

Date February 4, 2015

TO: The Honorable Senator Monnes Anderson, Chair  
Senate Committee on Health Care

FROM: Lisa Millet, Section Manager  
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SUBJECT: SB 227, Oregon Traumatic Brain Injury Registry

Chair Monnes Anderson and members of the committee, my name is Lisa Millet. I serve as the Section Manager of the Injury & Violence Prevention Program at the Oregon Public Health Division. I am here to testify in support of SB 227, which would modify the Oregon Trauma Registry statute to allow the Public Health Division, Emergency Medical Services and Trauma Systems Program to: 1) use a subset of the Oregon Trauma Registry data to create a Traumatic Brain Injury Registry; and 2) allow the Public Health Division to use Oregon Trauma Registry data to conduct epidemiologic studies to determine how to identify the causes of traumatic injuries and recommend, promote, and coordinate injury prevention.

The proposed amendment is aligned with a 2010 Emergency Healthcare Task Force Report recommendation that calls for the state to “create a data collection system that encompasses all of emergency patient outcome tracking”.

In 1999, ORS 431.623 established the Oregon Trauma Registry within the Emergency Medical Services and Trauma Systems Program in the Oregon Health Authority. State designated trauma centers report electronic patient care data to the Trauma Registry on about 10,000 patients each year. The objective of the statewide trauma system defined in Oregon Administrative Rule 333-200-0020 is to reduce deaths and disabilities which result from traumatic injuries by: “(1)

Identifying the causes of traumatic injuries and recommending, promoting, and coordinating prevention activities”. However, ORS 431.635 does not allow the Public Health Division to conduct epidemiologic studies to determine how to prevent trauma from occurring.

This bill would allow OHA to use Oregon Trauma Registry data to:

1. Create a Traumatic Brain Injury Registry that can be used to better understand the incidence and prevalence of traumatic brain injury in Oregon, and make those data available as needed to the Department of Human Services, Aging and Disabilities Services Division for planning services delivery and outreach to connect people with traumatic brain injury to available services; and
2. Conduct epidemiologic studies to determine how to identify the causes of traumatic injuries and recommend, promote, and coordinate injury prevention.

There is no cost to hospitals related to this amendment. This bill doesn't require any additional data reporting by hospitals. This bill just corrects a discrepancy between the program's objective – “to reduce deaths and disabilities which result from traumatic injuries” and the statutory limitation on uses of trauma registry data by adding these two uses to the existing statute. In addition, the bill would allow OHA to move forward with plans to implement a 2010 Emergency Healthcare Task Force recommendation to “create a data collection system that encompasses all of emergency patient outcome tracking”.

Thank you for your interest in the Oregon Trauma Registry. I would be happy to answer any questions you might have.