

SECOND REGULAR SESSION

# HOUSE BILL NO. 1790

## 94TH GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVES COOPER (155) (Sponsor), STEVENSON, SWINGER, SCHAAF,  
SATER AND MAY (Co-sponsors).

Read 1st time January 23, 2008 and copies ordered printed.

D. ADAM CRUMBLISS, Chief Clerk

4329L.01I

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### AN ACT

To repeal sections 190.100, 190.176, 190.200, 190.241, 190.243, and 190.245, RSMo, and to  
enact in lieu thereof six new sections relating to a time critical diagnosis system.

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

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2 are repealed and six new sections enacted in lieu thereof, to be known as sections 190.100,  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

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

2 (1) "Advanced life support (ALS)", an advanced level of care as provided to the adult  
3 and pediatric patient such as defined by national curricula, and any modifications to that curricula  
4 specified in rules adopted by the department pursuant to sections 190.001 to 190.245;  
5 (2) "Ambulance", any privately or publicly owned vehicle or craft that is specially  
6 designed, constructed or modified, staffed or equipped for, and is intended or used, maintained  
7 or operated for the transportation of persons who are sick, injured, wounded or otherwise  
8 incapacitated or helpless, or who require the presence of medical equipment being used on such  
9 individuals, but the term does not include any motor vehicle specially designed, constructed or  
10 converted for the regular transportation of persons who are disabled, handicapped, normally  
11 using a wheelchair, or otherwise not acutely ill, or emergency vehicles used within airports;

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.

12 (3) "Ambulance service", a person or entity that provides emergency or nonemergency  
13 ambulance transportation and services, or both, in compliance with sections 190.001 to 190.245,  
14 and the rules promulgated by the department pursuant to sections 190.001 to 190.245;

15 (4) "Ambulance service area", a specific geographic area in which an ambulance service  
16 has been authorized to operate;

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

20 (6) "Council", the state advisory council on emergency medical services;

21 (7) "Department", the department of health and senior services, state of Missouri;

22 (8) "Director", the director of the department of health and senior services or the  
23 director's duly authorized representative;

24 (9) "Dispatch agency", any person or organization that receives requests for emergency  
25 medical services from the public, by telephone or other means, and is responsible for dispatching  
26 emergency medical services;

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

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

33 (b) Serious impairment to a bodily function;

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

35 (d) Inadequately controlled pain;

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

41 (12) "Emergency medical response agency", any person that regularly provides a level  
42 of care that includes first response, basic life support or advanced life support, exclusive of  
43 patient transportation;

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

48 (14) "Emergency medical services (EMS) system", the arrangement of personnel,  
49 facilities and equipment for the effective and coordinated delivery of emergency medical services  
50 required in prevention and management of incidents occurring as a result of an illness, injury,  
51 natural disaster or similar situation;

52 (15) "Emergency medical technician", a person licensed in emergency medical care in  
53 accordance with standards prescribed by sections 190.001 to 190.245, and by rules adopted by  
54 the department pursuant to sections 190.001 to 190.245;

55 (16) "Emergency medical technician-basic" or "EMT-B", a person who has successfully  
56 completed a course of instruction in basic life support as prescribed by the department and is  
57 licensed by the department in accordance with standards prescribed by sections 190.001 to  
58 190.245 and rules adopted by the department pursuant to sections 190.001 to 190.245;

59 (17) "Emergency medical technician-intermediate" or "EMT-I", a person who has  
60 successfully completed a course of instruction in certain aspects of advanced life support care  
61 as prescribed by the department and is licensed by the department in accordance with sections  
62 190.001 to 190.245 and rules and regulations adopted by the department pursuant to sections  
63 190.001 to 190.245;

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

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

72 (20) "First responder", a person who has successfully completed an emergency first  
73 response course meeting or exceeding the national curriculum of the United States Department  
74 of Transportation and any modifications to such curricula specified by the department through  
75 rules adopted pursuant to sections 190.001 to 190.245 and who provides emergency medical care  
76 through employment by or in association with an emergency medical response agency;

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

79 (22) **"Heart attack", a condition of impaired blood flow to a patient's heart muscle**  
80 **as defined in rules adopted by the department under sections 190.001 to 190.250;**

81 (23) **"Heart attack care", includes education and prevention, triage, acute care, and**  
82 **rehabilitative services for a heart attack that potentially requires immediate medical or**  
83 **surgical intervention or treatment;**

84           **(24) "Heart attack center", a hospital that is currently designated as a heart attack**  
85 **center by the department;**

86           **(25)** "Hospital", an establishment as defined in the hospital licensing law, subsection  
87 2 of section 197.020, RSMo, or a hospital operated by the state;

88           [(23)] **(26)** "Medical control", supervision provided by or under the direction of  
89 physicians to providers by written or verbal communications;

90           [(24)] **(27)** "Medical direction", medical guidance and supervision provided by a  
91 physician to an emergency services provider or emergency medical services system;

92           [(25)] **(28)** "Medical director", a physician licensed pursuant to chapter 334, RSMo,  
93 designated by the ambulance service or emergency medical response agency and who meets  
94 criteria specified by the department by rules pursuant to sections 190.001 to 190.245;

95           [(26)] **(29)** "Memorandum of understanding", an agreement between an emergency  
96 medical response agency or dispatch agency and an ambulance service or services within whose  
97 territory the agency operates, in order to coordinate emergency medical services;

98           [(27)] **(30)** "Patient", an individual who is sick, injured, wounded, diseased, or otherwise  
99 incapacitated or helpless, or dead, excluding deceased individuals being transported from or  
100 between private or public institutions, homes or cemeteries, and individuals declared dead prior  
101 to the time an ambulance is called for assistance;

102           [(28)] **(31)** "Person", as used in these definitions and elsewhere in sections 190.001 to  
103 190.245, any individual, firm, partnership, copartnership, joint venture, association, cooperative  
104 organization, corporation, municipal or private, and whether organized for profit or not, state,  
105 county, political subdivision, state department, commission, board, bureau or fraternal  
106 organization, estate, public trust, business or common law trust, receiver, assignee for the benefit  
107 of creditors, trustee or trustee in bankruptcy, or any other service user or provider;

108           [(29)] **(32)** "Physician", a person licensed as a physician pursuant to chapter 334, RSMo;

109           [(30)] **(33)** "Political subdivision", any municipality, city, county, city not within a  
110 county, ambulance district or fire protection district located in this state which provides or has  
111 authority to provide ambulance service;

112           [(31)] **(34)** "Professional organization", any organized group or association with an  
113 ongoing interest regarding emergency medical services. Such groups and associations could  
114 include those representing volunteers, labor, management, firefighters, EMT-B's, nurses,  
115 EMT-P's, physicians, communications specialists and instructors. Organizations could also  
116 represent the interests of ground ambulance services, air ambulance services, fire service  
117 organizations, law enforcement, hospitals, trauma centers, communication centers, pediatric  
118 services, labor unions and poison control services;

119 [(32)] **(35)** "Proof of financial responsibility", proof of ability to respond to damages for  
120 liability, on account of accidents occurring subsequent to the effective date of such proof, arising  
121 out of the ownership, maintenance or use of a motor vehicle in the financial amount set in rules  
122 promulgated by the department, but in no event less than the statutory minimum required for  
123 motor vehicles. Proof of financial responsibility shall be used as proof of self-insurance;

124 [(33)] **(36)** "Protocol", a predetermined, written medical care guideline, which may  
125 include standing orders;

126 [(34)] **(37)** "Regional EMS advisory committee", a committee formed within an  
127 emergency medical services (EMS) region to advise ambulance services, the state advisory  
128 council on EMS and the department;

129 [(35)] **(38)** "Specialty care transportation", the transportation of a patient requiring the  
130 services of an emergency medical technician-paramedic who has received additional training  
131 beyond the training prescribed by the department. Specialty care transportation services shall  
132 be defined in writing in the appropriate local protocols for ground and air ambulance services  
133 and approved by the local physician medical director. The protocols shall be maintained by the  
134 local ambulance service and shall define the additional training required of the emergency  
135 medical technician-paramedic;

136 [(36)] **(39)** "Stabilize", with respect to an emergency, the provision of such medical  
137 treatment as may be necessary to attempt to assure within reasonable medical probability that no  
138 material deterioration of an individual's medical condition is likely to result from or occur during  
139 ambulance transportation unless the likely benefits of such transportation outweigh the risks;

140 [(37)] **(40)** "State advisory council on emergency medical services", a committee formed  
141 to advise the department on policy affecting emergency medical service throughout the state;

142 [(38)] **(41)** "State EMS medical directors advisory committee", a subcommittee of the  
143 state advisory council on emergency medical services formed to advise the state advisory council  
144 on emergency medical services and the department on medical issues;

145 **(42) "Stroke", a condition of impaired blood flow to a patient's brain as defined by**  
146 **the department;**

147 **(43) "Stroke care", includes education and prevention, triage, acute care, and**  
148 **rehabilitative services for stroke that potentially requires immediate medical or surgical**  
149 **intervention or treatment;**

150 **(44) "Stroke center", a hospital that is currently designated as a stroke center by**  
151 **the department;**

152 [(39)] **(45)** "Trauma", an injury to human tissues and organs resulting from the transfer  
153 of energy from the environment;

154           [(40)] **(46)** "Trauma care" includes injury prevention, triage, acute care and rehabilitative  
155 services for major single system or multisystem injuries that potentially require immediate  
156 medical or surgical intervention or treatment;

157           [(41)] **(47)** "Trauma center", a hospital that is currently designated as such by the  
158 department.

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 agency  
6 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 head and spinal cord injury registry established by sections 192.735 to  
9 192.745, RSMo; or

10          (3) Abstracts of inpatient hospital data; or

11          (4) If such data elements are requested by a lawful subpoena or subpoena duces tecum.

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

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

190.241. 1. The department shall designate a hospital as an adult, pediatric or adult and  
2 pediatric trauma center when a hospital, upon proper application submitted by the hospital and  
3 site review, has been found by the department to meet the applicable level of trauma center  
4 criteria for designation in accordance with rules adopted by the department **as prescribed in**  
5 **section 190.185.**

6          2. **The department shall designate a hospital as a heart attack and/or stroke center**  
7 **if such hospital, upon proper application and site review, is found by the department to**

8 **meet the applicable level of heart attack or stroke center criteria for designation as such**  
9 **in accordance with rules adopted by the department as prescribed in section 190.185.**

10       **3.** The department of health and senior services shall, not less than once every five years,  
11 conduct an on-site review of every trauma, **heart attack, and stroke** center through appropriate  
12 department personnel or a qualified contractor. No person shall be a qualified contractor for  
13 purposes of this subsection who has a substantial conflict of interest in the operation of any  
14 trauma, **heart attack, or stroke** center under review. The department may deny, place on  
15 probation, suspend or revoke [a trauma center] **such** designation in any case in which it has  
16 reasonable cause to believe that there has been a substantial failure to comply with the provisions  
17 of this chapter or any rules or regulations promulgated pursuant to this chapter. If the department  
18 of health and senior services has reasonable cause to believe that a hospital is not in compliance  
19 with such provisions or regulations, it may conduct additional announced or unannounced site  
20 reviews of the hospital to verify compliance. If a trauma, **heart attack, or stroke** center fails  
21 two consecutive on-site reviews because of substantial noncompliance with standards prescribed  
22 by sections 190.001 to 190.245 or rules adopted by the department pursuant to sections 190.001  
23 to 190.245, its trauma center designation shall be revoked.

24       [3.] **4.** The department of health and senior services may establish appropriate fees to  
25 offset the costs of trauma, **heart attack, and stroke** center reviews.

26       [4.] **5.** No hospital shall hold itself out to the public as [an adult, pediatric or adult and  
27 pediatric trauma center] **a heart attack center, stroke center, adult trauma center, pediatric**  
28 **trauma center, or an adult and pediatric trauma center** unless it is designated as such by the  
29 department of health and senior services.

30       [5.] **6.** Any person aggrieved by an action of the department of health and senior services  
31 affecting the trauma, **heart attack, or stroke** center designation pursuant to this chapter,  
32 including the revocation, the suspension, or the granting of, refusal to grant, or failure to renew  
33 a designation, may seek a determination thereon by the administrative hearing commission  
34 [pursuant to the provisions of chapter 536] **under chapter 621**, RSMo. It shall not be a  
35 condition to such determination that the person aggrieved seek a reconsideration, a rehearing,  
36 or exhaust any other procedure within the department.

190.243. 1. **Patients who suffer a heart attack or stroke, as defined in section**  
2 **190.100, or severely injured patients** shall be transported to a trauma, **heart attack, or stroke**  
3 center. A physician or registered nurse authorized by a physician who has established verbal  
4 communication with ambulance personnel shall instruct the ambulance personnel to transport  
5 a severely **ill or** injured patient to the closest hospital or designated trauma, **heart attack, or**  
6 **stroke** center, as determined according to estimated transport time whether by ground ambulance  
7 or air ambulance, in accordance with transport protocol approved by the medical director and the

8 department of health and senior services, even when the hospital is located outside of the  
9 ambulance service's primary service area. When initial transport from the scene of **illness or**  
10 injury to a trauma, **heart attack, or stroke** center would be prolonged, the severely injured  
11 patient may be transported to the nearest appropriate facility for stabilization prior to transport  
12 to a trauma center.

13 2. Transport of the **heart attack, stroke, or** severely injured patient shall be governed  
14 by principles of timely and medically appropriate care; consideration of reimbursement  
15 mechanisms shall not supersede those principles.

16 3. Patients who [are not severely injured] **do not meet the criteria for direct transport**  
17 **to a trauma, heart attack, or stroke center** shall be transported to and cared for at the hospital  
18 of their choice so long as such ambulance service is not in violation of local protocols.

190.245. The department shall require hospitals, as defined by chapter 197, RSMo,  
2 designated as trauma, **heart attack, or stroke** centers to provide for a peer review system,  
3 approved by the department, for trauma, **heart attack, and stroke** cases [pursuant to the  
4 provisions of] , **respective to their designations, under** section 537.035, RSMo. For purposes  
5 of sections 190.241 to 190.245, the department of health and senior services shall have the same  
6 powers and authority of a health care licensing board pursuant to subsection 6 of section  
7 537.035, RSMo. Failure of a hospital to provide all medical records necessary for the  
8 department to implement provisions of sections 190.241 to 190.245 shall result in the revocation  
9 of the hospital's designation as a trauma, **heart attack, or stroke** center. Any medical records  
10 obtained by the department or peer review committees shall be used only for purposes of  
11 implementing the provisions of sections 190.241 to 190.245 and the names of hospitals,  
12 physicians and patients shall not be released by the department or members of review  
13 committees.

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