

SECOND REGULAR SESSION

# SENATE BILL NO. 1060

98TH GENERAL ASSEMBLY

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INTRODUCED BY SENATOR DIXON.

Read 1st time February 15, 2016, and ordered printed.

ADRIANE D. CROUSE, Secretary.

6416S.011

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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.

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Section A. Sections 190.241 and 192.737, RSMo, are repealed and two new  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

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

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

19 American Stroke Association.

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

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

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

53           (2) **A level II stroke center if such hospital has been certified as**  
54 **a primary stroke center by the Joint Commission or any other**

55 certifying organization designated by the department when such  
56 certification is in accordance with the American Heart  
57 Association/American Stroke Association guidelines; or

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

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

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

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

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

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

91       (4) Participate in the emergency medical services regional

92 system of stroke care in its respective emergency medical services  
93 region as defined in rules promulgated by the department;

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

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

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

107 (1) Entering hospital data directly into a state registry by direct  
108 data entry;

109 (2) Downloading hospital data from a nationally-recognized  
110 registry or data bank and importing the data files into a state registry;  
111 or

112 (3) Authorizing a nationally-recognized registry or data bank to  
113 disclose or grant access to the department facility-specific data held by  
114 the registry or data bank.

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

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

121 (1) Names of any health care professionals, as defined in section  
122 376.1350, shall not be subject to disclosure;

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

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

128 (4) The data collection system shall be capable of accepting file

129 transfers of data entered into to any national recognized trauma,  
130 stroke, or STEMI registry or data bank to fulfill trauma, stroke, or  
131 STEMI certification reporting requirements;

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

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

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

145 [5.] 9. No hospital shall hold itself out to the public as a STEMI center,  
146 stroke center, adult trauma center, pediatric trauma center, or an adult and  
147 pediatric trauma center unless it is designated as such by the department of  
148 health and senior services.

149 [6.] 10. Any person aggrieved by an action of the department of health  
150 and senior services affecting the trauma, STEMI, or stroke center designation  
151 pursuant to this chapter, including the revocation, the suspension, or the  
152 granting of, refusal to grant, or failure to renew a designation, may seek a  
153 determination thereon by the administrative hearing commission under chapter  
154 621. It shall not be a condition to such determination that the person aggrieved  
155 seek a reconsideration, a rehearing, or exhaust any other procedure within the  
156 department.

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

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

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

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