An Act

ENROLLED SENATE
BILL NO. 1554

By: Robinson of the Senate

and

Hilliard, Sullivan,
Lindley, Pettigrew,
Phillips and Miller (Doug)
of the House

An Act relating to public health and safety; creating the Oklahoma Trauma Systems Improvement and Development Act; providing short title; stating Legislative findings and declarations; defining terms; providing for promulgation of rules by the State Board of Health; specifying contents of rules; providing for appointment of an Oklahoma Trauma System Improvement and Development Advisory Council; providing for composition, terms of members, reappointment, officers, reimbursement, meetings, quorum of the council, provision of staff support and meeting rooms; providing for duties of council; requiring council meetings be conducted in accordance with the Oklahoma Open Meeting Act; prohibiting review of certain information and medical records; providing for recognition of specified regions by the State Department of Health; providing for establishment of a regional trauma advisory board for specified purpose; providing for designation of advisory board members; establishing maximum number of advisory board members; providing for receipt of funding for specified purpose, as funds are available; authorizing appointment of a Medical Audit Committee for specified purpose; requiring provision of funding and administrative support; requiring certain reports; providing for non-public disclosure and exemption from the Oklahoma Open Records Act of specified records; providing for confidentiality of certain proceedings and records; providing for recognition and certification of trauma transfer and referral centers in specified areas for specified purpose; requiring promulgation of specified rules; requiring submission of specified data; providing for confidentiality of data; authorizing promulgation of rules regarding appropriate transport of injured patients; requiring annual reimbursement as funding is available; amending 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), which relates to the Trauma Care Assistance Revolving Fund; modifying funding distribution; providing for annual transfer from fund to the Oklahoma Health Care

Authority; specifying use of transferred funds; providing for codification; providing for recodification; and declaring an emergency.

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

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 this 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. a patient's health being placed 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 the provisions of 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 based on the level of service provided and for triage, transport and transfer guidelines. The Board 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 with the capacity and capability to provide care 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 that 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. On or before July 1, 2004, the President Pro Tempore of the Senate, the Speaker of the House of Representatives and the Governor shall appoint an Oklahoma Trauma Systems Improvement and Development Advisory Council to make recommendations regarding matters related to the responsibilities of the State Department of Health under the Oklahoma Trauma Systems Improvement and Development Act.

B. The Council shall be composed of eighteen (18) members representing the following categories of individuals:

1. The President Pro Tempore of the Senate shall appoint:

   a. a faculty member from a state university college of public health,

   b. a trauma registrar of a licensed hospital that is classified as providing trauma and emergency operative services,

   c. a representative of a licensed hospital that is classified as providing trauma and emergency operative services in a rural community,

   d. an emergency medical technician who is employed by a provider of emergency medical services,

   e. an orthopedic surgeon with privileges at a licensed hospital classified as providing trauma and emergency services, and

   f. a person representing a hospital primarily engaged in the practice of orthopedic medicine and/or neurosurgery;

2. The Speaker of the House of Representatives shall appoint:

   a. a board-certified emergency physician,

   b. a licensed physician who is an emergency medical services medical director,

   c. a representative from a rehabilitation facility,

   d. a hospital administrator from a licensed hospital classified as a level I or II trauma and emergency services operative services facility,

e. a trauma surgeon with privileges at a licensed hospital classified as providing trauma and emergency operative services, and

f. a person representing a hospital primarily engaged in the practice of orthopedic medicine and/or neurosurgery; and

3. The Governor shall appoint:

a. a representative from the Department of Public Safety,

b. a licensed physician who is a pediatrician with privileges at a licensed hospital classified as providing trauma and emergency operative services,

c. a representative of the general public who is not qualified to serve under another subdivision of this subsection,

d. an administrative director of a licensed ambulance service,

e. a representative of a licensed hospital that is classified as providing trauma and emergency operative services in an urban community, and

f. a person representing a hospital primarily engaged in the practice of orthopedic medicine and/or neurosurgery.

C. Members of the Council shall serve staggered terms. The initial appointments of two members appointed by each appointing authority shall be two (2) years, two members initially appointed by each authority shall serve three (3) years, and two members appointed by each authority shall serve four (4) years. Thereafter, all reappointments shall be for four (4) years. A vacancy on the Council shall be filled in the same manner as the original appointment, for the unexpired term. Council members may be reappointed at the discretion of the appointing authority.

D. The Council shall elect from among its members a chair and a vice-chair on an annual basis.

E. Members of the Council shall serve without compensation but may be reimbursed for travel expenses pursuant to the provisions of the State Travel Reimbursement Act.

F. The Council shall meet at least quarterly to review trauma system functions and provide recommendations to improve trauma care provided in the system. The Council may appoint committees it deems necessary to assist in its duties. A simple majority of the Council shall constitute a quorum at any meeting. Staff support and meeting rooms for the Council shall be provided by the State Department of Health.

G. The Council shall periodically review rules promulgated by the State Board of Health related to the Oklahoma Trauma Systems Improvement and Development Act and may recommend changes in those rules to the Board.

H. The Council shall 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.

I. The Council shall develop and recommend a statewide trauma systems plan to be incorporated into the comprehensive plan for emergency medical services specified in Section 1-2511 of Title 63 of the Oklahoma Statutes. This plan shall recognize geographic regions of the state and identify emergency medical services and licensed hospitals located in each region. The plan shall also establish continuous quality improvement activities to be conducted in each region.

J. Meetings of the Council shall be open and shall be conducted in accordance with the Oklahoma Open Meeting Act. The Council shall not review patient specific information or medical records at these meetings.

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 service providers 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. Licensed hospitals and ambulance service providers in the region shall designate regional trauma advisory board members pursuant to procedures approved by the Oklahoma Trauma Systems Improvement and Development Advisory Council. Regional trauma advisory board members shall consist of 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, regional trauma advisory boards may receive funding from the Department 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 State Department of Health shall provide funding for the activities of this committee and provide administrative support.

C. The committee shall provide reports to the Commissioner for consideration and action. These reports shall not be publicly disclosed and shall not be subject to the provisions of the Oklahoma Open Records Act.

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 shall be confidential and not subject to disclosure by 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 shall not be public meetings and shall not be subject to the provisions of the Oklahoma Open Meeting Act. Reports and materials generated at such meetings shall also be confidential and not subject to the Oklahoma Open Records 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 a trauma transfer and referral center in each county and contiguous communities 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 a patient.

B. The State Board of Health shall promulgate rules establishing minimum certification standards for such 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 Board shall promulgate rules requiring emergency medical services providers to contact the appropriate regional trauma transfer and referral center while transporting injured 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. All 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~~ service providers and physicians 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~~ service providers and physicians; 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.

B. 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.~~ C. 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~~ service providers and physicians.

D. Annually, monies accumulated in the fund may be transferred to the Oklahoma Health Care Authority, by order of the State Commissioner of Health, to maximize Medicaid reimbursement of trauma care. The Oklahoma Health Care Authority shall use these funds with federal matching funds to reimburse hospitals, ambulance service providers and physicians for trauma care provided to severely injured patients who are participants in Medicaid.

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 Senate the 24th day of May, 2004.

Presiding Officer of the Senate

Passed the House of Representatives the 25th day of May, 2004.

Presiding Officer of the House of Representatives

OFFICE OF THE GOVERNOR

Received by the Governor this 26th

day of May, **20**04,

at 1:45 **o'clock** P. **M.**

By: Laura Pace

Approved by the Governor of the State of Oklahoma the 4th **day of** June, **20**04, **at** 6:30 **o'clock** P. **M.**

Governor of the State of Oklahoma

OFFICE OF THE SECRETARY OF STATE

Received by the Secretary of State this 7TH

day of JUNE, **20**04,

at 1:40 **o'clock** P. **M.**

By: M. Susan Savage