

FIRST REGULAR SESSION
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 495
99TH GENERAL ASSEMBLY

Reported from the Committee on Health and Pensions, April 13, 2017, with recommendation that the Senate Committee Substitute do pass.

2225S.02C

ADRIANE D. CROUSE, Secretary.

AN ACT

To repeal section 190.241, RSMo, and to enact in lieu thereof two new sections relating to emergency services.

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

Section A. Section 190.241, RSMo, is repealed and two new sections
2 enacted in lieu thereof, to be known as sections 190.241 and 190.242, to read as
3 follows:

190.241. 1. The department shall designate a hospital as an adult,
2 pediatric or adult and pediatric trauma center when a hospital, upon proper
3 application submitted by the hospital and site review, has been found by the
4 department to meet the applicable level of trauma center criteria for designation
5 in accordance with rules adopted by the department as prescribed by section
6 190.185. **Such rules shall include designation as a trauma center**
7 **without site review if such hospital is certified by a national body.**

8 2. Except as provided for in subsection [4] 5 of this section, the
9 department shall designate a hospital as a STEMI or stroke center when such
10 hospital, upon proper application and site review, has been found by the
11 department to meet the applicable level of STEMI or stroke center criteria for
12 designation in accordance with rules adopted by the department as prescribed by
13 section 190.185. In developing STEMI center and stroke center designation
14 criteria, the department shall use, as it deems practicable, appropriate
15 peer-reviewed or evidence-based research on such topics including, but not limited
16 to, the most recent guidelines of the American College of Cardiology and
17 American Heart Association for STEMI centers, or the Joint Commission's

EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

18 Primary Stroke Center Certification program criteria for stroke centers, or
19 Primary and Comprehensive Stroke Center Recommendations as published by the
20 American Stroke Association. **Such rules shall include designation as a**
21 **STEMI center without site review if such hospital is certified by a**
22 **national body.**

23 3. The department of health and senior services shall, not less than once
24 every five years, conduct an on-site review of every trauma, STEMI, and stroke
25 center through appropriate department personnel or a qualified contractor, with
26 the exception of stroke centers designated pursuant to subsection [4] 5 of this
27 section; however, this provision is not intended to limit the department's ability
28 to conduct a complaint investigation pursuant to subdivision (3) of subsection 2
29 of section 197.080 of any trauma, STEMI, or stroke center. On-site reviews shall
30 be coordinated for the different types of centers to the extent practicable with
31 hospital licensure inspections conducted under chapter 197. No person shall be
32 a qualified contractor for purposes of this subsection who has a substantial
33 conflict of interest in the operation of any trauma, STEMI, or stroke center under
34 review. The department may deny, place on probation, suspend or revoke such
35 designation in any case in which it has reasonable cause to believe that there has
36 been a substantial failure to comply with the provisions of this chapter or any
37 rules or regulations promulgated pursuant to this chapter. If the department of
38 health and senior services has reasonable cause to believe that a hospital is not
39 in compliance with such provisions or regulations, it may conduct additional
40 announced or unannounced site reviews of the hospital to verify compliance. If
41 a trauma, STEMI, or stroke center fails two consecutive on-site reviews because
42 of substantial noncompliance with standards prescribed by sections 190.001 to
43 190.245 or rules adopted by the department pursuant to sections 190.001 to
44 190.245, its center designation shall be revoked.

45 4. **Instead of applying for STEMI center designation under**
46 **subsection 2 of this section, a hospital may apply for STEMI center**
47 **designation under this subsection. Upon receipt of an application from**
48 **a hospital on a form prescribed by the department, the department**
49 **shall designate such hospital as a level II STEMI center if such hospital**
50 **has been accredited as a Mission: Lifeline STEMI Receiving Center by**
51 **the American Heart Association accreditation process or another**
52 **department-approved nationally-recognized organization that provides**
53 **STEMI Receiving Center accreditation.**

54 **5.** Instead of applying for stroke center designation pursuant to the
55 provisions of subsection 2 of this section, a hospital may apply for stroke center
56 designation pursuant to this subsection. Upon receipt of an application from a
57 hospital on a form prescribed by the department, the department shall designate
58 such hospital:

59 (1) A level I stroke center if such hospital has been certified as a
60 comprehensive stroke center by the Joint Commission or any other certifying
61 organization designated by the department when such certification is in
62 accordance with the American Heart Association/American Stroke Association
63 guidelines;

64 (2) A level II stroke center if such hospital has been certified as a primary
65 stroke center by the Joint Commission or any other certifying organization
66 designated by the department when such certification is in accordance with the
67 American Heart Association/American Stroke Association guidelines; or

68 (3) A level III stroke center if such hospital has been certified as an acute
69 stroke-ready hospital by the Joint Commission or any other certifying
70 organization designated by the department when such certification is in
71 accordance with the American Heart Association/American Stroke Association
72 guidelines.

73 Except as provided by subsection **[5] 6** of this section, the department shall not
74 require compliance with any additional standards for establishing or renewing
75 stroke designations. The designation shall continue if such hospital remains
76 certified. The department may remove a hospital's designation as a stroke center
77 if the hospital requests removal of the designation or the department determines
78 that the certificate recognizing the hospital as a stroke center has been suspended
79 or revoked. Any decision made by the department to withdraw its designation of
80 a stroke center pursuant to this subsection that is based on the revocation or
81 suspension of a certification by a certifying organization shall not be subject to
82 judicial review. The department shall report to the certifying organization any
83 complaint it receives related to the stroke center certification of a stroke center
84 designated pursuant to this subsection. The department shall also advise the
85 complainant which organization certified the stroke center and provide the
86 necessary contact information should the complainant wish to pursue a complaint
87 with the certifying organization.

88 **[5.] 6.** Any hospital receiving designation as a stroke center pursuant to
89 subsection **[4] 5** of this section shall:

90 (1) Annually and within thirty days of any changes submit to the
91 department proof of stroke certification and the names and contact information
92 of the medical director and the program manager of the stroke center;

93 (2) Submit to the department a copy of the certifying organization's final
94 stroke certification survey results within thirty days of receiving such results;

95 (3) Submit every four years an application on a form prescribed by the
96 department for stroke center review and designation;

97 (4) Participate in the emergency medical services regional system of
98 stroke care in its respective emergency medical services region as defined in rules
99 promulgated by the department;

100 (5) Participate in local and regional emergency medical services systems
101 by reviewing and sharing outcome data and providing training and clinical
102 educational resources.

103 Any hospital receiving designation as a level III stroke center pursuant to
104 subsection [4] 5 of this section shall have a formal agreement with a level I or
105 level II stroke center for physician consultative services for evaluation of stroke
106 patients for thrombolytic therapy and the care of the patient post-thrombolytic
107 therapy.

108 [6.] 7. Hospitals designated as a STEMI or stroke center by the
109 department, including those designated pursuant to subsection [4] 5 of this
110 section, shall submit data to meet the data submission requirements specified by
111 rules promulgated by the department. Such submission of data may be done by
112 the following methods:

113 (1) Entering hospital data directly into a state registry by direct data
114 entry;

115 (2) Downloading hospital data from a nationally recognized registry or
116 data bank and importing the data files into a state registry; or

117 (3) Authorizing a nationally recognized registry or data bank to disclose
118 or grant access to the department facility-specific data held by the registry or
119 data bank.

120 A hospital submitting data pursuant to subdivision (2) or (3) of this subsection
121 shall not be required to collect and submit any additional STEMI or stroke center
122 data elements.

123 [7.] 8. When collecting and analyzing data pursuant to the provisions of
124 this section, the department shall comply with the following requirements:

125 (1) Names of any health care professionals, as defined in section 376.1350,

126 shall not be subject to disclosure;

127 (2) The data shall not be disclosed in a manner that permits the
128 identification of an individual patient or encounter;

129 (3) The data shall be used for the evaluation and improvement of hospital
130 and emergency medical services' trauma, stroke, and STEMI care;

131 (4) The data collection system shall be capable of accepting file transfers
132 of data entered into any national recognized trauma, stroke, or STEMI registry
133 or data bank to fulfill trauma, stroke, or STEMI certification reporting
134 requirements; **and**

135 (5) STEMI and stroke center data elements shall conform to nationally
136 recognized performance measures, such as the American Heart Association's Get
137 With the Guidelines, and include published detailed measure specifications, data
138 coding instructions, and patient population inclusion and exclusion criteria to
139 ensure data reliability and validity; and

140 (6) Generate from the trauma, stroke, and STEMI registries quarterly
141 regional and state outcome data reports for trauma, stroke, and STEMI
142 designated centers, the state advisory council on EMS, and regional EMS
143 committees to review for performance improvement and patient safety].

144 [8.] 9. The board of registration for the healing arts shall have sole
145 authority to establish education requirements for physicians who practice in an
146 emergency department of a facility designated as a trauma, STEMI, or stroke
147 center by the department under this section. The department shall deem such
148 education requirements promulgated by the board of registration for the healing
149 arts sufficient to meet the standards for designations under this section.

150 [9.] 10. The department of health and senior services may establish
151 appropriate fees to offset the costs of trauma, STEMI, and stroke center reviews.

152 [10.] 11. No hospital shall hold itself out to the public as a STEMI
153 center, stroke center, adult trauma center, pediatric trauma center, or an adult
154 and pediatric trauma center unless it is designated as such by the department of
155 health and senior services.

156 [11.] 12. Any person aggrieved by an action of the department of health
157 and senior services affecting the trauma, STEMI, or stroke center designation
158 pursuant to this chapter, including the revocation, the suspension, or the
159 granting of, refusal to grant, or failure to renew a designation, may seek a
160 determination thereon by the administrative hearing commission under chapter
161 621. It shall not be a condition to such determination that the person aggrieved

162 seek a reconsideration, a rehearing, or exhaust any other procedure within the
163 department.

190.242. 1. In order to ensure that hospitals can be free from
2 excessive regulation that increases health care costs without increasing
3 patient safety, any rules and regulations promulgated by the
4 department of health and senior services under sections 190.185,
5 190.241, and 192.006, chapter 197, or any other provision of Missouri
6 law shall not require hospitals, as a condition of designation under
7 section 190.241, to obtain emergency medical services data under
8 section 190.241, unless such data may be obtained from the state
9 database for emergency medical services. The provisions of this
10 subsection shall not be construed to limit in any way the requirements
11 of any person or entity to submit emergency medical services data to
12 any person or entity.

13 2. A hospital shall not be required to comply with an
14 interpretation of a specific provision in any regulation concerning
15 trauma, STEMI, or stroke centers if such hospital can demonstrate that
16 the specific provision in the regulation has been interpreted differently
17 for a similarly-situated hospital. The department may require
18 compliance if the specific provision in the regulation has been
19 subsequently interpreted consistently for similarly-situated hospitals.

20 3. The department shall attend meetings with trauma, STEMI,
21 and stroke centers for the benefit of improved communication, best-
22 practice identification, and facilitation of improvements to the
23 designation process.

24 4. As used in this section, the term "hospital" shall have the same
25 meaning as in section 197.020.

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