

Title 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30 – Division of Regulation and Licensure
Chapter 40 – Comprehensive Emergency Medical Services Systems Regulations

PROPOSED AMMENDMENT

19 CSR 30-40.302 Emergency Medical Services Regions and Committees. The department is amending subsections (1), (2) and (3). The department is adding subsection (4), (5), (6), (7), (8), (9), (10), (11), (12) and (13).

PURPOSE: This rule identifies the counties that are included in each of the six (6) emergency medical services regions and establishes the requirements for the appointment of members to each of the six (6) regional committees. This rule also includes essential criteria to provide guidance to EMS Committees for the successful implementation of an EMS and TCD system within each EMS region in Missouri.

(1) The State of Missouri has been geographically divided into six (6) Emergency Medical Services (EMS) Regions. The EMS regions are for descriptive and planning purposes and not for restricting patient referrals. The following identifies the counties that shall be included in each of the six (6) [emergency medical services (EMS)] EMS regions. **The Bureau of EMS will maintain updated lists.**

(A) The Central EMS region shall include the counties of Adair, Audrain, Benton, Boone, Callaway, Camden, Chariton, Clark, Cole, Cooper, Dent, Gasconade, Howard, Knox, Lewis, Linn, Macon, Maries, Marion, Miller, Moniteau, Monroe, Montgomery, Morgan, Osage, Pettis, Phelps, Pulaski, Putnam, Ralls, Randolph, Saline, Schuyler, Scotland, Shelby, and Sullivan.

(B) The [Kansas City] **West Central** EMS region shall include the counties of Bates, [Caldwell], Carroll, Cass, Clay, [Clinton], Henry, Jackson, Johnson, Lafayette, Platte, and Ray.

(C) The Northwest EMS region shall include the counties of Andrew, Atchison, Buchanan, **Caldwell, Clinton,** Davies, DeKalb, Gentry, Grundy, Harrison, Holt, Livingston, Mercer, Nodaway, and Worth.

(D) The [St. Louis] **East Central** EMS region shall include the counties of Franklin, Jefferson, Lincoln, Pike, St. Charles, St. Louis, Warren, and St. Louis City.

(E) The Southeast EMS region shall include the counties of Bollinger, Butler, Cape Girardeau, Carter, Crawford, Dunklin, Iron, Madison, Mississippi, New Madrid, Pemiscot, Perry, Reynolds, Ripley, Saint Francois, Sainte Genevieve, Scott, Stoddard, Washington, and Wayne.

(F) The Southwest EMS region shall include the counties of Barry, Barton, Cedar, Christian, Dade, Dallas, Douglas, Greene, Hickory, Howell, Jasper, Laclede, Lawrence, McDonald, Newton, Oregon, Ozark, Polk, St. Clair, Shannon, Stone, Taney, Texas, Vernon, Webster, and Wright.

(2) [Each of the six (6) EMS regional committees shall consist of no more than fifteen (15) members, appointed by the director of the Department of Health.] **The realignment of a county may be initiated with the Bureau of EMS upon the advice of the State Advisory Council on EMS. Final alignment request will be evaluated and approved by the Director of the Department of Health and Senior Services. The Bureau of EMS will notify all parties of the final decision. Counties within an EMS region shall make their desire to change regions known through the following:**

(A) Submission of a letter of request to the State Advisory Council on EMS with the reason for realignment.

(B) All entities included in the request and all other licensed [~~healthcare facilities~~] hospitals and licensed EMS agencies within the county and their written approval of the realignment.

(C) Documentation that the receiving EMS region and the EMS region from which the county is leaving are [is] amenable to the request.

(3) [The committees should include representation from emergency medical technicians-basic, emergency medical technicians-paramedic, registered nurses with expertise in emergency medicine, firefighter/emergency medical technicians, trauma surgeons, physicians with expertise in emergency medicine, trauma nurse coordinators from designated trauma centers, emergency medical response agencies, ground ambulance service managers, EMS training entities, pediatric hospitals or physicians/registered nurses with expertise in pediatric care, emergency medical dispatchers, air ambulance services, physicians with expertise in EMS medical direction, local health departments, hospital administrators, medical examiners or coroners, and EMS consumers.] **Each of the six (6) EMS regional committees shall consist of no more than fifteen (15) members. Appointments will be initiated with the Bureau of EMS upon the advice of the State Advisory Council on EMS. Final evaluation and approval will be made by the director of the Department of Health and Senior Services. The Chair of the EMS regional committee shall submit the following information for prospective committee members to the State Advisory Council on EMS:**

(A) Letter of Intent

(B) Resumé

(C) Written recommendation provided by recognized professional organizations.

(4) The committees [~~shall~~] should include representation from the following roles:

(A) Emergency medical technician

(B) EMT-paramedic

(C) EMS medical director

(D) Emergency medicine physician

(E) TCD program medical director

(F) TCD program manager

(G) Ground EMS

(H) Air EMS

(I) EMS training entity

(J) Emergency medical response agency

(K) Nurse with expertise in emergency medicine

(L) Trauma surgeon

(M) Nurse with expertise in pediatric emergency care

(N) Physician with expertise in pediatric emergency care

(O) Public representative

(5) Each EMS regional committee may establish sub-committees as necessary to conduct the work of the EMS regional committee. The EMS regional committee will determine membership of the sub-committees. Membership of the sub-committees will not be limited to members of the EMS regional committee and shall mirror the sub-committees of the State Advisory Council on EMS, to include TCD activities.

(6) The EMS regional committee shall meet either face-to-face or by conference call at least four (4) times each calendar year.

(7) Each EMS regional committee [~~shall~~] should establish By-Laws to include the following:

(A) Written Mission Statement

(B) Developmental goals that define the direction of the EMS regions endeavors. The goals shall provide measurable points directed toward the overall mission of the EMS region. These should identify short-term and long-term goals.

(C) Defined chain of command, committee decision-making processes consistent with the defined mission and goals of the committee, and flow of information. Decision making process should be consistent with the defined mission and goals of the committee.

(D) Committee and Sub-committee structure shall be clearly defined. Define and document the process of determining committee and sub-committee structure giving purpose and direction to each.

(E) Stated roles and responsibilities of committee officers and the election process. The committee shall define the specific requirements for eligibility and process for selection of officers. This should include the process for changes in leadership via succession, and resignation (voluntary or other). The replacement process and succession of leadership should be outlined in case of resignation or removal from office.

(F) Clear voting process to ensure authorized votes are cast. The voting membership shall be representative of all levels and disciplines of stakeholders with the EMS region.

(G) Documented annual review of bylaws.

(8) A systems needs assessment is completed annually. Develop a process to routinely obtain information to further strategic direction. Data from the assessment should provide the basis for regional planning, prioritizing and distributing of regional resources.

(9) EMS Committee meetings are scheduled and conducted in accordance with EMS Committee meeting bylaws and other governance documents: RSMo 610.010 – 610.035

(10) The Bureau of EMS shall be notified within ten (10) business days of any changes in leadership within the EMS Committee. Copies of revisions to the bylaws and other substantive revisions to policies or operations shall be submitted to the Bureau of EMS. The revisions shall be submitted within thirty (30) days after the approval of the revision.

(11) Each EMS Committee shall submit meeting notices and minutes to the Bureau of EMS. An annual report shall be completed and submitted to the Bureau of EMS.

(12) The Chair of each EMS Committee [~~shall~~] should attend the State Advisory Council on EMS meetings and provide a report on regional activities.

(13) The Chairs of each EMS Committee [~~will~~] should meet [~~at least quarterly~~] to provide reports on regional activities and collaborate on regional efforts. These meetings shall be coordinated through the Bureau of EMS.

AUTHORITY: sections 190.102 and 190.185, RSMo 2000. Original rule filed Dec. 1, 2000, effective May 30, 2001.*

**Original authority: 190.102, RSMo 1998; 190.185, RSMo 1973, amended 1989, 1993, 1995, 1998.*