

SENATE AMENDMENT NO. _____

Offered by _____ of _____

Amend SS/SCS/House Bill No. 2331, Page 2, Section 172.800, Line 24,

2 by inserting after all of said line the following:

3 "190.100. As used in sections 190.001 to 190.245 and
4 section 190.257, the following words and terms mean:

5 (1) "Advanced emergency medical technician" or "AEMT",
6 a person who has successfully completed a course of
7 instruction in certain aspects of advanced life support care
8 as prescribed by the department and is licensed by the
9 department in accordance with sections 190.001 to 190.245
10 and rules and regulations adopted by the department pursuant
11 to sections 190.001 to 190.245;

12 (2) "Advanced life support (ALS)", an advanced level
13 of care as provided to the adult and pediatric patient such
14 as defined by national curricula, and any modifications to
15 that curricula specified in rules adopted by the department
16 pursuant to sections 190.001 to 190.245;

17 (3) "Ambulance", any privately or publicly owned
18 vehicle or craft that is specially designed, constructed or
19 modified, staffed or equipped for, and is intended or used,
20 maintained or operated for the transportation of persons who
21 are sick, injured, wounded or otherwise incapacitated or
22 helpless, or who require the presence of medical equipment
23 being used on such individuals, but the term does not
24 include any motor vehicle specially designed, constructed or
25 converted for the regular transportation of persons who are
26 disabled, handicapped, normally using a wheelchair, or

27 otherwise not acutely ill, or emergency vehicles used within
28 airports;

29 (4) "Ambulance service", a person or entity that
30 provides emergency or nonemergency ambulance transportation
31 and services, or both, in compliance with sections 190.001
32 to 190.245, and the rules promulgated by the department
33 pursuant to sections 190.001 to 190.245;

34 (5) "Ambulance service area", a specific geographic
35 area in which an ambulance service has been authorized to
36 operate;

37 (6) "Basic life support (BLS)", a basic level of care,
38 as provided to the adult and pediatric patient as defined by
39 national curricula, and any modifications to that curricula
40 specified in rules adopted by the department pursuant to
41 sections 190.001 to 190.245;

42 (7) "Council", the state advisory council on emergency
43 medical services;

44 (8) "Department", the department of health and senior
45 services, state of Missouri;

46 (9) "Director", the director of the department of
47 health and senior services or the director's duly authorized
48 representative;

49 (10) "Dispatch agency", any person or organization
50 that receives requests for emergency medical services from
51 the public, by telephone or other means, and is responsible
52 for dispatching emergency medical services;

53 (11) "Emergency", the sudden and, at the time,
54 unexpected onset of a health condition that manifests itself
55 by symptoms of sufficient severity that would lead a prudent
56 layperson, possessing an average knowledge of health and
57 medicine, to believe that the absence of immediate medical
58 care could result in:

59 (a) Placing the person's health, or with respect to a
60 pregnant woman, the health of the woman or her unborn child,
61 in significant jeopardy;

62 (b) Serious impairment to a bodily function;

63 (c) Serious dysfunction of any bodily organ or part;

64 (d) Inadequately controlled pain;

65 (12) "Emergency medical dispatcher", a person who
66 receives emergency calls from the public and has
67 successfully completed an emergency medical dispatcher
68 course, meeting or exceeding the national curriculum of the
69 United States Department of Transportation and any
70 modifications to such curricula specified by the department
71 through rules adopted pursuant to sections 190.001 to
72 190.245;

73 (13) "Emergency medical responder", a person who has
74 successfully completed an emergency first response course
75 meeting or exceeding the national curriculum of the U.S.
76 Department of Transportation and any modifications to such
77 curricula specified by the department through rules adopted
78 under sections 190.001 to 190.245 and who provides emergency
79 medical care through employment by or in association with an
80 emergency medical response agency;

81 (14) "Emergency medical response agency", any person
82 that regularly provides a level of care that includes first
83 response, basic life support or advanced life support,
84 exclusive of patient transportation;

85 (15) "Emergency medical services for children (EMS-C)
86 system", the arrangement of personnel, facilities and
87 equipment for effective and coordinated delivery of
88 pediatric emergency medical services required in prevention
89 and management of incidents which occur as a result of a
90 medical emergency or of an injury event, natural disaster or
91 similar situation;

92 (16) "Emergency medical services (EMS) system", the
93 arrangement of personnel, facilities and equipment for the
94 effective and coordinated delivery of emergency medical
95 services required in prevention and management of incidents
96 occurring as a result of an illness, injury, natural
97 disaster or similar situation;

98 (17) "Emergency medical technician", a person licensed
99 in emergency medical care in accordance with standards
100 prescribed by sections 190.001 to 190.245, and by rules
101 adopted by the department pursuant to sections 190.001 to
102 190.245;

103 (18) "Emergency medical technician-basic" or "EMT-B",
104 a person who has successfully completed a course of
105 instruction in basic life support as prescribed by the
106 department and is licensed by the department in accordance
107 with standards prescribed by sections 190.001 to 190.245 and
108 rules adopted by the department pursuant to sections 190.001
109 to 190.245;

110 (19) "Emergency medical technician-community
111 paramedic", "community paramedic", or "EMT-CP", a person who
112 is certified as an emergency medical technician-paramedic
113 and is certified by the department in accordance with
114 standards prescribed in section 190.098;

115 (20) "Emergency medical technician-paramedic" or "EMT-
116 P", a person who has successfully completed a course of
117 instruction in advanced life support care as prescribed by
118 the department and is licensed by the department in
119 accordance with sections 190.001 to 190.245 and rules
120 adopted by the department pursuant to sections 190.001 to
121 190.245;

122 (21) "Emergency services", health care items and
123 services furnished or required to screen and stabilize an
124 emergency which may include, but shall not be limited to,

125 health care services that are provided in a licensed
126 hospital's emergency facility by an appropriate provider or
127 by an ambulance service or emergency medical response agency;

128 (22) "Health care facility", a hospital, nursing home,
129 physician's office or other fixed location at which medical
130 and health care services are performed;

131 (23) "Hospital", an establishment as defined in the
132 hospital licensing law, subsection 2 of section 197.020, or
133 a hospital operated by the state;

134 (24) "Medical control", supervision provided by or
135 under the direction of physicians, or their designated
136 registered nurse, including both online medical control,
137 instructions by radio, telephone, or other means of direct
138 communications, and offline medical control through
139 supervision by treatment protocols, case review, training,
140 and standing orders for treatment;

141 (25) "Medical direction", medical guidance and
142 supervision provided by a physician to an emergency services
143 provider or emergency medical services system;

144 (26) "Medical director", a physician licensed pursuant
145 to chapter 334 designated by the ambulance service or
146 emergency medical response agency and who meets criteria
147 specified by the department by rules pursuant to sections
148 190.001 to 190.245;

149 (27) "Memorandum of understanding", an agreement
150 between an emergency medical response agency or dispatch
151 agency and an ambulance service or services within whose
152 territory the agency operates, in order to coordinate
153 emergency medical services;

154 (28) "Patient", an individual who is sick, injured,
155 wounded, diseased, or otherwise incapacitated or helpless,
156 or dead, excluding deceased individuals being transported
157 from or between private or public institutions, homes or

158 cemeteries, and individuals declared dead prior to the time
159 an ambulance is called for assistance;

160 (29) "Person", as used in these definitions and
161 elsewhere in sections 190.001 to 190.245, any individual,
162 firm, partnership, copartnership, joint venture,
163 association, cooperative organization, corporation,
164 municipal or private, and whether organized for profit or
165 not, state, county, political subdivision, state department,
166 commission, board, bureau or fraternal organization, estate,
167 public trust, business or common law trust, receiver,
168 assignee for the benefit of creditors, trustee or trustee in
169 bankruptcy, or any other service user or provider;

170 (30) "Physician", a person licensed as a physician
171 pursuant to chapter 334;

172 (31) "Political subdivision", any municipality, city,
173 county, city not within a county, ambulance district or fire
174 protection district located in this state which provides or
175 has authority to provide ambulance service;

176 (32) "Professional organization", any organized group
177 or association with an ongoing interest regarding emergency
178 medical services. Such groups and associations could
179 include those representing volunteers, labor, management,
180 firefighters, EMT-B's, nurses, EMT-P's, physicians,
181 communications specialists and instructors. Organizations
182 could also represent the interests of ground ambulance
183 services, air ambulance services, fire service
184 organizations, law enforcement, hospitals, trauma centers,
185 communication centers, pediatric services, labor unions and
186 poison control services;

187 (33) "Proof of financial responsibility", proof of
188 ability to respond to damages for liability, on account of
189 accidents occurring subsequent to the effective date of such
190 proof, arising out of the ownership, maintenance or use of a

191 motor vehicle in the financial amount set in rules
192 promulgated by the department, but in no event less than the
193 statutory minimum required for motor vehicles. Proof of
194 financial responsibility shall be used as proof of self-
195 insurance;

196 (34) "Protocol", a predetermined, written medical care
197 guideline, which may include standing orders;

198 (35) "Regional EMS advisory committee", a committee
199 formed within an emergency medical services (EMS) region to
200 advise ambulance services, the state advisory council on EMS
201 and the department;

202 (36) "Specialty care transportation", the
203 transportation of a patient requiring the services of an
204 emergency medical technician-paramedic who has received
205 additional training beyond the training prescribed by the
206 department. Specialty care transportation services shall be
207 defined in writing in the appropriate local protocols for
208 ground and air ambulance services and approved by the local
209 physician medical director. The protocols shall be
210 maintained by the local ambulance service and shall define
211 the additional training required of the emergency medical
212 technician-paramedic;

213 (37) "Stabilize", with respect to an emergency, the
214 provision of such medical treatment as may be necessary to
215 attempt to assure within reasonable medical probability that
216 no material deterioration of an individual's medical
217 condition is likely to result from or occur during ambulance
218 transportation unless the likely benefits of such
219 transportation outweigh the risks;

220 (38) "State advisory council on emergency medical
221 services", a committee formed to advise the department on
222 policy affecting emergency medical service throughout the
223 state;

224 (39) "State EMS medical directors advisory committee",
225 a subcommittee of the state advisory council on emergency
226 medical services formed to advise the state advisory council
227 on emergency medical services and the department on medical
228 issues;

229 (40) "STEMI" or "ST-elevation myocardial infarction",
230 a type of heart attack in which impaired blood flow to the
231 patient's heart muscle is evidenced by ST-segment elevation
232 in electrocardiogram analysis, and as further defined in
233 rules promulgated by the department under sections 190.001
234 to 190.250;

235 (41) "STEMI care", includes education and prevention,
236 emergency transport, triage, and acute care and
237 rehabilitative services for STEMI that requires immediate
238 medical or surgical intervention or treatment;

239 (42) "STEMI center", a hospital that is currently
240 designated as such by the department to care for patients
241 with ST-segment elevation myocardial infarctions;

242 (43) "Stroke", a condition of impaired blood flow to a
243 patient's brain as defined by the department;

244 (44) "Stroke care", includes emergency transport,
245 triage, and acute intervention and other acute care services
246 for stroke that potentially require immediate medical or
247 surgical intervention or treatment, and may include
248 education, primary prevention, acute intervention, acute and
249 subacute management, prevention of complications, secondary
250 stroke prevention, and rehabilitative services;

251 (45) "Stroke center", a hospital that is currently
252 designated as such by the department;

253 (46) "Time-critical diagnosis", trauma care, stroke
254 care, and STEMI care occurring either outside of a hospital
255 or in a center designated under section 190.241;

256 (47) "Time-critical diagnosis advisory committee", a
257 committee formed under section 190.257 to advise the
258 department on policies impacting trauma, stroke, and STEMI
259 center designations; regulations on trauma care, stroke
260 care, and STEMI care; and the transport of trauma, stroke,
261 and STEMI patients;

262 (48) "Trauma", an injury to human tissues and organs
263 resulting from the transfer of energy from the environment;

264 [(47)] (49) "Trauma care" includes injury prevention,
265 triage, acute care and rehabilitative services for major
266 single system or multisystem injuries that potentially
267 require immediate medical or surgical intervention or
268 treatment;

269 [(48)] (50) "Trauma center", a hospital that is
270 currently designated as such by the department.

271 190.101. 1. There is hereby established a "State
272 Advisory Council on Emergency Medical Services" which shall
273 consist of sixteen members, one of which shall be a resident
274 of a city not within a county. The members of the council
275 shall be appointed by the governor with the advice and
276 consent of the senate and shall serve terms of four years.
277 The governor shall designate one of the members as
278 chairperson. The chairperson may appoint subcommittees that
279 include noncouncil members.

280 2. The state EMS medical directors advisory committee
281 and the regional EMS advisory committees will be recognized
282 as subcommittees of the state advisory council on emergency
283 medical services.

284 3. The council shall have geographical representation
285 and representation from appropriate areas of expertise in
286 emergency medical services including volunteers,
287 professional organizations involved in emergency medical
288 services, EMT's, paramedics, nurses, firefighters,

289 physicians, ambulance service administrators, hospital
290 administrators and other health care providers concerned
291 with emergency medical services. The regional EMS advisory
292 committees shall serve as a resource for the identification
293 of potential members of the state advisory council on
294 emergency medical services.

295 4. The state EMS medical director, as described under
296 section 190.103, shall serve as an ex officio member of the
297 council.

298 5. The members of the council and subcommittees shall
299 serve without compensation except that members of the
300 council shall, subject to appropriations, be reimbursed for
301 reasonable travel expenses and meeting expenses related to
302 the functions of the council.

303 [5.] 6. The purpose of the council is to make
304 recommendations to the governor, the general assembly, and
305 the department on policies, plans, procedures and proposed
306 regulations on how to improve the statewide emergency
307 medical services system. The council shall advise the
308 governor, the general assembly, and the department on all
309 aspects of the emergency medical services system.

310 [6.] 7. (1) There is hereby established a standing
311 subcommittee of the council to monitor the implementation of
312 the recognition of the EMS personnel licensure interstate
313 compact under sections 190.900 to 190.939, the interstate
314 commission for EMS personnel practice, and the involvement
315 of the state of Missouri. The subcommittee shall meet at
316 least biannually and receive reports from the Missouri
317 delegate to the interstate commission for EMS personnel
318 practice. The subcommittee shall consist of at least seven
319 members appointed by the chair of the council, to include at
320 least two members as recommended by the Missouri state
321 council of firefighters and one member as recommended by the

322 Missouri Association of Fire Chiefs. The subcommittee may
323 submit reports and recommendations to the council, the
324 department of health and senior services, the general
325 assembly, and the governor regarding the participation of
326 Missouri with the recognition of the EMS personnel licensure
327 interstate compact.

328 (2) The subcommittee shall formally request a public
329 hearing for any rule proposed by the interstate commission
330 for EMS personnel practice in accordance with subsection 7
331 of section 190.930. The hearing request shall include the
332 request that the hearing be presented live through the
333 internet. The Missouri delegate to the interstate
334 commission for EMS personnel practice shall be responsible
335 for ensuring that all hearings, notices of, and related
336 rulemaking communications as required by the compact be
337 communicated to the council and emergency medical services
338 personnel under the provisions of subsections 4, 5, 6, and 8
339 of section 190.930.

340 (3) The department of health and senior services shall
341 not establish or increase fees for Missouri emergency
342 medical services personnel licensure in accordance with this
343 chapter for the purpose of creating the funds necessary for
344 payment of an annual assessment under subdivision (3) of
345 subsection 5 of section 190.924.

346 8. The council shall consult with the time-critical
347 diagnosis advisory committee, as described under section
348 190.257, regarding time-critical diagnosis.

349 190.103. 1. One physician with expertise in emergency
350 medical services from each of the EMS regions shall be
351 elected by that region's EMS medical directors to serve as a
352 regional EMS medical director. The regional EMS medical
353 directors shall constitute the state EMS medical director's
354 advisory committee and shall advise the department and their

355 region's ambulance services on matters relating to medical
356 control and medical direction in accordance with sections
357 190.001 to 190.245 and rules adopted by the department
358 pursuant to sections 190.001 to 190.245. The regional EMS
359 medical director shall serve a term of four years. The
360 southwest, northwest, and Kansas City regional EMS medical
361 directors shall be elected to an initial two-year term. The
362 central, east central, and southeast regional EMS medical
363 directors shall be elected to an initial four-year term.
364 All subsequent terms following the initial terms shall be
365 four years. The state EMS medical director shall be the
366 chair of the state EMS medical director's advisory
367 committee, and shall be elected by the members of the
368 regional EMS medical director's advisory committee, shall
369 serve a term of four years, and shall seek to coordinate EMS
370 services between the EMS regions, promote educational
371 efforts for agency medical directors, represent Missouri EMS
372 nationally in the role of the state EMS medical director,
373 and seek to incorporate the EMS system into the health care
374 system serving Missouri.

375 2. A medical director is required for all ambulance
376 services and emergency medical response agencies that
377 provide: advanced life support services; basic life support
378 services utilizing medications or providing assistance with
379 patients' medications; or basic life support services
380 performing invasive procedures including invasive airway
381 procedures. The medical director shall provide medical
382 direction to these services and agencies in these instances.

383 3. The medical director, in cooperation with the
384 ambulance service or emergency medical response agency
385 administrator, shall have the responsibility and the
386 authority to ensure that the personnel working under their
387 supervision are able to provide care meeting established

388 standards of care with consideration for state and national
389 standards as well as local area needs and resources. The
390 medical director, in cooperation with the ambulance service
391 or emergency medical response agency administrator, shall
392 establish and develop triage, treatment and transport
393 protocols, which may include authorization for standing
394 orders. Emergency medical technicians shall only perform
395 those medical procedures as directed by treatment protocols
396 approved by the local medical director or when authorized
397 through direct communication with online medical control.

398 4. All ambulance services and emergency medical
399 response agencies that are required to have a medical
400 director shall establish an agreement between the service or
401 agency and their medical director. The agreement will
402 include the roles, responsibilities and authority of the
403 medical director beyond what is granted in accordance with
404 sections 190.001 to 190.245 and rules adopted by the
405 department pursuant to sections 190.001 to 190.245. The
406 agreement shall also include grievance procedures regarding
407 the emergency medical response agency or ambulance service,
408 personnel and the medical director.

409 5. Regional EMS medical directors and the state EMS
410 medical director elected as provided under subsection 1 of
411 this section shall be considered public officials for
412 purposes of sovereign immunity, official immunity, and the
413 Missouri public duty doctrine defenses.

414 6. The state EMS medical director's advisory committee
415 shall be considered a peer review committee under section
416 537.035.

417 7. Regional EMS medical directors may act to provide
418 online telecommunication medical direction to AEMTs, EMT-Bs,
419 EMT-Ps, and community paramedics and provide offline medical
420 direction per standardized treatment, triage, and transport

421 protocols when EMS personnel, including AEMTs, EMT-Bs, EMT-
422 Ps, and community paramedics, are providing care to special
423 needs patients or at the request of a local EMS agency or
424 medical director.

425 8. When developing treatment protocols for special
426 needs patients, regional EMS medical directors may
427 promulgate such protocols on a regional basis across
428 multiple political subdivisions' jurisdictional boundaries,
429 and such protocols may be used by multiple agencies
430 including, but not limited to, ambulance services, emergency
431 response agencies, and public health departments. Treatment
432 protocols shall include steps to ensure the receiving
433 hospital is informed of the pending arrival of the special
434 needs patient, the condition of the patient, and the
435 treatment instituted.

436 9. Multiple EMS agencies including, but not limited
437 to, ambulance services, emergency response agencies, and
438 public health departments shall take necessary steps to
439 follow the regional EMS protocols established as provided
440 under subsection 8 of this section in cases of mass casualty
441 or state-declared disaster incidents.

442 10. When regional EMS medical directors develop and
443 implement treatment protocols for patients or provide online
444 medical direction for patients, such activity shall not be
445 construed as having usurped local medical direction
446 authority in any manner.

447 11. The state EMS medical directors advisory committee
448 shall review and make recommendations regarding all proposed
449 community and regional time-critical diagnosis plans.

450 12. Notwithstanding any other provision of law to the
451 contrary, when regional EMS medical directors are providing
452 either online telecommunication medical direction to AEMTs,
453 EMT-Bs, EMT-Ps, and community paramedics, or offline medical

454 direction per standardized EMS treatment, triage, and
455 transport protocols for patients, those medical directions
456 or treatment protocols may include the administration of the
457 patient's own prescription medications.

458 190.176. 1. The department shall develop and
459 administer a uniform data collection system on all ambulance
460 runs and injured patients, pursuant to rules promulgated by
461 the department for the purpose of injury etiology, patient
462 care outcome, injury and disease prevention and research
463 purposes. The department shall not require disclosure by
464 hospitals of data elements pursuant to this section unless
465 those data elements are required by a federal agency or were
466 submitted to the department as of January 1, 1998, pursuant
467 to:

- 468 (1) Departmental regulation of trauma centers; or
- 469 (2) [The Missouri brain and spinal cord injury
470 registry established by sections 192.735 to 192.745; or
471 (3)] Abstracts of inpatient hospital data; or
472 [(4)] (3) If such data elements are requested by a
473 lawful subpoena or subpoena duces tecum.

474 2. All information and documents in any civil action,
475 otherwise discoverable, may be obtained from any person or
476 entity providing information pursuant to the provisions of
477 sections 190.001 to 190.245.

478 190.200. 1. The department of health and senior
479 services in cooperation with hospitals and local and
480 regional EMS systems and agencies may provide public and
481 professional information and education programs related to
482 emergency medical services systems including trauma, STEMI,
483 and stroke systems and emergency medical care and
484 treatment. The department of health and senior services may
485 also provide public information and education programs for
486 informing residents of and visitors to the state of the

487 availability and proper use of emergency medical services,
488 of the designation a hospital may receive as a trauma
489 center, STEMI center, or stroke center, of the value and
490 nature of programs to involve citizens in the administering
491 of prehospital emergency care, including cardiopulmonary
492 resuscitation, and of the availability of training programs
493 in emergency care for members of the general public.

494 2. The department shall, for trauma care, STEMI care,
495 and stroke care, respectively:

496 (1) Compile [and], assess, and make publicly available
497 peer-reviewed and evidence-based clinical research and
498 guidelines that provide or support recommended treatment
499 standards and that have been recommended by the time-
500 critical diagnosis advisory committee;

501 (2) Assess the capacity of the emergency medical
502 services system and hospitals to deliver recommended
503 treatments in a timely fashion;

504 (3) Use the research, guidelines, and assessment to
505 promulgate rules establishing protocols for transporting
506 trauma patients to a trauma center, STEMI patients to a
507 STEMI center, or stroke patients to a stroke center. Such
508 transport protocols shall direct patients to trauma centers,
509 STEMI centers, and stroke centers under section 190.243
510 based on the centers' capacities to deliver recommended
511 acute care treatments within time limits suggested by
512 clinical research;

513 (4) Define regions within the state for purposes of
514 coordinating the delivery of trauma care, STEMI care, and
515 stroke care, respectively;

516 (5) Promote the development of regional or community-
517 based plans for transporting trauma, STEMI, or stroke
518 patients via ground or air ambulance to trauma centers,

519 STEMI centers, or stroke centers, respectively, in
520 accordance with section 190.243; and

521 (6) Establish procedures for the submission of
522 community-based or regional plans for department approval.

523 3. A community-based or regional plan for the
524 transport of trauma, STEMI, and stroke patients shall be
525 submitted to the department for approval. Such plan shall
526 be based on the clinical research and guidelines and
527 assessment of capacity described in subsection ~~[1]~~ 2 of this
528 section and shall include a mechanism for evaluating its
529 effect on medical outcomes. Upon approval of a plan, the
530 department shall waive the requirements of rules promulgated
531 under sections 190.100 to 190.245 that are inconsistent with
532 the community-based or regional plan. A community-based or
533 regional plan shall be developed by ~~[or in consultation~~
534 ~~with]~~ the representatives of hospitals, physicians, and
535 emergency medical services providers in the community or
536 region.

537 190.241. 1. Except as provided for in subsection 4 of
538 this section, the department shall designate a hospital as
539 an adult, pediatric or adult and pediatric trauma center
540 when a hospital, upon proper application submitted by the
541 hospital and site review, has been found by the department
542 to meet the applicable level of trauma center criteria for
543 designation in accordance with rules adopted by the
544 department as prescribed by section 190.185. Site review
545 may occur on-site or by any reasonable means of
546 communication, or by any combination thereof. Such rules
547 shall include designation as a trauma center without site
548 review if such hospital is verified by a national verifying
549 or designating body at the level which corresponds to a
550 level approved in rule. In developing trauma center
551 designation criteria, the department shall use, as it deems

552 practicable, peer-reviewed and evidence-based clinical
553 research and guidelines including, but not limited to, the
554 most recent guidelines of the American College of Surgeons.

555 2. Except as provided for in subsection [5] 4 of this
556 section, the department shall designate a hospital as a
557 STEMI or stroke center when such hospital, upon proper
558 application and site review, has been found by the
559 department to meet the applicable level of STEMI or stroke
560 center criteria for designation in accordance with rules
561 adopted by the department as prescribed by section 190.185.
562 Site review may occur on-site or by any reasonable means of
563 communication, or by any combination thereof. In developing
564 STEMI center and stroke center designation criteria, the
565 department shall use, as it deems practicable, [appropriate]
566 peer-reviewed [or] and evidence-based clinical research [on
567 such topics] and guidelines including, but not limited to,
568 the most recent guidelines of the American College of
569 Cardiology [and], the American Heart Association [for STEMI
570 centers, or the Joint Commission's Primary Stroke Center
571 Certification program criteria for stroke centers, or
572 Primary and Comprehensive Stroke Center Recommendations as
573 published by], or the American Stroke Association. Such
574 rules shall include designation as a STEMI center or stroke
575 center without site review if such hospital is certified by
576 a national body.

577 3. The department of health and senior services shall,
578 not less than once every [five] three years, conduct [an on-
579 site] a site review of every trauma, STEMI, and stroke
580 center through appropriate department personnel or a
581 qualified contractor, with the exception of trauma centers,
582 STEMI centers, and stroke centers designated pursuant to
583 subsection [5] 4 of this section; however, this provision is
584 not intended to limit the department's ability to conduct a

585 complaint investigation pursuant to subdivision (3) of
586 subsection 2 of section 197.080 of any trauma, STEMI, or
587 stroke center. [On-site] Site reviews shall be coordinated
588 for the different types of centers to the extent practicable
589 with hospital licensure inspections conducted under chapter
590 197. No person shall be a qualified contractor for purposes
591 of this subsection who has a substantial conflict of
592 interest in the operation of any trauma, STEMI, or stroke
593 center under review. The department may deny, place on
594 probation, suspend or revoke such designation in any case in
595 which it has [reasonable cause to believe that] determined
596 there has been a substantial failure to comply with the
597 provisions of this chapter or any rules or regulations
598 promulgated pursuant to this chapter. Centers that are
599 placed on probationary status shall be required to
600 demonstrate compliance with the provisions of this chapter
601 and any rules or regulations promulgated under this chapter
602 within twelve months of the date of the receipt of the
603 notice of probationary status, unless otherwise provided by
604 a settlement agreement with a duration of a maximum of
605 eighteen months between the department and the designated
606 center. If the department of health and senior services has
607 [reasonable cause to believe] determined that a hospital is
608 not in compliance with such provisions or regulations, it
609 may conduct additional announced or unannounced site reviews
610 of the hospital to verify compliance. If a trauma, STEMI,
611 or stroke center fails two consecutive [on-site] site
612 reviews because of substantial noncompliance with standards
613 prescribed by sections 190.001 to 190.245 or rules adopted
614 by the department pursuant to sections 190.001 to 190.245,
615 its center designation shall be revoked.

616 4. (1) Instead of applying for trauma, STEMI, or
617 stroke center designation under subsection 1 or 2 of this

618 section, a hospital may apply for trauma, STEMI, or stroke
619 center designation under this subsection. Upon receipt of
620 an application [from a hospital] on a form prescribed by the
621 department, the department shall designate such hospital[:

622 (1) A level I STEMI center if such hospital has been
623 certified as a Joint Commission comprehensive cardiac center
624 or another department-approved nationally recognized
625 organization that provides comparable STEMI center
626 accreditation; or

627 (2) A level II STEMI center if such hospital has been
628 accredited as a Mission: Lifeline STEMI receiving center by
629 the American Heart Association accreditation process or
630 another department-approved nationally recognized
631 organization that provides STEMI receiving center
632 accreditation.

633 5. Instead of applying for stroke center designation
634 pursuant to the provisions of subsection 2 of this section,
635 a hospital may apply for stroke center designation pursuant
636 to this subsection. Upon receipt of an application from a
637 hospital on a form prescribed by the department, the
638 department shall designate such hospital:

639 (1) A level I stroke center if such hospital has been
640 certified as a comprehensive stroke center by the Joint
641 Commission or any other certifying organization designated
642 by the department when such certification is in accordance
643 with the American Heart Association/American Stroke
644 Association guidelines;

645 (2) A level II stroke center if such hospital has been
646 certified as a primary stroke center by the Joint Commission
647 or any other certifying organization designated by the
648 department when such certification is in accordance with the
649 American Heart Association/American Stroke Association
650 guidelines; or

651 (3) A level III stroke center if such hospital has
652 been certified as an acute stroke-ready hospital by the
653 Joint Commission or any other certifying organization
654 designated by the department when such certification is in
655 accordance with the American Heart Association/American
656 Stroke Association guidelines] at a state level that
657 corresponds to a similar national designation as set forth
658 in rules promulgated by the department. The rules shall be
659 based on standards of nationally recognized organizations
660 and the recommendations of the time-critical diagnosis
661 advisory committee.

662 (2) Except as provided by subsection [6] 5 of this
663 section, the department shall not require compliance with
664 any additional standards for establishing or renewing
665 trauma, STEMI, or stroke designations under this
666 subsection. The designation shall continue if such hospital
667 remains certified or verified. The department may remove a
668 hospital's designation as a trauma center, STEMI center, or
669 stroke center if the hospital requests removal of the
670 designation or the department determines that the
671 certificate [recognizing] or verification that qualified the
672 hospital [as a stroke center] for the designation under this
673 subsection has been suspended or revoked. Any decision made
674 by the department to withdraw its designation of a [stroke]
675 center pursuant to this subsection that is based on the
676 revocation or suspension of a certification or verification
677 by a certifying or verifying organization shall not be
678 subject to judicial review. The department shall report to
679 the certifying or verifying organization any complaint it
680 receives related to the [stroke] center [certification of a
681 stroke center] designated pursuant to this subsection. The
682 department shall also advise the complainant which
683 organization certified or verified the [stroke] center and

684 provide the necessary contact information should the
685 complainant wish to pursue a complaint with the certifying
686 or verifying organization.

687 [6.] 5. Any hospital receiving designation as a trauma
688 center, STEMI center, or stroke center pursuant to
689 subsection [5] 4 of this section shall:

690 (1) [Annually and] Within thirty days of any changes
691 or receipt of a certificate or verification, submit to the
692 department proof of [stroke] certification or verification
693 and the names and contact information of the center's
694 medical director and the program manager [of the stroke
695 center]; and

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

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

702 (4) Participate in the emergency medical services
703 regional system of stroke care in its respective emergency
704 medical services region as defined in rules promulgated by
705 the department;

706 (5)] Participate in local and regional emergency
707 medical services systems [by reviewing and sharing outcome
708 data and] for purposes of providing training [and], sharing
709 clinical educational resources, and collaborating on
710 improving patient outcomes.

711 Any hospital receiving designation as a level III stroke
712 center pursuant to subsection [5] 4 of this section shall
713 have a formal agreement with a level I or level II stroke
714 center for physician consultative services for evaluation of
715 stroke patients for thrombolytic therapy and the care of the
716 patient post-thrombolytic therapy.

717 [7.] 6. Hospitals designated as a trauma center, STEMI
718 center, or stroke center by the department[, including those
719 designated pursuant to subsection 5 of this section,] shall
720 submit data [to meet the data submission requirements
721 specified by rules promulgated by the department. Such
722 submission of data may be done] by one of the following
723 methods:

724 (1) Entering hospital data [directly] into a state
725 registry [by direct data entry]; or

726 (2) [Downloading hospital data from a nationally
727 recognized registry or data bank and importing the data
728 files into a state registry; or

729 (3) Authorizing a nationally recognized registry or
730 data bank to disclose or grant access to the department
731 facility-specific data held by the] Entering hospital data
732 into a national registry or data bank. A hospital
733 submitting data pursuant to this subdivision [(2) or (3) of
734 this subsection] shall not be required to collect and submit
735 any additional trauma, STEMI, or stroke center data
736 elements. No hospital submitting data to a national data
737 registry or data bank under this subdivision shall withhold
738 authorization for the department to access such data through
739 such national data registry or data bank. Nothing in this
740 subdivision shall be construed as requiring duplicative data
741 entry by a hospital that is otherwise complying with the
742 provisions of this subsection. Failure of the department to
743 obtain access to data submitted to a national data registry
744 or data bank shall not be construed as hospital
745 noncompliance under this subsection.

746 [8.] 7. When collecting and analyzing data pursuant to
747 the provisions of this section, the department shall comply
748 with the following requirements:

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

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

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

757 (4) [The data collection system shall be capable of
758 accepting file transfers of data entered into any national
759 recognized trauma, stroke, or STEMI registry or data bank to
760 fulfill trauma, stroke, or STEMI certification reporting
761 requirements; and

762 (5) Trauma, STEMI, and stroke center data elements
763 shall conform to [nationally recognized performance
764 measures, such as the American Heart Association's Get With
765 the Guidelines] national registry or data bank data
766 elements, and include published detailed measure
767 specifications, data coding instructions, and patient
768 population inclusion and exclusion criteria to ensure data
769 reliability and validity.

770 [9. The board of registration for the healing arts
771 shall have sole authority to establish education
772 requirements for physicians who practice in an emergency
773 department of a facility designated as a trauma, STEMI, or
774 stroke center by the department under this section. The
775 department shall deem such education requirements
776 promulgated by the board of registration for the healing
777 arts sufficient to meet the standards for designations under
778 this section.]

779 10.] 8. The department shall not have authority to
780 establish additional education requirements for physicians
781 who are emergency medicine board certified or board eligible

782 through the American Board of Emergency Medicine (ABEM) or
783 the American Osteopathic Board of Emergency Medicine (AOBEM)
784 and who are practicing in the emergency department of a
785 facility designated as a trauma center, STEMI center, or
786 stroke center by the department under this section. The
787 department shall deem the education requirements promulgated
788 by ABEM or AOBEM to meet the standards for designations
789 under this section. Education requirements for non-ABEM or
790 non-AOBEM certified physicians, nurses, and other providers
791 who provide care at a facility designated as a trauma
792 center, STEMI center, or stroke center by the department
793 under this section shall mirror but not exceed those
794 established by national designating or verifying bodies of
795 trauma centers, STEMI centers, or stroke centers.

796 9. The department of health and senior services may
797 establish appropriate fees to offset only the costs of
798 trauma, STEMI, and stroke center **[reviews]** surveys.

799 **[11.]** 10. No hospital shall hold itself out to the
800 public as a STEMI center, stroke center, adult trauma
801 center, pediatric trauma center, or an adult and pediatric
802 trauma center unless it is designated as such by the
803 department of health and senior services.

804 **[12.]** 11. Any person aggrieved by an action of the
805 department of health and senior services affecting the
806 trauma, STEMI, or stroke center designation pursuant to this
807 chapter, including the revocation, the suspension, or the
808 granting of, refusal to grant, or failure to renew a
809 designation, may seek a determination thereon by the
810 administrative hearing commission under chapter 621. It
811 shall not be a condition to such determination that the
812 person aggrieved seek a reconsideration, a rehearing, or
813 exhaust any other procedure within the department.

814 190.243. 1. Severely injured patients shall be
815 transported to a trauma center. Patients who suffer a
816 STEMI, as defined in section 190.100, shall be transported
817 to a STEMI center. Patients who suffer a stroke, as defined
818 in section 190.100, shall be transported to a stroke center.

819 2. A physician, physician assistant, or registered
820 nurse authorized by a physician who has established verbal
821 communication with ambulance personnel shall instruct the
822 ambulance personnel to transport a severely ill or injured
823 patient to the closest hospital or designated trauma, STEMI,
824 or stroke center, as determined according to estimated
825 transport time whether by ground ambulance or air ambulance,
826 in accordance with transport protocol approved by the
827 medical director and the department of health and senior
828 services, even when the hospital is located outside of the
829 ambulance service's primary service area. When initial
830 transport from the scene of illness or injury to a trauma,
831 STEMI, or stroke center would be prolonged, the STEMI,
832 stroke, or severely injured patient may be transported to
833 the nearest appropriate facility for stabilization prior to
834 transport to a trauma, STEMI, or stroke center.

835 3. Transport of the STEMI, stroke, or severely injured
836 patient shall be governed by principles of timely and
837 medically appropriate care; consideration of reimbursement
838 mechanisms shall not supersede those principles.

839 4. Patients who do not meet the criteria for direct
840 transport to a trauma, STEMI, or stroke center shall be
841 transported to and cared for at the hospital of their choice
842 so long as such ambulance service is not in violation of
843 local protocols.

844 190.245. [The department shall require hospitals, as
845 defined by chapter 197, designated as trauma, STEMI, or
846 stroke centers to provide for a peer review system, approved

847 by the department, for trauma, STEMI, and stroke cases,
848 respective to their designations, under section 537.035.
849 For purposes of sections 190.241 to 190.245, the department
850 of health and senior services shall have the same powers and
851 authority of a health care licensing board pursuant to
852 subsection 6 of section 537.035.] Failure of a hospital to
853 provide all medical records and quality improvement
854 documentation necessary for the department to implement
855 provisions of sections 190.241 to 190.245 shall result in
856 the revocation of the hospital's designation as a trauma
857 center, STEMI center, or stroke center. Any medical records
858 obtained by the department [or peer review committees] shall
859 be used only for purposes of implementing the provisions of
860 sections 190.241 to 190.245 and the names of hospitals,
861 physicians and patients shall not be released by the
862 department or members of review [committees] teams.

863 190.257. 1. There is hereby established the "Time-
864 Critical Diagnosis Advisory Committee", to be designated by
865 the director for the purpose of advising and making
866 recommendations to the department on:

867 (1) Improvement of public and professional education
868 related to time-critical diagnosis;

869 (2) Engagement in cooperative research endeavors;

870 (3) Development of standards, protocols, and policies
871 related to time-critical diagnosis, including
872 recommendations for state regulations; and

873 (4) Evaluation of community and regional time-critical
874 diagnosis plans, including recommendations for changes.

875 2. The members of the committee shall serve without
876 compensation, except that the department shall budget for
877 reasonable travel expenses and meeting expenses related to
878 the functions of the committee.

879 3. The director shall appoint sixteen members to the
880 committee from applications submitted for appointment, with
881 the membership to be composed of the following:

882 (1) Six members, one from each EMS region, who are
883 active participants providing emergency medical services,
884 with at least:

885 (a) One member who is a physician serving as a
886 regional EMS medical director;

887 (b) One member who serves on an air ambulance service;

888 (c) One member who resides in an urban area; and

889 (d) One member who resides in a rural area; and

890 (2) Ten members who represent hospitals, with at least:

891 (a) One member who is employed by a level I or level
892 II trauma center;

893 (b) One member who is employed by a level I or level
894 II STEMI center;

895 (c) One member who is employed by a level I or level
896 II stroke center;

897 (d) One member who is employed by a rural or critical
898 access hospital; and

899 (e) Three physicians, with one physician certified by
900 the American Board of Emergency Medicine (ABEM) or American
901 Osteopathic Board of Emergency Medicine (AOBEM) and two
902 physicians employed in time-critical diagnosis specialties
903 at a level I or level II trauma center, STEMI center, or
904 stroke center.

905 4. In addition to the sixteen appointees, the state
906 EMS medical director shall serve as an ex officio member of
907 the committee.

908 5. The director shall make a reasonable effort to
909 ensure that the members representing hospitals have
910 geographical representation from each district of the state

911 designated by a statewide nonprofit membership association
912 of hospitals.

913 6. Members appointed by the director shall be
914 appointed for three-year terms. Initial appointments shall
915 include extended terms in order to establish a rotation to
916 ensure that only approximately one-third of the appointees
917 will have their term expire in any given year. An appointee
918 wishing to continue in his or her role on the committee
919 shall resubmit an application as required by this section.

920 7. The committee shall consult with the state advisory
921 council on emergency medical services, as described in
922 section 190.101, regarding issues involving emergency
923 medical services."; and

924 Further amend the title and enacting clause accordingly.