

An Act

ENROLLED SENATE
BILL NO. 156

By: Simpson of the Senate

and

Roberts (Sean) of the House

An Act relating to the Oklahoma Trauma Systems Improvement and Development Act; amending 63 O.S. 2011, Section 1-2530.3, as amended by Section 70, Chapter 229, O.S.L. 2013 (63 O.S. Supp. 2018, Section 1-2530.3), which relates to rules; updating statutory reference; directing certain promulgation of rules; amending 63 O.S. 2011, Section 1-2530.5, as amended by Section 71, Chapter 229, O.S.L. 2013 (63 O.S. Supp. 2018, Section 1-2530.5), which relates to regional trauma advisory boards; setting forth certain provisions related to meetings of regional trauma advisory boards; updating statutory reference; and providing an effective date.

SUBJECT: Oklahoma Trauma Systems Improvement and Development Act

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. AMENDATORY 63 O.S. 2011, Section 1-2530.3, as amended by Section 70, Chapter 229, O.S.L. 2013 (63 O.S. Supp. 2018, Section 1-2530.3), is amended to read as follows:

Section 1-2530.3. A. The State Board of Health, giving consideration to the recommendations of the Trauma and Emergency Response Advisory Council created in ~~Section 44 of this act~~ Section 1-103a.1 of this title, shall promulgate rules establishing minimum standards and objectives to implement the development, regulation

and improvement of trauma systems on a statewide basis. Rules shall provide for the classification of trauma and emergency care provided by all hospitals based on the level of service provided and for triage, transport and transfer guidelines. The Board shall consider guidelines developed by the American College of Surgeons in promulgating rules under this section.

B. The rules shall provide specific requirements for the distribution of trauma patients, ensure that trauma care is fully coordinated with all hospitals and emergency medical services in a regional area, and reflect the geographic areas of the state, considering time and distance.

C. The rules shall include:

1. Pre-hospital care management guidelines for triage and transport of trauma patients;

2. Establishment of referral patterns of trauma patients and geographic boundaries regarding trauma patients;

3. Requirements for licensed hospitals providing trauma and emergency operative services to provide quality care to trauma patients referred to these facilities;

4. Minimum requirements for resources and equipment needed by a trauma and emergency operative services facility to treat trauma patients;

5. Minimum standards for the availability and qualifications of health care personnel, including physicians and surgeons, treating trauma patients within a hospital;

6. Minimum requirements for data collection including, but not limited to, trauma incidence reporting, system operation and patient outcome, and continuous quality improvement activities;

7. Minimum requirements for periodic performance evaluation of the system and its components through continuous quality improvement activities;

8. Minimum requirements for reviews of trauma patient transfers;

9. Requirements that hospitals with the capacity and capability to provide care not refuse to accept the transfer of a trauma patient from another facility solely because of the person's inability to pay for services or because of the person's age, sex, race, religion or national origin; ~~and~~

10. Requirements for transferring hospitals to enter into reciprocal agreements with receiving hospitals that specify that the transferring hospital will accept the return transfer of trauma patients at such time as the hospital has the capability and capacity to provide care; provided, however, such reciprocal agreements shall not incorporate financial provisions for transfers; and

11. Minimum requirements for data collection for responses to time-sensitive medical conditions including but not limited to stroke and ST-Elevated Myocardial Infarction (STEMI). The responses to stroke and STEMI incidents shall be subject to review by the regional trauma advisory boards created pursuant to Section 1-2530.5 of this title.

SECTION 2. AMENDATORY 63 O.S. 2011, Section 1-2530.5, as amended by Section 71, Chapter 229, O.S.L. 2013 (63 O.S. Supp. 2018, Section 1-2530.5), is amended to read as follows:

Section 1-2530.5. A. Each geographic region identified in the statewide trauma systems plan that has a functioning trauma system shall be recognized by the State Department of Health.

B. Licensed hospitals and ambulance service providers in these regions shall establish a regional trauma advisory board to represent the region and conduct continuous quality improvement activities of the system for the region. Licensed hospitals and ambulance service providers in the region shall designate regional trauma advisory board members. Regional trauma advisory board members shall consist of individuals who provide trauma services in the regional system, or individuals employed by licensed hospitals or ambulance service providers in the region. The maximum number of board members for any region shall be twenty.

C. As funds are available, regional trauma advisory boards may receive funding from the Department to support their administrative and continuous quality improvement activities.

D. 1. Meetings of regional trauma advisory boards and their subcommittees conducted to review patient-specific care for the purpose of conducting continuous quality improvement activities of the system for the region to include but not be limited to trauma, stroke and ST-Elevated Myocardial Infarction (STEMI), shall not be subject to the provisions of the Oklahoma Open Meeting Act.

2. The proceedings and records of the meetings referenced in paragraph 1 of this subsection to include patient care records, reports and other related materials generated for the purposes of conducting continuous quality improvement activities of the system for the region and to include but not be limited to trauma, stroke and STEMI, shall be confidential and not subject to the Oklahoma Open Records Act, or disclosure by subpoena or otherwise.

3. The proceedings and records of the meetings referenced in paragraph 1 of this subsection may be used by the regional trauma advisory boards and the State Commissioner of Health in the exercise of proper quality review functions to improve trauma patient care.

SECTION 3. This act shall become effective November 1, 2019.

Passed the Senate the 8th day of May, 2019.

Presiding Officer of the Senate

Passed the House of Representatives the 23rd day of April, 2019.

Presiding Officer of the House
of Representatives

OFFICE OF THE GOVERNOR

Received by the Office of the Governor this _____

day of _____, 20_____, at _____ o'clock _____ M.

By: _____

Approved by the Governor of the State of Oklahoma this _____

day of _____, 20_____, at _____ o'clock _____ M.

Governor of the State of Oklahoma

OFFICE OF THE SECRETARY OF STATE

Received by the Office of the Secretary of State this _____

day of _____, 20_____, at _____ o'clock _____ M.

By: _____