

FIRST REGULAR SESSION

HOUSE BILL NO. 1153

99TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE CRAWFORD.

2315H.011

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal sections 190.200 and 190.241, RSMo, and to enact in lieu thereof three new sections relating to the regulation of hospitals.

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Section A. Sections 190.200 and 190.241, RSMo, are repealed and three new sections
2 enacted in lieu thereof, to be known as sections 190.200, 190.241, and 190.244, to read as
3 follows:

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

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

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

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

15 (3) Use the research, guidelines, and assessment to promulgate rules establishing
16 protocols for transporting STEMI patients to a STEMI center or stroke patients to a stroke center.

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

17 Such transport protocols shall direct patients to STEMI centers and stroke centers under section
18 190.243 based on the centers' capacities to deliver recommended acute care treatments within
19 time limits suggested by clinical research;

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

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

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

27 3. A community-based or regional plan shall be submitted to the department for
28 approval. Such plan shall be based on the clinical research and guidelines and assessment of
29 capacity described in subsection 1 of this section and shall include a mechanism for evaluating
30 its effect on medical outcomes. Upon approval of a plan **by the regional emergency medical**
31 **services advisory committee created by section 190.102 and the regional emergency medical**
32 **director created by section 190.103**, the department shall waive the requirements of rules
33 promulgated under sections 190.100 to 190.245 that are inconsistent with the community-based
34 or regional plan. A community-based or regional plan shall be developed by or in consultation
35 with the representatives of hospitals, physicians, and emergency medical services providers in
36 the community or region.

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

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

17 Association. **Such rules shall include designation as a STEMI center without site review**
18 **if such hospital is certified by a national body.**

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

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

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

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

50 (3) A level III stroke center if such hospital has been certified as an acute stroke-ready
51 hospital by the Joint Commission or any other certifying organization designated by the

52 department when such certification is in accordance with the American Heart
53 Association/American Stroke Association guidelines.

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

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

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

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

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

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

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

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

86 6. Hospitals designated as a STEMI or stroke center by the department, including those
87 designated pursuant to subsection 4 of this section, shall submit data to meet the data submission

88 requirements specified by rules promulgated by the department. Such submission of data may
89 be done by the following methods:

- 90 (1) Entering hospital data directly into a state registry by direct data entry;
- 91 (2) Downloading hospital data from a nationally recognized registry or data bank and
92 importing the data files into a state registry; or
- 93 (3) Authorizing a nationally recognized registry or data bank to disclose or grant access
94 to the department facility-specific data held by the registry or data bank.

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

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

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

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

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

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

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

113 ~~—(6) Generate from the trauma, stroke, and STEMI registries quarterly regional and state
114 outcome data reports for trauma, stroke, and STEMI designated centers, the state advisory
115 council on EMS, and regional EMS committees to review for performance improvement and
116 patient safety].~~

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

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

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

127 11. Any person aggrieved by an action of the department of health and senior services
128 affecting the trauma, STEMI, or stroke center designation pursuant to this chapter, including the
129 revocation, the suspension, or the granting of, refusal to grant, or failure to renew a designation,
130 may seek a determination thereon by the administrative hearing commission under chapter 621.
131 It shall not be a condition to such determination that the person aggrieved seek a reconsideration,
132 a rehearing, or exhaust any other procedure within the department.

**190.244. 1. In order to ensure that hospitals can be free from excessive regulation
2 that increases health care costs without increasing patient safety, any rules and regulations
3 promulgated by the department of health and senior services under sections 190.185,
4 190.241, and 192.006, chapter 197, or any other provision of Missouri law shall not:**

**5 (1) Require hospitals, as a condition of designation under section 190.241, to have
6 a different staffing plan for an individual facility than a written staffing plan involving
7 multiple facilities that has been approved by the regional emergency medical services
8 advisory committee created by section 190.102, the regional emergency medical director
9 created by section 190.103, and the facilities involved in such plan; or**

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

**13 2. A hospital shall not be required to comply with an interpretation of a regulation
14 concerning trauma, STEMI, and stroke centers if such hospital can demonstrate that the
15 interpretation of such regulation was different for a similarly situated hospital.**

**16 3. The department shall hold advisory committee meetings with trauma, STEMI,
17 and stroke centers for the benefit of improved communication, best practice identification,
18 and facilitation of improvements to the program. Correspondence of such meeting shall
19 be communicated in writing with all such centers.**

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

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