

ORIGINAL



House _____ Amendment NO. _____

Coney

Offered By

64

1 AMEND House Committee Substitute for Senate Bill No. 635, Page 1, Section A, Line 4, by
2 inserting after all of said section and line the following:

3
4 "190.241. 1. The department shall designate a hospital as an adult, pediatric or adult and
5 pediatric trauma center when a hospital, upon proper application submitted by the hospital and site
6 review, has been found by the department to meet the applicable level of trauma center criteria for
7 designation in accordance with rules adopted by the department as prescribed by section 190.185.

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

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

36 4. Instead of applying for stroke center designation under the provisions of subsection 2 of
Standing Action Taken _____ Date _____

Select Action Taken _____ Date _____

1 this section, a hospital may apply for stroke center designation under the provisions of this
 2 subsection. Upon receipt of an application from a hospital on a form prescribed by the department,
 3 the department shall designate such hospital:

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

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

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

16
 17 Except as provided under subsection 5 of this section, the department shall not require compliance
 18 with any additional standards for establishing or renewing stroke designations. The designation
 19 shall continue if such hospital remains certified. The department may remove a hospital's
 20 designation as a stroke center if the hospital requests removal of the designation or the department
 21 determines that the certificate recognizing the hospital as a stroke center has been suspended or
 22 revoked. Because the department may not have access to the records of the certifying organization,
 23 any decision made by the department to withdraw its designation of a stroke center under this
 24 subsection that is based on the revocation or suspension of a certification by a certifying
 25 organization shall not be subject to judicial review. The department shall report to the certifying
 26 organization any complaint it receives related to the certification of a stroke center designated under
 27 this subsection. The department shall also advise the complainant of which organization certified
 28 the stroke center and provide the necessary contact information should the complainant wish to
 29 pursue a complaint with the certifying organization.

30 5. Any hospital receiving designation as a stroke center under subsection 4 of this section
 31 shall:

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

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

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

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

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

43
 44 Any hospital receiving designation as a level III stroke center under subsection 4 of this section
 45 shall have a formal agreement with a level I or level II stroke center for physician consultative
 46 services for evaluation of stroke patients for thrombolytic therapy and the care of the patient post-
 47 thrombolytic therapy.

48 6. Hospitals designated as a STEMI or stroke center by the department, including those

1 designated under subsection 4 of this section, shall submit data to meet the data submission
 2 requirements specified by rules promulgated by the department. Such submission of data may be
 3 done by the following methods:

- 4 (1) Entering hospital data directly into a state registry by direct data entry;
- 5 (2) Downloading hospital data from a nationally recognized registry or data bank and
 6 importing the data files into a state registry; or
- 7 (3) Authorizing a nationally recognized registry or data bank to disclose or grant access to
 8 the department to facility-specific data held by the registry or data bank.

9
 10 A hospital submitting data under subdivision (2) or (3) of this subsection shall not be required to
 11 collect and submit any additional STEMI or stroke center data elements.

12 7. When collecting and analyzing data under the provisions of this section, the department
 13 shall comply with the following requirements:

14 (1) The names of any health care professionals as defined in section 376.1350 shall not be
 15 subject to disclosure;

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

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

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

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

27 (6) Generate from the trauma, stroke, and STEMI registries quarterly regional and state
 28 outcome data reports for trauma, stroke, and STEMI designated centers for the state advisory
 29 council on emergency medical services and regional emergency medical services committees to
 30 review for performance improvement and patient safety.

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

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

38 [5.] 10. No hospital shall hold itself out to the public as a STEMI center, stroke center, adult
 39 trauma center, pediatric trauma center, or an adult and pediatric trauma center unless it is designated
 40 as such by the department of health and senior services.

41 [6.] 11. Any person aggrieved by an action of the department of health and senior services
 42 affecting the trauma, STEMI, or stroke center designation pursuant to this chapter, including the
 43 revocation, the suspension, or the granting of, refusal to grant, or failure to renew a designation,
 44 may seek a determination thereon by the administrative hearing commission under chapter 621. It
 45 shall not be a condition to such determination that the person aggrieved seek a reconsideration, a
 46 rehearing, or exhaust any other procedure within the department.

47 190.265. 1. In order to ensure that the skids of a helicopter do not get caught in a fence or
 48 other barriers and cause a potentially catastrophic outcome, any rules and regulations promulgated

1 by the department of health and senior services pursuant to sections 190.185, 190.214, and 192.006,
2 chapter 197, or any other provision of Missouri law shall not require hospitals to have a fence, or
3 other barriers, around such hospital's helipad. Any regulation requiring fencing, or other barriers, or
4 any interpretation of such regulation shall be null and void.

5 2. In addition to the prohibition in subsection 1 of this section, the department shall not
6 promulgate any rules and regulations with respect to the operation or construction of a helipad
7 located at a hospital.

8 3. Hospitals shall ensure that helipads are free of obstruction and safe for use by a helicopter
9 while on the ground, during approach, and takeoff.

10 4. As used in this section, the term "hospital" shall have the same meaning as in section
11 197.020."; and

12
13 Further amend said bill, Page 3, Section 191.1085, Line 35, by inserting after all of said section and
14 line the following:

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16 "192.737. [1.] The department of health and senior services shall [establish and maintain an
17 information registry and reporting system for the purpose of data collection and needs assessment of
18 brain and spinal cord injured persons in this state] use patient abstract data under section 192.667,
19 the department's trauma registry, motor vehicle crash and outcome data, and other publicly available
20 data sources to provide information and create reports for the purpose of data analysis and needs
21 assessment of traumatic brain and spinal cord injured persons.

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

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

31
32 Further amend said bill by amending the title, enacting clause, and intersectional references
33 accordingly.