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## IN THE SENATE

## SENATE BILL NO. 1329, As Amended

## BY HEALTH AND WELFARE COMMITTEE

AN ACT

RELATING TO TIME SENSITIVE EMERGENCIES; AMENDING CHAPTER 10, TITLE 56, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 56-1024, IDAHO CODE, TO STATE LEGISLATIVE INTENT; AMENDING CHAPTER 10, TITLE 56, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 56-1025, IDAHO CODE, TO DEFINE TERMS; AMENDING CHAPTER 10, TITLE 56, IDAHO CODE, BY THE ADDITION OF A NEW SEC-TION 56-1026, IDAHO CODE, TO CREATE THE IDAHO TIME SENSITIVE EMERGENCY SYSTEM; AMENDING CHAPTER 10, TITLE 56, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 56-1027, IDAHO CODE, TO CREATE THE IDAHO TIME SENSITIVE EMERGENCY SYSTEM COUNCIL AND TO PROVIDE FOR MEMBERSHIP OF THE COUNCIL; AMENDING CHAPTER 10, TITLE 56, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 56-1028, IDAHO CODE, TO PROVIDE FOR DUTIES OF THE COUNCIL AND TO PROVIDE RULEMAKING AUTHORITY; AMENDING CHAPTER 10, TITLE 56, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 56-1029, IDAHO CODE, TO PROVIDE FOR THE DESIGNATION OF TRAUMA, STROKE AND HEART ATTACK CENTERS AND TO PROVIDE CRITERIA FOR DESIGNATION; AMENDING CHAPTER 10, TITLE 56, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 56-1030, IDAHO CODE, TO CREATE REGIONAL TIME SENSITIVE EMERGENCY COMMITTEES AND TO PROVIDE FOR MEMBER-SHIP AND DUTIES OF THE COMMITTEES; AMENDING THE HEADING FOR CHAPTER 20, TITLE 57, IDAHO CODE, TO REVISE TERMINOLOGY; AMENDING SECTION 57-2001, IDAHO CODE, TO REVISE TERMINOLOGY AND TO REVISE PROVISIONS RELATING TO PURPOSES OF THE TIME SENSITIVE EMERGENCY REGISTRY; AMENDING SECTION 57-2002, IDAHO CODE, TO ADD AND REVISE DEFINITIONS AND TO MAKE TECHNICAL CORRECTIONS; AMENDING SECTION 57-2003, IDAHO CODE, TO REVISE TERMI-NOLOGY; AMENDING SECTION 57-2004, IDAHO CODE, TO REVISE TERMINOLOGY; AMENDING SECTION 57-2005, IDAHO CODE, TO REVISE TERMINOLOGY AND TO MAKE A TECHNICAL CORRECTION; AMENDING SECTION 57-2006, IDAHO CODE, TO REVISE TERMINOLOGY AND TO MAKE TECHNICAL CORRECTIONS; AND AMENDING SECTION 57-2007, IDAHO CODE, TO REVISE TERMINOLOGY.

Be It Enacted by the Legislature of the State of Idaho:

SECTION 1. That Chapter 10, Title 56, Idaho Code, be, and the same is hereby amended by the addition thereto of a <u>NEW SECTION</u>, to be known and designated as Section 56-1024, Idaho Code, and to read as follows:

56-1024. IDAHO TIME SENSITIVE EMERGENCY SYSTEM OF CARE -- STATEMENT OF INTENT. Time sensitive emergencies, specifically blunt trauma injuries, strokes and heart attacks, were three (3) of the top five (5) causes of deaths in Idaho in 2011. Numerous studies throughout the United States have demonstrated that organized systems of care improve patient outcomes, thus reducing the frequency of preventable death and improving the functional status of the patient. The institute of medicine's report "Hospital-Based Emergency Care: At the Breaking Point" recommended improving the care of critical illness through regionalization by transporting critically ill patients

to designated specialized care centers when appropriate. Early treatment and transfer when necessary will save the lives of Idahoans stricken with these emergency conditions. Trauma systems of care are well understood as they have existed in many other states for decades. It is the intent of this legislation to create an integrated and responsive system of care for Idaho citizens. The trauma component will serve as the initial framework in a deliberate, incremental implementation approach for a comprehensive system of care for time sensitive emergencies in Idaho. The time sensitive emergency system in Idaho is intended to be voluntary and inclusive. The system will be designed such that all facilities, and in particular critical access hospitals, have the opportunity to participate. No facility shall be excluded from receiving medically appropriate patients based solely on the facility's decision of not seeking designation.

SECTION 2. That Chapter 10, Title 56, Idaho Code, be, and the same is hereby amended by the addition thereto of a  $\underline{\text{NEW SECTION}}$ , to be known and designated as Section 56-1025, Idaho Code, and to read as follows:

56-1025. DEFINITIONS. As used in sections 56-1024 through 56-1030, Idaho Code:

- (1) "EMS agency" means any organization licensed by the EMS bureau that operates an air medical service, ambulance service or nontransport service.
- (2) "EMS bureau" means the bureau of emergency medical services of the department of health and welfare.
  - (3) "Council" means the Idaho time sensitive emergency system council.
- (4) "TSE" means time sensitive emergency, specifically trauma, stroke and heart attack.
- SECTION 3. That Chapter 10, Title 56, Idaho Code, be, and the same is hereby amended by the addition thereto of a  $\underline{\text{NEW SECTION}}$ , to be known and designated as Section 56-1026, Idaho Code, and to read as follows:
- 56-1026. IDAHO TIME SENSITIVE EMERGENCY SYSTEM -- CREATION. There is hereby created a voluntary time sensitive emergency system within the department of health and welfare.
- SECTION 4. That Chapter 10, Title 56, Idaho Code, be, and the same is hereby amended by the addition thereto of a  $\underline{\text{NEW SECTION}}$ , to be known and designated as Section 56-1027, Idaho Code, and to read as follows:
- 56-1027. IDAHO TIME SENSITIVE EMERGENCY SYSTEM COUNCIL -- CREATION -- COMPOSITION. (1) There is hereby created the Idaho time sensitive emergency system council hereinafter known as the "council." Council members shall be appointed by the governor with the approval of the board of health and welfare. Council members shall be selected to assure equitable geographic, rural and clinical specialty representation.
  - (2) The membership of the council shall include the following:
  - (a) One (1) representative from a facility that either holds or is seeking designation as an Idaho trauma center. The representative shall be the medical director, the coordinator or the program manager responsible for the respective facility's trauma program;

- (b) One (1) representative from a facility that either holds or is seeking designation as an Idaho stroke facility. The representative shall be the medical director, the coordinator or the program manager responsible for the respective facility's stroke program;
- (c) One (1) representative from a facility that either holds or is seeking designation as an Idaho heart attack center. The representative shall be the medical director, the coordinator or the program manager responsible for the respective facility's heart attack program;
- (d) One (1) representative from an EMS agency licensed by the department that serves a primarily urban response area;
- (e) One (1) representative from an EMS agency licensed by the department that serves a primarily rural response area;
- (f) One (1) representative from an air medical EMS agency licensed by the department;
- (g) One (1) administrator of an Idaho hospital that either holds or is seeking Idaho trauma, stroke or heart attack designation;
- (h) One (1) chief executive officer or administrator of an Idaho critical access hospital that either holds or is seeking Idaho trauma, stroke or heart attack designation;
- (i) One (1) licensed health care provider who routinely works in the emergency department of a hospital that serves a primarily urban area that either holds or is seeking trauma, stroke or heart attack designation;
- (j) One (1) licensed health care provider who routinely works in the emergency department of a hospital that serves a primarily rural area that either holds or is seeking trauma, stroke or heart attack designation; and
- (k) One (1) Idaho citizen with an interest in furthering the quality of trauma, stroke and heart attack care in Idaho.
- (3) The chair of each regional TSE committee shall be added as a voting member of the council when the regional TSE committee is implemented and the chair is selected.
- (4) Members of the council shall serve four (4) year terms with half of the members initially appointed, as determined by lot, serving two (2) year terms. If a vacancy occurs, the governor shall appoint a replacement to fill the unexpired term. Members may be reappointed and shall serve at the pleasure of the governor.
- (5) The governor shall appoint a chair who shall serve a term of two (2) years. The council may elect other officers as it may deem necessary and appropriate. The council shall meet at least semiannually and at the call of the chair.
- SECTION 5. That Chapter 10, Title 56, Idaho Code, be, and the same is hereby amended by the addition thereto of a  $\underline{\text{NEW SECTION}}$ , to be known and designated as Section 56-1028, Idaho Code, and to read as follows:
- 56-1028. IDAHO TIME SENSITIVE EMERGENCY SYSTEM COUNCIL -- DUTIES -- RULEMAKING. The duties of the council shall be as follows:
- (1) Develop, implement and monitor a voluntary statewide system that includes trauma, stroke and heart attack facilities;

(2) Provide oversight of the system, assuring adherence to standards established by the council;

- (3) Establish substate system regions that provide more effective access to the system. In the designation of these regions, specific consideration shall be given to geography and patient referral patterns for the facilities and agencies included therein;
  - (4) Establish a regional TSE committee in each substate region;
- (5) Develop the standards and criteria that each participating facility that voluntarily applies is required to meet concerning personnel, equipment, resources, data collection and organizational capabilities to obtain or maintain designation;
- (6) Develop procedures for and the duration of the designation of a trauma, stroke or heart attack facility, including application procedures, verification procedures, investigation of complaints pertaining to designation and emergency suspension or revocation of designation;
  - (7) Develop operational procedures for the regional TSE committees;
- (8) Facilitate the implementation of nationally accepted standards throughout the voluntary system;
- (9) Set procedures for the acquisition of data needed to successfully manage the system;
  - (10) Promulgate rules to fulfill the purpose of this act; and
- (11) Collaborate and cooperate with the EMS bureau, the EMS physician commission, local governments, local EMS agencies and associations to address recruitment and retention concerns of local EMS providers.
- SECTION 6. That Chapter 10, Title 56, Idaho Code, be, and the same is hereby amended by the addition thereto of a  $\underline{\text{NEW SECTION}}$ , to be known and designated as Section 56-1029, Idaho Code, and to read as follows:
- 56-1029. IDAHO TRAUMA, STROKE AND HEART ATTACK CENTERS -- DESIGNATION. (1) The council shall designate a hospital as a trauma, stroke or heart attack center when such hospital, upon proper application and verification, has been found by the council to meet the applicable level of trauma, stroke or heart attack center criteria as established by the council.
- (2) In developing trauma, stroke and heart attack center designation criteria, the council shall use, as is practicable, appropriate peer-reviewed or evidence-based research including, but not limited to, the most recent guidelines of the American college of surgeons committee on trauma, American college of cardiology and American heart association for heart attack centers, or the joint commission's primary stroke center certification program criteria for stroke centers, or primary and comprehensive stroke center recommendations as published by the American stroke association or other nationally recognized authoritative standards.
- (3) Participation criteria shall be published in rules promulgated by the council.
- (4) The council shall conduct a periodic verification review of every trauma, heart attack and stroke facility. Verification reviews shall be coordinated for the different types of centers to the extent practicable with hospital resources. No person who has a substantial conflict of interest in the operation of any trauma, stroke and heart attack center under review shall participate in the verification review of the facility.

- (5) The council shall coordinate an on-site review as necessary to assure that a hospital meets the criteria for the desired designation. The council may waive an on-site review when a hospital has been verified by a nationally recognized accrediting body to meet or exceed standards established by the council.
- (6) The council may deny, place on probation, suspend or revoke any designation when it has reasonable cause to believe that there has been misrepresentation or falsification of information or a substantial failure to comply with the criteria for designation promulgated by the council. If the council has reasonable cause to believe that a hospital is not in compliance with such provisions, it may require the facility to submit additional documentation or undergo additional site reviews to verify compliance.
- (7) No hospital may hold itself out to the public as an Idaho designated trauma center, Idaho designated stroke facility or Idaho designated heart attack facility unless it is designated as such by the council.
- (8) A hospital aggrieved because of the council's decision shall be entitled to appeal to the council in the manner prescribed by the council and shall be afforded reasonable notice and opportunity for a fair hearing.
- (9) Actions of the council relating to adoption of rules, notice, hearings, appeals from decisions of the department or the director, and review shall be governed by the provisions of chapter 52, title 67, Idaho Code, the administrative procedure act.
- SECTION 7. That Chapter 10, Title 56, Idaho Code, be, and the same is hereby amended by the addition thereto of a  $\underline{\text{NEW SECTION}}$ , to be known and designated as Section 56-1030, Idaho Code, and to read as follows:
- 56-1030. REGIONAL TIME SENSITIVE EMERGENCY COMMITTEES -- MEMBERSHIP -- DUTIES. (1) Pursuant to section 56-1028 (4), Idaho Code, each substate region designated by the council shall have a time sensitive emergency committee.
- (2) Membership of each regional TSE committee shall be based on the needs of the region and can be modified as the regional TSE committee determines, but each regional committee shall be initially comprised as follows:
  - (a) Each facility that is designated or is seeking designation by the council as a trauma center, stroke facility or heart attack facility may appoint one (1) representative for each of the designations that the facility holds or is seeking to hold to the regional committee for the region in which the facility is located;
  - (b) Each air medical EMS agency that provides patient transport within the region may appoint one (1) representative;
  - (c) Each hospital that either holds or is seeking Idaho trauma, stroke or heart attack designation may appoint the hospital administrator;
  - (d) Each EMS agency with a response area in the region may appoint one
  - (1) representative; and

- (e) The regional committee shall include a pediatrician or an expert in children's trauma.
- (3) Members of a regional committee shall elect a chair to serve a term of two (2) years.
  - (4) The duties of each regional committee shall be as follows:

- (a) Implement care guidelines, policies, procedures and protocols forthe regional TSE system;
  - (b) Conduct regional quality improvement, including receipt of reports prepared by the council containing trauma, stroke and heart attack data and making recommendations to facilities within the region based upon those reports;
  - (c) Advise the council concerning the statewide system;

- (d) Establish trauma, stroke and heart attack education and prevention programs;
- (e) Provide advice concerning trauma, stroke and heart attack care to health care facilities and other providers of health care;
- (f) Perform other duties required by Idaho code and council rules; and
- (g) Conduct other activities needed to ensure optimal delivery of trauma, stroke and heart attack care services within the region.
- SECTION 8. That the Heading for Chapter 20, Title 57, Idaho Code, be, and the same is hereby amended to read as follows:

## CHAPTER 20 TRAUMA TIME SENSITIVE EMERGENCY (TSE) REGISTRY

SECTION 9. That Section 57-2001, Idaho Code, be, and the same is hereby amended to read as follows:

57-2001. PURPOSE OF THE REGISTRY. (1) The specific issues to be identified and evaluated through the  $\frac{1}{2}$  transfer transfer to the specific issues to be identified and evaluated through the  $\frac{1}{2}$ 

- (a) Injury Trauma, stroke and heart attack TSE surveillance;
- (b) Geographic patterns of trauma incidence;
- (c) Types of injuries TSEs treated in hospitals in Idaho;
- (d) Areas or regions of the state where improvements in the emergency medical system may be needed;
- (e) Public education and prevention needs and efforts; and
- (f) Other factors to consider in recommending, designing or implementing a statewide trauma TSE system.
- (2) The data collected by the  $\frac{TSE}{T}$  registry shall be of such a nature as to allow the department to identify at least the following:
  - (a) Lack of aAccess to care and improvement of the availability and delivery of prehospital, hospital and post-acute TSE care;
  - (b) Performance of the out-of-hospital and hospital emergency medical systems;
  - (c) Costs of trauma TSE care; and
  - (d) Outcomes of persons who are victims of trauma TSEs.
- (3) The department shall evaluate the data collected, as well as data collected from other relevant sources, and, beginning one (1) year after the effective date of this chapter, shall prepare an annual report. The data shall be used to regularly produce and disseminate aggregated and de-identified analytical reports and for recommending benchmark quality measures and outcomes and needed educational resources to the TSE system of care state board.

SECTION 10. That Section 57-2002, Idaho Code, be, and the same is hereby amended to read as follows:

- 57-2002. TRAUMA TSE REGISTRY -- DEFINITIONS. When used in this chapter:
- (1) "Confidential information" means information which may identify a patient, health care facility or health care practitioner.
- (2) "Contractor" means that individual, partnership, corporation or other entity performing  $\frac{TSE}{T}$  registry services under a contractual agreement with the department.
- (3) "De\_identified information" means records and information contained in the trauma <u>TSE</u> registry, including compilations and analyses thereof, which does that do not contain information which might identify a patient, health care facility or health care practitioner.
- (4) "Department" means the bureau of emergency medical services  $\underline{\text{and}}$  preparedness of the Idaho department of health and welfare.
- (5) "Heart attack" means STEMI, which is a common name for ST-elevation myocardial infarction, a more precise definition for a type of heart attack that is caused by a prolonged period of blocked blood supply that affects a large area of the heart and has a substantial risk of death and disability calling for a quick response.
- (6) "Stroke" means an interruption of blood flow to the brain causing paralysis, slurred speech and/or altered brain function usually caused by a blockage in a blood vessel that carries blood to the brain (ischemic stroke) or by a blood vessel bursting (hemorrhagic).
- (7) "Trauma" is the result of an act or event that damages, harms or hurts a human being resulting in intentional or unintentional damage to the body resulting from acute exposure to mechanical, thermal, electrical, or chemical energy or from the absence of such essentials as heat or oxygen.
- (8) "TSE" means a time sensitive emergency, specifically trauma, heart attack or stroke.
- (69) "Trauma TSE registry" means the population—based data system that provides ongoing and systematic collection, analysis, interpretation, and dissemination of information related to injury trauma, stroke and heart attack for system improvement, prevention and research activities. Elements in the registry shall describe the nature and scope of the injury problem, illness or health condition, identify the incidence and prevalence of traumatic injury, illness or health condition, severity of injury, performance of out-of-hospital and hospital emergency medical systems, patient outcome, and the impact of trauma, stroke and heart attack on the health care system.
- (710) "Trauma TSE system" means the organized approach to treating injured patients that establishes and promotes standards for patient transportation, equipment, and information analysis for effective and coordinated trauma TSE care. Trauma TSE systems represent a continuum of care that is fully integrated into the emergency medical services system and is a coordinated effort between out-of-hospital and hospital providers with the close cooperation of medical specialists in each phase of care. The focus is on prevention, coordination of acute care, and aggressive rehabilitation. Ideally, sSystems are designed to be inclusive of all injured patients with a TSE requiring acute care facilities, striving to meet the needs of the

patient, regardless of the severity of injury, geographic location or population density. Ultimately, a trauma A TSE system seeks to prevent injuries from happening and the reduction of death and disability when it does happen.

SECTION 11. That Section 57-2003, Idaho Code, be, and the same is hereby amended to read as follows:

- 57-2003. ESTABLISHMENT OF TRAUMA TSE REGISTRY. The department, or an authorized contractor of the department, shall:
- (1) Establish a  $\frac{\text{TSE}}{\text{trauma}}$  TSE registry to collect and analyze information on the incidence, severity, causes and outcomes of  $\frac{\text{TSE}}{\text{trauma}}$ , and other such data necessary to evaluate trauma, strokes and heart attacks and the health system's response to it;
- (2) Establish the data elements and data dictionary, including child specific data elements that hospitals must report, and the time frame and format for reporting by adoption of rules in the manner provided in chapter 52, title 67, Idaho Code;
- (3) Support, where necessary, data collection and abstraction by providing:
  - (a) A data collection system and technical assistance to each hospital; and
  - (b) Funding or, at the discretion of the department, personnel for collection and abstraction for each hospital.
- SECTION 12. That Section 57-2004, Idaho Code, be, and the same is hereby amended to read as follows:
- 57-2004. PARTICIPATION IN PROGRAM. (1) Each licensed hospital shall report each case of  $\frac{TSE}{T}$  which meets the inclusion criteria to the department or the authorized contractor of the department within one hundred eighty (180) days of treatment.
- (2) Each report of  $\frac{\mbox{TSE}}{\mbox{the department.}}$  shall include information as defined by
- (3) The department or authorized contractor of the department shall have physical access to all records which would identify reportable cases and/or establish characteristics, treatment or medical status of reportable cases in the event that there has been a failure to report as delineated in subsections (1) and (2) of this section.
- (4) Nothing in this chapter shall prevent the department or authorized contractor from identifying and reporting cases using data linkages with death records, other trauma registries, and other potential sources.
- SECTION 13. That Section 57-2005, Idaho Code, be, and the same is hereby amended to read as follows:
- 57-2005. CREATION OF TRAUMA TSE REGISTRY FUND -- PURPOSE. There is hereby created and established in the state treasury a fund to be known as the "Trauma Time Sensitive Emergencies (TSE) Registry Fund" to which shall be deposited the revenues derived from grants, appropriations or other sources of funds. All moneys now or hereafter in the trauma TSE registry fund are hereby dedicated for the purpose of contracting for and obtaining the

services of a continuous registry of all trauma time sensitive emergency incident patients in the state of Idaho and maintaining a cooperative exchange of information with other states providing a similar trauma TSE incident registry. The department of health and welfare, bureau of emergency medical services and preparedness, is charged with the administration of this fund for the purposes specified herein. All claims against the fund shall be examined, audited and allowed in the manner now or hereafter provided by law for claims against the state of Idaho.

 SECTION 14. That Section 57-2006, Idaho Code, be, and the same is hereby amended to read as follows:

- 57-2006. CONFIDENTIALITY. (1) Information and records contained in the  $\frac{TSE}{T}$  registry shall be kept confidential and may be released only as provided by this chapter and the rules of the department.
- (2) The department and  $\underline{an}$  authorized contractor may enter into agreements to exchange confidential information with other  $\underline{trauma}$   $\underline{TSE}$  registries in order to obtain complete reports of Idaho residents treated in other states and to provide information to other states regarding their residents treated in Idaho. Agreements sharing information from the  $\underline{trauma}$   $\underline{TSE}$  registry shall include a provision requiring the receiving agency to keep such information confidential.
- (3) The department and <u>an</u> authorized contractor may, in their discretion, publish or furnish to health researchers and the public<sub> $\tau$ </sub> de\_identified information including compilations and analyses thereof.
- (4) The department and  $\underline{an}$  authorized contractor may furnish confidential information to other  $\underline{trauma}$   $\underline{TSE}$  registries, federal  $\underline{trauma}$   $\underline{TSE}$  programs, or health researchers in order to perform and collaborate with research studies. Persons and entities receiving confidential information for research purposes must comply with rules of the department relating to the confidentiality of  $\underline{trauma}$   $\underline{TSE}$  registry records and information.
- (5) The department and  $\underline{an}$  authorized contractor may furnish confidential information relating to a specific licensed hospital, including compilations and analyses of such confidential information, to the specific licensed hospital to which it relates.
- (6)  $\frac{Tsuma}{t}$  registry records and information shall not be available for purposes of litigation except by order of the court. Any such order shall contain such protective provisions as are reasonable and necessary to prevent the public or further disclosure of the records and information and shall contain a provision requiring the destruction of the records and information when no longer needed for the litigation.
- SECTION 15. That Section 57-2007, Idaho Code, be, and the same is hereby amended to read as follows:
- 57-2007. LIABILITY. (1) No action for damages arising from the disclosure of confidential information may be maintained against any reporting entities or employees of such entities that participate in good faith in the reporting of  $\frac{1}{100}$  registry data in accordance with this chapter.

(2) No license of a health care facility or health care practitioner may be denied, suspended or revoked for the good faith disclosure of confidential information in accordance with this chapter.

(3) The immunity granted in subsections (1) and (2) of this section shall not be construed to apply to the unauthorized disclosure of confidential information when such disclosure is due to gross negligence or willful misconduct of the reporting entities.