



Herb B. Kuhn
President and CEO
P.O. Box 60
Jefferson City, MO 65102

March 16, 2020

The Honorable Mike Parson
Governor of Missouri
Missouri State Capitol
201 West Capitol Avenue
Jefferson City, MO 65101-1556

Dear Governor Parson:

As the COVID-19 crisis continues to escalate, Missouri can expect significant social disruption, increased burden on the health care delivery system, and workforce issues resulting from school and daycare closures. The events will have a substantial effect on hospitals, especially as they prepare for a surge in COVID-related illnesses. Therefore, it is essential to adequately prepare for the foreseeable surge in cases, using lessons learned from other states. At this time, Missouri Hospital Association requests the state waiver or alter the following regulatory standards to ease the burden on hospitals and ensure that at-risk patients who need access to critical care are able to receive it.

CONDITIONS OF PARTICIPATION

The Centers for Medicare & Medicaid Services has granted blanket waivers to some regulatory requirements contained in the Medicare Conditions of Participation (42 C.F.R. Parts 482 and 485), and we expect there will be additional waivers as this situation evolves. Section 197.005, RSMo establishes the Medicare CoPs as the state licensure standards for Missouri hospitals. We request that the state officially adopt all waivers granted by CMS as applicable to the state licensure standards to ensure that hospitals are not held to dual regulatory standards during this emergency period.

STATE LICENSURE REGULATIONS

Under 19 CSR 30-20.015, a hospital license only is issued for the premises identified on the license application. To combat COVID-19 and prevent hospital emergency departments from becoming overwhelmed with low acuity patients or the worried well, hospitals will be setting up alternative screening sites. Ultimately, it may be necessary for hospitals to establish alternative sites of care if the number of acute patients exceeds the number of available beds. In anticipation of potential surge, we ask the state to allow hospitals to exceed the licensed bed capacity stated on their licensure for the duration of the emergency. We also request that hospitals be allowed to place inpatients in nonlicensed patient care areas, so long as the applicable standard of care is met.

Some of those sites will be located somewhere other than the hospital's licensed campus. We request the state to consider such sites to be part of the hospital's licensed premises for treatment and billing purposes.

Due to the temporary nature of those sites, they will not be constructed in accordance with the provisions found at 19 CSR 30-20.030; therefore, we request that these temporary screening sites be exempt from those standards and any associated life safety code requirements. Please advise of the means, if any, by which hospitals will be asked to document the existence and location of alternate screening and/or treatment sites.

We request the state permit the use of designated licensed beds for any condition requiring inpatient admission. This would include allowing the use of medical or surgical beds for intensive care to be staffed and equipped accordingly. Similarly, we request suspension of certain requirements found under 19 CSR 30-20.050 relating to the operation of long-term care units within a hospital, including the use of those beds for care of acute inpatients. We also ask that the provisions in Subsection (2)(C) of the rule relating to visiting hours be waived in favor of any policy adopted by the hospital restricting the presence of visitors to combat the spread of the COVID-19 virus. Similarly, we ask the state to relax the standards under Subsection (8)(B) and (C), and relaxation of the discharge provisions under Subsection (8)(E) so that hospitals can effectively and efficiently discharge and/or transfer patients as necessary to create capacity to treat patients with higher acutities.

Some number of hospitals may face expiration of their license during this period. We request the state grant an automatic six-month extension of any hospital license scheduled to expire during the declared emergency period.

Finally, we request that hospitals be granted authority to deviate from the diversion plans required by 19 CSR 30-20.092 to more efficiently move patients to alternate sites of care, including those outside the boundaries of the hospital's written plan.

DEDICATED TESTING AND LABORATORY CONTACT

As the testing capacity increases, hospitals may have technical questions or supply-related needs. At this time, there is no 24/7 resource for such issues, which can delay tests necessary to flatten the curve of community spread. We ask the state to establish a dedicated contact for such inquiries that can be available by phone or email at all times.

LICENSURE OF HEALTH CARE WORKERS

The availability of health care staff during this crisis is central to Missouri's ability to respond. Hospitals have expressed concerns about the availability of adequate staff in the event health care workers fall ill or are required to care for infected family members or children released from school or daycare. MHA asks the state to extend the licensure expiration date for all health care professions for a period of six months, including all attendant requirements, such as board

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certifications, registrations with the Bureau of Narcotics and Dangerous Drugs, Basic Life Support, Advanced Cardiac Life Support, or Pediatric Advanced Life Support. Additionally, we ask that you call upon the licensing boards for the health care professions to process temporary license applications within two days.

ADVANCED PRACTICE REGISTERED NURSES AND PHYSICIAN ASSISTANTS

Advanced practice registered nurses and physician assistants will be essential to COVID-19 response efforts, but currently face statutory and regulatory restrictions under their collaborative practice agreements. We request that APRNs and PAs be allowed to provide all services within their scope of licensure despite any limiting provisions in their particular collaborative practice agreement. We also ask the state to suspend the geographic limitations found in 20 CSR 2200-4.200 and allow these providers to work in any area of the state in which there is need. We also request that the requirement found in 20 CSR 2200-4.200 for APRNs to work continuously with a physician for a period of one month be waived during this emergency period and that all licensed APRNs be allowed to work within their scope of practice immediately.

CHILD CARE FACILITIES

Alternate child care arrangements are crucial to ensuring health care workers are able to report for work. Therefore, we request the state suspend the limits on staff/child ratios found in 19 CSR 30-62.112 and remove impediments to hospitals, churches and other entities to establish alternate child care sites to enable parents with no other options to work.

This letter is focused on the waiver or suspension of certain state-based requirements necessary to ease the burden on the health care delivery system. We are working through the Missouri Department of Health and Senior Services to obtain the relief from CMS regulations through the Section 1135 waiver process. If events in Missouri follow the trajectory of the COVID-19 outbreak in other states, we anticipate the need to relieve the burden on hospitals by alleviating other regulatory requirements. As our members express those pain points, we will communicate immediately to ensure that the state has the information it needs to respond quickly and effectively to this emergency situation.

If you have questions regarding any of these requests, please do not hesitate to contact me at hkuhn@mhanet.com or by phone at 573-893-3700, ext. 1334.

Sincerely,



Herb B. Kuhn
President and CEO

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