

**HOUSE AMENDMENT NO. \_\_\_\_\_**  
**TO**  
**HOUSE AMENDMENT NO. \_\_\_\_\_**

**Offered By**

1 AMEND House Amendment No. \_\_\_\_\_ to House Committee Substitute for Senate Substitute for  
2 Senate Bill No. 690, Page 1, Line 1, by inserting after the number "690," the following:

3  
4 "Page 14, Section 173.1200, Line 53, by inserting after all of said section and line the following:

5  
6 "190.100. As used in sections 190.001 to 190.245 and section 190.257, the following words  
7 and terms mean:

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

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

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

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

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

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

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

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

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

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

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

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

14 (b) Serious impairment to a bodily function;

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

16 (d) Inadequately controlled pain;

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

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

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

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

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

38 (17) "Emergency medical technician", a person licensed in emergency medical care in  
39 accordance with standards prescribed by sections 190.001 to 190.245, and by rules adopted by the

1 department pursuant to sections 190.001 to 190.245;

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

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

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

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

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

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

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

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

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

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

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

37 (29) "Person", as used in these definitions and elsewhere in sections 190.001 to 190.245,  
38 any individual, firm, partnership, copartnership, joint venture, association, cooperative organization,  
39 corporation, municipal or private, and whether organized for profit or not, state, county, political

1 subdivision, state department, commission, board, bureau or fraternal organization, estate, public  
2 trust, business or common law trust, receiver, assignee for the benefit of creditors, trustee or trustee  
3 in bankruptcy, or any other service user or provider;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19 (47) "Time-critical diagnosis advisory committee", a committee formed under section  
20 190.257 to advise the department on policies impacting trauma, stroke, and STEMI center  
21 designations; regulations on trauma care, stroke care, and STEMI care; and the transport of trauma,  
22 stroke, and STEMI patients;

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

25 [(47)] (49) "Trauma care" includes injury prevention, triage, acute care and rehabilitative  
26 services for major single system or multisystem injuries that potentially require immediate medical  
27 or surgical intervention or treatment;

28 [(48)] (50) "Trauma center", a hospital that is currently designated as such by the  
29 department.

30 190.101. 1. There is hereby established a "State Advisory Council on Emergency Medical  
31 Services" which shall consist of sixteen members, one of which shall be a resident of a city not  
32 within a county. The members of the council shall be appointed by the governor with the advice and  
33 consent of the senate and shall serve terms of four years. The governor shall designate one of the  
34 members as chairperson. The chairperson may appoint subcommittees that include noncouncil  
35 members.

36 2. The state EMS medical directors advisory committee and the regional EMS advisory  
37 committees will be recognized as subcommittees of the state advisory council on emergency  
38 medical services.

39 3. The council shall have geographical representation and representation from appropriate

1 areas of expertise in emergency medical services including volunteers, professional organizations  
2 involved in emergency medical services, EMT's, paramedics, nurses, firefighters, physicians,  
3 ambulance service administrators, hospital administrators and other health care providers concerned  
4 with emergency medical services. The regional EMS advisory committees shall serve as a resource  
5 for the identification of potential members of the state advisory council on emergency medical  
6 services.

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

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

12 [~~5.~~] 6. The purpose of the council is to make recommendations to the governor, the general  
13 assembly, and the department on policies, plans, procedures and proposed regulations on how to  
14 improve the statewide emergency medical services system. The council shall advise the governor,  
15 the general assembly, and the department on all aspects of the emergency medical services system.

16 [~~6.~~] 7. (1) There is hereby established a standing subcommittee of the council to monitor  
17 the implementation of the recognition of the EMS personnel licensure interstate compact under  
18 sections 190.900 to 190.939, the interstate commission for EMS personnel practice, and the  
19 involvement of the state of Missouri. The subcommittee shall meet at least biannually and receive  
20 reports from the Missouri delegate to the interstate commission for EMS personnel practice. The  
21 subcommittee shall consist of at least seven members appointed by the chair of the council, to  
22 include at least two members as recommended by the Missouri state council of firefighters and one  
23 member as recommended by the Missouri Association of Fire Chiefs. The subcommittee may  
24 submit reports and recommendations to the council, the department of health and senior services,  
25 the general assembly, and the governor regarding the participation of Missouri with the recognition  
26 of the EMS personnel licensure interstate compact.

27 (2) The subcommittee shall formally request a public hearing for any rule proposed by the  
28 interstate commission for EMS personnel practice in accordance with subsection 7 of section  
29 190.930. The hearing request shall include the request that the hearing be presented live through the  
30 internet. The Missouri delegate to the interstate commission for EMS personnel practice shall be  
31 responsible for ensuring that all hearings, notices of, and related rulemaking communications as  
32 required by the compact be communicated to the council and emergency medical services personnel  
33 under the provisions of subsections 4, 5, 6, and 8 of section 190.930.

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

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

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

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

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

31           4. All ambulance services and emergency medical response agencies that are required to  
32 have a medical director shall establish an agreement between the service or agency and their  
33 medical director. The agreement will include the roles, responsibilities and authority of the medical  
34 director beyond what is granted in accordance with sections 190.001 to 190.245 and rules adopted  
35 by the department pursuant to sections 190.001 to 190.245. The agreement shall also include  
36 grievance procedures regarding the emergency medical response agency or ambulance service,  
37 personnel and the medical director.

38           5. Regional EMS medical directors and the state EMS medical director elected as provided  
39 under subsection 1 of this section shall be considered public officials for purposes of sovereign

1 immunity, official immunity, and the Missouri public duty doctrine defenses.

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

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

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

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

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

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

24 12. Notwithstanding any other provision of law to the contrary, when regional EMS medical  
25 directors are providing either online telecommunication medical direction to AEMTs, EMT-Bs,  
26 EMT-Ps, and community paramedics, or offline medical direction per standardized EMS treatment,  
27 triage, and transport protocols for patients, those medical directions or treatment protocols may  
28 include the administration of the patient's own prescription medications.

29 190.176. 1. The department shall develop and administer a uniform data collection system  
30 on all ambulance runs and injured patients, pursuant to rules promulgated by the department for the  
31 purpose of injury etiology, patient care outcome, injury and disease prevention and research  
32 purposes. The department shall not require disclosure by hospitals of data elements pursuant to this  
33 section unless those data elements are required by a federal agency or were submitted to the  
34 department as of January 1, 1998, pursuant to:

35 (1) Departmental regulation of trauma centers; or

36 (2) ~~[The Missouri brain and spinal cord injury registry established by sections 192.735 to~~  
37 ~~192.745; or~~

38 (3) Abstracts of inpatient hospital data; or

39 (4) (3) If such data elements are requested by a lawful subpoena or subpoena duces tecum.

1           2. All information and documents in any civil action, otherwise discoverable, may be  
2 obtained from any person or entity providing information pursuant to the provisions of sections  
3 190.001 to 190.245.

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

14           2. The department shall, for trauma care, STEMI care<sub>2</sub> and stroke care<sub>2</sub> respectively:

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

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

20           (3) Use the research, guidelines, and assessment to promulgate rules establishing protocols  
21 for transporting trauma patients to a trauma center, STEMI patients to a STEMI center<sub>2</sub> or stroke  
22 patients to a stroke center. Such transport protocols shall direct patients to trauma centers, STEMI  
23 centers<sub>2</sub> and stroke centers under section 190.243 based on the centers' capacities to deliver  
24 recommended acute care treatments within time limits suggested by clinical research;

25           (4) Define regions within the state for purposes of coordinating the delivery of trauma care,  
26 STEMI care<sub>2</sub> and stroke care, respectively;

27           (5) Promote the development of regional or community-based plans for transporting trauma,  
28 STEMI<sub>2</sub> or stroke patients via ground or air ambulance to trauma centers, STEMI centers<sub>2</sub> or stroke  
29 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 stroke  
33 patients shall be submitted to the department for approval. Such plan shall be based on the clinical  
34 research and guidelines and assessment of capacity described in subsection [4] 2 of this section and  
35 shall include a mechanism for evaluating its effect on medical outcomes. Upon approval of a plan,  
36 the department shall waive the requirements of rules promulgated under sections 190.100 to 190.245  
37 that are inconsistent with the community-based or regional plan. A community-based or regional  
38 plan shall be developed by ~~[or in consultation with]~~ the representatives of hospitals, physicians, and  
39 emergency medical services providers in the community or region.

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

12           2. Except as provided for in subsection ~~[5]~~ 4 of this section, the department shall designate a  
 13 hospital as a STEMI or stroke center when such hospital, upon proper application and site review,  
 14 has been found by the department to meet the applicable level of STEMI or stroke center criteria for  
 15 designation in accordance with rules adopted by the department as prescribed by section 190.185.  
 16 Site review may occur on-site or by any reasonable means of communication, or by any  
 17 combination thereof. In developing STEMI center and stroke center designation criteria, the  
 18 department shall use, as it deems practicable, ~~[appropriate]~~ peer-reviewed ~~[or]~~ and evidence-based  
 19 clinical research ~~[on such topics]~~ and guidelines including, but not limited to, the most recent  
 20 guidelines of the American College of Cardiology ~~[and]~~, the American Heart Association ~~[for~~  
 21 ~~STEMI centers, or the Joint Commission's Primary Stroke Center Certification program criteria for~~  
 22 ~~stroke centers, or Primary and Comprehensive Stroke Center Recommendations as published by]~~, or  
 23 the American Stroke Association. Such rules shall include designation as a STEMI center or stroke  
 24 center without site review if such hospital is certified by a national body.

25           3. The department of health and senior services shall, not less than once every ~~[five]~~ three  
 26 years, conduct ~~[an on-site]~~ a site review of every trauma, STEMI, and stroke center through  
 27 appropriate department personnel or a qualified contractor, with the exception of trauma centers,  
 28 STEMI centers, and stroke centers designated pursuant to subsection ~~[5]~~ 4 of this section; however,  
 29 this provision is not intended to limit the department's ability to conduct a complaint investigation  
 30 pursuant to subdivision (3) of subsection 2 of section 197.080 of any trauma, STEMI, or stroke  
 31 center. ~~[On-site]~~ Site reviews shall be coordinated for the different types of centers to the extent  
 32 practicable with hospital licensure inspections conducted under chapter 197. No person shall be a  
 33 qualified contractor for purposes of this subsection who has a substantial conflict of interest in the  
 34 operation of any trauma, STEMI, or stroke center under review. The department may deny, place on  
 35 probation, suspend or revoke such designation in any case in which it has ~~[reasonable cause to~~  
 36 ~~believe that]~~ determined there has been a substantial failure to comply with the provisions of this  
 37 chapter or any rules or regulations promulgated pursuant to this chapter. Centers that are placed on  
 38 probationary status shall be required to demonstrate compliance with the provisions of this chapter  
 39 and any rules or regulations promulgated under this chapter within twelve months of the date of the

1 receipt of the notice of probationary status, unless otherwise provided by a settlement agreement  
 2 with a duration of a maximum of eighteen months between the department and the designated  
 3 center. If the department of health and senior services has [~~reasonable cause to believe~~] determined  
 4 that a hospital is not in compliance with such provisions or regulations, it may conduct additional  
 5 announced or unannounced site reviews of the hospital to verify compliance. If a trauma, STEMI,  
 6 or stroke center fails two consecutive [~~on-site~~] site reviews because of substantial noncompliance  
 7 with standards prescribed by sections 190.001 to 190.245 or rules adopted by the department  
 8 pursuant to sections 190.001 to 190.245, its center designation shall be revoked.

9 4. (1) Instead of applying for trauma, STEMI, or stroke center designation under subsection  
 10 1 or 2 of this section, a hospital may apply for trauma, STEMI, or stroke center designation under  
 11 this subsection. Upon receipt of an application [~~from a hospital~~] on a form prescribed by the  
 12 department, the department shall designate such hospital[~~]:~~

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

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

20 5. ~~Instead of applying for stroke center designation pursuant to the provisions of subsection~~  
 21 ~~2 of this section, a hospital may apply for stroke center designation pursuant to this subsection.~~  
 22 ~~Upon receipt of an application from a hospital on a form prescribed by the department, the~~  
 23 ~~department shall designate such hospital:~~

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

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

32 (3) ~~A level III stroke center if such hospital has been certified as an acute stroke-ready~~  
 33 ~~hospital by the Joint Commission or any other certifying organization designated by the department~~  
 34 ~~when such certification is in accordance with the American Heart Association/American Stroke~~  
 35 ~~Association guidelines] at a state level that corresponds to a similar national designation as set forth~~  
 36 in rules promulgated by the department. The rules shall be based on standards of nationally  
 37 recognized organizations and the recommendations of the time-critical diagnosis advisory  
 38 committee.

39 (2) Except as provided by subsection [6] 5 of this section, the department shall not require

1 compliance with any additional standards for establishing or renewing trauma, STEMI, or stroke  
 2 designations under this subsection. The designation shall continue if such hospital remains certified  
 3 or verified. The department may remove a hospital's designation as a trauma center, STEMI center,  
 4 or stroke center if the hospital requests removal of the designation or the department determines that  
 5 the certificate [~~recognizing~~] or verification that qualified the hospital [as a stroke center] for the  
 6 designation under this subsection has been suspended or revoked. Any decision made by the  
 7 department to withdraw its designation of a [~~stroke~~] center pursuant to this subsection that is based  
 8 on the revocation or suspension of a certification or verification by a certifying or verifying  
 9 organization shall not be subject to judicial review. The department shall report to the certifying or  
 10 verifying organization any complaint it receives related to the [~~stroke~~] center [~~certification of a~~  
 11 ~~stroke center~~] designated pursuant to this subsection. The department shall also advise the  
 12 complainant which organization certified or verified the [~~stroke~~] center and provide the necessary  
 13 contact information should the complainant wish to pursue a complaint with the certifying or  
 14 verifying organization.

15 [~~6.~~] 5. Any hospital receiving designation as a trauma center, STEMI center, or stroke center  
 16 pursuant to subsection [~~5~~] 4 of this section shall:

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

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

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

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

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

30  
 31 Any hospital receiving designation as a level III stroke center pursuant to subsection [~~5~~] 4 of this  
 32 section shall have a formal agreement with a level I or level II stroke center for physician  
 33 consultative services for evaluation of stroke patients for thrombolytic therapy and the care of the  
 34 patient post-thrombolytic therapy.

35 [~~7.~~] 6. Hospitals designated as a trauma center, STEMI center, or stroke center by the  
 36 department [~~, including those designated pursuant to subsection 5 of this section,~~] shall submit data  
 37 [~~to meet the data submission requirements specified by rules promulgated by the department. Such~~  
 38 ~~submission of data may be done] by one of the following methods:~~

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

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

3           (3) ~~Authorizing a nationally recognized registry or data bank to disclose or grant access to~~  
4 ~~the department facility-specific data held by the]~~ Entering hospital data into a national registry or  
5 data bank. A hospital submitting data pursuant to this subdivision [(2) or (3) of this subsection]  
6 shall not be required to collect and submit any additional trauma, STEMI, or stroke center data  
7 elements. No hospital submitting data to a national data registry or data bank under this subdivision  
8 shall withhold authorization for the department to access such data through such national data  
9 registry or data bank. Nothing in this subdivision shall be construed as requiring duplicative data  
10 entry by a hospital that is otherwise complying with the provisions of this subsection. Failure of the  
11 department to obtain access to data submitted to a national data registry or data bank shall not be  
12 construed as hospital noncompliance under this subsection.

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

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

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

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

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

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

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

34           ~~10.]~~ 8. The department shall not have authority to establish additional education  
35 requirements for physicians who are emergency medicine board certified or board eligible through  
36 the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of  
37 Emergency Medicine (AOBEM) and who are practicing in the emergency department of a facility  
38 designated as a trauma center, STEMI center, or stroke center by the department under this section.  
39 The department shall deem the education requirements promulgated by ABEM or AOBEM to meet

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

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

8 ~~[41.]~~ 10. No hospital shall hold itself out to the public as a STEMI center, stroke center,  
 9 adult trauma center, pediatric trauma center, or an adult and pediatric trauma center unless it is  
 10 designated as such by the department of health and senior services.

11 ~~[42.]~~ 11. Any person aggrieved by an action of the department of health and senior services  
 12 affecting the trauma, STEMI, or stroke center designation pursuant to this chapter, including the  
 13 revocation, the suspension, or the granting of, refusal to grant, or failure to renew a designation, may  
 14 seek a determination thereon by the administrative hearing commission under chapter 621. It shall  
 15 not be a condition to such determination that the person aggrieved seek a reconsideration, a  
 16 rehearing, or exhaust any other procedure within the department.

17 190.243. 1. Severely injured patients shall be transported to a trauma center. Patients who  
 18 suffer a STEMI, as defined in section 190.100, shall be transported to a STEMI center. Patients who  
 19 suffer a stroke, as defined in section 190.100, shall be transported to a stroke center.

20 2. A physician, physician assistant, or registered nurse authorized by a physician who has  
 21 established verbal communication with ambulance personnel shall instruct the ambulance personnel  
 22 to transport a severely ill or injured patient to the closest hospital or designated trauma, STEMI, or  
 23 stroke center, as determined according to estimated transport time whether by ground ambulance or  
 24 air ambulance, in accordance with transport protocol approved by the medical director and the  
 25 department of health and senior services, even when the hospital is located outside of the ambulance  
 26 service's primary service area. When initial transport from the scene of illness or injury to a trauma,  
 27 STEMI, or stroke center would be prolonged, the STEMI, stroke, or severely injured patient may be  
 28 transported to the nearest appropriate facility for stabilization prior to transport to a trauma, STEMI,  
 29 or stroke center.

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

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

36  
 37 Further amend said bill and page, Section 190.245, Lines 1-18, by deleting all of said section and  
 38 line and inserting in lieu thereof the following:

39 "190.245. ~~[The department shall require hospitals, as defined by chapter 197, designated as~~

1 ~~trauma, STEMI, or stroke centers to provide for a peer review system, approved by the department,~~  
 2 ~~for trauma, STEMI, and stroke cases, respective to their designations, under section 537.035. For~~  
 3 ~~purposes of sections 190.241 to 190.245, the department of health and senior services shall have the~~  
 4 ~~same powers and authority of a health care licensing board pursuant to subsection 6 of section~~  
 5 ~~537.035.]~~ 1. Any person licensed under sections 190.001 to 190.245 shall be considered a health  
 6 care professional for purposes of section 537.035, and any quality improvement or quality assurance  
 7 activity required under sections 190.001 to 190.245 shall be considered an activity of a peer review  
 8 committee for purposes of section 537.035.

9 2. Failure of a hospital to provide all medical records and quality improvement  
 10 documentation necessary for the department to implement provisions of sections 190.241 to 190.245  
 11 shall result in the revocation of the hospital's designation as a trauma center, STEMI center, or  
 12 stroke center.

13 3. Any medical records obtained by the department [or peer review committees] shall be  
 14 used only for purposes of implementing the provisions of sections 190.241 to 190.245 and the  
 15 names of hospitals, physicians and patients shall not be released by the department or members of  
 16 review [committees] teams.

17 190.257. 1. There is hereby established the "Time-Critical Diagnosis Advisory Committee",  
 18 to be designated by the director for the purpose of advising and making recommendations to the  
 19 department on:

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

21 (2) Engagement in cooperative research endeavors;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

17 7. The committee shall consult with the state advisory council on emergency medical  
18 services, as described in section 190.101, regarding issues involving emergency medical services.";  
19 and

20  
21 Further amend said bill,"; and

22  
23 Further amend said bill by amending the title, enacting clause, and intersectional references  
24 accordingly.

25  
26 THIS AMENDMENT AMENDS 3344H09.17H