## SENATE AMENDMENTS TO SENATE BILL 234

By COMMITTEE ON HEALTH CARE, HUMAN SERVICES AND RURAL HEALTH POLICY

April 20

1 On page 1 of the printed bill, line 22, after "comprehensive" insert "trauma and".

2 On page 2, line 2, after "providing" insert "trauma and" and after "the" insert "trauma and".

3 In line 17, after "(a)" insert "Trauma and".

4 In line 21, after "regional" insert "trauma and".

5 Delete lines 36 through 45 and delete page 3.

6 On page 4, delete lines 1 through 4 and insert:

7 "SECTION 3. ORS 431.613 is amended to read:

8 "431.613. (1)(a) With the advice of the Trauma and Emergency Health Care System Advi-9 sory Board and the State Trauma Advisory Board, the Oregon Health Authority shall desig-10 nate trauma and emergency health care regions within the state consistent with local 11 resources, geography and current patient referral patterns.

"(b) Each trauma and emergency health care region designated by the authority under
this section must have at least one health care facility designated as a trauma center or
emergency health care center under ORS 431.627.

"(2) For each trauma and emergency health care region, the authority shall create a re gional trauma and emergency health care committee to:

17 "(a) Establish and recommend to the authority a regional trauma and emergency health 18 care system plan that meets the standards set forth by the authority by rule and that in-19 cludes patient care guidelines and a plan for deployment of resources, coordination of deliv-20 ery of trauma and emergency care, monitoring system performance and quality 21 improvement;

"(b) Act as a liaison between health care providers, the general public in the region, the Trauma and Emergency Health Care System Advisory Board appointed under section 11 of this 2011 Act and the authority for exchanging information about trauma and emergency health care system issues;

26 "(c) Advise the Trauma and Emergency Health Care System Advisory Board and the 27 authority on the adoption of rules, policies and procedures regarding the regional trauma and 28 emergency health care system plan;

29 "(d) Participate in the promotion and implementation of the regional trauma and emer-30 gency health care system plan by making recommendations about changes to the trauma and 31 emergency health care system to the authority and to health care providers;

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"(e) Develop regional triage protocols; and

33 "(f) Provide an annual report to the authority that includes any recommended modifica-34 tions to the regional trauma and emergency health care system plan.

35 "[(1)] (3) [Area trauma advisory boards] A regional trauma and emergency health care ad-

visory committee shall meet as often as necessary to identify specific trauma [area] and emer-1 2 gency health care needs and problems and propose to the [Oregon Health] authority [area trauma system] regional trauma and emergency health care system plans and changes that meet state 3 4 standards and objectives. The authority, acting with the advice of the [State] Trauma and Emergency Health Care System Advisory Board [will have], has the authority to approve and imple-5 ment [these] regional trauma and emergency health care system plans. 6 7 "[(2)] (4) [In concurrence with the Governor,] The authority shall select members for each [area] regional trauma and emergency health care committee from lists submitted by local associ-8 ations of emergency medical technicians, emergency nurses, emergency physicians, surgeons, hospi-9 10 tal administrators, emergency medical services agencies and citizens at large. Members [shall] must 11 be broadly representative of the trauma [area as a whole and shall] and emergency health care region. Each regional trauma and emergency health care committee must consist of at least 12[15] seven members [per area trauma advisory board], including: 13"[(a) Three surgeons;] 14 "[(b) Two physicians serving as emergency physicians;] 15"[(c) Two hospital administrators from different hospitals;] 16 "(a) One physician specializing in providing emergency health care; 17 18 "(b) One hospital administrator; 19 "(c) One physician or nurse specializing in the treatment of trauma patients; "(d) [Two nurses serving as emergency nurses] One nurse specializing in providing emergency 20 21health care; 22"(e) Two emergency medical technicians serving different emergency medical services; and 23"(f) [Two representatives] **One representative** of the public at large selected from among those submitting letters of application in response to public notice by the authority. 24 25(5) The public members [shall] of a regional trauma and emergency health care committee 26 may not have an economic interest in any decision of the [health care service areas;] committee. 27"[(g) One representative of any bordering state which is included within the patient referral 28area;] 29 "[(h) One anesthesiologist; and] 30 "[(i) One ambulance service owner or operator or both.] (6) Members of a regional trauma and emergency health care committee are not entitled 31to compensation or reimbursement for expenses and serve as volunteers on the 3233 committee.". In line 7, after "regional" insert "trauma and". 34Delete lines 13 through 45. 35 On page 5, delete lines 1 through 43 and insert: 36 "SECTION 5. ORS 431.623 is amended to read: 37 "431.623. (1) The Emergency [Medical Services and Trauma Systems] Health Care System Pro-38 gram is created within the Oregon Health Authority for the [purpose] purposes of: 39 40 "(a) Administering and regulating ambulances[,]; 41 "(b) Training and certifying emergency medical technicians[,]; "(c) Establishing, monitoring and maintaining a trauma and emergency [medical systems in-42cluding trauma systems] health care system to provide care, as specified by the program by 43 44 rule, to patients who meet criteria specified by the program by rule; and

45 "(d) Establishing and maintaining the Oregon Emergency Health Care and Trauma Regis-

1 tries [Trauma Registry, as necessary for trauma reimbursement, system quality assurance and ensur-2 ing cost efficiency]. 3 "(2) For purposes of ORS 431.607 to 431.619 and ORS chapter 682, the duties [vested in] of the 4 authority shall be performed by the Emergency [Medical Services and Trauma Systems] Health Care System Program. 5 6 "(3) The program shall be administered by a director. "(4) [With moneys] The Director of the Emergency Health Care System Program shall ap-7 ply the moneys transferred to the program by ORS 442.625[, the director of the program shall apply 8 those moneys] to: 9 "(a) Developing state and regional standards of care; 10 11 "(b) Developing a statewide educational curriculum to teach standards of care; "(c) Implementing quality improvement programs; 12 "(d) Creating [a] statewide data [system] systems for [prehospital care] emergency health and 13 14 trauma care; and "(e) Providing ancillary services to enhance Oregon's trauma and emergency [medical service] 1516 health care system. "(5) The [director of the] program shall adopt rules for the Oregon Emergency Health Care and 1718 **Trauma Registries** [*Trauma Registry*], establishing: 19 "(a) The information that must be reported by trauma centers; "(b) The form and frequency of reporting; and 20 21"(c) Procedures and standards for the administration of the [registry] registries. 22"SECTION 6. ORS 431.627 is amended to read: "431.627. (1) [In addition to and not in lieu of ORS 431.607 to 431.617,] The Oregon Health Au-23 thority shall designate trauma centers [in areas that are within the jurisdiction of trauma advisory 24 25boards other than in the area within the jurisdiction of area trauma advisory board 1.] and emer-26 gency health care centers in trauma and emergency health care regions designated under 27ORS 431.613. The authority shall adopt rules: 28 "(a) Establishing the criteria for designation of trauma centers and emergency health 29 care centers. "(b) Establishing standards for trauma centers and emergency health care centers. 30 "(2) The authority shall [enter into contracts with designated trauma centers and] monitor and 31assure quality of care [and appropriate costs] for trauma and emergency health care patients 3233 [meeting trauma system entry criteria] included in the statewide categorization of patients established by the authority under ORS 431.607. 3435 "(3) All findings and conclusions, interviews, reports, studies, communications and statements procured by or furnished to the authority or a committee related to emergency health care es-36 tablished by the authority, the State Trauma Advisory Board [or an area trauma advisory board], 37 38 the Trauma and Emergency Health Care System Advisory Board, the Stroke Care Committee or a regional trauma and emergency health care committee established under ORS 431.613 39 40 in connection with obtaining the data necessary to perform patient care quality assurance functions 41 [shall be] are confidential pursuant to ORS 192.501 to 192.505. 42"(4)(a) All data received or compiled by a committee related to emergency health care es-43 tablished by the authority, the State Trauma Advisory Board [or any area trauma advisory 44 board], the Trauma and Emergency Health Care System Advisory Board, the Stroke Care

45 Committee or a regional trauma and emergency health care committee established under

**ORS 431.613** in conjunction with authority monitoring and assuring quality of trauma [patient] or 1 2 emergency health care [shall be] are confidential and privileged, nondiscoverable and inadmissible in any proceeding. [No] A person serving on or communicating information to a committee related 3 4 to emergency health care established by the authority, the State Trauma Advisory Board [or an area trauma advisory board shall, the Trauma and Emergency Health Care System Advisory 5 Board, the Stroke Care Committee or a regional trauma and emergency health care com-6 7 mittee established under ORS 431.613 may not be examined [as to any such] about those com-8 munications or [to] about the findings or recommendations of [such board] the board or committee. A person serving on or communicating information to the State Trauma Advisory Board 9 [or an area trauma advisory board shall not be], the Trauma and Emergency Health Care System 10 11 Advisory Board or a regional trauma and emergency health care committee established under ORS 431.613 is not subject to an action for civil damages for actions taken or statements made 1213in good faith. Nothing in this section affects the admissibility in evidence of a party's medical records not otherwise confidential or privileged dealing with the party's medical care. The 14 confidentiality provisions of ORS 41.675 and 41.685 [shall] also apply to the monitoring and quality 1516 assurance activities of the State Trauma Advisory Board, [area trauma advisory boards] the Trauma and Emergency Health Care System Advisory Board, regional trauma and emer-1718 gency health care committees established under ORS 431.613 and the authority.

19 "(b) As used in this section, 'data' includes but is not limited to written reports, notes, records 20 and recommendations.

21 "(5) [Final reports by] The authority, the State Trauma Advisory Board [and area trauma advi-22 sory boards], the Trauma and Emergency Health Care System Advisory Board and regional 23 trauma and emergency health care committees established under ORS 431.613 shall [be] make 24 final reports available to the public.

"(6) The authority shall publish a biennial report of the Emergency Health Care System
 Program's [Medical Services and Trauma Systems Program and trauma systems] activities.".

On page 6, line 15, after "cause" insert "the following" and delete "the following decreasing order of priority" and insert "accordance with subsection (4) of this section".

29 In line 24, delete "according to priority".

30 On page 7, delete lines 3 through 5 and insert:

31 "(D) The Stroke Care Committee appointed in section 19 of this 2011 Act;

"(E) The Trauma and Emergency Health Care System Advisory Board appointed under section
 11 of this 2011 Act;

34 "(F) Other committees established by the authority relating to emergency health care; or

35 "(G) A regional trauma and emergency health care committee established under ORS 431.613.".

36 In line 27, after "regional" insert "trauma and".

- 37 In line 29, after "regional" insert "trauma and".
- 38 On page 8, line 27, after "regional" insert "trauma and".
- 39 In line 38, before "emergency" insert "trauma and".
- 40 On page 9, delete lines 20 through 45.
- 41 On page 10, delete lines 1 through 8 and insert:

42 "<u>SECTION 11.</u> (1) The Director of the Oregon Health Authority shall appoint a Trauma

43 and Emergency Health Care System Advisory Board composed of 12 members as follows:

44 "(a) The chairperson of the State Trauma Advisory Board;

45 **"(b)** The chairperson of the State Emergency Medical Service Committee;

1	"(c) The chairperson of the State Pediatric Emergency Health Care Advisory Committee
<b>2</b>	established pursuant to ORS 431.671 and section 13 of this 2011 Act;
3	"(d) The chairperson of the Stroke Care Committee appointed in section 19 of this 2011
4	Act;
5	"(e) One physician who works at a trauma center designated under ORS 431.627;
6	"(f) One physician who works at an emergency health care center designated under ORS
7	431.627;
8	"(g) One physician who works at a pediatric critical care center;
9	"(h) One hospital administrator of a hospital with an emergency department;
10	"(i) One person who operates an ambulance service;
11	"(j) One member of the public;
12	"(k) One person who represents a third party payer of health care; and
13	"(L) One nurse who manages staff in an emergency department of a hospital.
14	"(2) The board must include at least one but no more than five residents of each trauma
15	and emergency health care region established under ORS 431.613.
16	"(3) The term of each member of the board is four years, but a member serves at the
17	pleasure of the director. A member may serve no more than two consecutive terms. Vacan-
18	cies shall be filled by the director for the unexpired term.
19	"(4) The board shall elect a chairperson from its members.
20	"(5) The board shall meet at the call of the director.
21	"(6) The board shall make recommendations to the authority about:
22	"(a) The statewide categorization of patients;
23	"(b) Approval of regional trauma and emergency health care system plans;
24	"(c) The establishment and use of the Oregon Emergency Health Care and Trauma Reg-
25	istries established under ORS 431.623;
26	"(d) Workforce needs;
27	"(e) Coordination of care between specialties; and
28	"(f) Other matters identified by the authority.
29	"(7) Members of the board are not entitled to compensation, but may be reimbursed from
30	funds available to the authority for actual and necessary travel and other expenses incurred
31	by them in the performance of their official duties in the manner and amounts provided for
32	in ORS 292.495.".
33	In line 28, after "the" insert "Trauma and" and delete "(1)(d)" and insert "(1)(e)".
34	In line 30, after "each" insert "trauma and".
35	On <u>page 11</u> , line 17, after "each" insert "trauma and".
36	On page 15, after line 32, insert:
37	"(3) The Department of Revenue may accept contributions of funds and assistance from the
38	United States Government or its agencies or from any other source, public or private, and agree to
39	conditions not inconsistent with the purposes of ORS 353.450, 431.623, 431.890 and 442.507.".
40	On page 16, delete lines 7 through 21 and insert:
41 49	" <u>SECTION 19.</u> (1) The Director of the Oregon Health Authority shall appoint a Stroke
42 12	Care Committee with at least eight members as follows:
43 44	"(a) One physician who specializes in the care of stroke patients;
44 45	"(b) One physician who specializes in emergency medicine;
45	"(c) One hospital administrator from a hospital that is designated as an emergency

health care center under ORS 431.627 and that specializes in the care of stroke patients; 1

2 "(d) One stroke nurse coordinator or emergency department nurse who works in an emergency department in an emergency health care center designated under ORS 431.627 3 4 that specializes in the care of stroke patients;

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"(e) One emergency medical services provider working for a licensed ambulance service;

"(f) One physician who specializes in rehabilitative medicine;

"(g) One individual who has experience advocating for the care of stroke patients and 7 who is not a health care provider; and 8

- 9 "(h) One member of the public.
- "(2) The committee must include: 10

"(a) At least one member from at least half of the trauma and emergency health care 11 regions established under ORS 431.613, including at least one member from a predominantly 1213rural region; and

"(b) No more than three members from any trauma and emergency health care region 14 established under ORS 431.613. 15

16 "(3) The director may select the public member of the committee from among persons who submit letters of application in response to public notice by the Oregon Health Author-17 18 ity. The public member may not have an economic interest in any decision of the committee. 19 "(4) The term of each member of the committee is four years, but a member serves at 20 the pleasure of the director. The terms must be staggered so that no more than two terms 21end each year. A member may serve no more than two consecutive terms. Vacancies shall 22be filled by the director for the unexpired term.

23"(5) The committee shall elect a chairperson from among its members.

"(6) The committee shall meet at the call of the director. 24

25"(7) The committee shall:

"(a) Advise the authority in meeting objectives related to stroke care as part of the 26 27 **Emergency Health Care System Program;** 

"(b) Advise the authority on the adoption of rules, policies and procedures relating to 28 29 stroke care, including but not limited to evidence-based emergency stroke care triage, 30 transport and transfer guidelines;

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"(c) Analyze data related to the prevention and treatment of strokes; and

"(d) Suggest improvements to the stroke care system.

33 "(8) Members of the committee are not entitled to compensation, but may be reimbursed from funds available to the authority for actual and necessary travel and other expenses 34incurred by them in the performance of their official duties in the manner and amounts 35 provided for in ORS 292.495. 36

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## "SECTION 20. ORS 431.609 is repealed.

"SECTION 21. (1) The amendments to ORS 127.675, 181.637, 353.450, 431.607, 431.611, 38 431.613, 431.617, 431.623, 431.627, 431.633, 431.635, 431.671, 442.625, 445.030 and 682.039 by 39 sections 1 to 10 and 14 to 18 of this 2011 Act and the repeal of ORS 431.609 by section 20 of 40 41 this 2011 Act become operative on January 1, 2012.

"(2) The Oregon Health Authority may take any action before the operative date specified 42 in subsection (1) of this section that is necessary to enable the authority to exercise, on and 43 44 after the operative date specified in subsection (1) of this section, all of the duties, functions 45 and powers conferred on the authority by the amendments to ORS 127.675, 181.637, 353.450,

1 431.607, 431.611, 431.613, 431.617, 431.623, 431.627, 431.633, 431.635, 431.671, 442.625, 445.030 and

2 682.039 by sections 1 to 10 and 14 to 18 of this 2011 Act and the repeal of ORS 431.609 by 3 section 20 of this 2011 Act.

4 "<u>SECTION 22.</u> This 2011 Act being necessary for the immediate preservation of the public
5 peace, health and safety, an emergency is declared to exist, and this 2011 Act takes effect
6 on its passage.".

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