

SECOND REGULAR SESSION

# HOUSE BILL NO. 2518

98TH GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVE HAAHR.

6401H.011

D. ADAM CRUMBLISS, Chief Clerk

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## AN ACT

To repeal sections 190.241 and 192.737, RSMo, and to enact in lieu thereof two new sections relating to hospital emergency care data collection requirements.

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

Section A. Sections 190.241 and 192.737, RSMo, are repealed and two new sections  
2 enacted in lieu thereof, to be known as sections 190.241 and 192.737, to read as follows:

2 190.241. 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.

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

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

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

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

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

48           (3) **A level III stroke center if such hospital has been certified as an acute**  
49 **stroke-ready hospital by the Joint Commission or any other certifying organization**  
50 **designated by the department if such certification is in accordance with the American**  
51 **Heart Association and American Stroke Association guidelines.**

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53 Except as provided under subsection 5 of this section, the department shall not require  
54 compliance with any additional standards for establishing or renewing stroke designations.  
55 The designation shall continue if such hospital remains certified. The department may  
56 remove a hospital's designation as a stroke center if the hospital requests removal of the  
57 designation or the department determines that the certificate recognizing the hospital as  
58 a stroke center has been suspended or revoked. Because the department may not have  
59 access to the records of the certifying organization, any decision made by the department  
60 to withdraw its designation of a stroke center under this subsection that is based on the  
61 revocation or suspension of a certification by a certifying organization shall not be subject  
62 to judicial review. The department shall report to the certifying organization any  
63 complaint it receives related to the certification of a stroke center designated under  
64 subsection 4 of this section. The department shall also advise the complainant of which  
65 organization certified the stroke center and provide the necessary contact information  
66 should the complainant wish to pursue a complaint with the certifying organization.

67 **5. Any hospital receiving designation as a stroke center under subsection 4 of this**  
68 **section shall:**

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

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

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

76 **(4) Participate in the emergency medical services regional system of stroke care in**  
77 **its respective emergency medical services region as defined in 19 CSR 30-40.302; and**

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

81

82 **Any hospital receiving designation as a level III stroke center under 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**  
85 **care of the patient post-thrombolytic therapy.**

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

88 **submission requirements specified by rules promulgated by the department. Such**  
89 **submission of data may 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**  
92 **and importing the data files into a state registry; or**

93 **(3) Authorizing a nationally recognized registry or data bank to disclose or grant**  
94 **access to the department facility-specific data held by the registry or data bank.**

95

96 **A hospital submitting data under 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 under the provisions of this section, the**  
99 **department shall comply with the following requirements:**

100 **(1) The names of any health care professionals as defined in section 376.1350 shall**  
101 **not be 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**  
105 **emergency medical services trauma, stroke, and STEMI care;**

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

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,**  
111 **and include published, detailed measure specifications, data coding instructions, and**  
112 **patient population inclusion and exclusion criteria to ensure data reliability and validity;**  
113 **and**

114 **(6) Generate from the trauma, stroke, and STEMI registries quarterly regional and**  
115 **state outcome data reports for trauma, stroke, and STEMI designated centers for the state**  
116 **advisory council on emergency medical services and regional emergency medical services**  
117 **committees to review for performance improvement and patient safety.**

118 **8. The department of health and senior services may establish appropriate fees to offset**  
119 **the costs of trauma, STEMI, and stroke center reviews.**

120 **[5.] 9. No hospital shall hold itself out to the public as a STEMI center, stroke center,**  
121 **adult trauma center, pediatric trauma center, or an adult and pediatric trauma center unless it is**  
122 **designated as such by the department of health and senior services.**

123 [6.] 10. Any person aggrieved by an action of the department of health and senior  
124 services affecting the trauma, STEMI, or stroke center designation pursuant to this chapter,  
125 including the revocation, the suspension, or the granting of, refusal to grant, or failure to renew  
126 a designation, may seek a determination thereon by the administrative hearing commission under  
127 chapter 621. It shall not be a condition to such determination that the person aggrieved seek a  
128 reconsideration, a rehearing, or exhaust any other procedure within the department.

192.737. [1.] The department of health and senior services shall [establish and maintain  
2 an information registry and reporting system for the purpose of data collection and needs  
3 assessment of brain and spinal cord injured persons in this state] **use patient abstract data  
4 under section 192.667, the department's trauma registry, motor vehicle crash and outcome  
5 data, and other publicly available data sources to provide information and create reports  
6 for the purpose of data analysis and needs assessment of traumatic brain and spinal cord  
7 injured persons.**

8 [2. Reports of traumatic brain and spinal cord injuries shall be filed with the department  
9 by a treating physician or his designee within seven days of identification. The attending  
10 physician of any patient with traumatic brain or spinal cord injury who is in the hospital shall  
11 provide in writing to the chief administrative officer the information required to be reported by  
12 this section. The chief administrative officer of the hospital shall then have the duty to submit  
13 the required reports.

14 3. Reporting forms and the manner in which the information is to be reported shall be  
15 provided by the department. Such reports shall include, but shall not be limited to, the following  
16 information: name, age, and residence of the injured person, the date and cause of the injury, the  
17 initial diagnosis and such other information as required by the department.]

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