(To Resolve Conflicts)

B-Engrossed House Bill 3059

Ordered by the Senate June 29 Including House Amendments dated June 16 and Senate Amendments dated June 29 to resolve conflicts

Sponsored by Representative COWAN

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

Requires Emergency Medical Services and Trauma Systems Program within Department of Human Services to maintain Oregon Trauma Registry. Requires department to adopt rules regarding registry. Authorizes registry to release individually identifiable information under specified circumstances.

Provides immunity from civil and criminal liability for person who in good faith provides data or other information to registry in accordance with specified statutory provisions.

Declares emergency, effective on passage.

A BILL FOR AN ACT

Relating to traumatic injury data; creating new provisions; amending ORS 431.617, 431.623 and 431.633; and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

SECTION 1. ORS 431.623 is amended to read:

- 431.623. (1) The Emergency Medical Services and Trauma Systems Program is created within the Department of Human Services for the purpose of administering and regulating ambulances, training and certifying emergency medical technicians, establishing and maintaining emergency medical systems including trauma systems and [obtaining appropriate data from] maintaining the Oregon [Injury] Trauma Registry, as necessary for trauma reimbursement, system quality assurance and [assuring] ensuring cost efficiency.
- (2) For purposes of ORS 431.607 to 431.619 and ORS chapter 682, the duties vested in the department shall be performed by the Emergency Medical Services and Trauma Systems Program.
 - (3) The program shall be administered by a director.
- 15 (4) With moneys transferred to the program by ORS 442.625, the **director of the** program shall apply those moneys to:
 - (a) Developing state and regional standards of care;
 - (b) Developing a statewide educational curriculum to teach standards of care;
 - (c) Implementing quality improvement programs;
- 20 (d) Creating a statewide data system for prehospital care; and
 - (e) Providing ancillary services to enhance Oregon's emergency medical service system.
- 22 (5) The director of the program shall adopt rules for the Oregon Trauma Registry, es-23 tablishing:

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

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- 1 (a) The information that must be reported by trauma centers;
 - (b) The form and frequency of reporting; and
- (c) Procedures and standards for the administration of the registry.
- **SECTION 2.** ORS 431.633 is amended to read:
 - 431.633. (1) Designated trauma centers and providers, physical rehabilitation centers, alcohol and drug rehabilitation centers and ambulances shall develop a monthly log of all unsponsored, inadequately insured trauma system patients determined by the hospital to have an injury severity score greater than or equal to 13, and submit monthly to the Emergency Medical Services and Trauma Systems Program the true costs and unpaid balance for the care of these patients.
 - (2) No reimbursement for these patients shall occur until:
 - (a) All information required by the Emergency Medical Services and Trauma Systems Program rules is submitted to the Oregon [Injury] **Trauma** Registry; and
 - (b) The Emergency Medical Services and Trauma Systems Program confirms that the injury severity score, as defined by the Department of Human Services by rule, is greater than or equal to 13.
 - (3) The Emergency Medical Services and Trauma Systems Program shall cause providers to be reimbursed in the following decreasing order of priority:
 - (a) Designated trauma centers and providers;
 - (b) Physical rehabilitation centers;
 - (c) Alcohol and drug rehabilitation centers; and
 - (d) Ambulances.

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- (4) Subject to the availability of funds, the Emergency Medical Services and Trauma Systems Program shall cause the designated trauma centers and providers to be paid first in full. Subsequent providers shall be paid from the balance remaining according to priority.
- (5) Any matching funds, available pursuant to the [federal] Trauma Care Systems **Planning** and Development Act of 1990 [(H.R. 1602)] (**P.L. 101-590**), that are available for purposes of the Emergency Medical Services and Trauma Systems Program may be used for related studies and projects and reimbursement for uncompensated care.
- SECTION 3. Section 4 of this 2009 Act is added to and made a part of ORS 431.623 to 431.671.
 - SECTION 4. (1) As used in this section, "individually identifiable information" means:
 - (a) Individually identifiable health information as that term is defined in ORS 179.505; and
 - (b) Information that could be used to identify a health care provider, ambulance service medical transportation agency or health care facility.
 - (2) Notwithstanding ORS 431.627, individually identifiable information may be released from the Oregon Trauma Registry:
 - (a) For use in executive session to conduct specific case reviews by:
 - (A) The State Trauma Advisory Board or any area trauma advisory board;
 - (B) The State Emergency Medical Service Committee; or
 - (C) The Emergency Medical Services for Children Advisory Committee.
 - (b) For quality assurance or quality improvement purposes to an emergency medical services provider or a designated trauma center if the information is related to the treatment of an individual by the provider or center.
 - (c) To a person conducting research only if an institutional review board has approved the research in accordance with 45 C.F.R. part 46 and the person agrees to maintain the

confidentiality of the information.

(3) The Department of Human Services may release only the minimum amount of individually identifiable information necessary to carry out the purposes for which it is released under this section.

- SECTION 4a. If House Bill 2009 becomes law, section 4 of this 2009 Act is amended to read:
- 6 Sec. 4. (1) As used in this section, "individually identifiable information" means:
 - (a) Individually identifiable health information as that term is defined in ORS 179.505; and
 - (b) Information that could be used to identify a health care provider, ambulance service medical transportation agency or health care facility.
 - (2) Notwithstanding ORS 431.627, individually identifiable information may be released from the Oregon Trauma Registry:
 - (a) For use in executive session to conduct specific case reviews by:
 - (A) The State Trauma Advisory Board or any area trauma advisory board;
 - (B) The State Emergency Medical Service Committee; or
 - (C) The Emergency Medical Services for Children Advisory Committee.
 - (b) For quality assurance or quality improvement purposes to an emergency medical services provider or a designated trauma center if the information is related to the treatment of an individual by the provider or center.
 - (c) To a person conducting research only if an institutional review board has approved the research in accordance with 45 C.F.R. part 46 and the person agrees to maintain the confidentiality of the information.
 - (3) The [Department of Human Services] **Oregon Health Authority** may release only the minimum amount of individually identifiable information necessary to carry out the purposes for which it is released under this section.

SECTION 5. ORS 431.617 is amended to read:

- 431.617. [No provider shall] (1) A provider may not be held liable for acting in accordance with approved trauma system plans.
- (2) A person who in good faith provides data or other information to the Oregon Trauma Registry in accordance with ORS 431.623 to 431.671 is immune from any civil or criminal liability that might otherwise be incurred or imposed with respect to provision of the data.
- <u>SECTION 6.</u> This 2009 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2009 Act takes effect on its passage.