

AN ACT relating to trauma care and making an appropriation therefor.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

➔SECTION 1. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO READ AS FOLLOWS:

The General Assembly finds that:

- (1) Trauma is a severe health problem in this state and a major cause of death and long-term disability;*
- (2) Trauma care is an essential public service;*
- (3) Trauma care is significantly limited in many parts of Kentucky, particularly in rural areas where there is a growing danger that some communities may not have adequate emergency care;*
- (4) It is essential for persons in need of trauma care to receive that care within sixty (60) minutes immediately following injury, referred to as the "golden hour," for that is when the potential for survival is the greatest, and the need for treatment for shock or injury is most critical;*
- (5) Kentucky's emergency preparedness efforts require the establishment of an efficient statewide trauma care system that can be mobilized to save the lives of trauma patients who are victims of terrorism or natural disasters;*
- (6) Trauma centers save lives and money because access to trauma care can mean the difference between full recovery and serious disability that requires expensive long-term care and results in a loss of economic productivity;*
- (7) It is in the best interests of the citizens of Kentucky to establish an efficient and well-coordinated statewide trauma system to reduce costs of medical care and the greater economic impact of lost wages and productivity, and to reduce the incidence of inappropriate and inadequate trauma care and emergency medical services; and*
- (8) Existing trauma centers are facing an increasing number of uninsured patients,*

declining reimbursement, and rising malpractice insurance premiums that threaten continued community access to trauma care; therefore, financial assistance is needed to support existing trauma centers and establish new trauma centers.

➔SECTION 2. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO READ AS FOLLOWS:

For the purposes of Sections 1 to 4 of this Act:

- (1) "Trauma" has the same meaning as defined in KRS 311A.010;
- (2) "Trauma center" means a hospital that has institutional, surgical, and specialty care and commitment to treating individuals with injuries and that has been verified by the American College of Surgeons or by the Department for Public Health; and
- (3) "Trauma center verification" means the process by which a trauma center is evaluated and designated as a trauma center by the American College of Surgeons or the Department for Public Health.

➔SECTION 3. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO READ AS FOLLOWS:

- (1) A comprehensive statewide trauma care program shall be established within the Department for Public Health. The statewide trauma care program shall consist of, at a minimum, a statewide trauma care director and a state trauma registrar. The department may contract with outside entities to perform these functions.
- (2) The statewide trauma care system shall address, at a minimum, the following goals:
 - (a) To reduce or prevent death and disability from trauma without regard to the patient's insurance coverage or ability to pay for services;
 - (b) To provide optimal care for trauma victims by utilization of best practices protocols and guidelines;

- (c) To minimize the economic impact of lost wages and productivity for trauma patients; and
- (d) To contain costs of trauma care.
- (3) (a) The Department for Public Health shall establish an advisory committee to assist in the development, implementation, and continuation of its duties.
- (b) The advisory committee shall be appointed by the secretary of the Cabinet for Health and Family Services and shall be composed of representatives from the following agencies and organizations:
1. The Department for Public Health;
 2. The Kentucky Board of Medical Licensure;
 3. The Kentucky Board of Nursing;
 4. The Kentucky Board of Emergency Medical Services;
 5. The Kentucky Medical Association;
 6. The Kentucky Hospital Association;
 7. The Kentucky Committee on Trauma of the American College of Surgeons;
 8. One (1) representative from each verified Level I trauma center;
 9. One (1) hospital representative from a Level II verified trauma center, one (1) hospital representative from a Level III verified trauma center, and one (1) hospital representative from a Level IV verified trauma center. The Kentucky Hospital Association shall submit recommendations to the secretary for each of the three (3) members appointed under this subparagraph;
 10. The Kentucky Chapter of the American College of Emergency Physicians;
 11. The Kentucky Chapter of the Emergency Nurses Association;
 12. The Kentucky Transportation Cabinet; and

13. Two (2) members at large, one (1) of whom shall be a health care consumer.
- (c) Members of the advisory committee shall serve for a period of four (4) years and shall serve until a successor is appointed, except that initial terms shall be staggered and one-third (1/3) of the members shall be appointed to four (4) year terms, one-third (1/3) of the members shall be appointed to three (3) year terms, and one-third (1/3) of the members shall be appointed for two (2) year terms.
- (d) The advisory committee shall meet at least on a quarterly basis. The committee shall elect a chair, a vice-chair, and a secretary from among its members and adopt rules of governance at the first meeting in each fiscal year. The first meeting of the advisory committee shall occur before September 30, 2008.
- (e) Appointed members shall serve without compensation but shall receive reimbursement for actual and necessary expenses relating to the duties of the advisory committee in accordance with state regulations relating to travel reimbursement.
- (4) The Department for Public Health, in consultation with the advisory committee, shall develop and implement a statewide trauma care system, integrated with the public health system for injury prevention, that recognizes levels of care for the appropriate delivery of a full range of medical services to all trauma patients in the Commonwealth. The statewide trauma care system shall include but is not limited to:
- (a) Development and implementation of trauma prevention and education initiatives;
- (b) Facilitation of appropriate education and continuing education about trauma care and procedures for physicians, nurses, and emergency medical

services personnel;

(c) Development and statewide distribution of guidelines and protocols for the care and treatment of trauma victims that include the needs of special populations and are fully integrated with all available resources, including but not limited to emergency medical services, physicians, nurses, and hospitals;

(d) Voluntary hospital trauma center verification through the American College of Surgeons or the Department for Public Health;

(e) Local and regional triage and transport protocols for use by the Kentucky Board of Emergency Medical Services, emergency medical services providers, and emergency rooms; and

(f) Continuing quality assurance and peer review programs.

(5) The Department for Public Health shall coordinate activities related to the care of trauma patients with other state agencies and boards that are directly or indirectly involved with care of injured persons. Upon request of the Department for Public Health, other state agencies and boards shall assist and facilitate the development and implementation of a statewide trauma care system.

(6) Data obtained through a trauma registry or other data collected pursuant to Sections 1 to 4 of this Act shall be confidential and for use solely by the Department for Public Health or its designee, its advisory committee, and persons or public or private entities that participate in data collection for the trauma registry. Personal identifying information that is collected for use in the trauma registry shall not be subject to discovery or introduction into evidence in any civil action.

(7) The Department for Public Health shall report by December 1 of each year to the Interim Joint Committee on Health and Welfare on the status of the development and implementation of the statewide trauma system.

(8) The Department for Public Health may promulgate administrative regulations in accordance with KRS Chapter 13A to implement this section.

→SECTION 4. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO READ AS FOLLOWS:

(1) The Kentucky trauma care system fund is created as a restricted account that shall consist of state general fund appropriations and other grants, contributions, donations, or other moneys made available for the purposes of Sections 1 to 4 of this Act. Moneys in the fund are hereby appropriated for the purposes set forth in Sections 1 to 4 of this Act.

(2) The trauma care system fund shall be used to support:

(a) Administrative costs of the Department for Public Health that relate to the statewide trauma care system, including public awareness and information efforts;

(b) The implementation of the statewide trauma care system;

(c) Expenses related to hospital trauma center verification;

(d) Continuing education for trauma care providers; and

(e) Support for uncompensated care provided by hospitals, physicians, emergency medical services, or other trauma care providers who provide services in a verified trauma center. Verified trauma centers shall have the authority to contract with state government for receipt of funds under this paragraph.

(3) Notwithstanding KRS 45.229, any moneys remaining in the fund at the close of a fiscal year shall not lapse but shall be carried forward into the succeeding next fiscal year to be used for the purposes set forth in Sections 1 to 4 of this Act.

(4) Any interest earned on moneys in the account shall accrue to the fund and shall be used for the purposes set forth in Sections 1 to 4 of this Act.

→SECTION 5. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO

READ AS FOLLOWS:

It shall be a priority of the Department for Medicaid Services to use any additional funding allocated to the Medicaid program to provide annual supplemental payments to increase the percentage of cost covered by Medicaid reimbursement with the goal of covering full allowable costs for covered services provided to Medicaid patients by acute care hospitals that are verified as trauma centers under Sections 1 to 4 of this Act and to physicians who provide care to patients presenting in an emergency room of a verified trauma center.