November 11, 2019 **Bold is new……** material in yellow and [ ] is being taken out of current law

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

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

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

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

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

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

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

(7) "Council", the state advisory council on [emergency medical services] **emergency care**;

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

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

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

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

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

(b) Serious impairment to a bodily function;

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

(d) Inadequately controlled pain;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

services, air ambulance services, fire service organizations, law enforcement, hospitals, trauma centers, communication centers, pediatric services, labor unions and poison control services;

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

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

(35) "Regional [EMS] **emergency care** advisory committee", a committee formed within an [emergency medical services (EMS)] **emergency care** region to advise [ambulance services,] **the emergency care community,** the state advisory council on [EMS] **emergency care** and the department;

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

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

(38) "State advisory council on **emergency care** [emergency medical services]", a committee formed to advise the department on policy affecting emergency medical service **and time critical diagnosis systems** throughout the state;

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

(40) "STEMI" or "ST-elevation myocardial infarction", a type of heart attack in which impaired blood flow to the 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;

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

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

(44) "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;

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

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

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

190.101. State advisory council on **emergency car**e [emergency medical services], members, purpose, duties — subcommittee established, duties. — 1. There is hereby established a "State Advisory Council on **Emergency Care** [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] **emergency care** advisory committees will be recognized as subcommittees of the state advisory council on **emergency care** [emergency medical services].

3. The council shall have geographical representation and representation from appropriate areas of expertise in [emergency medical services] **emergency care** including volunteers, professional organizations involved in emergency medical services, EMT's, paramedics, nurses, firefighters, physicians, ambulance service administrators, hospital administrators**, TCD centers** and other health care providers concerned with emergency medical services **and time critical diagnosis systems**. The regional [EMS] **emergency care** advisory committees shall serve as a resource for the identification of potential members of the state advisory council on **emergency care** [emergency medical services].

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

5. The purpose of the council is to make recommendations to the governor, the general assembly, and the department on policies, plans, procedures and proposed regulations on how to improve the statewide [emergency medical services] **emergency care** system. The council shall advise the governor, the general assembly, and the department on all aspects of the emergency medical services **and time critical diagnosis** system.

6. The Chairperson of the state advisory council on emergency care shall establish subcommittees to address the needs of the EMS and TCD systems in Missouri. The subcommittees shall include but not

be limited to, Air Ambulance, Education, Emergency Preparedness, Legislative, Pediatric, STEMI, Stroke and Trauma systems.

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

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

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

8. (1) There shall be standing subcommittees established within the state advisory council on emergency care specific to all Time critical Diagnosis patient populations.

(2) The purpose of these subcommittees will be to advise the SAC on current best practices relating to the care of the patient population for which each subcommittee is established.

190.102. Regional [EMS] **emergency care** advisory committees. — 1. The department shall designate through regulation [EMS] **emergency care** regions and committees. The purpose of the regional [EMS] **emergency care** advisory committees is to advise and make recommendations to the region and the department on:

(1) Coordination of emergency resources in the region;

(2) Improvement of public and professional education;

(3) Cooperative research endeavors;

(4) Development of standards, protocols and policies;

(5) Voluntary multiagency quality improvement committee and process; and

(6) Development and review of and recommendations for community and regional time critical diagnosis **system** plans.

2. The members of the committees shall serve without compensation except that the department of health and senior services shall budget for reasonable travel expenses and meeting expenses related to the functions of the committees.

3. The director will appoint personnel to no less than six regional [EMS] emergency care committees from recommendations provided by recognized professional organizations. Appointments will be for four years with individuals serving until reappointed or replaced. The regional EMS medical director shall serve as a member of the regional [EMS] **emergency care** committee.

190.241. Time Critical Diagnosis centers, designation by department — on-site reviews — grounds for suspension or revocation of designation — data submission and analysis — funds — administrative hearing commission to hear persons aggrieved by designation. —

1. **The department shall develop and maintain a list of national verifying or designating bodies for Time Critical Diagnosis centers and publish such list on the department website.**
2. **All hospitals licensed under chapter 197 shall participate in the TCD system.**

3. The Department shall designate a hospital as a TCD center when the hospital, upon proper application and review, meets the applicable level criteria for designation in accordance with rules adopted in section 190.185. Such rules shall include designation as a TCD center without site review if such hospital is verified by a national verifying or designating body at the level which corresponds to a level approved in rule.

4. Contemporary, nationally accepted standards shall guide the care of the Time Critical Diagnosis patient. The Department, in consultation with the state EMS medical director, EMS regional medical director subcommittee, or other subject matter experts, may adopt additional standards for optimal care as necessary.

5. The Department shall, not less than once every three years, conduct a review of every Time Critical Diagnosis center through appropriate Department personnel or a qualified contractor. No review shall be required if the designation is based upon a national verifying or designating body; however, this provision is not intended to limit the department's ability to conduct a complaint investigation pursuant to subdivision (3) of subsection 2 of section 197.080. Reviews shall be coordinated to the extent practicable with hospital licensure inspections conducted under Chapter 197. No person shall be a qualified contractor for purposes of this subsection who has a substantial conflict of interest in the operation of any Time Critical Diagnosis center under review. The department may deny, place on probation, suspend or revoke such designation in any case in which it has reasonable cause to believe that there has been a substantial failure to comply with the provisions of this chapter or any rules or regulations promulgated pursuant to this chapter. If the Department of Health and Senior Services has reasonable cause to believe that a hospital is not in compliance with such provisions or regulations, it may conduct additional announced or unannounced site reviews of the hospital to verify compliance.

6. For the purposes of measuring system performance, performance improvement, and patient safety activities, data will be collected and analyzed by the department. This data will remain confidential and subject to all federal protections and those afforded by RsMO Chapter 537.035. Data elements shall conform to nationally recognized performance measures as established by the national verifying or designating bodies approved by the department, and include published detailed measure specifications, data coding instructions, and patient population inclusion and exclusion criteria to ensure data reliability and validity.

7. Educational standards for physicians practicing at Time Critical Diagnosis centers shall follow the contemporary, nationally-accepted standards published by the list of national verifying or designating bodies for Time Critical Diagnosis centers maintained by the department.

8. The department may establish appropriate fees to offset the costs of trauma, STEMI, and stroke center reviews.

9. No hospital shall hold itself out to the public as an adult or pediatric Time Critical Diagnosis center unless it is designated as such by the department.

10. Any person aggrieved by an action of the department 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 condition to such determination that the person aggrieved seek a reconsideration, a rehearing, or exhaust any other procedure within the department.

[1. The department shall designate a hospital as an adult, pediatric or adult and pediatric trauma center when a hospital, upon proper application submitted by the hospital and site review, has been found by the department to meet the applicable level of trauma center criteria for designation in accordance with rules adopted by the department as prescribed by section 190.185. Such rules shall include designation as a trauma center without site review if such hospital is verified by a national verifying or designating body at the level which corresponds to a level approved in rule.

2. Except as provided for in subsection 5 of this section, the department shall designate a hospital as a STEMI or stroke center when such hospital, upon proper application and site review, has been found by the department to meet the applicable level of STEMI or stroke center criteria for designation in accordance with rules adopted by the department as prescribed by section 190.185. In developing STEMI center and stroke center designation criteria, the department shall use, as it deems practicable, appropriate peer-reviewed or evidence-based research on such topics including, but not limited to, the most recent guidelines of the American College of Cardiology and American Heart Association for STEMI centers, or the Joint Commission's Primary Stroke Center Certification program criteria for stroke centers, or Primary and Comprehensive Stroke Center Recommendations as published by the American Stroke Association. Such rules shall include designation as a STEMI center without site review if such hospital is certified by a national body.

3. The department of health and senior services shall, not less than once every five years, conduct an on-site review of every trauma, STEMI, and stroke center through appropriate department personnel or a qualified contractor, with the exception of stroke centers designated pursuant to subsection 5 of this

section; however, this provision is not intended to limit the department's ability to conduct a complaint investigation pursuant to subdivision (3) of subsection 2 of section 197.080 of any trauma, STEMI, or stroke center. On-site reviews shall be coordinated for the different types of centers to the extent practicable with hospital licensure inspections conducted under chapter 197. No person shall be a qualified contractor for purposes of this subsection who has a substantial conflict of interest in the operation of any trauma, STEMI, or stroke center under review. The department may deny, place on probation, suspend or revoke such designation in any case in which it has reasonable cause to believe that there has been a substantial failure to comply with the provisions of this chapter or any rules or regulations promulgated pursuant to this chapter. If the department of health and senior services has reasonable cause to believe that a hospital is not in compliance with such provisions or regulations, it may conduct additional announced or unannounced site reviews of the hospital to verify compliance. If a trauma, STEMI, or stroke center fails two consecutive on-site reviews because of substantial noncompliance with standards prescribed by sections 190.001 to 190.245 or rules adopted by the department pursuant to sections 190.001 to 190.245, its center designation shall be revoked.

4. Instead of applying for STEMI center designation under subsection 2 of this section, a hospital may apply for STEMI center designation under this subsection. Upon receipt of an application from a hospital on a form prescribed by the department, the department shall designate such hospital:

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

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

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

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

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

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

Except as provided by subsection 6 of this section, the department shall not require compliance with any additional standards for establishing or renewing stroke designations. The designation shall continue if such hospital remains certified. The department may remove a hospital's designation as a stroke center if the hospital requests removal of the designation or the department determines that the certificate recognizing the hospital as a stroke center 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 by a certifying organization shall not be subject to judicial review. The department shall report to the certifying 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 the stroke center and provide the necessary contact information should the complainant wish to pursue a complaint with the certifying organization.

6. Any hospital receiving designation as a stroke center pursuant to subsection 5 of this section shall:

(1) Annually and within thirty days of any changes submit to the department proof of stroke certification and the names and contact information of the medical director and the program manager of the stroke center;

(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 providing training and clinical educational resources.

Any hospital receiving designation as a level III stroke center pursuant to subsection 5 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. Hospitals designated as a STEMI 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 the following methods:

(1) Entering hospital data directly into a state registry by direct data entry;

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

(3) Authorizing a nationally recognized registry or data bank to disclose or grant access to the department facility-specific data held by the registry or data bank.

A hospital submitting data pursuant to subdivision (2) or (3) of this subsection shall not be required to collect and submit any additional STEMI or stroke center data elements.

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

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

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

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

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

(5) STEMI and stroke center data elements shall conform to nationally recognized performance measures, such as the American Heart Association's Get With the Guidelines, and include published detailed measure specifications, data coding instructions, and patient population inclusion and exclusion criteria to ensure data reliability and validity.

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

10. The department of health and senior services may establish appropriate fees to offset the costs of trauma, STEMI, and stroke center reviews.

11. 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.

12. 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.]

190.242. Data, emergency medical services, hospital —

1. Rules and regulations promulgated by the department of health and senior services under section* 190.185, 190.241, or 192.006; or any other provision of Missouri law shall require emergency medical

service providers and hospitals, as a condition of licensure under Chapter 197, obtain and report data to the Department's Time Critical Diagnosis system health information exchange. Data elements will be adopted using contemporary, nationally-accepted standards from a list of national verifying or designating bodies, maintained by the Department.

[190.242. Emergency medical services data, hospitals not required to obtain, when — trauma, STEMI, and stroke center regulations, interpretation of, hospitals not required to comply with, when. — 1. In order to ensure that hospitals can be free from excessive regulation that increases health care costs without increasing patient safety, any rules and regulations promulgated by the department of health and senior services under section* 190.185, 190.241, or 192.006; chapter 197; or any other provision of Missouri law shall not require hospitals, as a condition of designation under section 190.241, to obtain emergency medical services data under section 190.241, unless such data may be obtained from the state database for emergency medical services. The provisions of this subsection shall not be construed to limit in any way the requirements of any person or entity to submit emergency medical services data to any person or entity.

2. A hospital shall not be required to comply with an interpretation of a specific provision in any regulation concerning trauma, STEMI, or stroke centers if such hospital can demonstrate that the specific provision in the regulation has been interpreted differently for a similarly situated hospital. The department may require compliance if the specific provision in the regulation has been subsequently interpreted consistently for similarly situated hospitals.

3. The department shall attend meetings with trauma, STEMI, and stroke centers for the benefit of improved communication, best-practice identification, and facilitation of improvements to the designation process.

4. As used in this section, the term "hospital" shall have the same meaning as in section 197.020.]

190.243. Transportation to TCD centers or hospitals, how authorized. —

1. Using definitions and guidelines contained in current, nationally accepted standards (as maintained by the department), patients afflicted by Time Critical Diagnosis's shall be transported to a designated center.

2. When initial transport from the scene of injury or illness to a TCD center would be prolonged, as defined in a properly approved community or regional plan, the patient may be transported to the nearest non-designated facility for initial care.

3. Transport of the TCD patient shall be governed by principles of timely and medically appropriate care; consideration of reimbursement mechanisms, nor considerations of any single hospital or health system, shall not supersede those principles.

4. Emergency care providers shall have, within their standard operating procedures or guidelines, mechanisms for destination determination for patients who do not meet the criteria for direct

transport to a TCD center, or for those patients than maintain the capacity to refuse transport to the recommended destination and request transport to another facility.

[**190.243**. Transportation to trauma, STEMI, or stroke centers or hospitals, how authorized. — 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 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.]