

SECOND REGULAR SESSION

[PERFECTED]

# HOUSE BILL NO. 2355

101ST GENERAL ASSEMBLY

---

INTRODUCED BY REPRESENTATIVE ANDREWS.

3745H.03P

DANA RADEMAN MILLER, Chief Clerk

---

## AN ACT

To repeal sections 190.100, 190.101, 190.103, 190.176, 190.200, 190.241, 190.243, and 190.245, RSMo, and to enact in lieu thereof nine new sections relating to time-critical diagnosis, with penalty provisions.

---

*Be it enacted by the General Assembly of the state of Missouri, as follows:*

Section A. Sections 190.100, 190.101, 190.103, 190.176, 190.200, 190.241, 190.243, 2 and 190.245, RSMo, are repealed and nine new sections enacted in lieu thereof, to be known 3 as sections 190.100, 190.101, 190.103, 190.176, 190.200, 190.241, 190.243, 190.245, and 4 190.257, to read as follows:

190.100. As used in sections 190.001 to 190.245 **and section 190.257**, the following 2 words and terms mean:

3 (1) "Advanced emergency medical technician" or "AEMT", a person who has 4 successfully completed a course of instruction in certain aspects of advanced life support care 5 as prescribed by the department and is licensed by the department in accordance with sections 6 190.001 to 190.245 and rules and regulations adopted by the department pursuant to sections 7 190.001 to 190.245;

8 (2) "Advanced life support (ALS)", an advanced level of care as provided to the adult 9 and pediatric patient such as defined by national curricula, and any modifications to that 10 curricula specified in rules adopted by the department pursuant to sections 190.001 to 11 190.245;

12 (3) "Ambulance", any privately or publicly owned vehicle or craft that is specially 13 designed, constructed or modified, staffed or equipped for, and is intended or used,

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.

14 maintained or operated for the transportation of persons who are sick, injured, wounded or  
15 otherwise incapacitated or helpless, or who require the presence of medical equipment being  
16 used on such individuals, but the term does not include any motor vehicle specially designed,  
17 constructed or converted for the regular transportation of persons who are disabled,  
18 handicapped, normally using a wheelchair, or otherwise not acutely ill, or emergency vehicles  
19 used within airports;

20 (4) "Ambulance service", a person or entity that provides emergency or  
21 nonemergency ambulance transportation and services, or both, in compliance with sections  
22 190.001 to 190.245, and the rules promulgated by the department pursuant to sections  
23 190.001 to 190.245;

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

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

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

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

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

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

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

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

42 (b) Serious impairment to a bodily function;

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

44 (d) Inadequately controlled pain;

45 (12) "Emergency medical dispatcher", a person who receives emergency calls from  
46 the public and has successfully completed an emergency medical dispatcher course, meeting  
47 or exceeding the national curriculum of the United States Department of Transportation and  
48 any modifications to such curricula specified by the department through rules adopted  
49 pursuant to sections 190.001 to 190.245;

50 (13) "Emergency medical responder", a person who has successfully completed an  
51 emergency first response course meeting or exceeding the national curriculum of the U.S.  
52 Department of Transportation and any modifications to such curricula specified by the  
53 department through rules adopted under sections 190.001 to 190.245 and who provides  
54 emergency medical care through employment by or in association with an emergency medical  
55 response agency;

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

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

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

67 (17) "Emergency medical technician", a person licensed in emergency medical care in  
68 accordance with standards prescribed by sections 190.001 to 190.245, and by rules adopted  
69 by the department pursuant to sections 190.001 to 190.245;

70 (18) "Emergency medical technician-basic" or "EMT-B", a person who has  
71 successfully completed a course of instruction in basic life support as prescribed by the  
72 department and is licensed by the department in accordance with standards prescribed by  
73 sections 190.001 to 190.245 and rules adopted by the department pursuant to sections 190.001  
74 to 190.245;

75 (19) "Emergency medical technician-community paramedic", "community  
76 paramedic", or "EMT-CP", a person who is certified as an emergency medical technician-  
77 paramedic and is certified by the department in accordance with standards prescribed in  
78 section 190.098;

79 (20) "Emergency medical technician-paramedic" or "EMT-P", a person who has  
80 successfully completed a course of instruction in advanced life support care as prescribed by  
81 the department and is licensed by the department in accordance with sections 190.001 to  
82 190.245 and rules adopted by the department pursuant to sections 190.001 to 190.245;

83 (21) "Emergency services", health care items and services furnished or required to  
84 screen and stabilize an emergency which may include, but shall not be limited to, health care  
85 services that are provided in a licensed hospital's emergency facility by an appropriate  
86 provider or by an ambulance service or emergency medical response agency;

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

89 (23) "Hospital", an establishment as defined in the hospital licensing law, subsection  
90 2 of section 197.020, or a hospital operated by the state;

91 (24) "Medical control", supervision provided by or under the direction of physicians,  
92 or their designated registered nurse, including both online medical control, instructions by  
93 radio, telephone, or other means of direct communications, and offline medical control  
94 through supervision by treatment protocols, case review, training, and standing orders for  
95 treatment;

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

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

101 (27) "Memorandum of understanding", an agreement between an emergency medical  
102 response agency or dispatch agency and an ambulance service or services within whose  
103 territory the agency operates, in order to coordinate emergency medical services;

104 (28) "Patient", an individual who is sick, injured, wounded, diseased, or otherwise  
105 incapacitated or helpless, or dead, excluding deceased individuals being transported from or  
106 between private or public institutions, homes or cemeteries, and individuals declared dead  
107 prior to the time an ambulance is called for assistance;

108 (29) "Person", as used in these definitions and elsewhere in sections 190.001 to  
109 190.245, any individual, firm, partnership, copartnership, joint venture, association,  
110 cooperative organization, corporation, municipal or private, and whether organized for  
111 profit or not, state, county, political subdivision, state department, commission, board, bureau  
112 or fraternal organization, estate, public trust, business or common law trust, receiver, assignee  
113 for the benefit of creditors, trustee or trustee in bankruptcy, or any other service user or  
114 provider;

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

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

119 (32) "Professional organization", any organized group or association with an ongoing  
120 interest regarding emergency medical services. Such groups and associations could include  
121 those representing volunteers, labor, management, firefighters, EMT-B's, nurses, EMT-P's,  
122 physicians, communications specialists and instructors. Organizations could also represent  
123 the interests of ground ambulance services, air ambulance services, fire service organizations,

124 law enforcement, hospitals, trauma centers, communication centers, pediatric services, labor  
125 unions and poison control services;

126 (33) "Proof of financial responsibility", proof of ability to respond to damages for  
127 liability, on account of accidents occurring subsequent to the effective date of such proof,  
128 arising out of the ownership, maintenance or use of a motor vehicle in the financial amount  
129 set in rules promulgated by the department, but in no event less than the statutory minimum  
130 required for motor vehicles. Proof of financial responsibility shall be used as proof of self-  
131 insurance;

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

134 (35) "Regional EMS advisory committee", a committee formed within an emergency  
135 medical services (EMS) region to advise ambulance services, the state advisory council on  
136 EMS and the department;

137 (36) "Specialty care transportation", the transportation of a patient requiring the  
138 services of an emergency medical technician-paramedic who has received additional training  
139 beyond the training prescribed by the department. Specialty care transportation services shall  
140 be defined in writing in the appropriate local protocols for ground and air ambulance services  
141 and approved by the local physician medical director. The protocols shall be maintained by  
142 the local ambulance service and shall define the additional training required of the emergency  
143 medical technician-paramedic;

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

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

151 (39) "State EMS medical directors advisory committee", a subcommittee of the state  
152 advisory council on emergency medical services formed to advise the state advisory council  
153 on emergency medical services and the department on medical issues;

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

158 (41) "STEMI care", includes education and prevention, emergency transport, triage,  
159 and acute care and rehabilitative services for STEMI that requires immediate medical or  
160 surgical intervention or treatment;

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

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

165 (44) "Stroke care", includes emergency transport, triage, and acute intervention and  
166 other acute care services for stroke that potentially require immediate medical or surgical  
167 intervention or treatment, and may include education, primary prevention, acute intervention,  
168 acute and subacute management, prevention of complications, secondary stroke prevention,  
169 and rehabilitative services;

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

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

173 (47) **"Time-critical diagnosis advisory committee", a committee formed under**  
174 **section 190.257 to advise the department on policies impacting trauma, stroke, and**  
175 **STEMI center designations; regulations on trauma care, stroke care, and STEMI care;**  
176 **and the transport of trauma, stroke, and STEMI patients;**

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

179 ~~[(47)]~~ (49) "Trauma care" includes injury prevention, triage, acute care and  
180 rehabilitative services for major single system or multisystem injuries that potentially require  
181 immediate medical or surgical intervention or treatment;

182 ~~[(48)]~~ (50) "Trauma center", a hospital that is currently designated as such by the  
183 department.

190.101. 1. There is hereby established a "State Advisory Council on Emergency  
2 Medical Services" which shall consist of sixteen members, one of which shall be a resident of  
3 a city not within a county. The members of the council shall be appointed by the governor  
4 with the advice and consent of the senate and shall serve terms of four years. The governor  
5 shall designate one of the members as chairperson. The chairperson may appoint  
6 subcommittees that include noncouncil members.

7 2. The state EMS medical directors advisory committee and the regional EMS  
8 advisory committees will be recognized as subcommittees of the state advisory council on  
9 emergency medical services.

10 3. The council shall have geographical representation and representation from  
11 appropriate areas of expertise in emergency medical services including volunteers,  
12 professional organizations involved in emergency medical services, EMT's, paramedics,  
13 nurses, firefighters, physicians, ambulance service administrators, hospital administrators and  
14 other health care providers concerned with emergency medical services. The regional EMS

15 advisory committees shall serve as a resource for the identification of potential members of  
16 the state advisory council on emergency medical services.

17 **4. The state EMS medical director, as described under section 190.103, shall**  
18 **serve as an ex officio member of the council.**

19 **5.** The members of the council and subcommittees shall serve without compensation  
20 except that members of the council shall, subject to appropriations, be reimbursed for  
21 reasonable travel expenses and meeting expenses related to the functions of the council.

22 ~~5.]~~ **6.** The purpose of the council is to make recommendations to the governor, the  
23 general assembly, and the department on policies, plans, procedures and proposed regulations  
24 on how to improve the statewide emergency medical services system. The council shall  
25 advise the governor, the general assembly, and the department on all aspects of the emergency  
26 medical services system.

27 ~~6.]~~ **7.** (1) There is hereby established a standing subcommittee of the council to  
28 monitor the implementation of the recognition of the EMS personnel licensure interstate  
29 compact under sections 190.900 to 190.939, the interstate commission for EMS personnel  
30 practice, and the involvement of the state of Missouri. The subcommittee shall meet at least  
31 biannually and receive reports from the Missouri delegate to the interstate commission for  
32 EMS personnel practice. The subcommittee shall consist of at least seven members appointed  
33 by the chair of the council, to include at least two members as recommended by the Missouri  
34 state council of firefighters and one member as recommended by the Missouri Association of  
35 Fire Chiefs. The subcommittee may submit reports and recommendations to the council, the  
36 department of health and senior services, the general assembly, and the governor regarding  
37 the participation of Missouri with the recognition of the EMS personnel licensure interstate  
38 compact.

39 (2) The subcommittee shall formally request a public hearing for any rule proposed  
40 by the interstate commission for EMS personnel practice in accordance with subsection 7 of  
41 section 190.930. The hearing request shall include the request that the hearing be presented  
42 live through the internet. The Missouri delegate to the interstate commission for EMS  
43 personnel practice shall be responsible for ensuring that all hearings, notices of, and related  
44 rulemaking communications as required by the compact be communicated to the council and  
45 emergency medical services personnel under the provisions of subsections 4, 5, 6, and 8 of  
46 section 190.930.

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

51           **8. The council shall consult with the time-critical diagnosis advisory committee,**  
52 **as described under section 190.257, regarding time-critical diagnosis.**

190.103. 1. One physician with expertise in emergency medical services from each  
2 of the EMS regions shall be elected by that region's EMS medical directors to serve as a  
3 regional EMS medical director. The regional EMS medical directors shall constitute the state  
4 EMS medical director's advisory committee and shall advise the department and their region's  
5 ambulance services on matters relating to medical control and medical direction in  
6 accordance with sections 190.001 to 190.245 and rules adopted by the department pursuant to  
7 sections 190.001 to 190.245. The regional EMS medical director shall serve a term of four  
8 years. The southwest, northwest, and Kansas City regional EMS medical directors shall be  
9 elected to an initial two-year term. The central, east central, and southeast regional EMS  
10 medical directors shall be elected to an initial four-year term. All subsequent terms following  
11 the initial terms shall be four years. The state EMS medical director shall be the chair of the  
12 state EMS medical director's advisory committee, and shall be elected by the members of the  
13 regional EMS medical director's advisory committee, shall serve a term of four years, and  
14 shall seek to coordinate EMS services between the EMS regions, promote educational efforts  
15 for agency medical directors, represent Missouri EMS nationally in the role of the state EMS  
16 medical director, and seek to incorporate the EMS system into the health care system serving  
17 Missouri.

18           2. A medical director is required for all ambulance services and emergency medical  
19 response agencies that provide: advanced life support services; basic life support services  
20 utilizing medications or providing assistance with patients' medications; or basic life support  
21 services performing invasive procedures including invasive airway procedures. The medical  
22 director shall provide medical direction to these services and agencies in these instances.

23           3. The medical director, in cooperation with the ambulance service or emergency  
24 medical response agency administrator, shall have the responsibility and the authority to  
25 ensure that the personnel working under their supervision are able to provide care meeting  
26 established standards of care with consideration for state and national standards as well as  
27 local area needs and resources. The medical director, in cooperation with the ambulance  
28 service or emergency medical response agency administrator, shall establish and develop  
29 triage, treatment and transport protocols, which may include authorization for standing  
30 orders. Emergency medical technicians shall only perform those medical procedures as  
31 directed by treatment protocols approved by the local medical director or when authorized  
32 through direct communication with online medical control.

33           4. All ambulance services and emergency medical response agencies that are required  
34 to have a medical director shall establish an agreement between the service or agency and  
35 their medical director. The agreement will include the roles, responsibilities and authority of



36 the medical director beyond what is granted in accordance with sections 190.001 to 190.245  
37 and rules adopted by the department pursuant to sections 190.001 to 190.245. The agreement  
38 shall also include grievance procedures regarding the emergency medical response agency or  
39 ambulance service, personnel and the medical director.

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

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

45 7. Regional EMS medical directors may act to provide online telecommunication  
46 medical direction to AEMTs, EMT-Bs, EMT-Ps, and community paramedics and provide  
47 offline medical direction per standardized treatment, triage, and transport protocols when  
48 EMS personnel, including AEMTs, EMT-Bs, EMT-Ps, and community paramedics, are  
49 providing care to special needs patients or at the request of a local EMS agency or medical  
50 director.

51 8. When developing treatment protocols for special needs patients, regional EMS  
52 medical directors may promulgate such protocols on a regional basis across multiple political  
53 subdivisions' jurisdictional boundaries, and such protocols may be used by multiple agencies  
54 including, but not limited to, ambulance services, emergency response agencies, and public  
55 health departments. Treatment protocols shall include steps to ensure the receiving hospital is  
56 informed of the pending arrival of the special needs patient, the condition of the patient, and  
57 the treatment instituted.

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

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

65 11. **The state EMS medical directors advisory committee shall review and make**  
66 **recommendations regarding all proposed community and regional time-critical**  
67 **diagnosis plans.**

68 12. Notwithstanding any other provision of law to the contrary, when regional EMS  
69 medical directors are providing either online telecommunication medical direction to AEMTs,  
70 EMT-Bs, EMT-Ps, and community paramedics, or offline medical direction per standardized  
71 EMS treatment, triage, and transport protocols for patients, those medical directions or

72 treatment protocols may include the administration of the patient's own prescription  
73 medications.

190.176. 1. The department shall develop and administer a uniform data collection  
2 system on all ambulance runs and injured patients, pursuant to rules promulgated by the  
3 department for the purpose of injury etiology, patient care outcome, injury and disease  
4 prevention and research purposes. The department shall not require disclosure by hospitals of  
5 data elements pursuant to this section unless those data elements are required by a federal  
6 agency or were submitted to the department as of January 1, 1998, pursuant to:

- 7 (1) Departmental regulation of trauma centers; or  
8 (2) ~~[The Missouri brain and spinal cord injury registry established by sections~~  
9 ~~192.735 to 192.745; or~~  
10 (3)] Abstracts of inpatient hospital data; or  
11 [(4)] (3) If such data elements are requested by a lawful subpoena or subpoena duces  
12 tecum.

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

190.200. 1. The department of health and senior services in cooperation with  
2 **hospitals and** local and regional EMS systems and agencies may provide public and  
3 professional information and education programs related to emergency medical services  
4 systems including trauma, STEMI, and stroke systems and emergency medical care and  
5 treatment. The department of health and senior services may also provide public information  
6 and education programs for informing residents of and visitors to the state of the availability  
7 and proper use of emergency medical services, **of the designation a hospital may receive as**  
8 **a trauma center, STEMI center, or stroke center**, of the value and nature of programs to  
9 involve citizens in the administering of prehospital emergency care, including  
10 cardiopulmonary resuscitation, and of the availability of training programs in emergency  
11 care for members of the general public.

12 2. The department shall, for **trauma care**, STEMI care, and stroke care, respectively:

- 13 (1) Compile ~~and~~, assess, **and make publicly available** peer-reviewed and evidence-  
14 based clinical research and guidelines that provide or support recommended treatment  
15 standards **and that have been recommended by the time-critical diagnosis advisory**  
16 **committee**;  
17 (2) Assess the capacity of the emergency medical services system and hospitals to  
18 deliver recommended treatments in a timely fashion;  
19 (3) Use the research, guidelines, and assessment to promulgate rules establishing  
20 protocols for transporting **trauma patients to a trauma center**, STEMI patients to a STEMI

21 center, or stroke patients to a stroke center. Such transport protocols shall direct patients to  
22 **trauma centers**, STEMI centers, and stroke centers under section 190.243 based on the  
23 centers' capacities to deliver recommended acute care treatments within time limits suggested  
24 by clinical research;

25 (4) Define regions within the state for purposes of coordinating the delivery of  
26 **trauma care**, STEMI care, and stroke care, respectively;

27 (5) Promote the development of regional or community-based plans for transporting  
28 **trauma**, STEMI, or stroke patients via ground or air ambulance to **trauma centers**, STEMI  
29 centers, or stroke centers, respectively, in accordance with section 190.243; and

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

32 3. A community-based or regional plan **for the transport of trauma, STEMI, and**  
33 **stroke patients** shall be submitted to the department for approval. Such plan shall be based  
34 on the clinical research and guidelines and assessment of capacity described in subsection ~~[4]~~  
35 **2** of this section and shall include a mechanism for evaluating its effect on medical outcomes.  
36 Upon approval of a plan, the department shall waive the requirements of rules promulgated  
37 under sections 190.100 to 190.245 that are inconsistent with the community-based or regional  
38 plan. A community-based or regional plan shall be developed by ~~[or in consultation with]~~ the  
39 representatives of hospitals, physicians, and emergency medical services providers in the  
40 community or region.

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

13 2. Except as provided for in subsection ~~[5]~~ **4** of this section, the department shall  
14 designate a hospital as a STEMI or stroke center when such hospital, upon proper application  
15 and site review, has been found by the department to meet the applicable level of STEMI or  
16 stroke center criteria for designation in accordance with rules adopted by the department as  
17 prescribed by section 190.185. **Site review may occur on-site or by any reasonable means**

18 **of communication, or by any combination thereof.** In developing STEMI center and  
19 stroke center designation criteria, the department shall use, as it deems practicable,  
20 ~~[appropriate]~~ peer-reviewed ~~[or]~~ **and** evidence-based **clinical** research ~~[on such topics]~~ **and**  
21 **guidelines** including, but not limited to, the most recent guidelines of the American College  
22 of Cardiology ~~[and], the American Heart Association [for STEMI centers, or the Joint~~  
23 ~~Commission's Primary Stroke Center Certification program criteria for stroke centers, or~~  
24 ~~Primary and Comprehensive Stroke Center Recommendations as published by]~~, **or** the  
25 American Stroke Association. Such rules shall include designation as a STEMI center **or**  
26 **stroke center** without site review if such hospital is certified by a national body.

27 3. The department of health and senior services shall, not less than once every ~~[five]~~  
28 **three** years, conduct ~~[an on-site]~~ **a site** review of every trauma, STEMI, and stroke center  
29 through appropriate department personnel or a qualified contractor, with the exception of  
30 **trauma centers, STEMI centers, and** stroke centers designated pursuant to subsection ~~[5]~~ **4**  
31 of this section; however, this provision is not intended to limit the department's ability to  
32 conduct a complaint investigation pursuant to subdivision (3) of subsection 2 of section  
33 197.080 of any trauma, STEMI, or stroke center. ~~[On-site]~~ **Site** reviews shall be coordinated  
34 for the different types of centers to the extent practicable with hospital licensure inspections  
35 conducted under chapter 197. No person shall be a qualified contractor for purposes of this  
36 subsection who has a substantial conflict of interest in the operation of any trauma, STEMI, or  
37 stroke center under review. The department may deny, place on probation, suspend or revoke  
38 such designation in any case in which it has ~~[reasonable cause to believe that]~~ **determined**  
39 there has been a substantial failure to comply with the provisions of this chapter or any rules  
40 or regulations promulgated pursuant to this chapter. **Centers that are placed on**  
41 **probationary status shall be required to demonstrate compliance with the provisions**  
42 **of this chapter and any rules or regulations promulgated under this chapter within**  
43 **twelve months of the date of the receipt of the notice of probationary status, unless**  
44 **otherwise provided by a settlement agreement with a duration of a maximum of**  
45 **eighteen months between the department and the designated center.** If the department of  
46 health and senior services has ~~[reasonable cause to believe]~~ **determined** that a hospital is not  
47 in compliance with such provisions or regulations, it may conduct additional announced or  
48 unannounced site reviews of the hospital to verify compliance. If a trauma, STEMI, or stroke  
49 center fails two consecutive ~~[on-site]~~ **site** reviews because of substantial noncompliance with  
50 standards prescribed by sections 190.001 to 190.245 or rules adopted by the department  
51 pursuant to sections 190.001 to 190.245, its center designation shall be revoked.

52 4. **(1)** Instead of applying for **trauma, STEMI, or stroke** center designation under  
53 subsection **1 or 2** of this section, a hospital may apply for **trauma, STEMI, or stroke** center

54 designation under this subsection. Upon receipt of an application [~~from a hospital~~] on a form  
55 prescribed by the department, the department shall designate such hospital[~~]:~~

56 ~~(1) A level I STEMI center if such hospital has been certified as a Joint Commission~~  
57 ~~comprehensive cardiac center or another department approved nationally recognized~~  
58 ~~organization that provides comparable STEMI center accreditation; or~~

59 ~~(2) A level II STEMI center if such hospital has been accredited as a Mission:~~  
60 ~~Lifeline STEMI receiving center by the American Heart Association accreditation process or~~  
61 ~~another department approved nationally recognized organization that provides STEMI~~  
62 ~~receiving center accreditation.~~

63 ~~5. Instead of applying for stroke center designation pursuant to the provisions of~~  
64 ~~subsection 2 of this section, a hospital may apply for stroke center designation pursuant to this~~  
65 ~~subsection. Upon receipt of an application from a hospital on a form prescribed by the~~  
66 ~~department, the department shall designate such hospital:~~

67 ~~(1) A level I stroke center if such hospital has been certified as a comprehensive~~  
68 ~~stroke center by the Joint Commission or any other certifying organization designated by the~~  
69 ~~department when such certification is in accordance with the American Heart Association/~~  
70 ~~American Stroke Association guidelines;~~

71 ~~(2) A level II stroke center if such hospital has been certified as a primary stroke~~  
72 ~~center by the Joint Commission or any other certifying organization designated by the~~  
73 ~~department when such certification is in accordance with the American Heart Association/~~  
74 ~~American Stroke Association guidelines; or~~

75 ~~(3) A level III stroke center if such hospital has been certified as an acute stroke ready~~  
76 ~~hospital by the Joint Commission or any other certifying organization designated by the~~  
77 ~~department when such certification is in accordance with the American Heart Association/~~  
78 ~~American Stroke Association guidelines]~~

79 **national designation as set forth in rules promulgated by the department. The rules**  
80 **shall be based on standards of nationally recognized organizations and the**  
81 **recommendations of the time-critical diagnosis advisory committee.**

82 **(2) Except as provided by subsection [6] 5 of this section, the department shall not**  
83 **require compliance with any additional standards for establishing or renewing trauma,**  
84 **STEMI, or stroke designations under this subsection.** The designation shall continue if  
85 such hospital remains certified **or verified.** The department may remove a hospital's  
86 designation as a **trauma center, STEMI center, or stroke center** if the hospital requests  
87 removal of the designation or the department determines that the certificate [~~recognizing~~] **or**  
88 **verification that qualified** the hospital [~~as a stroke center~~] **for the designation under this**  
89 **subsection** has been suspended or revoked. Any decision made by the department to  
90 withdraw its designation of a [~~stroke~~] center pursuant to this subsection that is based on the

91 revocation or suspension of a certification **or verification** by a certifying **or verifying**  
92 organization shall not be subject to judicial review. The department shall report to the  
93 certifying **or verifying** organization any complaint it receives related to the ~~[stroke]~~ center  
94 ~~[certification of a stroke center]~~ designated pursuant to this subsection. The department shall  
95 also advise the complainant which organization certified **or verified** the ~~[stroke]~~ center and  
96 provide the necessary contact information should the complainant wish to pursue a complaint  
97 with the certifying **or verifying** organization.

98 ~~[6.]~~ **5.** Any hospital receiving designation as a **trauma center, STEMI center, or**  
99 stroke center pursuant to subsection ~~[5]~~ **4** of this section shall:

100 (1) ~~[Annually and]~~ Within thirty days of any changes **or receipt of a certificate or**  
101 **verification**, submit to the department proof of ~~[stroke]~~ certification **or verification** and the  
102 names and contact information of the **center's** medical director and the program manager ~~[of~~  
103 ~~the stroke center]~~; **and**

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

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

108 (4) ~~Participate in the emergency medical services regional system of stroke care in its~~  
109 ~~respective emergency medical services region as defined in rules promulgated by the~~  
110 ~~department;~~

111 ~~(5)]~~ Participate in local and regional emergency medical services systems ~~[by~~  
112 ~~reviewing and sharing outcome data and]~~ **for purposes of providing training [and], sharing**  
113 **clinical educational resources, and collaborating on improving patient outcomes.**  
114

115 Any hospital receiving designation as a level III stroke center pursuant to subsection ~~[5]~~ **4** of  
116 this section shall have a formal agreement with a level I or level II stroke center for physician  
117 consultative services for evaluation of stroke patients for thrombolytic therapy and the care of  
118 the patient post-thrombolytic therapy.

119 ~~[7.]~~ **6.** Hospitals designated as a **trauma center, STEMI center, or stroke center** by  
120 the department~~[, including those designated pursuant to subsection 5 of this section,]~~ shall  
121 submit data ~~[to meet the data submission requirements specified by rules promulgated by the~~  
122 ~~department. Such submission of data may be done]~~ by **one of** the following methods:

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

124 (2) ~~[Downloading hospital data from a nationally recognized registry or data bank~~  
125 ~~and importing the data files into a state registry; or~~

126 (3) ~~Authorizing a nationally recognized registry or data bank to disclose or grant~~  
127 ~~access to the department facility-specific data held by the]~~ **Entering hospital data into a**

128 **national** registry or data bank. A hospital submitting data pursuant to **this** subdivision [~~(2) or~~  
129 ~~(3) of this subsection]~~ shall not be required to collect and submit any additional **trauma,**  
130 **STEMI,** or stroke center data elements. **No hospital submitting data to a national data**  
131 **registry or data bank under this subdivision shall withhold authorization for the**  
132 **department to access such data through such national data registry or data bank.**  
133 **Nothing in this subdivision shall be construed as requiring duplicative data entry by a**  
134 **hospital that is otherwise complying with the provisions of this subsection. Failure of**  
135 **the department to obtain access to data submitted to a national data registry or data**  
136 **bank shall not be construed as hospital noncompliance under this subsection.**

137 ~~[8.]~~ 7. When collecting and analyzing data pursuant to the provisions of this section,  
138 the department shall comply with the following requirements:

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

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

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

145 ~~(4) [The data collection system shall be capable of accepting file transfers of data~~  
146 ~~entered into any national recognized trauma, stroke, or STEMI registry or data bank to fulfill~~  
147 ~~trauma, stroke, or STEMI certification reporting requirements; and~~

148 ~~(5)]~~ **Trauma,** STEMI, and stroke center data elements shall conform to [~~nationally~~  
149 ~~recognized performance measures, such as the American Heart Association's Get With the~~  
150 ~~Guidelines]~~ **national registry or data bank data elements,** and include published detailed  
151 measure specifications, data coding instructions, and patient population inclusion and  
152 exclusion criteria to ensure data reliability and validity.

153 ~~[9. The board of registration for the healing arts shall have sole authority to establish~~  
154 ~~education requirements for physicians who practice in an emergency department of a facility~~  
155 ~~designated as a trauma, STEMI, or stroke center by the department under this section. The~~  
156 ~~department shall deem such education requirements promulgated by the board of registration~~  
157 ~~for the healing arts sufficient to meet the standards for designations under this section.~~

158 ~~10.]~~ **8. The department shall not have authority to establish additional education**  
159 **requirements for physicians who are emergency medicine board certified or board**  
160 **eligible through the American Board of Emergency Medicine (ABEM) or the American**  
161 **Osteopathic Board of Emergency Medicine (AOBEM) and who are practicing in the**  
162 **emergency department of a facility designated as a trauma center, STEMI center, or**  
163 **stroke center by the department under this section. The department shall deem the**  
164 **education requirements promulgated by ABEM or AOBEM to meet the standards for**

165 **designations under this section. Education requirements for non-ABEM or non-**  
166 **AOBEM certified physicians, nurses, and other providers who provide care at a facility**  
167 **designated as a trauma center, STEMI center, or stroke center by the department under**  
168 **this section shall mirror but not exceed those established by national designating or**  
169 **verifying bodies of trauma centers, STEMI centers, or stroke centers.**

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

172 ~~[11.]~~ **10.** No hospital shall hold itself out to the public as a STEMI center, stroke  
173 center, adult trauma center, pediatric trauma center, or an adult and pediatric trauma center  
174 unless it is designated as such by the department of health and senior services.

175 ~~[12.]~~ **11.** Any person aggrieved by an action of the department of health and senior  
176 services affecting the trauma, STEMI, or stroke center designation pursuant to this chapter,  
177 including the revocation, the suspension, or the granting of, refusal to grant, or failure to  
178 renew a designation, may seek a determination thereon by the administrative hearing  
179 commission under chapter 621. It shall not be a condition to such determination that the  
180 person aggrieved seek a reconsideration, a rehearing, or exhaust any other procedure within  
181 the department.

190.243. 1. Severely injured patients shall be transported to a trauma center. Patients  
2 who suffer a STEMI, as defined in section 190.100, shall be transported to a STEMI center.  
3 Patients who suffer a stroke, as defined in section 190.100, shall be transported to a stroke  
4 center.

5 2. A physician, **physician assistant**, or registered nurse authorized by a physician  
6 who has established verbal communication with ambulance personnel shall instruct the  
7 ambulance personnel to transport a severely ill or injured patient to the closest hospital or  
8 designated trauma, STEMI, or stroke center, as determined according to estimated transport  
9 time whether by ground ambulance or air ambulance, in accordance with transport protocol  
10 approved by the medical director and the department of health and senior services, even when  
11 the hospital is located outside of the ambulance service's primary service area. When initial  
12 transport from the scene of illness or injury to a trauma, STEMI, or stroke center would be  
13 prolonged, the STEMI, stroke, or severely injured patient may be transported to the nearest  
14 appropriate facility for stabilization prior to transport to a trauma, STEMI, or stroke center.

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

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



190.245. ~~[The department shall require hospitals, as defined by chapter 197, designated as trauma, STEMI, or stroke centers to provide for a peer review system, approved by the department, for trauma, STEMI, and stroke cases, respective to their designations, under section 537.035. For purposes of sections 190.241 to 190.245, the department of health and senior services shall have the same powers and authority of a health care licensing board pursuant to subsection 6 of section 537.035.]~~ Failure of a hospital to provide all medical records **and quality improvement documentation** necessary for the department to implement provisions of sections 190.241 to 190.245 shall result in the revocation of the hospital's designation as a trauma **center**, STEMI **center**, or stroke center. Any medical records obtained by the department ~~[or peer review committees]~~ shall be used only for purposes of implementing the provisions of sections 190.241 to 190.245 and the names of hospitals, physicians and patients shall not be released by the department or members of review ~~[committees]~~ **teams**.

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

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

**(2) Engagement in cooperative research endeavors;**

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

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

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

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

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

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

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

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

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

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

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

- 25           **(b) One member who is employed by a level I or level II STEMI center;**  
26           **(c) One member who is employed by a level I or level II stroke center;**  
27           **(d) One member who is employed by a rural or critical access hospital; and**  
28           **(e) Three physicians, with one physician certified by the American Board of**  
29 **Emergency Medicine (ABEM) or American Osteopathic Board of Emergency Medicine**  
30 **(AOBEM) and two physicians employed in time-critical diagnosis specialties at a level I**  
31 **or level II trauma center, STEMI center, or stroke center.**

32           **4. In addition to the sixteen appointees, the state EMS medical director shall**  
33 **serve as an ex officio member of the committee.**

34           **5. The director shall make a reasonable effort to ensure that the members**  
35 **representing hospitals have geographical representation from each district of the state**  
36 **designated by a statewide nonprofit membership association of hospitals.**

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

42           **7. The committee shall consult with the state advisory council on emergency**  
43 **medical services, as described in section 190.101, regarding issues involving emergency**  
44 **medical services.**

✓