

HOUSE AMENDMENT NO. _____
TO
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Offered By

AMEND House Amendment No. _____ to House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 834, Page 6, Line 49, by inserting after the number "190.245" the phrase "and section 190.257"; and

Further amend said amendment, Page 10, Lines 9-14, by deleting all of said lines and inserting in lieu thereof the following:

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

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

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

[(47)] (49) "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;

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

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

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

Action Taken _____ Date _____

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

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

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

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

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

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

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

39 8. The council shall consult with the time-critical diagnosis advisory committee, as

1 described under section 190.257, regarding time-critical diagnosis.

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

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

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

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

39 5. Regional EMS medical directors and the state EMS medical director elected as provided

under subsection 1 of this section shall be considered public officials for purposes of sovereign immunity, official immunity, and the Missouri public duty doctrine defenses.

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

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

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

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

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

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

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

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

(1) Departmental regulation of trauma centers; or

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

(3) Abstracts of inpatient hospital data; or

1 ~~[(4)]~~ (3) If such data elements are requested by a lawful subpoena or subpoena duces tecum.

2 2. All information and documents in any civil action, otherwise discoverable, may be
3 obtained from any person or entity providing information pursuant to the provisions of sections
4 190.001 to 190.245.

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

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

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

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

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

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

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

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

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

1 emergency medical services providers in the community or region.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14 [8.] 7. When collecting and analyzing data pursuant to the provisions of this section, the
 15 department shall comply with the following requirements:

- 16 (1) Names of any health care professionals, as defined in section 376.1350, shall not be
 17 subject to disclosure;
 18 (2) The data shall not be disclosed in a manner that permits the identification of an
 19 individual patient or encounter;
 20 (3) The data shall be used for the evaluation and improvement of hospital and emergency
 21 medical services' trauma, stroke, and STEMI care; and
 22 (4) ~~[The data collection system shall be capable of accepting file transfers of data entered~~
 23 ~~into any national recognized trauma, stroke, or STEMI registry or data bank to fulfill trauma, stroke,~~
 24 ~~or STEMI certification reporting requirements; and~~
 25 (5) ~~Trauma, STEMI, and stroke center data elements shall conform to [nationally~~
 26 ~~recognized performance measures, such as the American Heart Association's Get With the~~
 27 ~~Guidelines]~~ national registry or data bank data elements, and include published detailed measure
 28 specifications, data coding instructions, and patient population inclusion and exclusion criteria to
 29 ensure data reliability and validity.

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

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

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

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

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

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

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

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

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

4. Patients who do not meet the criteria for direct transport to a trauma, STEMI, or stroke center shall be transported to and cared for at the hospital 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, designated as trauma, STEMI, or stroke centers to provide for a peer review system, approved by the department, for trauma, STEMI, and stroke cases, respective to their designations, under section 537.035. For~~

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

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

- (1) Improvement of public and professional education related to time-critical diagnosis;
- (2) Engagement in cooperative research endeavors;
- (3) Development of standards, protocols, and policies related to time-critical diagnosis, including recommendations for state regulations; and
- (4) Evaluation of community and regional time-critical diagnosis plans, including recommendations for changes.

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

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

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

- (a) One member who is a physician serving as a regional EMS medical director;
- (b) One member who serves on an air ambulance service;
- (c) One member who resides in an urban area; and
- (d) One member who resides in a rural area; and

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

- (a) One member who is employed by a level I or level II trauma center;
- (b) One member who is employed by a level I or level II STEMI center;
- (c) One member who is employed by a level I or level II stroke center;
- (d) One member who is employed by a rural or critical access hospital; and

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

4. In addition to the sixteen appointees, the state EMS medical director shall serve as an ex

1 officio member of the committee.

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

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

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

13
14 Further amend said bill by amending the title, enacting clause, and intersectional references
15 accordingly.

16
17 This amendment amends 3494H10.62X