

SB278

By Senators Griffith, Little (Z), Denton, McClain, Butler, Means, French, Waggoner, Preuitt, Byrne, Erwin, Glover, Dixon, and Orr

RFD Health

Rd 1 22-MAR-07

SYNOPSIS: This bill would establish a statewide trauma system to be administered by the State Board of Health, would establish the Statewide Trauma Advisory Council and provide for its membership and responsibilities, would create a statewide trauma registry, would provide for regional trauma advisory councils, and would provide funding through the State Board of Health.

A BILL
TO BE ENTITLED
AN ACT

To establish a statewide trauma system to be administered by the State Board of Health, establish the Statewide Trauma Advisory Council and provide for its membership and responsibilities, create a statewide trauma registry, provide for regional trauma advisory councils, and provide funding through the State Board of Health.

BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

Section 1. The Legislature finds that trauma is a severe health problem in the State of Alabama and a major cause of death and long-term disability. It is in the best interest of the citizens of Alabama to establish an efficient and well-coordinated statewide trauma system to reduce costs and incidences of inappropriate or inadequate emergency medical services.

Section 2. As used in this act, the following terms shall have the following meanings:

(1) **BOARD.** The State Board of Health.

(2) **COMMUNICATIONS SYSTEM.** A radio and land line network complying with the board's rules and which provides rapid public access, coordinated central dispatching of services, and coordination of personnel, equipment, and facilities in the trauma system.

(3) **COUNCIL.** The Statewide Trauma Advisory Council.

(4) **DEPARTMENT.** The Alabama Department of Public Health.

(5) **DESIGNATED TRAUMA CENTER.** A trauma center which is certified by the department and

meets standards identified in rules of the board.

(6) DESIGNATION. A formal determination by the department that a hospital is capable of providing designated trauma care as authorized by this act.

(7) EMERGENCY MEDICAL SERVICE. The organization responding to a perceived individual's need for immediate medical care in order to prevent loss of life or aggravation of physiological or psychological illness or injury.

(8) REGIONAL COUNCILS. The Regional Trauma Advisory Councils.

(9) TRAUMA CENTER. A hospital that voluntarily participates in the statewide trauma system and that has been designated as a trauma center pursuant to the rules of the board.

Section 3. (a) The board, in consultation with, and having solicited the advice of the council, shall establish and maintain a statewide trauma system that shall include centralized dispatch for participating trauma centers and emergency medical services.

(b) The statewide trauma system shall become operational within 12 months after the State Health Officer certifies to the Governor in writing that the department has sufficient funds to finance its development, implementation, and operation.

Section 4. (a) With the advice of and after approval of the council, the board may adopt rules for verification and certification of trauma center status which assign level designations based on resources available within the facility. Rules shall be based upon national guidelines, including, but not limited to, those established by the American College of Surgeons in Hospital and Pre-hospital Resources for Optimal Care of the Injured Patient and any published appendices thereto. Rules specific to rural and urban areas shall be developed and adopted by rule of the board.

(b) Any medical center that desires to be a designated trauma center shall request a designation from the department whereby each agrees to maintain a level of commitment and resources sufficient to meet the responsibilities and standards required by the statewide trauma system and the rules promulgated pursuant to this act. The board shall determine by rule the manner and form of such requests and the standards for review of such requests. Any medical facility that meets such standards shall be certified by the department and shall be included in the statewide trauma system. The department may revoke, suspend, or modify a designation if it determines that the medical facility is substantially out of compliance with standards and it has refused or been unable to comply after a reasonable period of time has elapsed. Any medical facility may challenge the board's designation, denial, revocation, suspension, or modification of its trauma center designation pursuant to the contested case provisions of the Alabama Administrative Procedure Act and rules of the board.

(c) No medical facility shall hold itself out to the public as a trauma center unless it is designated as such by the department.

Section 5. (a) There is established the State Trauma Advisory Council to assist in developing regulations and standards necessary to implement the provisions of this act and to serve as consultants to the board on matters related to the statewide trauma system.

(b) The council shall consist of 10 members and be constituted in the following manner:

(1) Four representatives of hospitals, who shall be appointed by the Board of Trustees of the Alabama Hospital Association. Two of the appointees shall be from hospitals located in urban areas and two shall be from hospitals located in rural areas of the state. At least two of the appointees shall be from hospitals that will be designated as trauma centers after the statewide trauma system is established.

(2) Four representatives who shall be licensed physicians appointed by the Board of Medical Examiners.

(3) One representative of the board who shall be the Medical Director of the EMS and Trauma Division of the department or his or her designee.

(4) One member who shall be a licensed emergency medical technician who shall be appointed by the State Health Officer.

(5) The State Health Officer, who shall serve as the chair.

(c) All members of the council shall be appointed for a term of four years, except initial members shall be appointed to terms from one to four years and shall serve such staggered terms so that members appointed by the Alabama Hospital Association and Board of Medical Examiners may be appointed subsequently each year. Vacancies shall be filled in the manner provided for the original appointments. Persons appointed to fill vacancies shall serve the unexpired portions of the terms.

(d) The council shall meet at least twice a year, but may meet more frequently upon the call of the chair. The council may meet by electronic means and shall establish rules of procedure for its meetings.

(e) The council may appoint subcommittees and workgroups. Subcommittees shall consist of council members and workgroups may consist of non-council members.

(f) With the consent of the majority of the members, the chair shall set requirements for proxy representation, voting, and the establishment of a quorum.

(g) Members shall serve without compensation, but shall be entitled to reimbursement for expenses incurred in the performance of their duties at the same rate as state employees.

(h) The members shall represent the demographic composition of the state to the extent possible.

Section 6. (a) The department shall establish a statewide trauma registry to collect and analyze data on the incidence, severity, and causes of trauma, including traumatic brain injury. The registry shall be used to improve the availability and delivery of pre-hospital or out-of-hospital care and hospital trauma care services. Specific data elements of the registry shall be defined by rule of the department. Every health care facility that is designated by the department as a trauma center shall furnish data to the registry. All other health care facilities shall furnish trauma data as required by rule of the department.

(b) All data collected pursuant to this section shall be held confidential pursuant to state and federal laws, rules, and policies.

Section 7. (a) The board shall designate, by rule, trauma care regions, so that all parts of the state are within such regions. The regional designations shall be made on the basis of efficiency of delivery of needed trauma care.

(b) The board may establish regional trauma advisory councils as needed. Regional trauma advisory councils shall advise, consult with, and make recommendations to the council on suggested regional modifications to the statewide trauma system that will improve patient care and accommodate specific regional needs. Each regional trauma advisory council shall provide data required by the department or the council to assess the effectiveness of the statewide trauma system.

(c) Each regional trauma advisory council shall have a minimum 10 members. The membership of regional trauma advisory councils shall be appointed in the same manner as the council is appointed and shall be composed of representatives of the same groups. Additional members may be appointed pursuant to rules promulgated by the board. The chair of each regional trauma advisory council shall be elected by the members to serve for four years. The members shall represent the demographic composition of the region served, as far as practicable.

(d) Regional trauma advisory council members shall be entitled to reimbursement for expenses incurred in the performance of their duties at the same rate as state employees.

(e) All other governance requirements of the regional trauma advisory councils shall be established by rule of the board.

Section 8. (a) In accordance with the Alabama Administrative Procedure Act, the board, with the advice and after approval of the council, shall promulgate rules to implement and administer this act. Rules promulgated by the board may include, but are not limited to the following:

(1) Criteria to ensure that severely injured people are promptly transported and treated at trauma centers appropriate to the severity of the injury. Minimum criteria shall address emergency medical service trauma triage and transportation guidelines as approved under the board's Emergency Medical Services rules, designation of health care facilities as trauma centers, interhospital transfers, and a trauma system governance structure.

(2) Standards for verification of trauma center status which assign level designations based on resources available within the facility. Standards shall be based upon national guidelines, including, but not limited to, those established by the American College of Surgeons entitled Hospital and Pre-hospital Resources for Optimal Care of the Injured Patient and any published appendices thereto.

(3) Communication systems used by participating trauma centers and emergency medical services.

(4) Verification and adjustment of trauma center status.

(5) Specifications for centralized dispatch.

(6) Dividing the state into emergency management services regions to ensure that all parts of the state are within a region. The regional designations shall be made on the basis of efficiency of delivery of needed trauma care.

(7) Establishing regional trauma advisory councils and designating their roles and responsibilities.

(8) Designating levels of trauma centers.

(9) Specifying operating and dispatch requirements for air ambulances.

(10) Quality assurance requirements and evaluation methodologies.

Section 9. (a) The State Trauma System Fund is created. The department shall distribute funding allocated to the department for the purpose of creating, administering, maintaining, or enhancing the statewide trauma system. The department may apply for, receive, and accept gifts and other payments, including property and services for the fund from any governmental or other public or private entity or person and may utilize the fund for activities related to the design, administration, operation, maintenance, or enhancement of the statewide trauma system.

(b) The methodology of distribution of funds and allocation of funds shall be established by the council and subsequently adopted by the board. Guidelines and parameters for distribution and allocation of funds is the sole prerogative of the council. Fund allocation to trauma centers shall be based upon the designated level of trauma care and the number of qualified patients directed through the trauma centers, as defined by rules of the board.

(c) Nothing in this act shall limit a patient's right to choose the physician, hospital, trauma center, facility, or other provider of health care services, subject to any limitations, requirements, or mechanisms prescribed in any federal law or law of the State of Alabama.

Section 10. This act shall become effective on the first day of the third month following its passage and approval by the Governor, or its otherwise becoming law.

Health

Statewide Trauma System

Trauma System

Emergencies

Board of Health, State

Health Care Facilities

Hospitals