

FIRST REGULAR SESSION

SENATE BILL NO. 495

99TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR RIDDLE.

Read 1st time February 28, 2017, and ordered printed.

ADRIANE D. CROUSE, Secretary.

2225S.011

AN ACT

To repeal sections 190.200 and 190.241, RSMo, and to enact in lieu thereof three new sections relating to emergency services.

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

Section A. Sections 190.200 and 190.241, RSMo, are repealed and three
2 new sections enacted in lieu thereof, to be known as sections 190.200, 190.241,
3 and 190.242, to read as follows:

190.200. 1. The department of health and senior services in cooperation
2 with local and regional EMS systems and agencies may provide public and
3 professional information and education programs related to emergency medical
4 services systems including trauma, STEMI, and stroke systems and emergency
5 medical care and treatment. The department of health and senior services may
6 also provide public information and education programs for informing residents
7 of and visitors to the state of the availability and proper use of emergency
8 medical services, of the value and nature of programs to involve citizens in the
9 administering of prehospital emergency care, including cardiopulmonary
10 resuscitation, and of the availability of training programs in emergency care for
11 members of the general public.

12 2. The department shall, for STEMI care and stroke care respectively:

13 (1) Compile and assess peer-reviewed and evidence-based clinical research
14 and guidelines that provide or support recommended treatment standards;

15 (2) Assess the capacity of the emergency medical services system and
16 hospitals to deliver recommended treatments in a timely fashion;

17 (3) Use the research, guidelines, and assessment to promulgate rules
18 establishing protocols for transporting STEMI patients to a STEMI center or

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

19 stroke patients to a stroke center. Such transport protocols shall direct patients
20 to STEMI centers and stroke centers under section 190.243 based on the centers'
21 capacities to deliver recommended acute care treatments within time limits
22 suggested by clinical research;

23 (4) Define regions within the state for purposes of coordinating the
24 delivery of STEMI care and stroke care, respectively;

25 (5) Promote the development of regional or community-based plans for
26 transporting STEMI or stroke patients via ground or air ambulance to STEMI
27 centers or stroke centers, respectively, in accordance with section 190.243; and

28 (6) Establish procedures for the submission of community-based or
29 regional plans for department approval.

30 3. A community-based or regional plan shall [be submitted to the
31 department for approval. Such plan shall] be based on the clinical research and
32 guidelines and assessment of capacity described in subsection 1 of this section
33 and shall include a mechanism for evaluating its effect on medical
34 outcomes. Upon approval of a plan **by a regional emergency medical**
35 **services advisory committee, as defined in section 190.100, and a**
36 **regional emergency medical director, as described in section 190.103,**
37 the department shall waive the requirements of rules promulgated under sections
38 190.100 to 190.245 that are inconsistent with the community-based or regional
39 plan. A community-based or regional plan shall be developed by or in
40 consultation with the representatives of hospitals, physicians, and emergency
41 medical services providers in the community or region.

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 of this section, the department
9 shall designate a hospital as a STEMI or stroke center when such hospital, upon
10 proper application and site review, has been found by the department to meet the
11 applicable level of STEMI or stroke center criteria for designation in accordance
12 with rules adopted by the department as prescribed by section 190.185. In
13 developing STEMI center and stroke center designation criteria, the department

14 shall use, as it deems practicable, appropriate peer-reviewed or evidence-based
15 research on such topics including, but not limited to, the most recent guidelines
16 of the American College of Cardiology and American Heart Association for STEMI
17 centers, or the Joint Commission's Primary Stroke Center Certification program
18 criteria for stroke centers, or Primary and Comprehensive Stroke Center
19 Recommendations as published by the American Stroke Association. **Such rules**
20 **shall include designation as a STEMI center without site review if such**
21 **hospital is certified by a national body.**

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

44 4. Instead of applying for stroke center designation pursuant to the
45 provisions of subsection 2 of this section, a hospital may apply for stroke center
46 designation pursuant to this subsection. Upon receipt of an application from a
47 hospital on a form prescribed by the department, the department shall designate
48 such hospital:

49 (1) A level I stroke center if such hospital has been certified as a

50 comprehensive stroke center by the Joint Commission or any other certifying
51 organization designated by the department when such certification is in
52 accordance with the American Heart Association/American Stroke Association
53 guidelines;

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

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

63 Except as provided by subsection 5 of this section, the department shall not
64 require compliance with any additional standards for establishing or renewing
65 stroke designations. The designation shall continue if such hospital remains
66 certified. The department may remove a hospital's designation as a stroke center
67 if the hospital requests removal of the designation or the department determines
68 that the certificate recognizing the hospital as a stroke center has been suspended
69 or revoked. Any decision made by the department to withdraw its designation of
70 a stroke center pursuant to this subsection that is based on the revocation or
71 suspension of a certification by a certifying organization shall not be subject to
72 judicial review. The department shall report to the certifying organization any
73 complaint it receives related to the stroke center certification of a stroke center
74 designated pursuant to this subsection. The department shall also advise the
75 complainant which organization certified the stroke center and provide the
76 necessary contact information should the complainant wish to pursue a complaint
77 with the certifying organization.

78 5. Any hospital receiving designation as a stroke center pursuant to
79 subsection 4 of this section shall:

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

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

85 (3) Submit every four years an application on a form prescribed by the

86 department for stroke center review and designation;

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

90 (5) Participate in local and regional emergency medical services systems
91 by reviewing and sharing outcome data and providing training and clinical
92 educational resources.

93 Any hospital receiving designation as a level III stroke center pursuant to
94 subsection 4 of this section shall have a formal agreement with a level I or level
95 II stroke center for physician consultative services for evaluation of stroke
96 patients for thrombolytic therapy and the care of the patient post-thrombolytic
97 therapy.

98 6. Hospitals designated as a STEMI or stroke center by the department,
99 including those designated pursuant to subsection 4 of this section, shall submit
100 data to meet the data submission requirements specified by rules promulgated by
101 the department. Such submission of data may be done by the following methods:

102 (1) Entering hospital data directly into a state registry by direct data
103 entry;

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

106 (3) Authorizing a nationally recognized registry or data bank to disclose
107 or grant access to the department facility-specific data held by the registry or
108 data bank.

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

112 7. When collecting and analyzing data pursuant to the provisions of this
113 section, the department shall comply with the following requirements:

114 (1) Names of any health care professionals, as defined in section 376.1350,
115 shall not be subject to disclosure;

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

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

120 (4) The data collection system shall be capable of accepting file transfers
121 of data entered into any national recognized trauma, stroke, or STEMI registry

122 or data bank to fulfill trauma, stroke, or STEMI certification reporting
123 requirements; **and**

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

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

133 8. The board of registration for the healing arts shall have sole authority
134 to establish education requirements for physicians who practice in an emergency
135 department of a facility designated as a trauma, STEMI, or stroke center by the
136 department under this section. The department shall deem such education
137 requirements promulgated by the board of registration for the healing arts
138 sufficient to meet the standards for designations under this section.

139 9. The department of health and senior services may establish appropriate
140 fees to offset the costs of trauma, STEMI, and stroke center reviews.

141 10. No hospital shall hold itself out to the public as a STEMI center,
142 stroke center, adult trauma center, pediatric trauma center, or an adult and
143 pediatric trauma center unless it is designated as such by the department of
144 health and senior services.

145 11. Any person aggrieved by an action of the department of health and
146 senior services affecting the trauma, STEMI, or stroke center designation
147 pursuant to this chapter, including the revocation, the suspension, or the
148 granting of, refusal to grant, or failure to renew a designation, may seek a
149 determination thereon by the administrative hearing commission under chapter
150 621. It shall not be a condition to such determination that the person aggrieved
151 seek a reconsideration, a rehearing, or exhaust any other procedure within the
152 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:

7 **(1) Require hospitals, as a condition of designation under section**
8 **190.241, to have a different staffing plan for an individual facility than**
9 **a staffing plan involving multiple facilities that has been approved by**
10 **a regional emergency medical services advisory committee, as defined**
11 **in section 190.100, a regional emergency medical director, as described**
12 **in section 190.103, and the facilities involved in such plan; or**

13 **(2) Require hospitals, as a condition of designation under section**
14 **190.241, to obtain emergency medical services data under section**
15 **190.241, unless such data may be obtained from the state database for**
16 **emergency medical services.**

17 **2. A hospital shall not be required to comply with an**
18 **interpretation of a regulation concerning trauma, STEMI, or stroke**
19 **centers if such hospital can demonstrate that the interpretation of such**
20 **regulation was different for a similarly situation hospital.**

21 **3. The department shall hold advisory committee meetings with**
22 **trauma, STEMI, and stroke centers for the benefit of improved**
23 **communication, best-practice identification, and facilitation of**
24 **improvements to the designation process. Notice of such meetings shall**
25 **be communicated in writing with all such facilities.**

26 **4. As used in this section, the term "hospital" shall have the same**
27 **meaning as in section 197.020.**

✓

Copy