

SECOND REGULAR SESSION

# HOUSE BILL NO. 2220

102ND GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVE COOK.

4469H.011

DANA RADEMAN MILLER, Chief Clerk

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## AN ACT

To repeal section 190.241, RSMo, and to enact in lieu thereof one new section relating to hospital designations.

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

Section A. Section 190.241, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 190.241, to read as follows:

190.241. 1. Except as provided for in subsection 4 of this section, the department shall designate a hospital as an adult, pediatric or adult and pediatric trauma center when a hospital, upon proper application submitted by the hospital and site review, has been found by the department to meet the applicable level of trauma center criteria for designation in accordance with rules adopted by the department as prescribed by section 190.185. Site review may occur on-site or by any reasonable means of communication, or by any combination thereof. Such rules shall include designation as a trauma center without site review if such hospital is verified by a national verifying or designating body at the level which corresponds to a level approved in rule. In developing trauma center designation criteria, the department shall use, as it deems practicable, peer-reviewed and evidence-based clinical research and guidelines including, but not limited to, the most recent guidelines of the American College of Surgeons.

2. Except as provided for in subsection 4 of this section, the department shall designate a hospital as a STEMI or stroke center when such hospital, upon proper application and site review, has been found by the department to meet the applicable level of STEMI or stroke center criteria for designation in accordance with rules adopted by the department as prescribed by section 190.185. Site review may occur on-site or by any reasonable means of

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.

18 communication, or by any combination thereof. In developing STEMI center and stroke  
19 center designation criteria, the department shall use, as it deems practicable, peer-reviewed  
20 and evidence-based clinical research and guidelines including, but not limited to, the most  
21 recent guidelines of the American College of Cardiology, the American Heart Association, or  
22 the American Stroke Association. Such rules shall include designation as a STEMI center or  
23 stroke center without site review if such hospital is certified by a national body.

24         3. The department of health and senior services shall, not less than once every three  
25 years, conduct a site review of every trauma, STEMI, and stroke center through appropriate  
26 department personnel or a qualified contractor, with the exception of trauma centers, STEMI  
27 centers, and stroke centers designated pursuant to subsection 4 of this section; however, this  
28 provision is not intended to limit the department's ability to conduct a complaint investigation  
29 pursuant to subdivision (3) of subsection 2 of section 197.080 of any trauma, STEMI, or  
30 stroke center. Site reviews shall be coordinated for the different types of centers to the extent  
31 practicable with hospital licensure inspections conducted under chapter 197. No person shall  
32 be a qualified contractor for purposes of this subsection who has a substantial conflict of  
33 interest in the operation of any trauma, STEMI, or stroke center under review. The  
34 department may deny, place on probation, suspend or revoke such designation in any case in  
35 which it has determined there has been a substantial failure to comply with the provisions of  
36 this chapter or any rules or regulations promulgated pursuant to this chapter. **If a hospital  
37 identified and corrected a deficiency before a site review for designation as a trauma,  
38 STEMI, or stroke center, the department shall not cite such deficiency as a deficiency  
39 requiring a plan of correction or use such deficiency as a reason to deny the hospital's  
40 requested designation.** Centers that are placed on probationary status shall be required to  
41 demonstrate compliance with the provisions of this chapter and any rules or regulations  
42 promulgated under this chapter within twelve months of the date of the receipt of the notice of  
43 probationary status, unless otherwise provided by a settlement agreement with a duration of a  
44 maximum of eighteen months between the department and the designated center. If the  
45 department of health and senior services has determined that a hospital is not in compliance  
46 with such provisions or regulations, it may conduct additional announced or unannounced site  
47 reviews of the hospital to verify compliance. If a trauma, STEMI, or stroke center fails two  
48 consecutive site reviews because of substantial noncompliance with standards prescribed by  
49 sections 190.001 to 190.245 or rules adopted by the department pursuant to sections 190.001  
50 to 190.245, its center designation shall be revoked.

51         4. (1) Instead of applying for trauma, STEMI, or stroke center designation under  
52 subsection 1 or 2 of this section, a hospital may apply for trauma, STEMI, or stroke center  
53 designation under this subsection. Upon receipt of an application on a form prescribed by the  
54 department, the department shall designate such hospital at a state level that corresponds to a

55 similar national designation as set forth in rules promulgated by the department. The rules  
56 shall be based on standards of nationally recognized organizations and the recommendations  
57 of the time-critical diagnosis advisory committee.

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

73 **(3) The department shall designate a hospital as a level I STEMI center if such**  
74 **hospital has been certified as a comprehensive cardiac center or comprehensive heart**  
75 **attack center by the joint commission.**

76 5. Any hospital receiving designation as a trauma center, STEMI center, or stroke  
77 center pursuant to subsection 4 of this section shall:

78 (1) Within thirty days of any changes or receipt of a certificate or verification, submit  
79 to the department proof of certification or verification and the names and contact information  
80 of the center's medical director and the program manager; and

81 (2) Participate in local and regional emergency medical services systems for purposes  
82 of providing training, sharing clinical educational resources, and collaborating on improving  
83 patient outcomes.

84

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

89 6. Hospitals designated as a trauma center, STEMI center, or stroke center by the  
90 department shall submit data by one of the following methods:

91 (1) Entering hospital data into a state registry; or

92 (2) Entering hospital data into a national registry or data bank. A hospital submitting  
93 data pursuant to this subdivision shall not be required to collect and submit any additional  
94 trauma, STEMI, or stroke center data elements. No hospital submitting data to a national data  
95 registry or data bank under this subdivision shall withhold authorization for the department to  
96 access such data through such national data registry or data bank. Nothing in this subdivision  
97 shall be construed as requiring duplicative data entry by a hospital that is otherwise  
98 complying with the provisions of this subsection. Failure of the department to obtain access  
99 to data submitted to a national data registry or data bank shall not be construed as hospital  
100 noncompliance under this subsection.

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

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

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

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

109 (4) Trauma, STEMI, and stroke center data elements shall conform to national  
110 registry or data bank data elements, and include published detailed measure specifications,  
111 data coding instructions, and patient population inclusion and exclusion criteria to ensure data  
112 reliability and validity.

113 8. **(1) The department shall not specify the number of physicians necessary to**  
114 **satisfy coverage or backup requirements for centers with level II or lower stroke or**  
115 **STEMI designations. Such centers shall maintain and have available medical staff**  
116 **twenty-four hours a day, seven days a week to assess, diagnose, and treat patients.**  
117 **Coverage of backup capacity shall be deemed satisfied through contingency plans, such**  
118 **as:**

119 **(a) Coverage arrangements. Telehealth may be utilized in such arrangements;**  
120 **or**

121 **(b) Transfer agreements with another like or higher-level facility.**

122 **(2) The department shall allow a physician to satisfy coverage requirements for**  
123 **multiple designations.**

124 9. The department shall not have authority to establish additional education  
125 requirements for physicians who are emergency medicine board-certified or board-eligible  
126 through the American Board of Emergency Medicine (ABEM) or the American Osteopathic  
127 Board of Emergency Medicine (AOBEM) and who are practicing in the emergency  
128 department of a facility designated as a trauma center, STEMI center, or stroke center by the

129 department under this section. The department shall deem the education requirements  
130 promulgated by ABEM or AOBEM to meet the standards for designations under this section.  
131 Education requirements for non-ABEM or non-AOBEM certified physicians, nurses, and  
132 other providers who provide care at a facility designated as a trauma center, STEMI center, or  
133 stroke center by the department under this section shall mirror but not exceed those  
134 established by national designating or verifying bodies of trauma centers, STEMI centers, or  
135 stroke centers.

136 ~~[9-]~~ **10.** The department of health and senior services may establish appropriate fees  
137 to offset only the costs of trauma, STEMI, and stroke center surveys.

138 ~~[10-]~~ **11.** No hospital shall hold itself out to the public as a STEMI center, stroke  
139 center, adult trauma center, pediatric trauma center, or an adult and pediatric trauma center  
140 unless it is designated as such by the department of health and senior services.

141 ~~[11-]~~ **12.** Any person aggrieved by an action of the department of health and senior  
142 services affecting the trauma, STEMI, or stroke center designation pursuant to this chapter,  
143 including the revocation, the suspension, or the granting of, refusal to grant, or failure to  
144 renew a designation, may seek a determination thereon by the administrative hearing  
145 commission under chapter 621. It shall not be a condition to such determination that the  
146 person aggrieved seek a reconsideration, a rehearing, or exhaust any other procedure within  
147 the department.

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