

SENATE BILL NO. 873

102ND GENERAL ASSEMBLY

INTRODUCED BY SENATOR ESLINGER.

4432S.01I

KRISTINA MARTIN, Secretary

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Section A. Section 190.241, RSMo, is repealed and one new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

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

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

19 2. Except as provided for in subsection 4 of this
20 section, the department shall designate a hospital as a
21 STEMI or stroke center when such hospital, upon proper
22 application and site review, has been found by the
23 department to meet the applicable level of STEMI or stroke
24 center criteria for designation in accordance with rules
25 adopted by the department as prescribed by section 190.185.
26 Site review may occur on-site or by any reasonable means of
27 communication, or by any combination thereof. In developing
28 STEMI center and stroke center designation criteria, the
29 department shall use, as it deems practicable, peer-reviewed
30 and evidence-based clinical research and guidelines
31 including, but not limited to, the most recent guidelines of
32 the American College of Cardiology, the American Heart
33 Association, or the American Stroke Association. Such rules
34 shall include designation as a STEMI center or stroke center
35 without site review if such hospital is certified by a
36 national body.

37 3. The department of health and senior services shall,
38 not less than once every three years, conduct a site review
39 of every trauma, STEMI, and stroke center through
40 appropriate department personnel or a qualified contractor,
41 with the exception of trauma centers, STEMI centers, and
42 stroke centers designated pursuant to subsection 4 of this
43 section; however, this provision is not intended to limit
44 the department's ability to conduct a complaint
45 investigation pursuant to subdivision (3) of subsection 2 of
46 section 197.080 of any trauma, STEMI, or stroke center.
47 Site reviews shall be coordinated for the different types of
48 centers to the extent practicable with hospital licensure
49 inspections conducted under chapter 197. No person shall be
50 a qualified contractor for purposes of this subsection who

51 has a substantial conflict of interest in the operation of
52 any trauma, STEMI, or stroke center under review. The
53 department may deny, place on probation, suspend or revoke
54 such designation in any case in which it has determined
55 there has been a substantial failure to comply with the
56 provisions of this chapter or any rules or regulations
57 promulgated pursuant to this chapter. **Any deficiency found**
58 **during a site review for designation as a trauma, STEMI, or**
59 **stroke center that was identified and corrected by the**
60 **hospital prior to the site review shall not be cited as a**
61 **deficiency requiring a plan of correction or used to deny**
62 **the hospital's requested designation.** Centers that are
63 placed on probationary status shall be required to
64 demonstrate compliance with the provisions of this chapter
65 and any rules or regulations promulgated under this chapter
66 within twelve months of the date of the receipt of the
67 notice of probationary status, unless otherwise provided by
68 a settlement agreement with a duration of a maximum of
69 eighteen months between the department and the designated
70 center. If the department of health and senior services has
71 determined that a hospital is not in compliance with such
72 provisions or regulations, it may conduct additional
73 announced or unannounced site reviews of the hospital to
74 verify compliance. If a trauma, STEMI, or stroke center
75 fails two consecutive site reviews because of substantial
76 noncompliance with standards prescribed by sections 190.001
77 to 190.245 or rules adopted by the department pursuant to
78 sections 190.001 to 190.245, its center designation shall be
79 revoked.

80 4. (1) Instead of applying for trauma, STEMI, or
81 stroke center designation under subsection 1 or 2 of this
82 section, a hospital may apply for trauma, STEMI, or stroke

83 center designation under this subsection. Upon receipt of
84 an application on a form prescribed by the department, the
85 department shall designate such hospital at a state level
86 that corresponds to a similar national designation as set
87 forth in rules promulgated by the department. The rules
88 shall be based on standards of nationally recognized
89 organizations and the recommendations of the time-critical
90 diagnosis advisory committee.

91 (2) Except as provided by subsection 5 of this
92 section, the department shall not require compliance with
93 any additional standards for establishing or renewing
94 trauma, STEMI, or stroke designations under this
95 subsection. The designation shall continue if such hospital
96 remains certified or verified. The department may remove a
97 hospital's designation as a trauma center, STEMI center, or
98 stroke center if the hospital requests removal of the
99 designation or the department determines that the
100 certificate or verification that qualified the hospital for
101 the designation under this subsection has been suspended or
102 revoked. Any decision made by the department to withdraw
103 its designation of a center pursuant to this subsection that
104 is based on the revocation or suspension of a certification
105 or verification by a certifying or verifying organization
106 shall not be subject to judicial review. The department
107 shall report to the certifying or verifying organization any
108 complaint it receives related to the center designated
109 pursuant to this subsection. The department shall also
110 advise the complainant which organization certified or
111 verified the center and provide the necessary contact
112 information should the complainant wish to pursue a
113 complaint with the certifying or verifying organization.

114 (3) **The department shall designate a hospital as a**
115 **level I STEMI center if such hospital has been certified as**
116 **a comprehensive cardiac center or a comprehensive heart**
117 **attack center by the Joint Commission.**

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

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

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

130 Any hospital receiving designation as a level III stroke
131 center pursuant to subsection 4 of this section shall have a
132 formal agreement with **either** a level I or level II stroke
133 center **or a tele-neurology service** for physician
134 consultative services for evaluation of stroke patients for
135 thrombolytic therapy and the care of the patient post-
136 thrombolytic therapy.

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

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

141 (2) Entering hospital data into a national registry or
142 data bank. A hospital submitting data pursuant to this
143 subdivision shall not be required to collect and submit any
144 additional trauma, STEMI, or stroke center data elements.

145 No hospital submitting data to a national data registry or
146 data bank under this subdivision shall withhold
147 authorization for the department to access such data through
148 such national data registry or data bank. Nothing in this
149 subdivision shall be construed as requiring duplicative data
150 entry by a hospital that is otherwise complying with the
151 provisions of this subsection. Failure of the department to
152 obtain access to data submitted to a national data registry
153 or data bank shall not be construed as hospital
154 noncompliance under this subsection.

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

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

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

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

166 (4) Trauma, STEMI, and stroke center data elements
167 shall conform to national registry or data bank data
168 elements, and include published detailed measure
169 specifications, data coding instructions, and patient
170 population inclusion and exclusion criteria to ensure data
171 reliability and validity.

172 **8. (1) The department shall not specify the number of**
173 **physicians necessary to satisfy coverage or backup**
174 **requirements for level II or lower stroke or STEMI**
175 **designations. Such facilities shall maintain and have**
176 **available medical staff twenty-four hours a day, seven days**

177 a week, to assess, diagnose, and treat patients. Coverage
178 of backup capacity shall be deemed satisfied through
179 contingency plans such as coverage arrangements, or transfer
180 agreements with another like or higher-level facility, and
181 telehealth may be utilized in such arrangements.

182 (2) The department shall allow a physician to satisfy
183 coverage requirements for multiple designations.

184 [8.] 9. The department shall not have authority to
185 establish additional education requirements for physicians
186 who are emergency medicine board-certified or board-eligible
187 through the American Board of Emergency Medicine (ABEM) or
188 the American Osteopathic Board of Emergency Medicine (AOBEM)
189 and who are practicing in the emergency department of a
190 facility designated as a trauma center, STEMI center, or
191 stroke center by the department under this section. The
192 department shall deem the education requirements promulgated
193 by ABEM or AOBEM to meet the standards for designations
194 under this section. Education requirements for non-ABEM or
195 non-AOBEM certified physicians, nurses, and other providers
196 who provide care at a facility designated as a trauma
197 center, STEMI center, or stroke center by the department
198 under this section shall mirror but not exceed those
199 established by national designating or verifying bodies of
200 trauma centers, STEMI centers, or stroke centers.

201 [9.] 10. The department of health and senior services
202 may establish appropriate fees to offset only the costs of
203 trauma, STEMI, and stroke center surveys.

204 [10.] 11. No hospital shall hold itself out to the
205 public as a STEMI center, stroke center, adult trauma
206 center, pediatric trauma center, or an adult and pediatric
207 trauma center unless it is designated as such by the
208 department of health and senior services.

209 [11.] 12. Any person aggrieved by an action of the
210 department of health and senior services affecting the
211 trauma, STEMI, or stroke center designation pursuant to this
212 chapter, including the revocation, the suspension, or the
213 granting of, refusal to grant, or failure to renew a
214 designation, may seek a determination thereon by the
215 administrative hearing commission under chapter 621. It
216 shall not be a condition to such determination that the
217 person aggrieved seek a reconsideration, a rehearing, or
218 exhaust any other procedure within the department.

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