

FIRST REGULAR SESSION

HOUSE BILL NO. 541

103RD GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE COOK.

1476H.011

DANA RADEMAN MILLER, Chief Clerk

AN ACT

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

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Section A. Section 190.241, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 190.241, to read as follows: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. **The**
37 **department shall not require a plan of correction or deny a hospital's designation based**
38 **solely on a deficiency found during a site review for designation if prior to such review**
39 **the hospital had an active plan of correction and monitoring for such deficiency.** Centers
40 that are placed on probationary status shall be required to demonstrate compliance with the
41 provisions of this chapter and any rules or regulations promulgated under this chapter within
42 twelve months of the date of the receipt of the notice of probationary status, unless otherwise
43 provided by a settlement agreement with a duration of a maximum of eighteen months
44 between the department and the designated center. If the department of health and senior
45 services has determined that a hospital is not in compliance with such provisions or
46 regulations, it may conduct additional announced or unannounced site reviews of the hospital
47 to verify compliance. If a trauma, STEMI, or stroke center fails two consecutive site reviews
48 because of substantial noncompliance with standards prescribed by sections 190.001 to
49 190.245 or rules adopted by the department pursuant to sections 190.001 to 190.245, its
50 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. **Teleneurology**
89 **physicians shall be credentialed to provide stroke care.**

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

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

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

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

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

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

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

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

114 8. **(1) The department shall not specify the number of physicians or other**
115 **licensed practitioners necessary to satisfy coverage or backup requirements for any**
116 **designation under this section. Any facility with a designation under this section shall**
117 **maintain and have available protocols or processes for, and medical staff or other**
118 **licensed practitioners credentialed to perform, the assessment, diagnosis, and treatment**
119 **of patients twenty-four hours a day, seven days a week. Such protocols or processes**
120 **shall detail the facility's plan for coverage or backup capacity to meet the emergent**
121 **needs of multiple complex patients. A facility may satisfy this requirement through**
122 **contingency plans, such as coverage arrangements or transfer agreements with another**
123 **facility designated at an equal or higher level, and telehealth may be used in such**
124 **arrangements.**

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

127 9. The department shall not have authority to establish additional education
128 requirements for physicians who are emergency medicine board-certified or board-eligible

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

139 ~~[9.]~~ **10.** The department of health and senior services may establish appropriate fees
140 to offset only the costs of trauma, STEMI, and stroke center surveys.

141 ~~[10.]~~ **11.** No hospital shall hold itself out to the public as a STEMI center, stroke
142 center, adult trauma center, pediatric trauma center, or an adult and pediatric trauma center
143 unless it is designated as such by the department of health and senior services.

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

✓