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February 18, 2019

By: Simpson

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. 2018, Section 1-2530.3), which relates to rules; transferring certain duties to the State Commissioner of Health; updating statutory reference; directing certain promulgation of 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. 2018, Section 1-2530.5), which relates to regional trauma advisory boards; setting forth certain provisions related to meetings of regional trauma advisory boards; updating statutory reference; and providing an effective date.

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

SECTION 1. AMENDATORY 63 O.S. 2011, Section 1-2530.3, as amended by Section 70, Chapter 229, O.S.L. 2013 (63 O.S. Supp. 2018, Section 1-2530.3), is amended to read as follows:

Section 1-2530.3. A. The State ~~Board~~ Commissioner of Health, giving consideration to the recommendations of the Trauma and Emergency Response Advisory Council created in ~~Section 44 of this act~~ Section 1-103a.1 of this title, shall promulgate rules establishing minimum standards and objectives to implement the development, regulation and improvement of trauma systems on a

1 statewide basis. Rules shall provide for the classification of
2 trauma and emergency care provided by all hospitals based on the
3 level of service provided and for triage, transport and transfer
4 guidelines. The ~~Board~~ Commissioner shall consider guidelines
5 developed by the American College of Surgeons in promulgating rules
6 under this section.

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

12 C. The rules shall include:

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

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

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

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

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

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

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

10 8. Minimum requirements for reviews of trauma patient
11 transfers;

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

17 10. Requirements for transferring hospitals to enter into
18 reciprocal agreements with receiving hospitals that specify that the
19 transferring hospital will accept the return transfer of trauma
20 patients at such time as the hospital has the capability and
21 capacity to provide care; provided, however, such reciprocal
22 agreements shall not incorporate financial provisions for transfers;
23 and
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1 11. Minimum requirements for data collection for responses to
2 time-sensitive medical conditions including but not limited to
3 stroke and ST-Elevated Myocardial Infarction (STEMI). The responses
4 to stroke and STEMI incidents shall be subject to review by the
5 regional trauma advisory boards created pursuant to Section 1-2530.5
6 of this title.

7 SECTION 2. AMENDATORY 63 O.S. 2011, Section 1-2530.5, as
8 amended by Section 71, Chapter 229, O.S.L. 2013 (63 O.S. Supp. 2018,
9 Section 1-2530.5), is amended to read as follows:

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

13 B. Licensed hospitals and ambulance service providers in these
14 regions shall establish a regional trauma advisory board to
15 represent the region and conduct continuous quality improvement
16 activities of the system for the region. Licensed hospitals and
17 ambulance service providers in the region shall designate regional
18 trauma advisory board members. Regional trauma advisory board
19 members shall consist of individuals who provide trauma services in
20 the regional system, or individuals employed by licensed hospitals
21 or ambulance service providers in the region. The maximum number of
22 board members for any region shall be twenty.

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

4 D. 1. Meetings of regional trauma advisory boards and their
5 subcommittees conducted to review patient-specific care for the
6 purpose of conducting continuous quality improvement activities of
7 the system for the region to include but not be limited to trauma,
8 stroke and ST-Elevated Myocardial Infarction (STEMI), shall not be
9 subject to the provisions of the Oklahoma Open Meeting Act.

10 2. The proceedings and records of the meetings referenced in
11 paragraph 1 of this subsection to include patient care records,
12 reports and other related materials generated for the purposes of
13 conducting continuous quality improvement activities of the system
14 for the region and to include but not be limited to trauma, stroke
15 and STEMI, shall be confidential and not subject to the Oklahoma
16 Open Records Act, or disclosure by subpoena or otherwise.

17 3. The proceedings and records of the meetings referenced in
18 paragraph 1 of this subsection may be used by the regional trauma
19 advisory boards and the State Commissioner of Health in the exercise
20 of proper quality review functions to improve trauma patient care.

21 SECTION 3. This act shall become effective November 1, 2019.

22 COMMITTEE REPORT BY: COMMITTEE ON HEALTH AND HUMAN SERVICES
23 February 18, 2019 - DO PASS
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