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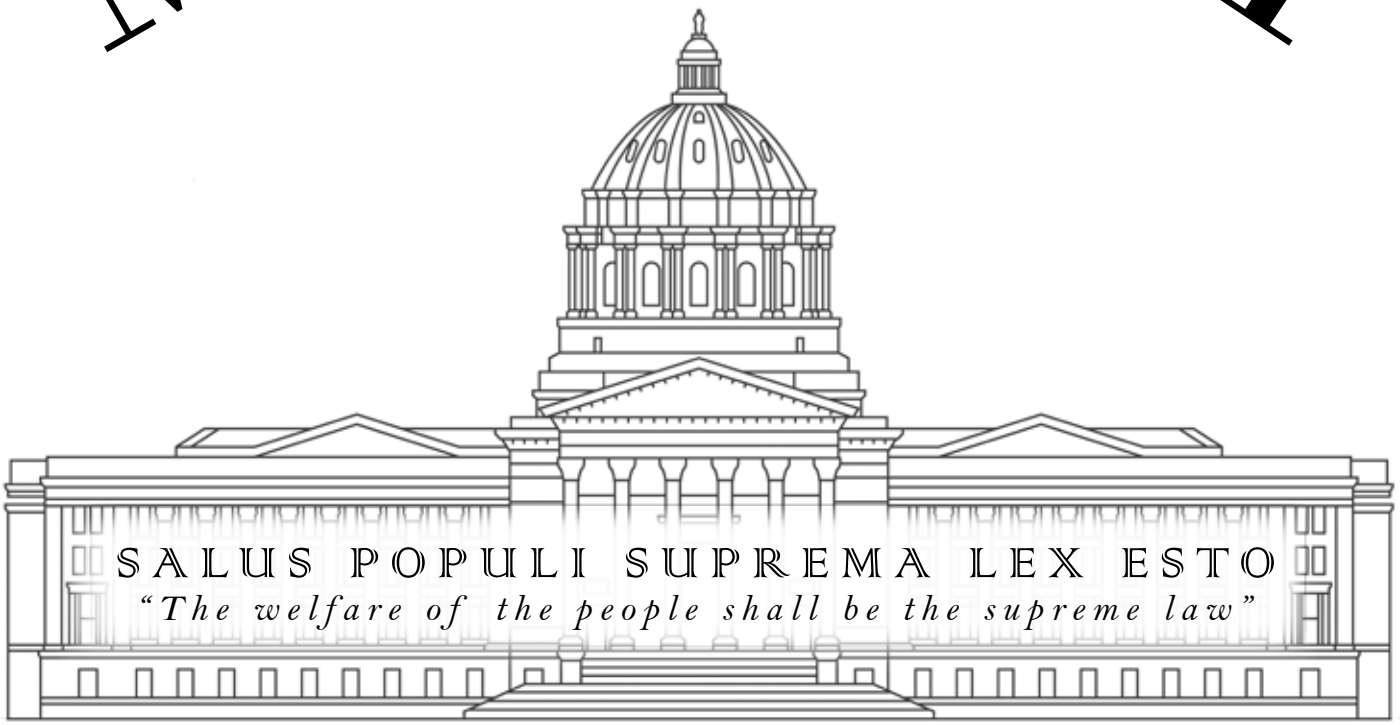
January 3, 2023

MISSOURI



REGISTER

John R. Ashcroft Secretary of State

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Missouri Register

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Register Filing Deadlines	Register Publication Date	Code Publication Date	Code Effective Date
September 1, 2022	**October 3, 2022**	October 31, 2022	November 30, 2022
September 15, 2022	**October 17, 2022**	October 31, 2022	November 30, 2022
October 3, 2022	**November 1, 2022**	November 30, 2022	December 30, 2022
October 17, 2022	**November 15, 2022**	November 30, 2022	December 30, 2022
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April 3, 2023	**May 1, 2023**	May 31, 2023	June 30, 2023
April 17, 2023	**May 15, 2023**	May 31, 2023	June 30, 2023

Documents will be accepted for filing on all regular workdays from 8:00 a.m. until 5:00 p.m. We encourage early filings to facilitate the timely publication of the *Missouri Register*. Orders of Rulemaking appearing in the *Missouri Register* will be published in the *Code of State Regulations* and become effective as listed in the chart above. Advance notice of large volume filings will facilitate their timely publication. We reserve the right to change the schedule due to special circumstances. Please check the latest publication to verify that no changes have been made in this schedule. To review the entire year's schedule, please see the website at sos.mo.gov/adrules/pubsched.

HOW TO CITE RULES AND RSMO

RULES

The rules are codified in the *Code of State Regulations* in this system–

Title	CSR	Division	Chapter	Rule
3	*Code of*	10-	4	115
Department	*State*	Agency	General area	Specific area
	Regulations	division	regulated	regulated

and should be cited in this manner: 3 CSR 10-4.115.

Each department of state government is assigned a title. Each agency or division in the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraphs 1., subparagraphs A., parts (I), subparts (a), items I. and subitems a.

The rule is properly cited by using the full citation; for example, 3 CSR 10-4.115, NOT Rule 10-4.115.

Citations of RSMo are to the *Missouri Revised Statutes* as of the date indicated.

Code and *Register* on the Internet

The *Code of State Regulations* and *Missouri Register* are available on the Internet.

The *Code* address is sos.mo.gov/adrules/csr/csr

The *Register* address is sos.mo.gov/adrules/moreg/moreg

These websites contain rulemakings and regulations as they appear in the *Code* and *Registers*.

Rules appearing under this heading are filed under the authority granted by section 536.025, RSMo. An emergency rule may be adopted by an agency if the agency finds that an immediate danger to the public health, safety, or welfare, or a compelling governmental interest requires emergency action; follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances; follows procedures which comply with the protections extended by the Missouri and the United States Constitutions; limits the scope of such rule to the circumstances creating an emergency and requiring emergency procedure, and at the time of or prior to the adoption of such rule files with the secretary of state the text of the rule together with the specific facts, reasons, and findings which support its conclusion that there is an immediate danger to the public health, safety, or welfare which can be met only through the adoption of such rule and its reasons for concluding that the procedure employed is fair to all interested persons and parties under the circumstances.

Rules filed as emergency rules may be effective not less than ten (10) business days after filing or at such later date as may be specified in the rule and may be terminated at any time by the state agency by filing an order with the secretary of state fixing the date of such termination, which order shall be published by the secretary of state in the Missouri Register as soon as practicable.

All emergency rules must state the period during which they are in effect, and in no case can they be in effect more than one hundred eighty (180) calendar days or thirty (30) legislative days, whichever period is longer. Emergency rules are not renewable, although an agency may at any time adopt an identical rule under the normal rulemaking procedures.

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

EMERGENCY AMENDMENT

19 CSR 30-40.410 Definitions and Abbreviations Relating to Trauma Centers. The department is amending section (1).

PURPOSE: This amendment adds virtual reviews to the definitions for trauma centers.

*EMERGENCY STATEMENT: This emergency amendment adds virtual reviews to the definitions for trauma centers. This amendment was prompted by the passage of House Bill 2331 that passed during the 2022 legislative session. House Bill 2331 made changes to section 190.241, RSMo and allows the department to conduct virtual reviews rather than only on-site reviews of trauma centers. This emergency amendment is necessary in order to make this rule consistent with the changes made in House Bill 2331 that became effective on August 28, 2022. This emergency amendment is in the interest of both the hospitals and the department. The emergency amendment is necessary for the department to conduct virtual reviews instead of only on-site reviews. Due to complications caused by COVID-19, the department is having a difficult time getting qualified contractors to review the trauma centers and hospitals are still being challenged with COVID-19 in their hospitals. National certifying bodies began using virtual reviews during the COVID-19 pandemic and these virtual reviews have proven to be a solution to conducting reviews while COVID-19 is still an issue for out-of-state – qualified contractors traveling to these reviews and for hospitals having to handle a review team in their hospitals. As a result, the department finds a compelling governmental interest, which requires this emergency action. A proposed amendment, which covers the same material, is published in this issue of the **Missouri Register**. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri** and **United States Constitutions**. The department believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed November 21, 2022, becomes effective December 7, 2022, and expires June 4, 2023.*

(1) The following definitions and abbreviations shall be used in the interpretation of the rules in 19 CSR 30-40.400 to 19 CSR 30-40.450:

(KK) Virtual review- a type of review conducted through the use of secure virtual video and audio conferencing and secure file transfers in order to determine compliance with the rules of this chapter.

*AUTHORITY: section 190.185, RSMo [Supp. 2007] **2016,** and section 190.241, [HB 1790, 94th General Assembly, Second Regular Session, 2008] **RSMo Supp. 2022**. Emergency rule filed Aug. 28, 1998, effective Sept. 7, 1998, expired March 5, 1999. Original rule filed Sept. 1, 1998, effective Feb. 28, 1999. Amended: Filed Jan. 16, 2007, effective Aug. 30, 2007. Amended: Filed May 19, 2008, effective Jan. 30, 2009. Emergency amendment filed Nov. 21, 2022, effective Dec. 7, 2022, expires June 4, 2023. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.*

PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the time the emergency is effective.

PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars ($500) in the time the emergency is effective.

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

EMERGENCY AMENDMENT

19 CSR 30-40.420 Trauma Center Designation Requirements. The department is amending sections (2) and (3) and renumbering throughout sections (2) and (3), and amending the application for trauma center designation form.

PURPOSE: This amendment decreases validation reviews to every three (3) years, adds virtual review requirements, updates language to be consistent with House Bill 2331 amendment, adds a requirement that hospitals must provide the department with required medical records and quality improvement documentation or be revoked, changes the requirements for hospitals participating in local and regional emergency medical services systems, updates what the hospitals have to submit to the department to

confirm verification or certification with national certifying bodies and when to submit changes of this verification or certification, and removes the data submission requirement. This amendment also makes changes to the application for trauma center designation form included herein in section (3)(A) changing the certification section to reflect the new requirements for notification of changes and participation in local and regional emergency medical services systems and removing the data submission requirement.

EMERGENCY STATEMENT: This emergency amendment makes several updates to this rule that were prompted by the passage of House Bill (HB) 2331 during the 2022 legislative session. HB 2331 made changes to sections 190.241 and 190.245, RSMo. These changes became effective on August 28, 2022. HB 2331 requires trauma centers to be reviewed by the department every three (3) years. House Bill 2331 also allows the department to conduct virtual reviews rather than only on-site reviews of these stroke centers. HB 2331 added a requirement for hospitals to provide the department with quality improvement documentation necessary for the department to conduct a trauma review or the hospital's trauma center designation will be revoked. Finally, HB 2331 made changes about how hospitals, which are verified or certified by national certifying bodies designated by the department, need to report changes of their verification or certification to the department and how these hospitals participate in local and regional emergency medical services systems. This emergency amendment is necessary in order to make this rule consistent with the changes made in HB 2331 that became effective on August 28, 2022. This emergency amendment is in the interest of both the hospitals and the department to ensure that hospitals, which are applying for designation with the department because they are certified or verified by a department approved national designating body, do not have to provide the department with any additional information than what is now required by the changes made to section 190.241, RSMo by HB 2331. Finally, the emergency amendment is necessary for the department to conduct virtual reviews instead of only on-site reviews. Due to complications caused by COVID-19, the department is having a difficult time in getting qualified contractors to review the trauma centers and hospitals are still being challenged with COVID-19 in their hospitals. National certifying bodies began using virtual reviews during the COVID-19 pandemic and these virtual reviews have proven to be a solution to conducting reviews while COVID-19 is still an issue for out-of-state- qualified contractors traveling to these reviews and for hospitals having to handle a review team in their hospitals. As a result, the department finds a compelling governmental interest, which requires this emergency action. A proposed amendment, which covers the same material, is published in this issue of the ***Missouri Register****. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the* ***Missouri*** *and* ***United States Constitutions****. The department believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed November 21, 2022, becomes effective December 7, 2022, and expires June 4, 2023.*

(2) Hospitals requesting to be reviewed and designated as a trauma center by the department shall meet the following requirements:

(F) The review of hospitals for trauma center designation shall include interviews with designated hospital staff, a review of the physical plant and equipment, and a review of records and documents as deemed necessary to assure compliance with the requirements of the rules of this chapter. **The department may conduct an onsite review, a virtual review or a combination thereof on the hospitals/trauma centers. For announced reviews that are scheduled with the hospitals/trauma centers, the department will make the hospitals/trauma centers aware at least thirty (30) days prior to the scheduled review whether the department intends that the review will be conducted onsite and/or virtually. Due to unforeseen circumstances, the department may need to change whether the review is conducted onsite and/or virtually less than thirty (30) days before the announced review. The department will contact the hospitals/trauma centers to make the hospitals/trauma centers aware of any changes about how the review will be conducted, either onsite and/or virtually, prior to the date of the announced review.** The cost of any and all site reviews shall be paid by each applicant hospital or renewing trauma center unless adequate funding is available to the department to pay for reviews;

(J) Validation reviews shall occur every *[five (5)]* **three (3)** years;

(K) Hospitals/Trauma centers being reviewed through a virtual survey shall do the following:

1. Provide a videoconferencing platform to be used for the hospital/trauma center virtual review;

2. Provide a live tour of the hospital;

3. Ensure the videoconferencing platform used during the review is compliant with state and federal laws for protected health information;

4. Assign an onsite visit coordinator for the review. The onsite visit coordinator role cannot be fulfilled by the trauma program manager. This onsite visit coordinator will be responsible for the logistical aspects of the virtual review. Responsibilities include, at least, the following:

A. Scheduling the videoconferencing meetings;

B. Sending out calendar invitations;

C. Providing Electronic Medical Record (EMR) access to designated individuals;

D. Ensuring all required participants are on the videoconferencing line for the various parts of the review; and

E. Sending separate calendar invitations for each section of the virtual review to hospital staff, qualified contractors and the department;

5. Assign one staff navigator per qualified contractor to help remotely navigate the EMR, the patient performance improvement patient safety (PIPS) documentation, and supporting documentation. The staff navigator role cannot be fulfilled by the trauma program manager, the trauma program medical director, the trauma program registrar or the onsite visit coordinator for the review. The individuals designated as the staff navigators shall be familiar with navigating through the EMR;

6. Provide the department with requested patient care report information for the review no later than thirty (30) days prior to the virtual review;

7. Provide the department with requested medical records, PIPS documentation, registry report and all supporting documentation at least seven (7) days prior to the virtual visit through a method that is compliant with state and federal laws for protected health information;

8. Schedule a prereview call with the qualified contractors, the department, the trauma program medical director, the trauma program manager, the staff navigators and the onsite visit coordinator approximately one (1) week prior to the virtual review;

9. Test the functionality of the videoconferencing platform for the live tour of the hospital prior to the prereview call; and

10. Provide a list of attendees for the review meeting and their roles to the review team and the department prior to the virtual review.

(L) The department may conduct an on-site review of the hospital prior to the virtual review to ensure that the hospital

meets the requirements for trauma center designation;

*[(K)]***(M)** Upon completion of a review, the reviewers shall submit a report of their findings to the department. The report shall state whether the specific standards for trauma center designation have or have not been met; if not met, in what way they were not met. The report shall include the patient chart audits and a narrative summary to include pre-hospital, hospital, trauma service, emergency department, operating room, recovery room, clinical lab, intensive care unit, blood bank, rehabilitation, performance improvement and patient safety programs, education, outreach, research, chart review, and interviews. The department has final authority to determine compliance with the rules of this chapter;

*[(L)]***(N)** Within thirty (30) days after receiving a review report, the department shall return a copy of the report in whole to the chief executive officer of the hospital reviewed. Included with the report shall be notification indicating that the hospital has met the criteria for trauma center designation or has failed to meet the criteria for the designation level for which it applied and options the hospital may pursue;

*[(M)]***(O)** If a verification review is required, the hospital shall be allowed a period of six (6) months to correct deficiencies. A plan of correction form shall be provided to the department and shall be completed by the hospital and returned to the department within thirty (30) days after notification of review findings;

*[(N)]***(P)** Once a review is completed, a final report shall be prepared by the department. The final report shall be public record and shall disclose the standards by which the reviews were conducted and whether the standards were met. The reports filed by the reviewers shall be held confidential and shall be disclosed only to the hospital's chief executive officer or an authorized representative;

*[(O)]***(Q)** The department shall have the authority to put on probation, suspend, revoke, or deny trauma center designation if *[there is reasonable cause to believe]* **the department has determined** that there has been a substantial failure to comply with the requirements of the rules in this chapter. Once designated as a trauma center, a hospital may voluntarily surrender the designation at any time without giving cause, by contacting the department. In these cases, the application and review process shall be completed again before the designation may be reinstated;

*[(P)]***(R)** Trauma center designation shall be valid for a period of *[five (5)]* **three (3)** years from the date the trauma center is designated. Expiration of the designation shall occur unless the trauma center applies for validation review within this *[five- (5-)]* **three- (3-)** year period. Trauma center designation shall be site specific and not transferable when a trauma center changes location; and

*[(Q)]***(S)** The department shall investigate complaints against trauma centers. Failure of the hospital to cooperate in providing documentation and interviews with appropriate staff may result in revocation of trauma center designation. Any hospital, which takes adverse action toward an employee for cooperating with the department regarding a complaint, is subject to revocation of trauma center designation.

(T) Failure of a hospital/trauma center to provide all medical records and quality improvement documentation necessary for the department to conduct a trauma review in order to determine if the requirements of 19 CSR 30-40.430 have been met shall result in the revocation of the hospital/trauma center's designation as a trauma center.

(3) Hospitals seeking trauma center designation by the department based on their current verification as a trauma center by the American College of Surgeons shall meet the following requirements:

[(C) Annually from the date of designation by the department submit to the department proof of verification as a trauma center by the American College of Surgeons and the names and contact information of the medical director of the trauma center and the program manager of the trauma center;]

*[(D)]***(C)** Within thirty (30) days of any changes **or receipt of a verification, the hospital shall** submit to the department proof of verification as a trauma center by the American College of Surgeons and the names and contact information of the medical director of the trauma center and the program manager of the trauma center. **Verification as a trauma center by the American College of Surgeons shall accompany the application for trauma verified hospital designation form. A hospital shall report to the department in writing within thirty (30) days of the date the hospital no longer is verified as a trauma center by the American College of Surgeons for which the hospital used to receive its corresponding designation with the department as a trauma center, whether because the hospital voluntarily surrendered this verification, or because the hospital's verification was suspended or revoked by the American College of Surgeons or expired**;

[(E) Submit to the department a copy of the verifying organization's final trauma center verification survey results within thirty (30) days of receiving such results;

(F) Submit to the department a completed application for trauma verified hospital designation form every three (3) years;

(G) Participate in the emergency medical services regional system of trauma care in its respective emergency medical services region as defined in 19 CSR 30-40.302;]

*[(H)]***(D)** 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**;

[(I) Submit data to meet the data submission requirements in 19 CSR 30-40.430;]

*[(J)]***(E)** The designation of a hospital as a trauma center pursuant to section (3) shall continue if such hospital retains verification as a trauma center by the American College of Surgeons; and

*[(K)]***(F)** The department may remove a hospital's designation as a trauma center if requested by the hospital or the department determines that the verification by the American College of Surgeons has been suspended or revoked. The department may also remove a hospital's designation as a trauma center if the department determines the hospital's verification with the American College of Surgeons has expired. Any decision made by the department to withdraw the designation of a trauma center that is based on the revocation or suspension of a verification by the American College of Surgeons shall not be subject to judicial review.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION OF HEALTH STANDARDS AND LICENSURE

APPLICATION FOR TRAUMA VERIFIED HOSPITAL DESIGNATION

In accordance with the requirements of Chapter 190, RSMo, and the applicable regulations, this application is hereby submitted for designation as a trauma center. Please complete all information.	Organization's Trauma Identification Number

CURRENT TRAUMA VERIFICATION ORGANIZATION AND LEVEL

ADULT AND PEDIATRIC (TREATS ADULTS AND CHILDREN)	PEDIATRIC (TREATS CHILDREN ONLY)	ADULT (TREATS ADULTS ONLY)
☐ Level I Trauma Center by the American College of Surgeons	☐ Level I Pediatric Trauma Center by the American College of Surgeons	☐ Level I Trauma Center by the American College of Surgeons
☐ Level II Trauma Center by the American College of Surgeons	☐ Level II Pediatric Trauma Center by the American College of Surgeons	☐ Level II Trauma Center by the American College of Surgeons
☐ Level III Trauma Center by the American College of Surgeons		
☐ Level IV Trauma Center by the American College of Surgeons		

HOSPITAL INFORMATION

Name of Hospital (Name to Appear on Designation Certificate)		Telephone Number
Address (Street and Number)	City	Zip Code

PROFESSIONAL INFORMATION

Chief Executive Officer	Chairman/President of Board of Trustees
Trauma Medical Director (Name, email, and contact phone number)	Trauma Program Manager (Name, email, and contact phone number)

The following should be submitted to the department as indicated:

☐ Proof of trauma verification with the American College of Surgeons with the expiration date of the verification.

CERTIFICATION

We, the undersigned, hereby certify that:
A. Within thirty (30) days of any changes or receipt of a verification, we will submit to the department proof of trauma verification with the American College of Surgeons.
B. Within thirty (30) days, we will submit to the department any changes in the names and/or contact information of our medical director and the program manager of our trauma center.
C. Within thirty (30) days of the date that our hospital is no longer verified by the American College of Surgeons, whether because we voluntarily surrendered our verification or because our verification has been suspended or revoked by the American College of Surgeons or has expired, we will report this change in writing to the department.
D. We will participate in local and regional emergency medical services systems for purposes of providing training, sharing clinical educational resources, and collaborating on improving patient outcomes.
E. We understand that our designation as a trauma center by the department shall continue only if our hospital remains verified as a trauma center by the American College of Surgeons.

Date of application _____

Signed _____
Chairman/President of Board of Trustees,
Owner, or one Partner of Partnership

Signed _____
Hospital Chief Executive Officer

Signed _____
Trauma Medical Director

Signed _____
Director of Emergency Medicine

*AUTHORITY: section[s 190.176 and] 190.185, RSMo 2016, and section**s 190.176 and** 190.241, RSMo Supp. [2017] **2022**. Emergency rule filed Aug. 28, 1998, effective Sept. 7, 1998, expired March 5, 1999. Original rule filed Sept. 1, 1998, effective Feb. 28, 1999. Amended: Filed May 19, 2008, effective Jan. 30, 2009. Emergency amendment filed Feb. 2, 2018, effective Feb. 12, 2018, expired Aug. 10, 2018. Amended: Filed Feb. 2, 2018, effective Aug. 30, 2018. Emergency amendment filed Nov. 21, 2022, effective Dec. 7, 2022, expires June 4, 2023. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.*

PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the time the emergency is effective.

PRIVATE COST: This emergency amendment will cost private entities one thousand dollars ($1,000) in the time the emergency is effective.

FISCAL NOTE
PRIVATE COST

I. Department Title: Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: 19 CSR 30-40.420 Trauma Center Designation Requirements.

Rule Number and Title:	**19 CSR 30-40.420 Trauma Center Designation Requirements**
Type of Rulemaking:	Emergency Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Four (4) hospitals/trauma centers	$1,000 in the time the emergency is effective
TOTAL COSTS =	**$1,000 in the time the emergency is effective**

III. WORKSHEET

Four (4) private hospitals/trauma centers reviewed during the time that the emergency amendment is effective X $250.00 = $1,000 for the hospitals/trauma centers reviewed during the time that the emergency amendment is effective.

IV. ASSUMPTIONS

There are currently twenty-two (22) Level I-III trauma centers designated with the department. The department anticipates that four (4) private hospitals/trauma centers will be reviewed during the time the emergency amendment is effective.

All hospitals have internet capability, programs for the use of virtual meetings and the use of a secure means to send documents which contain information subject to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The department estimates that costs associated with the additional virtual survey requirements in 19 CSR 30-40.720 will cost hospitals/trauma centers approximately $250 based on the use of the computer programs to send this information and to utilize for virtual meetings and during the review (including the live tour).

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

EMERGENCY AMENDMENT

19 CSR 30-40.430 Standards for Trauma Center Designation. The department is amending sections (1), (3) and (4) and renumbering throughout section (1).

PURPOSE: *This amendment changes continuing education hours to be consistent with required continuing education requirements by the national verifying body for trauma centers, removes continuing medical education requirements for physicians who are emergency medicine board certified or board eligible through the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine and who are practicing in the emergency department of a trauma center, and adds an option for trauma centers to enter trauma data into an national data registry or databank that will allow the trauma center to perform its performance improvement and patient safety program requirements.*

EMERGENCY STATEMENT: This emergency amendment makes several updates to this rule that were prompted by the passage of House Bill 2331 which passed during the 2022 legislative session. House Bill 2331 made changes to section 190.241, RSMo. House Bill 2331 prohibits the department from requiring physicians, nurses and other providers at trauma centers from being required to obtain continuing education on trauma for any more than what is required by the national verification body of trauma centers. House Bill 2331 also prohibits the department from requiring physicians to obtain continuing education on trauma for those physicians who are emergency medicine board certified or board eligible through the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AEBEM) and who are practicing in the emergency department of a trauma center. Finally, House Bill 2331 allows the trauma centers to enter trauma data into a national data registry or national databank that still allows them to meet the performance improvement and patient safety program requirements for trauma centers. This emergency amendment is in the interest of both the hospitals and the department to make all parties aware of how many continuing education hours on trauma that hospital staff are required to have during trauma reviews based on the changes made to section 190.241, RSMo. This emergency amendment is also needed in order to allow trauma centers to enter trauma data into a national data registry or national data bank that they are already using and not have to transfer the data or manually enter data into the department's trauma registry in order to save staff time. As a result, the department finds a compelling governmental interest, which requires this emergency action. A proposed amendment, which covers the same material, is published in this issue of the ***Missouri Register****. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the* ***Missouri*** *and* ***United States Constitutions****. The department believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed November 21, 2022, becomes effective December 7, 2022, and expires June 4, 2023.*

(1) General Standards for Trauma Center Designation.

(E) The hospital shall appoint a board-certified surgeon to serve as the trauma medical director. (I-R, II-R, III-R)

1. There shall be a job description and organization chart depicting the relationship between the trauma medical director and other services. (I-R, II-R, III-R)

2. The trauma medical director shall be a member of the surgical trauma call roster. (I-R, II-R, III-R)

3. The trauma medical director shall be responsible for the oversight of the education and training of the medical and nursing staff in trauma care. (I-R, II-R, III-R)

4. The trauma medical director shall document *[a minimum average of sixteen (16)]* **thirty-six (36)** hours of continuing medical education (CME) in trauma care every **three (3)** years. (I-R, II-R, III-R)

5. The trauma medical director shall participate in the trauma center's research and publication projects. (I-R)

(F) There shall be a trauma nurse coordinator/trauma program manager. (I-R, II-R, III-R)

1. There shall be a job description and organization chart depicting the relationship between the trauma nurse coordinator/trauma program manager and other services. (I-R, II-R, III-R)

2. The trauma nurse coordinator/trauma program manager shall document *[a minimum average of sixteen (16)]* **thirty-six (36)** hours of continuing nursing education in trauma care every **three (3)** years. (I-R, II-R, III-R)

[(H) All members of the surgical trauma call roster and emergency medicine physicians including liaisons for anesthesiology, neurosurgery, and orthopedic surgery shall document a minimum average of eight (8) hours of CME in trauma care every year. In hospitals designated as adult/pediatric trauma centers, providing care to injured children fourteen (14) years of age and younger, four (4) of the eight (8) hours of education per year must be applicable to pediatric trauma. (I-R, II-R, III-R)]

*[(I)]***(H)** The hospital shall demonstrate that there is a plan for adequate post-discharge follow-up on trauma patients, including rehabilitation. (I-R, II-R, III-R)

*[(J)]***(I)** A *[Missouri]* trauma registry shall be completed on each patient who sustains a traumatic injury and meets the following criteria: Includes at least one (1) code within the range of the following injury diagnostic codes as defined in the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9)-(CM) 800-959.9 which is incorporated by reference in this rule as published by the Centers for Disease Control and Prevention in 2006 and is available at National Center for Health Statistics, 1600 Clifton Road, Atlanta, GA 30333. This rule does not incorporate any subsequent amendments or additions. Excludes all diagnostic codes within the following code ranges: 905–909.9 (late effects of injury), 910–924.9 (superficial injuries, including blisters, contusions, abrasions, and insect bites), 930–939.9 (foreign bodies), and must include one **(1)** of the following criteria: hospital admission, patient transfer out of facility, or death resulting from the traumatic injury (independent of hospital admission or hospital transfer status). *[The registry shall be submitted electronically in a format defined by the Department of Health and Senior Services. Electronic data shall be submitted quarterly, ninety (90) days after the quarter ends. The trauma registry must be current and complete. A patient log with admission date, patient name, and injuries must be available for use during the site review process. Information provided by hospitals on the trauma registry shall be subject to the same confidentiality requirements and procedures contained in section 192.067, RSMo. The trauma care data elements shall be those identified and defined by the National Trauma Data Standard which is incorporated by reference in this rule as published by the American College of Surgeons in 2008 and is available at the American College of Surgeons, 633 N. St. Clair St., Chicago, IL 60611. This rule does not incorporate any subsequent amendments or additions. (I-R, II-R, III-R)]*

Trauma centers shall enter trauma care data elements for each patient who meets these criteria. The trauma care data elements shall be those identified and defined by the National Trauma Data Standard which is incorporated by reference in this rule as published by the American College of Surgeons in 2008 and is available at the American College of Surgeons, 633 N. St. Clair St., Chicago, IL 60611. This rule does not incorporate any subsequent amendments or additions. (I-R, II-R, III-R)

1. Trauma centers shall enter trauma care data elements for each patient who meets the criteria above into the following:

A. Trauma centers shall submit data into the department's Missouri trauma registry. The data required in paragraph (1)(I) above shall be submitted electronically into the Missouri trauma registry via the department's website at www.health.mo.gov; or (I-R, II-R, III-R)

B. Trauma centers shall submit data into a national data registry or data bank capable of being used by the trauma center to perform its ongoing performance improvement and patient safety program requirements for its trauma patients. (I-R, II-R, III-R)

2. Electronic data shall be submitted quarterly, ninety (90) days after the quarter ends. The trauma registry must be current and complete. (I-R, II-R, III-R)

3. Information provided by hospitals on the trauma registry shall be subject to the same confidentiality requirements and procedures contained in section 192.067, RSMo. (I-R, II-R, III-R)

(J) A patient log of those patients entered into the trauma registry with admission date, patient name, and injuries must be available for use during the site review process. (I-R, II-R, III-R)

(3) Standards for Special Facilities/Re-sources/Capabilities for Trauma Center Designation.

(A) The hospital shall meet emergency department standards for trauma center designation.

1. The emergency department staffing shall ensure immediate and appropriate care of the trauma patient. (I-R, II-R, III-R)

A. The physician director of the emergency department shall be board-certified or board-admissible in emergency medicine. (I-R, II-R)

B. There shall be a physician trained in the care of the critically injured as evidenced by credentialing in ATLS *[and current in trauma CME]* in the emergency department twenty-four (24) hours a day. ATLS is incorporated by reference in this rule as published by the American College of Surgeons in 2003 and is available at American College of Surgeons, 633 N. St. Clair St., Chicago, IL 60611. This rule does not incorporate any subsequent amendments or additions. (I-R, II-R, III-R)

C. All emergency department physicians shall be certified in ATLS at least once. Physicians who are certified by boards other than emergency medicine who treat trauma patients in the emergency department are required to have current ATLS status. (I-R, II-R, III-R)

D. There shall be written protocols defining the relationship of the emergency department physicians to other physician members of the trauma team. (I-R, II-R, III-R)

E. All registered nurses assigned to the emergency department shall be credentialed in trauma nursing by the hospital within one (1) year of assignment. (I-R, II-R, III-R)

[(I) Registered nurses credentialed in trauma nursing shall document a minimum of eight (8) hours of trauma-related continuing nursing education per year. (I-R, II-R, III-R)]

*[(II)]***(I)** Registered nurses credentialed in trauma care shall maintain current provider status in the Trauma Nurse Core Curriculum or Advanced Trauma Care for Nurses and either Pediatric Advanced Life Support (PALS), Advanced Pediatric Life Support (APLS), or Emergency Nursing Pediatric Course (ENPC) within one (1) year of employment in the emergency department. The requirement for Pediatric Advanced Life Support, Advanced Pediatric Life Support, or Emergency Nursing Pediatric Course may be waived in centers where policy exists diverting injured children to a pediatric trauma center and where a pediatric trauma center is adjacent and a performance improvement filter reviewing any children seen is maintained. The Trauma Nurse Core Curriculum is incorporated by reference in this rule as published in 2007 by the Emergency Nurses Association and is available at the Emergency Nurses Association, 915 Lee Street, Des Plaines, IL 60016-9659. This rule does not incorporate any subsequent amendments or additions. Advanced Trauma Care for Nurses is incorporated by reference in this rule as published in 2003 by the Society of Trauma Nurses and is available at the Society of Trauma Nurses, 1926 Waukegan Road, Suite 100, Glenview, IL 60025. This rule does not incorporate any subsequent amendments or additions. Pediatric Advanced Life Support is incorporated by reference in this rule as published in 2005 by the American Heart Association and is available at the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231. This rule does not incorporate any subsequent amendments or additions. The Emergency Nursing Pediatric Course is incorporated by reference in this rule as published by the Emergency Nurses Association in 2004 and is available at the Emergency Nurses Association, 915 Lee Street, Des Plaines, IL 60016-9659. This rule does not incorporate any subsequent amendments or additions. (I-R, II-R, III-R)

2. Equipment for resuscitation and life support with age appropriate sizes for the critically or seriously injured shall include the following:

A. Airway control and ventilation equipment including laryngoscopes, endotracheal tubes, bag-mask resuscitator, sources of oxygen, and mechanical ventilator—I-R, II-R, III-R;

B. Suction devices – I-R, II-R, III-R;

C. Electrocardiograph, cardiac monitor, and defibrillator – I-R, II-R, III-R;

D. Central line insertion equipment – I-R, II-R, III-R;

E. All standard intravenous fluids and administration devices including intravenous catheters – I-R, II-R, III-R;

F. Sterile surgical sets for procedures standard for the emergency department – I-R, II-R, III-R;

G. Gastric lavage equipment – I-R, II-R, III-R;

H. Drugs and supplies necessary for emergency care – I-R, II-R, III-R;

I. Two-way radio linked with emergency medical service (EMS) vehicles – I-R, II-R, III-R;

J. End-tidal carbon dioxide monitor – I-R, II-R, III-R and mechanical ventilators – I-R, II-R;

K. Temperature control devices for patient, parenteral fluids, and blood – I-R, II-R, III-R; and

L. Rapid infusion system for parenteral infusion – I-R, II-R, III-R.

3. There shall be documentation that all equipment is checked according to the hospital preventive maintenance schedule. (I-R, II-R, III-R)

4. There shall be a designated trauma resuscitation area in the emergency department. (I-R, II-R)

5. There shall be X-ray capability with twenty-four (24)-hour coverage by technicians. (I-IH, II-IH, III-IA)

6. Nursing documentation for the trauma patient shall be on a trauma flow sheet approved by the trauma medical director and trauma nurse coordinator/trauma program manager. (I-R, II-R, III-R)

(B) The hospital shall meet intensive care unit (ICU) standards

for trauma center designation.

1. There shall be a designated surgeon medical director for the ICU. (I-R, II-R, III-R)

2. A physician who is not the emergency department physician shall be on duty in the ICU or available in-house twenty-four (24) hours a day in a level I trauma center and shall be on call and available within twenty (20) minutes in a level II trauma center.

3. The minimum registered nurse/trauma patient ratio used shall be one to two (1:2). (I-R, II-R, III-R)

4. Registered nurses shall be credentialed in trauma care within one (1) year of assignment*. [documenting a minimum of eight (8) hours of trauma-related continuing nursing education per year.]* (I-R, II-R, III-R)

5. Nursing care documentation shall be on a patient flow sheet. (I-R, II-R, III-R)

6. At the time of the initial review, nurses assigned to ICU shall have successfully completed or be registered for a provider ACLS course. The requirement for ACLS may be waived in pediatric centers where policy exists diverting injured adults to an adult trauma center and where an adult trauma center is adjacent to the affected pediatric facilities, and a performance improvement filter reviewing any adult trauma patients seen is maintained (I-R, II-R, III-R).

7. There shall be separate pediatric and adult ICUs or a combined ICU with nurses trained in pediatric intensive care. In ICUs providing care to children, registered nurses shall maintain credentialing in PALS, APLS, or ENPC (I-R, II-R)

8. There shall be beds for trauma patients or comparable level of care provided until space is available in ICU. (I-R, II-R, III-R)

9. Equipment for resuscitation and to provide life support for the critically or seriously injured shall be available for the intensive care unit. In ICUs providing care for the pediatric patient, equipment with age appropriate sizes shall also be available. This equipment shall include, but not be limited to:

A. Airway control and ventilation equipment including laryngoscopes, endotracheal tubes, bag-mask resuscitator, and a mechanical ventilator – I-R, II-R, III-R;

B. Oxygen source with concentration controls – I-R, II-R, III-R;

C. Cardiac emergency cart, including medications – I-R, II-R, III-R;

D. Temporary transvenous pacemakers – I-R, II-R, III-R;

E. Electrocardiograph, cardiac monitor, and defibrillator – I-R, II-R, III-R;

F. Cardiac output monitoring – I-R, II-R;

G. Electronic pressure monitoring and pulse oximetry – I-R, II-R;

H. End-tidal carbon dioxide monitor and mechanical ventilators – I-R, II-R, III-R;

I. Patient weighing devices – I-R, II-R, III-R;

J. Temperature control devices – I-R, II-R, III-R;

K. Drugs, intravenous fluids, and supplies – I-R, II-R, III-R; and

L. Intracranial pressure monitoring devices – I-R, II-R.

10. There shall be documentation that all equipment is checked according to the hospital preventive maintenance schedule. (I-R, II-R, III-R)

(4) Standards for Programs in Performance Improvement and Improvement Patient Safety Program, Outreach, Public Education, and Training for Trauma Center Designation.

(F) There shall be a hospital-approved procedure for credentialing nurses in trauma care. (I-R, II-R, III-R)

1. All nurses providing care to severely injured patients and assigned to the emergency department or ICU shall complete a *[minimum of sixteen (16) hours of]* trauma nursing course*[s]* **in order** to become credentialed in trauma care. (I-R, II-R, III-R)

2. The content and format of any trauma nursing courses developed and offered by a hospital shall be developed in cooperation with the trauma medical director. A copy of the course curriculum used shall be filed with the EMS Bureau. (I-R, II-R, III-R)

3. Trauma nursing courses offered by institutions of higher education in Missouri such as the Advanced Trauma Care for Nurses, Emergency Nursing Pediatric Course, or the Trauma Nurse Core Curriculum may be used to fulfill this requirement. To receive credit for this course, a nurse shall obtain advance approval for the course from the trauma medical director and trauma nurse coordinator/trauma program manager and shall present evidence of satisfactory completion of the course. (I-R, II-R, III-R)

AUTHORITY: section 190.185, RSMo ***[Supp. 2007] 2016,*** *and section 190.241,* ***[HB 1790, 94th General Assembly, Second Regular Session, 2008] RSMo Supp. 2022****. Emergency rule filed Aug. 28, 1998, effective Sept. 7, 1998, expired March 5, 1999. Original rule filed Sept. 1, 1998, effective Feb. 28, 1999. Amended: Filed Jan. 16, 2007, effective Aug. 30, 2007. Amended: Filed May 19, 2008, effective Jan. 30, 2009. Emergency amendment filed Nov. 21, 2022, effective Dec. 7, 2022, expires June 4, 2023. A proposed amendment covering this same material is published in this issue of the* ***Missouri Register****.*

PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the time the emergency is effective.

PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars ($500) in the time the emergency is effective.

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

EMERGENCY AMENDMENT

19 CSR 30-40.710 Definitions and Abbreviations Relating to Stroke Centers. The department is amending section (1).

PURPOSE: This amendment adds virtual reviews to the definitions for stroke centers.

EMERGENCY STATEMENT: This emergency amendment adds virtual reviews to the definitions for stroke centers. This amendment was prompted by the passage of House Bill 2331 that passed during the 2022 legislative session. House Bill 2331 made changes to section 190.241, RSMo and allows the department to conduct virtual reviews rather than only on-site reviews of stroke centers. This emergency amendment is necessary in order to make this rule consistent with the changes made in House Bill 2331 that became effective on August 28, 2022. This emergency amendment is in the interest of both the hospitals and the department. The emergency amendment is necessary for the department to conduct virtual reviews instead of only on-site reviews. Due to complications caused by COVID-19, the department is having a difficult time getting qualified contractors to review the stroke centers and hospitals are still being challenged with COVID-19 in their hospitals. National certifying bodies began using virtual reviews during the COVID-19 pandemic and these virtual reviews have proven to be a solution to conducting reviews while

COVID-19 is still an issue for out-of-state- qualified contractors traveling to these reviews and for hospitals having to handle a review team in their hospitals. As a result, the department finds a compelling governmental interest, which requires this emergency action. A proposed amendment, which covers the same material, is published in this issue of the ***Missouri Register****. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the* ***Missouri*** *and* ***United States Constitutions****. The department believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed November 21, 2022, becomes effective December 7, 2022, and expires June 4, 2023.*

(1) As used in 19 CSR 30-40.720 and 19 CSR 30-40.730, the following terms shall mean:

(XX) Virtual review- a type of review conducted through the use of secure virtual video and audio conferencing and secure file transfers in order to determine compliance with the rules of this chapter.

*AUTHORITY: section**s** 192.006* ***and 190.185****, RSMo* ***[2000] 2016****, and section**[s 190.185 and]** 190.241, RSMo Supp.* ***[2012] 2022****. Original rule filed Nov. 15, 2012, effective June 30, 2013. Emergency amendment filed Nov. 21, 2022, effective Dec. 7, 2022, expires June 4, 2023. A proposed amendment covering this same material is published in this issue of the* ***Missouri Register****.*

PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the time the emergency is effective.

PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars ($500) in the time the emergency is effective.

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

EMERGENCY AMENDMENT

19 CSR 30-40.720 Stroke Center Designation Application and Review. The department is amending sections (2) and (3) and renumbering throughout sections (2) and (3), and amending the application for stroke center designation form.

PURPOSE: This amendment decreases validation reviews to every three (3) years, adds virtual review requirements, clarifies honorarium and payment requirements for virtual reviews, adds a requirement that hospitals must provide the department with required medical records and quality improvement documentation or be revoked, updates language to be consistent with HB 2331 amendment, changes the requirements for hospitals participating in local and regional emergency medical services system, removes the data submission requirement for hospitals verified or certified by department approved national certifying bodies, and updates what the hospitals have to submit to the department to confirm verification or certification with national certifying bodies and when to submit changes of this verification or certification. This amendment also makes changes to the application for stroke center designation form included herein in section (3)(A) by changing the certification section to reflect the new requirements for notification of changes and participation in local and regional emergency medical services systems and removing the data submission requirement.

EMERGENCY STATEMENT: This emergency amendment makes several updates to this rule that were prompted by the passage of House Bill 2331 that passed during the 2022 legislative session. House Bill 2331 made changes to sections 190.241 and 190.245, RSMo. House Bill 2331 requires stroke centers to be reviewed by the department every three (3) years. House Bill 2331 also allows the department to conduct virtual reviews rather than only on-site reviews of these stroke centers. House Bill 2331 added a requirement for hospitals to provide the department with quality improvement documentation necessary for the department to conduct a stroke review or the hospital's stroke center designation will be revoked. Finally, House Bill 2331 made changes about how hospitals which are verified or certified by national certifying bodies designated by the department need to report changes of their verification or certification to the department and how these hospitals participate in local and regional emergency medical services systems. This emergency amendment is necessary in order to make this rule consistent with the changes made in House Bill 2331 that became effective on August 28, 2022. This emergency amendment is in the interest of both the hospitals and the department to ensure that hospitals which are applying for designation with the department because they are certified or verified by a department approved national designating body do not have to provide the department with any additional information than what is now required by the changes made to section 190.241, RSMo by HB 2331. Finally, the emergency amendment is necessary for the department to conduct virtual reviews instead of only on-site reviews. Due to complications caused by COVID-19, the department is having a difficult time in getting qualified contractors to review the stroke centers and hospitals are still being challenged with COVID-19 in their hospitals. National certifying bodies began using virtual reviews during the COVID-19 pandemic and these virtual reviews have proven to be a solution to conducting reviews while COVID-19 is still an issue for out-of-state- qualified contractors traveling to these reviews and for hospitals having to handle a review team in their hospitals. As a result, the department finds a compelling governmental interest, which requires this emergency action. A proposed amendment, which covers the same material, is published in this issue of the ***Missouri Register****. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the* ***Missouri*** *and* ***United States Constitutions****. The department believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed November 21, 2022, becomes effective December 7, 2022, and expires June 4, 2023.*

(2) Hospitals requesting to be reviewed and designated as a stroke center by the department shall meet the following requirements:

(D) **The department may conduct an onsite review, a virtual review or a combination thereof on the hospitals/stroke centers. For announced reviews that are scheduled with the hospitals/stroke centers, the department will make the hospitals/stroke centers aware at least thirty (30) days prior to the scheduled review whether the department intends that the review will be conducted onsite and/or virtually. Due to unforeseen circumstances, the department may need to change whether the review is conducted onsite and/or virtually less than thirty (30) days before the announced review. The department will contact the hospitals/stroke centers to make the hospitals/stroke centers aware of any changes about how the review will be conducted, either onsite and/or virtually, prior to the date of the announced review.** The different types

of *[site]* reviews to be conducted on hospitals/stroke centers seeking stroke center designation by the department include:

1. An initial review shall occur on a hospital applying to be initially designated as a stroke center. An initial review shall include interviews with designated hospital staff, a review of the physical plant and equipment, and a review of records and documents as deemed necessary to assure compliance with the requirements of the rules of this chapter**. This review may occur onsite and/or virtually**;

2. A validation review shall occur on a designated stroke center applying for renewal of its designation as a stroke center. Validation reviews shall occur no less than every *[four (4)]* **three (3)** years. A validation review shall include interviews with designated stroke center staff, a review of the physical plant and equipment, and a review of records and documents as deemed necessary to assure compliance with the requirements of the rules of this chapter**. This review may occur onsite and/or virtually**; and

3. A focus review shall occur on a designated stroke center in which an initial or validation review was conducted and substantial deficiency(ies) were cited. A review of the physical plant will not be necessary unless a deficiency(ies) was cited in the physical plant in the preceding validation review. The focus review team shall be comprised of a representative from the department and may include a qualified contractor(s) with the required expertise to evaluate corrections in areas where deficiencies were cited**. This review may occur onsite and/or virtually**;

(E) Stroke center designation shall be valid for a period of *[four (4)]* **three (3)** years from the date the stroke center/hospital is designated.

1. Stroke center designation shall be site specific and non-transferable when a stroke center changes location.

2. Once designated as a stroke center, a stroke center may voluntarily surrender the designation at any time without giving cause, by contacting the department in writing. In these cases, the application and review process shall be completed again before the designation may be reinstated;

(H) Hospitals/stroke centers shall be responsible for paying expenses related to the cost of the qualified contractors to review their respective hospitals/stroke centers during initial, validation, and focus reviews. The department shall be responsible for paying the expenses of its representative. Costs of the review to be paid by the hospital/stroke center include:

1. An honorarium shall be paid to each qualified contractor of the review team **whether the review occurs on-site or virtually**. Qualified contractors of the review team for levels I and II stroke center reviews shall be paid *[six hundred dollars ($600) for the day of travel per reviewer and eight hundred fifty dollars ($850) for the day of the review]* **one thousand four hundred fifty dollars ($1,450)** per reviewer. Qualified contractors of the review team for levels III and IV stroke center reviews shall be paid *[five hundred dollars ($500) for the day of travel per reviewer and five hundred dollars ($500) for the day of the review]* **one thousand dollars ($1,000)** per reviewer. This honorarium shall be paid to each qualified contractor of the review team at the time the site survey begins **if on-site or prior to the review beginning if the review is conducted virtually**;

2. Airfare shall be paid for each qualified contractor of the review team, if applicable;

3. Lodging shall be paid for each qualified contractor of the review team**, unless the review is conducted virtually**. The hospital/stroke center shall secure the appropriate number of hotel rooms for the qualified contractors and pay the hotel directly; and

4. Incidental expenses, if applicable, for each qualified contractor of the review team shall not exceed two hundred fifty dollars ($250) and may include the following:

A. Airport parking;

B. Checking bag charges;

C. Meals during the review; and

D. Mileage to and from the review if no airfare was charged by the reviewer. **If the reviewer solely participated virtually in the review and did not travel by vehicle to the review, then no mileage shall be paid.** Mileage shall be paid at the federal mileage rate for business miles as set by the Internal Revenue Service (IRS). Federal mileage rates can be found at the website www.irs.gov;

(I) Hospitals/stroke centers being reviewed through a virtual review shall do the following:

1. Provide a videoconferencing platform to be used for the hospital/stroke center virtual review;

2. Provide a live tour of the hospital;

3. Ensure the videoconferencing platform used during the review is compliant with state and federal laws for protected health information;

4. Assign an onsite visit coordinator for the review. The onsite visit coordinator role cannot be fulfilled by the stroke program manager. This onsite visit coordinator will be responsible for the logistical aspects of the virtual review. Responsibilities include, at least, the following:

A. Scheduling the videoconferencing meetings;

B. Sending out calendar invitations;

C. Providing Electronic Medical Record (EMR) access to designated individuals;

D. Ensuring all required participants are on the videoconferencing line for the various parts of the review; and

E. Sending separate calendar invitations for each section of the virtual review to hospital staff, qualified contractors and the department;

5. Assign one staff navigator per qualified contractor to help remotely navigate the EMR, the patient performance improvement patient safety (PIPS) documentation, and supporting documentation. The staff navigator role cannot be fulfilled by the stroke program manager, the stroke program medical director, the stroke program registrar or the onsite visit coordinator for the review. The individuals designated as the staff navigators shall be familiar with navigating through the EMR;

6. Provide the department with requested patient care report information for the review through a method that is compliant with state and federal laws for protected health information no later than thirty (30) days prior to the virtual review;

7. Provide the department with requested medical records, PIPS documentation, registry report and all supporting documentation at least seven (7) days prior to the virtual visit through a method that is compliant with state and federal laws for protected health information;

8. Schedule a pre-review call with the qualified contractors, the department, the stroke program medical director, the stroke program manager, the staff navigators and the onsite visit coordinator approximately one (1) week prior to the virtual review;

9. Test the functionality of the videoconferencing platform for the live tour of the hospital prior to the pre-review call; and

10. Provide a list of attendees for the review meeting and their roles to the review team and the department prior to the virtual review;

(J) The department may conduct an on-site review of the hospital prior to the virtual review to ensure that the hospital meets the requirements for stroke designation;

*[(I)]***(K)** Upon completion of a review, the qualified

contractors from the review team shall submit a report of their findings to the department. This report shall state whether the specific standards for stroke center designation have or have not been met and if not met, in what way they were not met. This report shall detail the hospital/stroke center's strengths, weaknesses, deficiencies, and recommendations for areas of improvement. This report shall also include findings from patient chart audits and a narrative summary of the following areas: prehospital, hospital, stroke service, emergency department, operating room, angiography suites, recovery room, clinical lab, intensive care unit, rehabilitation, performance improvement and patient safety programs, education, outreach, research, chart review, and interviews. The department shall have the final authority to determine compliance with the rules of this chapter;

*[(J)]***(L)** The department shall return a copy of the report to the chief executive officer, the stroke medical director, and the stroke program manager/coordinator of the hospital/stroke center reviewed. Included within the report shall be notification indicating whether the hospital/stroke center has met the criteria for stroke center designation or has failed to meet the criteria for the stroke center designation requested. Also, if a focus review of the stroke center is required, the time frame for this focus review will be shared with the chief executive officer, the stroke medical director, and the stroke program manager/coordinator of the stroke center reviewed;

*[(K)]***(M)** When the hospital/stroke center is found to have deficiencies, the hospital/stroke center shall submit a plan of correction to the department. The plan of correction shall include identified deficiencies, actions to be taken to correct deficiencies, time frame in which the deficiencies are expected to be resolved, and the person responsible for the actions to resolve the deficiencies. A plan of correction form shall be completed by the hospital and returned to the department within thirty (30) days after notification of review findings and designation. If a focus review is required, then the stroke center shall be allowed a minimum period of six (6) months to correct deficiencies;

*[(L)]***(N)** A stroke center shall make the department aware in writing within thirty (30) days if there are any changes in the stroke center's name, address, contact information, chief executive officer, stroke medical director, or stroke program manager/coordinator;

(O) Failure of a hospital/stroke center to provide all medical records and quality improvement documentation necessary for the department to conduct a stroke review in order to determine if the requirements of 19 CSR 30-40.730 have been met shall result in the revocation of the hospital/stroke center's designation as a stroke center;

*[(M)]***(P)** Any person aggrieved by an action of the Department of Health and Senior Services affecting the stroke center designation pursuant to Chapter 190, RSMo, 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, RSMo. It shall not be a condition to such determination that the person aggrieved seek reconsideration, a rehearing, or exhaust any other procedure within the department; and

*[(N)]***(Q)** The department may deny, place on probation, suspend, or revoke such designation in any case in which it has *[reasonable cause to believe]* **determined** that there has been a substantial failure to comply with the provisions of Chapter 190, RSMo, or any rules or regulations promulgated pursuant to this chapter. If the Department of Health and Senior Services has [*reasonable cause to believe]* **determined** 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 stroke center fails two (2) consecutive on-site reviews because of substantial noncompliance with standards prescribed by sections 190.001 to 190.245, RSMo, or rules adopted by the department pursuant to sections 190.001 to 190.245, RSMo, its center designation shall be revoked.

(3) Hospitals seeking stroke center designation by the department based on their current certification **or verification** as a stroke center by the Joint Commission, DNV-GL Healthcare or Healthcare Facilities Accreditation Program shall meet the following requirements:

(A) An application for stroke center designation by the department for hospitals that have been certified **or verified** as a stroke center by the Joint Commission, DNV-GL Healthcare or Healthcare Facilities Accreditation Program shall be made upon forms prepared or prescribed by the department and shall contain information the department deems necessary to make a determination of eligibility for review and designation in accordance with the rules of this chapter. The application for stroke certified hospital designation form, included herein, is available at the Health Standards and Licensure (HSL) office, or online at the department's website at www.health.mo.gov, or may be obtained by mailing a written request to the Missouri Department of Health and Senior Services, HSL, PO Box 570, Jefferson City, MO 65102-0570. The application for stroke center designation shall be submitted to the department no less than sixty (60) days and no more than one hundred twenty (120) days prior to the desired date of the initial designation *[or expiration of the current designation]*;

[(C) Annually from the date of designation by the department, submit to the department proof of certification as a stroke center by the Joint Commission, DNV-GL Healthcare or Healthcare Facilities Accreditation Program and the names and contact information of the medical director of the stroke center and the program manager of the stroke center;

*[(D)]***(C)** Within thirty (30) days of any changes **or receipt of a certificate or verification, the hospital shall** submit*[,]* to the department proof of certification or verification as a stroke center by the Joint Commission, DNV-GL Healthcare or Healthcare Facilities Accreditation Program and the names and contact information of the medical director of the stroke center and the program manager of the stroke center**. A certificate or verification as a stroke center by the Joint Commission, DNV-GL Healthcare or Healthcare Facilities Accreditation Program shall accompany the application for stroke certified hospital designation form. A hospital shall report to the department in writing within thirty (30) days of the date the hospital no longer is certified or verified as a stroke center by the Joint Commission, DNV-GL Healthcare or Healthcare Facilities Accreditation Program for which the hospital used to receive its corresponding designation with the department as a stroke center, whether because the hospital voluntarily surrendered this certificate or verification, or because the hospital's certificate or verification was suspended or revoked by the Joint Commission, DNV-GL Healthcare or Healthcare Facilities Accreditation Program or expired**;

[(E) Submit to the department a copy of the certifying organization's final stroke certification survey results within thirty (30) days of receiving such results;

(F) Submit to the department a completed application for stroke certified hospital designation form every four (4) years;

(G) Participate in the emergency medical services regional system of stroke care in its respective emergency medical services region as defined in 19 CSR 30-40.302;]

*[(H)]***(D)** Any hospital designated as a level III stroke center that is certified **or verified** by the Joint Commission, DNV-GL

Healthcare or Healthcare Facilities Accreditation Program as an acute stroke-ready center shall have a formal agreement with a level I or level II stroke center designated by the department for physician consultative services for evaluation of stroke patients for thrombolytic therapy and the care of the patient post-thrombolytic therapy;

*[(I)]***(E)** 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**;

[(J) Submit data to meet the data submission requirements outlined in 19 CSR 30-40.730(1)(Q);]

*[(K)]***(F)** The designation of a hospital as a stroke center pursuant to section (3) shall continue if such hospital retains certification as a stroke center by the Joint Commission, DNV-GL Healthcare or Healthcare Facilities Accreditation Program; and

*[(L)]***(G)** The department may remove a hospital's designation as a stroke center if requested by the hospital or the department determines that the Joint Commission, DNV-GL Healthcare or Healthcare Facilities Accreditation Program certification **or verification** has been suspended or revoked. Any decision made by the department to withdraw the designation of a stroke center that is based on the revocation or suspension of a certification **or verification** by the Joint Commission, DNV-GL Healthcare or Healthcare Facilities Accreditation Program shall not be subject to judicial review.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION OF HEALTH STANDARDS AND LICENSURE
APPLICATION FOR STROKE CERTIFIED HOSPITAL DESIGNATION

SECTION A

In accordance with the requirements of the Chapter 190, RSMo, and the applicable regulations, this application is hereby submitted for designation as a stroke center. Please complete all information.	Organization's Stroke Identification Number

Current Stroke Certification Organization
☐ The Joint Commission ☐ DNV-GL Healthcare ☐ Healthcare Facilities Accreditation Program

Current Stroke Certification Level
☐ Comprehensive Stroke Center ☐ Primary Stroke Center ☐ Acute Stroke-Ready Center

HOSPITAL INFORMATION

Name of Hospital (Name to Appear on Designation Certificate)	Telephone Number	
Address (Street and Number)	City	Zip Code

PROFESSIONAL INFORMATION

Chief Executive Officer	Chairman/President of Board of Trustees
Stroke Medical Director (Name, email, and contact phone number)	Stroke Program Manager (Name, email, and contact phone number)

Section B

The following should be submitted to the department as indicated:

☐ Proof of stroke certification with the Joint Commission, DNV-GL Healthcare or Healthcare Facilities Accreditation Program.

If applying for Acute Stroke-Ready/Level III Stroke Center designation, the following should be submitted to the Department:

☐ Formal agreement with Level I or Level II stroke center for physician consultative services for evaluation of stroke patients for thrombolytic therapy and the care of the patients' post-thrombolytic therapy.

CERTIFICATION

We, the undersigned, hereby certify that:
A. Within thirty (30) days of any changes or receipt of a certificate or verification, we will submit to the department proof of stroke certification with the Joint Commission, DNV-GL Healthcare or Healthcare Facilities Accreditation Program.
B. Within thirty (30) days, we will submit to the department any changes in the names and/or contact information of our medical director and the program manager of our stroke center.
C. Within thirty (30) days of the date that our hospital is no longer certified or verified by the Joint Commission, DNV-GL Healthcare or Healthcare Facilities Accreditation Program, whether because we voluntarily surrendered our certification or verification or because our certification or verification has been suspended or revoked by the Joint Commission, DNV-GL Healthcare or Healthcare Facilities Accreditation Program or expired, we will report this change in writing to the department.
D. We will participate in local and regional emergency medical services systems for purposes of providing training, sharing clinical educational resources, and collaborating on improving patient outcomes.
E. We understand that our designation as a stroke center by the department shall continue only if our hospital remains certified as a stroke center by the Joint Commission, DNV-GL Healthcare or Healthcare Facilities Accreditation Program.

Signature of Chairman/President of Board of Trustees, Owner, or one Partner of Partnership	Signature Hospital Chief Executive Officer
Signature of Stroke Medical Director	Signature of Director of Emergency Medicine
Date	

AUTHORITY: sections 190.185 and 192.006, RSMo 2016, and section 190.241, RSMo Supp. **[2017] 2022**. *Original rule filed Nov. 15, 2012, effective June 30, 2013. Emergency amendment filed Aug. 7, 2017, effective Aug. 17, 2017, expired Feb. 22, 2018. Amended: Filed Aug. 7, 2017, effective March 30, 2018. Emergency amendment filed Nov. 21, 2022, effective Dec. 7, 2022, expires June 4, 2023. A proposed amendment covering this same material is published in this issue of the* ***Missouri Register***.

PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the time the emergency is effective.

PRIVATE COST: This emergency amendment will cost private entities one thousand dollars ($1,000) in the time the emergency is effective.

FISCAL NOTE
PRIVATE COST

I. Department Title: Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: 19 CSR 30-40.720 Stroke Center Designation Application and Review.

Rule Number and Title:	**19 CSR 30-40.720 Stroke Center Designation Application and Review**
Type of Rulemaking:	Emergency Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Four (4) hospitals/stroke centers	$1,000 in the time the emergency is effective
TOTAL COSTS =	**$1,000 in the time the emergency is effective**

III. WORKSHEET

Four (4) private hospitals/stroke centers reviewed during the time that the emergency amendment is effective X $250.00 = $1,000 for the hospitals/stroke centers reviewed during the time that the emergency amendment is effective.

IV. ASSUMPTIONS

There are currently thirty-seven (37) Level I-IV stroke centers designated with the department. The department anticipates that four (4) private hospitals/stroke centers will be reviewed during the time the emergency amendment is in effect.

All hospitals have internet capability, programs for the use of virtual meetings and the use of a secure means to send documents which contain information subject to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The department estimates that costs associated with the additional virtual survey requirements in 19 CSR 30-40.720 will cost hospitals/stroke centers approximately $250 based on the use of the computer programs to send this information and to utilize for virtual meetings and during the review (including the live tour).

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

EMERGENCY AMENDMENT

19 CSR 30-40.730 Standards for Stroke Center Designation. The department is amending sections (1), (3), and (4) and renumbering through section (4).

PURPOSE: *This amendment changes continuing education hours to be consistent with required continuing education requirements by national designating or verifying bodies of stroke centers, removes continuing medical education requirements for physicians who are emergency medicine board certified or board eligible through the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine and who are practicing in the emergency department of a stroke center, and adds an option for stroke centers to enter stroke data into an national data registry or databank that will allow the stroke center to perform its performance improvement and patient safety program requirements.*

EMERGENCY STATEMENT: This emergency amendment makes several updates to this rule that were prompted by the passage of House Bill 2331 which passed during the 2022 legislative session. House Bill 2331 made changes to section 190.241, RSMo. House Bill 2331 prohibits the department from requiring physicians, nurses and other providers at stroke centers from being required to obtain continuing education on stroke for any more than what is required by national designating or verifying bodies of stroke centers. House Bill 2331 also prohibits the department from requiring physicians to obtain continuing education on stroke for those physicians who are emergency medicine board certified or board eligible through the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AEBEM) and who are practicing in the emergency department of a stroke center. Finally, House Bill 2331 allows the stroke centers to enter stroke data into a national data registry or national databank that still allows them to meet the performance improvement and patient safety program requirements for stroke centers. This emergency amendment is in the interest of both the hospitals and the department to make all parties aware of how many continuing education hours on stroke that hospital staff are required to have during stroke reviews based on the changes made to section 190.241, RSMo. This emergency amendment is also needed in order to allow stroke centers to enter stroke data into a national data registry or national data bank that they are already using and not have to transfer the data or manually enter data into the department's stroke registry in order to save staff time. As a result, the department finds a compelling governmental interest, which requires this emergency action. A proposed amendment, which covers the same material, is published in this issue of the ***Missouri Register****. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the* ***Missouri*** *and* ***United States Constitutions****. The department believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed November 21, 2022, becomes effective December 7, 2022, and expires June 4, 2023.*

(1) General Standards for Stroke Center Designation.

(F) The stroke center shall appoint a physician to serve as the stroke medical director. A stroke medical director shall be appointed at all times with no lapses. (I-R, II-R, III-R, IV-R)

1. A level I stroke medical director shall have appropriate qualifications, experience, and training. A board-certified or board-admissible neurologist or other neuro-specialty trained physician is recommended. If the stroke medical director is board-certified or board-admissible, then one (1) of the following additional qualifications shall be met and documented. If the stroke medical director is not board-certified, then two (2) of the following additional qualifications shall be met and documented:

A. Completion of a stroke fellowship; (I-R)

B. Participation (as an attendee or faculty) in one (1) national or international stroke course or conference each year or two (2) regional or state stroke courses or conferences each year; or (I-R)

C. Five (5) or more peer-reviewed publications on stroke. (I-R)

2. A level II stroke medical director shall have appropriate qualifications, experience, and training. A board-certified or board-admissible physician with training and expertise in cerebrovascular disease is recommended. If the stroke medical director is board-certified or board-admissible, then one (1) of the following additional qualifications shall be met. If the stroke medical director is not board-certified, then two (2) of the following additional qualifications shall be met and documented:

A. Completion of a stroke fellowship; (II-R)

B. Participation (as an attendee or faculty) in one (1) national or international stroke course or conference each year or two (2) regional or state stroke courses or conferences each year; or (II-R)

C. Five (5) or more peer-reviewed publications on stroke. (II-R)

3. A level III and IV stroke medical director shall have the appropriate qualifications, experience, and training. A board-certified or board-admissible physician is recommended. If the stroke medical director is not board-certified or board-admissible, then the following additional qualifications shall be met and documented:

A. Complete a minimum of *[ten (10)]* **four (4)** hours of continuing medical education (CME) in the area of cerebrovascular disease every *[other]* year; and (III-R*[, IV-R]*)

B. Attend one (1) national, regional, or state meeting every three (3) years in cerebrovascular disease. Continuing medical education hours earned at these meetings can count toward the *[ten (10)]* **four (4)** required continuing medical education hours **for Level III stroke medical directors**. (III-R*[, IV-R]*)

4. The stroke medical director shall meet the department's continuing medical education requirements for stroke medical directors as set forth in section (4) of this rule. (I-R, II-R, III-R*[, IV-R]*)

5. The stroke center shall have a job description and organizational chart depicting the relationship between the stroke medical director and the stroke center services. (I-R, II-R, III-R, IV-R)

6. The stroke medical director is encouraged to be a member of the stroke call roster. (I-R, II-R, III-R, IV-R)

7. The stroke medical director shall be responsible for the oversight of the education and training of the medical and clinical staff in stroke care. This includes a review of the appropriateness of the education and training for the practitioner's level of responsibility. (I-R, II-R, III-R, IV-R)

8. The stroke medical director shall participate in the stroke center's research and publication projects. (I-R)

(Q) Stroke centers shall enter data into *[the Missouri]* **a** stroke registry as follows:

1. *[All s]***S**troke centers shall submit data into the department's Missouri stroke registry on each stroke patient

who is admitted to the stroke center, transferred out of the stroke center, or dies as a result of the stroke (independent of hospital admission or hospital transfer status). The data required to be submitted into the Missouri stroke registry by the stroke centers is listed and explained in the document entitled "Time Critical Diagnosis Stroke Center Registry Data Elements" dated March 1, 2012, which is incorporated by reference in this rule and is available at the Missouri Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102-0570 or on the department's website at www.health.mo.gov. This rule does not incorporate any subsequent amendments or additions*[; (I-R, II-R, III-R, IV-R)]*.

[2.] The data *[required in paragraph (1)(Q)1. above]* shall be submitted electronically into the Missouri stroke registry via the department's website at www.health.mo.gov; **or** (I-R, II-R, III-R, IV-R)

2. Stroke centers shall submit data into a national data registry or data bank capable of being used by the stroke center to perform its ongoing performance improvement and patient safety program requirements for its stroke patients. The stroke center shall submit data for each data element included in the national data registry or data bank's data system; (I-R, II-R, III-R, IV-R)

3. The data required in paragraph (1)(Q)1 **and 2** above shall be submitted electronically into the *[Missouri]* stroke registry on at least a quarterly basis for that calendar year. Stroke centers have ninety (90) days after the quarter ends to submit the data electronically into the *[Missouri]* stroke registry; (I-R, II-R, III-R, IV-R)

4. The data submitted by the stroke centers shall be complete and current; and (I-R, II-R, III-R, IV-R)

5. The data shall be managed in compliance with the confidentiality requirements and procedures contained in section 192.067, RSMo. (I-R, II-R, III-R, IV-R)

(3) Standards for Hospital Resources and Capabilities for Stroke Center Designation.

(A) The stroke center shall meet emergency department standards listed below. (I-R, II-R, III-R, IV-R)

1. The emergency department staffing shall meet the following requirements:

A. The emergency department in the stroke center shall provide immediate and appropriate care for the stroke patient; (I-R, II-R, III-R, IV-R)

B. A level I stroke center shall have a medical director of the emergency department who shall be board-certified or board-admissible in emergency medicine by the American Board of Medical Specialties, the American Osteopathic Association Board of Osteopathic Specialists, or the Royal College of Physicians and Surgeons of Canada; (I-R)

C. A level II stroke center shall have a medical director of the emergency department who shall be a board-certified or board-admissible physician; (II-R)

D. A level III and IV stroke center shall have a medical director of the emergency department who is recommended to be a board-certified or board-admissible physician; (III-R, IV-R)

E. There shall be an emergency department physician credentialed for stroke care by the stroke center covering the emergency department twenty-four (24) hours a day, seven (7) days a week; (I-R/IH, II-R/IH, III-R/IH, IV-R/IA)

F. The emergency department physician who provides coverage shall be current in continuing medical education in the area of cerebrovascular disease; (I-R, *[II-R, III-R, IV-R]*)

G. There shall be a written policy defining the relationship of the emergency department physicians to other physician members of the stroke team; (I-R, II-R, III-R, IV-R)

H. Registered nurses in the emergency department shall be current in continuing education requirements as set forth in section (4) of this rule; (I-R, *[II-R, III-R, IV-R]*)

I. All registered nurses assigned to the emergency department shall be determined to be credentialed in the care of the stroke patient by the stroke center within one (1) year of assignment and remain current in continuing education requirements as set forth in section (4) of this rule; and (I-R, II-R, III-R, IV-R)

J. The emergency department in stroke centers shall have written care protocols for identification, triage, and treatment of acute stroke patients that are available to emergency department personnel, reviewed annually, and revised as needed. (I-R, II-R, III-R, IV-R)

2. Nursing documentation for the stroke patient shall be on a stroke flow sheet approved by the stroke medical director and the stroke program coordinator/manager. (I-R, II-R, III-R, IV-R)

3. The emergency department shall have at least the following equipment for resuscitation and life support available to the unit:

A. Airway control and ventilation equipment including:

(I) Laryngoscopes; (I-R, II-R, III-R, IV-R)

(II) Endotracheal tubes; (I-R, II-R, III-R, IV-R)

(III) Bag-mask resuscitator; (I-R, II-R, III-R, IV-R)

(IV) Sources of oxygen; and (I-R, II-R, III-R, IV-R)

(V) Mechanical ventilator; (I-R, II-R, III-R)

B. Suction devices; (I-R, II-R, III-R, IV-R)

C. Electrocardiograph (ECG), cardiac monitor, and defibrillator; (I-R, II-R, III-R, IV-R)

D. Central line insertion equipment; (I-R, II-R, III-R)

E. All standard intravenous fluids and administration devices including intravenous catheters and intraosseous devices; (I-R, II-R, III-R, IV-R)

F. Drugs and supplies necessary for emergency care; (I-R, II-R, III-R, IV-R)

G. Two- (2-) way communication link with emergency medical service (EMS) vehicles; (I-R, II-R, III-R, IV-R)

H. End-tidal carbon dioxide monitor; and (I-R, II-R, III-R, IV-R)

I. Temperature control devices for patient and resuscitation fluids. (I-R, II-R, III-R IV-R)

4. The stroke center emergency department shall maintain equipment following the hospital's preventive maintenance schedule and document when this equipment is checked. (I-R, II-R, III-R, IV-R)

(4) Continuing Medical Education (CME) and Continuing Education Standards for Stroke Center Designation.

(A) The stroke center shall ensure that staff providing services to stroke patients receives required continuing medical education and continuing education and document this continuing medical education and continuing education for each staff member. The department shall allow up to one (1) year from the date of the hospital's initial stroke center designation for stroke center staff members to complete all of the required continuing medical education and continuing education if the stroke center staff complete and document that at least half of the required continuing medical education and/or continuing education hours have been completed for each stroke center staff member at the time of on-site initial application review. The stroke center shall submit documentation to the department within one (1) year of the initial designation date that all continuing medical education and continuing education requirements for stroke center staff members have been met in order to maintain the stroke center's designation. (I-R, II-R, III-R, *[IV-R]*)

(B) The stroke call roster members shall complete the following continuing education requirements:

1. Level I core team members of the stroke call roster shall complete a minimum of *[ten (10)]* **eight (8)** hours of continuing education in cerebrovascular disease every year, and it is recommended that a portion of those hours shall be on stroke care. All other members of the stroke call roster in level I stroke centers shall complete a minimum average of *[ten (10)]* **eight (8)** hours of continuing education in cerebrovascular disease every year**, except for physicians who are emergency medicine board certified or board eligible through the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AOBEM) and who are practicing in the emergency department**. This continuing education shall be reviewed for appropriateness to the practitioner's level of responsibility by the stroke medical director; **and** (I-R)

2. Level II core team members of the stroke call roster shall complete a minimum of eight (8) hours of continuing education in cerebrovascular disease every year, and it is recommended that a portion of those hours be in stroke care. *[All other members of the stroke call roster in level II stroke centers shall complete a minimum average of eight (8) hours of continuing education in cerebrovascular disease every year. This continuing education shall be reviewed for appropriateness to the practitioner's level of responsibility by the stroke medical director; and] (II-R)*

3. Level III and IV stroke call roster members shall complete a minimum average of eight (8) hours of continuing education in cerebrovascular disease every two (2) years. This continuing education shall be reviewed for appropriateness to the practitioner's level of responsibility by the stroke medical director. (III-R, IV-R)]

(C) The stroke medical director shall complete the following continuing medical education requirements:

1. Level I **and Level II** stroke medical directors shall complete a minimum of *[twelve (12)]* **eight (8)** hours of continuing medical education every year in the area of cerebrovascular disease; **and** (I-R**, II-R**)

2. Level II stroke medical directors shall complete a minimum of *[eight (8)]* **four (4)** hours of continuing medical education every year in the area of cerebrovascular disease*[; and]***.** (II-R)

[3. Level III and IV stroke medical directors shall complete a minimum of eight (8) hours of continuing medical education every two (2) years in the area of cerebrovascular disease. (III-R, IV-R)]

(D) The stroke center's stroke program manager/coordinator shall complete the following continuing education requirements:

1. Level I program managers/coordinators shall:

A. Complete a minimum of *[ten (10)]* **eight (8)** hours of continuing education every year in cerebrovascular disease. This continuing education shall be reviewed by the stroke medical director for appropriateness to the stroke program manager/coordinator's level of responsibility; and (I-R)

B. Attend one (1) national, regional, or state meeting every two (2) years focused on the area of cerebrovascular disease. If the national or regional meeting provides continuing education, then that continuing education may count toward the annual requirement; (I-R)

2. Level II program managers/coordinators shall –

A. Complete a minimum average of eight (8) hours of continuing education every year in cerebrovascular disease. This continuing education shall be reviewed for appropriateness by the stroke medical director to the stroke program manager/coordinator's level of responsibility; and (II-R)

B. Attend one (1) national, regional, or state meeting every three (3) years focused on the area of cerebrovascular disease. If the national, regional, or state meeting provides continuing education, then that continuing education may count toward the annual requirement; and (II-R)

3. Level III *[and IV]* center program managers/coordinators shall complete a minimum average of *[eight (8)]* **four (4)** hours of continuing education in cerebrovascular disease every [*two (2)*] year*[s]*. This continuing education shall be reviewed by the stroke medical director for appropriateness to the stroke program manager/coordinator's level of responsibility. (III-R*[, IV-R]*)

(E) Emergency department personnel in stroke centers shall complete the following continuing education requirements:

1. Emergency department physicians in stroke centers shall complete –

A. Level I *[and II]* emergency department physicians providing stroke coverage shall complete a minimum *[average]* of *[four (4)]* **two (2)** hours of continuing medical education in cerebrovascular disease every year*[; or]***, except for physicians who are emergency medicine board certified or board eligible through the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AOBEM) and who are practicing in the emergency department.** (I-R*[, II-R]*)

[B. Level III and IV emergency department physicians providing stroke coverage shall complete a minimum average of six (6) hours of continuing medical education in cerebrovascular disease every two (2) years; and (III-R, IV-R)]

2. Registered nurses assigned to the emergency departments in stroke centers shall complete –

A. Level I *[and II]* registered nurses shall complete a minimum of *[four (4)]* **two (2)** hours of cerebrovascular disease continuing education every year; **and** (I-R*[, II-R]*)

[B. Level III and IV registered nurses shall complete a minimum of six (6) hours of cerebrovascular disease continuing education every two (2) years; and (III-R, IV-R)]

*[C.]***B.** Registered nurses shall maintain core competencies in the care of the stroke patient annually as determined by the stroke center. Training to maintain these competencies may count toward continuing education requirements. (I-R, II-R, III-R, IV-R)

(F) Registered nurses assigned to the intensive care unit in the stroke centers who care for stroke patients shall complete the following continuing education requirements:

1. Level I intensive care unit registered nurses shall complete a minimum of *[ten (10)]* **eight (8)** hours of cerebrovascular related continuing education every year; **and** (I-R)

[2. Level II intensive care unit registered nurses shall complete a minimum of eight (8) hours of cerebrovascular related continuing education every year; and (II-R)]

*[3.]***2.** The stroke medical director shall review the continuing education for appropriateness to the practitioner's level of responsibility. (I-R*[, II-R]*)

(G) Stroke unit registered nurses in the stroke centers shall complete the following continuing education requirements:

1. All level I stroke unit registered nurses shall complete a minimum of *[ten (10)]* **eight (8)** hours of cerebrovascular disease continuing education every year; **and** (I-R)

[2. All level II stroke unit registered nurses shall complete a minimum of eight (8) hours of cerebrovascular disease continuing education every year; (II-R)

3. All level III stroke centers caring for stroke patients under an established plan for admitting and caring for stroke patients under a supervised relationship with a physician affiliated with a level I or II stroke center shall require registered nurses in the stroke unit complete a minimum of eight (8) hours of cerebrovascular disease continuing education every two (2) years; and (III-R)]

*[4.]***2**. The stroke medical director shall review the continuing education for appropriateness to the practitioner's level of responsibility. (I-R*[, II-R, III-R]*)

*AUTHORITY: section**s** 192.006 **and 190.185**, RSMo [2000] **2016**, and section**[s 190.185 and]** 190.241, RSMo Supp. [2012] **2022**. Original rule filed Nov. 15, 2012, effective June 30, 2013. Emergency amendment filed Nov. 21, 2022, effective Dec. 7, 2022, expires June 4, 2023. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.*

PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the time the emergency is effective.

PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars ($500) in the time the emergency is effective.

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

EMERGENCY AMENDMENT

19 CSR 30-40.740 Definitions and Abbreviations Relating to ST-Segment Elevation Myocardial Infarction (STEMI) Centers. The department is amending section (1).

PURPOSE: This amendment adds virtual reviews to the definitions for STEMI centers.

*EMERGENCY STATEMENT: This emergency amendment adds virtual reviews to the definitions for STEMI centers. This amendment was prompted by the passage of House Bill 2331 that passed during the 2022 legislative session. House Bill 2331 made changes to section 190.241, RSMo and allows the department to conduct virtual reviews rather than only on-site reviews of STEMI centers. This emergency amendment is necessary in order to make this rule consistent with the changes made in House Bill 2331 that became effective on August 28, 2022. This emergency amendment is in the interest of both the hospitals and the department. The emergency amendment is necessary for the department to conduct virtual reviews instead of only on-site reviews. Due to complications caused by COVID-19, the department is having a difficult time getting qualified contractors to review the STEMI centers and hospitals are still being challenged with COVID-19 in their hospitals. National certifying bodies began using virtual reviews during the COVID-19 pandemic and these virtual reviews have proven to be a solution to conducting reviews while COVID-19 is still an issue for out-of-state- qualified contractors traveling to these reviews and for hospitals having to handle a review team in their hospitals. As a result, the department finds a compelling governmental interest, which requires this emergency action. A proposed amendment, which covers the same material, is published in this issue of the **Missouri Register**. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri** and **United States Constitutions**. The department believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed November 21, 2022, becomes effective December 7, 2022, and expires on June 4, 2023.*

(1) For the purposes of 19 CSR 30-40.750 and 19 CSR 30-40.760 the following terms shall mean:

(KKK) Virtual review- a type of review conducted through the use of secure virtual video and audio conferencing and secure file transfers in order to determine compliance with the rules of this chapter.

*AUTHORITY: section**s** 192.006 **and 190.185**, RSMo [2000] **2016,** and section**[s 190.185 and]** 190.241, RSMo Supp. [2012] **2022**. Original rule filed Nov. 15, 2012, effective June 30, 2013. Emergency amendment filed Nov. 21, 2022, effective Dec. 7, 2022, expires June 4, 2023. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.*

PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the time the emergency is effective.

PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars ($500) in the time the emergency is effective.

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

EMERGENCY AMENDMENT

19 CSR 30-40.750 ST-Segment Elevation Myocardial Infarction (STEMI) Center Designation Application and Review. The department is amending sections (2) and (3), and amending the application for STEMI center designation form.

PURPOSE: This amendment adds virtual review requirements, clarifies honorarium and payment requirements for virtual reviews, updates language to be consistent with HB 2331 amendment, adds a requirement that hospitals must provide the department with required medical records and quality improvement documentation or be revoked, changes the requirements for hospitals participating in local and regional emergency medical services system, removes the data submission requirement for hospitals verified or certified by department approved national certifying bodies, and updates what the hospitals have to submit to the department to confirm verification or certification with national certifying bodies and when to submit changes of this verification or certification. This amendment also makes changes to the application for STEMI center designation form included herein in section (3)(A) by changing the certification section to reflect the new requirements for notification of changes and participation in local and regional emergency medical services systems and removing the data submission requirement.

EMERGENCY STATEMENT: This emergency amendment makes several updates to this rule that were prompted by the passage of House Bill 2331 that passed during the 2022 legislative session. House Bill 2331 made changes to sections 190.241 and 190.245, RSMo which became effective on August 28, 2022. House Bill 2331 allows the department to conduct virtual reviews rather than only on-site reviews of these STEMI centers. House Bill 2331 added a requirement for hospitals to provide the department with quality improvement documentation necessary for the department to conduct a STEMI review or the hospital's STEMI center designation will be revoked. Finally, House Bill 2331 made changes about how hospitals which are verified or certified by national certifying bodies designated by the department need

*to report changes of their verification or certification to the department and how these hospitals participate in local and regional emergency medical services systems. This emergency amendment is necessary in order to make this rule consistent with the changes made in House Bill 2331 that became effective on August 28, 2022. This emergency amendment is in the interest of both the hospitals and the department to ensure that hospitals which are applying for designation with the department because they are certified or verified by a department approved national designating body do not have to provide the department with any additional information than what is now required by the changes made to section 190.241, RSMo by HB 2331. Finally, the emergency amendment is necessary for the department to conduct virtual reviews instead of only on-site reviews. Due to complications caused by COVID-19, the department is having a difficult time in getting qualified contractors to review the STEMI centers and hospitals are still being challenged with COVID-19 in their hospitals. National certifying bodies began using virtual reviews during the COVID-19 pandemic and these virtual reviews have proven to be a solution to conducting reviews while COVID-19 is still an issue for out-of-state- qualified contractors traveling to these reviews and for hospitals having to handle a review team in their hospitals. As a result, the department finds a compelling governmental interest, which requires this emergency action. A proposed amendment, which covers the same material, is published in this issue of the **Missouri Register**. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri** and **United States Constitutions**. The department believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed November 21, 2022, becomes effective December 7, 2022, and expires on June 4, 2023.*

(2) Hospitals requesting to be reviewed and designated as a STEMI center by the department shall meet the following requirements:

(D) **The department may conduct an onsite review, a virtual review or a combination thereof on the hospitals/STEMI centers. For announced reviews that are scheduled with the hospitals/STEMI centers, the department will make the hospitals/STEMI centers aware at least thirty (30) days prior to the scheduled review whether the department intends that the review will be conducted onsite and/or virtually. Due to unforeseen circumstances, the department may need to change whether the review is conducted onsite and/or virtually less than thirty (30) days before the announced review. The department will contact the hospitals/STEMI centers to make the hospitals/STEMI centers aware of any changes about how the review will be conducted, either onsite and/or virtually, prior to the date of the announced review.** The different types of *[site]* reviews to be conducted on hospitals/STEMI centers seeking STEMI center designation by the department include:

1. An initial review shall occur on a hospital applying to be initially designated as a STEMI center. An initial review shall include interviews with designated hospital staff, a review of the physical plant and equipment, and a review of records and documents as deemed necessary to assure compliance with the requirements of the rules of this chapter**. This review may occur onsite and/or virtually**;

2. A validation review shall occur on a designated STEMI center applying for renewal of its designation as a STEMI center. Validation reviews shall occur no less than every three (3) years. A validation review shall include interviews with designated STEMI center staff, a review of the physical plant and equipment, and a review of records and documents as deemed necessary to assure compliance with the requirements of the rules of this chapter**. This review may occur onsite and/or virtually**; and

3. A focus review shall occur on a designated STEMI center in which an initial or validation review was conducted and substantial deficiency(ies) were cited. A review of the physical plant will not be necessary unless a deficiency(ies) was cited in the physical plant in the preceding validation review. The focus review team shall be comprised of a representative from the department and may include a qualified contractor(s) with the required expertise to evaluate corrections in areas where deficiencies were cited**. This review may occur onsite and/or virtually**;

(E) STEMI center designation shall be valid for a period of three (3) years from the date the STEMI center/hospital is designated.

1. STEMI center designation shall be site specific and non-transferable when a STEMI center changes location.

2. Once designated as a STEMI center, a STEMI center may voluntarily surrender the designation at any time without giving cause, by contacting the department in writing. In these cases, the application and review process shall be completed again before the designation may be reinstated;

(H) Hospitals/STEMI centers shall be responsible for paying expenses related to the costs of the qualified contractors to review their respective hospitals/STEMI center during initial, validation, and focus reviews. The department shall be responsible for paying the expenses of its representative. Costs of the review to be paid by the hospital/STEMI center include:

1. An honorarium shall be paid to each qualified contractor of the review team **whether the review occurs on-site or virtually**. Qualified contractors of the review team for level I and II STEMI center reviews shall be paid *[six hundred dollars ($600) for the day of travel per reviewer and eight hundred fifty dollars ($850) for the day of the review]* **one thousand four hundred fifty dollars ($1,450)** per reviewer. Qualified contractors of the review team for level III and IV STEMI center reviews shall be paid *[five hundred dollars ($500) for the day of travel per reviewer and five hundred dollars ($500) for the day of the review]* **one thousand dollars ($1,000)** per reviewer. This honorarium shall be paid to each qualified contractor of the review team at the time the site survey begins **if on-site or prior to the review begins if the review is conducted virtually**;

2. Airfare shall be paid for each qualified contractor of the review team, if applicable;

3. Lodging shall be paid for each qualified contractor of the review team**, unless the review is conducted virtually**. The hospital/STEMI center shall secure the appropriate number of hotel rooms for the qualified contractors and pay the hotel directly; and

4. Incidental expenses, if applicable, for each qualified contractor of the review team shall not exceed two hundred fifty dollars ($250) and may include the following:

A. Airport parking;

B. Checking bag charges;

C. Meals during the review; and

D. Mileage to and from the review if no airfare was charged by the reviewer. **If the reviewer solely participated virtually in the review and did not travel by vehicle to the review, then no mileage shall be paid.** Mileage shall be paid at the federal mileage rate for business miles as set by the Internal Revenue Service (IRS). Federal mileage rates can be found at the website www.irs.gov;

(I) Hospitals/STEMI centers being reviewed by the department through a virtual survey shall do the following:

1. Provide a videoconferencing platform to be used for the hospital/STEMI center virtual review;

2. Provide a live tour of the hospital;

3. Ensure the videoconferencing platform used during the review is compliant with state and federal laws for

protected health information;

4. Assign an onsite visit coordinator for the review. The onsite visit coordinator role cannot be fulfilled by the STEMI program manager. This onsite visit coordinator will be responsible for the logistical aspects of the virtual review. Responsibilities include, at least, the following:

A. Scheduling the videoconferencing meetings;

B. Sending out calendar invitations;

C. Providing Electronic Medical Record (EMR) access to designated individuals;

D. Ensuring all required participants are on the videoconferencing line for the various parts of the review; and

E. Sending separate calendar invitations for each section of the virtual review to hospital staff, qualified contractors and the department;

5. Assign one staff navigator per qualified contractor to help remotely navigate the EMR, the patient performance improvement patient safety (PIPS) documentation, and supporting documentation. The staff navigator role cannot be fulfilled by the STEMI program manager, the STEMI program medical director, the STEMI program registrar or the onsite visit coordinator for the review. The individuals designated as the staff navigators shall be familiar with navigating through the EMR;

6. Provide the department with requested patient care report information for the review no later than thirty (30) days prior to the virtual review;

7. Provide the department with requested medical records, PIPS documentation, registry report and all supporting documentation at least seven (7) days prior to the virtual visit through a method that is compliant with state and federal laws for protected health information;

8. Schedule a prereview call with the qualified contractors, the department, the STEMI program medical director, the STEMI program manager, the staff navigators and the onsite visit coordinator approximately one (1) week prior to the virtual review;

9. Test the functionality of the videoconferencing platform for the live tour of the hospital prior to the prereview call; and

10. Provide a list of attendees for the review meeting and their roles to the review team and the department prior to the virtual review;

(J) The department may conduct an on-site review of the hospital prior to the virtual review to ensure that the hospital meets the requirements for STEMI center designation;

*[(I)]***(K)** Upon completion of a review, the qualified contractors from the review team shall submit a report of their findings to the department. This report shall state whether the specific standards for STEMI center designation have or have not been met and if not met, in what way they were not met. This report shall detail the hospital/STEMI center's strengths, weaknesses, deficiencies, and recommendations for areas of improvement. This report shall also include findings from patient chart audits and a narrative summary of the following areas: prehospital, hospital, STEMI service, emergency department, operating room, angiography suites, recovery room, clinical lab, intensive care unit, rehabilitation, performance improvement and patient safety programs, education, outreach, research, chart review, and interviews. The department shall have the final authority to determine compliance with the rules of this chapter;

*[(J)]***(L)** The department shall return a copy of the report to the chief executive officer, the STEMI medical director, and the STEMI program manager/coordinator of the hospital/STEMI center reviewed. Included within the report shall be notification indicating whether the hospital/STEMI center has met the criteria for STEMI center designation or has failed to meet the criteria for STEMI center designation as requested. Also, if a focus review of the STEMI center is required, the time frame for this focus review will be shared with the chief executive officer, the STEMI medical director, and the STEMI program manager/coordinator of the STEMI center reviewed;

*[(K)]***(M)** When the hospital/STEMI center is found to have deficiencies, the hospital/STEMI center shall submit a plan of correction to the department. The plan of correction shall include identified deficiencies, actions to be taken to correct deficiencies, time frame in which the deficiencies are expected to be resolved, and the person responsible for the actions to resolve the deficiencies. A plan of correction form shall be completed by the hospital and returned to the department within thirty (30) days after notification of review findings and designation. If a focus review is required, the STEMI center shall be allowed a minimum period of six (6) months to correct deficiencies;

*[(L)]***(N)** No hospital shall hold itself out as a STEMI center designated by the department until given written approval by the department. The department shall give written approval to the hospitals to begin holding themselves out as designated STEMI centers by the department after all initial STEMI reviews have been completed for those hospitals which applied for STEMI review and designation with the department during the first round of applications and the time for plans of corrections have expired;

*[(M)]***(O)** A STEMI center shall make the department aware in writing within thirty (30) days if there are any changes in the STEMI center's name, address, contact information, chief executive officer, STEMI medical director, or STEMI program manager/coordinator;

(P) Failure of a hospital/STEMI center to provide all medical records and quality improvement documentation necessary for the department to conduct a STEMI review in order to determine if the requirements of 19 CSR 30-40.760 have been met shall result in the revocation of the hospital/STEMI center's designation as a STEMI center;

*[(N)]***(Q)** Any person aggrieved by an action of the department affecting the STEMI center designation pursuant to Chapter 190, RSMo, including the revocation, the suspension, or the granting of, refusal to grant, or failure to renew a designation, may seek a determination by the Administrative Hearing Commission under Chapter 621, RSMo. It shall not be a condition to such determination that the person aggrieved seek reconsideration, a rehearing, or exhaust any other procedure within the department; and

*[(O)]***(R)** The department may deny, place on probation, suspend, or revoke such designation in any case in which it has *[reasonable cause to believe]* **determined** that there has been a substantial failure to comply with the provisions of Chapter 190, RSMo, or any rules or regulations promulgated pursuant to this chapter. If the department has *[reasonable cause to believe]* **determined** 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 STEMI center fails two (2) consecutive on-site reviews because of substantial noncompliance with standards prescribed by sections 190.001 to 190.245, RSMo, or rules adopted by the department pursuant to sections 190.001 to 190.245, RSMo, its center designation shall be revoked.

(3) Hospitals seeking STEMI center designation by the department based on their current certification **or verification** as a STEMI center by the Joint Commission, American Heart Association, or American College of Cardiology shall meet the following requirements:

(A) An application for STEMI center designation by the department for hospitals that have been certified **or verified** as a STEMI/chest pain center by the Joint Commission, American Heart Association, or American College of Cardiology shall be made upon forms prepared or prescribed by the department and shall contain information the department deems necessary to make a determination of eligibility for review and designation in accordance with the rules of this chapter. The application for STEMI certified hospital designation form, included herein, is available at the Health Standards and Licensure (HSL) office, or online at the department's website at www.health.mo.gov, or may be obtained by mailing a written request to the Missouri Department of Health and Senior Services, HSL, PO Box 570, Jefferson City, MO 65102-0570. The application for STEMI center designation shall be submitted to the department no less than sixty (60) days and no more than one hundred twenty (120) days prior to the desired date of the initial designation or expiration of the current designation;

(C) No hospital shall hold itself out as a STEMI center designated by the department until given written approval by the department. The department shall give written approval to the hospitals to begin holding themselves out as designated STEMI centers by the department after all initial STEMI reviews have been completed for those hospitals which applied for STEMI review and designation with the department during the first round of applications and the time for plans of corrections have expired. This does not prohibit the hospitals from holding themselves out as certified STEMI/chest pain centers by the Joint Commission, the American Heart Association, or the American College of Cardiology;

[(D) Annually from the date of designation by the department submit to the department proof of certification as a STEMI/chest pain center by the Joint Commission, the American Heart Association, or the American College of Cardiology and the names and contact information of the medical director of the STEMI/chest pain center and the program manager of the STEMI chest pain center;]

[(E)] Within thirty (30) days of any changes **or receipt of a certificate or verification, the hospital shall** submit to the department proof of certification as a STEMI/chest pain center by the Joint Commission, the American Heart Association, or the American College of Cardiology and the names and contact information of the medical director of the STEMI/chest pain center and the program manager of the STEMI/chest pain center. **A certificate or verification as a STEMI center by the Joint Commission, the American Heart Association, or the American College of Cardiology shall accompany the application for STEMI certified hospital designation form. A hospital shall report to the department in writing within thirty (30) days of the date the hospital no longer is certified or verified as a STEMI center by the Joint Commission, the American Heart Association or the American College of Cardiology for which the hospital used to receive its corresponding designation by the department as a STEMI center, whether because the hospital voluntarily surrendered this certificate or verification, or because the hospital's certificate or verification was suspended or revoked by the Joint Commission, the American Heart Association or the American College of Cardiology or expired**;

[(F) Submit to the department a copy of the certifying organization's final STEMI/chest pain center certification survey results within thirty (30) days of receiving such results;

(G) Submit to the department a completed application for STEMI certified hospital designation form every three (3) years;

(H) Participate in the emergency medical services regional system of STEMI care in its respective emergency medical services region as defined in 19 CSR 30-40.302;

(I) Any hospital designated as a level III STEMI center that is certified by the Joint Commission, the American Heart Association, or the American College of Cardiology shall have a formal agreement with a level I or level II STEMI center designated by the department for physician consultative services for evaluation of STEMI patients;]

*[(J)]***(E)** 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**;

[(K) Submit data to meet the data submission requirements in section 190.241, RSMo, and 19 CSR 30-40.760;]

*[(L)]***(F)** The designation of a hospital as a STEMI center pursuant to section (3) shall continue if such hospital retains certification as a STEMI center by the Joint Commission, the American Heart Association, or the American College of Cardiology; and

*[(M)]***(G)** The department may remove a hospital's designation as a STEMI center if requested by the hospital or the department determines that the Joint Commission, the American Heart Association, or American College of Cardiology certification **or verification** has been suspended or revoked. The department may also remove a hospital's designation as a STEMI center if the department determines the hospital's certification **or verification** with the Joint Commission, the American Heart Association, or American College of Cardiology has expired. Any decision made by the department to withdraw the designation of a STEMI center that is based on the revocation or suspension of a certification **or verification** by the Joint Commission, the American Heart Association, or the American College of Cardiology shall not be subject to judicial review.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION OF HEALTH STANDARDS AND LICENSURE

APPLICATION FOR ST-ELEVATION MYOCARDIAL INFARCTION (STEMI) CERTIFIED HOSPITAL DESIGNATION

SECTION A

In accordance with the requirements of Chapter 190, RSMo, and the applicable regulations, this application is hereby submitted for designation as a STEMI center. Please complete all information.	Organization's STEMI Identification Number

Current STEMI Certification Organization and Level

LEVEL I	LEVEL II	LEVEL III
☐ Joint Commission, Comprehensive Cardiac Center	☐ American Heart Association, Mission Lifeline Percutaneous Coronary Intervention (PCI)/ STEMI Receiving Center	☐ American Heart Association, Mission Lifeline Non/PCI STEMI Referral Center
	☐ American College of Cardiology, Chest Pain with PCI Center	☐ Joint Commission, Chest Pain Center
	☐ American College of Cardiology, Chest Pain with PCI and Resuscitation Center	☐ Joint Commission, Primary Acute Myocardial Infarction (AMI) Center
	☐ Joint Commission, Primary Heart Attack Center	☐ American College of Cardiology, Chest Pain Center
		☐ Joint Commission, Acute Heart Attack Ready Center

HOSPITAL INFORMATION

Name of Hospital (Name to Appear on Designation Certificate)		Telephone Number
Address (Street and Number)	City	Zip Code

PROFESSIONAL INFORMATION

Chief Executive Officer	Chairman/President of Board of Trustees
STEMI Medical Director (Name, email, and contact phone number)	STEMI Program Manager (Name, email, and contact phone number)

Section B

The following should be submitted to the department as indicated:

☐ Proof of STEMI certification with the Joint Commission, American Heart Association or American College of Cardiology with the expiration date of the certification.

CERTIFICATION

We, the undersigned, hereby certify that:

A. Within thirty (30) days of any changes or receipt of a certificate or verification, we will submit to the department proof of STEMI certification with the Joint Commission, American Heart Association or American College of Cardiology.

B. Within thirty (30) days, we will submit to the department any changes in the names and/or contact information of our medical director and the program manager of the STEMI center.

C. Within thirty (30) days that our hospital is no longer certified or verified with the Joint Commission, the American Heart Association or the American College of Cardiology, whether because we voluntarily surrendered our certification or verification or because our certification or verification has been suspended or revoked by the Joint Commission, the American Heart Association or American College of Cardiology or expired, we will report this change in writing to the department.

D. We will participate in local and regional emergency medical services sytems for purposes of providing training, sharing clinical educational resources, and collaborating on improving patient outcomes.

E. We understand that our designation as a STEMI center by the department shall continue only if our hospital remains certified as a STEMI center by the Joint Commission, the American Heart Association or the American College of Cardiology.

Date of application _____

Signed_____
Chairman/President of Board of Trustees,
Owner, or one Partner of Partnership

Signed _____
Hospital Chief Executive Officer

Signed_____
STEMI Medical Director

Signed _____
Director of Emergency Medicine

AUTHORITY: sections 190.185 and 192.006, RSMo 2016, and section 190.241, RSMo Supp. ***[2019] 2022****. Original rule filed Nov. 15, 2012, effective June 30, 2013. Emergency amendment filed Feb. 2, 2018, effective Feb. 12, 2018, expired Aug. 10, 2018. Amended: Filed Feb. 2, 2018, effective Aug. 30, 2018. Emergency amendment filed Aug. 28, 2019, effective Sept. 12, 2019, expired March 9, 2020. Amended: Filed Aug. 28, 2019, effective March 30, 2020. Emergency amendment filed Nov. 21, 2022, effective Dec. 7, 2022, expires June 4, 2023. A proposed amendment covering this same material is published in this issue of the* ***Missouri Register****.*

PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the time the emergency is effective.

PRIVATE COST: This emergency amendment will cost private entities one thousand dollars ($1,000) in the time the emergency is effective.

FISCAL NOTE
PRIVATE COST

I. Department Title: Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: 19 CSR 30-40.750 ST-Segment Elevation Myocardial Infarction (STEMI) Center Designation Application and Review.

Rule Number and Title:	19 CSR 30-40.750 ST-Segment Elevation Myocardial Infarction (STEMI) Center Designation Application and Review
Type of Rulemaking:	Emergency Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Four (4) hospitals/STEMI centers	$1,000 in the time the emergency is effective
TOTAL COSTS =	**$1,000 in the time the emergency is effective**

III. WORKSHEET

Four (4) private hospitals/STEMI centers reviewed during the time that the emergency amendment is effective X $250.00 = $1,000 for the hospitals/STEMI centers reviewed during the time that the emergency amendment is effective.

IV. ASSUMPTIONS

There are currently forty-five (45) Level I-IV STEMI centers designated with the department. The department anticipates that four (4) private hospitals/STEMI centers will be reviewed during the time the emergency amendment is in effect.

All hospitals have internet capability, programs for the use of virtual meetings and the use of a secure means to send documents which contain information subject to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The department estimates that costs associated with the additional virtual survey requirements in 19 CSR 30-40.750 will cost hospitals/STEMI centers approximately $250 based on the use of the computer programs to send this information and to utilize for virtual meetings and during the review (including the live tour).

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

EMERGENCY AMENDMENT

19 CSR 30-40.760 Standards for ST-Segment Elevation Myocardial Infarction (STEMI) Center Designation. The department is amending sections (1), (3), and (4) and renumbering throughout section (4).

PURPOSE: *This amendment changes continuing education hours to be consistent with required continuing education requirements by national designating or verifying bodies of STEMI centers, removes continuing medical education requirements for physicians who are emergency medicine board certified or board eligible through the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine and who are practicing in the emergency department of a STEMI center, and adds an option for STEMI centers to enter STEMI data into an national data registry or databank that will allow the STEMI center to perform its performance improvement and patient safety program requirements.*

EMERGENCY STATEMENT: This emergency amendment makes several updates to this rule that were prompted by the passage of House Bill 2331 which passed during the 2022 legislative session. House Bill 2331 made changes to section 190.241, RSMo. House Bill 2331 prohibits the department from requiring physicians, nurses and other providers at STEMI centers from being required to obtain continuing education for any more than what is required by national designating or verifying bodies of STEMI centers. House Bill 2331 also prohibits the department from requiring physicians to obtain continuing education on STEMI for those physicians who are emergency medicine board certified or board eligible through the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AEBEM) and who are practicing in the emergency department of a STEMI center. Finally, House Bill 2331 allows the STEMI centers to enter STEMI data into a national data registry or national databank that still allows them to meet the performance improvement and patient safety program requirements for STEMI centers. This emergency amendment is in the interest of both the hospitals and the department to make all parties aware of how many continuing education hours hospital staff are required to have during STEMI reviews based on the changes made to section 190.241, RSMo. This emergency amendment is also needed in order to allow STEMI centers to enter STEMI data into a national data registry or national data bank that they are already using and not have to transfer the data or manually enter data into the department's STEMI registry in order to save staff time. As a result, the department finds a compelling governmental interest, which requires this emergency action. A proposed amendment, which covers the same material, is published in this issue of the ***Missouri Register****. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the* ***Missouri*** *and* ***United States Constitutions****. The department believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed November 21, 2022, becomes effective December 7, 2022, and expires on June 4, 2023.*

(1) General Standards for STEMI Center Designation.

(G) The STEMI center shall appoint a physician to serve as the STEMI medical director with appropriate qualifications, experience, and training. A STEMI medical director shall be appointed at all times with no lapses. (I-R, II-R, III-R, IV-R)

1. Level I and II STEMI center medical directors shall be cardiologists or interventional cardiologists. It is recommended that the cardiologist or interventional cardiologist be board-certified or board-admissible in interventional cardiology or cardiology. (I-R, II-R)

2. Level III and IV STEMI center medical directors shall be physicians. A board-certified or board-admissible physician is recommended. (III-R, IV-R)

3. The STEMI center shall have a job description and organization chart depicting the relationship between the STEMI medical director and other services. (I-R, II-R, III-R, IV-R)

4. Level I and II STEMI medical directors are recommended to be members of the catheterization lab team call roster. (I-R, II-R)

5. The STEMI medical director shall meet the continuing medical education (CME) requirements as described in section (4) of this rule. (I-R*[, II-R, III-R, IV-R]*)

6. The STEMI medical director shall be responsible for oversight of the education and training of the medical and clinical staff in STEMI care. This includes a review of the appropriateness of the education and training for the practitioner's level of responsibility. (I-R, II-R, III-R, IV-R)

7. Level I STEMI medical directors shall participate in the STEMI center's research and publication projects. (I-R)

(H) The STEMI center shall have a STEMI program coordinator/manager who is a registered nurse, other clinical staff, or qualified individual. The STEMI center shall have a STEMI program coordinator/manager at all times with no lapses. (I-R, II-R, III-R, IV-R)

1. The STEMI center shall have a job description and organization chart depicting the relationship between the STEMI program coordinator/manager and other services. (I-R, II-R, III-R, IV-R)

2. The STEMI coordinator/manager shall meet continuing education requirements as described in section (4) of this rule. (I-R*[, II-R, III-R, IV-R]*)

3. The STEMI program coordinator/manager shall participate in the formal STEMI center performance improvement and patient safety program. (I-R, II-R, III-R, IV-R)

(T) STEMI centers shall enter data into *[the Missouri]* **a** STEMI registry ***as follows:***

1. *[All]* STEMI centers shall submit data into the department's Missouri STEMI registry on each STEMI patient who is admitted to the STEMI center, transferred out of the STEMI center, or dies as a result of the STEMI (independent of hospital admission or hospital transfer status). The data required to be submitted into the Missouri STEMI registry by the STEMI centers is listed and explained in the document entitled "Time Critical Diagnosis ST-Segment Elevation Myocardial Infarction (STEMI) Center Registry Data Elements" dated March 1, 2012, which is incorporated by reference in this rule and is available at the Missouri Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102-0570 or on the department's website at www.health.mo.gov. This rule does not incorporate any subsequent amendments or additions*[; (I-R, II-R, III-R, IV-R)]***.**

[2.] The data *[required in paragraph (1)(T)1. above]* shall be submitted electronically into the Missouri STEMI registry via the department's website at www.health.mo.gov; **or** (I-R, II-R, III-R, IV-R)

2. STEMI centers shall submit data into a national data registry or data bank capable of being used by the STEMI center to perform its ongoing performance improvement and patient safety program requirements for its STEMI patients. STEMI centers shall submit data for each data element included in the national data registry or data

bank's data system; (I-R, II-R, III-R, IV-R)

3. This data required in paragraph (1)(T)1. **and 2.** above shall be submitted electronically into the *[Missouri]* STEMI registry on at least a quarterly basis for that calendar year. STEMI centers have ninety (90) days after the quarter ends to submit the data electronically into the *[Missouri]* STEMI registry; (I-R, II-R, III-R, IV-R)

4. The data submitted by the STEMI centers shall be complete and current; and (I-R, II-R, III-R, IV-R)

5. The data submitted by the STEMI centers shall be managed in compliance with the confidentiality requirements and procedures contained in section 192.067, RSMo. (I-R, II-R, III-R, IV-R)

(3) Standards for Hospital Resources and Capabilities for STEMI Center Designation.

(A) The STEMI center shall meet emergency department standards listed below.

1. The emergency department staffing shall meet the following requirements:

A. The emergency department in the STEMI center shall provide immediate and appropriate care of the STEMI patient; (I-R, II-R, III-R, IV-R)

B. A level I STEMI center shall have a medical director of the emergency department who shall be a board-certified or board-admissible physician in emergency medicine by the American Board of Medical Specialties, the American Osteopathic Association Board of Osteopathic Specialists, or the Royal College of Physicians and Surgeons of Canada; (I-R)

C. A level II STEMI center shall have a medical director of the emergency department who shall be a board-certified or board-admissible physician; (II-R)

D. A level III and IV STEMI center shall have a medical director of the emergency department who is recommended to be a board-certified or board-admissible physician; (III-R, IV-R)

E. There shall be an emergency department physician credentialed for STEMI care covering the emergency department twenty-four (24) hours a day, seven (7) days a week; (I-R/IH, II-R/IH, III-R/IH, IV-R/IA)

F. The emergency department physician who provides coverage shall be current in continuing medical education (CME) in the area of cardiovascular disease as set forth in section (4) of this rule; (I-R*[, II-R, III-R, IV-R]*)

G. There shall be a written policy defining the organizational relationship of the emergency department physicians to other physician members of the STEMI team; (I-R, II-R, III-R, IV-R)

H. Registered nurses in the emergency department shall be current in continuing education requirements as set forth in section (4) of this rule; (I-R*[, II-R, III-R, IV-R]*)

I. At a minimum, all registered nurses assigned to the emergency department shall be determined to be credentialed in the care of the STEMI patient by the STEMI center within one (1) year of assignment in the emergency department, and these registered nurses shall remain current in continuing education requirements as set forth in section (4) of this rule; and (I-R, II-R, III-R, IV-R)

J. The emergency department in STEMI centers shall have written care protocols for identification, triage, and treatment of acute STEMI patients that are available to emergency department personnel, reviewed annually, and revised as needed. (I-R, II-R, III-R, IV-R)

2. Nursing documentation for the STEMI patient shall be on a STEMI flow sheet approved by the STEMI medical director and the STEMI program manager/coordinator. (I-R, II-R, III-R, IV-R)

3. The emergency department shall have at least the following equipment for resuscitation and life support available to the unit:

A. Airway control and ventilation equipment including:

(I) Laryngoscopes; (I-R, II-R, III-R, IV-R)

(II) Endotracheal tubes; (I-R, II-R, III-R, IV-R)

(III) Bag-mask resuscitator; (I-R, II-R, III-R, IV-R)

(IV) Sources of oxygen; and (I-R, II-R, III-R, IV-R)

(V) Mechanical ventilator; (I-R, II-R, III-R)

B. Suction devices; (I-R, II-R, III-R, IV-R)

C. Electrocardiograph, cardiac monitor, and defibrillator; (I-R, II-R, III-R, IV-R)

D. Central line insertion equipment; (I-R, II-R, III-R)

E. All standard intravenous fluids and administration devices including intravenous catheters and intraosseous devices; (I-R, II-R, III-R, IV-R)

F. Drugs and supplies necessary for STEMI emergency care; (I-R, II-R, III-R, IV-R)

G. Two- (2-) way communication link with emergency medical service (EMS) vehicles; (I-R, II-R, III-R, IV-R)

H. Equipment necessary to communicate with emergency medical services regarding pre-hospital ECG STEMI findings; (I-R, II-R, III-R, IV-R)

I. End-tidal carbon dioxide monitor; (I-R, II-R, III-R, IV-R)

J. Temperature control devices for patient and resuscitation fluids; (I-R, II-R, III-R, IV-R)

K. External pacemaker; and (I-R, II-R, III-R, IV-R)

L. Transvenous pacemaker. (I-R/IA, II-R/IA, III-R/IA)

4. The STEMI center emergency department shall maintain all equipment according to the hospital preventive maintenance schedule and document when the equipment is checked. (I-R, II-R, III-R, IV-R)

(D) The STEMI center shall have an intermediate care unit (e.g., step down unit). (I-R, II-R, III-R)

1. The STEMI center shall have a designated medical director for the STEMI center intermediate care unit who has access to a physician knowledgeable in STEMI care and who meets the STEMI call roster continuing medical education requirements as set forth in section (4) of this rule. (I-R, II-R, III-R)

2. The STEMI center intermediate care unit shall have a physician on duty or available twenty-four (24) hours a day, seven (7) days a week who is not the emergency department physician. This physician shall have access to a physician on the STEMI call roster. (I-R/IA, II-R/IA, III-R/IA)

3. The STEMI center intermediate care unit shall have registered nurses and other essential personnel on duty twenty-four (24) hours a day, seven (7) days a week. (I-R, II-R, III-R)

4. The STEMI center intermediate care unit registered nurses shall remain current in continuing education requirements as set forth in section (4) of this rule. (I-R*[, II-R, III-R]*)

5. The STEMI centers shall annually credential registered nurses that work in the intermediate care unit. (I-R, II-R, III-R)

6. The STEMI center intermediate care unit shall have written care protocols for identification and treatment of STEMI patients which are available to the cardiac unit personnel, reviewed annually, and revised as needed. (I-R, II-R, III-R)

7. The STEMI center intermediate care unit shall have equipment to support the care and resuscitation of the STEMI patient that includes at least the following:

A. Airway control and ventilation equipment including:

(I) Laryngoscopes, endotracheal tubes of all sizes; (I-R, II-R, III-R)

(II) Bag-mask resuscitator and sources of oxygen; and (I-R, II-R, III-R)

(III) Suction devices; and (I-R, II-R, III-R)

B. Telemetry, electrocardiograph, cardiac monitor, and defibrillator; (I-R, II-R, III-R)

C. All standard intravenous fluids and administration devices and intravenous catheters; and (I-R, II-R, III-R)

D. Drugs and supplies necessary for emergency care. (I-R, II-R, III-R)

8. The STEMI center intermediate care unit shall maintain equipment according to the STEMI center's preventive maintenance schedule and document when the equipment is checked. (I-R, II-R, III-R)

(4) Continuing Medical Education (CME) and Continuing Education Standards for STEMI Center Designation.

(A) The STEMI center shall ensure that staff providing services to STEMI patients receive continued medical education and continuing education as set forth in section (4) of this rule and document this education for each staff member. The department shall allow up to one (1) year from the date of the STEMI center's initial STEMI center designation for STEMI center staff members to complete all of the required continuing medical education and/or continuing education requirements if the STEMI center staff documents that at least half of the required continuing medical education and continuing education hours have been completed for each STEMI center staff at the time of the on-site initial application review. The STEMI center shall submit documentation to the department within one (1) year of the initial designation date that all continued medical education and continuing education requirements for STEMI center staff members have been met in order to maintain the STEMI center's designation. (I-R*[, II-R, III-R, IV-R]*)

(B) The STEMI call roster members shall complete the following continuing education requirements:

1. Core team members of the STEMI call roster in level I *[and level II]* STEMI centers shall document a minimum of *[ten (10)]* **eight (8)** hours every year of continuing education in the area of acute coronary syndrome. All other members of the STEMI call roster shall document a minimum of *[ten (10)]* **eight (8)** hours every year of continuing education in the area of cardiovascular disease**, except for physicians who are emergency medicine board certified or board eligible through the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AOBEM) and who are practicing in the emergency department**. This continuing education shall be reviewed by the STEMI center medical director for appropriateness to the practitioner's level of responsibility*[; and]***.** (I-R*[, II-R]*)

[2. All members of the STEMI call roster in level III and level IV STEMI centers shall document a minimum of eight (8) hours every two (2) years of continuing education in the area of cardiovascular disease. This continuing education shall be reviewed by the STEMI center medical director for appropriateness to the practitioner's level of responsibility. (III-R, IV-R)]

(C) The STEMI center medical director shall complete the following continuing medical education requirements:

1. Level I *[and II]* STEMI medical directors shall document a minimum average of *[ten (10)]* **eight (8)** hours every year in the area of acute coronary syndrome*[;]***.** (I-R*[, II-R]*)

[2. The level III and IV STEMI medical directors that are board-certified or board-eligible shall document a minimum average of eight (8) hours every other year of continuing medical education in the area of cardiovascular disease; and (III-R, IV-R)

3. The level III and IV STEMI medical directors who are not board-certified or board-eligible shall document:

A. A minimum average of ten (10) hours every two (2) years of continuing medical education in the area of cardiovascular disease with a focus on acute coronary syndrome; and (III-R, IV-R)

B. Attend one (1) national, regional, or state meeting every three (3) years in cardiovascular disease. Continuing medical education earned at these meetings can count toward the ten (10) continuing medical education hours required. (III-R, IV-R)]

(D) The STEMI center's STEMI program manager/coordinator shall complete the following continuing education requirements:

1. A level I STEMI program coordinator/manager shall complete and document the following:

A. A minimum average of *[ten (10)]* **eight (8)** hours every year of continuing education in the area of cardiovascular disease. This continuing education shall be reviewed for appropriateness by the STEMI center medical director to the STEMI program man-ager's/coordinator's level of responsibility; and (I-R)

B. Attend one (1) national, regional, or state meeting every two (2) years focused on cardiovascular disease. If the national, regional, or state meeting provides continuing education, that continuing education may count towards the annual requirement*[;]***.** (I-R)

[2. A level II STEMI program coordinator/manager shall complete and document the following:

A. A minimum average of eight (8) hours every year of continuing education in the area of cardiovascular disease. This continuing education shall be reviewed by the STEMI center medical director for appropriateness to the STEMI program man-ager's/coordinator's level of responsibility; and (II-R)

B. Attend one (1) national, regional, or state meeting every three (3) years focused on cardiovascular disease. If the national, regional, or state meeting provides continuing education, that continuing education may count toward the annual requirement; and (II-R)

3. The level III and IV STEMI program coordinator/ manager shall complete and document a minimum average of eight (8) hours every other year of continuing education in the area of cardiovascular disease. This continuing education shall be reviewed for appropriateness by the STEMI center medical director to the STEMI program manager's/coordinator's level of responsibility. (III-R, IV-R)]

(E) STEMI center emergency department personnel shall complete the continuing education requirements for STEMI centers that are detailed below.

1. The emergency department physician(s) shall be current in cardiovascular continuing medical education. (I-R*[, II-R, III-R, IV-R]*)

A. Emergency department physicians in level I *[and II]* STEMI centers shall complete and document a minimum average of *[four (4)]* **two (2) hours** every year of continuing medical education in the area of cardiovascular disease**, except for physicians who are emergency medicine board certified or board eligible through the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AOBEM) and who are practicing in the emergency department.** (I-R*[, II-R]*)

[B. Emergency department physicians in level III and IV STEMI centers shall complete and document a minimum average of six (6) hours every two (2) years of continuing medical education in the area of cardiovascular disease. (III-R, IV-R)]

2. Registered nurses assigned to the emergency department shall complete the following requirements:

A. Registered nurses assigned to the emergency department at level I *[and II]* STEMI centers shall complete and document a minimum of *[four (4)]* **two (2)** hours of continuing education every year in the area of cardiovascular disease; **and** (I-R*[, II-R]*)

[B. Registered nurses assigned to the emergency department at level III and IV STEMI centers shall complete and

document a minimum of six (6) hours of continuing education every two (2) years in the area of cardiovascular disease; and (III-R, IV-R)]

*[C.]***B.** Registered nurses assigned to the emergency department at STEMI centers shall maintain core competencies in the care of the STEMI patient annually as determined by the STEMI center. Continuing education earned in training to maintain these competencies may count toward continuing education requirements. (I-R, II-R, III-R, IV-R)

(F) Registered nurses assigned to the intensive care unit who provide care to STEMI patients shall complete the following continuing education requirements:

1. Registered nurses in the intensive care unit shall complete and document a minimum of eight (8) hours every year of continuing education in the area of cardiovascular disease. This continuing education shall be reviewed for appropriateness by the STEMI center medical director to the practitioner's level of responsibility. (I-R*[, II-R]*).

(G) Registered nurses and clinical staff assigned to the cardiac catheterization lab shall complete the following continuing education requirements:

1. Registered nurses and clinical staff shall complete and document a minimum of eight (8) hours of continuing education every year in the area of acute coronary syndrome. This continuing education shall be reviewed for appropriateness by the STEMI center medical director to the practitioner's level of responsibility. (I-R*[, II-R]*)

(H) Registered nurses assigned to the intermediate care unit shall complete the following continuing education requirements:

1. Intermediate care unit registered nurses in level I *[and level II]* STEMI centers shall complete and document a minimum of eight (8) hours every year of continuing education in the area of cardiovascular disease. This continuing education shall be reviewed for appropriateness by the STEMI center medical director to the practitioner's level of responsibility*[; and]***.** (I-R*[, II-R]*)

[2. Intermediate care unit registered nurses in level III STEMI centers shall complete and document a minimum of eight (8) hours of continuing education every two (2) years in the area of cardiovascular disease. This continuing education shall be reviewed for appropriateness by the STEMI center medical director to the practitioner's level of responsibility. (III-R)]

*AUTHORITY: section**[s]** 190.185**, RSMo 2016,** and **section** 190.241, RSMo Supp. **[2012] 2022**. Original rule filed Nov. 15, 2012, effective June 30, 2013. Emergency amendment filed Nov. 21, 2022, effective Dec. 7, 2022, expires June 4, 2023. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.*

PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the time the emergency is effective.

PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars ($500) in the time the emergency is effective.

TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE
Division 2150 – State Board of Registration for the Healing Arts
Chapter 2 – Licensing of Physicians and Surgeons

EMERGENCY AMENDMENT

20 CSR 2150-2.080 Physician Licensure Fees. The board is amending subsection (1)(A).

PURPOSE: This amendment updates physician licensure fees pursuant to section 135.690.3, RSMo.

EMERGENCY STATEMENT: During the 101st General Assembly, 2022, Senate Substitute for Senate Committee Substitute for House Bill 2331 was passed and became effective August 28, 2022. This piece of legislation created a tax credit under section 135.690, RSMo, for any community-based faculty preceptor who serves as the community-based faculty preceptor for a medical student core preceptorship. Funding for the tax credit program shall be generated from a license fee increase of seven dollars ($7.00) per license for physicians and surgeons.

This emergency amendment is necessary to preserve a compelling governmental interest by establishing the fee necessary to support the administration of section 135.690, RSMo, by the Missouri Department of Health and Senior Services. Without this emergency amendment the seven dollar ($7.00) per license fee requirement will not be effective in time for the January 1, 2023, effective date stated in section 135.690.3(1), RSMo.

*As a result, the State Board of Registration for the Healing Arts finds that there is a compelling governmental interest that requires this emergency action. A proposed amendment that covers the same material is published in this issue of the **Missouri Register**. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri** and **United States Constitutions.** The State Board of Registration for the Healing Arts believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed November 30, 2022, becomes effective January 1, 2023, and expires June 29, 2023.*

(1) The following fees are established by the State Board of Registration for the Healing Arts:

(A) Physician	
1. Assistant Physician	
A. Licensure Fee	$25
B. Renewal Fee	$25
C. Prescriptive Authority Fee	$25
2. Contiguous State License	
A. Licensure Fee	$25
B. Renewal Fee	$25
3. Limited License	
A. Licensure Fee	$25
B. Renewal Fee	$25
4. Permanent Physician	
A. Licensure Fee	*[$75]* **$82**
B. Reinstatement Fee	$75
C. Renewal Fee	$100
5. Temporary Physician	
A. Conditional Temporary License Fee	$25
B. Temporary License Fee	$25
C. Temporary Renewal Fee	$25
6. Visiting Professor	
A. Licensure Fee	$25
B. Renewal Fee	$25

*AUTHORITY: section 135.690, RSMo Supp. 2022, and sections 334.090.2 and 334.125, RSMo 2016. This rule originally filed as 4 CSR 150-2.080. Emergency rule filed July 1, 1981, effective July 11, 1981, expired Nov. 8, 1981. Original rule filed July 14, 1981, effective Oct. 11, 1981. Emergency amendment filed Nov. 30, 2022, effective Jan. 1, 2023, expires June 29, 2023. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.*

PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the time the emergency is effective.

PRIVATE COST: This emergency amendment will cost private entities eleven thousand one hundred thirty dollars ($11,130) in the time the emergency is effective.

PRIVATE FISCAL NOTE

I. RULE NUMBER

Title 20 -Department of Commerce and Insurance
Division 2150—State Board of Registration for the Healing Arts
Chapter 2 – Licensing of Physicians and Surgeons
Proposed Amendment to 20 CSR 2150-2.080 Physician Licensure Fees

II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated costs for the life of the rule by affected entities:
1,590	Permanent Physician Application (Fee Increase @ $7)	$11,130
	Estimated Cost Beginning in the time the emergency is effective	**$11,130**

III. WORKSHEET

See Table Above

IV. ASSUMPTION

1. The board is statutorily obligated to collect the seven dollar ($7) preceptorship fee under section 339.690, RSMo. The revenue produced will be deposited in the Medical Preceptor Fund to be administered by the Department of Health and Senior Services.
2. Actual revenue increases may vary based on applications received.
3. It is anticipated that the total costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE
Division 2150 – State Board of Registration for the Healing Arts
Chapter 7 – Licensing of Physician Assistants

EMERGENCY AMENDMENT

20 CSR 2150-7.200 Physician Assistant Licensure Fees. The board is amending section (1)(A).

PURPOSE: This amendment updates physician assistant licensure fees pursuant to section 135.690.3, RSMo.

EMERGENCY STATEMENT: During the 101st General Assembly, 2022, Senate Substitute for Senate Committee Substitute for House Bill 2331 was passed and became effective August 28, 2022. This piece of legislation created a tax credit under section 135.690, RSMo, for any community-based faculty preceptor who serves as the community-based faculty preceptor for a physician assistant student core preceptorship. Funding for the tax credit program shall be generated from a license fee increase of three dollars ($3.00) per license for physician assistants.

This emergency amendment is necessary to preserve a compelling governmental interest by establishing the fee necessary to support the administration of section 135.690, RSMo, by the Missouri Department of Health and Senior Services. Without this emergency amendment the three dollar ($3.00) per license fee requirement will not be effective in time for the January 1, 2023, effective date stated in section 135.690.3(1), RSMo.

*As a result, the State Board of Registration for the Healing Arts finds that there is a compelling governmental interest that requires this emergency action. A proposed amendment that covers the same material is published in this issue of the **Missouri Register**. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri** and **United States Constitutions**. The State Board of Registration for the Healing Arts believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed November 30, 2022, becomes effective January 1, 2023, and expires June 29, 2023.*

(1) The following fees are established by the Missouri State Board of Registration for the Healing Arts in conjunction with the director of the Division of Professional Registration:

(A) Physician Assistant	
1. Licensure Fee	*[$25]* **$28**
2. Renewal Fee	$25
3. Temporary Licensure Fee	$25
4. Temporary Licensure Renewal Fee	$25
5. Certificate of Controlled Substance Prescriptive Authority Fee	$25

*AUTHORITY: section 135.690, RSMo Supp. 2022, and sections 334.125, 334.735, 334.736, 334.738, and 334.743, RSMo 2016. This rule originally filed as 4 CSR 150-7.200. Emergency rule filed Sept. 15, 1992, effective Sept. 25, 1992, expired Jan. 22, 1993. Original rule filed April 2, 1992, effective Dec. 3, 1992. Emergency amendment filed Nov. 30, 2022, effective Jan. 1, 2023, expires June 29, 2023. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.*

PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the time the emergency is effective.

PRIVATE COST: This emergency amendment will cost private entities four hundred twenty dollars ($420) in the time the emergency is effective.

PRIVATE FISCAL NOTE

I. RULE NUMBER

Title 20 -Department of Commerce and Insurance
Division 2150—State Board of Registration for the Healing Arts
Chapter 7—Licensing of Physician Assistants
Proposed Amendment to 20 CSR 2150-7.200 Physician Assistant Licensure Fees

II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated costs for the life of the rule by affected entities:
140	Physician Assistant Application (Fee Increase @ $3)	$420
	Estimated Cost in the time the emergency is effective	**$420**

III. WORKSHEET

See Table Above

IV. ASSUMPTION

1. The board is statutorily obligated to collect the three dollar ($3) preceptorship fee under section 339.690, RSMo. The revenue produced will be deposited in the Medical Preceptor Fund to be administered by the Department of Health and Senior Services.
2. Actual revenue increases may vary based on applications received.
3. It is anticipated that the total costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

The Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo.

EXECUTIVE ORDER
22-07

WHEREAS, on July 21st, 2022, I declared a drought alert for 53 counties through Executive Order 22-04; and

WHEREAS, Executive Order 22-04 is set to expire on December 1, 2022; and

WHEREAS, the counties of Atchison, Barton, Bollinger, Boone, Cape Girardeau, Carroll, Cedar, Clay, Cooper, Dade, Dallas, Dunklin, Greene, Hickory, Howard, Jackson, Jasper, Johnson, Lafayette, Lawrence, McDonald, Mississippi, Moniteau, New Madrid, Newton, Pemiscot, Perry, Pettis, Platte, Polk, Saint Clair, Saline, Scott, Stoddard, Vernon, and Wayne continue to experience severe or extreme drought; and

WHEREAS, additional counties may enter severe, extreme, or exceptional drought according to the U.S. Drought Monitor and those counties shall also be declared in drought alert; and

WHEREAS, drought conditions remain such that the drought-response efforts described in Executive Order 22-04 are necessary to support continued mitigation; and

NOW, THEREFORE, I, MICHAEL L. PARSON, GOVERNOR OF THE STATE OF MISSOURI, by virtue and authority vested in me by the Constitution and laws of the State of Missouri, do hereby extend Executive Order 22-04 until March 1, 2023, unless terminated or extended by subsequent order.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 28th day of November, 2022.

MICHAEL L. PARSON
GOVERNOR

ATTEST:

JOHN R. ASHCROFT
SECRETARY OF STATE