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

PROPOSED AMENDMENT

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

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, removes requirements relating to the operation or construction of a helipad at stroke centers, 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.

(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)

(P) The stroke center shall have a helicopter landing area. (I-R, II-R, III-R, IV-R)

[1. Level I and II stroke centers shall have a lighted designated helicopter landing area at the stroke center to accommodate incoming medical helicopters. (I-R, II-R)

A. The landing area shall serve solely as the receiving and take-off area for medical helicopters and shall be cordoned off at all times from the general public to assure its continual availability and safe operation. (I-R, II-R)

B. The landing area shall be on the hospital premises no more than three (3) minutes from the emergency room. (I-R, II-R)

2. Level III and IV stroke centers shall have a lighted designated helicopter landing area that meets the following requirements:

A. Accommodates incoming medical helicopters; (III-R, IV-R)

B. Serves as the receiving and take-off area for medical helicopters; (III-R, IV-R)

C. Be cordoned off when in use from the general public; (III-R, IV-R)

D. Be managed to assure its continual availability and safe operation; and (III-R, IV-R)

E. Though not required, it is recommended the landing area be no more than three (3) minutes from the emergency department. (III-R, IV-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**s** (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**I** 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]***.** (III-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**, 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**; *[or]* (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. Amended: Filed Nov. 21, 2022.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars

($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Nicole Gamm at Nicole.Gamm@health.mo.gov or Missouri Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

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

PROPOSED 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.

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

(III) Thrombolytics – drugs, including recombinant tissue plasminogen activator, used to dissolve clots blocking flow in a blood vessel. These thrombolytic drugs are used in the treatment of acute ischemic stroke and acute myocardial infarction; *[and]*

(JJJ) Transfer agreement – a document which sets forth the rights and responsibilities of two (2) hospitals regarding the inter-hospital transfer of patients*[.]***; and**

(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. Amended: Filed Nov. 21, 2022.*

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

PROPOSED 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), renumbering as necessary, 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 House Bill 2331 which made changes to sections 190.241 and 190.245, RSMo, effective August 28, 2022, adds Comprehensive Heart Attack Center by the Joint Commission as a type of certification or verification that hospitals may have in order for the department to designate hospitals as level II STEMI centers, adds a requirement that hospitals must provide the department with required medical records and quality improvement documentation or be revoked, allows hospitals to continue to be designated as long as the hospital has submitted an application and the department has not yet been able to conduct a review before expiration, 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 subsection (3)(A) by adding Comprehensive Heart Attack Center, 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.

(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 on-site 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 on-site and/or virtually. Due to unforeseen circumstances, the department may need to change whether the review is conducted on-site 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 on-site 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 on-site 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 on-site 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 on-site 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. **Expiration of the designation shall occur unless the STEMI center applies for validation review within this three- (3-) year period and the department is unable to conduct a review before the designation expires.**

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 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/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 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 on-site visit coordinator for the review. The on-site visit coordinator role cannot be fulfilled by the STEMI program manager. This on-site 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 (1) 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 on-site 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 pre-review call with the qualified contractors, the department, the STEMI program medical director, the STEMI program manager, the staff navigators and the on-site 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 process 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;

(B) Both sections A and B of the application for STEMI certified hospital designation form, included herein, shall be complete before the department designates a hospital/STEMI center. The department shall notify the hospital/STEMI center of any apparent omissions or errors in the completion of the application for STEMI certified hospital designation form. Upon receipt of a completed and approved application, the department shall designate such hospital as follows:

1. The department shall designate a hospital as a level I STEMI center if such hospital has been certified as a comprehensive cardiac center by the Joint Commission;

2. The department shall designate a hospital as a level II STEMI center if such hospital has been certified as any of the following:

A. Mission Lifeline Percutaneous Coronary Intervention (PCI)/STEMI receiving center by the American Heart Association;

B. Chest pain center with PCI center by the American College of Cardiology;

C. Chest pain with PCI and resuscitation center by the American College of Cardiology; *[or]*

D. Primary Heart Attack Center by the Joint Commission; **or**

E. Comprehensive Heart Attack Center by the Joint Commission;

3. The department shall designate a hospital as a level III STEMI center if such hospital has been certified as any of the following:

A. Mission Lifeline non/PCI STEMI referral center by the American Heart Association;

B. Chest pain center by the Joint Commission;

C. Acute Heart Attack Ready Center by the Joint Commission;

D. Primary Acute Myocardial Infarction (AMI) center by the Joint Commission; or

E. Chest pain center by the American College of Cardiology;

(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)]***(D)** 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 **the** 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 **the** 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 College of Cardiology, Chest Pain with PCI Center ☐ American College of Cardiology, Chest Pain with PCI and Resuscitation Center ☐ Joint Commission, Primary Heart Attack Center ☐ Joint Commission, Comprehensive Heart Attack Center	☐ American Heart Association, Mission Lifeline Non/PCI STEMI Referral Center ☐ Joint Commission, Chest Pain Center ☐ Joint Commission, Primary Acute Myocardial Infarction (AMI) 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 systems 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)

MO 580-3055 (10-2022)

EMS

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. For intervening history, please consult the* ***Code of State Regulations****. Emergency amendment filed Nov. 21, 2022, effective Dec. 7, 2022, expires June 4, 2023. Amended: Filed Nov. 21, 2022.*

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions two thousand five hundred dollars ($2,500) during a three- (3-) year designation period.

PRIVATE COST: This proposed amendment will cost private entities eight thousand seven hundred fifty dollars ($8,750) during a three- (3-) year designation period.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with NicoleGamm at Nicole.Gamm@health.mo.gov or Missouri Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

FISCAL NOTE
PUBLIC 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:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
10 private hospitals/STEMI centers	$2,500 during a 3 year designation period
TOTAL COSTS =	**$2,500 during a 3 year designation period**

III. WORKSHEET

Ten (10) public hospitals/STEMI centers reviewed during a three (3) year designation period X $250.00 = $2,500 for public hospitals/STEMI centers reviewed during a three (3) year period.

IV. ASSUMPTIONS

There are currently forty-five (45) Level I-IV STEMI centers designated with the department. Ten (10) of the STEMI centers are public hospitals/STEMI centers which will be reviewed during a three (3) year designation period.

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).

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:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
35 private hospitals/STEMI centers for virtual review costs	$8,750 during a 3 year designation period
TOTAL COSTS =	**$8,750 during a 3 year designation period**

III. WORKSHEET

Thirty-five (35) private hospitals/STEMI centers reviewed during a three (3) year designation period X $250.00 = $8,750 for private hospitals/STEMI centers reviewed during a three (3) year period.

IV. ASSUMPTIONS

There are currently forty-five (45) Level I-IV STEMI centers designated with the department. Thirty-five (35) of the STEMI centers are private hospitals/STEMI centers which will be reviewed during a three (3) year designation period.

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

PROPOSED 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 as necessary.

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, removes requirements relating to the operation or construction of a helipad at STEMI centers, and adds an option for STEMI centers to enter STEMI data into a national data registry or databank that will allow the STEMI center to perform its performance improvement, and patient safety program requirements.*

(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)

[(R) Level I, II, and III STEMI centers shall have a lighted designated helicopter landing area at the STEMI center to accommodate incoming medical helicopters. (I-R, II-R, III-R)

1. The landing area shall serve solely as the receiving and take-off area for medical helicopters and shall be cordoned off at all times from the general public to assure its continual availability and safe operation. (I-R, II-R, III-R)

2. The landing area shall be on the hospital premises no more than three (3) minutes from the emergency room. (I-R, II-R, III-R)

(S) Level IV STEMI centers shall have a lighted designated helicopter landing area that meets the following requirements:

1. Accommodates incoming medical helicopters; (IV-R)

2. Serves as the receiving and take-off area for medical helicopters; (IV-R)

3. Cordoned off from the general public when in use; (IV-R)

4. Managed to assure its continual availability and safe operation; and (IV-R)

5. It is recommended the landing area shall be no more than three (3) minutes from the emergency department. (IV-R)]

(R) The STEMI center shall have a helicopter landing area. (I-R, II-R, III-R, IV-R)

*[(T)]***(S)** 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**s** (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)

*[(U)]***(T)** A STEMI center shall maintain a diversion protocol for the STEMI center that is designed to allow best resource management within a given area. The STEMI center shall create criteria for diversion in this diversion protocol and shall detail a performance improvement and patient safety process in the diversion protocol to review and validate the

criteria for diversion created by the STEMI center. The STEMI center shall also collect, document, and maintain diversion information that includes at least the date, length of time, and reason for diversion. This diversion information shall be readily retrievable by the STEMI center during a review by the department and shall be kept by the STEMI center for a period of five (5) years. (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 manager'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 manager'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. Amended: Filed Nov. 21, 2022.*

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

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Nicole Gamm at Nicole.Gamm@health.mo.gov or Missouri Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

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

PROPOSED RULE

19 CSR 30-40.792 Adult Trauma and Pediatric Field Triage and Transport Protocol

PURPOSE: This rule establishes protocols for transporting suspected trauma patients by severity and time of onset to the trauma centers where resources exist to provide appropriate care.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) All ground and air ambulances shall use the Adult and Pediatric Trauma Field Triage and Transport Protocol unless the department has waived the requirements of the rule pursuant to section 190.200.3, RSMo, and 19 CSR 30-40.790.

(A) Assess for life-threatening conditions (such as serious airway or respiratory compromise or immediate life-threatening conditions that cannot be managed in the field).

1. If there are life-threatening conditions, then transport patient to the closest trauma center or hospital emergency department capable of managing the condition.

2. If there are no life-threatening conditions, then assess the patient using the *2021 National Guideline for the Field Triage of Injured Patients*, which is incorporated by reference in this rule as published by the American College of Surgeons and available online at www.facs.org/quality-programs/trauma/systems/field-triage-guidelines/ or from the American College of Surgeons, 633 N. Saint Clair St., Chicago, Illinois 60611-3295. This rule does not incorporate any subsequent amendments or additions.

A. If the patient is fifteen (15) years of age or older and meets any one (1) of the listed red criteria, then transport the patient to a level I or II trauma center according to local and regional process. If the patient is younger than fifteen (15) years old, then transport to a level I or II pediatric trauma center or a level I or II pediatric capable trauma center according to local and regional process. A pediatric capable trauma center is an adult trauma center designated by the department that admits fewer than one hundred (100) injured children younger than fifteen (15) years of age. The local and regional process shall take into consideration time for transport, patient condition, and treatment window (within 60 minutes from time of injury to the appropriate trauma center) with the goal to secure the appropriate treatment for the patient as expeditiously as possible via ground and/or air. The local and regional process for bi-state regions accounts for out-of-state transport when appropriate.

B. If the patient is fifteen (15) years of age or older and meets any one (1) of the listed yellow criteria, then transport the patient to a level I, II or III trauma center. If the patient is less than fifteen (15) years old, then transport to a level I, II, or III pediatric trauma center or a level I, II or III pediatric capable trauma center according to local and regional process. Local and regional process shall take into consideration time for transport, patient condition, and treatment window (within 60 minutes from time of injury to the appropriate trauma center) with the goal to secure the appropriate treatment for the patient as expeditiously as possible via ground and/or air. The local and regional process for bi-state regions accounts for out-of-state transport when appropriate.

(2) When initial transport from the scene of illness or injury to a trauma patient is prolonged, the trauma patient may be transported to the nearest appropriate facility for stabilization prior to transport to an appropriate trauma center.

(3) Nothing in this rule shall restrict an individual patient's right to refuse transport to a recommended destination. All ground

and air ambulances shall have a written process in place to address patient competency and refusal of transport to the recommended destination.

AUTHORITY: section 190.185, RSMo 2016, and sections 190.200 and 190.243, RSMo Supp. 2022. Original rule filed Nov. 21, 2022.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions a range of zero to two hundred fifty thousand dollars ($0 to $250,000) in the first year and annually thereafter.

PRIVATE COST: This proposed rule will cost private entities a range of zero to two hundred fifty thousand dollars ($0 to $250,000) in the first year and annually thereafter.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Nicole Gamm at Nicole.Gamm@health.mo.gov or Missouri Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

FISCAL NOTE
PUBLIC COST

I. Department Title: Missouri Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: Chapter 40- Comprehensive Emergency Medical Services System

Rule Number and Name:	**19 CSR 30-40.792 Adult Trauma and Pediatric Field Triage and Transport Protocol**
Type of Rulemaking:	**Proposed Rule**

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
ground service licensees (public)	**$0 to $250,000 for the first year and annually thereafter.**
	Total= $0 to $250,000 for the first year and annually thereafter.

III. WORKSHEET

$0-$250,000- range for the first year and annually thereafter.

IV. ASSUMPTIONS

There are approximately 220 ground services licensed in Missouri with 201 of these ground services being public and twenty-nine (29) of these services being private. There are approximately twelve (12) air services licensed in Missouri with all of these air services being private. Ground and air services have been transporting to trauma centers without a specific transport protocol for many years as section 190.243, RSMo required this and most medical directors included this transport into the services' medical protocols.

Additionally, several emergency medical service ("EMS") regions have had community plans in place, which were approved by the department, regarding where to transport trauma patients in their EMS regions. There are currently three EMS regions (Kansas City, St. Louis and Central Missouri) with department approved community plans. In these regions, EMS can follow the department approved community plans pursuant to this proposed rule and do not have to follow this proposed rule. Therefore, there should not be much of a cost for these regions because most if not all of the services will be utilizing the department approved plan for trauma transport in their regions not the department trauma transport protocol.

The department is providing this fiscal note as there may be differences between the criteria that medical directors currently rely on in their medical protocols to determine what is a trauma and what medical criteria will now be required through this proposed rule. The EMS services can still use their local and regional process, but there is a potential for there to be more trauma transport if the medical criteria in this proposed rule is different from what the services currently have in their medical protocols.

EMS services get paid for their ambulance calls through patients by the patients' insurance/Medicaid/Medicare. However, there still may be costs associated with staffing/ambulances related to this proposed rule for those three (3) EMS regions (Northwest, Southwest and Southeast) that will follow this proposed rule or any other ground or air service that does not want to follow their community plans in the EMS regions that have community plans already approved by the department.

It is difficult to know what this cost may be at this time. Therefore, the department is projecting a range from $0 to $250,000 annually based on any trauma transports that will result based on the differences in the new trauma criteria in this proposed rule that will prompt transport to a trauma center different than the medical directors' medical protocols. Additionally, any payment the service receives for the transport will subtracted from the cost to the EMS service. Thus, the net result after payment to the respective EMS services will be a range from $0 to $250,000 for publicly owned ambulance services.

FISCAL NOTE
PRIVATE COST

I. Department Title: Missouri Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: Chapter 40- Comprehensive Emergency Medical Services System

Rule Number and Name:	**19 CSR 30-40.792 Adult Trauma and Pediatric Field Triage and Transport Protocol**
Type of Rulemaking:	**Proposed Rule**

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
ground service licensees and air service licensee (private)	**$0 to $250,000 for the first year and annually thereafter.**
	Total= $0 to $250,000 for the first year and annually thereafter.

III. WORKSHEET

$0-$250,000- range for the first year and annually thereafter.

IV. ASSUMPTIONS

There are approximately 220 ground services licensed in Missouri with 201 of these ground services being public and nineteen (19) of these services being private. There are approximately twelve (12) air services licensed in Missouri with all of these air services being private. Ground and air services have been transporting to trauma centers without a specific transport protocol for many years as section 190.243, RSMo required this and most medical directors included this transport into the services' medical protocols.

Additionally, several emergency medical service ("EMS") regions have had community plans in place, which were approved by the department, regarding where to transport trauma patients in their EMS regions. There are currently three EMS regions (Kansas City, St. Louis and Central Missouri) with department approved community plans. In these regions, EMS can follow the department approved community plans pursuant to this proposed rule and do not have to follow this proposed rule. Therefore, there should not be much of a cost for these regions because most if not all of the services will be utilizing the department approved plans for trauma transport in their regions not the department's trauma transport protocol.

The department is providing this fiscal note as there may be differences between the criteria that medical directors currently rely on in their medical protocols to determine

what is a trauma and what medical criteria will now be required through this proposed rule. The EMS services can still use their local and regional process, but there is a potential for there to be more trauma transport if the medical criteria in this proposed rule is different from what the services currently have in their medical protocols.

EMS services get paid for their ambulance calls through patients by the patients' insurance/Medicaid/Medicare. However, there still may be costs associated with staffing/ambulances related to this proposed rule for those three (3) EMS regions (Northwest, Southwest and Southeast) that will follow this proposed rule or any other ground or air service that does not want to follow their community plans in the EMS regions that have community plans already approved by the department.

It is difficult to know what this cost may be at this time. Therefore, the department is projecting a range from $0 to $250,000 annually based on any trauma transports that will result based on the differences in the new trauma criteria in this proposed rule that will prompt transport to a trauma center different than the medical directors' medical protocols. Additionally, any payment the service receives for the transport will subtracted from the cost to the EMS service. Even though there are not many private ground ambulances, there are twelve (12) private air ambulances. While air ambulances many times will be transferring hospital patients to a higher level of trauma care, there may be times where they respond to emergencies and transport the patient to the appropriate trauma center. Air ambulance transport costs are higher than ground ambulance transports and not all of these costs may be reimbursed back from the insurance/government paying for the transport. Thus, the net result after payment to the respective EMS services will be a range from $0 to $250,000 for privately owned ambulance services due to the higher potential costs of air ambulance transports.

TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 73 – Missouri Board of Nursing Home Administrators
Chapter 2 – General Rules

PROPOSED AMENDMENT

19 CSR 73-2.130 Notice of Change of *[Address] Contact Information and Missouri Administrator Employment*. The department is amending the rule title and section (1).

PURPOSE: The purpose of the amendment is to modify the number of days for an administrator to provide notification to the board and clarify the information that must be updated with the board.

(1) Each administrator shall notify the board office of his/her current contact information within *[twenty-one (21)]* **ten (10) calendar** days of change *[personal contact information, facility employment, or both. Contact information shall include the following: mailing address, email, and telephone number(s).]* **for any of the following:**

(A) Personal contact information, which shall include administrator license number, personal mailing address, email, and telephone number(s); and

(B) Missouri administrator employment, which shall include, administrator license number, facility name, mailing address, telephone number(s), and employment dates.

AUTHORITY: section 344.070, RSMo [Supp. 2010] 2016. This rule was previously filed as 13 CSR 73-2.130. Original rule filed May 13, 1980, effective Aug. 11, 1980. Amended: Filed Oct. 17, 1985, effective March 14, 1986. Moved to 19 CSR 73-2.130, effective March 3, 2003. Amended: Filed June 15, 2011, effective Jan. 30, 2012. Amended: Filed Nov. 28, 2022.

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

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of in opposition to this proposed amendment with Sally McKee, Missouri Board of Nursing Home Administrators, 3418 Knipp Drive, PO Box 570, Jefferson City, MO 65102, or via email at Sally.McKee@health.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE
Division 2010 – Missouri State Board of Accountancy
Chapter 2 – General Rules

PROPOSED RULE

20 CSR 2010-2.085 Reinstatement of Firm Permit

PURPOSE: This rule establishes requirements for reinstatement of permit to practice for CPA firms.

(1) The board may reinstate the permit of any CPA firm provided–

(A) The firm submits a completed reinstatement application and applicable fees.

(2) A firm shall submit a reinstatement application where the permit has expired for more than two (2) months or has previously been suspended or revoked.

(3) In the event of application for reinstatement of a permit to practice, wherein the CPA firm had been previously suspended or revoked by the board, the board may modify the earlier discipline by placing requirements or restrictions upon the reinstated permit. Such modifications may include probation, pre-issuance reviews, and other such requirements as permitted by law and determined by the board.

(4) A firm making application for reinstatement that has been practicing public accounting in Missouri without an active permit shall not be reinstated until all required fees and delinquent fees have been paid, which were not paid previously.

(5) The provisions of this rule are declared severable. If any provision of this rule is held invalid by a court of competent jurisdiction, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction to be invalid.

AUTHORITY: sections 324.038 and 326.262, RSMo 2016, and section 326.289, RSMo Supp. 2022. Original rule filed Dec. 1, 2022.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Board of Accountancy, PO Box 613, Jefferson City, MO 65102, by facsimile at (573) 751-0012, or via email at mosba@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE
Division 2010 – Missouri State Board of Accountancy
Chapter 2 – General Rules

PROPOSED AMENDMENT

20 CSR 2010-2.160 Fees. The board is amending section (1).

PURPOSE: This amendment combines and clarifies existing fees, increases delinquent and inactive fees, and establishes reinstatement fees.

(1) The following fees are established by the Missouri State Board of Accountancy **for certified public accountants (CPA) and certified public accounting firms**.

(A) *[Initial]* Reciprocity Fee	*[$75.00]* **$165.00**
(B) Wall Hanging Fee **(duplicate)**	$ 25.00
[(C) Firm Permit Fee (professional corporation, sole proprietor, partnership, limited liability company)	*$90.00]*
*[(D)]***(C)** *[Individual]* **CPA** License Fee (initial)	*[$65.00]* **$90.00**
*[(E)]***(D)** *[Individual]* **CPA** License Fee (biennial renewal)	$ 80.00
(E) CPA Inactive License Fee (initial)	**$ 50.00**
(F) CPA Inactive License Fee (biennial renewal)	**$ 50.00**

(G) CPA Reinstatement of License Fee **$200.00**
(H) Firm Permit Fee (initial) **$ 90.00**
(I) Firm Permit Fee (annual renewal) **$ 90.00**
(J) Reinstatement of CPA Firm Permit Fee **$200.00**
*[(F)]***(K)** Replacement Fee (license or permit) $10.00
*[(G)]***(L)** Delinquent fee for failure to obtain a permit or license, or timely renew a permit or license (per month or portion of a month) –

1. Firms *[practicing public accounting in this state (sole proprietors, limited liability companies, partnerships and professional corporations) (per month or portion of a month)* *$ 25.00]* **$ 50.00**
2. *[All c]***C**ertified public accountants *[(per month or portion of a month) (not to exceed $100.00)* *$ 25.00]* **$ 50.00**

[(H) Inactive License Fee (initial) *$ 25.00*
(I) Inactive License Fee (biennial renewal) *$ 25.00]*
*[(J)]***(M)** *[Insufficient Funds]* **Bad Check** Fee $ 25.00

*AUTHORITY: sections 326.262 and 326.271, RSMo 2016, and sections 326.277, 326.280, 326.283, 326.286, and 326.289, RSMo Supp. [2020] **2022**. This rule originally filed as 4 CSR 10-2.160. Emergency rule filed Aug. 6, 1981, effective Aug. 16, 1981, expired Dec. 10, 1981. Original rule filed Aug. 6, 1981, effective Dec. 11, 1981. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Dec. 1, 2022.*

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

PRIVATE COST: This proposed amendment will cost private entities thirty-seven thousand dollars ($37,000) annually for the life of the rule. It is anticipated that the 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.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Board of Accountancy, PO Box 613, Jefferson City, MO 65102, by facsimile at (573) 751-0012, or via email at mosba@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

PRIVATE FISCAL NOTE

I. RULE NUMBER

Title 20 -Department of Commerce and Insurance
Division 2010—Missouri State Board of Accountancy
Chapter 2 - General Rules
Proposed Amendment to 20 CSR 2010-2.160 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:
10	Delinquent Fee - Firms (Fee Increase @ $25)	$250
52	Delinquent Fee - Individuals (Fee Increase @ $25)	$1,300
77	Reinstatement of CPA license (Fee @ $200)	$15,400
19	Reinstatement of CPA firm permit (Fee @ $200)	$3,800
200	Inactive License - Initial (Fee Increase @ $25)	$5,000
450	Inactive License - Renewal (Fee Increase @ $25)	$11,250
	Estimated Revenue Beginning in FY23 and Annually Thereafter	**$37,000**

III. WORKSHEET

See Table Above

IV. ASSUMPTION

1. The firm renewal fee, initial reciprocity fee and the individual license fee do not represent an increase in costs. The fees incorporate the fees currently paid by applicants into one fee. The reciprocity fee incorporate the reciprocity ($75), initial license ($65) and wall hanging ($25) into one fee of $165. The individual fee incorporates the license fee ($65) and wall hanging ($25) into one fee of $90.

2. Firm delinquent fees – The increase in this fee due to late renewal will be reduced to two months at the maximum due. Firms will be required to reinstatement licensure once expired. The reinstatement process being proposed in rule amendment 20 CSR 2010-2.085. Firms will move to expired status upon the end of the renewal period and require reinstatement.
3. CPA delinquent Fees – The increase in this fee due to late renewal will be reduced to three months as the maximum amount due for late renewal. Individuals will be required to reinstate their license after the late renewal period. In addition, delinquent fees will be offset by the anticipated reduction in penalties that often accompany continuing education deficit that results from individual CPAs renewing late into the two year late renewal window. Active licensure reverts back to the beginning of when the license status expired, thus requiring continuing education for the entire period in which the license was previously expired. CPA deficits typically result in disciplinary action with monetary penalties.
4. Reinstatements - CPA – The board anticipates an average of 77 reinstatements annually. With the fee increase this average would result in an increase of $15,400 annually.
5. Reinstatements – Firms – The reinstatement process will be new but the currently requirement when a firm license expires to go through a process of renewing each expired or lapsed year individually at the annual renewal rate of $90 regardless of the number of years involved. The reinstatement process (as proposed in new rule) will allow for a one time fee of $200 to reinstate licensure regardless of the total years expired or lapsed.
6. Inactive (initial) – The board anticipates approximately 200 CPAs will place their license in inactive status annually at renewal. The anticipated cost of this increase is $5000.
7. Inactive (renewals) The board anticipates approximately 450 CPA will renew their inactive license annually for an increase in funding of $11,250. However, there is an overall reduction of funding to the board as inactive licensee renewal fees are $30 less than active licensure renewal fee ($80). There is a reduction in funding to the program if $13,500.
8. 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.

Note: The division is statutorily obligated to enforce and administer the provisions of sections 326.250 to 326.331, RSMo. Pursuant to section 326.319, RSMo, the board shall by rule and regulation set the amount of fees authorized by section 326.319, RSMo, so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the division for administering the provisions of sections 326.250 to 326.331, RSMo.

TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE
Division 2010 – Missouri State Board of Accountancy
Chapter 3 – Professional Ethics – Rules of Conduct

PROPOSED AMENDMENT

20 CSR 2010-3.060 Other Responsibilities and Practices. The board is amending section (7).

PURPOSE: The amendment clarifies the methods in which the board may deliver communication to a licensee.

(7) A licensee, when requested, shall respond to communications from the board within thirty (30) days of **hand delivery, verified electronic mail (read receipt), or** mailing of these communications by registered or certified mail.

*AUTHORITY: section[s] 326.271, [326.280, and 326.289,] RSMo [Supp. 2012] 2016, and sections 326.280 and 326.289, RSMo Supp. 2022. This rule originally filed as 4 CSR 10-3.060. Original rule filed July 3, 1975, effective Aug. 25, 1975. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Dec. 1, 2022.*

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

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Board of Accountancy, PO Box 613, Jefferson City, MO 65102, by facsimile at (573) 751-0012, or via email at mosba@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE
Division 2010 – Missouri State Board of Accountancy
Chapter 4 – Continuing Education Requirements

PROPOSED AMENDMENT

20 CSR 2010-4.031 Continuing Professional Education (CPE) Documentation. The board is amending subsection (1)(E).

PURPOSE: This amendment clarifies language on CPE deficiencies.

(1) Continuing Professional Education (CPE) Records.

(E) Beginning January 1, 2021, a licensee in good standing may cure their CPE deficiencies due to a disallowance of courses or hours by the board as follows:

1. A licensee shall have thirty (30) days from the date of notice of the board's assertion of a licensee's failure to comply with the annual qualifying CPE requirements to **provide the acceptable documentation set forth in subsection (1)(B) above, or** obtain qualifying CPE hours; *[and]*

2. Licensees requesting to use the above cure period shall submit a written application to the board on a form provided by the board no later than thirty (30) days from the date of the board's notice*[.]***; and**

3. To cure a deficiency, a licensee must, within thirty (30) days of the notice to cure –

A. Submit the acceptable documentation for hours denied; and/or

B. Complete new CPE courses and provide acceptable documentation.

*AUTHORITY: section 326.271, RSMo 2016, and section 326.310, RSMo Supp. [2020] 2022. This rule originally filed as 4 CSR 10-4.031. Original rule filed April 5, 2004, effective July 30, 2004. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Dec. 1, 2022.*

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

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Board of Accountancy, PO Box 613, Jefferson City, MO 65102, by facsimile at (573) 751-0012, or via email at mosba@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE
Division 2010 – Missouri State Board of Accountancy
Chapter 4 – Continuing Education Requirements

PROPOSED AMENDMENT

20 CSR 2010-4.035 Inactive, *Expired, and Lapsed* Licenses. The board is amending the title, sections (5) and newly numbered (6), and renumbering as necessary.

PURPOSE: This amendment clarifies language on expired and lapsed licenses.

(5) Licensees may allow their license to expire in lieu of an inactive license status. An individual not applying for renewal continues to hold an expired license and may apply for late renewal *[until the license period ends. At the end of the license period]* **through December 31 of the year the license is expired**. **Individuals who apply for a late license renewal are deemed to hold the license for the entire calendar year and must comply with the continuing professional education requirements. After December 31**, the individual is deemed to hold a lapsed license.

(6) *[Licensees]* **Individuals** who hold an expired or lapsed license shall not practice public accounting nor use the CPA designation in any form, as provided by section 326.292, RSMo.

*[(6)]***(7)** Individuals who hold a lapsed or inactive license may return to active status by applying for reinstatement of license as defined in 20 CSR 2010-2.075.

AUTHORITY: section 326.262, RSMo 2016, and section 326.286.6, RSMo Supp. [2019] 2022. Original rule filed Feb. 23, 2010, effective Aug. 30, 2010. Amended: Filed May 20, 2019, effective Dec. 30, 2019. Amended: Filed Dec. 1, 2022.

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

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Board of Accountancy, PO Box 613, Jefferson City, MO 65102, by facsimile at (573) 751-0012, or via email at mosba@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

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

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

PURPOSE: The amendment incorporates the preceptorship fee to the permanent physician licensure and renewal fee.

(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]* **$107**
5. Temporary Physician	
A. Conditional Temporary License Fee	$ 25
B. Temporary License Fee	$ 25
C. Temporary License 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. For intervening history, please consult the* ***Code of State Regulations****. Amended: Filed Nov. 30, 2022.*

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

PRIVATE COST: This proposed amendment will cost private entities approximately two hundred seventeen thousand two hundred eighty dollars ($217,280) annually for the life of the rule. It is anticipated that the 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.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri State Board of Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at healingarts@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

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:
2,540	Permanent Physician - Application (Fee Increase @ $7)	$17,780
28,500	Permanent Physician - Renewal (Fee Increase @ $7)	$199,500
	Estimated Cost Beginning in FY23 and Annually Thereafter	**$217,280**

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 cost may vary based on the number of 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

PROPOSED AMENDMENT

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

PURPOSE: The amendment incorporates the preceptorship fee to the permanent physician assistant licensure and renewal fees.

(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]* **$28**
3. Temporary Licensure Fee	$25
4. Temporary Licensure Renewal Fee	$25
5. Certificate of Controlled Substance Prescriptive Authority Fee	$25

*AUTHORITY: **sections 135.690, 334.735, and 334.736, 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. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Nov. 30, 2022.*

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

PRIVATE COST: This proposed amendment will cost private entities approximately five thousand two hundred eighty-three dollars ($5,283) annually for the life of the rule. It is anticipated that the 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.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri State Board of Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at healingarts@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

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:
256	Physician Assistant - Application (Fee Increase @ $3)	$768
1,505	Physician Assistant - Renewal (Fee Increase @ $3)	$4,515
	Estimated Cost Beginning in FY23 and Annually Thereafter	**$5,283**

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.