

ENGROSSED HOUSE AMENDMENT

TO

ENGROSSED SENATE BILL NO. 1554

By: Robinson of the Senate

and

Hilliard of the House

(public health and safety - Oklahoma Trauma Systems
Improvement and Development Act - creating -
codification - recodification -
emergency)

AUTHORS: Add the following House Coauthors: Sullivan, Lindley,
Pettigrew, Phillips and Miller

AMENDMENT NO. 1. Strike the stricken title, enacting clause and
entire bill and insert

“(public health and safety - Oklahoma Trauma Systems
Improvement and Development Act - creating -
codification - recodification -
emergency)

SECTION 1. NEW LAW A new section of law to be codified
in the Oklahoma Statutes as Section 1-2530 of Title 63, unless there
is created a duplication in numbering, reads as follows:

This act shall be known and may be cited as the "Oklahoma Trauma
Systems Improvement and Development Act".

SECTION 2. NEW LAW A new section of law to be codified
in the Oklahoma Statutes as Section 1-2530.1 of Title 63, unless
there is created a duplication in numbering, reads as follows:

A. The Legislature hereby finds and declares that:

1. Traumatic injury is the leading cause of death for persons under forty (40) years of age, and the third leading cause of death overall for persons of all ages. Traumatic injury is the leading cause of lost years of potential life for Oklahomans sixty-five (65) years of age and younger;

2. In addition to the physical and emotional losses that result from traumatic injury, the economic costs of such injuries, which include lost wages, medical expenses and indirect costs, far exceed losses for other diseases such as cancer, heart disease, stroke and diabetes;

3. Trauma systems dramatically reduce morbidity and mortality from major injuries; and

4. Development and improvement of trauma systems is beneficial to all citizens.

B. In order to improve the health and well-being of the people of the state, it is necessary to improve and further develop trauma systems by encouraging hospitals and emergency medical service providers to provide an organized system of trauma care.

SECTION 3. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-2530.2 of Title 63, unless there is created a duplication in numbering, reads as follows:

As used in the Oklahoma Trauma Systems Improvement and Development Act:

1. "Ambulance" means any ground, air or water vehicle operated by an ambulance service licensed pursuant to the provisions of Section 1-2513 of Title 63 of the Oklahoma Statutes;

2. "Ambulance service" means any private firm or governmental agency which is licensed by the State Department of Health to provide levels of medical care based on certification standards promulgated by the State Board of Health;

3. "Board" means the State Board of Health;

4. "Classification" means an inclusive standardized identification of stabilizing and definitive emergency services provided by each hospital that treats emergency patients;

5. "Commissioner" means the State Commissioner of Health;

6. "Council" means the Oklahoma Trauma Systems Improvement and Development Advisory Council;

7. "Department" means the State Department of Health;

8. "Emergency medical care" means bona fide emergency services provided after the sudden onset of a medical or traumatic condition manifesting itself by acute symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected to result in:

- a. placing the patient's health in serious jeopardy,
- b. serious impairment to bodily functions, or
- c. serious dysfunction of any bodily organ or part;

9. "Hospital" means a hospital licensed pursuant to Section 1-704 of Title 63 of the Oklahoma Statutes;

10. "Regional trauma care system" means an arrangement of available resources that are coordinated for the effective delivery of emergency trauma services within a geographic region consistent with an established plan;

11. "Trauma and emergency operative services facility" means a hospital that is classified and recognized by the Department as providing emergency trauma and operative surgical services on a twenty-four-hour basis;

12. "Trauma patient" means a severely or seriously injured person who has been:

- a. evaluated by a physician, a registered nurse, or emergency medical services personnel, and
 - b. found to require medical care in a hospital classified as a trauma and emergency operative services facility;
- and

13. "Trauma services" includes services provided to a severely or seriously injured patient.

SECTION 4. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-2530.3 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. The State Board of Health shall promulgate rules establishing minimum standards and objectives to implement the development, regulation and improvement of trauma systems on a statewide basis. Rules shall provide for the classification of trauma and emergency care provided by all hospitals and for triage, transport and transfer guidelines. The State Board of Health shall consider guidelines developed by the American College of Surgeons in promulgating rules under this section.

B. The rules shall provide specific requirements for the distribution of trauma patients, ensure that trauma care is fully coordinated with all hospitals and emergency medical services in a regional area, and reflect the geographic areas of the state, considering time and distance.

C. The rules shall include:

1. Pre-hospital care management guidelines for triage and transport of trauma patients;

2. Establishment of referral patterns of trauma patients and geographic boundaries regarding trauma patients;

3. Requirements for licensed hospitals providing trauma and emergency operative services to provide quality care to trauma patients referred to these facilities;

4. Minimum requirements for resources and equipment needed by a trauma and emergency operative services facility to treat trauma patients;

5. Minimum standards for the availability and qualifications of health care personnel, including physicians and surgeons, treating trauma patients within a hospital;

6. Minimum requirements for data collection including, but not limited to, trauma incidence reporting, system operation and patient outcome, and continuous quality improvement activities;

7. Minimum requirements for periodic performance evaluation of the system and its components through continuous quality improvement activities;

8. Minimum requirements for reviews of trauma patient transfers by a medical audit committee appointed by the State Commissioner of Health;

9. Requirements that hospitals not refuse to accept the transfer of a trauma patient from another facility solely because of the person's inability to pay for services or because of the person's age, sex, race, religion or national origin; and

10. Requirements for transferring hospitals to enter into reciprocal agreements with receiving hospitals that specify the transferring hospital will accept the return transfer of trauma patients at such time as the hospital has the capability and capacity to provide care; provided, however, such reciprocal agreements shall not incorporate financial provisions for transfers.

SECTION 5. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-2530.4 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. There is hereby created until July 1, 2010, in accordance with the Oklahoma Sunset Law, the "Oklahoma Trauma Systems Improvement and Development Advisory Council". The Council shall be responsible for making recommendations to the Commissioner of Health and the State Board of Health on the development and implementation of a comprehensive trauma care system for the State of Oklahoma pursuant to Section 4 of this act. The Council shall oversee and evaluate all aspects of the development and implementation of a trauma care system and report findings and recommendations in the

form of rules or amendments for rules to the Commissioner and the Board.

B. The Council shall consist of fifteen (15) members as follows:

1. The Speaker of the House of Representatives shall appoint:
 - a. a licensed physician who is an emergency medical services medical director, appointed from a list of names recommended by a statewide professional association of ambulance services,
 - b. a representative of a licensed hospital that is classified as providing trauma and emergency operative services in a rural community, appointed from a list of names recommended by a statewide association of hospitals,
 - c. an administrative director of a licensed ambulance service, appointed from a list of names recommended by a statewide association of ambulance service providers,
 - d. an orthopedic surgeon with privileges at a licensed hospital classified as providing trauma and emergency services, appointed from a list of names recommended by a statewide association of physicians, and
 - e. an emergency medical technician who is employed by a provider of emergency medical services, appointed from a list of names recommended by a statewide professional association of emergency medical technicians;
2. The President Pro Tempore of the Senate shall appoint:
 - a. a licensed physician who is a pediatrician with privileges at a licensed hospital classified as providing trauma and emergency operative services,

- appointed from a list of names recommended by a statewide association of hospitals,
- b. a representative of a licensed hospital that is classified as providing trauma and emergency operative services in an urban community, appointed from a list of names recommended by a statewide association of hospitals,
 - c. a representative from a rehabilitation facility, appointed from a list of names recommended by a statewide association of hospitals,
 - d. a board-certified emergency physician, appointed from a list of names recommended by a statewide professional association of emergency physicians, and
 - e. a hospital administrator from a licensed hospital classified as a level I or II trauma and emergency services operative services facility appointed from a list of names recommended by a statewide association of hospitals; and
3. The Governor shall appoint:
- a. a trauma surgeon with privileges at a licensed hospital classified as providing trauma and emergency operative services, appointed from a list of names recommended by a statewide association of physicians,
 - b. a trauma registrar of a licensed hospital that is classified as providing trauma and emergency operative services, appointed from a list of names recommended by a statewide association of hospitals,
 - c. a faculty member from a state university college of public health,
 - d. a representative from the Department of Public Safety, and

- e. a representative of the general public who is not qualified to serve under the provisions of this section.

C. 1. In addition to other powers and duties of the Council specified by law, the Council shall recommend rules of practice and procedure applicable to proceedings before the Council.

2. Recommendations to the State Board of Health shall be in writing and concurred upon by at least five members of the Council.

3. The Council shall have the authority and the discretion to provide a public forum for the discussion of issues it considers relevant to the trauma care system of the state, and to:

- a. pass nonbinding resolutions expressing the sense of the Council,
- b. make recommendations to the State Department of Health concerning the need and the desirability of conducting public meetings, workshops, and seminars,
- c. periodically review Department rules relating to the Oklahoma Trauma Systems Improvement and Development Act and may recommend changes in those rules to the Commissioner, and
- d. reassess as necessary the need to modify trauma care systems in all regions of the state and receive recommendations forwarded by regional trauma advisory boards.

4. Before recommending any permanent rules, or any amendment or repeal of a rule to the State Board of Health, the Council shall hold a public rulemaking hearing. The Council shall have full authority to conduct such hearings.

D. The Council shall meet in accordance with the Oklahoma Open Meeting Act.

E. The Advisory Council shall meet on at least a quarterly basis and shall annually elect from among its members a chair. The

Council may appoint subcommittees it deems necessary to assist in its duties. A simple majority of the Council shall constitute a quorum at any meeting.

F. Members of the Council shall serve without compensation but shall be reimbursed by the State Department of Health for travel expenses related to their service as authorized by the State Travel Reimbursement Act.

G. Staff support and meeting rooms for the Council shall be provided by the State Department of Health.

H. The initial appointments for each gubernatorial and legislative member shall be for progressive terms of one (1) through three (3) years so that only one term expires each calendar year. Subsequent appointments shall be for three-year terms. Members shall continue to serve until their successors are appointed. Any vacancy shall be filled by the original appointing authority.

SECTION 6. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-2530.5 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. Each geographic region identified in the statewide trauma systems plan that has a functioning trauma system, as determined by the Oklahoma Trauma Systems Improvement and Development Advisory Council, shall be recognized by the State Department of Health.

B. Licensed hospitals and ambulance services in these regions shall establish a regional trauma advisory board to represent the region and conduct continuous quality improvement activities of the system for the region. Regional trauma advisory board members shall be designated by the licensed hospitals and ambulance service providers in the region based on a procedure approved by the Oklahoma Trauma Systems Improvement and Development Advisory Council. Regional trauma advisory board members shall be individuals who provide trauma services in the regional system or individuals employed by licensed hospitals or ambulance service

providers in the region. The maximum number of board members for any region shall be twenty.

C. As funds are available, the Department of Health may contract with regional trauma advisory boards to support their administrative and continuous quality improvement activities.

SECTION 7. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-2530.6 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. The State Commissioner of Health shall appoint a Medical Audit Committee composed of licensed physicians to conduct periodic reviews of trauma patient care and to review continuous quality improvement activities of the regional trauma advisory boards.

B. The Department shall provide funding for the activities of this committee and provide administrative support.

C. The committee shall provide reports to the State Commissioner of Health for consideration and action. These reports shall not be publicly disclosed.

SECTION 8. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-2530.7 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. The proceedings and records of trauma patient care reviews and continuous quality improvement activities conducted by regional trauma advisory boards and the Medical Audit Committee are confidential and not subject to disclosure by court subpoena or otherwise.

B. The records and proceedings of these meetings may be used by the Medical Audit Committee, regional trauma advisory boards, and the State Commissioner of Health only in the exercise of proper quality review functions to improve trauma patient care.

C. Meetings of the Medical Audit Committee and regional advisory boards where trauma patient care reviews are conducted are

not public meetings and are not subject to the provisions of the Oklahoma Open Meeting Act.

SECTION 9. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-2530.8 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. The State Department of Health shall recognize and certify trauma transfer and referral centers in counties with populations in excess of three hundred thousand (300,000) persons for the purpose of directing ambulance patients to facilities with the clinical capacity and capability to appropriately care for the emergent medical needs of the patient.

B. The State Board of Health shall promulgate rules establishing minimum certification standards for these centers which shall include, but not be limited to, staff certification, data management and communications equipment, medical control and oversight, record keeping, quality improvement activities, and such other issues as the State Commissioner of Health deems appropriate.

C. Certified centers shall submit data as required by the Department to the Medical Audit Committee for the purpose of trauma system continuous quality improvement activities. Such reports shall be confidential as provided in Section 8 of this act.

D. The State Board of Health shall promulgate rules requiring emergency medical services providers to contact the appropriate regional trauma transfer and referral center while transporting patients into or within that region in order to ensure that patients are directed to the appropriate hospital based on the regional plan and the current capability and capacity of hospitals in the system.

E. As funding is available, the Department may reimburse operators of certified trauma transfer and referral centers for the operations of the centers on an annual basis.

SECTION 10. AMENDATORY 63 O.S. 2001, Section 330.97, as renumbered by Section 11, Chapter 374, O.S.L. 2002, and as amended

by Section 1, Chapter 367, O.S.L. 2003 (63 O.S. Supp. 2003, Section 1-2522), is amended to read as follows:

Section 1-2522. A. There is hereby created in the State Treasury a revolving fund for the State Department of Health to be designated the "Trauma Care Assistance Revolving Fund". The fund shall be a continuing fund, not subject to fiscal year limitations, and shall consist of all monies received by the State Department of Health from monies apportioned thereto for purposes of this section.

B. Annually, up to one-third (1/3) of the monies accumulated in the Trauma Care Assistance Revolving Fund may be transferred to the Oklahoma Health Care Authority by order of the State Commissioner of Health. The Oklahoma Health Care Authority shall use these funds with federal matching funds to reimburse hospitals, ambulance services and physicians for trauma care provided to severely injured patients who are participants in Medicaid.

C. All remaining monies accruing to the credit of the fund are hereby appropriated and may be budgeted and expended by the Department as follows:

1. Ninety percent (90%) of such monies shall be used to reimburse recognized trauma facilities and licensed ambulance services for uncompensated trauma care expenditures as documented in the statewide emergency medical services and trauma analysis system developed pursuant to the provisions of Section 1-2511 of this title; provided, however, any monies used for the treatment of Medicaid eligible patients that are subsequently used to establish federal matching fund requirements shall also be reimbursed to eligible trauma facilities and licensed ambulance services; and

2. Ten percent (10%) of such monies shall be used by the Department in the furtherance of its powers and duties set forth in the Oklahoma Emergency Response Systems Development Act.

D. Expenditures from the fund shall be made upon warrants issued by the State Treasurer against claims filed as prescribed by law with the Director of State Finance for approval and payment.

~~B.~~ E. The State Board of Health shall establish by rule a formula and procedure for the distribution of funds for uncompensated trauma care that shall provide for the allocation of funds to hospitals ~~and,~~ ambulance services and physicians. If the fund does not cover all costs of the uncompensated care provided, the rules shall require a higher pro rata share of the funds to be distributed to hospitals classified as providing Level I or Level II trauma and emergency operative services.

SECTION 11. RECODIFICATION 63 O.S. 2001, Section 330.97, as renumbered by Section 11, Chapter 374, O.S.L. 2002, (63 O.S. Supp. 2003, Section 1-2522), and as last amended by Section 10 of this act, shall be recodified as Section 1-2530.9 of Title 63 of the Oklahoma Statutes, unless there is created a duplication in numbering.

SECTION 12. It being immediately necessary for the preservation of the public peace, health and safety, an emergency is hereby declared to exist, by reason whereof this act shall take effect and be in full force from and after its passage and approval."

Passed the House of Representatives the 8th day of April, 2004.

Presiding Officer of the House of
Representatives

Passed the Senate the ____ day of _____, 2004.

Presiding Officer of the Senate