

A-Engrossed
Senate Bill 728

Ordered by the Senate April 12
Including Senate Amendments dated April 12

Sponsored by Senator BATES

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.

[Creates Stroke Care Subcommittee under State Emergency Medical Service Committee for purposes related to developing guidelines related to stroke care.]

[Directs Oregon Health Authority to establish and implement plan for improving quality of stroke care.]

[Sunsets subcommittee and plan on January 1, 2021.]

Establishes State Trauma Advisory Board within Oregon Health Authority. Specifies board membership and duties.

A BILL FOR AN ACT

1
2 Relating to trauma care.

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

4 **SECTION 1. (1) The State Trauma Advisory Board is established within the Oregon**
5 **Health Authority.**

6 **(2) The Director of the Oregon Health Authority shall, subject to subsection (3) of this**
7 **section, appoint at least 17 members to serve on the State Trauma Advisory Board, includ-**
8 **ing:**

9 **(a) At least one member from each area trauma advisory board described in ORS 431.613.**

10 **(b) At least two physicians who are trauma surgeons from each trauma center desig-**
11 **nated by the authority as a Level I trauma center.**

12 **(c) From trauma centers designated by the authority as Level I trauma centers:**

13 **(A) At least one physician who is a neurosurgeon;**

14 **(B) At least one physician who is an orthopedic surgeon;**

15 **(C) At least one physician who practices emergency medicine; and**

16 **(D) At least one nurse who is a trauma program manager.**

17 **(d) From trauma centers designated by the authority as Level II trauma centers:**

18 **(A) At least one physician who is a trauma surgeon; and**

19 **(B) At least one nurse who is a trauma coordinator.**

20 **(e) From trauma centers designated by the authority as Level III trauma centers:**

21 **(A) At least one physician who is a trauma surgeon or who practices emergency medi-**
22 **cine; and**

23 **(B) At least one nurse who is a trauma coordinator.**

24 **(f) At least one nurse who is a trauma coordinator from a trauma center designated by**
25 **the authority as a Level IV trauma center.**

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.

1 (g) From a predominately urban area:

2 (A) At least one trauma hospital administration representative; and

3 (B) At least one emergency medical services provider.

4 (h) From a predominately rural area:

5 (A) At least one trauma hospital administration representative; and

6 (B) At least one emergency medical services provider.

7 (i) At least two public members.

8 (3)(a) In appointing members under subsection (2)(c) to (e) of this section, the director
9 may not appoint a member from the same trauma center in consecutive terms.

10 (b) In appointing members under subsection (2)(i) of this section, the director may not
11 appoint a member who has an economic interest in the provision of emergency medical ser-
12 vices or trauma care.

13 (4)(a) The State Trauma Advisory Board shall:

14 (A) Advise the authority with respect to the authority's duties and responsibilities under
15 ORS 431.607 to 431.619, 431.623, 431.627, 431.633, 431.635 and 431.671;

16 (B) Advise the authority with respect to the adoption of rules under ORS 431.607 to
17 431.619, 431.623, 431.633 and 431.671;

18 (C) Analyze data related to the emergency medical services and trauma system developed
19 pursuant to ORS 431.607; and

20 (D) Suggest improvements to the emergency medical services and trauma system devel-
21 oped pursuant to ORS 431.607.

22 (b) In fulfilling the duties, functions and powers described in this subsection, the board
23 shall:

24 (A) Make evidence-based decisions that emphasize the standard of care attainable
25 throughout this state and by individual communities located in this state; and

26 (B) Seek the advice and input of coordinated care organizations.

27 (5)(a) The State Trauma Advisory Board may establish a Quality Assurance Subcommit-
28 tee for the purposes of providing peer review support to and discussing evidence-based
29 guidelines and protocols with the members of area trauma advisory boards and trauma care
30 providers located in this state.

31 (b) Notwithstanding ORS 414.227, meetings of the subcommittee are not subject to ORS
32 192.610 to 192.690.

33 (c) Personally identifiable information provided by the State Trauma Advisory Board to
34 individuals described in paragraph (a) of this subsection is not subject to ORS 192.410 to
35 192.505.

36 (6) A majority of the members of the board constitutes a quorum for the transaction of
37 business.

38 (7) Official action taken by the board requires the approval of a majority of the members
39 of the board.

40 (8) The board shall elect a chairperson from among its members.

41 (9) The board shall meet at the call of the chairperson or of a majority of the members
42 of the board.

43 (10) The board may adopt rules necessary for the operation of the board.

44 (11) The term of office of each member of the board is four years, but a member serves
45 at the pleasure of the director. Before the expiration of the term of a member, the director

1 shall appoint a successor whose term begins January 1 next following. A member is eligible
2 for reappointment, but may not serve consecutive terms. If there is a vacancy for any cause,
3 the director shall make an appointment to become immediately effective for the unexpired
4 term.

5 (12) Members of the board are not entitled to compensation, but may be reimbursed from
6 funds available to the Oregon Health Authority, for actual and necessary travel and other
7 expenses incurred by them in the performance of their official duties in the manner and
8 amounts provided for in ORS 292.495.

9 **SECTION 2.** Notwithstanding the term of office specified by section 1 of this 2013 Act,
10 of the members first appointed to the State Trauma Advisory Board:

- 11 (1) Four shall serve for a term ending January 1, 2015;
- 12 (2) Four shall serve for a term ending January 1, 2016;
- 13 (3) Four shall serve for a term ending January 1, 2017; and
- 14 (4) The remainder of the members shall serve for a term ending January 1, 2018.

15 **SECTION 3.** (1) The terms of office of members of the State Trauma Advisory Board as
16 the board exists on the effective date of this 2013 Act expire on the effective date of this 2013
17 Act.

18 (2) Members described in subsection (1) of this section are eligible for reappointment
19 under section 1 of this 2013 Act.

20

FISCAL IMPACT OF PROPOSED LEGISLATION

Measure: SB 728 - A

Seventy-Seventh Oregon Legislative Assembly – 2013 Regular Session
Legislative Fiscal Office

*Only Impacts on Original or Engrossed
Versions are Considered Official*

Prepared by: Kim To
Reviewed by: Linda Ames
Date: 4/10/2013

Measure Description:

Establishes the State Trauma Advisory Board within the Oregon Health Authority.

Government Unit(s) Affected:

Oregon Health Authority (OHA)

Summary of Expenditure Impact:

| | 2013-15 Biennium | 2015-17 Biennium |
|--------------------|-------------------------|-------------------------|
| General Fund | \$179,692 | \$216,649 |
| Total Funds | \$179,692 | \$216,649 |
| Positions | 1 | 1 |
| FTE | 0.75 | 1.00 |

Local Government Mandate:

This bill does not affect local governments' service levels or shared revenues sufficient to trigger Section 15, Article XI of the Oregon Constitution.

Analysis:

Senate Bill 728 A-Engrossed establishes the State Trauma Advisory Board within the Oregon Health Authority to advise the authority with regards to the state emergency medical services and trauma system. The bill directs the Board to analyze data related to the state's emergency medical services and trauma system, and to make evidence-based decisions in suggesting improvements to the system.

In order to gather and analyze the emergency medical services and trauma system data that will enable the State Trauma Advisory Board to make evidence-based decisions, the Oregon Health Authority will need to establish a full-time Operations Policy Analyst 3 position to collect and analyze the data to provide information to the Board. The Oregon Health Authority estimates Personal Services, and related Services and Supplies to be \$179,692 General Funds and 0.75 FTE for the 2013-15 biennium, and \$216,649 and 1.00 FTE for the 2015-17 biennium.

REVENUE: No revenue impact

FISCAL: Fiscal statement issued

| | |
|-----------------------|---|
| Action: | Do Pass as Amended and Be Printed Engrossed and Be Referred to the Committee on Ways and Means by Prior Reference |
| Vote: | 5 - 0 - 0 |
| Yeas: | Knopp, Kruse, Shields, Steiner Hayward, Monnes Anderson |
| Nays: | 0 |
| Exc.: | 0 |
| Prepared By: | Sandy Thiele-Cirka, Administrator |
| Meeting Dates: | 4/2, 4/8 |

WHAT THE MEASURE DOES: Establishes 17-member State Trauma Advisory Board (STAB). Directs Oregon Health Authority (OHA) director to appoint board members. Specifies term of office and duties and responsibilities.

ISSUES DISCUSSED:

- Original trauma system statute
- Need to codify State Trauma Advisory Board
- Need to expand board membership
- STAB sub-committees
- Trauma hospital levels
- Proposed amendment

EFFECT OF COMMITTEE AMENDMENT: Replaces original measure.

BACKGROUND: In 1985, the Oregon Legislature enacted the trauma system statute which directed the Oregon Health Authority (OHA) to develop a comprehensive emergency medical services and trauma system. The Emergency Medical Services and Trauma Systems Program (located in Public Health, OHA) develop and regulate systems for quality emergency medical services (EMS) and care in Oregon. The program ensures that EMS providers are trained, that emergency medical vehicles are properly equipped, and emergency medical systems are functioning efficiently and effectively. Additionally, the Trauma Program is responsible for system standards, designation of trauma hospitals and collection of trauma registry data. Additionally, OHA categorizes trauma hospitals into four levels using trauma rules and the Area Trauma Advisory Boards (ATABs) plans to outline specific criteria.

Currently, State Trauma Advisory Board (STAB) is defined in rule. Senate Bill 728-A codifies into statute STAB to allow better continuity between STAB and the ATABs.