Volume 30, Number 5
Pages 429–504
March 1, 2005

SALUS POPULI SUPREMA LEX ESTO

"The welfare of the people shall be the supreme law."

ROBIN CARNAHAN

SECRETARY OF STATE

MISSOURI REGISTER

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MISSOURI REGISTER

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October 17, 2005	**November 15, 2005**	November 30, 2005	December 30, 2005
November 1, 2005	**December 1, 2005**	December 31, 2005	January 30, 2006
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Documents will be accepted for filing on all regular workdays from 8:00 a.m. until 5:00 p.m. We encourage early filings to facilitate the timely publication of the *Missouri Register*. Orders of Rulemaking appearing in the *Missouri Register* will be published in the *Code of State Regulations* and become effective as listed in the chart above. Advance notice of large volume filings will facilitate their timely publication. We reserve the right to change the schedule due to special circumstances. Please check the latest publication to verify that no changes have been made in this schedule. To review the entire year's schedule, please check out the website at http://www.sos.mo.gov/adrules/pubsched.asp

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HOW TO CITE RULES AND RSMo

RULES—Cite material in the *Missouri Register* by volume and page number, for example, Vol. 28, *Missouri Register*, page 27. The approved short form of citation is 28 MoReg 27.

The rules are codified in the *Code of State Regulations* in this system—

Title	***Code of State Regulations***	**Division**	**Chapter**	**Rule**
1	CSR	10-	1.	010
Department		Agency, Division	General area regulated	Specific area regulated

They are properly cited by using the full citation , i.e., 1 CSR 10-1.010.

Each department of state government is assigned a title. Each agency or division within the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraph 1., subparagraph A., part (I), subpart (a), item I. and subitem a.

RSMo—The most recent version of the statute containing the section number and the date.

The Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo Supp. 2002.

EXECUTIVE ORDER
05-08

WHEREAS, the Division of Design and Construction within the Office of Administration was created by Section 8.120, RSMo, to supervise the design, construction, renovations and repair of state facilities; and

WHEREAS, the Division of Facilities Management within the Office of Administration was established by Executive Order 94-07 and Section 8.110, RSMo, to have responsibility for state leasing and facilities management; and

WHEREAS, prior to 1994, responsibility for state leasing and facilities management resided with the Division of Design and Construction within the Office of Administration; and

WHEREAS, the consolidation of the Division of Facilities Management and the Division of Design and Construction will benefit the citizens of the State of Missouri by promoting efficiency, avoiding duplication of services, and reducing costs; and

WHEREAS, the Governor, in consultation with the Commissioner of Administration, has determined that the best way to accomplish this consolidation is to abolish Division of Design and Construction and transfer its responsibilities and functions to the Division of Facilities Management.

NOW THEREFORE, I, Matt Blunt, Governor of the State of Missouri, by virtue of the authority vested in me by the Constitution and laws of the State of Missouri, including Article IV, Section 12, Missouri Constitution, Chapter 26, RSMo, and the Omnibus State Reorganization Act of 1974, hereby:

1. Abolish the Division of Design and Construction and transfer to the Division of Facilities Management the authority, powers, duties, functions, records, personnel, property, contracts, budgets, matters pending, and other pertinent vestiges of the Division of Design and Construction; and

2. Rename the Division of Facilities Management as the Division of Facilities Management, Design and Construction.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 2nd day of February, 2005.

Matt Blunt
Governor

ATTEST:

Robin Carnahan
Secretary of State

EXECUTIVE ORDER
05-09

WHEREAS, the Missouri Head Injury Advisory Council was established in 1985 by Executive Order 85-06; and

WHEREAS, in 1986 the General Assembly gave the Missouri Head Injury Advisory Council statutory authority (Section 192.745, RSMo); and

WHEREAS, Section 192.745.2, RSMo assigned the Missouri Head Injury Advisory Council to the Division of General Services within the Office of Administration; and

WHEREAS, the Missouri Head Injury Advisory Council's responsibilities include promoting discussion of reducing the debilitating effects of head injuries and disseminates information on the prevention and rehabilitation of persons affected by head injuries, studies current prevention, treatment and rehabilitation technologies and recommends appropriate preparation and distribution of resources to provide services to head injured persons through private and public residential facilities, day programs and other specialized services, and recommending methods to improve the state's service delivery system and developing standards for funding or licensing of facilities, day programs and other specialized services; and

WHEREAS, the Department of Health and Senior Services' mission is to protect and promote the quality of life and health for all Missourians by developing and implementing programs and systems that provide information and education, effective regulation and oversight, quality services, and surveillance of diseases and conditions; and

WHEREAS, the Office of Administration and the Department of Health and Senior Services, with the consent of the Governor, have determined that the Missouri Head Injury Advisory Council should be assigned to Department of Health and Senior Services.

NOW THEREFORE, I, Matt Blunt, Governor of the State of Missouri, by virtue of the authority vested in me by the Constitution and laws of the State of Missouri, including Article IV, Section 12, Missouri Constitution, Chapter 26, RSMo, and the Omnibus State Reorganization Act of 1974, hereby transfer the Missouri Head Injury Advisory Council to the Department of Health and Senior Services by a Type I transfer.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 2nd day of February, 2005.

Matt Blunt
Governor

ATTEST:

Robin Carnahan
Secretary of State

EXECUTIVE ORDER
05-10

WHEREAS, the Department of Elementary and Secondary Education is authorized pursuant to Article IX of the Missouri Constitution and created pursuant to Chapter 161.020, RSMo; and

WHEREAS, the Department of Social Services is created pursuant to Article IV, Section 37 of the Missouri Constitution and Chapter 660.010, RSMo; and

WHEREAS, the Department of Health and Senior Services is created pursuant to Chapter 192.005, RSMo; and

WHEREAS, the Department of Elementary and Secondary Education currently provides personal attendant care to individuals with severe physical disabilities to enable them to live more independently through the Personal Assistance Services Program; and

WHEREAS, the Department of Social Services currently provides access to health care for low-income elderly and disabled individuals through the Medicaid Program; and

WHEREAS, the Department of Health and Senior Services provides support services to help seniors and adults with disabilities maintain their independence and safety; and

WHEREAS, the transfer of in-home care programs and services to one state department would better serve the state's elderly and disabled clients; and

WHEREAS, consolidation of these services would increase efficiencies and eliminate duplication of efforts; and

WHEREAS, I am committed to integrating executive branch operations to improve the way the state delivers services.

NOW THEREFORE, I, Matt Blunt, Governor of the State of Missouri, by virtue of the authority vested in me by the Constitution and laws of the State of Missouri, including Article IV, Section 12, Missouri Constitution, Chapter 26, RSMo, and the Omnibus State Reorganization Act of 1974, hereby order the Missouri Department of Elementary and Secondary Education, the Missouri Department of Social Services, and the Missouri Department of Health and Senior Services to cooperate to:

1. Develop mechanisms and processes necessary to effectively transfer in-home services programs that serve the elderly and disabled individuals to the Department of Health and Senior Services;

2. Transfer all authority, powers, duties, functions, records, personnel, property, contracts, budgets, matters pending, and other pertinent vestiges of the in-home services programs to the Department of Health and Senior Services, by Type I transfer, as defined under the Reorganization Act of 1974; and

3. Take the steps necessary to maintain compliance with federal requirements, so as not to jeopardize federal financial participation with this consolidation.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 3rd day of February, 2005.

Matt Blunt
Governor

ATTEST:

Robin Carnahan
Secretary of State

EXECUTIVE ORDER
05-11

WHEREAS, on October 5th 2004, the Centers for Disease Control and Prevention (CDC) received notification of an impending shortage of influenza vaccine which would result in limited availability of the vaccine during the 2004-05 influenza season; and

WHEREAS, the CDC, acting upon the advice of its Advisory Committee for Immunization Practices (ACIP), recommended that health care providers limit distribution of the available influenza vaccine to persons identified as falling within certain designated "high risk categories"; and

WHEREAS, Executive Order 04-22 was issued on October 25th 2004, directing all Missouri health care providers and others that possess influenza vaccine to limit their influenza vaccinations to persons in the high risk categories identified by the CDC; and

WHEREAS, the ACIP has expanded its original list of priority group designations to include other individuals because there is sufficient influenza vaccine to accommodate an expanded group and the ACIP desires to avoid the possibility of doses of influenza vaccine going unused; and

WHEREAS, the Missouri Department of Health and Senior Services (DHSS), upon the advice of its Division of Environmental Health and Communicable Disease Prevention (EHCDP), has determined that sufficient influenza vaccine doses are available for Missouri to meet the existing demand for influenza vaccine and has received requests from local public health agencies to expand the high priority groups to ensure that Missouri's available doses of influenza vaccine are used during the 2004-05 influenza season; and

WHEREAS, on January 18th 2005, DHSS requested that Executive Order 04-22 be rescinded to allow for the distribution of influenza vaccine according to the CDC/ACIP expanded priority group designations.

NOW THEREFORE, I, Matt Blunt, Governor of the State of Missouri, by virtue of the authority vested in me by the Constitution and laws of the State of Missouri, do hereby rescind Executive Order 04-22 and order that DHSS and all Missouri health care providers and others that possess influenza vaccine adopt the CDC/ACIP expanded priority group designations as soon as possible and update the designations as necessary.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 3rd day of February, 2005.

Matt Blunt
Governor

ATTEST:

Robin Carnahan
Secretary of State

Under this heading will appear the text of proposed rules and changes. The notice of proposed rulemaking is required to contain an explanation of any new rule or any change in an existing rule and the reasons therefor. This is set out in the Purpose section with each rule. Also required is a citation to the legal authority to make rules. This appears following the text of the rule, after the word "Authority."

Entirely new rules are printed without any special symbology under the heading of the proposed rule. If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission. Rules which are proposed to be amended will have new matter printed in boldface type and matter to be deleted placed in brackets.

An important function of the *Missouri Register* is to solicit and encourage public participation in the rulemaking process. The law provides that for every proposed rule, amendment or rescission there must be a notice that anyone may comment on the proposed action. This comment may take different forms.

If an agency is required by statute to hold a public hearing before making any new rules, then a Notice of Public Hearing will appear following the text of the rule. Hearing dates must be at least thirty (30) days after publication of the notice in the *Missouri Register.* If no hearing is planned or required, the agency must give a Notice to Submit Comments. This allows anyone to file statements in support of or in opposition to the proposed action with the agency within a specified time, no less than thirty (30) days after publication of the notice in the *Missouri Register*.

An agency may hold a public hearing on a rule even though not required by law to hold one. If an agency allows comments to be received following the hearing date, the close of comments date will be used as the beginning day in the ninety (90)-day-count necessary for the filing of the order of rulemaking.

If an agency decides to hold a public hearing after planning not to, it must withdraw the earlier notice and file a new notice of proposed rulemaking and schedule a hearing for a date not less than thirty (30) days from the date of publication of the new notice.

Proposed Amendment Text Reminder:
Boldface text indicates new matter.
[Bracketed text indicates matter being deleted.]

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 6—Wildlife Code: Sport Fishing: Seasons, Methods, Limits

PROPOSED AMENDMENT

3 CSR 10-6.410 Fishing Methods. The commission proposes to amend section (1).

PURPOSE: This amendment provides an exception in the description of fishing methods for the Experimental Catfish Hand Fishing Season.

(1) Fish may be taken by the use of pole and line, trotline, throwline, limb line, bank line, jug line, gig, longbow, crossbow, underwater spearfishing, snagging, snaring, grabbing and falconry, but only as specifically authorized in 3 CSR 10-6.415 through 3 CSR 10-6.620. No person may attempt to take fish by rock or hand fishing, with or without hook **except as specifically authorized in 3 CSR 10-6.511**.

AUTHORITY: sections 40 and 45 of Art. IV, Mo. Const. Original rule filed June 13, 1994, effective Jan. 1, 1995. For intervening history, please consult the ***Code of State Regulations****. Amended: Filed Jan. 31, 2005.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with John W. Smith, Deputy Director, Department of Conservation, PO Box 180, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 25—Fiscal Management
Chapter 3—Miscellaneous Rules

PROPOSED AMENDMENT

9 CSR 25-3.030 Access for Inspection of Public Records and Fees for Copying of Public Records. The department proposes to amend sections (3) and (4).

PURPOSE: This amendment will bring the rule into compliance with legislative revisions to section 610.026, RSMo with respect to the department's charges for copies of public documents.

(3) *[Access]* **As provided under section 610.026, RSMo, access** to public records for a short duration of time during normal business hours will normally be provided without charge. The department may negotiate a space or rental fee with the requester to provide access to public records when the access will be for an extensive period of time or will otherwise be disruptive to the normal operations of the department. Copies of public records will be provided by the department for the following copy and search fees:

[(A) Photocopies $.25 per copy;
(B) Microfilm copies $.50 per copy;
(C) Clerical research time and $11.50 per hour;
(D) Professional research time $16.50 per hour.]

(A) Paper copies no larger than nine by fourteen inches (9" × 14")—$.10 per page;

(B) Duplicating time—an hourly fee not to exceed the average hourly rate of pay for the department's clerical staff; and

(C) Research time—the actual cost of research time.

(4) Fees for duplicating other types of records and other formats including electronic data shall be based on the actual cost of search and duplication or as otherwise provided by *[law]* **section 610.026, RSMo**.

AUTHORITY: sections 610.010—610.030 and 630.050, RSMo [1994] ***2000****. Original rule filed June 17, 1986, effective Dec. 1, 1986. Amended: Filed July 17, 1995, effective Feb. 25, 1996. Amended: Filed Feb. 1, 2005.*

PUBLIC COST: The state will experience a decrease of revenues of approximately eleven thousand dollars ($11,000) each fiscal year. See fiscal note.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment by writing to Mike Clark, Controller, Office of Administration, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Fiscal Note
Public Entity Cost

I. Rule Number and Name: **9 CSR25-3.030**

Type of Rulemaking: **DMH Fiscal Management – Miscellaneous Rules**

II. SUMMARY OF FISCAL IMPACT (Present a summary of fiscal impact. Use a separate row for each public agency or political subdivision affected.)

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
State of Missouri – General Revenue fund	Decrease in revenue of approximately $11,000 per fiscal year.

III. WORKSHEET (Present more detailed fiscal information.)

(see detail listed below in assumptions)

IV. ASSUMPTIONS AND METHODOLOGY. . (Present assumptions, references and methods of acquiring information that underlie the conclusions in the fiscal note. Examples of information that might be included here are the sources of information presented in the fiscal note, why those sources were chosen and eventualities that might cause the fiscal impact to be different from your estimate.)

The changes is section 610.026 would have a fiscal impact on the department, but to what degree is not certain. This part of the legislation would limit the copy fee to 10 cents per page. The legislation would not have an effect on DMH expenditures, however it would decrease revenues deposited into the General Revenue fund by DMH facilities. Department Operating Regulation 5.025, prescribes department requirements for charging fees for coping records and reports. Previously, the DOR stated that fees charged for copies are "the standard rates schedule established by the Office of Administration or the actual cost of document search and duplication". In the DMH Financial Policies and Procedures manual section 2-B-05, the rates are as follows:

A. Photocopies $ .25 per copy
B. Microfilm copies $ .50 per copy
C. Clerical search time $11.50 per hour
D. Professional search time $16.50 per hour

Revenue received department wide over the three fiscal years (FY2000-FY2002) for Fees for Copying Public Records (revenue source code 1862) has averaged $43,842. However, for FY03 and FY04 the average total revenues for this revenue source code decreased to $18,752. The reason for the decrease is that most DMH facilities were no longer collecting copy fees for copies provided to other state agencies.

Using this rate and assuming that all facilities were charging for the search time as well as the photo copy charges, the revenues received would decrease considerably. If the facilities have not been charging for the search time and were only charging the $.25 per copy, the new rate of $.10 per copy would decrease revenues by 60 %. Making the assumption that the same number of copies were made as in the past two fiscal years, revenues would decrease by approximately $11,000 (60%) to $7,500.

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

PROPOSED AMENDMENT

9 CSR 30-3.132 Opioid Treatment Program. The department proposes to amend subsections (2)(B) and (12)(A).

PURPOSE: The amendment will eliminate the word "urine" from the drug screen requirement. The amendment will allow oral drug screens that can currently be performed reliably. The amendment will revise the drugs analyzed for in order to conform to federal guidelines.

(2) Treatment Goals and Performance Outcomes. Opioid treatment services shall be organized to achieve key goals and performance outcomes.

(B) Performance outcomes related to these goals shall be measured in a consistent manner. Measures shall include, but are not limited to—

1. Increasing employment and productive activities. Clients should be involved in employment or other productive activities. For those persons who have been in opioid treatment for six (6) months or longer, seventy percent (70%) shall be working, attending job training or school, be a homemaker, or have a medically documented disability; and

2. Reducing or eliminating the use of illicit drugs. Random *[urine]* drug screening shall be used to measure the program's effectiveness in helping clients' progress toward this goal.

A. The following aggregate results shall be expected from random *[urine]* drug screening conducted each month—

(I) For all clients tested, seventy percent (70%) shall be free of all drugs; and

(II) For those clients tested who have been in opioid treatment for one (1) consecutive year or longer, eighty percent (80%) shall be free of opiates.

B. In calculating these performance outcomes, the following categories of clients may be exempted—

(I) Persons admitted to the program within the past ninety (90) days;

(II) Persons undergoing administrative withdrawal due to program infraction(s) or other circumstance; and

(III) Persons undergoing withdrawal against medical advice.

(12) Drug Testing. The program shall use drug testing as a performance measure and as a clinical tool for the purpose of diagnosis and treatment planning.

(A) Each sample shall be analyzed for opiates, methadone, *[amphetamines]* **marijuana**, cocaine, barbiturates, and benzodiazepines. Testing shall include other drugs as may be indicated by a client's use patterns. In addition, if any other drug or drugs have been determined by a program to be abused in that program's locality, or as otherwise indicated, each test or analysis must include any such drugs.

AUTHORITY: sections 630.655 and 631.102, RSMo 2000. This rule originally filed as 9 CSR 30-3.610. Original rule filed May 13, 1983, effective Sept. 13, 1983. For intervening history, please consult the ***Code of State Regulations****. Emergency amendment filed Nov. 8, 2004, effective Nov. 18, 2004, expires May 16, 2005. Amended: Filed Nov. 8, 2004. Amended: Filed Feb. 1, 2005.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment by writing to Rosie Anderson-Harper, Mental Health Manager, Division of Alcohol and Drug Abuse, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

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

PROPOSED RULE

19 CSR 10-33.050 Reporting of Healthcare-Associated Infection Rates by Hospitals and Ambulatory Surgical Centers

PURPOSE: This rule establishes procedures for reporting hospital and ambulatory surgical center healthcare-associated infection incidence data to the Department of Health and Senior Services.

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

(A) CDC means the federal Centers for Disease Control and Prevention;

(B) Central line means vascular infusion device that terminates at or close to the heart or in one of the great vessels;

(C) Central line-associated bloodstream (CLAB) infection as defined by the CDC means central line-related bloodstream infection as referred to in section 192.667.12(3), RSMo;

(D) Cesarean section means obstetrical delivery by Cesarean section;

(E) Department means the Missouri Department of Health and Senior Services;

(F) Healthcare provider means hospitals as defined in section 197.020, RSMo, and ambulatory surgical centers (ASCs) as defined in section 197.200, RSMo;

(G) Intensive care unit (ICU) means coronary, medical, surgical, medical/surgical, pediatric, and neonatal intensive care units;

(H) National Healthcare Safety Network (NHSN) means the CDC nosocomial infection surveillance system;

(I) Neonatal intensive care unit (NICU) and high risk nursery (HRN) are synonymous and mean that the infants in those units are critically ill and receive level III care as defined by the CDC;

(J) Nosocomial infection is defined in section 192.665(6), RSMo and is referred to as healthcare-associated infection (HAI) in this rule;

(K) Risk index means grouping patients who have operations according to the American Society of Anesthesiologists (ASA) score, length of procedure, wound class, and other criteria as defined by the CDC for the purpose of risk adjustment as required in section 192.667.3, RSMo;

(L) Surgical site infection (SSI) as defined by the CDC; and

(M) Ventilator-associated pneumonia (VAP) as defined by the CDC.

(2) All hospitals shall submit to the department data to compute HAI infection incidence rates on the following:

(A) CLABs detected in the ICU(s) after June 30, 2005;

(B) SSIs from designated types of surgeries as set forth in section (4) of this rule, detected after December 31, 2005; and

(C) VAPs in the ICU(s) detected after June 30, 2006.

(3) All ASCs shall submit to the department data to compute HAI infection incidence rates on SSIs from designated types of surgeries as set forth in section (5) of this rule, detected after December 31, 2005.

(4) Hospitals shall report SSIs by risk index related to a hip prosthesis, to a Cesarean section, to a coronary artery bypass graft with chest incision only, and to a coronary artery bypass graft with both chest and donor site incisions detected after December 31, 2005.

(5) ASCs shall report SSIs by risk index related to breast surgery and herniorrhaphy detected after December 31, 2005.

(6) In order to be eligible to request a reporting exemption, healthcare providers shall report to the department by March 1, 2005, and every year thereafter the number of central line days and ventilator days in the ICU(s) during the previous calendar year; and the number of surgeries performed as required in sections (4) and (5) during the previous calendar year.

(A) Healthcare providers that had less than fifty (50) central line days in any ICU shall be exempt from reporting CLABs from that ICU for the reporting year starting in July.

(B) Healthcare providers that had less than fifty (50) ventilator days in any ICU shall be exempt from reporting VAPs from that ICU for the reporting year starting in July.

(C) Healthcare providers that had less than twenty (20) surgeries as specified in sections (4) and (5) shall be exempt from reporting the surgery that did not meet the minimum for the reporting year starting in July.

(D) The exemptions shall only apply if the healthcare provider has an infection control program that is in compliance with applicable statutes and regulations of the health facilities regulation unit of the department. The department shall notify the healthcare provider in writing if such provider is exempt from any reporting requirements for the reporting year starting in July.

(7) Healthcare providers may meet the HAI infection reporting requirements if they submit their data to the CDC NHSN or its successor system and if:

(A) All NHSN mandatory data items are submitted to the CDC;

(B) The healthcare provider complies with all NHSN standards and procedures;

(C) The healthcare provider participates in NHSN training provided by the CDC;

(D) The healthcare provider has policies and procedures consistent with appropriate guidelines of CDC, or the Society for Healthcare Epidemiology of America (SHEA), or the Association for Professionals in Infection Control and Epidemiology (APIC) to ensure that all HAI infections as required by this rule are detected and reported;

(E) The healthcare provider has a process to follow up for SSIs a minimum of thirty (30) days after the procedure was performed, and at a minimum review readmission data to identify potential SSIs. Hospitals shall have a system for reporting identified SSIs to the healthcare provider performing the original surgery;

(F) All data are submitted to the NHSN within sixty (60) days of the end of the month;

(G) The healthcare provider participates in a CDC user group that allows the department access to the data, or a data file is generated by the healthcare provider and submitted to the department; and

(H) The healthcare provider shall maintain records related to the information provided to the department for a minimum of two (2) years.

(8) If a healthcare provider chooses to not submit the required data to the CDC NHSN, the healthcare provider may meet the HAI infection reporting requirements by submitting to the department numerator and denominator data on forms provided by the department for each of the infections specified in sections (2), (3), (4), and (5) and if:

(A) The healthcare provider complies with all NHSN standards and procedures;

(B) The healthcare provider participates in NHSN training provided by the CDC;

(C) The healthcare provider has policies and procedures consistent with appropriate guidelines of CDC, or the SHEA, or the APIC to ensure that all HAIs as required by this rule are detected and reported;

(D) The healthcare provider has a process to follow up for SSIs a minimum of thirty (30) days after the procedure was performed, and at a minimum review readmission data to identify potential SSIs. Hospitals shall have a system for reporting identified SSIs to the healthcare provider performing the original surgery;

(E) All data are submitted to the department within sixty (60) days of the end of the month; and

(F) The healthcare provider shall maintain records related to the information provided to the department for a minimum of two (2) years.

(9) The healthcare provider chief executive officer or designee shall annually certify in writing to the department, on a form provided by the department, that the healthcare provider has met all conditions specified in this rule.

AUTHORITY: section 192.667, RSMo Supp. 2004. Original rule filed Feb. 1, 2005.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions an annual cost of two hundred fourteen thousand four hundred sixty-five dollars ($214,465) and a one time cost of two hundred fifty-eight dollars ($258) in the aggregate.

PRIVATE COST: This proposed rule will cost private entities an annual cost of three hundred fifty-two thousand one hundred twenty dollars ($352,120) and a one time cost of one thousand two hundred sixty-one dollars ($1,261) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Department of Health and Senior Services, Center for Health Information and Management, Garland Land, Director, PO Box 570, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

FISCAL NOTE

Public Cost

I. RULE NUMBER

Rule Number	19 CSR 10-33.050
Type of Rule Making	Proposed

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision:	Estimate of Compliance in the Aggregate
Department of Health and Senior Services-CHIME	$155,816
21Government-Owned Hospitals: Annual Cost One-Time Cost	 $58,649 $258
Total Annual Cost **One-Time Cost**	**$214,465** **$258**

III. WORKSHEET

A. Number of FTE's	Position		Annual Salary
1	Sr.Office Suppt Asst.		$23,684
1	Comp Info Tech II		$41,916
1	Comp Info Tech III		$48,300
1	Research Analyst III		$41,916
		Total Wage	$155,816

B. Government-Owned Hospital Costs

Government-Owned Hospital Costs

Annual Denominator Costs (Costs to Enter Data on Relevant Procedures)

Number of Hospitals That Must Report	Procedure	Total Procedures per Year	Minutes to Input Data per Hospital	Hours/Year: Number of Hospitals X Minutes/60 X 12 Months	Hours/Year: Procedures X Minutes / 60	Total Annual Wages: Hours X $24.26/Hourly Wage
12	Ventilator		300/month	720		$17,467
18	Central Line		300/month	1080		$26,201
9	Hip Replacement	897	5/procedure		74.8	$1,815
2	CBGC	508	5/procedure		42.3	$1,026
2	CBGB	508	5/procedure		42.3	$1,026
16	C-Section	1976	5/procedure		164.7	$3,996
						$51,531

Annual Numerator Costs (Costs to Enter Data on Infections)

Number of Hospitals that must report	Procedure	Total Procedures or Ventilator or Central Line Days per Year	Estimated Infection Rate per 1000 Days or 100 Procedures (Based on CDC Publication)	Infections per Year: Days or Procedures X Infection Rate	Minutes to Input Data per Infection	Hours to Input Data: Infections X Minutes / 60	Total Annual Wages: Hours X $24.26 Hourly Wage
12	Ventilator	22214	6.0 / 1000	133.3	25	55.5	$1,346
18	Central Line	31476	4.0 / 1000	125.9	25	52.5	$1,274
9	Hip Replacement	897	2.05 / 100	18.4	25	7.7	$187
2	CBGC	508	2.76 / 100	14	25	5.8	$141
2	CBGB	508	5.42 / 100	27.5	25	11.5	$279
16	C-Sections	1976	5.45 / 100	107.7	25	44.9	$1,089
							$4,316

One Time/Annual Generic Reporting Requirements

Requirements	Number of Hospitals that must report	Minutes to Input Data per Hospital	Hours/Year: Number of Hospitals X Minutes / 60	Total Annual Wages: Hours X $24.26 Hourly Wage	One Time Costs: Hours X $24.26 Hourly Wage
Facility Contact Information	21	10 (one time)	3.5		$85
Patient Safety Component Hospital Survey	21	30 (annual)	10.5	$255	
Agreement to Participate	21	15 (one time)	5.3		$129
Group Contact Information	21	5 (one time)	1.8		$44
Monthly Reporting Plan	21	300 (annual)	105	$2,547	
				$2,802	**$258**

Total Annual Wages:
$51,531+
$4,316+
$2,802:
$58,649
One-time Costs:
$258

IV. ASSUMPTIONS

1. That a maximum of 21 government-owned licensed hospitals are affected by the rule during any given year, based on the number of relevant procedures calculated from the 2002 Patient Abstract System of hospital inpatient records.
2. That the number of intensive care units (ICUs) is roughly equal to the number of hospitals.
3. That the primary infection control practitioner is typically a registered nurse with several years experience as a nurse and is sufficiently trained in infection control and reporting procedures. (85% are RN's, 15% are medical technologist, respiratory therapist, LPN's, etc.).
4. That the wage rate, as reported by the Missouri Department of Economic Development (2002-2003 Occupational and Wage Study) remains constant throughout the life of the rule (adjusting 5% annually to account for inflation). Experienced Wage is $24.26 per hour with an annual wage of $50,470.
5. That each affected hospital performs infection control monitoring as part of daily operations.
6. That based on rates published by the Centers for Disease Control (CDC):
    a. The estimated/expected rate for Central Line-associated (CL) Bloodstream Infections (BSI) is 4.0 per 1,000 CL days per hospital.
    b. The estimated/expected rate for Ventilator-associated (VL) Pneumonia is 6.0 per 1,000 VL days per hospital.
    c. The estimated/expected Surgical Site Infection (SSI) rate for Coronary Artery by-pass (CBGC) chest and donor procedures is 5.42 per 100 procedures per hospital.
    d. The estimated/expected SSI rate for Coronary Artery by-pass (CBGC) chest only procedures is 2.76 per 100 procedures per hospital.
    e. The estimated/expected SSI rate for Hip Prosthesis procedures is 2.05 per 100 procedures per hospital.
    f. The estimated/expected SSI rate for Cesarean Section procedures is 5.45 per 100 procedures per hospital.
7. The time spent entering data is the same regardless of whether they are entered into the CDC or MDHSS system.
8. The following table provided by CDC was used to estimate the time involved in completing CDCs National Health Care Safety Network (NHSN) or the MDHSS system for each facility:

Form #	Form Name	Estimated time for response (min.)	Frequency of completion
1	Facility Contact Information	10	1X
2	Patient Safety Component Hospital Survey	30	Yearly
3	Agreement to Participate	15	1X
4	Group contact information	5	Optional
5	Monthly reporting plan	25	Monthly
8	Primary Bloodstream Infection	25	per BSI
9	Pneumonia	25	per Pneumonia (PNU)
11	Surgical Site Infections	25	per SSI
16	Denominators for ICU/other locations	300	per unit/ICU/month
19	Denominator for Procedure	5	each patient undergoing selected procedure

FISCAL NOTE

Private Cost

I. RULE NUMBER

Rule Number	19 CSR 10-33.050
Type of Rule Making	Proposed

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:
78	Hospitals: Annual cost One-time cost	$335,257 $946
26	Ambulatory Surgical Centers: Annual cost One-time cost	 $16,863 $315
	Total Annual cost **One-time cost**	**$352,120** **$1,261**

III. WORKSHEET

Annual Denominator Costs (Costs to Enter Data on Relevant Procedures)

Number of Hospitals that must report	Procedure	Total Procedures Per Year	Minutes to Input Data per Hospital per Year	Hours/Year: Number of Hospitals X Minutes / 60 X 12 months	Hours/Year: Procedures X Minutes / 60	Total Annual Wages: Hours X $24.26 Hourly Wage
65	Ventilator		300/month	3900		$94,614
68	Central Line		300/month	4080		$98,981
55	Hip Replacement	6673	5/procedure		556	$13,489
30	CBGC	8955	5/procedure		746.3	$18,105
30	CBGB	8955	5/procedure		746.3	$18,105
54	C-Section	17214	5/procedure		1434.5	$34,801
						$278,095

Annual Numerator Costs (Costs to Enter Data on Infections)

Number of Hospitals that must report	Procedure	Total Procedures or Ventilator or Central Line Days per Year	Estimated Infection Rate per 1000 Ventilator or Central Line Days or 100 Procedures	Infections per Year: Days or Procedures X Infection Rate	Minutes to Input Data/Infection	Hours to Input Data: Infections X Minutes / 60	Total Annual Wages: Hours X $24.26 Hourly Wage
65	Ventilator	276403	6.0 / 1000	1658.4	25	691	$16,764
68	Central Line	289864	4.0 / 1000	1159.4	25	483.1	$11,720
55	Hip Replacement	6673	2.05 / 100	136.8	25	57	$1,383
30	CBGC	8955	2.76 / 100	247.2	25	103	$2,499
30	CBGB	8955	5.42 / 100	485.4	25	202.2	$4,905
54	C-Sections	17214	5.45 / 100	938.2	25	390.9	$9,483
							$46,754

One Time/Annual Generic Reporting Requirements

Requirements	Number of Hospitals that must report	Minutes to Input Data per Hospital	Hours/Year: Number of Hospitals X Minutes / 60	Total Annual Wages:Hours X $24.26 Hourly Wage	One Time Costs: Hours X $24.26 Hourly Wage
Facility Contact Information	78	10 (one time)	13		$315
Patient Safety Component Hospital Survey	78	30 (annual)	39	$946	
Agreement to Participate	78	15 (one time)	19.5		$473
Group Contact Information	78	5 (one time)	6.5		$158
Monthly Reporting Plan	78	300 (annual)	390	$9,461	
				$10,408	**$946**

Total Annual Wages: $278,095 + $46,754 + $10,408: **$335,257**
One-time Costs: **$946**

B.

Ambulatory Surgery Center Costs

Annual Denominator Costs (Costs to Enter Data on Relevant Procedures)

Number of Ambulatory Surg Centers that must report	Procedure	Total Procedures per Year	Minutes to Input Data per ASC per Year	Hours/Year: Procedures X Minutes / 60	Total Annual Wages: Hours X $24.26 Hourly Wage
23	Breast Surgeries	4521	5/procedure	376.8	$9,141
15	Herniorrhaphy	1363	5/procedure	113.6	$2,756
					$11,897

Annual Numerator Costs (Costs to Enter Data on Infections)

Number of Ambulatory Surg Centers that must report	Procedure	Total Procedures per Year	Estimated Infection Rate per 100 procedures (Based on CDC Publication)	Infections per Year: Number of Procedures X Infection Rate	Minutes to Input Data/Infection	Hours to Input Data: Infections X Minutes / 60	Total Annual Wages: Hours X $24.26 Hourly Wage
23	Breast Surgeries	4521	2.16	97.7	25	40.7	$987
15	Herniorrhaphy	1363	3.7	50.4	25	21	$509
							$1,497

One-Time or Annual Generic Reporting Requirements

Requirements	Number of Ambulatory Surg Centers that must report	Minutes to Input Data per ASC	Hours/Year: Number of ASCs X Minutes/60	Total Annual Wages: Hours X $24.26 Hourly Wage	One Time Costs: Hours X $24.26 Hourly Wage
Facility Contact Information	26	10 (one time)	4.3		$104
Patient Safety Component Hospital Survey	26	30 (annual)	13	$315	
Agreement to Participate	26	15 (one time)	6.5		$158
Group Contact Information	26	5 (one time)	2.2		$53
Monthly Reporting Plan	26	300 (annual)	130	$3,154	
				$3,469	**$315**

Total Annul Wages: $11,897 + $1,497 + $3,469: **$16,863**
One-time Costs:

IV. ASSUMPTIONS

1. That a maximum of 78 licensed private hospitals and 26 ambulatory surgical centers (ASCs) are affected by the rule during any given year, based on the number of relevant procedures calculated from the 2002 Patient Abstract System of hospital inpatient records.
2. That the number of intensive care units (ICUs) is roughly equal to the number of hospitals.
3. That the primary infection control practitioner is typically a registered nurse with several years experience as a nurse and is sufficiently trained in infection control and reporting procedures. (85% are RN's, 15% are medical technologist, respiratory therapist, LPN's, etc.)
4. That the wage rate, as reported by the Missouri Department of Economic Development (2002-2003 Occupational and Wage Study) remains constant throughout the life of the rule (adjusting 5% annually to account for inflation). Experienced Wage is $24.26 per hour with an annual wage of $50,470.
5. That each affected hospital and ASC performs infection control monitoring as part of daily operations.
6. That based on rates published by the Centers for Disease Control (CDC):
    a. The estimated/expected rate for Central Line-associated (CL) Bloodstream Infections (BSI) is 4.0 per 1,000 CL days per hospital.
    b. The estimated/expected rate for Ventilator-associated (VL) Pneumonia is 6.0 per 1,000 VL days per hospital.
    c. The estimated/expected Surgical Site Infection (SSI) rate for Coronary Artery by-pass (CBGC) chest and donor procedures is 5.42 per 100 procedures per hospital.
    d. The estimated/expected SSI rate for Coronary Artery by-pass (CBGC) chest only procedures is 2.76 per 100 procedures per hospital.
    e. The estimated/expected SSI rate for Hip Prosthesis procedures is 2.05 per 100 procedures per hospital.
    f. The estimated/expected SSI rate for Cesarean Section procedures is 5.45 per 100 procedures per hospital.
    g. The estimated/expected SSI rate for Breast Surgery procedures is 2.16 per 100 procedures per ASC.
    h. The estimated/expected SSI rate for Herniorrhaphy procedures is 3.70 per 100 procedures per ASC.
7. The time spent entering data is the same regardless of whether they are entered into the CDC or MDHSS system.
8. The following table provided by CDC was utilized to estimate the time involved in completing CDC's National Health Care Safety Network (NHSN) or the MDHSS system for each facility:

Form #	Form Name	Estimated time for response (min.)	Frequency of completion
1	Facility Contact Information	10	1X
2	Patient Safety Component Hospital Survey	30	Yearly
3	Agreement to Participate	15	1X
4	Group contact information	5	Optional
5	Monthly reporting plan	25	Monthly
8	Primary Bloodstream Infection	25	per BSI
9	Pneumonia	25	per Pneumonia (PNU)
11	Surgical Site Infections	25	per SSI
16	Denominators for ICU/other locations	300	per unit/ICU/month
19	Denominator for Procedure	5	each patient undergoing selected procedure

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 25—Division of Administration
Chapter 36—Testing for Metabolic Diseases

PROPOSED AMENDMENT

19 CSR 25-36.010 Testing for Metabolic and Genetic Disorders. The department is amending section (6).

PURPOSE: This amendment changes the fee for testing specimens for metabolic and genetic disorders submitted to the State Public Health Laboratory. This amendment is necessary in order to assure that testing for metabolic and genetic disorders is continued at the current level at least through this current fiscal year and for the near future. State law requires that all infants be tested for certain metabolic diseases and other genetic disorders and that such testing be conducted by the State Public Health Laboratory. This amendment increases the fee from twenty-five dollars ($25) to fifty dollars ($50). Laboratory labor costs have risen and there have been additional costs related to improved computer systems and upgraded testing instrumentation. Expanding the number of conditions tested for, as required in the passage of HB 279 in 2001, has added additional costs to the State Public Health Laboratory. An additional cost of approximately twenty-five dollars ($25) has occurred to expand from the previous five (5) conditions to the over twenty-five (25) conditions presently tested for.

(6) *[A]* **Effective July 1, 2005, a** fee of up to *[twenty-five dollars ($25)]* **fifty dollars ($50)** shall be charged for each specimen collection kit **used to obtain the initial blood specimen**. *[Each specimen collection kit represents one (1) specimen. If repeat specimens are required under this rule, the fee shall be charged for each specimen collection kit required to obtain each specimen.]* **If the State Public Health Laboratory recommends repeat specimens, additional specimen collection kits will be made available without the fee being imposed. Repeat specimens requests, other than those recommended by the State Public Health Laboratory, will be subject to the fee and the fee shall be charged for each specimen collection kit required to obtain each repeat specimen.** The Department of Health and Senior Services may collect the fee from any entity or individual described in 191.331.1, RSMo.

*AUTHORITY: sections 701.322, RSMo Supp. [2001] **2004** and 191.331, and 192.006, RSMo 2000. This rule was previously filed as 13 CSR 50-143.010 and 19 CSR 20-36.010. Original rule filed Sept. 29, 1965, effective Oct. 13, 1965. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 1, 2005.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will cost private entities approximately $2,400,000 annually in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Dr. Eric Blank, State Public Health Laboratory, Department of Health, PO Box 570, Jefferson City, MO 65102, Phone 573/751-3334. To be considered, comments must be received within thirty (30) days after publication in the **Missouri Register**. No public hearing is scheduled.*

FISCAL NOTE
PRIVATE ENTITY COST

I. RULE NUMBER

Title: 19 – Department of Health and Senior Services

Division: 25 – Division of Administration

Chapter: 36 – Testing for Metabolic Diseases

Type of Rule Making: Proposed Amendment

Rule Number and Name: 36.010 – Testing for Metabolic and Genetic Disorders

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 n the aggregate as to the cost of compliance with the rule by the affected entities.
75,000	Private citizens	$240,000 annually
40	Insurance companies	$2,160,000 annually

III. WORKSHEET

Number of newborns tested – 75,000

Number of samples tested - 96,000

Estimated revenue – 96,000 x $25 = $2,400,000 annually

IV. ASSUMPTIONS

Approximately 75,000 newborns are required to be tested. Some medical providers will elect to test the same child more than once. Based upon FY 04 workload figures, an estimated 96,000 children will be tested that are subject to the increased $25 fee. It is assumed that 90% of the charges will be paid by private health insurance or Medicaid. The remaining 10% will be paid by the private individuals whose child is being tested.