

HB 2518 with HCA 1 and HCA 2 -- HOSPITAL EMERGENCY CARE DATA

SPONSOR: Haahr

COMMITTEE ACTION: Voted "Do Pass with Amendments" by the Standing Committee on Health and Mental Health Policy by a vote of 8 to 3.

This bill changes the laws regarding stroke center designation for hospitals by adding an alternative process for hospitals to obtain a stroke center designation. If a hospital applies for stroke center designation using the alternative process the Department of Health and Senior Services must designate the hospital using the following guidelines:

- (1) A level I stroke center if such hospital has been certified as a comprehensive stroke center by the Joint Commission or any other certifying organization designated by the department if such certification is in accordance with the American Heart Association and American Stroke Association guidelines;
- (2) A level II stroke center if such hospital has been certified as a primary stroke center by the Joint Commission or any other certifying organization designated by the department if such certification is in accordance with the American Heart Association and American Stroke Association guidelines; or
- (3) A level III stroke center if such hospital has been certified as an acute stroke-ready hospital by the Joint Commission or any other certifying organization designated by the department if such certification is in accordance with the American Heart Association and American Stroke Association guidelines.

The department is permitted to remove a hospital's designation as a stroke center if the hospital requests removal of the designation or the department determines that the certificate recognizing the hospital as a stroke center has been suspended or revoked. The bill requires the department to report to the certifying organization any complaint it receives related to the certification of a stroke center designated under these provisions and must also advise the complainant of which organization certified the stroke center and provide the necessary contact information should the complainant wish to pursue a complaint with the certifying organization. The bill specifies additional requirements for any hospital receiving designation as a stroke center under these provisions.

All hospitals designated as a STEMI or stroke center by the department must submit data to meet the data submission requirements specified by rules promulgated by the department. The

submission of data may be done using methods specified in the bill and when collecting and analyzing data under the provisions of the bill, the department must comply with specified requirements.

The bill requires the department to use patient abstract data, the trauma registry, motor vehicle crash and outcome data, and other publicly available data sources to provide information and create reports for the purpose of data analysis and needs assessment of traumatic brain and spinal cord injured persons.

HCA #1: This amendment states the Board of Registration for the Healing Arts within the Department of Insurance, Financial Institutions and Professional Registration has sole authority to establish educational requirements for physicians who practice emergency medicine in specified facilities and requires the department to deem educational requirements promulgated by the board sufficient to meet the standards in the bill.

HCA #2: This amendment changes the title of the bill to "The Department of Health and Senior Services" and requires any employee of the department whose primary role involves the regulation of trauma, STEMI, or stroke centers shall be required to complete 10 hours of Continuing Bureaucratic Education (CBE). Such courses must be approved by the department and include instruction on the proper role of those working for the executive branch of state government and the constitutional separation of powers. The amendment prohibits the use of state tax dollars in the procurement of CBE courses. No employee must be required to comply with the provisions of this section until a CBE course is approved by the department and offered in the state.

PROPOSERS: Supporters say that currently if a hospital wants to be a stroke center the hospital must collect and send data to a national database and a state database. The State does not currently recognize the federal program, thus there is duplicative data entry. The goal of the legislation is to streamline the data entry for providers. The collection of emergency care data is wonderful for patients and raises the level of care provided to patients. There are many national evidence-based, best practices-based certification available that most hospitals are accredited by. The duplicity and double data entry is problematic. If they so choose, a hospital can decide not to use a national organization for accreditation. Overall the bill would allow practitioners and the department to compare apples to apples and stop wasting the time of support staff and nurses. One database would be sufficient for everyone's needs.

Testifying for the bill were Representative Haahr; Peter D. Panagos, MD; SSM Health Care; St. Luke Health System; Missouri

Ambulance Association; and American Heart Association.

OPPONENTS: There was no opposition voiced to the committee.