

Title 19—DEPARTMENT OF HEALTH AND SNEIOR SERVICES
Division 30- Division of Regulation and Licensure
Chapter 40-Comprehensive Emergency Medical Services Systems Regulations
PROPOSED REGULATIONS (February 26, 2010)

19 CSR 30-40.XXX Community-based or Regional Plan for Emergency Medical Services for Trauma, STEMI or Stroke

PURPOSE: This rule establishes the procedures for communities or regions to submit a new plan or a revised plan for department approval that uses alternative approaches for the emergency medical care services system for trauma, STEMI, or stroke for that respective area.

- (1) The community-based or regional plan shall meet the following requirements:
 - (A) Clearly states the geographical boundaries of the community or region for which the plan is being submitted;
 - (B) Clearly states how the plan will provide a safe and better alternative within the respective community or region compared to the care provided if that area complied with the state rules;
 - (C) Clearly states which rule requirement(s) is (are) requested waived in the plan and the reason for the waiver(s);
 - (D) Documents the clinical research, guidelines and assessment of capacity upon which the plan is based;
 - (E) Includes a mechanism for evaluation of the plan's effect on medical outcomes; and
 - (F) Be developed by or in consultation with representatives of hospitals, physicians, and emergency medical services providers in the community or region, hereinafter referred to as the planning committee. The plan shall include a list of all involved on the planning committee and identify an individual who represents the group.
- (2) Once developed, the plan shall be submitted to the chair of the respective regional EMS advisory committee for the geographical area for which the plan is proposed for the full committee's review.
 - (A) The regional EMS advisory committee with the regional EMS medical director shall review the plan within forty-five (45) days. The chair shall forward a review letter indicating whether the regional EMS advisory committee and EMS regional medical director recommend the plan for approval or, if not recommended for approval, the reasons why shall be explained in the letter and forwarded to the designated representative of the planning committee;
 - (B) If modifications are recommended by the regional EMS advisory committee and regional EMS medical director, the planning committee shall revise the plan accordingly or it shall document the rationale for not making the changes.
- (3) The revised final plan, the regional EMS advisory committee and EMS regional medical director review letter, and, where appropriate, the planning committee's rationale for not modifying the plan based on the regional committee and regional medical director's recommendation shall be submitted to the department.
 - (A) The plan shall be reviewed by the state EMS medical director's advisory committee¹, a subcommittee of the state advisory council for emergency medical services² (SAC-EMS), within forty-five (45) days of receipt of the plan by the department;
 - (B) The state EMS medical director's advisory committee will either recommend the plan for approval or provide the reasons for disapproval and forward a review letter to the planning committee representative and the department. The state EMS medical director's advisory committee shall include a summary of its reviews in its report to the SAC-EMS;

¹ §190.103 RSMo

² §190.100.2 RSMo

- (C) If not recommended for approval, the community or region planning committee shall revise the plan accordingly or submit rationale for why changes are not made in the plan and forward to the department.
- (4) The department will review the plan, rationale for no change, if applicable, and recommendations of the regional EMS advisory committee and state EMS medical director's advisory committee to make the final determination for approval within forty-five (45) days of receipt of the plan from the regional EMS medical director's advisory committee.
 - (A) The department will verify that the plan is based upon clinical research, guidelines and assessment of capacity. The department shall approve the plan if those requirements are met and the plan does not negatively impact medical outcomes for patients.
 - (B) The department will not approve plans that are not based upon clinical research, guidelines and assessment of capacity and may negatively impact medical outcomes for patients.
 - 1. The planning committee shall have thirty (30) days in which to appeal the department's decision; and
 - 2. The department shall review the appeal within thirty (30) days of receipt and provide a final decision of approval of the plan or revision of the plan with resubmission through the same process.
- (5) Once approved, the planning committee shall oversee the following duties:
 - (A) Notify all agencies impacted by the plan and provide training on the approved plan and the manner in which emergency medical care is modified within the region based on the plan;
 - (B) Monitor at least two (2) times a year related medical and system outcomes and regional resources and capacity;
 - (C) Submit an annual report on related medical and system outcomes and the region's capacity to the regional EMS advisory committee, regional EMS medical director, and department; and
 - (D) Revise the plan when indicated based on medical and system outcomes or when revision is indicated based on changes in capacity or other related issues and submit through the approval process as outlined in sections (1)-(3). The department's review shall include the reason for the change and shall follow the method outlined in section (4).