



Jon D. Doolittle
President and CEO
P.O. Box 60
Jefferson City, MO 65102

MEMO

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TO: Directors of Regulatory Compliance
Directors of Nursing
Directors of Security
Directors of Quality
Psychiatric Network

FROM: Sarah Willson, Vice President of Clinical and Regulatory Affairs
Meghan Henderson, Vice President of Legislative Policy and Associate General Counsel

SUBJECT: Hospital Visitation

Effective Thursday, August 28, hospitals licensed under Section 197.020, RSMo, will have to comply with new visitation requirements passed in [Senate Bill 710](#) and [House Bill 2116](#). Two separate acts were passed in the language. The Compassionate Care Visitation Act (also referred to as the No Patient Left Alone Act) addresses visitation requirements outside of a governor- or General Assembly-declared state of emergency. The Essential Caregiver Program Act addresses visitation during a state of emergency that has been declared related to infectious disease. Provisions similar to the Essential Caregiver Program Act address facilities operated or licensed by the Missouri Department of Mental Health separately.

Under the **Compassionate Care Visitation Act**, hospitals must allow compassionate care visits to address the physical and mental health needs of patients. The intent of the language is to allow for unrestricted visitation in hospitals, nursing facilities and inpatient hospice facilities 24 hours a day. The hospital can restrict visitation; however, at a minimum, these visits should be allowed to occur for at least six hours a day by a minimum of two compassionate care visitors. These visitors may visit at the same time or separately, and they may come and go during the specified hours. Visiting hours must include evenings, weekends and holidays; however, they do not have to occur in consecutive hour increments. As mentioned, the hospital may restrict visitation related to the individual (patient) or relative to the area of the hospital where visitation normally may be restricted, such as the operating room or a locked behavioral health unit.

Reasons visitation may be restricted for a patient might include but are not limited to patient request, court or legal direction, emergency care in critical situations, reasonable cause to suspect

danger or harm to the patient, and if the attending physician documents that visitation is medically or therapeutically contraindicated. The hospital also may adopt reasonable safety or security restrictions or other requirements for visitors. The Missouri Department of Health and Senior Services also is required to develop and provide written materials for hospitals to provide to patients and visitors at time of admission, as well as post these details to its websites.

Steps hospitals should take to be compliant with the Compassionate Care Visitation Act include the following.

- Review and refine hospital visitation policy and procedures to include compassionate care visits and guidelines as specified in the language.
- Provide education on policy and procedure changes to staff and providers.
- Incorporate changes into materials provided to patients, family and other visitors, and include the information on the hospital website. Once the department's handout is available, incorporate those changes as needed.

The **Essential Caregiver Program Act** is a separate visitation act that passed and is effective only during a state of emergency declared by the governor or General Assembly relating to infectious, contagious, communicable or dangerous diseases. The act requires a facility to allow a patient or client who has not been adjudged incapacitated under chapter 475, a patient's guardian or a legally authorized representative to designate at least two essential caregivers for in-person contact. The hospital may limit visitation to one essential caregiver at a time; however, the caregivers are allowed to be present for at least four hours a day. The visits do not have to be conducted together or during consecutive hours. The essential care visit is different from a compassionate care visit. Compassionate care visits can occur anytime or during minimum of six-hour timeframes designated by the hospital. Additionally, the compassionate care visit requirements always are in effect beginning Thursday, August 28. The essential caregiver visit requirements are in effect during a declared emergency, as specified in the language, and occur during whatever time the caregiver is present, and each caregiver can visit up to a minimum of four hours each day. The hospital must implement a process for developing a reasonable schedule for visits.

To facilitate an essential care visit, the hospital must establish procedures to allow for physical contact and cannot require more stringent screening, testing, equipment or other infection control protocols than those required of employees. The hospital must develop a protocol specifying criteria that will be used to determine whether in-person contact is inconsistent with patients' therapeutic care and treatment or is a safety risk to other patients or staff. Any limitations placed on a caregiver must be reviewed and documented every seven days to determine if they still are appropriate. The facility may restrict, or revoke in-person contact if protocols and procedures are not followed by a caregiver. The process for requesting a suspension of in-person contact is outlined in the language and should be considered in policies and procedures. The department is directed to suspend in-person contact if it is required under federal law. Hospitals should note the language does not apply to patients whose plan of therapeutic care and treatment necessitates restricted or otherwise limited visitation for reasons unrelated to the stated reasons for the declared state of emergency. Finally, there is language in section 630.202 for DMH facilities containing similar language.

To be compliant with the Essential Caregiver Program Act, hospitals should do the following.

- Revise hospital visitation policies and procedures to reflect the requirements outlined in the Essential Caregiver Program Act.
- Establish a protocol with criteria for determining when in-person contact represents a risk or is contraindicated as it relates to essential caregiver visits.
- Include in the policy and procedure the process for requesting a waiver from the Missouri Department of Health and Senior Services. Additional information may be needed from the department; however, it is likely they will follow their normal variance processes.
- Determine the extent of education needed for staff and providers and provide it as applicable.

MHA will be hosting a webinar in the future on the new language. Additional details will be forthcoming. Please reach out to Sarah Willson at swillson@mhanet.com or Meghan Henderson at mhenderson@mhanet.com with questions or comments.

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