

STATE OF OKLAHOMA

2nd Session of the 56th Legislature (2018)

COMMITTEE SUBSTITUTE  
FOR ENGROSSED  
HOUSE BILL 3335

By: Roberts (Sean) of the House

and

Yen of the Senate

COMMITTEE SUBSTITUTE

An Act relating to the Oklahoma Trauma Systems Improvement and Development Act; amending 63 O.S. 2011, Section 1-2530.3, as amended by Section 70, Chapter 229, O.S.L. 2013 (63 O.S. Supp. 2017, Section 1-2530.3), which relates to rules; providing additional requirement for certain rules; amending 63 O.S. 2011, Section 1-2530.5, as amended by Section 71, Chapter 229, O.S.L. 2013 (63 O.S. Supp. 2017, Section 1-2530.5), which relates to regional trauma advisory boards; excluding meetings of certain regional trauma advisory boards from the Oklahoma Open Meeting Act; excluding records and proceedings of meetings from the Oklahoma Open Records Act; allowing regional trauma advisory boards and State Commissioner of Health to use records and proceedings for certain purpose; amending 63 O.S. 2011, Section 1-2530.8, as amended by Section 72, Chapter 229, O.S.L. 2013 (63 O.S. Supp. 2017, Section 1-2530.8), which relates to recognition and certification of trauma transfer and referral centers; updating statutory references; and providing an effective date.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

1       SECTION 1.       AMENDATORY       63 O.S. 2011, Section 1-2530.3, as  
2 amended by Section 70, Chapter 229, O.S.L. 2013 (63 O.S. Supp. 2017,  
3 Section 1-2530.3), is amended to read as follows:

4       Section 1-2530.3. A. The State Board of Health, giving  
5 consideration to the recommendations of the Trauma and Emergency  
6 Response Advisory Council created in Section ~~44 of this act~~ 1-103a.1  
7 of this title, shall promulgate rules establishing minimum standards  
8 and objectives to implement the development, regulation and  
9 improvement of trauma systems on a statewide basis. Rules shall  
10 provide for the classification of trauma and emergency care provided  
11 by all hospitals based on the level of service provided and for  
12 triage, transport and transfer guidelines. The Board shall consider  
13 guidelines developed by the American College of Surgeons in  
14 promulgating rules under this section.

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

20       C. The rules shall include:

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

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

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

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

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

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

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

16       8. Minimum requirements for reviews of trauma patient  
17 transfers;

18       9. Requirements that hospitals with the capacity and capability  
19 to provide care not refuse to accept the transfer of a trauma  
20 patient from another facility solely because of the person's  
21 inability to pay for services or because of the person's age, sex,  
22 race, religion or national origin; ~~and~~

23       10. Requirements for transferring hospitals to enter into  
24 reciprocal agreements with receiving hospitals that specify that the

1 transferring hospital will accept the return transfer of trauma  
2 patients at such time as the hospital has the capability and  
3 capacity to provide care; provided, however, such reciprocal  
4 agreements shall not incorporate financial provisions for transfers;  
5 and

6 11. Minimum requirements for data collection for responses to  
7 time-sensitive medical conditions, including but not limited to  
8 stroke and ST-Elevated Myocardial Infarction (STEMI). The responses  
9 to stroke and STEMI incidents shall be subject to review by the  
10 regional trauma advisory boards created pursuant to Section 1-2530.5  
11 of this title.

12 SECTION 2. AMENDATORY 63 O.S. 2011, Section 1-2530.5, as  
13 amended by Section 71, Chapter 229, O.S.L. 2013 (63 O.S. Supp. 2017,  
14 Section 1-2530.5), is amended to read as follows:

15 Section 1-2530.5. A. Each geographic region identified in the  
16 statewide trauma systems plan that has a functioning trauma system  
17 shall be recognized by the State Department of Health.

18 B. Licensed hospitals and ambulance service providers in these  
19 regions shall establish a regional trauma advisory board to  
20 represent the region and conduct continuous quality improvement  
21 activities of the system for the region. Licensed hospitals and  
22 ambulance service providers in the region shall designate regional  
23 trauma advisory board members. Regional trauma advisory board  
24 members shall consist of individuals who provide trauma services in

1 the regional system, or individuals employed by licensed hospitals  
2 or ambulance service providers in the region. The maximum number of  
3 board members for any region shall be twenty.

4 C. As funds are available, regional trauma advisory boards may  
5 receive funding from the Department to support their administrative  
6 and continuous quality improvement activities.

7 D. Meetings of regional trauma advisory boards where patient  
8 care reviews of time-sensitive medical conditions, including but not  
9 limited to trauma, stroke and ST-Elevated Myocardial Infarction  
10 (STEMI), are conducted shall not be public meetings and shall not be  
11 subject to the provisions of the Oklahoma Open Meeting Act. Reports  
12 and materials generated at such meetings shall also be confidential  
13 and not subject to the Oklahoma Open Records Act.

14 E. Proceedings and records of patient care reviews of time-  
15 sensitive medical conditions, including but not limited to trauma,  
16 stroke and STEMI, patient care reviews and continuous quality  
17 improvement activities conducted by regional trauma advisory boards  
18 shall be confidential and not subject to disclosure by subpoena or  
19 otherwise. The records and proceedings of the meetings referred to  
20 in subsection D of this section may be used by the regional trauma  
21 advisory boards, and the State Commissioner of Health only in the  
22 exercise of proper quality review functions to improve trauma  
23 patient care.

1       SECTION 3.       AMENDATORY       63 O.S. 2011, Section 1-2530.8, as  
2 amended by Section 72, Chapter 229, O.S.L. 2013 (63 O.S. Supp. 2017,  
3 Section 1-2530.8), is amended to read as follows:

4       Section 1-2530.8. A. The State Department of Health shall  
5 recognize and certify a trauma transfer and referral center in each  
6 county and contiguous communities with populations in excess of  
7 three hundred thousand (300,000) persons for the purpose of  
8 directing ambulance patients to facilities with the clinical  
9 capacity and capability to appropriately care for the emergent  
10 medical needs of a patient.

11       B. The State Board of Health, giving consideration to the  
12 recommendations of the Trauma and Emergency Response Advisory  
13 Council created in Section ~~44 of this act~~ 1-103a.1 of this title,  
14 shall promulgate rules establishing minimum certification standards  
15 for such centers which shall include, but not be limited to, staff  
16 certification, data management and communications equipment, medical  
17 control and oversight, record keeping, quality improvement  
18 activities, and such other issues as the State Commissioner of  
19 Health deems appropriate.

20       C. Certified centers shall submit data as required by the  
21 Department for the purpose of trauma system continuous quality  
22 improvement activities. Such reports shall be confidential as  
23 provided in Section ~~1-2530.7~~ 1-2530.5 of this title.

1 D. The Board, giving consideration to the recommendations of  
2 the Trauma and Emergency Response Advisory Council created in  
3 Section ~~44 of this act~~ 1-103a.1 of this title, shall promulgate  
4 rules requiring emergency medical services providers to contact the  
5 appropriate regional trauma transfer and referral center while  
6 transporting injured patients into or within that region in order to  
7 ensure that patients are directed to the appropriate hospital based  
8 on the regional plan and the current capability and capacity of  
9 hospitals in the system.

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

13 SECTION 4. This act shall become effective November 1, 2018.

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