

SENATE SUBSTITUTE
FOR
HOUSE COMMITTEE SUBSTITUTE
FOR
HOUSE BILL NO. 1790

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 the time critical diagnosis system.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF MISSOURI,
AS FOLLOWS:

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2 190.243, and 190.245, RSMo, are repealed and six new sections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

6 190.100. As used in sections 190.001 to 190.245, the
7 following words and terms mean:

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

13 (2) "Ambulance", any privately or publicly owned vehicle or
14 craft that is specially designed, constructed or modified,
15 staffed or equipped for, and is intended or used, maintained or
16 operated for the transportation of persons who are sick, injured,

1 wounded or otherwise incapacitated or helpless, or who require
2 the presence of medical equipment being used on such individuals,
3 but the term does not include any motor vehicle specially
4 designed, constructed or converted for the regular transportation
5 of persons who are disabled, handicapped, normally using a
6 wheelchair, or otherwise not acutely ill, or emergency vehicles
7 used within airports;

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

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

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

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

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

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

27 (9) "Dispatch agency", any person or organization that
28 receives requests for emergency medical services from the public,

1 by telephone or other means, and is responsible for dispatching
2 emergency medical services;

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

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

12 (b) Serious impairment to a bodily function;

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

14 (d) Inadequately controlled pain;

15 (11) "Emergency medical dispatcher", a person who receives
16 emergency calls from the public and has successfully completed an
17 emergency medical dispatcher course, meeting or exceeding the
18 national curriculum of the United States Department of
19 Transportation and any modifications to such curricula specified
20 by the department through rules adopted pursuant to sections
21 190.001 to 190.245;

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

26 (13) "Emergency medical services for children (EMS-C)
27 system", the arrangement of personnel, facilities and equipment
28 for effective and coordinated delivery of pediatric emergency

1 medical services required in prevention and management of
2 incidents which occur as a result of a medical emergency or of an
3 injury event, natural disaster or similar situation;

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

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

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

20 (17) "Emergency medical technician-intermediate" or
21 "EMT-I", a person who has successfully completed a course of
22 instruction in certain aspects of advanced life support care as
23 prescribed by the department and is licensed by the department in
24 accordance with sections 190.001 to 190.245 and rules and
25 regulations adopted by the department pursuant to sections
26 190.001 to 190.245;

27 (18) "Emergency medical technician-paramedic" or "EMT-P", a
28 person who has successfully completed a course of instruction in

1 advanced life support care as prescribed by the department and is
2 licensed by the department in accordance with sections 190.001 to
3 190.245 and rules adopted by the department pursuant to sections
4 190.001 to 190.245;

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

11 (20) "First responder", a person who has successfully
12 completed an emergency first response course meeting or exceeding
13 the national curriculum of the United States Department of
14 Transportation and any modifications to such curricula specified
15 by the department through rules adopted pursuant to sections
16 190.001 to 190.245 and who provides emergency medical care
17 through employment by or in association with an emergency medical
18 response agency;

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

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

25 (23) "Medical control", supervision provided by or under
26 the direction of physicians to providers by written or verbal
27 communications;

28 (24) "Medical direction", medical guidance and supervision

1 provided by a physician to an emergency services provider or
2 emergency medical services system;

3 (25) "Medical director", a physician licensed pursuant to
4 chapter 334, RSMo, designated by the ambulance service or
5 emergency medical response agency and who meets criteria
6 specified by the department by rules pursuant to sections 190.001
7 to 190.245;

8 (26) "Memorandum of understanding", an agreement between an
9 emergency medical response agency or dispatch agency and an
10 ambulance service or services within whose territory the agency
11 operates, in order to coordinate emergency medical services;

12 (27) "Patient", an individual who is sick, injured,
13 wounded, diseased, or otherwise incapacitated or helpless, or
14 dead, excluding deceased individuals being transported from or
15 between private or public institutions, homes or cemeteries, and
16 individuals declared dead prior to the time an ambulance is
17 called for assistance;

18 (28) "Person", as used in these definitions and elsewhere
19 in sections 190.001 to 190.245, any individual, firm,
20 partnership, copartnership, joint venture, association,
21 cooperative organization, corporation, municipal or private, and
22 whether organized for profit or not, state, county, political
23 subdivision, state department, commission, board, bureau or
24 fraternal organization, estate, public trust, business or common
25 law trust, receiver, assignee for the benefit of creditors,
26 trustee or trustee in bankruptcy, or any other service user or
27 provider;

28 (29) "Physician", a person licensed as a physician pursuant

1 to chapter 334, RSMo;

2 (30) "Political subdivision", any municipality, city,
3 county, city not within a county, ambulance district or fire
4 protection district located in this state which provides or has
5 authority to provide ambulance service;

6 (31) "Professional organization", any organized group or
7 association with an ongoing interest regarding emergency medical
8 services. Such groups and associations could include those
9 representing volunteers, labor, management, firefighters,
10 EMT-B's, nurses, EMT-P's, physicians, communications specialists
11 and instructors. Organizations could also represent the
12 interests of ground ambulance services, air ambulance services,
13 fire service organizations, law enforcement, hospitals, trauma
14 centers, communication centers, pediatric services, labor unions
15 and poison control services;

16 (32) "Proof of financial responsibility", proof of ability
17 to respond to damages for liability, on account of accidents
18 occurring subsequent to the effective date of such proof, arising
19 out of the ownership, maintenance or use of a motor vehicle in
20 the financial amount set in rules promulgated by the department,
21 but in no event less than the statutory minimum required for
22 motor vehicles. Proof of financial responsibility shall be used
23 as proof of self-insurance;

24 (33) "Protocol", a predetermined, written medical care
25 guideline, which may include standing orders;

26 (34) "Regional EMS advisory committee", a committee formed
27 within an emergency medical services (EMS) region to advise
28 ambulance services, the state advisory council on EMS and the

1 department;

2 (35) "Specialty care transportation", the transportation of
3 a patient requiring the services of an emergency medical
4 technician-paramedic who has received additional training beyond
5 the training prescribed by the department. Specialty care
6 transportation services shall be defined in writing in the
7 appropriate local protocols for ground and air ambulance services
8 and approved by the local physician medical director. The
9 protocols shall be maintained by the local ambulance service and
10 shall define the additional training required of the emergency
11 medical technician-paramedic;

12 (36) "Stabilize", with respect to an emergency, the
13 provision of such medical treatment as may be necessary to
14 attempt to assure within reasonable medical probability that no
15 material deterioration of an individual's medical condition is
16 likely to result from or occur during ambulance transportation
17 unless the likely benefits of such transportation outweigh the
18 risks;

19 (37) "State advisory council on emergency medical
20 services", a committee formed to advise the department on policy
21 affecting emergency medical service throughout the state;

22 (38) "State EMS medical directors advisory committee", a
23 subcommittee of the state advisory council on emergency medical
24 services formed to advise the state advisory council on emergency
25 medical services and the department on medical issues;

26 (39) "STEMI" or "ST-elevation myocardial infarction", a
27 type of heart attack in which impaired blood flow to the
28 patient's heart muscle is evidenced by ST-segment elevation in

electrocardiogram analysis, and as further defined in rules promulgated by the department under sections 190.001 to 190.250;

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

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

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

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

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

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

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

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

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

- 10 (1) Departmental regulation of trauma centers; or
11 (2) The Missouri head and spinal cord injury registry
12 established by sections 192.735 to 192.745, RSMo; or
13 (3) Abstracts of inpatient hospital data; or
14 (4) If such data elements are requested by a lawful
15 subpoena or subpoena duces tecum.

16 2. All information and documents in any civil action,
17 otherwise discoverable, may be obtained from any person or entity
18 providing information pursuant to the provisions of sections
19 190.001 to 190.245.

20 190.200. 1. The department of health and senior services
21 in cooperation with local and regional EMS systems and agencies
22 may provide public and professional information and education
23 programs related to emergency medical services systems including
24 trauma, STEMI, and stroke systems and emergency medical care and
25 treatment. The department of health and senior services may also
26 provide public information and education programs for informing
27 residents of and visitors to the state of the availability and
28 proper use of emergency medical services, of the value and nature

1 of programs to involve citizens in the administering of
2 prehospital emergency care, including cardiopulmonary
3 resuscitation, and of the availability of training programs in
4 emergency care for members of the general public.

5 2. The department shall, for STEMI care and stroke care
6 respectively:

7 (1) Compile and assess peer-reviewed and evidence-based
8 clinical research and guidelines that provide or support
9 recommended treatment standards;

10 (2) Assess the capacity of the emergency medical services
11 system and hospitals to deliver recommended treatments in a
12 timely fashion;

13 (3) Use the research, guidelines, and assessment to
14 promulgate rules establishing protocols for transporting STEMI
15 patients to a STEMI center or stroke patients to a stroke center.
16 Such transport protocols shall direct patients to STEMI centers
17 and stroke centers under section 190.243 based on the centers'
18 capacities to deliver recommended acute care treatments within
19 time limits suggested by clinical research;

20 (4) Define regions within the state for purposes of
21 coordinating the delivery of STEMI care and stroke care,
22 respectively;

23 (5) Promote the development of regional or community-based
24 plans for transporting STEMI or stroke patients via ground or air
25 ambulance to STEMI centers or stroke centers, respectively, in
26 accordance with section 190.243; and

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

1 3. A community-based or regional plan shall be submitted to
2 the department for approval. Such plan shall be based on the
3 clinical research and guidelines and assessment of capacity
4 described in subsection 1 of this section and shall include a
5 mechanism for evaluating its effect on medical outcomes. Upon
6 approval of a plan, the department shall waive the requirements
7 of rules promulgated under sections 190.100 to 190.245 that are
8 inconsistent with the community-based or regional plan. A
9 community-based or regional plan shall be developed by or in
10 consultation with the representatives of hospitals, physicians,
11 and emergency medical services providers in the community or
12 region.

13 190.241. 1. The department shall designate a hospital as
14 an adult, pediatric or adult and pediatric trauma center when a
15 hospital, upon proper application submitted by the hospital and
16 site review, has been found by the department to meet the
17 applicable level of trauma center criteria for designation in
18 accordance with rules adopted by the department as prescribed by
19 section 190.185.

20 2. The department shall designate a hospital as a STEMI or
21 stroke center when such hospital, upon proper application and
22 site review, has been found by the department to meet the
23 applicable level of STEMI or stroke center criteria for
24 designation in accordance with rules adopted by the department as
25 prescribed by section 190.185. In developing STEMI center and
26 stroke center designation criteria, the department shall use, as
27 it deems practicable, appropriate peer-reviewed or evidence-based
28 research on such topics including, but not limited to, the most

1 recent guidelines of the American College of Cardiology and
2 American Heart Association for STEMI centers, or the Joint
3 Commission's Primary Stroke Center Certification program criteria
4 for stroke centers, or Primary and Comprehensive Stroke Center
5 Recommendations as published by the American Stroke Association.

6 3. The department of health and senior services shall, not
7 less than once every five years, conduct an on-site review of
8 every trauma, STEMI, and stroke center through appropriate
9 department personnel or a qualified contractor. On-site reviews
10 shall be coordinated for the different types of centers to the
11 extent practicable with hospital licensure inspections conducted
12 under chapter 197, RSMo. No person shall be a qualified
13 contractor for purposes of this subsection who has a substantial
14 conflict of interest in the operation of any trauma, STEMI, or
15 stroke center under review. The department may deny, place on
16 probation, suspend or revoke [a trauma center] such designation
17 in any case in which it has reasonable cause to believe that
18 there has been a substantial failure to comply with the
19 provisions of this chapter or any rules or regulations
20 promulgated pursuant to this chapter. If the department of
21 health and senior services has reasonable cause to believe that a
22 hospital is not in compliance with such provisions or
23 regulations, it may conduct additional announced or unannounced
24 site reviews of the hospital to verify compliance. If a trauma, STEMI, or stroke
25 center fails two consecutive on-site reviews
26 because of substantial noncompliance with standards prescribed by
27 sections 190.001 to 190.245 or rules adopted by the department
28 pursuant to sections 190.001 to 190.245, its [trauma] center

1 designation shall be revoked.

2 [3.] 4. The department of health and senior services may
3 establish appropriate fees to offset the costs of trauma, STEMI,
4 and stroke center reviews.

5 [4.] 5. No hospital shall hold itself out to the public as
6 [an adult, pediatric or adult and pediatric trauma center] a
7 STEMI center, stroke center, adult trauma center, pediatric
8 trauma center, or an adult and pediatric trauma center unless it
9 is designated as such by the department of health and senior
10 services.

11 [5.] 6. Any person aggrieved by an action of the department
12 of health and senior services affecting the trauma, STEMI, or
13 stroke center designation pursuant to this chapter, including the
14 revocation, the suspension, or the granting of, refusal to grant,
15 or failure to renew a designation, may seek a determination
16 thereon by the administrative hearing commission [pursuant to the
17 provisions of chapter 536] under chapter 621, RSMo. It shall not
18 be a condition to such determination that the person aggrieved
19 seek a reconsideration, a rehearing, or exhaust any other
20 procedure within the department.

21 190.243. 1. Severely injured patients shall be transported
22 to a trauma center. Patients who suffer a STEMI, as defined in
23 section 190.100, shall be transported to a STEMI center.
24 Patients who suffer a stroke, as defined in section 190.100,
25 shall be transported to a stroke center.

26 2. A physician or registered nurse authorized by a
27 physician who has established verbal communication with ambulance
28 personnel shall instruct the ambulance personnel to transport a

1 severely ill or injured patient to the closest hospital or
2 designated trauma, STEMI, or stroke center, as determined
3 according to estimated transport time whether by ground ambulance
4 or air ambulance, in accordance with transport protocol approved
5 by the medical director and the department of health and senior
6 services, even when the hospital is located outside of the
7 ambulance service's primary service area. When initial transport
8 from the scene of illness or injury to a trauma, STEMI, or stroke
9 center would be prolonged, the STEMI, stroke, or severely injured
10 patient may be transported to the nearest appropriate facility
11 for stabilization prior to transport to a trauma, STEMI, or
12 stroke center.

13 [2.] 3. Transport of the STEMI, stroke, or severely injured
14 patient shall be governed by principles of timely and medically
15 appropriate care; consideration of reimbursement mechanisms shall
16 not supersede those principles.

17 [3.] 4. Patients who [are not severely injured] do not meet
18 the criteria for direct transport to a trauma, STEMI, or stroke
19 center shall be transported to and cared for at the hospital of
20 their choice so long as such ambulance service is not in
21 violation of local protocols.

22 190.245. The department shall require hospitals, as defined
23 by chapter 197, RSMo, designated as trauma, STEMI, or stroke
24 centers to provide for a peer review system, approved by the
25 department, for trauma, STEMI, and stroke cases [pursuant to the
26 provisions of], respective to their designations, under section
27 537.035, RSMo. For purposes of sections 190.241 to 190.245, the
28 department of health and senior services shall have the same

1 powers and authority of a health care licensing board pursuant to
2 subsection 6 of section 537.035, RSMo. Failure of a hospital to
3 provide all medical records necessary for the department to
4 implement provisions of sections 190.241 to 190.245 shall result
5 in the revocation of the hospital's designation as a trauma,
6 STEMI, or stroke center. Any medical records obtained by the
7 department or peer review committees shall be used only for
8 purposes of implementing the provisions of sections 190.241 to
9 190.245 and the names of hospitals, physicians and patients shall
10 not be released by the department or members of review
11 committees.