th General Assembly, which made various changes to Chapter 340.

(1) To meet the educational requirements for licensure to practice veterinary medicine in Missouri, an applicant must have received a doctor of veterinary medicine degree or its equivalent from a university or [college] school that is accredited by the American Veterinary Medical Association (AVMA).

(2) In the alternative, an applicant must have graduated from an AVMA-listed, nonaccredited university or [college] school of veterinary medicine located inside or outside the United States, its territories or Canada. This degree must be accompanied by proof satisfactory to the board that s/he has earned and currently holds an Educational Commission of Foreign Veterinary Graduate (ECFVG) certificate provided by the AVMA[,] or its successor.

AUTHORITY: sections 340.210, 340.228 and 340.230, RSMo [Supp. 1992] 2000. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 13, 2001.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than \$500 in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than \$500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Veterinary Medical Board, Dana Hoelscher, Executive Director, PO Box 633, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

**Division 270—Missouri Veterinary Medical Board
Chapter 2—Licensure Requirements for Veterinarians**

PROPOSED AMENDMENT

4 CSR 270-2.021 Internship or Veterinary Candidacy Program. The board is proposing to amend the title of the rule and sections (1)–(7) in addition to deleting the form that immediately follows this rule in the Code of State Regulations.

PURPOSE: This proposed amendment allows an applicant to serve a veterinary candidacy program and decreases the amount of time for the postgraduate internship or veterinary candidacy program.

This amendment also implements Senate Bill 424 of the 90th General Assembly, which made various changes to Chapter 340.

(1) All applicants for licensure by examination shall complete a [three (3)-] two (2)-month postgraduate internship or veterinary candidacy program under the supervision of a licensed veterinarian in good standing. **To be in good standing the veterinarian's license(s) must be current and unencumbered. The postgraduate internship or veterinary candidacy program may be completed in any state, territory or district of the United States or Canada.**

(2) The supervising veterinarian shall submit an evaluation form stating that the applicant has satisfactorily completed the internship or veterinary candidacy program. The form is available upon request from the executive director, Missouri Veterinary Medical Board, P[.]O[.] Box 633, Jefferson City, MO 65102.

(3) The purpose of the internship or veterinary candidacy program is to provide the applicant with at least [three hundred sixty (360)] three hundred twenty (320) hours of work experience in veterinary medicine under supervision prior to licensure. This practice shall include, at a minimum, diagnosis, treatment, surgery and practice management.

(4) An applicant may complete the internship or veterinary candidacy program under a [temporary] provisional license at any time after graduation. S/he may take the examinations for licensure prior to the internship or veterinary candidacy program.

(5) Completion of a student preceptor program which is recognized and approved by the board prior to graduation may be substituted for the internship or veterinary candidacy program. The board shall have the sole discretion as to whether or not the preceptor program will qualify in lieu of the internship or veterinary candidacy program. This program shall be defined by the curriculum of the veterinary [college] school or university and must include a minimum of [three (3)] two (2) months during which time the student has at least [three hundred sixty (360)] three hundred twenty (320) hours of work experience in the following areas: diagnosis, treatment, surgery and practice management. **The student preceptor program may not begin before the start of the student's third year and must be completed prior to the date of graduation.**

(6) Any [college] school or university that wishes to submit a student preceptorship program for board approval shall send a photocopy of the description of the program from the veterinary school's curriculum to the board office.

(7) For a student preceptorship to qualify in lieu of an internship or a veterinary candidacy program, an evaluation form must be submitted to the board office. The form is available upon request from the executive director, Missouri Veterinary Medical Board, P[.]O[.] Box 633, Jefferson City, MO 65102.

AUTHORITY: sections 340.200, 340.210 and [340.244] 340.246, RSMo [Supp. 1992] 2000. Original rule filed Nov. 4, 1992, effective June 1, 1994. Amended: Filed July 23, 1993, effective March 10, 1994. Amended: Filed April 13, 2001.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than \$500 in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than \$500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the

Missouri Veterinary Medical Board, Dana Hoelscher, Executive Director, PO Box 633, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

Division 270—Missouri Veterinary Medical Board Chapter 2—Licensure Requirements for Veterinarians

PROPOSED AMENDMENT

4 CSR 270-2.052 [Restricted] Faculty Licensure. The board is proposing to amend sections (1)–(3), and (7) and (8) and delete the form following this rule in the *Code of State Regulations*.

PURPOSE: This proposed amendment eliminates the requirement for faculty at the University of Missouri College of Veterinary Medicine to take the National Board Examination and the Clinical Competency Test in order to be issued a faculty license. This amendment also implements Senate Bill 424 of the 90th General Assembly, which made various changes to Chapter 340.

(1) *[Faculty members of the University of Missouri, College of Veterinary Medicine excluding interns may apply for a restricted license to practice veterinary medicine by submitting a completed application and verification of his/her employment as a member of the faculty of the University of Missouri, College of Veterinary Medicine.] The board may issue a veterinary faculty license to any qualified applicant associated with the University of Missouri-Columbia, College of Veterinary Medicine, and involved in the instructional program of either undergraduate or graduate veterinary medical students. In order to qualify for a faculty license, the applicant must:*

(A) **Demonstrate ability to communicate in and understand written and spoken English; and**

(B) **Have been actively engaged in the practice of veterinary medicine for at least five (5) consecutive years immediately prior to making application in Missouri. “Actively engaged,” shall mean that the applicant worked a minimum of twenty (20) hours per week in a clinical setting; or**

(C) **Have completed an internship at an American Veterinary Medical Association (AVMA) accredited veterinary school.**

(2) All applicants for this *[restricted]* faculty license shall *[have taken and passed each of the following examinations within three (3) attempts]:*

(A) *[The State Board Examination] Provide for the board a transcript or diploma demonstrating graduation from a reputable veterinary program;*

(B) *[The National Board Examination (NBE)] Schedule an appearance before the board prior to the issuance of a license; and*

(C) *[The Clinical Competency Test.] Take and pass the State Board Examination.*

(3) *[All applicants for this restricted faculty license shall demonstrate ability to communicate in and understand written and spoken English.] A faculty license does not meet the requirements of licensure for federal accreditation with the United States Department of Agriculture (USDA) or deputyship with the Missouri Department of Agriculture.*

(7) All licenses issued under this rule shall have the word *["Restricted"]* **“Faculty”** on them.

(8) *[Restricted f]* Faculty licenses shall be renewed annually by submitting the renewal application and fee.

AUTHORITY: sections 340.210[, 340.216] and [340.240(3)] 340.247, RSMo [1994] 2000. Original rule filed Oct. 10, 1995, effective April 30, 1996. Amended: Filed April 13, 2001.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than \$500 in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than \$500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Veterinary Medical Board, Dana Hoelscher, Executive Director, PO Box 633, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

Division 270—Missouri Veterinary Medical Board Chapter 2—Licensure Requirements for Veterinarians

PROPOSED AMENDMENT

4 CSR 270-2.070 [Temporary] Provisional Licenses. The board is proposing to amend the title of the rule and sections (1)–(4), delete sections (5)–(8), add new language in the newly numbered sections (5) and (6) and delete the forms immediately following this rule in the *Code of State Regulations*.

PURPOSE: This amendment provides for the issuance of a provisional license in Missouri. This amendment also implements Senate Bill 424 of the 90th General Assembly, which made various changes to Chapter 340.

(1) A *[temporary]* **provisional** license may be issued pursuant to section 340.246, RSMo to a qualified applicant for licensure pending examination results and completion of the internship **or veterinary candidacy** program, if the applicant meets the requirements for licensure and provided that the applicant is working under the supervision of a licensed veterinarian in good standing. The applicant must submit the following:

(A) An application for both permanent and *[temporary]* **provisional** licensure provided by the board;

(B) All nonrefundable license fees; and

(C) A statement signed by a licensed veterinarian in good standing that the applicant shall be working under the supervision of that veterinarian. **To be in good standing the veterinarian's license(s) must be current and unencumbered.** This supervision shall be consistent with the delegated animal health care task.

(2) A *[temporary]* **provisional** license issued based on section (1) shall expire in one (1) year or sooner if the applicant becomes permanently licensed. A *[temporary]* **provisional** license cannot be renewed.

(3) The *[temporary]* **provisional** license will be sent to the supervisor.

(4) The supervisor identified on the *[temporary]* **provisional** license application is responsible for the *[temporary]* **provisional**

licensee and shall notify the board within ten (10) days if the employment ceases at the place of employment designated on the [temporary] provisional license.

[(5) Pursuant to 340.248, RSMo, a temporary license may be issued to a licensed veterinarian of another state who is not under discipline or investigation by that state, for the exclusive purpose of providing veterinary medical services for a specific animal owner in Missouri. The applicant shall submit the following:

- (A) An application provided by the board which must clearly identify the name of the specific animal owner; and*
- (B) The nonrefundable temporary license fee.*

(6) A temporary license issued based on section (5) shall expire in one hundred twenty (120) days. Upon request, it may be renewed one time for an additional ninety (90) days upon approval by the board and payment of the required fee.

(7) Only one (1) temporary license may be issued to any person at the same time.

(8) Temporary licensees are subject to the requirements of Chapter 340, RSMo and these rules.]

(5) Only one (1) provisional license may be issued to any person at the same time.

(6) Provisional licensees are subject to the requirements of Chapter 340, RSMo and these rules.

AUTHORITY: sections 340.210, 340.246[, 340.248] and 340.250, RSMo [Supp. 1992] 2000. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 13, 2001.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than \$500 in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than \$500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Veterinary Medical Board, Dana Hoelscher, Executive Director, PO Box 633, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

Division 270—Missouri Veterinary Medical Board Chapter 2—Licensure Requirements for Veterinarians

PROPOSED RULE

4 CSR 270-2.071 Temporary Licenses

PURPOSE: This rule provides the procedures and requirements for obtaining a temporary license in Missouri. This rule also implements Senate Bill 424 of the 90th General Assembly, which made various changes to Chapter 340.

(1) Pursuant to section 340.248, RSMo, a temporary license may be issued to a licensed veterinarian of another state who is not under discipline or investigation by that state, for the exclusive

purpose of providing veterinary medical services for a specific animal owner in Missouri. The applicant shall submit the following:

- (A) An application provided by the board which must clearly identify the name of the specific animal owner; and
- (B) The nonrefundable temporary license fee.

(2) A temporary license issued based on section (1) shall expire in one hundred twenty (120) days. Upon request, it may be renewed one time for an additional ninety (90) days upon approval by the board and payment of the required fee.

(3) Only one temporary license may be issued to any person at the same time.

(4) Temporary licensees are subject to the requirements of Chapter 340, RSMo and these rules.

AUTHORITY: sections 340.210, 340.248 and 340.250, RSMo 2000. Original rule filed April 13, 2001.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than \$500 in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than \$500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Veterinary Medical Board, Dana Hoelscher, Executive Director, PO Box 633, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

Division 270—Missouri Veterinary Medical Board Chapter 3—Registration Requirements for Veterinary Technicians

PROPOSED AMENDMENT

4 CSR 270-3.020 Examinations. The board is proposing to amend sections (1)–(3) and (6).

PURPOSE: This proposed amendment specifies the correct name of the Veterinary Technician National Examination and allows an applicant the opportunity to take the examination four times instead of three. This amendment also implements Senate Bill 424 of the 90th General Assembly, which made various changes to Chapter 340.

(1) All applicants for registration as a veterinary technician in Missouri shall take the **Veterinary Technician National [Board] Examination [(NBE)] (VTNE)** and the State Board Examination. The deadline for applying to take the examination(s) shall be sixty (60) days prior to the scheduled administration of the examinations.

(2) The passing score on the *[(NBE)] VTNE* shall be the minimum criterion referenced score of four hundred twenty-five (425). The passing score shall be seventy percent (70%) correct on the State Board Examination for the issuance of a registration in this state.

(3) The *[(NBE)] VTNE* and the State Board Examination shall be administered at least once each year.

(6) Effective *[August 28, 1992]* **August 28, 1999**, no person may take either examination more than *[three (3)]* **four (4)** times either in or out of Missouri to qualify for registration in Missouri. **Prior to making application for the fourth attempt at passage of an examination, the applicant shall schedule an appearance with the board to outline a continuing education program, which shall be board approved and completed prior to filing application for the subsequent examination.**

AUTHORITY: sections 340.210, 340.300, 340.302 and 340.308, RSMo [1994] 2000. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 14, 1994, effective Sept. 30, 1994. Amended: Filed March 10, 1995, effective Sept. 30, 1995. Amended: Filed April 13, 2001.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than \$500 in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than \$500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Veterinary Medical Board, Dana Hoelscher, Executive Director, PO Box 633, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

Division 270—Missouri Veterinary Medical Board Chapter 3—Registration Requirements for Veterinary Technicians

PROPOSED AMENDMENT

4 CSR 270-3.030 Reciprocity. The board is proposing to amend section (1), delete section (2), renumber the remaining sections accordingly, and amend the newly renumbered sections (3) and (4).

PURPOSE: This proposed amendment clarifies that the board will consider applications for reciprocity from another state, territory, district or province of the United States or Canada. This proposed amendment also clarifies the name of the Veterinary Technicians National Examination. This amendment also implements Senate Bill 424 of the 90th General Assembly, which made various changes to Chapter 340.

(1) To be registered by reciprocity, an applicant shall—

(A) *[h]*Have been employed as a registered veterinary technician and supervised by a licensed veterinarian for at least five (5) consecutive years preceding his/her application to practice in Missouri~~./.~~; and

(B) Be currently registered in another state, territory, district or province of the United States or Canada having standards for admission substantially the same as the standards in Missouri, and that the standards were in effect at the time the applicant was first admitted to practice in the other state, territory, district or province of the United States or Canada.

[(2) The other state in which the applicant is registered must have standards for admission to practice which are equal to, or more stringent than, current admission standards in Missouri and those standards must have been in effect when the applicant was originally registered.]

[(3)] (2) The applicant shall—

(A) Complete an application form provided by the board which shall include a complete employment history;

(B) Submit the nonrefundable reciprocity fee and registration fee;

(C) Request the licensing authority in each state in which the applicant has ever been registered to submit a Verification Request Form *[(see 4 CSR 270-2.060)]* which is available from the board office; and

(D) Request the national testing service to send evidence that the applicant has taken the **Veterinary Technician National [Board] Examination [(NBE)] (VTNE)** and received a passing score as defined in 4 CSR 270-3.020.

[(4)] (3) Following the review process, the applicant will be informed by letter that registration by reciprocity has been approved or denied. The denial letter will identify the reason(s) for denial and the appeal process.

[(5)] (4) If an applicant does not qualify for registration by reciprocity because the other state's requirements are not substantially equal to Missouri's, s/he may request the board to transfer his/her *[NBE]* VTNE score. The applicant shall provide satisfactory proof that the exam was taken within five (5) years of the date of the application and that s/he completed the *[NBE]* VTNE with a score at least equal to the passing score required for registration in Missouri.

[(6)] (5) Grade score transfer applicants will be required to take the Missouri State Board Examination.

AUTHORITY: sections 340.210, 340.234, 340.238, and 340.306, RSMo [1994] 2000. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed March 10, 1995, effective Sept. 30, 1995. Amended: Filed April 13, 2001.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than \$500 in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than \$500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Veterinary Medical Board, Dana Hoelscher, Executive Director, PO Box 633, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

Division 270—Missouri Veterinary Medical Board Chapter 3—Registration Requirements for Veterinary Technicians

PROPOSED AMENDMENT

4 CSR 270-3.040 Temporary Registration for Veterinary Technicians. The board is proposing to amend subsection (1)(C).

PURPOSE: This proposed amendment requires the supervising veterinarian to have a license that is current, unencumbered and in good standing and implements Senate Bill 424 of the 90th General Assembly, which made various changes to Chapter 340.

(1) A temporary registration may be issued to a qualified applicant for registration pending examination results if the applicant meets

the requirements for registration and provided that the applicant is working under the supervision of a licensed veterinarian in good standing. The applicant shall submit the following:

(C) A statement signed by a licensed veterinarian in good standing that the applicant shall be working under the supervision of that veterinarian. **To be in good standing the veterinarian's license(s) must be current and unencumbered.** This supervision shall be consistent with the delegated animal health care task.

AUTHORITY: sections 340.210, 340.246 and 340.298, RSMo [Supp. 1993] 2000. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 13, 2001.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than \$500 in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than \$500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Veterinary Medical Board, Dana Hoelscher, Executive Director, PO Box 633, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 270—Missouri Veterinary Medical Board
Chapter 4—Minimum Standards

PROPOSED RULE

4 CSR 270-4.042 Minimum Standards for Continuing Education for Veterinarians

PURPOSE: This rule defines the minimum standards for continuing education for veterinarians. In August, 1999 Senate Bill 424 became effective which revised Chapter 340.

(1) Pursuant to 340.258, RSMo, all licensees shall provide satisfactory evidence of having completed at least ten (10) hours of continuing education each year that is relevant to the practice of veterinary medicine and in accordance with this rule in order to renew their licenses.

(2) The continuing education reporting period shall begin each year on December 1 and end November 30 of the following year. Continuing education hours earned after November 30 shall apply to the next reporting cycle. A renewal license will not be issued until all renewal requirements have been met.

(3) For the license renewal due on November 30, 2002, and each subsequent renewal thereafter, the licensee shall certify that he/she has obtained at least ten (10) hours of continuing education during the year preceding the license renewal on the renewal form provided by the board. The renewal form shall be mailed directly to the board office prior to November 30 of each year. The licensee shall not submit the record of continuing education attendance to the board except in the case of a board audit.

(4) Every licensee shall maintain full and complete records of all approved continuing education hours earned for the two (2) previous reporting periods in addition to the current reporting period. The records shall document the titles of the courses taken, dates, locations, course sponsors, number of hours earned and certificate of attendance or completion. The board may conduct an audit of

licensees to verify compliance with the continuing education requirements. Licensees shall assist the board in its audits by providing timely and complete responses to the board's inquiries.

(5) Violation of any provision of this rule shall be grounds for discipline in accordance with section 340.264, RSMo.

(6) A continuing education hour includes but is not limited to:
(A) Fifty (50) minutes of attendance at an approved workshop or seminar;

(B) Fifty (50) minutes of reading an approved scientific journal;
(C) Twenty-five (25) minutes of presentation in an approved workshop or seminar. No credit shall be granted for any subsequent presentations on the same subject matter during the same renewal period;

(D) Completion of academic course work in veterinary medicine at an accredited college of veterinary medicine with one (1) credit hour equaling ten (10) continuing education hours.

(7) The required ten (10) hours may be satisfied through any combination of the following education activities:

(A) Attendance or presentation at scientific workshops or seminars approved by this board;

(B) Completion of audio or video recordings, electronic, computer or interactive materials or programs on scientific subjects prepared or sponsored by any of the organizations defined in section (8) below. The licensee must obtain written certification of course completion from the sponsor;

(C) A maximum of two (2) hours of self-study reading approved scientific journals;

(D) A maximum of four (4) hours attendance in an approved workshop or seminar on non-scientific subjects relating to the practice of veterinary medicine such as communication skills, medical record keeping, stress management or practice management;

(E) A maximum of four (4) hours of audio or video recordings, electronic, computer or interactive materials or programs on non-scientific subjects, as set forth in subsection (7)(D) above, and prepared or sponsored by any of the organizations defined in section (8) below. The licensee must obtain written certification of course completion from the sponsor; or

(F) Study in a graduate resident program at an American Veterinary Medical Association approved veterinary school will satisfy the continuing education requirements for the year in which the veterinarian is enrolled in such program.

(8) Workshops, seminars and prepared materials on scientific and non-scientific subjects relating to veterinary medicine approved by or sponsored by the following organizations are approved:

(A) American Veterinary Medical Association;

(B) Specialty groups of the American Veterinary Medical Association;

(C) Regional meetings such as Central Veterinary Conference and Western Veterinary Conference;

(D) Any state or province veterinary medical association;

(E) Any local or regional veterinary medical association;

(F) The American Animal Hospital Association;

(G) American veterinary schools accredited by the American Veterinary Medical Association;

(H) Any state veterinary academy;

(I) American Association of Veterinary State Boards (AAVSB) or its successor—Registry of Approved Continuing Education (RACE); and

(J) Other programs receiving prior approval from this board.

(9) With the exception of any of the previously mentioned educational organizations, any other regularly organized group of veterinarians that wants to sponsor an educational program to meet

the standards for license renewal in Missouri shall submit two (2) copies of the program schedule and outline to the board's executive director not fewer than sixty (60) days prior to the date of the program. The outline must include the program's subject matter, the number of hours required for its presentation and the identity and qualifications of the speakers and instructors. The board shall review the schedule and outline to determine if approval will be granted. The board will not consider requests for approval of any program submitted after it has already been presented.

- (10) The following scientific journals are approved by the board:
- (A) *Journal of the American Veterinary Medical Association*;
 - (B) *The Journal of Veterinary Research*;
 - (C) *Veterinary Medicine*;
 - (D) Publications of the American Veterinary Medical Association Approved Constituent Specialty Groups;
 - (E) Compendium of continuing education;
 - (F) *Journal of American Animal Hospital Association*;
 - (G) Other publications approved in advance by the board.

(11) Any licensee seeking renewal of a license or certificate without having fully complied with these continuing education requirements who wishes to seek a waiver of the requirements shall file with the board a renewal application, a statement setting forth the facts concerning the noncompliance, a request for waiver of the continuing education requirements on the basis of such facts and, if desired, a request for an interview before the board. If the board finds from the statement or any other evidence submitted, that good cause has been shown for waiving the continuing education requirements, or any part thereof, the board shall waive part or all of the requirements for the renewal period for which the licensee has applied. At that time, the licensee will be requested to submit the required renewal fee.

(A) Good cause shall be defined as an inability to devote sufficient hours to fulfilling the continuing education requirements during the applicable renewal period based on one of the following reasons:

1. Full-time service in the armed forces of the United States during a substantial part of the renewal period; or
2. An incapacitating illness; or
3. Undue hardship.

(B) If an interview before the board is requested at the time the request for waiver is filed, the licensee shall be given at least twenty (20) days written notice of the date, time and place of the interview.

(12) Continuing education credit hours used to satisfy the continuing education requirements of another state may be submitted to fulfill the requirements of this state if the other state's continuing education requirements are substantially equal to or greater than the requirements of this state.

(13) A licensee who completes more than ten (10) continuing education hours, excluding self-study, during the current reporting period may receive credit for the excess hours, not to exceed ten (10), in the next succeeding reporting period. Continuing education hours cannot be carried over more than one continuing education reporting period after being earned.

(14) Any licensee who seeks to renew an inactive, retired or non-current license shall submit proper evidence that s/he has obtained at least ten (10) continuing education hours for each year that his/her license was inactive, retired or non-current. The required hours must have been obtained within three (3) years prior to renewal.

PUBLIC COST: This proposed rule will cost the Missouri Veterinary Medical Board \$13,618.46 annually for the life of the rule. It is anticipated that the total cost will recur annually for the life of the rule, may vary with inflation and is expected to increase annually at the rate projected by the Legislative Oversight Committee. A detailed fiscal note, which estimates the cost of compliance with this rule, has been filed with the secretary of state.

PRIVATE COST: This proposed rule is estimated to cost private entities \$215,500 annually with a continuous biennial increase of \$1,300 for the life of the rule. It is anticipated that these annual costs will recur for the life of the rule, may vary with inflation and is expected to increase annually at the rate projected by the Legislative Oversight Committee. A detailed fiscal note, which estimates the cost of compliance with this rule, has been filed with the secretary of state.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Veterinary Medical Board, Dana Hoelscher, Executive Director, PO Box 633, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the Missouri Register. No public hearing is scheduled.

FISCAL NOTE
PUBLIC ENTITY COST

I. RULE NUMBER

Title: 4 - Department of Economic Development

Division: 270 - Missouri Veterinary Medical Board

Chapter: 4 - Minimum Standards

Type of Rulemaking: Proposed Rule

Rule Number and Name: 4 CSR 270-4.042 Minimum Standards for Continuing Education for Veterinarians

Prepared March 15, 2000 by the Division of Professional Registration and the Missouri Veterinary Medical Board

II. SUMMARY OF FISCAL IMPACT	
Affected Agency or Political Subdivision	Estimated Annual Cost of Compliance
Missouri Veterinary Medical Board (review of programs submitted by sponsoring organization)	\$654.24
Missouri Veterinary Medical Board (review of continuing education certificates)	\$12,964.22
Total annual cost for the life of the rule	
\$13,618.46	

III. WORKSHEET

REVIEW OF CONTINUING EDUCATION PROGRAMS SUBMITTED BY SPONSORING ORGANIZATIONS FOR BOARD APPROVAL

Organizations not listed in the rule as automatically approved must submit their copies of the program to the board for approval at least sixty days prior to the date of the program.

CLASSIFICATION	FEE AMOUNT	NUMBER IN CLASS	TOTAL ANNUAL COST
Letterhead Printing Cost	\$.15	30	\$.60
Envelope for Mailing Approval or Denial Letter to Sponsoring Organization	\$.16	30	\$.64
Postage for Mailing Letter	\$.33	30	\$ 7.20
Supplies for Record Keeping (file folder, labels, etc)	\$.40	30	\$ 1.92
Total:			\$24.24

Staff resources are shared with another board. The figures below represent the personal service and expense and equipment costs paid by the Veterinary Medical Board for implementation of this rule.

STAFF	ANNUAL SALARY	SALARY TO INCLUDE FRINGE BENEFITS	HOURLY SALARY	COST PER MINUTE	TIME PER APPLICATION	COST PER APPLICATION	TOTAL ANNUAL COST
Executive Director	\$43,038	\$56,272.19	\$27.05	.45	30 minutes	\$13.50	\$405.00
Clerk IV	\$23,436	\$30,642.57	\$14.73	.25	30 minutes	\$7.50	\$225.00
Total:							\$630.00

The Executive Director will review the continuing education program, prepare an acknowledgement letter, place the information on the meeting agenda or conference call for board review and later inform the sponsoring organization of the board's decision. The Clerk IV will prepare a file and copy the material for the agenda notebook and prepare the minutes from the Board meeting.

The board anticipates 30 programs will be submitted for review annually. The board estimates that the review will occur at least 4 times per year. Based on this assumption, the board estimates this continuing education approval process will cost the board approximately \$654.24 annually for the life of the rule.

Total: \$654.24

CONTINUING EDUCATION CERTIFICATES SUBMITTED BY LICENSEES AUDITED BY BOARD

The Board may conduct an audit of licensees to verify compliance with the continuing education requirements. Licensees shall assist the board in its audits by providing timely and complete responses to the board's inquires. It is estimated that the board will audit approximately 300 licensees and request verification of their attendance at approved continuing education programs. It is the board's assumption that approximately 5 licensees will not submit the verification of their attendance at approved continuing education hours and an investigator will be required to visit

CLASSIFICATION	FEE AMOUNT	NUMBER IN CLASS	TOTAL ANNUAL COST
Letterhead Printing Cost	\$.15	300	\$.30
Envelope for Mailing Letter Requesting Verification of Continuing Education	\$.16	300	\$.32
Postage for Mailing Request for Information	\$.33	300	\$3.60
Total:			\$ 4.22

STAFF	ANNUAL SALARY	SALARY TO INCLUDE FRINGE BENEFITS	HOURLY SALARY	COST PER MINUTE	TIME PER APPLICATION	COST PER APPLICATION	TOTAL ANNUAL COST
Executive Director	\$43,038	\$56,272.19	\$27.05	.45	84 minutes	\$37.80	\$11,340.00
Clerk IV	\$23,436	\$30,642.57	\$14.73	.25	12 minutes	\$3.00	\$900.00
Licensure Technician II	\$19,040	\$24,894.85	\$11.97	.20	12 minutes	\$2.40	\$720.00
Total:							\$12,960.00

The Executive Director will request the information from the licensee and monitor those verifications. The Clerk IV and the Licensing Technician I will review the information received for compliance, update the computer licensing program and report any derogatory information to the Executive Director. The Executive Director will then place the information on the board's meeting agenda for review by the full board.

Due to the various geographic locations of licensees in the state who may not comply and require an investigator to obtain the information in person it is not possible to accurately estimate the cost the investigator could incur while conducting an investigation, however, the board estimates that each investigation will cost the board approximately \$200. The board estimates that 5 licensees will require an investigator to physically visit their homes or business to obtain the information requested by the board annually, therefore, the annual cost to the Missouri Veterinary Medical Board for investigations will be \$1000 annually. Based on this assumption, the board estimates this continuing education approval process will cost the board approximately \$12,964.22 annually for the life of the rule.

Total: \$12,964.22

IV. ASSUMPTIONS

- Employee's salaries were calculated using their annual salary multiplied by 30.75% for fringe benefits and then were divided by 2080 hours per year to determine the hourly salary. The hourly salary was then divided by 60 minutes to determine the cost per minute. The cost per minute was then multiplied by the amount of time individual staff spent on the processing of applications or renewals. The total cost was based on the cost per application multiplied by the estimated number of applications or renewals.
- It is anticipated that the public entity cost will be \$3,618.46 annually for the life of the rule. The total annual cost will recur each year for the life of the rule, may vary with inflation and are expected to increase annually at the rate projected by the Legislative Oversight Committee.

**FISCAL NOTE
PRIVATE ENTITY COST**

I. RULE NUMBER

Title: 4 – Economic Development

Division: 270 – Missouri Veterinary Medical Board

Chapter: 4 – Minimum Standards

Type of Rulemaking: Proposed Amendment

Rule Number and Name: 4 CSR 270-4.042 Minimum Standards for Continuing Education

Prepared March 15, 2000 by the Division of Professional Registration and the Missouri Veterinary Medical Board

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate annual cost of compliance with the rule by the affected entities:
2155	Active Veterinarians Obtaining Continuing Education	\$215,500

Estimate annual cost of compliance for the life of the rule.

\$215,500 annually with a continuous annual increase of \$1,300 for the life of the rule.

III. WORKSHEET

Continuing Education @ \$100.00

IV. ASSUMPTIONS

1. It is not possible to estimate all costs (i.e., mileage, meals, and lodging) that a licensee could incur in obtaining the required continuing education.
2. The board anticipates 2155 licensees will be required to obtain at least 10 hours of continuing education during the first year of implementation of the rule. Thereafter, the board estimates an annual growth rate of 13 applicants per year for the life of the rule based FY98 and FY99 figures. Therefore, the board estimates that the private entity cost to comply with this rule will be \$215,500 annually with a continuous biennial increase of \$1,300 for the life of the rule.
3. It is anticipated that the total cost will recur annually for the life of the rule, may vary with inflation and is expected to increase annually at the rate projected by the Legislative Oversight Committee.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 270—Missouri Veterinary Medical Board
Chapter 4—Minimum Standards**

PROPOSED AMENDMENT

4 CSR 270-4.050 Minimum Standards for Continuing Education for Veterinary Technicians. The board is proposing to amend sections (1) and (2) and add language in newly numbered sections (5) and (6).

PURPOSE: This proposed amendment clarifies that the five hours of continuing education must be received each year; requires veterinary technicians to obtain their continuing education information for the two previous reporting periods; allows the board to audit veterinary technicians instead of collecting continuing education certificates; and allows the board to take disciplinary action against a licensee for violation of this rule. This amendment also implements Senate Bill 424 of the 90th General Assembly, which made various changes to Chapter 340.

(1) [Pursuant to 340.324, RSMo, all veterinary technicians annually shall provide satisfactory evidence of having completed five (5) hours of continuing education to renew an active registration.] Each licensee shall certify by signature, under penalty of perjury that s/he has completed five (5) hours of continuing education units (CEUs).

(2) At least three (3) hours of the five (5)-hour per year requirement shall be obtained by attending a formal meeting. [Satisfactory evidence to the board shall be to provide on the annual renewal registration application: the name of the meeting, the subject(s) covered, the date it was held and the number of credit hours of continuing education units (CEUs) the applicant earned.]

(5) Every licensee shall maintain full and complete records of all approved continuing education hours earned for the two (2) previous reporting periods in addition to the current reporting period. The records shall document the titles of the courses taken, dates, locations, course sponsors, number of hours earned and certificate of attendance or completion. The board may conduct an audit of licensees to verify compliance with the continuing education requirements. Licensees shall assist the board in its audits by providing timely and complete responses to the board's inquiries.

(6) Violation of any provision of this rule shall be grounds for discipline in accordance with section 340.264, RSMo.

AUTHORITY: sections 340.210, 340.258 and 340.324, RSMo [Supp. 1992] 2000. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 13, 2001.

PUBLIC COST: This proposed amendment will cost the Missouri Veterinary Medical Board \$2,592.50 annually for the life of the rule. It is anticipated that the total cost will recur annually for the life of the rule, may vary with inflation and is expected to increase annually at the rate projected by the Legislative Oversight Committee. A detailed fiscal note, which estimates the cost of compliance with this rule, has been filed with the secretary of state.

PRIVATE COST: This proposed amendment is estimated to cost private entities \$33,800 annually with a continuous biennial increase of \$3,500 for the life of the rule. It is anticipated that these annual costs will recur for the life of the rule, may vary with inflation and is expected to increase annually at the rate projected by the Legislative Oversight Committee. A detailed fiscal note,

which estimates the cost of compliance with this rule, has been filed with the secretary of state.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Veterinary Medical Board, Dana Hoelscher, Executive Director, PO Box 633, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

FISCAL NOTE
PUBLIC ENTITY COST

I. RULE NUMBER

Title: 4 - Department of Economic Development

Division: 270 - Missouri Veterinary Medical Board

Chapter: 4 - Minimum Standards

Type of Rulemaking: Proposed Rule

Rule Number and Name: 4 CSR 270-4.050 Minimum Standards for Continuing Education for Veterinary Technicians

Prepared March 15, 2000 by the Division of Professional Registration and the Missouri Veterinary Medical Board

II. SUMMARY OF FISCAL IMPACT	
Affected Agency or Political Subdivision	Estimated Annual Cost of Compliance
Missouri Veterinary Medical Board (review of continuing education certificates)	\$2,592.50
Total annual cost for the life of the rule	
\$2,592.50	

III. WORKSHEET

CONTINUING EDUCATION CERTIFICATES SUBMITTED BY LICENSEES AUDITED BY BOARD

The Board may conduct an audit of licensees to verify compliance with the continuing education requirements. Licensees shall assist the board in its audits by providing timely and complete responses to the board's inquires. It is estimated that the board will audit approximately 50 licensees and request verification of their attendance at approved continuing education programs. It is the board's assumption that approximately 2 licensees will not submit the verification of their attendance at approved continuing education hours and an investigator will be required to visit

CLASSIFICATION	FEE AMOUNT	NUMBER IN CLASS	TOTAL ANNUAL COST
Letterhead Printing Cost	\$.15	50	\$7.50
Envelope for Mailing Letter Requesting Verification of Continuing Education	\$.16	50	\$8.00
Postage for Mailing Request for Information	\$.34	50	\$17.00
Total:			\$32.50

Staff resources are shared with another board. The figures below represent the personal service and expense and equipment costs paid by the Veterinary Medical Board for implementation of this rule.

STAFF	ANNUAL SALARY	SALARY TO INCLUDE FRINGE BENEFITS	HOURLY SALARY	COST PER MINUTE	TIME PER APPLICATION	COST PER APPLICATION	TOTAL ANNUAL COST
Executive Director	\$43,038	\$56,272.19	\$27.05	.45	84 minutes	\$37.80	\$1,890
Clerk IV	\$23,436	\$30,642.57	\$14.73	.25	12 minutes	\$3.00	\$150
Licensure Technician II	\$19,040	\$24,894.85	\$11.97	.20	12 minutes	\$2.40	\$120
Total:							\$2,160.00

The Executive Director will request the information from the licensee and monitor those verifications. The Clerk IV and the Licensing Technician I will review the information received for compliance, update the computer licensing program and report any derogatory information to the Executive Director. The Executive Director will then place the information on the board's meeting agenda for review by the full board.

Due to the various geographic locations of licensees in the state who may not comply and require an investigator to obtain the information in person it is not possible to accurately estimate the cost the investigator could incur while conducting an investigation, however, the board estimates that each investigation will cost the board approximately \$200. The board estimates that 2 licensees will require an investigator to physically visit their homes or business to obtain the information requested by the board annually, therefore, the annual cost to the Missouri Veterinary Medical Board for investigations will be \$400 annually. Based on this assumption, the board estimates this continuing education approval process will cost the board approximately \$2,592.50 annually for the life of the rule.

Total: \$2,592.50

IV. ASSUMPTIONS

- Employee's salaries were calculated using their annual salary multiplied by 30.75% for fringe benefits and then were divided by 2080 hours per year to determine the hourly salary. The hourly salary was then divided by 60 minutes to determine the cost per minute. The cost per minute was then multiplied by the amount of time individual staff spent on the processing of applications or renewals. The total cost was based on the cost per application multiplied by the estimated number of applications or renewals.
- It is anticipated that the public entity cost will be \$2,592.50 annually for the life of the rule. The total annual cost will recur each year for the life of the rule, may vary with inflation and are expected to increase annually at the rate projected by the Legislative Oversight Committee.

**FISCAL NOTE
PRIVATE ENTITY COST**

I. RULE NUMBER

Title: 4 – Economic Development

Division: 270 – Missouri Veterinary Medical Board

Chapter: 4 – Minimum Standards

Type of Rulemaking: Proposed Amendment

Rule Number and Name: 4 CSR 270-4.050 Minimum Standards for Continuing Education for Veterinary Technicians

Prepared March 15, 2000 by the Division of Professional Registration and the Missouri Veterinary Medical Board

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate annual cost of compliance with the rule by the affected entities:
338	Active Veterinary Technicians Obtaining Continuing Education	\$33,800

Estimate annual cost of compliance for the life of the rule.

\$33,800 annually with a continuous annual increase of \$3,500 for the life of the rule.

III. WORKSHEET

Continuing Education @ \$100.00

IV. ASSUMPTIONS

4. It is not possible to estimate all costs (i.e., mileage, meals, and lodging) that a licensee could incur in obtaining the required continuing education.
5. The board anticipates 338 licensees will be required to obtain at least 5 hours of continuing education during the first year of implementation of the rule. Thereafter, the board estimates an annual growth rate of 35 applicants per year for the life of the rule based FY98 and FY99 figures. Therefore, the board estimates that the private entity cost to comply with this rule will be \$33,800 annually with a continuous biennial increase of \$3,500 for the life of the rule.
6. It is anticipated that the total cost will recur annually for the life of the rule, may vary with inflation and is expected to increase annually at the rate projected by the Legislative Oversight Committee.

Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT

Division 270—Missouri Veterinary Medical Board
Chapter 4—Minimum Standards

PROPOSED AMENDMENT

4 CSR 270-4.060 Minimum Standards for Supervision. The board is proposing to amend section (1) and add a new section (3).

PURPOSE: This proposed amendment adds the veterinary medical candidate, temporary licensee, provisional licensee and veterinary medical preceptee as individuals that fall under a supervising veterinarian and clarifies that a supervising veterinarian must hold a current and unencumbered license. This amendment also implements Senate Bill 424 of the 90th General Assembly, which made various changes to Chapter 340.

(1) Duties of the Supervising Veterinarian—

(A) The supervising veterinarian shall be responsible for determining the competency of the veterinary technician, **veterinary medical candidate, temporary licensee, provisional licensees, veterinary medical preceptee** or unregistered assistant to perform delegated animal health care tasks;

(B) The supervising veterinarian of a veterinary technician, **veterinary medical candidate, temporary licensee, provisional licensees, veterinary medical preceptee** or unregistered assistant shall make all decisions relating to the diagnosis, treatment, management and future disposition of the animal patient; and

(C) The supervising veterinarian shall have examined the animal patient prior to the delegation of any animal health care task to either a veterinary technician, **veterinary medical candidate, temporary licensee, provisional licensees, veterinary medical preceptee** or an unregistered assistant. The examination of the animal patient shall be conducted at such time as good veterinary medical practice requires consistent with the particular delegated animal health care task.

(2) The required levels of supervision of individuals with different levels of training performing various delegated animal health care tasks are designated in the accompanying table, **included herein**.

(3) **The supervising veterinarian must be in good standing. To be in good standing the veterinarian's license(s) must be current and unencumbered.**

AUTHORITY: sections 340.210, 340.222 and 340.326, RSMo [Supp. 1992] 2000. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 13, 2001.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than \$500 in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than \$500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Veterinary Medical Board, Dana Hoelscher, Executive Director, PO Box 633, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT

Division 270—Missouri Veterinary Medical Board
Chapter 5—Veterinary Facilities Permits

PROPOSED AMENDMENT

4 CSR 270-5.011 Permit Applications. The board is proposing to amend sections (4) and (6), add new sections (7) and (8), and delete the form that immediately follows this rule in the Code of State Regulations.

PURPOSE: This proposed amendment outlines the requirements for corporations to own veterinary facilities and specifies that changes of name or location require a new facility permit. This amendment also implements Senate Bill 424 of the 90th General Assembly, which made various changes to Chapter 340.

(4) The following documents must be on file for a permit application to be considered complete:

- (A) Completed application;
- (B) Appropriate fee; *and*
- (C) Completed self-inspection form././; **and**

(D) If a business entity owns the facility, a copy of the articles of incorporation, partnership agreement or business organization documents that clearly state that the licensed veterinarian is not subject to the direction of anyone not licensed to practice veterinary medicine in Missouri in making veterinary medical decisions or judgments.

(6) If ownership of a veterinary facility changes, the veterinarian in charge to whom the permit was originally issued is responsible for notifying the board and returning the permit within thirty (30) days of the change in ownership. The veterinarian in charge *shall* **must** apply for a new permit **and submit all applicable fees** prior to performing any veterinary services in the facility.

(7) If the name of a veterinary facility changes, the veterinarian in charge is responsible for notifying the board and returning the permit within thirty (30) days of the name change. The veterinarian in charge must apply for a new permit and submit all applicable fees prior to doing business under the new name.

(8) If the physical location of a veterinary facility changes, the veterinarian in charge is responsible for notifying the board and returning the permit within thirty (30) days of the location change. The veterinarian in charge must complete a facility permit and self-inspection form with the new location information.

(9) If a change of ownership, location, name and/or function has occurred, the veterinarian in charge must apply for a new permit and submit all applicable fees prior to performing any veterinary services in the facility.

AUTHORITY: sections 340.210 and 340.226, RSMo [Supp. 1993] 2000. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 14, 1994, effective Sept. 30, 1994. Amended: Filed April 13, 2001.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than \$500 in the aggregate.

PRIVATE COST: This proposed amendment is estimated to cost private entities \$2,100 annually for the life of the rule, may vary with inflation and is expected to increase annually at the rate projected by the Legislative Oversight Committee. A detailed fiscal

note, which estimates the cost of compliance with this rule, has been filed with the secretary of state.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Veterinary Medical Board, Dana Hoelscher, Executive Director, PO Box 633, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

**FISCAL NOTE
PRIVATE ENTITY COST**

I. RULE NUMBER

Title: 4 – Department of Economic Development

Division: 270 – Missouri Veterinary Medical Board

Chapter: 5 – Veterinary Facilities Permits

Type of Rulemaking: Proposed Amendment

Rule Number and Name: 4 CSR 270-5.011 Permit Applications

Prepared March 15, 2000 by the Division of Professional Registration and the Missouri Veterinary Medical Board

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate annual cost increase of compliance with the rule by the affected entities:
21	Veterinary Facilities (Change of name or location)	\$2,100
Total annual increase cost for the life of the rule		\$2,100

III. WORKSHEET

Facility Permit @\$100

IV. ASSUMPTIONS

1. Based on FY99 figures the board estimates 21 facilities will either have change of name or location per year. The private entity cost for this proposed amendment is estimated to be \$2100 annually for the life of the rule.
2. It is anticipated that the total annual cost will recur for the life, may vary with inflation and is expected to increase annually at the rate projected by the Legislative Oversight Committee.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 270—Missouri Veterinary Medical Board
Chapter 7—Disciplinary Proceedings**

PROPOSED AMENDMENT

4 CSR 270-7.020 Revocation of Temporary or Provisional License. The board is proposing to change the title and amend section (1).

PURPOSE: This proposed amendment outlines the procedures to be used for revocation of a provisional license under section 340.250, RSMo. This amendment also implements Senate Bill 424 of the 90th General Assembly, which made various changes to Chapter 340.

(1) All proceedings instituted or conducted by the board, or both, in regard to the revocation of temporary or provisional licenses as authorized under section 340.250, RSMo shall be handled in accordance with the provisions as set forth under Chapter 536, RSMo as a contested case.

AUTHORITY: sections 340.210 and 340.250, RSMo [Supp. 1992] 2000. Original rule filed Nov. 4, 1992, effective July 8, 1993. Amended: Filed April 13, 2001.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than \$500 in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than \$500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Veterinary Medical Board, Dana Hoelscher, Executive Director, PO Box 633, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 45—Missouri Gaming Commission
Chapter 5—Conduct of Gaming**

PROPOSED AMENDMENT

11 CSR 45-5.100 Chip Specifications. The commission is amending sections (1) and (2).

PURPOSE: This amendment establishes chip specifications.

(1) Value Chips.

(B) **Unless otherwise authorized by the commission,** [V]value chips may be issued by Class A licensees in denominations of fifty cents, one, **two and one-half**, five, twenty, twenty-five, one hundred and five hundred dollars (50¢, \$1, **\$2.50**, \$5, \$20, \$25, \$100 and \$500). The licensees shall have the discretion to determine the denominations to be utilized on its riverboat and the amount of each denomination necessary for the conduct of gaming operations.

(C) Each denomination of value chip shall have a different primary color from every other denomination of value chip. **Unless otherwise approved by the commission,** [V]value chips shall fall within the colors set forth in this subsection when the chips are viewed both in daylight and under incandescent light. In conjunction with these primary colors, each holder of a Class A license shall utilize contrasting secondary colors for the edge spots on each denomination of value chip. Unless otherwise approved by the commission, no holder of a Class A license shall use a secondary

color on a specific denomination of chip identical to the secondary color used by another holder of a Class A license on that same denomination of value chip. The primary color to be utilized by each holder of a Class A license for each denomination of value chip shall be—

- | | |
|-----------------|---------------------|
| 1. 50¢ | Pink |
| 2. \$ 1 | White |
| 3. \$ [5]/2.50 | [Red] Blue |
| 4. \$ [20]/5 | [Yellow] Red |
| 5. \$ [25]/20 | [Green] Yellow |
| 6. \$ [100]/25 | [Black] Green |
| 7. \$ [500]/100 | [Fire Orange] Black |
| 8. \$ 500 | Fire Orange |

(2) Nonvalue Chips.

(E) Each holder of a Class A license shall have the discretion to permit, limit or prohibit the use of value chips in gaming at roulette provided[;], however, that it shall be the responsibility of the licensee to keep an accurate account of the wagers being made at roulette with value chips so that the wagers made by one player are not confused with those made by another player at the table.

AUTHORITY: sections 313.004, 313.805[, 313.807, RSMo Supp. 1997] and 313.817, RSMo [1994] 2000. Emergency rule filed Sept. 1, 1993, effective Sept. 20, 1993, expired Jan. 17, 1994. Emergency rule filed Jan. 5, 1994, effective Jan. 18, 1994, expired Jan. 30, 1994. Original rule filed Sept. 1, 1993, effective Jan. 31, 1994. Amended: Filed May 13, 1998, effective Oct. 30, 1998. Amended: Filed April 3, 2001.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than \$500 in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than \$500 in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Gaming Commission, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the Missouri Register. A public hearing is scheduled at 10:00 a.m. on June 19, 2001 in the Gaming Commission's hearing room, 3417 Knipp Drive, Jefferson City, Missouri.

**Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 45—Missouri Gaming Commission
Chapter 5—Conduct of Gaming**

PROPOSED AMENDMENT

11 CSR 45-5.237 [Interstate] Shipping of Electronic Gaming Devices. The commission is amending the title, Purpose and sections (1) and (2).

PURPOSE: The purpose for this amendment is to allow shipment of electronic gaming devices only where the erasable, programmable read-only memory (EPROM), compact disk functioning as a read-only memory (CD-ROM), or other storage medium containing the main game program, is shipped separately from the electronic gaming device.

PURPOSE: This rule requires [suppliers of electronic gaming devices] licensees to notify the Missouri Gaming Commission prior to shipping [such] electronic gaming devices into, [or] out of, or within the state.

(1) *[Supplier's]*Licensees shipping electronic gaming devices *[interstate, whether]* into, *[or from]* out of, or within Missouri, must file on a form specified by the commission notice at least five (5) days prior to such shipment.

(2) The *[circuit board containing the]* erasable, programmable read-only memory (EPROM), **compact disk functioning as a read-only memory (CD-ROM), or other storage medium which contains the main-game program,** shall *[not]* be shipped *[installed in]* separately from the electronic gaming devices.

AUTHORITY: sections 313.004, 313.805 and 313.807.4, RSMo [1994] 2000. Original rule filed Sept. 2, 1997, effective March 30, 1998. Amended: Filed April 3, 2001.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than \$500 in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than \$500 in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: *Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Gaming Commission, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the Missouri Register. A public hearing is scheduled for 10:00 a.m. on June 19, 2001, at the Missouri Gaming Commission's Hearing Room, 3417 Knipp Drive, Jefferson City, Missouri.*

1994, effective Jan. 18, 1994, expired Jan. 30, 1994. Original rule filed Sept. 1, 1993, effective Jan. 31, 1994. For intervening history, please consult the Code of State Regulations. Amended: Filed April 3, 2001.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than \$500 in the aggregate.

PRIVATE COST: This proposed amendment will cost private entities more than \$500 in the aggregate. See fiscal note.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: *Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Gaming Commission, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the Missouri Register. A public hearing is scheduled for 10:00 a.m. on June 19, 2001, in the Missouri Gaming Commission's hearing room, 3417 Knipp Drive, Jefferson City, Missouri.*

**Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 45—Missouri Gaming Commission
Chapter 12—Liquor Control**

PROPOSED AMENDMENT

11 CSR 45-12.090 Rules of Liquor Control. The commission is amending sections (7) and (18).

PURPOSE: The purpose for this amendment is to clarify the licensee's authority to sell beer brewed by the licensee pursuant to a valid microbrewer's license and to clarify the licensee's authority to make sales via a controlled access liquor cabinet system.

(7) **May Not Possess Unless Purchased from a Wholesaler or Manufactured by Licensee Pursuant to a Valid Microbrewer's License.** No excursion liquor license shall possess any intoxicating liquor which has not been purchased from, by or through wholesalers duly licensed by the Missouri Supervisor of Liquor Control, or brewed by the licensee pursuant to a valid microbrewer's license issued to the licensee by the Missouri Supervisor of Liquor Control. All purchases of intoxicating liquor containing alcohol in excess of five percent (5%) by weight, shall be purchased at the price posted at the Division of Liquor Control pursuant to sections 311.332-311.338, RSMo and 11 CSR 70-2.190.

(18) **Dispensing by Mechanical Devices Prohibited.** No retail licensee shall use or permit to be used upon his/her/its licensed premises any self-service, coin-operated, mechanical devices or automatic dispensers for the purpose of selling or dispensing intoxicating liquor. **This shall not prohibit sales using a controlled access liquor cabinet system as provided in 11 CSR 45-12.091.**

AUTHORITY: sections 313.004, 313.805 and 313.840, RSMo [1994] 2000. Emergency rule filed Sept. 1, 1993, effective Sept. 20, 1993, expired Jan. 17, 1994. Emergency rule filed Jan. 5,

**FISCAL NOTE
PRIVATE ENTITY COST**

I. RULE NUMBER

Title: 11 - DEPARTMENT OF PUBLIC SAFETY

Division: 45 - Missouri Gaming Commission

Chapter: 12 - Liquor Control

Type of Rulemaking: Proposed Amendment

Rule Number and Name: 11 CSR 45-12.090 - Rules of Liquor Control

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
1	Excursion Riverboat Gambling Licensees	\$100,000 to \$750,000

III. WORKSHEET**IV. ASSUMPTIONS**

If a licensee chooses to become licensed as a microbrewer, costs associated with equipment and related supplies could range from \$100,000 to \$750,000.

**Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 45—Missouri Gaming Commission
Chapter 12—Liquor Control**

PROPOSED RULE

11 CSR 45-12.091 Controlled Access Liquor Cabinet Systems

PURPOSE: The purpose for this rule is to allow qualifying licensees to make sales using a controlled access liquor cabinet system.

(1) As used in this section, the following terms mean:

(A) "Controlled access liquor cabinet," a closed container, either refrigerated in whole or in part or nonrefrigerated, access to the interior of which is restricted by means of a locking device which requires the use of a key, access by means of a locking device as hereinabove described;

(B) "Controlled access liquor cabinet system," a system for the sale of intoxicating liquor in qualified packages or containers in the rooms provided for the overnight accommodation of transient guests in a qualified establishment by means of a controlled access liquor cabinet, and such system shall permit the licensee to maintain in the rooms provided for the overnight accommodation of transient guests a controlled access liquor cabinet in which such licensee may maintain for sale intoxicating liquor in qualified packages or containers, together with, if desired, other beverages or food, and such system shall permit the adult registered guests of the room in which such controlled access liquor cabinet is located to use the key, magnetic card or other similar device to gain access to such controlled access liquor cabinet to obtain the intoxicating liquor or other beverages or food for consumption;

(C) "Qualified establishment," any establishment having at least forty (40) rooms for the overnight accommodation of transient guests and having a restaurant or similar facility on the premises at least sixty percent (60%) of the gross income of which is derived from the sale of prepared meals or food, which restaurant's annual gross food sales for the past two (2) years immediately preceding its application for a license shall not have been less than one hundred thousand dollars (\$100,000) per year or, if such restaurant has been in operation for less than two (2) years, such restaurant has been in operation for at least ninety (90) days preceding the application for license for sale of intoxicating liquor by means of controlled access liquor cabinets and has a projected experience based upon its sale of food during the preceding ninety (90) days which would exceed one hundred thousand dollars (\$100,000) per year;

(D) "Qualified packages or containers," packages or containers for intoxicating liquor, other than beer or other malt liquor, which hold not less than fifty (50) milliliters and not more than two hundred (200) milliliters, and any packages or containers for beer or other malt liquor;

(E) "Registered guest," each person who signs his/her name to the guest register of the qualified establishment or takes some other equivalent action for the purpose of registering as a guest of such qualified establishment;

(F) "Room," a room in a qualified establishment which is intended to be used as, and which is provided for, the overnight accommodation of transient guests.

(2) Notwithstanding any other provision of this chapter to the contrary, any person who possesses the qualifications required by this chapter, and who now or hereafter meets the requirements of and complies with the provisions of this chapter, and who operates a qualified establishment and who is licensed to sell liquor by the drink at retail with respect to such qualified establishment, may apply for, and the supervisor of liquor control shall issue, a license to sell intoxicating liquor in the rooms of such qualified establish-

ment by means of a controlled access liquor cabinet system on and subject to the following terms and conditions:

(A) The key, magnetic card or other similar device required to attain access to the controlled access liquor cabinet in a particular room may be provided only to each adult registered guest who is registered to stay in such room;

(B) Prior to providing a key, magnetic card or other similar device required to attain access to the controlled access liquor cabinet in a particular room to the registered guest, the licensee shall verify that each such registered guest to whom such key, magnetic card or similar device is to be provided is not a minor, as defined by section 311.310, RSMo;

(C) All employees handling the intoxicating liquor to be placed in the controlled access liquor cabinet, including without limitation any employee who inventories and/or restocks and replenishes the intoxicating liquor in the controlled access liquor cabinet, shall be at least eighteen (18) years of age and shall obtain such employee permits as the city, county or other local governmental entity in which the qualified establishment is located requires to be obtained by employees of the restaurant operated at such qualified establishment; provided, however, that no such employee permits shall be required of any employee who handles the intoxicating liquor in the original case and who does not open such original case;

(D) Registered guests may use the key, magnetic card or other similar device required to attain access to the controlled access liquor cabinet in such registered guest's room at any time; provided, however, that no controlled access liquor cabinet may be restocked or replenished with intoxicating liquor, nor shall any intoxicating liquor be delivered to a room in order to restock or replenish the supply of intoxicating liquor in the controlled access liquor cabinet, at any time when the restaurant operated at the qualified establishment is not permitted to sell liquor by the drink at retail pursuant to the provisions of this chapter;

(E) Upon request from the registered guest at any time, the qualified establishment shall cause all intoxicating liquor to be removed from the controlled access liquor cabinet in the room of such registered guest as soon as reasonably practicable; and

(F) The qualified establishment shall have the right to collect payment for the intoxicating liquor or other beverages or food taken from the controlled access liquor cabinet in the room of a registered guest in such manner as it shall determine to be appropriate, including without limitation the inclusion of such charges together with the charges made to such registered guest for the use of the room or for purchase of meals at the restaurant operated at such qualified establishment.

(3) Any new qualified establishment having been in operation for less than ninety (90) days may be issued a temporary license to sell intoxicating liquor in the rooms of such qualified establishment by means of a controlled access liquor cabinet system for a period not to exceed ninety (90) days if such establishment can show a projection of an annual business from prepared meals or food which would exceed not less than one hundred thousand dollars (\$100,000) per year.

(4) In addition to any right to sell granted pursuant to any other provision of this chapter, a duly licensed wholesaler shall be permitted to sell intoxicating liquor to a qualified establishment in any size of qualified packages or containers for use in a controlled access liquor cabinet system; provided, however, that as to any size of qualified packages or containers which could not be legally sold to the qualified establishment except for the provisions of this section, any such size of qualified packages or containers shall be sold by the qualified establishment only by means of the controlled access liquor cabinet system.

AUTHORITY: sections 313.004, 313.805 and 313.840, RSMo 2000. Original rule filed April 3, 2001.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than \$500 in the aggregate.

PRIVATE COST: This proposed rule will cost private entities more than \$500 in the aggregate. See fiscal note.

*NOTICE TO PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Gaming Commission, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the **Missouri Register**. A public hearing is scheduled for 10:00 a.m. on June 19, 2001 in the Missouri Gaming Commission's hearing room, 3417 Knipp Drive, Jefferson City, Missouri.*

**FISCAL NOTE
PRIVATE ENTITY COST**

I. RULE NUMBER

Title: 11 - DEPARTMENT OF PUBLIC SAFETY

Division: 45 - Missouri Gaming Commission

Chapter: 12 - Liquor Control

Type of Rulemaking: Proposed Amendment

Rule Number and Name: 11 CSR 45-12.091 - Controlled Access Liquor Cabinet Systems

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
1	Excursion Riverboat Gambling Licensees	\$1,050

III. WORKSHEET

IV. ASSUMPTIONS

If a licensee chooses to install controlled access liquor cabinet systems, the cost is estimated at approximately \$1,050 per hotel room.

**Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 3—State Sales Tax**

PROPOSED RESCISSION

12 CSR 10-3.280 Sale of Agricultural Products by the Producer. This rule interpreted the sales tax law as it applied to sales of agricultural products by the producer and interpreted and applied section 144.030.2(22), RSMo.

PURPOSE: This rule is being rescinded because it is superseded by other rules.

AUTHORITY: section 144.270, RSMo 1994. This rule was previously filed as rule no. 61 on Jan. 22, 1973, effective Feb. 1, 1973. S.T. regulation 030-16 was last filed Dec. 31, 1975, effective Jan. 10, 1976. Refiled March 30, 1976. Rescinded: Filed April 5, 2001.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than \$500 in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than \$500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to the proposed rescission with the Department of Revenue, Office of Legislation and Regulations, PO Box 629, Jefferson City, MO 65105. To be considered, comments must be received within thirty days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 3—State Sales Tax**

PROPOSED RESCISSION

12 CSR 10-3.882 Accrual Basis Reporting. This rule defined gross receipts and clarified how sellers were to report sales tax when their accounting method approximated gross receipts.

PURPOSE: This rule is being rescinded because it is superseded by other rules.

AUTHORITY: section 144.270, RSMo 1994. Original rule filed Oct. 25, 1990, effective March 14, 1991. Rescinded: Filed April 5, 2001.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than \$500 in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than \$500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to the proposed rescission with the Department of Revenue, Office of Legislation and Regulations, PO Box 629, Jefferson City, MO 65105. To be considered, comments must be received within thirty days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 30—Child Support Enforcement
Chapter 2—Performance Measures**

PROPOSED AMENDMENT

13 CSR 30-2.010 Prosecuting Attorneys' Performance Standards. The division is amending subsections (2)(K) and adding a new subsection (2)(D).

PURPOSE: The purpose of this amendment is to revise the time frames for prosecuting attorneys to file a petition under the Uniform Interstate Family Support Act to 14 days after all necessary information is received and to require prosecuting attorneys to attempt to establish a medical support order in all establishment actions.

(2) Performance Requirements Standards for All Counties on Cases Referred by the Division.

(K) [In all cases requiring that a petition be filed in another state under the Uniform Reciprocal Enforcement of Support Act (URESAs), the prosecuting attorney shall file the URESA petition within fourteen (14) calendar days after receiving the referral from the division, or within twenty (20) calendar days from the date of location of the absent parent, whichever is longer.] In all cases requiring that a petition be filed in another state under the Uniform Interstate Family Support Act (UIFSA), the prosecuting attorney shall file the UIFSA petition within fourteen (14) calendar days after receiving the referral from the division and, if appropriate, receipt of any necessary information needed to process the case.

(O) In all petitions filed with the court for the establishment of child support orders, the prosecuting attorney shall request an order for medical support.

AUTHORITY: section[s] 454.400.2(5) [and 454.500], RSMo [1994] 2000. Original rule filed Oct. 18, 1988, effective Jan. 13, 1989. Amended: Filed April 12, 2001.

PUBLIC COST: This proposed amendment is not estimated to cost state agencies or political subdivisions more than \$500 in the aggregate.

PRIVATE COST: This proposed amendment is not estimated to cost private entities more than \$500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Division of Child Support Enforcement, Gary Bailey, Director, Division of Child Support Enforcement, 3418 Knipp Drive, Suite F, Jefferson City, MO 65109. To be considered, comments must be received within thirty days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 16—RETIREMENT SYSTEMS
Division 10—The Public School Retirement System of Missouri
Chapter 3—Funds of Retirement System**

PROPOSED AMENDMENT

16 CSR 10-3.010 Payment of Funds to the Retirement System. The board is amending subsection (11)(E).

PURPOSE: This amendment provides an additional exception to the twenty percent limit on salary increases during a member's final average salary period.

(11) The terms "salary," "salary rate" and "compensation" are synonymous when used in regulations promulgated by the board, unless the context plainly requires a different meaning.

(E) In determining "final average salary" as defined in section 169.010, RSMo, the system will disregard any increase in compensation in excess of twenty percent (20%) from one year to the

next in the final average salary period. This limit will not apply to increases due to bona fide changes in position or employer [or], increases required by state statute, or district wide salary schedule adjustments for previously unrecognized education related service.

AUTHORITY: section 169.020 RSMo [Supp. 1998] 2000. Original rule filed Dec. 19, 1975, effective Jan. 1, 1976. Amended: Filed Feb. 16, 1988, effective July 1, 1988. Amended: Filed April 18, 1989, effective July 1, 1989. Amended: Filed April 24, 1996, effective Nov. 30, 1996. Amended: Filed Feb. 13, 1997, effective July 1, 1997. Amended: Filed July 8, 1997, effective Jan. 30, 1998. Amended: Filed June 14, 1999, effective Dec. 30, 1999. Amended: Filed April 12, 2001.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than \$500 in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than \$500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Public School and Non-Teacher School Employee Retirement Systems of Missouri, Joel Walters, Executive Director, PO Box 268, Jefferson City, MO 65102. To be considered, comments must be received within thirty days after publication of this notice in the Missouri Register. No public hearing is scheduled.

eighteen (18) sectors per track, double-sided (1.44 Mb). Shall be on media rated at least 135 tpi with 2.0 Mb total rating/ IBM formatted 1.44 Mb diskette; or

(8) The department shall develop and publish reports pertaining to individual hospitals and ambulatory surgical centers. The reports may include information on charges and quality of care indicators. The reports and the data they contain shall be public information and may be released on [magnetic] electronic media. The department shall make the reports and data available for a reasonable charge based on incurred costs.

Title 19—DEPARTMENT OF HEALTH

Division 10—Office of the Director

Chapter 33—Hospital and Ambulatory Surgical Center Data Disclosure

PROPOSED AMENDMENT

19 CSR 10-33.010 Reporting Patient Abstract Data by Hospitals and Ambulatory Surgical Centers. The department proposes to amend this rule by amending subsection (1)(I) to move Exhibit A from the conclusion of all the rules in this chapter to the conclusion of this rule; section (4), subsection (4)(B); section (8); and replacing Exhibit B.

PURPOSE: This amendment is to make the patient abstract data reporting requirements consistent with provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as they relate to standards for health data transactions, and to improve the capacity of the department to provide analyses and statistical information on community health assessments and public health topics.

(1) The following definitions shall be used in the interpretation of this rule:

(I) Outpatient encounters means patients seen in the emergency room, patients receiving invasive procedures on an outpatient basis—CPT codes 10000-69999 and ICD-9-CM codes 01.0-86.99, inclusive—and patients receiving selected services and procedures as defined in Exhibit A of this rule, **included herein**;

(4) The patient abstract data shall include the data elements and conform to the specifications listed in Exhibit B of this rule, **included herein**, and shall be submitted on [magnetic] electronic media. Acceptable [magnetic] electronic media include the following:

(B) [Floppy disk (MS-DOS/PC-DOS compatible). Three and one-half-inch (3 1/2") eighty (80) tracks per side,

CPT-4 Code	Description	ICD-9-CM Equiv.	CPT-4 Code	Description	ICD-9-CM Equiv.	CPT-4 Code	Description	ICD-9-CM Equiv.
43265	Endoscopic retrograde cholangiopancreatography (ERCP), with or without biopsy or collection of specimen, or both; for destruction lithotripsy of stone, any method	51.10	71260	with contrast material(s)	87.41	73202	without contrast material, followed by contrast material(s) and further sections	88.38
			71270	without contrast material, followed by contrast material(s) and further sections	87.41	73220	Magnetic resonance (*proton) imaging, upper extremity, other than joint	88.94
50080	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation endoscopy, lithotripsy, stenting or basket extraction; up to 2 cm	55.03	71550	Magnetic resonance (*proton) imaging, chest (for example, evaluation of hilar and mediastinal lymphadenopathy)	88.92	73221	Magnetic resonance (*proton) imaging, any joint of upper extremity	88.94
			72125	Computerized axial tomography, cervical spine; without contrast material	88.38	73700	Computerized axial tomography, lower extremity; without contrast material	88.38
50081	over 2 cm	55.03	72126	with contrast material	88.38	73701	with contrast material(s)	88.38
50590	Lithotripsy, extracorporeal shock wave	98.51	72127	without contrast material, followed by contrast material(s) and further sections	88.38	73702	without contrast material, followed by contrast material(s) and further sections	88.38
52337	Cystourethroscopy, with ureteroscopy or pyeloscopy, or both (includes dilation of the ureter by any method); with lithotripsy (ureteral catheterization is included)	56.0	72128	Computerized axial tomography, thoracic spine; without contrast material	88.38	73720	Magnetic resonance (*proton) imaging, lower extremity, other than joint	88.94
			72129	with contrast material	88.38	73721	Magnetic resonance (*proton) imaging, any joint of lower extremity	88.94
70336	Magnetic resonance (*proton) imaging, temporomandibular joint	88.97	72130	without contrast material, followed by contrast material(s) and further sections	88.38	74150	Computerized axial tomography, abdomen; without contrast material	88.01
70450	Computerized axial tomography, head or brain; without contrast material	87.03	72131	Computerized axial tomography, lumbar spine; without contrast material	88.38	74160	with contrast material(s)	88.01
70460	with contrast material(s)	87.03	72132	with contrast material	88.38	74170	without contrast material, followed by contrast material(s) and further sections	88.01
70470	without contrast material, followed by contrast material(s) and further sections	87.03	72133	without contrast material, followed by contrast material(s) and further sections	88.38	74181	Magnetic resonance (*proton) imaging, abdomen	88.97
70480	Computerized axial tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	87.03	72141	Magnetic resonance (*proton) imaging, spinal canal and contents, cervical; with out contrast material	88.93	75552	Magnetic resonance (*proton) imaging, myocardium	88.92
70481	with contrast material(s)	87.03	72142	with contrast material(s)	88.93	76070	Computerized tomography, bone density study	88.98
70482	without contrast material, followed by contrast material(s) and further sections	87.03	72144	Magnetic resonance (*proton) imaging, spinal canal and contents, thoracic; with out contrast material	88.93	76355	Computerized tomography guidance for stereotactic localization	87.03
70486	Computerized axial tomography, maxillofacial area; with out contrast material	87.03	72147	with contrast material(s)	88.93	76360	Computerized tomography guidance for needle biopsy, radiological supervision and interpretation	88.38
70487	with contrast material(s)	87.03	72148	Magnetic resonance (*proton) imaging, spinal canal and contents, lumbar; with out contrast material	88.93	76365	Computerized tomography guidance for cyst aspiration, radiological supervision and interpretation	88.38
70488	without contrast material, followed by contrast material(s) and further sections	87.03	72149	with contrast material(s)	88.93	76370	Computerized tomography guidance for placement of radiation therapy fields	88.38
70490	Computerized axial tomography, soft tissue neck; without contrast material	88.38	72156	Magnetic resonance (*proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	88.93	76375	Computerized tomography, coronal, sagittal, multiplanar, oblique or three (3)-dimensional reconstruction, or any combination of these	88.38
70491	with contrast material(s)	88.38	72157	thoracic	88.93	76380	Computerized tomography, limited or localized follow-up study	88.38
70492	without contrast material followed by contrast material(s) and further sections	88.38	72158	lumbar	88.93	76400	Magnetic resonance (*proton) imaging, bone marrow blood supply	88.94
70540	Magnetic resonance (*proton) imaging; orbit, face, and neck	88.97	72192	Computerized axial tomography, pelvis; without contrast material	88.38			
70551	Magnetic resonance (*proton) imaging, brain (including brain stem); without contrast material	88.91	72193	with contrast material(s)	88.38			
70552	with contrast material(s)	88.91	72194	without contrast material, followed by contrast material(s) and further sections	88.38			
70553	without contrast material, followed by contrast material(s) and further sequences	88.91	72196	Magnetic resonance (*proton) imaging, pelvis	88.95			
71250	Computerized axial tomography, thorax; without contrast material	87.41	73200	Computerized axial tomography, upper extremity; without contrast material	88.38			
			73201	with contrast material(s)	88.38			

EXHIBIT B
Patient Abstract System
A-Record
(Master Record)

Field Name	Relative Position	Field Length	Format	Justify	Description
Record type	1	1	A	L	Constant "A"
Provider identifier	2-11	10	A/N	L	This field shall contain the National Provider Identifier (NPI), when assigned. Prior to NPI assignment, enter the Medicare provider number (or state assigned number).
Unique encounter identifier	12-31	20	A/N	L	Unique identifier within facility (hospital or ASC) for each discharge record or patient encounter.
Type of encounter	32	1	N	L	Type of encounter record 1 = Inpatient; 2 = Outpatient.
Place of service	33	1	N	L	<u>For hospital inpatients</u> 1 = Acute medical/surgical unit (non PPS exempt); 2 = Psychiatric unit or facility; 3 = Medical rehabilitation unit or facility; 4 = Alternate level of care (SNF/ICF/Other LTC/Hospice/Sub Acute/Swing bed); 5 = Alcohol rehabilitation unit or facility; 6 = Drug rehabilitation unit or facility; 7 = Other. <u>For hospital outpatients</u> 1 = Emergency room; 2 = Outpatient surgery; 3 = Observation only; 4 = Other. <u>For ASC patients</u> 2 = Outpatient surgery
Patient name	34-63	30	A/N	L	Not to be reported for patients receiving treatment for alcohol or drug abuse. Last name, first name and middle initial of the patient. Use a comma to separate last and first names. No space should be left between a prefix and a name as in MacBeth. Titles (for example, Sir, Msgr., Dr.) should not be recorded. Record hyphenated names with the hyphen, as in Smith-Jones, Rebecca. To record suffix, write the last name, leave a space and write the suffix, then write the first name as in Snyder III, Harold.
Patient Social Security Number	64-72	9	N	R	Not to be reported for patients receiving treatment for alcohol or drug abuse. If patient refuses, code as 999999999.
Patient birthdate	73-80	8	N	R	MMDDYYYY
Patient sex	81	1	A	L	Patient sex at time of admission or start of care: M = Male; F = Female; U = Unknown/indeterminate.
Patient ethnicity	82	1	N	L	1 = Hispanic or Latino 2 = Neither Hispanic nor Latino

Field Name	Relative Position	Field Length	Format	Justify	Description
Patient race	83	1	N	L	1 = White; 2 = Black or African American; 3 = American Indian/Alaska Native; 4 = Asian; 5 = Native Hawaiian/Pacific Islander; 6 = Some other race 7 = Multi-racial (two or more races) 9 = Unknown or patient refused
State of residence	84-85	2	N	R	FIPS codes (homeless = 97; non-U.S. citizen = 98)
Zip code	86-90	5	N	R	First five digits (homeless = 99997; non-U.S. citizen = 99998)
County code	91-93	3	N	R	Required for Missouri residents. Use FIPS codes (homeless = 997; non-U.S. citizen = 998)
Census tract	94-100	7	A/N	L	Census Tract code: 7 characters, formatted XXXX.XX (where X is a digit 0-9) If census tract is not available, provide patient address information on the C-Record.
Admission date	101-108	8	N	R	MMDDYYYY
Admission hour	109-110	2	N	R	Required for inpatient records only 00 = 12:00-12:59 Midnight; 01 = 1:00-1:59 02 = 2:00-2:59 03 = 3:00-3:59 04 = 4:00-4:59 05 = 5:00-5:59 06 = 6:00-6:59 07 = 7:00-7:59 08 = 8:00-8:59 09 = 9:00-9:59 10 = 10:00-10:59 11 = 11:00-11:59 12 = 12:00-12:59 Noon; 13 = 1:00-1:59 14 = 2:00-2:59 15 = 3:00-3:59 16 = 4:00-4:59 17 = 5:00-5:59 18 = 6:00-6:59 19 = 7:00-7:59 20 = 8:00-8:59 21 = 9:00-9:59 22 = 10:00-10:59 23 = 11:00-11:59 99 = Unknown
Type of admission	111	1	N	L	Required for inpatient records only 1=Emergency—The patient requires immediate intervention as a result of severe, life threatening or potentially disabling conditions; 2=Urgent/Elective—(UB-92 codes 2 and 3); 4=Newborn—Use of this code requires special source of admission codes for newborns.

Field Name	Relative Position	Field Length	Format	Justify	Description
Source of admission/referral	112	1	N	L	<p>Code Structure for Adult/Pediatric Patients:</p> <p>1 = Direct admission or referral (UB-92 codes, 1, 2 and 3). The patient was admitted to this facility or referred for services upon the recommendation of a physician, or the facility's clinic or outpatient department. For emergency room patients, includes self-referral;</p> <p>2 = Transfer from other hospital (UB-92 Code 4). The patient was transferred for services to this facility or referred from an acute-care facility;</p> <p>3 = Transfer from long-term care facility (UB-92 codes to 5 and 6). The patient was transferred from or referred for services by an SNF or other long-term facility;</p> <p>4 = Emergency room admission or referral (UB-92 code 7). The patient was admitted to this facility or referred for outpatient services through the emergency room;</p> <p>8 = Other (UB-92 code 8);</p> <p>9 = Unknown/Information not available.</p> <p>Code Structure for Newborns:</p> <p>1 = Normal birth—A baby delivered without complications;</p> <p>2 = Premature birth—A baby delivered with time or weight factors, or both, qualifying it for premature status;</p> <p>3 = Sick baby—A baby delivered with medical complications other than those related to premature status;</p> <p>4 = Extramural birth—A newborn born in a nonsterile environment;</p> <p>9 = Information not available.</p>
Discharge Date	113-120	8	N	R	MMDDYYYY
Discharge hour	121-122	2	N	R	<p>Required for inpatient records only</p> <p>00 = 12:00-12:59 Midnight;</p> <p>01 = 1:00-1:59</p> <p>02 = 2:00-2:59</p> <p>03 = 3:00-3:59</p> <p>04 = 4:00-4:59</p> <p>05 = 5:00-5:59</p> <p>06 = 6:00-6:59</p> <p>07 = 7:00-7:59</p> <p>08 = 8:00-8:59</p> <p>09 = 9:00-9:59</p> <p>10 = 10:00-10:59</p> <p>11 = 11:00-11:59</p> <p>12 = 12:00-12:59 Noon;</p> <p>13 = 1:00-1:59</p> <p>14 = 2:00-2:59</p> <p>15 = 3:00-3:59</p> <p>16 = 4:00-4:59</p> <p>17 = 5:00-5:59</p> <p>18 = 6:00-6:59</p> <p>19 = 7:00-7:59</p> <p>20 = 8:00-8:59</p> <p>21 = 9:00-9:59</p> <p>22 = 10:00-10:59</p> <p>23 = 11:00-11:59</p> <p>99 = Unknown.</p>
Observation units	123-125	3	N	R	The number of hours spent by a patient held for observation

Field Name	Relative Position	Field Length	Format	Justify	Description
Disposition of patient	126-127	2	N	R	Designation of the circumstances associated with the patient's discharge. 01 = Discharged to home or self-care (routine discharge); 02 = Discharged/transferred to another short-term general hospital for inpatient care; 03 = Discharged/transferred to skilled nursing facility (SNF); 04 = Discharged/transferred to an intermediate care facility (ICF); 05 = Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution; 06 = Discharged/transferred to home under care of organized home health service organization; 07 = Left against medical advice or discontinued care; 08 = Discharged/transferred to home under care of a Home IV provider; 09 = Admitted as an inpatient to this hospital; 20 = Expired
Medical/Health record number	128-144	17	A/N	L	Number assigned to the patient's medical/health record by the provider
E-Code External cause of injury	145-149	5	A/N	L	The ICD-9-CM code for the external cause of injury, poisoning or adverse effect. If more than one E-Code, enter the first E-Code, according to coding guidelines. Required when either the Principal diagnosis code or Other diagnosis code reported is in the range 800.00-999.99
Place of injury code	150-154	5	A/N	L	The ICD-9-CM code for the place of injury reported in the External cause of injury field. Use when External Cause of Injury E-Code is E850 - E869 or E880-E928. Only codes in range E849.0-E849.9 are valid.
Principal diagnosis code	155-159	5	A/N	L	ICD-9-CM code. (Note: An E-Code is invalid as a principal diagnosis.)
Other diagnosis codes	160-199	40 (8 X 5)	A/N	L	ICD-9-CM code. Include any additional E-Codes not reported in the E-code or Place of injury fields.
Procedure coding method used	200	1	N	L	4 = CPT-4 5 = HCPCS 9 = ICD-9-CM
Principal procedure code/date Code Date	201-215	15 (7) (8)	A/N N	L	ICD-9-CM code or CPT-4 code MMDDYYYY
Other procedure codes and dates Code Date	216-290	75 (5 X 15) (7) (8)	A/N N	L	All significant procedures are to be reported First 7 positions of each 15 position field: The ICD-9-CM code(s) or CPT-4 code(s) for the secondary procedures Next 8 positions of each 15 position field: MMDDYYYY

Field Name	Relative Position	Field Length	Format	Justify	Description
Total charges	291-297	7	N	R	Total charges (those associated with revenue code 001) rounded to the nearest dollar
Expected sources of payment	298-306	9 (3 X 3)	N	L	<p>Payment sources expected to pay for the hospitalization or the ambulatory service being recorded, with the primary payer listed first:</p> <p>001 = Medicare, not managed care; 002 = Medicaid, not managed care; 003 = Other government, not managed care; 005 = Workers' Compensation, not managed care; 006 = Self pay; 007 = All commercial payers, not managed care; 008 = No charge; 010 = Other, not managed care; 101 = Medicare managed care; 102 = Medicaid managed care; 103 = Other government managed care; 105 = Workers' Compensation managed care; 107 = All commercial payers managed care; 110 = Other managed care; 999 = Unknown</p>
Attending physician ID	307-316	10	A/N	L	This field shall contain the National Provider Identifier (NPI) , when assigned, of the physician who has primary responsibility for the patient's medical care and treatment. Prior to NPI assignment, enter the Unique Physician Identification Number (UPIN), or if no UPIN, enter the Missouri license number. All entries must be left-justified.
Principal procedure physician ID	317-326	10	A/N	L	This field shall contain the National Provider Identifier (NPI) , when assigned, of the physician who performed the principal procedure. Prior to NPI assignment, enter the Unique Physician Identification Number (UPIN), or if no UPIN, enter the Missouri license number. All entries must be left-justified.

**B-Record
(Continuation Record)**

To be used when there are more diagnoses and/or procedures than will fit on the A-Record

Field Name	Relative Position	Field Length	Format	Justify	Description
Record type	1	1	A	L	Constant "B"
Provider identifier	2-11	10	A/N	L	This field shall contain the National Provider Identifier (NPI), when assigned. Prior to NPI assignment, enter the Medicare provider number (or state assigned number).
Unique encounter identifier	12-31	20	A/N	L	Unique identifier within facility (hospital or ASC) for each discharge record or patient encounter.
Other diagnosis codes	32-101	70 (14x5)	A/N	L	ICD-9CM Code
Additional procedures Procedure code	102-311	210 (14X15) (7)	A/N	L	First 7 positions of each 13 position field: The ICD-9CM Code(s) or CPT-4 code(s) for the other procedures
Procedure date		(8)	N	R	Next 6 positions of each 13 position field: MMDDYYYY
Filler	312-326	15			Spaces

**C-Record
(Continuation Record)**

To be used when census tract information is not available

Field Name	Relative Position	Field Length	Format	Justify	Description
Record type	1	1	A	L	Constant "C"
Provider identifier	2-11	10	A/N	L	This field shall contain the National Provider Identifier (NPI), when assigned. Prior to NPI assignment, enter the Medicare provider number (or state assigned number).
Unique encounter identifier	12-31	20	A/N	L	Unique identifier within facility (hospital or ASC) for each discharge record or patient encounter.
Residence Address Line 1	32-61	30	A/N	L	Free form address line
Residence Address Line 2	62-91	30	A/N	L	Free form address line
City	92-107	16	A/N	L	Name of city or town of residence
Zip code	108-112	5	N	R	First five digits of zip code
Filler	113-326	214			Spaces

AUTHORITY: section 192.667, RSMo [Supp. 1997] 2000. Emergency rule filed Nov. 4, 1992, effective Nov. 14, 1992, expired March 13, 1993. Emergency rule filed March 4, 1993, effective March 14, 1993, expired July 11, 1993. Original rule filed Nov. 4, 1992, effective June 7, 1993. Emergency amendment filed April 1, 1993, effective April 11, 1993, expired Aug. 8, 1993. Emergency amendment filed Aug. 10, 1993, effective Aug. 20, 1993, expired Nov. 18, 1993. Amended: Filed April 1, 1993, effective Dec. 9, 1993. Amended: Filed May 15, 1998, effective Nov. 30, 1998. Emergency amendment filed March 1, 2001, effective April 1, 2001, expires Jan. 10, 2002. Amended: Filed April 13, 2001.

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions \$477,000 in the aggregate for the first year of reporting. This is a one-time cost.

PRIVATE COST: This proposed amendment will cost private entities \$1,260,500 in the aggregate for the first year of reporting and \$25,000 for each subsequent reporting year.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Health, Center for Health Information Management and Epidemiology, Garland Land, Director, PO Box 570, Jefferson City, MO 65102, (573) 751-6272. To be considered, comments must be received within thirty days following the publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

**FISCAL NOTE
PUBLIC ENTITY COST**

I. RULE NUMBER

Title: 19 - Department of Health

Division: 10 - Office of the Director

Chapter: 33 – Hospital and Ambulatory Surgical Center Data Disclosure

Type of Rule Making: Proposed Amendment

Rule Number and Name: 19 CSR 10-33.010 Reporting Patient Abstract Data by Hospitals and Ambulatory Surgical Centers

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
	First Year (one -time) Cost
City hospitals	\$ 77,000
County hospitals	\$241,000
Hospital district hospitals	\$135,500
State hospitals	\$ 23,500
	Total First Year Cost
	\$477,000

III. WORKSHEET

Fiscal information was based on estimates provided by facilities, data vendors and the Hospital Industry Data Institute. The estimate in the aggregate was calculated as follows: (See Attachment)

IV. ASSUMPTIONS

1. Programming costs for changes to the file lay-out and data fields are one-time charges. These costs will vary depending on whether the facility: a) is part of a health system with shared data services, b) handles data services internally or c) contracts with an external data vendor.

It is estimated that approximately 70% of the independent (non-health system) facilities handle data internally; the remainder contract with an external data vendor.

The following multipliers were used to calculate the aggregate estimated costs for the required programming changes:

Health systems	\$13,500 per each
Independent hospitals (internal data services)	\$ 5,000 per each
Independent hospitals (external data vendor)	\$13,500 per each

2. It is assumed that facilities may need to create and implement new forms to capture the revised fields for race and ethnicity. The multiplier used to calculate the aggregate estimated costs for form changes and implementation is as follows:

Hospitals	\$ 5,000 per each
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3. Place of injury codes are not new data elements, however the revised lay-out requires that these codes be placed in a separate field from the other E-codes (external cause of injury codes). This change will be part of the programming and file lay-out changes and as such, will involve no additional costs.
4. Facilities have the option of providing address information or the census tract code equivalent. Those facilities that elect to provide the address information will not bear any cost for geo-coding. Facilities that report through the Hospital Industry Data Institute (HIDI) will submit the census tract equivalent codes in lieu of the address information. HIDI estimates that the geo-coding will cost \$20,000-30,000 per year. The mid-point figure of \$25,000 per annum was used as a private entity cost in the Private Entity Fiscal Note.

**III. Worksheet for Public Entity Fiscal Note
(Proposed Rule Amendment 19 CSR 10 – 33.010)**

Summary Totals: All Public Entities

<u>Cost Category</u>	<u>Entity Category</u>	<u>Units</u>	<u>Unit Cost</u>	<u>Total</u>
Programming/ File-lay-out Changes	Health Systems	1	\$13,500	\$ 13,500
	Independent Hospitals (internal data services)	25	\$ 5,000	\$125,000
	Independent Hospitals (external data vendor)	11	\$13,500	\$148,500
<u>Subtotal</u>				<u>\$287,000</u>
Form Changes and Implementation	Public Hospitals	38	\$ 5,000	<u>\$190,000</u>
TOTAL				<u>\$477,000</u>

City Hospitals

<u>Cost Category</u>	<u>Entity Category</u>	<u>Units</u>	<u>Unit Cost</u>	<u>Total</u>
Programming/ File-lay-out Changes	Independent Hospitals (internal data services)	4	\$ 5,000	\$ 20,000
	Independent Hospitals (external data vendor)	2	\$13,500	\$ 27,000
<u>Subtotal</u>				<u>\$ 47,000</u>
Form Changes and Implementation	City Hospitals	6	\$ 5,000	<u>\$ 30,000</u>
TOTAL				<u>\$ 77,000</u>

County Hospitals

<u>Cost Category</u>	<u>Entity Category</u>	<u>Units</u>	<u>Unit Cost</u>	<u>Total</u>
Programming/ File-lay-out Changes	Independent Hospitals (internal data services)	13	\$ 5,000	\$ 65,000
	Independent Hospitals (external data vendor)	6	\$13,500	\$ 81,000
<u>Subtotal</u>				<u>\$146,000</u>
Form Changes and Implementation	County Hospitals	19	\$ 5,000	<u>\$ 95,000</u>
TOTAL				<u>\$241,000</u>

Hospital District Hospitals

<u>Cost Category</u>	<u>Entity Category</u>	<u>Units</u>	<u>Unit Cost</u>	<u>Total</u>
Programming/ File-lay-out Changes	Independent Hospitals (internal data services)	8	\$ 5,000	\$ 40,000
	Independent Hospitals (external data vendor)	3	\$13,500	\$ 40,500
<u>Subtotal</u>				<u>\$ 80,500</u>
Form Changes and Implementation	District Hospitals	11	\$ 5,000	<u>\$ 55,000</u>
TOTAL				<u>\$135,500</u>

State Hospitals

<u>Cost Category</u>	<u>Entity Category</u>	<u>Units</u>	<u>Unit Cost</u>	<u>Total</u>
Programming/ File-lay-out Changes	Health System* (internal data services)	1	\$13,500	\$ 13,500
<u>Subtotal</u>				<u>\$ 13,500</u>
Form Changes and Implementation	State Hospitals	2	\$ 5,000	<u>\$ 10,000</u>
TOTAL				<u>\$ 23,500</u>

*Represents University Hospital and Clinics (consisting of the main campus, Ellis Fischel and Columbia Regional facilities) and Missouri Rehabilitation Center. Costs for form changes and implementation were calculated separately for UHC and Missouri Rehabilitation Center.

**FISCAL NOTE
 PRIVATE ENTITY COST**

I. RULE NUMBER

Title: 19 -Department of Health
 Division: 10 - Office of the Director
 Chapter: 33 – Hospital and Ambulatory Surgical Center Data Disclosure
 Type of Rule Making: Proposed Amendment
 Rule Number and Name: 19 CSR 10-33.010 Reporting Patient Abstract Data by Hospitals and Ambulatory Surgical Centers

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities.	
		<u>Year One</u>	<u>Annual (After Year One)</u>
11	Health systems	\$ 411,500	-0-
46	Independent private hospitals	\$ 579,000	-0-
38	Independent ambulatory Surgery centers (ASCs)	\$ 245,000	-0-
1	Health data organization	\$ 25,000	\$25,000
		<u>Year One Total (One-Time Cost)</u>	
		\$1,260,500	

III. WORKSHEET

Fiscal information was based on estimates provided by facilities, data vendors and the Hospital Industry Data Institute. The estimate in the aggregate was calculated as follows: (See Attachment)

IV. ASSUMPTIONS

1. Programming costs for changes to the file lay-out and data fields are one-time charges. These costs will vary depending on whether the facility: a) is part of a health system with shared data services, b) handles data services internally or c) contracts with an external data vendor.

Costs also vary by the facility type. Hospitals submit higher volume and more complex data records than do ambulatory surgery centers.

It is estimated that approximately 70% of the independent (non-health system) facilities handle data internally; the remainder contract with an external data vendor.

The following multipliers were used to calculate the aggregate estimated costs for the required programming changes:

Health systems	\$13,500 per each
Independent hospitals (internal data services)	\$ 5,000 per each
Independent hospitals (external data vendor)	\$ 13,500 per each
Ambulatory surgery centers (internal data services)	\$ 3,000 per each
Ambulatory surgery centers (external data vendor)	\$ 8,000 per each

- It is assumed that facilities may need to create new forms to capture the revised fields for race and ethnicity. Costs to implement the form changes will vary by facility type, with hospitals incurring somewhat higher costs, due to greater volume and a more complex organization structure. The multipliers used to calculate the aggregate estimated costs for form changes and implementation are as follows:

Hospitals	\$ 5,000 per each
Ambulatory surgery centers	\$ 2,000 per each

- Place of injury codes are not new data elements, however the revised lay-out requires that these codes be placed in a separate field from the other E-codes (external cause of injury codes). This change will be part of the programming and file lay-out changes and as such, will involve no additional costs.
- Facilities have the option of providing address information or the census tract equivalent. Those facilities that elect to provide the address information will not bear any cost for geo-coding. Facilities that report through the Hospital Industry Data Institute (HIDI) will submit the census tract equivalent codes in lieu of the address information. HIDI estimates that the geo-coding will cost \$20,000-30,000 per year. The mid-point of \$25,000 was used for the aggregate calculation.

**III. Worksheet for Private Entity Fiscal Note
 (Proposed Rule Amendment 19 CSR 10 – 33.010)**

A. Year One

I. Summary Totals: All Private Entities

<u>Cost Category</u>	<u>Entity Category</u>	<u>Units</u>	<u>Unit Cost</u>	<u>Total</u>
Programming/ File-lay-out Changes	Health Systems	11	\$13,500	\$148,500
	Independent Hospitals (internal data services)	32	\$ 5,000	\$160,000
	Independent Hospitals (external data vendor)	14	\$13,500	\$189,000
	Amb. Surgery Centers (internal data services)	27	\$ 3,000	\$ 81,000
	Amb. Surgery Centers (external data vendor)	11	\$ 8,000	\$ 88,000
<u>Subtotal</u>				<u>\$666,500</u>
Form Changes and Implementation	Private Hospitals	95	\$ 5,000	\$475,000
	Amb. Surgery Centers	47	\$ 2,000	\$ 94,000
<u>Subtotal</u>				<u>\$569,000</u>
Census Tract Geo-coding	Hospital Industry Data Institute	1	\$25,000	<u>\$ 25,000</u>
TOTAL				<u>\$1,260,500</u>

2. Summary Totals by Type of Private Entity**Health Systems**

<u>Cost Category</u>	<u>Entity Category</u>	<u>Units</u>	<u>Unit Cost</u>	<u>Total</u>
Programming/ File-lay-out Changes	Health Systems	11	\$13,500	\$148,500
				<u>\$148,500</u>
	Within-System Hospitals	49	\$ 5,000	\$245,000
	Within-System ASCs	9	\$ 2,000	\$ 18,000
				<u>\$263,000</u>
TOTAL				<u>\$411,500</u>

Independent Private Hospitals

<u>Cost Category</u>	<u>Entity Category</u>	<u>Units</u>	<u>Unit Cost</u>	<u>Total</u>
Programming/ File-lay-out Changes	Independent Hospitals (internal data services)	32	\$ 5,000	\$160,000
	Independent Hospitals (external data vendor)	14	\$ 13,500	\$189,000
				<u>\$349,000</u>
Form Changes and Implementation	Private Hospitals	46	\$ 5,000	<u>\$230,000</u>
TOTAL				<u>\$579,000</u>

Independent Ambulatory Surgery Centers (ASCs)

<u>Cost Category</u>	<u>Entity Category</u>	<u>Units</u>	<u>Unit Cost</u>	<u>Total</u>
Programming/ File-lay-out Changes	Amb. Surgery Centers (internal data services)	27	\$ 3,000	\$ 81,000
	Amb. Surgery Centers (external data vendor)	11	\$ 8,000	\$ 88,000
<u>Subtotal</u>				\$169,000
Form Changes and Implementation	Amb. Surgery Centers	38	\$ 2,000	\$ 76,000
<u>Subtotal</u>				\$ 76,000
TOTAL				<u>\$245,000</u>

Health Data Organization(s)

<u>Cost Category</u>	<u>Entity Category</u>	<u>Units</u>	<u>Unit Cost</u>	<u>Total</u>
Census Tract Geo-coding	Hospital Industry Data Institute	1	\$25,000	\$ 25,000
TOTAL				<u>\$ 25,000</u>
GRAND TOTAL-Year One				\$1,260,500

B. Annual Costs After Year One

<u>Cost Category</u>	<u>Entity Category</u>	<u>Units</u>	<u>Unit Cost</u>	<u>Total</u>
Census Tract Geo-coding	Hospital Industry Data Institute	1	\$25,000	<u>\$ 25,000</u>
TOTAL				<u>\$ 25,000</u>

**Title 19—DEPARTMENT OF HEALTH
Division 10—Office of the Director
Chapter 33—Hospital and Ambulatory Surgical Center
Data Disclosure**

PROPOSED AMENDMENT

19 CSR 10-33.020 Reporting Charges for Leading Diagnoses and Procedures by Hospitals and Ambulatory Surgical Centers. The department proposes to amend this rule by amending section (1) to move Exhibit C from the conclusion of all the rules in this chapter to the conclusion of this rule.

PURPOSE: This amendment is to move Exhibit C from the conclusion of all the rules in this chapter to the conclusion of this rule.

(1) Hospitals and ambulatory surgical centers shall report to the Department of Health by March 1 of each year, the charges as of December 31 of the previous year for the diagnoses and procedures listed in Exhibit C of this rule, **included herein**.

EXHIBIT C

List of Diagnoses and Procedures List of Inpatient Diagnoses

Cesarean section without complications or comorbidities, or both

Four-day stay
DRG 371

Vaginal delivery without complicating diagnoses

Two-day stay
DRG 373

Normal newborn

Two-day stay
DRG 391

List of Outpatient Procedures*

Operations on the Nervous System

Epidural pain block

CPT-4 62278 Injection of anesthetic substance (including narcotics), diagnostic or therapeutic; lumbar or caudal epidural, single
ICD-9 03.91 Injection of anesthetic into spinal canal for analgesia

Carpal tunnel release

CPT-4 64721 Neuroplasty or transposition, or both; median nerve at carpal tunnel
ICD-9 04.43 Release of carpal tunnel

Operations on the Eye

Radial keratotomy (surgical correction of myopia)

CPT-4 65771 Radial keratotomy
ICD-9 11.75 Radial keratotomy

Cataract removal, with intraocular lens implant

CPT-4 66983 Intracapsular cataract extraction with insertion of intraocular lens prosthesis (one stage procedure)
CPT-4 66984 Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (for example, irrigation and aspiration or phacoemulsification)
ICD-9 13.19 Other intracapsular extraction of lens, plus
ICD-9 13.71 Insertion of intraocular lens prosthesis at time of cataract extraction, one (1) stage
ICD-9 13.59 Other extracapsular extraction of lens, plus
ICD-9 13.71 Insertion of intraocular lens prosthesis at time of cataract extraction, one (1) stage

Removal of secondary cataract

CPT-4 66821 Discussion of secondary membranous cataract (opacified posterior lens capsule, anterior haloid, or both); laser surgery (for example, YAG laser) (one (1) or more stages)
ICD-9 13.64 Discussion of secondary membrane (after cataract)

Secondary insertion of intraocular lens/Exchange of intraocular lens

CPT-4 66985 Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal
CPT-4 66986 Exchange of intraocular lens
ICD-9 13.72 Secondary insertion of intraocular lens prosthesis

Operations on the Ear, Nose, Mouth and Pharynx

Myringotomy, with or without tubes

CPT-4 69421 Myringotomy including aspiration or eustachian tube inflation, or both, requiring general anesthesia
CPT-4 69436 Tympanostomy (requiring insertion of ventilating tube), general anesthesia
ICD-9 20.01 Myringotomy with insertion of tube

Nasal fracture, closed reduction

CPT-4 21320 Manipulative treatment, nasal bone fracture; with stabilization
ICD-9 21.71 Closed reduction of nasal fracture

Septoplasty

CPT-4 30520 Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
ICD-9 21.88 Other septoplasty

Tonsillectomy without adenoidectomy

CPT-4 42825 Tonsillectomy, primary or secondary; under age 12
CPT-4 42826 age 12 or over
ICD-9 28.2 Tonsillectomy without adenoidectomy

Tonsillectomy with adenoidectomy

CPT-4 42820 Tonsillectomy and adenoidectomy; under age 12
CPT-4 42821 age 12 or over
ICD-9 28.3 Tonsillectomy with adenoidectomy

Operations on the Cardiovascular System

Cardiac catheterization, left heart

- CPT-4 93510 Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; percutaneous
- CPT-4 93511 by cutdown
- CPT-4 93514 Left heart catheterization by left ventricular puncture
- CPT-4 93524 Combined transseptal and retrograde left heart catheterization
- ICD-9 37.22 Left heart cardiac catheterization

Varicose vein ligation and stripping

- CPT-4 37720 Ligation and division and complete stripping of long or short saphenous veins
- ICD-9 38.5 Ligation and stripping of varicose veins

Endoscopic Procedures

Bronchoscopy, diagnostic

- CPT-4 31622 Bronchoscopy; diagnostic, (flexible or rigid), with or without cell washing or brushing
- ICD-9 33.22 Fiber-optic bronchoscopy
- ICD-9 33.23 Other bronchoscopy

Dilation of esophagus

- CPT-4 43455 Dilation of esophagus, by balloon or dilator; under fluoroscopic guidance
- CPT-4 43456 retrograde
- ICD-9 42.92 Dilation of esophagus

Upper GI endoscopy, diagnostic

- CPT-4 43235 Upper gastrointestinal endoscopy including esophagus, stomach and either the duodenum, jejunum, or both, as appropriate; complex diagnostic
- ICD-9 44.13 Other endoscopy of small intestine

Endoscopy of small intestine, diagnostic

- CPT-4 44360 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum; diagnostic
- ICD-9 45.13 Other endoscopy of small intestine

Colonoscopy, diagnostic

- CPT-4 45378 Colonoscopy, fiber-optic, beyond splenic flexure; diagnostic, with or without colon decompression
- ICD-9 45.23 Colonoscopy

Sigmoidoscopy, diagnostic

- CPT-4 45330 Sigmoidoscopy, flexible fiber-optic; diagnostic
- ICD-9 45.24 Flexible sigmoidoscopy

Operations on the Digestive System

Cholecystectomy (gall bladder removal)

- CPT-4 49310 Laparoscopy, surgical; cholecystectomy (any method)
- ICD-9 51.23 Laparoscopic cholecystectomy

Inguinal hernia repair

- CPT-4 49500 Repair inguinal hernia, under age 5 years, with or without hydrocelectomy
- CPT-4 49505 Repair inguinal hernia, age 5 or over
- ICD-9 53.00 Unilateral repair of inguinal hernia, not otherwise specified
- ICD-9 53.01 Repair of direct inguinal hernia
- ICD-9 53.02 Repair of indirect inguinal hernia

Diagnostic laparoscopy

- CPT-4 58980 Laparoscopy, diagnostic (separate procedure)
- ICD-9 54.21 Laparoscopy

Cystoscopy

- CPT-4 52000 Cystourethroscopy (separate procedure)
- ICD-9 57.32 Other cystoscopy

Sterilization

Vasectomy

- CPT-4 55250 Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)
- ICD-9 63.73 Vasectomy

Tubal ligation

- CPT-4 58982 Laparoscopy, surgical; with fulguration of oviducts (with or without transection)
- CPT-4 58983 with occlusion of oviducts by device (for example, band, clip, or Falope ring)
- ICD-9 66.21 Bilateral endoscopic ligation and crushing of fallopian tubes
- ICD-9 66.22 Bilateral endoscopic ligation and division of fallopian tubes
- ICD-9 66.29 Other bilateral endoscopic destruction or occlusion of fallopian tubes

Gynecological Operations

Conization of cervix

CPT-4 57520 Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair (any method)

ICD-9 67.2 Conization of cervix

Laser destruction of cervical lesion

CPT-4 57513 Cauterization of cervix; laser ablation

ICD-9 67.39 Other excision or destruction of lesion or tissue of cervix

Diagnostic D & C

CPT-4 58120 Dilation and curettage, diagnostic therapeutic (nonobstetrical), or both

ICD-9 69.09 Other dilation and curettage

Operations on the Musculoskeletal System

Bunionectomy

CPT-4 28110 Osteotomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)

CPT-4 28290 Hallux valgus (bunion) correction, with or without sesamoidectomy; simple exostectomy (Silver type procedure)

CPT-4 28292 Keller, McBride or Mayo type procedure

CPT-4 28293 resection of joint with implant

CPT-4 28294 with tendon transplants (Joplin type procedure)

CPT-4 28296 with metatarsal osteotomy (for example, Mitchell, Chevron, or concentric type procedures)

CPT-4 28297 Lapidus type procedure

CPT-4 28298 by phalanx osteotomy

CPT-4 28299 by other methods (for example, double osteotomy)

ICD-9 77.51 Bunionectomy with soft tissue correction and osteotomy of the first metatarsal

ICD-9 77.52 Bunionectomy with soft tissue correction and arthrodesis

ICD-9 77.53 Other bunionectomy with soft tissue correction

ICD-9 77.54 Excision or correction of bunionette

ICD-9 77.57 Repair of claw toe

ICD-9 77.58 Other excision, fusion and repair of toes

ICD-9 77.59 Other bunionectomy

Hammertoe correction

CPT-4 28285 Hammertoe operation; one toe (for example, interphalangeal fusion, filleting, phalangectomy)

ICD-9 77.56 Repair of hammertoe

Knee arthroscopy, diagnostic

CPT-4 29870 Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)

ICD-9 80.26 Arthroscopy, knee

ICD-9 80.36 Biopsy of joint structure, knee

Knee arthroscopy, removal of cartilage

CPT-4 29881 Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral including any meniscal shaving)

ICD-9 80.6 Excision of semilunar cartilage of knee

Ganglionectomy, hand or wrist

CPT-4 25111 Excision of ganglion, wrist (dorsal or volar); primary

CPT-4 26160 Excision of lesion of tendon sheath or capsule (for example, cyst, mucous cyst, or ganglion), hand or finger

ICD-9 82.21 Excision of lesion of tendon sheath of hand

Operations on the Integumentary System

Breast biopsy, incisional

CPT-4 19101 Biopsy of breast; incisional

ICD-9 85.12 Open biopsy of breast

Removal of breast lesion

CPT-4 19120 Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion or nipple lesion (except 19140), male or female, one or more lesions

ICD-9 85.21 Local excision of lesion of breast

Miscellaneous Diagnostic and Therapeutic Procedures

CAT scan of head, without contrast

CPT-4 70450 Computerized axial tomography, head or brain; without contrast material

ICD-9 87.03 Computerized axial tomography of head

CAT scan of head, with and without contrast

CPT-4 70470 Computerized axial tomography, head or brain; without contrast material, followed by contrast material(s) and further sections

ICD-9 87.03 Computerized axial tomography of head

Contrast myelogram of spine

CPT-4 61055 Cisternal or lateral cervical (C1-C2) puncture; with injection of drug or other substance for diagnosis or treatment (C1-C2) or

CPT-4 62284 Injection procedure for myelography or computerized axial tomography, or both, spinal (other than C1-C2 and posterior fossa), plus

CPT-4 72270 Myelography, entire spinal canal, radiological supervision and interpretation

ICD-9 87.21 Contrast myelogram

Mammography

CPT-4 76092 Screening mammography, bilateral (two view film study of each breast)

ICD-9 87.37 Other mammography (X-ray imaging of the breast, other than xerography)

CAT scan of abdomen, without contrast

CPT-4 74150 Computerized axial tomography, abdomen; without contrast material

ICD-9 88.01 Computerized axial tomography of abdomen

CAT scan of abdomen, with and without contrast

CPT-4 74170 Computerized axial tomography, abdomen; without contrast material, followed by contrast material(s) and further sections

ICD-9 88.01 Computerized axial tomography of abdomen

Diagnostic ultrasound, abdomen and retroperitoneum

CPT-4 76700 Echography, abdominal, B-scan or real time with image documentation, or both; complete

CPT-4 76770 Echography, retroperitoneal (for example, renal, aorta, nodes), B-scan or real time with image documentation, or both; complete

ICD-9 88.76 Diagnostic ultrasound of abdomen and retroperitoneum

Diagnostic ultrasound, gravid uterus

CPT-4 76805 Echography, pregnant uterus, B-scan or real time with image documentation, or both; complete (complete fetal and maternal evaluation)

CPT-4 76810 complete (complete fetal and maternal evaluation), multiple gestation, after the first trimester

ICD-9 88.78 Diagnostic ultrasound of gravid uterus

Magnetic resonance imaging, brain, without contrast

CPT-4 70551 Magnetic resonance (for example, proton) imaging, brain (including brain stem); without contrast material

ICD-9 88.91 Magnetic resonance imaging of brain and brain stem

Magnetic resonance imaging, brain, with and without contrast

CPT-4 70553 Magnetic resonance (for example, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences

ICD-9 88.91 Magnetic resonance imaging of brain and brain stem

Magnetic resonance imaging, spinal canal, without contrast

CPT-4 72141 Magnetic resonance (for example, proton) imaging, spinal canal and contents, cervical; without contrast material

CPT-4 72146 Magnetic resonance (for example, proton) imaging, spinal canal and contents, thoracic; without contrast material

CPT-4 72148 Magnetic resonance (for example, proton) imaging, spinal canal and contents, lumbar; without contrast material

ICD-9 88.93 Magnetic resonance imaging of spinal canal

Magnetic resonance imaging, spinal canal, with and without contrast

CPT-4 72156 Magnetic resonance (for example, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical

CPT-4 72157 thoracic

CPT-4 72158 lumbar

ICD-9 88.93 Magnetic resonance imaging of spinal canal

Treadmill stress test

CPT-4 93015 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise or pharmacological stress, or both;

continuous electrocardiographic monitoring, with interpretation and report

ICD-9 89.41 Cardiovascular stress test using treadmill

Electrocardiogram

CPT-4 93000 Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report

ICD-9 89.52 Electrocardiogram

Extracorporeal shockwave lithotripsy, kidney, ureter or bladder, or any combination of these

CPT-4 50590 Lithotripsy, extracorporeal shockwave

ICD-9 98.51 Extracorporeal shock wave lithotripsy (ESWL) of the kidney, ureter or bladder, or any combination of these

*Charges for outpatient procedures shall include the facility's total customary charges for a specific procedure or group of procedures defined according to ICD-9-CM or CPT-4 codes. Charges shall include fees associated with the preparation of the patient (preoperative phase), performance of the procedure (intraoperative phase) and recovery (postoperative phase): Preoperative phase includes those services and procedures that prepare the patient for the surgical procedure. It shall include, but is not limited to, charges for standard preoperative diagnostic laboratory testing, radiological services, preparatory pharmaceuticals (preoperative medications), skin preparation supplies, and the like. Intraoperative phase includes those services and procedures during the period of time of the actual surgical procedure itself (as identified by ICD-9-CM or CPT-4 code) as performed to eliminate or improve the patient's diagnostic condition. It shall include, but is not limited to, room charges for the surgery suite, anesthesia and other intraoperative pharmaceuticals, equipment and supplies (drapes/barriers, electrocautery tips and grounding pads, specialized scalpel blades, dressing materials, casting materials and orthopedic supplies, and the like). Postoperative phase includes those services and procedures that are provided to the patient from the point at which the patient exits the surgery suite to the point at which the patient is discharged from the facility. It shall include, but is not limited to, charges for use of the recovery room, dressings, pharmaceuticals, respiratory therapy, supplies and the like. Professional fees for facility-based radiologists, pathologists, anesthesiologists and the like, if they are reported by the facility, shall be reported separately.

AUTHORITY: section 192.667, RSMo [Supp. 1992] 2000. Emergency rule filed Nov. 4, 1992, effective Nov. 14, 1992, expired March 13, 1993. Emergency rule filed March 4, 1993, effective March 14, 1993, expired July 11, 1993. Original rule filed Nov. 4, 1992, effective June 7, 1993. Emergency amendment filed April 1, 1993, effective April 11, 1993, expired Aug. 8, 1993. Emergency amendment filed Aug. 10, 1993, effective Aug. 20, 1993, expired Nov. 18, 1993. Amended: Filed April 1, 1993, effective Dec. 9, 1993. Amended: Filed April 13, 2001.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than \$500 in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than \$500 in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Health, Center for Health Information Management and Epidemiology, Garland Land, Director, PO Box 570, Jefferson City, MO 65102, (573) 751-6272. To be considered, comments must be received within thirty days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH

Division 10—Office of the Director

Chapter 33—Hospital and Ambulatory Surgical Center Data Disclosure

PROPOSED AMENDMENT

19 CSR 10-33.030 Reporting Financial Data by Hospitals. The department proposes to amend this rule by amending section (1) to move Exhibit D from the conclusion of all the rules in this chapter to the conclusion of this rule.

PURPOSE: This amendment is to relocate the Exhibit D from the conclusion of all the rules in this chapter to the conclusion of this rule.

(1) Hospitals shall report the financial data listed in Exhibit D of this rule, **included herein**, for the previous fiscal year to the Department of Health by April 15 of each year starting in 1993. If any data element has been submitted previously to the Division of Medical Services of the Department of Social Services, the hospital does not have to report that data to the Department of Health. The Department of Health shall notify each hospital what data elements are not available from the Division of Medical Services.

EXHIBIT D

Financial Data Elements

BALANCE SHEET*

1a.	Cash and cash equivalents	_____	
1b.	Net patient accounts receivable	_____	
1c.	Other current assets	_____	
1d.	Total current assets		_____
2a.	Fixed assets at cost	_____	
2b.	Less: accumulated depreciation	_____	
2c.	Fixed assets (net)		_____
3.	Other assets		_____
4.	Total assets		_____
5.	Current liabilities		_____
6.	Long-term debt		_____
7.	Other long-term liabilities		_____
8.	Fund balance		_____
9.	Total liabilities and fund balance		_____

INCOME STATEMENT**

1a.	Inpatient revenue	_____	
1b.	Outpatient revenue	_____	
1c.	Total gross patient revenue		_____
2a.	Charity care	_____	
2b.	Other allowances and deductions	_____	
2c.	Total deductions and allowances		_____
3.	Net patient revenue		_____
4.	Other revenue		_____
5.	Total revenue		_____
6a.	Payroll expenses	_____	
6b.	Employee benefits	_____	
6c.	Depreciation expense	_____	
6d.	Bad debt expense	_____	
6e.	All other operating expenses	_____	
6f.	Total operating expenses		_____
7.	Net income from operations		_____
8a.	Investment income	_____	
8b.	Contributions	_____	
8c.	Tax support and other subsidies	_____	
8d.	Miscellaneous gains and losses	_____	
8e.	Nonoperating gains and losses		_____
9.	Net income before extraordinary and other nonrecurring items		_____
10.	Extraordinary gains and losses		_____
11.	Net income		_____

SUPPLEMENTAL ITEMS***

1.	If depreciation is funded, balance at end of reporting period		_____
2a.	Medicare gross patient revenue	_____	
2b.	Medicaid gross patient revenue	_____	
2c.	Other government patient revenue	_____	
2d.	Nongovernment patient revenue	_____	

Definitions for Exhibit D

Balance Sheet*

- 1a. *Cash and cash equivalents* means money on hand, and includes money in checking accounts, time deposits, temporary cash investments and uninvested funds held by investment custodians.
- 1b. *Net patient accounts receivable* means accounts receivable, net of estimated uncollectibles.
- 1c. *Other current assets* means other accounts receivable, notes receivable and may include the current portion of assets whose use is limited, prepaid expenses, inventory and short-term investments.
- 1d. *Total current assets* means the sum of lines 1a. through 1c.
- 2a. *Fixed assets at cost* means land, land improvements, buildings and improvements, leasehold improvements, equipment (fixed and movable), leased property and equipment, and construction in progress, at cost.
- 2b. *Accumulated depreciation* means depreciation and amortization.
- 2c. *Fixed assets (net)* means fixed assets at cost (line 2a.) less accumulated depreciation (line 2b.).
3. *Other assets* means all other assets, and may include deferred financing costs, unamortized bond issue costs, investment in affiliated company, deferred third-party reimbursement and other assets.
4. *Total assets* means the sum of lines 1d., 2c. and 3.
5. *Current liabilities* means those which will be discharged with current assets, and may include notes payable to banks; the current portion of long-term debt; accounts payable; advances from and amounts payable to third-party payers for estimated and final reimbursement settlements; refunds to and deposits from patients and others; deferred revenue; accrued salaries and payroll taxes; and other accruals such as pension or profit-sharing contributions, compensated absences, and income and other taxes.
6. *Long-term debt* means notes payable, mortgages payable, capital leases, bonds payable and loans/contracts payable.
7. *Other long-term liabilities* means other long-term obligations, and may include estimated malpractice costs, deferred compensation payable, deferred third-party reimbursement and accrued pension/deferred pension liability.
8. *Fund balance* means the excess of assets over liabilities (net equity). An excess of liabilities over assets is reflected as a deficit.
9. *Total liabilities and fund balance* means the sum of lines 5.-8. Must agree with total assets, line 4.

Income Statement**

- 1a. *Inpatient revenue* means full hospital charges for all hospital services to inpatients.
- 1b. *Outpatient revenue* means full hospital charges for all hospital services to outpatients.
- 1c. *Total gross patient revenue* means the sum of lines 1a. and 1b. Full hospital charges for all hospital patient services before considering any deductions for charity care or contractual allowances.
- 2b. *Other allowances and deductions* means revenue deductions incurred in treating patients other than charity patients, including Medicare, Medicaid, other insured and uninsured patients. It includes courtesy discounts given to employees and others. It does not include bad debt expense, which is to be reported as an operating expense (line 6d.).
- 2c. *Total allowance and deductions* means the sum of lines 2a. and 2b.
3. *Net patient revenue* means total gross revenue (line 2.) less total allowances and deductions (line 2c.).
4. *Other revenue* means revenue from services other than health care provided to patients and residents, and includes sales and services to nonpatients. This revenue arises from the normal day-to-day operations of the health care entity. Other revenues may include: revenue such as gifts, grants, or endowment income restricted by donors to finance charity care; revenue from educational programs; revenue from research and other gifts and grants; revenue from miscellaneous sources, such as rental of facility space, sales of medical and pharmacy supplies, fees charged for transcripts for attorneys, insurance companies and others, proceeds from the sale of cafeteria meals and guest trays, proceeds from the sale of scrap, used X-ray film, and proceeds from sales at gift shops, snack bars, newsstands, parking lots, vending machines and other service facilities operated by the health care entity.
5. *Total revenue* means the sum of lines 3. and 4.
- 6a. *Payroll expenses* means salaries and wages paid to employees of the health care entity.
- 6b. *Employee benefits* means Social Security, group insurance, retirement benefits, Workers' Compensation, unemployment insurance and others.
- 6c. *Depreciation expense* means depreciation and amortization of property and equipment recorded for the reporting period.
- 6d. *Bad debt expense* means revenue amounts deemed uncollectible primarily because of a patient's unwillingness to pay as determined after collection efforts based upon sound credit and collection policies. It does not include charity care, which is to be reported on line 2a.
- 6e. *All other operating expenses* means expenses for professional fees, interest, supplies, purchased services, utilities, income taxes, operating losses and any other expenses not included in the above categories.
- 6f. *Total operating expenses* means the sum of lines 6a.–6e.
7. *Income from operations* means total revenue (line 5.) less total operating expenses (line 6f.).
- 8a. *Investment income* means return on investments of general funds, except that investment income and realized gains and losses on borrowed funds held by a trustee, investment income on malpractice trust funds and investment income that is essential to the ongoing major or central operations are included in other revenue (line 4.).
- 8b. *Contributions* means contributions, donations and bequests for general operating purposes from foundations, similar groups or individuals, or any combination of these.
- 8c. *Tax support and other subsidies* means tax levies and other subsidies from governmental or community agencies received for general support of the entity.
- 8d. *Miscellaneous gains and losses* means all other gains and losses from a provider's peripheral or incidental transactions, such as gain or loss on sale of health care entity properties; net rentals of facilities used in the operation of the entity; and term endowment funds that are available for general operating purposes upon termination of restrictions.
- 8e. *Nonoperating gains and losses* means the sum of lines 8a.–8d.
9. *Net income before extraordinary and other nonrecurring items* means the sum of net income from operations (line 7.) and nonoperating gains and losses (line 8e.).
10. *Extraordinary gains and losses* means gains or losses unusual in amount and nonrecurring in nature that do not result from normal operating activities. Events or transactions that occur frequently in the health care environment, such as large, unrestricted gifts, cannot be regarded as extraordinary, regardless of their financial effect, and are to be included in ordinary income.
11. *Net income* means the sum of lines 9. and 10.

Supplemental Items***

1. *Funded depreciation* means cash resources which have been set aside and accumulated for the purpose of financing the renewal or replacement of plant assets.
- 2a. *Medicare gross patient revenue* means full hospital charges for all hospital services provided to Medicare patients.
- 2b. *Medicaid gross patient revenue* means full hospital charges for all hospital services provided to Medicaid patients.
- 2c. *Other government patient revenue* means full hospital charges for all hospital services provided to other government patients, including CHAMPUS, government retirement and Crippled Children's Service.
- 2d. *Nongovernment patient revenue* means full hospital charges for all hospital services provided to nongovernment patients, including those with private insurance, those belonging to HMOs or PPOs, and those without insurance.

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