For An Act To Be Entitled

AN ACT TO AMEND THE TRAUMA SYSTEM ACT, § 20-13-801 ET SEQ.; AND FOR OTHER PURPOSES.

Subtitle

TO AMEND THE TRAUMA SYSTEM ACT.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code Title 20, Chapter 13, Subchapter 8 is amended to read as follows:

20-13-801. Title.

This subchapter shall be known and may be cited as the “Trauma System Act”.

20-13-802. Legislative findings.

The General Assembly finds that:

(1) Trauma Traumatic injury is recognized as the leading killer of persons one (1) year to forty-four (44) years of age and is a serious yet preventable disease condition;

(2) Deaths due to trauma in the United States for 2005 were nearly one hundred thirty-nine thousand (139,000), and children nineteen (19) years of age or younger accounted for nearly twelve percent (12%) of the deaths;
In 2006, two thousand one hundred nineteen (2,119) Arkansans lost their lives and twenty-five thousand three hundred eight (25,308) were admitted to hospitals due to trauma;

The State of Arkansas incurs a massive expense from trauma in lives lost, productive years destroyed, and the emotional and monetary expense of caring for victims of trauma; and

The experience of other states has shown that a comprehensive trauma system, including all phases of trauma care, from prevention, prehospital care, and trauma center designation to rehabilitative care, can vastly improve overall trauma problems.


As used in this subchapter:

(1) “Division Department” means the Division of Health of the Department of Health and Human Services; and

(2) “EMS Division” means the Division of Emergency Medical Services of the Department of Health and Human Services.


(a) The Division of Health of the Department of Health and Human Services may develop and implement a comprehensive trauma care system that provides guidelines for the care of trauma victims and is fully integrated with all available resources, including, but not limited to, existing emergency medical services providers, hospitals, or other health care providers that would like to participate in the program.

(b)(1) The department shall allocate funds deposited into the Public Health Fund to administer this subchapter.

(2) The allocation of available funds shall be developed and modified with:

(A) The advice of the Trauma Advisory Council; and

(B) The approval of the State Board of Health.

(3) Allocations of funds in the form of grants or contracts from the funds deposited into the Public Health Fund to administer this subchapter may include, but are not limited to:

(A) Emergency medical system care providers and ambulance
providers under § 20-13-809;

(B) Level I, Level II, Level III, and Level IV trauma centers under §§ 20-13-810 – 20-13-813;

(C) Rehabilitation service providers under § 20-13-814;

(D) Quality improvement organizations under § 20-13-815;

(E) Trauma regional advisory councils under § 20-13-816;

(F) Command communication networks under 20-13-817; and

(G) Injury prevention programs under § 20-13-818.

(c) The funds deposited into the Public Health Fund to administer this subchapter will be used to fund two (2) general types of grants with entities necessary to administer this subchapter:

(1) Start-up trauma grants to support initial costs required to qualify for participation in the trauma care system; and

(2) Sustaining trauma grants to support ongoing readiness costs for continued participation in the trauma care system.

(d) The Department may contract with entities as necessary to implement this subchapter.

(b) The division shall promulgate such rules and regulations as are necessary to implement and administer this subchapter.


(a) The Division of Health of the Department of Health and Human Services State Board of Health may adopt standards for designation and verification of trauma center status which assign level designations based on resources available within the facility.

(b)(1) Standards shall be based upon national guidelines, including those established by the American College of Surgeons entitled “Hospital and Prehospital Resources for Optimal Care of the Injured Patient” and published appendices thereto.

(2) Standards specific to rural and urban areas shall address the unique nature of Arkansas may be developed and adopted and modified by rule of the division board.

20-13-806. Trauma data collection and evaluation system — Confidentiality of records.

(a)(1) The Division of Health of the Department of Health and Human Services...
Services may Department of Health shall develop a trauma data collection and evaluation system, known as the "Trauma Registry".

(2) The Trauma Registry shall be designed to study both the individual and collective care and treatment given to patients of the trauma system to improve patient outcome and ensure compliance with standards of verification.

(b)(1) The division department may collect, as deemed necessary and appropriate, data and information regarding patients treated and transported from the field, admitted to a facility through the emergency department, through a trauma center, or directly to a special care unit or post-hospitalization facility.

(2) Data and information shall be collected in a manner which protects and maintains the confidential nature of patient records.

(c) Records and reports made pursuant to this subchapter shall be held confidential within the hospital and division department and shall not be available to the public.

(d) The Department of Health shall require all recipients of sustaining grants under this subchapter to participate in the state specified Trauma Registry.


(a) There is established an advisory council, to be known as the "Trauma Advisory Council", for the purpose of making recommendations, advising, and providing assistance to the Division of Emergency Medical Services of the Division of Health of the Department of Health and Human Services Department of Health concerning the development and operation of a statewide trauma system.

(b) The council shall consist of twelve (12) twenty (20) voting members who have a demonstrated interest in trauma systems, to be appointed by the Governor as follows:

(1) One (1) member appointed from a list of two (2) nominees submitted by the Arkansas Chapter of the American College of Emergency Physicians;

(2) One (1) member appointed from a list of two (2) nominees submitted by the Arkansas Academy of Family Physicians;

(3) One (1) member appointed from a list of two (2) nominees
submitted by the Arkansas Chapter of the American College of Surgeons;

(4) One (1) member appointed from a list of two (2) nominees submitted by the Arkansas Medical Society;

(5) One (1) member appointed from a list of two (2) nominees submitted by the Arkansas Hospital Association;

(6) One (1) member appointed from a list of two (2) nominees submitted by the Governor's Emergency Medical Services Advisory Council;

(7) One (1) member appointed from a list of two (2) nominees submitted by the Arkansas Emergency Nurses' Association;

(8) One (1) member appointed from a list of two (2) nominees submitted by the Arkansas Emergency Medical Technicians' Association;

(9) One (1) member appointed from a list of two (2) nominees submitted by the Arkansas Ambulance Association;

(10) One (1) member appointed from a list of two (2) nominees submitted by the Arkansas Emergency Medical Services for Children Program;

(11) One (1) member appointed from a list of two (2) nominees submitted by the Arkansas Trauma Society; and

(12) One (1) member appointed from a list of two (2) nominees submitted by the Arkansas Trauma Nurses' Society;

(13) One (1) member appointed from a list of two (2) nominees submitted by the Arkansas Spinal Cord Commission;

(14) One (1) member appointed from a list of two (2) nominees submitted by the Arkansas Minority Health Commission;

(15) One (1) member appointed from a list of two (2) nominees submitted by the Arkansas Medical, Dental and Pharmaceutical Association;

(16) One (1) member appointed to represent injury prevention; and

(17) One (1) member appointed from the public at large as a consumer representative who has an interest in trauma systems.

(c) The council shall also include four (4) voting members who have a demonstrated interest in trauma systems to be appointed as follows:

(1) Two (2) members to be appointed by and to serve at the pleasure of the President Pro Tempore of the Senate; and

(2) Two (2) members to be appointed by and to serve at the pleasure of the Speaker of the House of Representatives.

(d) The following shall also serve as non-voting ex-officio
members of the council:

(1) The Director of the Department of Health and Human Services or the director's designee; and

(2) The Director of the Highway Safety Program of the Arkansas State Highway and Transportation Department;

(3) The Director of the Department of Arkansas State Police or the director's designee;

(4) Two (2) members to be appointed by and to serve at the pleasure of the President Pro Tempore of the Senate; and

(5) Four (4) members to be appointed by and to serve at the pleasure of the Speaker of the House of Representatives.


(a)(1) All voting members of the Trauma Advisory Council appointed by the Governor shall be appointed for terms of four (4) years.

(2)(b)(1) Vacancies shall be filled in the manner provided in this subchapter for the original appointment. Persons appointed to fill vacancies shall serve the unexpired portions of the terms. If a vacancy occurs in an appointed position for any reason, the vacancy shall be filled in the manner provided for the original appointment under § 20-13-807.

(2) The new appointee shall serve for the remainder of the unexpired term.

(c) A member of the council shall be removed for conviction of a felony, for not attending fifty percent (50%) of the meetings in a calendar year, or if the member no longer meets the qualifications for his or her initial appointment.

(d)(1) The members of the council shall elect from their membership a chair, a vice chair, and a secretary-treasurer, whose duties shall be those customarily exercised by those officers or duties specifically designated by the council.

(2) All officers shall serve for a period of one (1) year and until their successors are elected.

(e)(1) Thirteen (13) of the voting members of the council shall constitute a quorum for the purpose of transacting business.

(2) Except for actions taken pursuant to subsection (g) of this section, all actions of the council shall be made by a majority of all voting
members.

(c)(f) The council shall meet at least two (2) four (4) times a year but may meet more frequently upon the call of the chair or at the request, stated in writing, of any seven (7) a majority of the members of the council.

(g)(1) To assist in the expeditious conduct of its business when the full council is not meeting, the council may elect an executive committee.

(2) The chair, vice-chair, and secretary of the council shall be members of the executive committee.

(3) The executive committee shall be constituted and shall function as provided in the bylaws of the council.

(d)(h) The council shall establish its own rules of procedure.

20-13-809. Grants for emergency medical system care providers or ambulance providers.

An emergency medical system care provider or ambulance provider may be eligible for:

(1) The emergency medical system care provider education start-up grants that are used to support trauma education and trauma readiness; or

(2) The emergency medical system care provider sustaining grants that are used to support ongoing trauma education and trauma readiness.

20-13-810. Grants for Level I Trauma Centers.

(a)(1) An entity that meets the preliminary criteria for a Level I Trauma Center under the rules of the State Board of Health may be eligible for the Level I Trauma Center start-up grant that is used to qualify for the status of a Level I Trauma Center and for trauma readiness costs associated with the care of trauma patients.

(2) This grant may be awarded to entities that:

(A) Meet the preliminary criteria for Level I Trauma Center status as determined by the Department of Health; and

(B) Demonstrate the capability of fully achieving Level I Trauma Center status within eighteen (18) months.

(b)(1) An established Level I Trauma Center may be eligible for a sustaining grant if the Level I Trauma Center:

(A) Has achieved Level I Trauma Center status and is currently at Level I status; and
(B) Demonstrates continued capability to maintain Level I Trauma Center status.

(2) This grant may be an annual grant and may have an annual renewal process for Level I Trauma Centers that meet the criteria under this subsection.


(a) An entity that meets the preliminary criteria for a Level II Trauma Center under the rules of the State Board of Health may be eligible for the Level II Trauma Center start-up grant that is used to qualify for the status of a Level II Trauma Center and for trauma readiness costs associated with the care of trauma patients.

(2) This grant may be awarded to entities that:

(A) Meet the preliminary criteria for Level II Trauma Center status as determined by the Department of Health; and

(B) Demonstrate the capability of fully achieving Level II Trauma Center status within twelve (12) months.

(b)(1) An established Level II Trauma Center may be eligible for a sustaining grant if the Level II Trauma Center:

(A) Has achieved Level II Trauma Center status and is currently at Level II status; and

(B) Demonstrates continued capability to maintain Level II Trauma Center status.

(2) This grant may be an annual grant and may have an annual renewal process for Level II Trauma Centers that meet the criteria under this subsection.


(a)(1) An entity that meets the preliminary criteria for a Level III Trauma Center under the rules of the State Board of Health may be eligible for the Level III Trauma Center start-up grant that is used to qualify for the status of a Level III Trauma Center and for trauma readiness costs associated with the care of trauma patients.

(2) This grant may be awarded to entities that:

(A) Meet the preliminary criteria for Level III Trauma Center status as determined by the Department of Health; and
(B) Demonstrate the capability of fully achieving Level III Trauma Center status within twelve (12) months.

(b)(1) An established Level III Trauma Center may be eligible for a sustaining grant if the Level III Trauma Center:

(A) Has achieved Level III Trauma Center status and is currently at Level III status; and

(B) Demonstrates continued capability to maintain Level III Trauma Center status.

(2) This grant may be an annual grant and may have an annual renewal process for Level III Trauma Centers that meet the criteria under this subsection.

20-13-813. Grants for Level IV Trauma Centers.

(a)(1) An entity that meets the preliminary criteria for a Level IV Trauma Center under the rules of the State Board of Health may be eligible for the Level IV Trauma Center start-up grant that is used to qualify for the status of a Level IV Trauma Center and for trauma readiness costs associated with the care of trauma patients.

(2) This grant may be awarded to entities that:

(A) Meet the preliminary criteria for Level IV Trauma Center status as determined by the Department of Health; and

(B) Demonstrate the capability of fully achieving Level IV Trauma Center status within twelve (12) months.

(b)(1) An established Level IV Trauma Center may be eligible for a sustaining grant if the Level IV Trauma Center:

(A) Has achieved Level IV Trauma Center status and is currently at Level IV status; and

(B) Demonstrates continued capability to maintain Level IV Trauma Center status.

(2) This grant may be an annual grant and may have an annual renewal process for Level IV Trauma Centers that meet the criteria under this subsection.


Grants may be awarded to providers, entities, or organizations with special competence in trauma rehabilitation services that provide
rehabilitation services under this subchapter to trauma patients.

(a) An entity that meets the preliminary criteria for a quality improvement organization under the rules of the State Board of Health may contract with the Department of Health to develop, promulgate, and measure trauma quality measures for entities providing care for the Trauma System under this subchapter.

(b) This contract may be awarded to entities that:
   (1) Meet the preliminary criteria for a quality improvement organization as determined by the Department of Health; and
   (2) Demonstrate the capability of providing to the Trauma System, trauma centers, and other trauma care providers:
      (A) The development of quality measures;
      (B) The implementation of educational programs to trauma care providers related to quality measures and to improve the quality of care; and
      (C) The gathering of data that can be used to measure the quality of care, outcomes, and utilization of resources.

(a)(1) An entity that meets the preliminary criteria for a trauma regional advisory council under the rules of the State Board of Health may be eligible for recognition as a trauma regional advisory council.

(2) The Department of Health may establish a grant or provide technical assistance to entities that:
   (A) Meet the preliminary criteria for a trauma regional advisory council as determined by the Department of Health; and
   (B) Demonstrate the capability of satisfactorily developing, overseeing, and administering the trauma system plan for its region.

(b)(1) An established trauma regional advisory council may be eligible for a sustaining grant if the trauma regional advisory council:
   (A) Has achieved the status as the trauma regional advisory council for its region of the Trauma System and is currently providing trauma planning and quality improvement services to its region of
the Trauma System; and

(B) Demonstrates continued capability to maintain its status as a trauma regional advisory council based on its performance in planning and overseeing the plan for its region of the Trauma System.

(2) This grant may be an annual grant and have an annual renewal process for a trauma regional advisory council that meets the criteria under this subsection.


(a) The Department of Health shall ensure operation of a call center to facilitate communication and coordination of available resources.

(b) The call center shall direct patient transport of critical trauma patients to hospitals with the appropriate capability to provide optimum patient care.

(c) The department may contract with entities to provide command and communication networks.


The Department of Health shall allocate funds to develop and promote injury prevention programs including the development of the capacity to track and describe the epidemiologic and health statistics of injury deaths and disabilities in Arkansas.

20-13-819. Quality or system assessment and improvement.

(a)(1) Any data, records, reports, and documents collected or compiled by or on behalf of the Department of Health, the Trauma Advisory Council, or other entity authorized under this subchapter for the purpose of quality or system assessment and improvement of the trauma system shall not be subject to disclosure under the Freedom of Information Act of 1967, § 25-19-101 et seq., to the extent that it identifies or could be used to identify any individual patient, provider, institution, or health plan.

(2) For purposes of this section, "data, records, reports, and documents" means recordings of interviews and all oral or written proceedings, reports, statements, minutes, memoranda, data, and other documentation collected or compiled for the purposes of trauma system quality review or trauma system assessment and improvement pursuant to a requirement
of or request by the Department of Health, the Trauma Advisory Council, or other entity authorized by this chapter.

(b)(1) Any data, records, reports, and documents collected or compiled by or on behalf of the Department of Health, the Trauma Advisory Council, or other entity authorized under this subchapter for the purpose of quality or system assessment and improvement shall not be admissible in any legal proceeding and shall be exempt from discovery and disclosure to the same extent that records of and testimony before committees evaluating the quality of medical or hospital care are exempt under § 16-46-105(a)(1).

(2) A healthcare provider's use of the information in its internal operations shall not operate as a waiver of these protections.

(c) All information shall be treated in a manner that is consistent with all state and federal privacy requirements, including without limitation the federal Health Insurance Portability and Accountability Act of 1996 privacy rule, 45 C.F.R. § 164.512(i).

(d) The Department of Health or other entity authorized to provide services for the Trauma System may use any data, records, reports, or documents generated or acquired in its internal operations without waiving any protections under this section.

20-13-820. Reports to the General Assembly.

The Director of the Department of Health shall provide a report to the Senate Committee on Public Health, Welfare, and Labor and the House Committee on Public Health, Welfare, and Labor on or before April 1 and October 1 of each year through 2011. After 2011, the director shall provide an annual report to each committee on or before October 1.


The State Board of Health shall promulgate the rules necessary to implement and administer this subchapter.

SECTION 2. EMERGENCY CLAUSE. It is found and determined by the General Assembly of the State of Arkansas that the state incurs a massive expense from trauma in lives lost, productive years destroyed, and the emotional and monetary expense of caring for victims of trauma; that a coordinated and comprehensive system of trauma care has shown in other states
to improve overall trauma problems; and that this act is immediately
necessary because the current law must be amended to provide for a
coordinated and comprehensive trauma system to ensure that all trauma victims
have the greatest chance for survival and a reduced risk for permanently
disabling injuries. Therefore, an emergency is declared to exist and this
act being necessary for the preservation of the public peace, health, and
safety shall become effective on July 1, 2009.

/s/ Steele

APPROVED: 3/13/2009